#### I negate the resolved: a just government ought to recognize the unconditional right of workers to strike.

# Definitions

#### Unconditional is defined as

**Merriam Webster** https://www.merriam-webster.com/

with no limits in any way : without restriction by conditions or qualifications.

## Advocacy

#### CP: A just government ought to recognize the right to strike for all workers except police officers and medical workers.

# Police Strikes

#### Police strikes are currently illegal—Bass 14

Kirsten Bass, March 11 2014, “Overview: How Different States Respond to Public Labor Unrest,” https://onlabor.org/overview-how-different-states-respond-to-public-sector-labor-unrest/

Recently, public sector transit workers have been in the spotlight, receiving a significant amount of media attention as a result of strikes that effectively halted transportation in the city of San Francisco. This labor strife reignited a dialogue nationwide about whether public sector workers should be allowed to strike. Many states’ laws are silent on the issue of public sector strikes; the states that have addressed the issue deploy divergent and inconsistent resolution mechanisms. Below is a chart detailing the rights that the 12 permissive strike states have extended to their public sector employees: One commonality among permissive strike states is that the vast majority bar strikes that would endanger public health, safety or welfare. For that reason, police and firefighters are prohibited from striking in almost every state. This prohibition dates back to 1919, when a massive police strike in Boston left citizens in an incredibly vulnerable state. The 38 states not on the permissive strike list either do not recognize a legal right to strike or have an outright prohibition against public sector strikes. Similar to the permissive strike states, the penalties associated with prohibited strikes vary widely. How effective the lack of a legal right is as a deterrent to striking has been called into question numerous times, with the 2005 NYC MTA strike being a good example. New York provides for the most draconian anti-strike penalties, enacted in the Taylor Law. The penalties for a public sector union strike can include: large monetary fines levied against the union for every day its members are on strike, the loss of dues check off privileges for 18 months after striking, and potential jail time for the union leader. Knowing this, the union leaders still called a strike. On the opposite end of the spectrum are the more recent San Francisco BART strikes. Because the strikes were permitted under California law, the city had little recourse, despite the inconvenience to city residents. In both of these strikes, an agreement was eventually reached.

#### An unconditional right to strike will change this. This could lead to two scenarios:

#### 1] Police strikes lead to violence and anarchy—Lopes 17

Marina Lopes, March 1 2017, “Police went on strike in a Brazilian state. The result was near-anarchy,” (Boston College, BA in International Relations; Columbia University, MS in Journalism) https://www.washingtonpost.com/news/worldviews/wp/2017/03/01/police-went-on-strike-in-a-brazilian-state-the-result-was-near-anarchy/

BRASILIA — The boardwalk along the beach in Vila Velha, a coastal town in northeastern Brazil, is normally swarming with tourists. But in early February it was deserted save for a few soldiers who marched down the road, guns held ready. Shots punctured the eerie silence as thieves held up pedestrians for their cars and purses, local media reported. In commercial centers throughout the area, packs of looters drove trucks into shop windows and carried whole racks of clothes and appliances on their backs. This wave of near-anarchy has engulfed the state of Espirito Santo, a picturesque region along Brazil’s northeastern coast, since Feb. 4. That’s when the state police announced a general strike, leaving the streets open to gangs and petty criminals alike. [The state government](http://g1.globo.com/espirito-santo/noticia/2017/02/governo-do-es-divulga-pela-primeira-vez-numero-de-mortos-em-crise-143.html) said that 143 people were slain in Espirito Santo between Feb. 4 and Feb. 13, compared to just four people in all of January. This crime wave is another symptom of Brazil’s growing budget crisis. From hospitals to universities, governments in Brazil are being squeezed by a prolonged recession and strict austerity measures, resulting in a breakdown of social services in various corners of the country. In January, rival drug gangs orchestrated prison revolts that killed hundreds and resulted in mass escapes. In Rio de Janeiro, funding cuts left some hospitals [without enough money for bandages](http://extra.globo.com/noticias/rio/hospital-cardoso-fontes-nao-tem-nem-esparadrapo-no-inca-tambem-falta-material-16164780.html). Rio’s state government went months without paying public workers’ salaries. Critics say the police strike in Espirito Santo is another example of the government’s loose grip on control. Espirito Santo has long been one of Brazil’s most crime-ridden states. There were 1,000 killings there last year, yet overworked police officers make a starting salary of just $600 a month, among the lowest in the country, according to the state police officers’ union. Because they provide an essential service, state police are legally forbidden to go on strike in Brazil. But the officers in Espirito Santo found a loophole: They would show up at the station every morning in uniform, ready to work. But once they were inside, their spouses and family members surrounded the headquarters and refused to let them patrol the streets, demanding higher payment and better working conditions. Two days after the start of the strike, the federal government ordered the police to bypass their families and return to the streets — but the officers refused. “We are living a crisis of legitimacy in Brazil,” said Marco Borges, a sociologist and expert on violence in the region. “It is a very grave situation. An institution linked to the army, with military training, simply decided to disobey the orders of its commanders.” The results were disastrous. Within two days, 50 people were slain, schools and health clinics closed, commerce evaporated and the state’s transportation system came to a halt. Residents, who had no warning about the strike, became hostages in their own homes, forced to survive on whatever food they had in their cabinets. Geraldo Pereira Acuncão, a 47-year-old electrician in central Espirito Santo, began rationing food among his five children. After five days locked inside his home, he ventured out to find supplies and instructed his family to hand over all their possessions if an intruder broke in. “The thieves are armed and the people are not,” he said. “There are no police to protect us, so we have no way to defend ourselves, even in our own homes.” President Michel Temer deployed 3,000 soldiers and sailors to patrol the streets; residents cheered from their windows as war tanks rolled past on the empty roads. By Feb. 11, when police signed a deal with the government to consider an increase in salaries, officers were airlifted out of their headquarters to bypass the still-demonstrating family members. Still, 10 days after the agreement, nearly 30 percent of officers in Espirito Santo had yet to return to work, according to the federal government. The damage from the police strike goes far beyond the violence inflicted in Espirito Santos. The strike cost the state $100 million in lost revenue, according to the Espirito Santo commercial federation. That figure does not include damage to property or looting, which impacted an estimated 300 shops. The financial toll could rise even further in the coming weeks: The strike occurred at a peak vacation season in the region and decimated tourism, one of the region’s largest sources of income. Last week, after police in Rio threatened a similar strike during the country’s biggest celebration, Carnaval, the federal government announced that it would expand its deployment of troops. Now, in addition to the traditional floats and bands, 9,000 armed soldiers are parading the streets of Rio during the festival.

