I negate the resolution

I offer the following definitions

First, the Merrian-Webster dictionary defines unconditional as

**having no exceptions or restrictions**

<https://www.merriam-webster.com/thesaurus/unconditional>

These restrictions can include a 10 day notice to your employer, restrictions of violence during strikes, or restrictions on unreasonable strike causes, just to name a few examples.

Second, strike is defined by the Oxford Dictionary as

**a refusal to work** organized **by** a body of **employees** as a form of protest, typically **in an attempt to gain a concession** or concessions **from their employer**

The value is **Justice**, defined by Hossain Askari as the

As a theory of justice, utilitarianism holds **that** all human actions (as well as those of a **state [actions]**) **are** virtuous, **moral**, and just **when they contribute to achieving general happiness.** Hence, actions are judged based on their consequences. Actions detrimental to general happiness are considered unjust.

Because people cannot be happy when they are suffering, the value criterion ought to be **minimizing societal suffering**

Prefer this value criterion for the following reason:

Moral **governments** must act to the overall benefit of society. **Gary Woller** of BYU explains in 97 that

Moreover, virtually all public policies entail some redistribution of economic or political resources, such that one group's gains must come at another group's expense. Consequently, **public policies** in a democracy **must be justified to the public,** and especially to those who pay the costs of those policies. Such justification cannot simply be assumed a priori by invoking some higher-order moral principle[s]. Appeals **to** **a priori** moral **principles**, such as environmental preservation, also often **fail to acknowledge that public policies inevitably entail trade-offs[.]** among competing values. Thus since policymakers cannot justify inherent value conflicts to the public in any philosophical sense, and **since** public **policies inherently imply winners and losers,** the policymakers' duty to the public interest requires them to demonstrate that the redistributive effects and value trade-offs implied by their polices **[they must be]** are somehow **to the overall advantage of society.**

I offer the following two observations

Firstly, it is not the burden of the negative debaters to argue that strikes are bad. The stance of the negative in this debate is that strikes should have certain regulations and restrictions, to minimize the suffering of society.

Secondly, unconditional rights inherently do not exist. While rights are important, they have certain conditions. For example, while we are guaranteed the right to free speech, I cannot use this right to write hate speech on the walls of my school, because this would increase the amount of suffering for the victims. There are conditions to all rights, which includes the right to strike.

**Contention 1) Hospital Strikes (pause)**

Currently, when nurses go on strikes, it has devastating impacts on current and incoming patients.

Gruber 10 does an analysis of nurses strikes between 1984 and 2004, and finds that unconditional

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](https://www.nber.org/papers/w15855)), co-authors [Jonathan Gruber](https://www.nber.org/people/Jonathan_Gruber) and [Samuel Kleiner](https://www.nber.org/people/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: [Within their sample of 38,000 patients,] in-hospital [deaths]** mortality **increased by 19.4 percent** and hospital readmissions increased by 6.5 percent 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 strike, 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.

<https://www.nber.org/digest/jul10/evidence-effects-nurses-strikes>

The impacts of strikes are even worse for children, as Waithaka 20 states that medical strikes lead to

Beyond impoverishment, interviewees talked in **dramatic** terms about **negative health-outcomes** linked to the strikes, **including deaths, with the poor again being the worst affected. A recent analysis of the effects of six previous** nation-wide Kenyan **[medical]** **strikes** onmortality data in Kilifi County (before the 100 days doctors and the 150 days nurses strike) **found a 75% increase in mortality among children aged [2 to 5]** 12–59months during the strike period, but no change in overall mortality [24]. The authors noted that the lack of change in overall mortality could have been because the strikes between 2010 and 2016 were relatively short, with only one lasting for more than a month (42 days). Evidence from other settings suggests that the effects of strikes on health outcomes are increased where emergency services are not available or the affected populations are not able to access viable (available and affordable) alternate healthcare services [1, 3, 19, 67, 68]. In Kenya, the Irimu et **[Further] a**l (2018) **study reviewing** admissions in **13** public hospitals during the 2017 **doctors’ and nurses strikes noted that ‘preventable deaths likely occurred on a massive scale’, particularly for the poor** [27]. We identified similar perceptions in our study, but this may be in contrast with the more modest effects reported for prior strikes [24] .