#### 2] The strike is quickly resolved in favor of the police—Wish 20

Brian E Wish, June 16 2020, “What If the Police Revolt?” (1991 Bachelor of Science, Political Science, U.S. Air Force Academy, Colorado Springs, Colo. 1996 Squadron Officer School, Maxwell Air Force Base, Ala. 1997 Master of Arts degree, Administrative Management & Public Administration, Bowie State University, Bowie, Md. (European Campus) 2002 Air Force Police Operations Course, Eastern Kentucky University, Richmond 2008 Air Command and Staff College, Maxwell AFB, Ala., by correspondence 2013 Air War College, Maxwell AFB, Ala., by correspondence 2014 Reserve Component National Security Course, Fort Lesley J. McNair, Washington, D.C. 2014 Doctor of Philosophy, Public and Urban Administration, University of Texas at Arlington) https://medium.com/illumination/what-if-the-police-revolt-ca5a44ba4790

When police go on strike, they usually win. The most likely outcome of police labor unrest is quick resolution in favor of the police officers. The consequences can hurt individual officers but police forces as a whole tend to win concessions and solve their problems. Politicians realize that if things are bad enough for the police to strike, then the problems won’t go away even if all the strikers are fired. The September 1919 Boston Police Strike is the most famous police labor action. Striking for higher pay, seventy percent of the police department walked out. Vandalism and looting ensued across the city. Calvin Coolidge sent in the state militia, which shot at least eight people over the next few days. The strike was unpopular, coming towards the end of the Red Summer of white rioting and at the beginning of the Red Scare. All striking officers were fired and replaced, with the State Guard staying on until December. Despite the firings, **wages and benefits were raised substantially** and a pension was instituted. In the modern era, when finally roused to fight, police labor activity proves successful without mass firings. In New York City, in 1971, virtually the entire [police department stopped patrolling](https://www.nycop.com/Jun_00/The_Police_Strike/body_the_police_strike.html), responding only to major crimes. Strikers were eventually fined but won pay concessions and back pay to a disputed contract. In Baltimore, Maryland, in 1974, hundreds of [police officers went on strike](https://www.nytimes.com/1974/07/16/archives/baltimore-ends-its-15day-strike-municipal-pact-exceeds-6police.html). The city ultimately gave in to pay concessions, though the union was disbanded and participating probationary officers were fired. In Boston, Massachusetts, in 1975, hundreds of [police officers called in sick](https://www.nytimes.com/1975/09/08/archives/guardsmen-in-boston-for-busing-today.html) or skipped work to avoid enforcing bussing or suppressing protests; national guard troops deployed to keep the peace. In Milwaukee, Wisconson, just before Christmas in 1981, [police went on strike](https://www.nytimes.com/1981/12/25/us/police-in-milwaukee-return-to-beats-after-illegal-strike.html) after an alderman made statements in support of a suspect accused of killing two officers; after sixteen hours the city council repudiated the statement and increased police funding**.** In Columbus, Ohio, in 1993, hundreds of [police and firefighter called in sick](https://www.nytimes.com/1983/02/25/us/around-the-nation-safety-officers-end-columbus-job-action.html), quickly winning contract concessions and a 5% raise.