<https://link.springer.com/article/10.1186/s12939-020-1131-y>

Isimu 18 estimates that in 13 hospital strikes in 2017,

We present a 2-year data pooled from all hospitals on the number of admissions per month in the four major inpatient wards from January 2016 to December 2017. We use the data from January 2014 to December 2015 for the paediatrics and maternity wards to demonstrate annual patterns of admissions and any seasonality that might exist. During both the doctors’ and nurses’ 2017 strikes, there were marked reductions in admissions in all the four major disciplines—obstetrics, paediatrics, surgical and adult medicine (figure 1). Exploration of hospital-specific data (available on request) demonstrates varied responses to the strikes across hospitals and wards. There was limited continuing admissions in different hospitals in specific wards (maternity (n=1/13), adult medical (n=1/13) and surgical (n=1/13)); resumption of services before the strikes officially ended (in two maternity wards and across all wards in two hospitals) and use of locum nurses to keep all the wards open (one hospital). During the entire 250 days of the strike, four hospitals had almost no admissions at all. Considering the admissions in the prestrike year (December 2015 to November 2016), we speculate that **a total of 183,170 individuals** (including that each maternity admission produced one new-born) **did not receive** admission **care** inthese 13 hospitalsduring [the] strike[s]year (December 2016 to November 2017). This included 59,965 maternity patients (and the same number of newborns), 24,762 medical patients, 20,309 paediatrics and 18,169 surgical patients. There are 65 similar level referral hospitals in Kenya (Kenya Master Facility List), and we tracked data from 13 of these that were part of CIN, suggesting that preventable deaths likely occurred on a massive scale. Private and faith-based hospitals reported increased admissions and mortality over this period. 7 Typically, county hospitals see many more outpatients than inpatients and so the total number of lost episodes of care in the public sector would be considerably higher.

https://sci-hubtw.hkvisa.net/10.1136/bmjgh-2018-001136

However, certain regulations and restrictions on strikes would greatly reduce the number of innocent deaths, and thus minimize suffering

Templeton 21 states that nurses should be required to

At the same time, Kaiser leaders pleaded with health care workers to continue negotiating without walking off the job. “We understand that some union leaders are now calling for a strike authorization vote, even though our members and communities are continuing to face the challenges of the ongoing pandemic,” Arlene Peasnall, Kaiser’s senior vice president of human resources, said in a written statement. “A strike authorization does not automatically trigger a strike.” Union leaders say they’re not certain how long voting will last; there are a lot of members, and they’re casting ballots in a first-of-its-kind virtual vote. And a strike would not follow immediately: the union would have **to give a 10-day notice before anyone can walk out [and strike].** Burley said Kaiser management is nudging nurses and other healthcare workers toward the picket lines. “The fact that Kaiser would push toward a strike is not good,” he said. “It is a bad choice on their part. Our members want to stay there supporting people. The message that is coming from our members, is if they strike they are doing it for their patients.” Kaiser Permanente’s Peasnall called on union members to “reject a call to walk away from the patients who need them.” The nonprofit’s HR leader indicated Kaiser is preparing contingency plans in the event of a strike. “Our priority is to continue to provide our members with high quality, safe care,” Peasnall said. “In the event of any kind of work stoppage, our facilities will be staffed by our physicians along with trained and experienced managers and contingency staff.” But union leaders argue that better working conditions for nurses and other skilled health care workers would ultimately create better conditions for patients. “We know their number one concern is staffing,” Burley said. “Kaiser needs to do the right thing to ensure that the future of patient care is intact.”

<https://www.opb.org/article/2021/10/04/kaiser-permanente-nurses-health-care-workers-possible-strike/>

This condition to strike gives hospitals plenty of time to adequately make sure their patients are safe.

For example, the NNU 21 finds that a written 10-day notice

When CNA/NNU RNs strike, they create several mechanisms to ensure the well-being of their patients and community. 10-Day Notice: The nurses give the hospital written notice, 10 days in advance, of their intent to strike as required by law. This is to **give the hospital time to stop admitting new patients and begin the process of transferring patients [to other hospitals]** who can be safely moved.

<https://www.nationalnursesunited.org/101-strike>

Lewis 03 furthers, stating that a

Prior to the strike, the union had provided the clinic with the **10-day notice** required by Section 8(g) of the National Labor Relations Act. The notice **[help give]** established the time of 8 a.m. as the beginning of the strike. However, unknown to the employer, the union and three nurses on the negotiating committee decided to delay the start of the strike until 12 noon. As the strike began, the participating nurses who were already at work were instructed to leave their posts. A number of other nurses scheduled to begin work at noon did not report for work and joined the strike. At that point, **the [hospital time to]** employer **install**ed **temporary replacement nurses** who had been waiting in the clinic lounge.

<https://www.jacksonlewis.com/resources-publication/termination-nurses-who-delayed-strike-four-hours-past-time-given-10-day-notice-lawful>

Therefore, putting a condition that nurses must give a few days notice greatly relieves the burden from the hospital greatly minimizing the suffering of the patients.

Such these conditions have empirically worked.

In the UK, **a detailed notice about [a strike]** the industrial action (which **is legally required**) has been given to the employer **at least 7 days before it begins**

https://www.gov.uk/industrial-action-strikes/your-employment-rights-during-industrial-action

And as a result, Chima 20 concludes that the

Despite huge public outcries and anecdotal reports which accompany most doctor/HCWs strikes, previous studies globally, have not revealed any significant increase in patient mortality during such strikes’ [10& ,61&& –62& ,64,65]. This appears true for Doctor and healthcare workers strikes-another view Chima 0952-7907 Copyright 2020 Wolters Kluwer Health, Inc. All rights reserved. www.co-anesthesiology.com 5 Copyright © 2020 Wolters Kluwer Health, Inc. Unauthorized reproduction of this article is prohibited. CE: Namrta; ACO/330214; Total nos of Pages: 8; ACO 330214 both low and high-income countries where the impact of doctor and HCW strikes have been studied [2,3,10& ,61&&,62& ,63,65] or systematically evaluated [39&&,61&&,64]. Similarly, during this review period, a retrospective and systematic analysis of a five-day **doctor’s strike in the United Kingdom over a threemonth period involving hundreds of thousands of** National Health Service (NHS) **patients did not result in any reported increase in hospital mortality** [61&&]. In another study from Kenya which reviewed the impact of intermittent doctor and HCW strikes from 2010 to 2016, there was no reported increase in patient mortality

<https://sci-hubtw.hkvisa.net/10.1097/ACO.0000000000000831>

To clarify the argument, I am not saying that nurses should never go on strike to seek better working conditions for themselves or their patients. Rather, I am arguing that before they go on strike, they ought to minimize suffering by putting a condition on strikes and requiring a 10-day notice to save innocent lives.

**Contention 2) Discriminatory Strikes (pause)**

There should be certain conditions on the motive for workers striking. A chief example is discriminatory strikes. BPSC states that conditions should prevent strikes which

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.

For example, Sigmond 11 states that

During the first week of August 1944, **employees of the Philadelphia Transit Company [went on]** (PTC) effectively shut down the city's transit system, defying both the federal government and their own union.  The **strike**, which lasted for six days and halted much of the city's war production, was in response to a PTC decision **to [protest the company] promot[ing]**e **eight African Americans** to the position of trolley car driver.  Throughout the decade leading up to this "hate strike," African Americans had demanded that the PTC hire them as bus and trolley drivers, motormen and conductors, and station cashiers. Leading up to August 1944, however, PTC refused to hire new African American employees and all of the company's 537 existing black workers were restricted to menial and backbreaking jobs in the ways and maintenance divisions. They primarily worked as porters and messengers and were not permitted to interact with the public.  Many transit companies around the country employed the same discriminatory hiring practices.  The PTC system, which was partly city-owned, was one of the largest transit systems in the country, carrying 2,500,000 passengers daily.

The government ought to put conditions on these types of discriminatory strikes to minimize suffering.

And thus, because conditions on the means and motives of strikes are key minimize suffering, negating is necessary to achieve justice.

Overall, because an unconditional right to strike would put innocent people at danger, conditions on the right to strike are crucial to minimize the suffering of hospital patients and preventing discrimination, and ultimately to achieving justice.

Thus, I negate