#### These strikes are essential to maintaining police power and stunting reform—Grim 20

Andrew Grim, July 1 2020, “What is the ‘blue flu’ and how has it increased police power?’ (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.) https://www.washingtonpost.com/outlook/2020/07/01/what-is-blue-flu-how-has-it-increased-police-power/

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 charges of felony murder and aggravated assault. That night, scores of Atlanta Police Department officers caught the “blue flu,” calling 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](https://www.akpress.org/our-enemies-in-blue.html) 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.

#### Police reform is necessary to achieve racial justice—ACLU 21

ACLU, 2021, “Beyond Reform: Racial Justice, Policing, and The Path Forward,” (the American Civil Liberties Union of Pennsylvania is a **nonprofit, nonpartisan, membership organization** that serves as an enduring guardian of justice, fairness, and freedom, working to protect civil liberties and advance equity for all.) https://www.aclum.org/en/beyond-reform-racial-justice-policing-and-path-forward

The killings of George Floyd, Breonna Taylor, Tony McDade, and countless others have sparked international outrage and a nationwide reckoning with the persistence of police brutality—but also with the fundamental racism of a policing system that has deliberately oppressed Black and Brown people for generations. The ACLU has been fighting police brutality for 100 years and recognizes that this is a watershed moment for racial justice. With the municipal budget season in full swing, state lawmakers contemplating reforms and massive popular momentum nationwide, the ACLU of Massachusetts is advocating for a fundamental shift in the role police play in the Commonwealth. In short, that role must be smaller, more circumscribed, and less funded with tax-payer dollars. Here, you can find an outline of the ACLU’s advocacy goals, as well as links to our latest work on this issue, including litigation, legislation, and calls to action. To be meaningful and effective, any policies designed to address systemic racism in policing should be based on the following three pillars. Year after year, police budgets have grown while essential social services have been cut or flat-funded. According to [analysis](https://data.aclum.org/2020/06/05/unpacking-the-boston-police-budget/) by the ACLU of Massachusetts’ Data for Justice Project, the Boston Police Department’s (BPD) total budget is $414 million—almost three times the size of the Cabinet of Health and Human Services and four times the size of the Public Health Commission. BPD overtime pay alone accounts for 15% of the entire BPD budget. Funneling this money into law enforcement represents a missed opportunity to fix the hurtful legacy of racist policing. We need to ensure that public dollars are spent investing in the kinds of services that help build stable, safe Black, and Brown communities. We should prioritize public health and welfare programs like harm reduction, substance use treatment, mental health services, and domestic violence support. Black people should not live in fear of being shot and killed by the police. Yet time and again we’ve seen police officers escalate routine interactions like traffic stops and kill people who pose no threat. We need strict new legal standards that require police to deescalate first, use force only as a last resort, and make sure any use of force is proportional to the situation and no other alternative exists. We need to ban tear gas and other military style equipment, chokeholds, no-knock warrants, and other violent tactics that lead to the death of civilians who are disproportionately Black or Brown. And crucially, police need to be fully transparent and provide full reporting on incidents that result in injury or death. We also need to implement a Police Officer Standards and Training (POST) program to ensure that police are licensed and can have their license revoked for misconduct or abuse, precluding other departments from rehiring them. Our legal system makes it nearly impossible to hold police officers accountable for acts of gratuitous violence. Qualified immunity prevents police officers from being held liable for civil rights violations, even when the violations are obvious. We can’t prevent abuse if police officers face no consequences for their actions. We need to abolish qualified immunity and ensure that ordinary people—particularly those who are Black or Brown—have recourse when their rights are violated by police. No one should be above the law.

# Medical Strikes

#### Healthcare workers are currently striking at the time they are needed most—Al-Arshani 21

Sarah Al-Arshani, October 23 2021, “Over 500,000 healthcare workers quit in August and thousands more have gone on strike as the industry deals with burnout and staff shortages,” (Sarah Al-Arshani is a breaking news reporter for Insider. Before joining Insider, Sarah was an editorial intern with The Jordan Times. She graduated from the University of Connecticut in May 2019. Her work has also been published in local newspapers in Connecticut such as the Republican-American newspaper and Willimantic Chronicle.) https://www.businessinsider.com/thousands-healthcare-workers-quitting-striking-burnout-grows-staff-shortages2021-10

Over [500,000 healthcare workers quit in August](https://www.bls.gov/news.release/pdf/jolts.pdf), the most recent month figures are available for, and more than two dozen strikes amongst healthcare workers have taken place since the start of the year, according to reports. A tracker from [Cornell University's School of Industrial and Labor Relations](https://striketracker.ilr.cornell.edu/) found there have been 35 strikes in the Healthcare and Social Assistance industry as of Friday. Over the past four months, t[housands of workers at more than two dozen hospitals](https://www.businessinsider.com/california-hospital-workers-strike-over-critical-staffing-shortages-2021-10) in California have gone on strike. Earlier this month, close to 31,000 healthcare workers at [Kaiser Permanente voted to authorize a strike over wages.](https://www.businessinsider.com/kaiser-permanente-health-care-workers-vote-to-authorize-strike-2021-10) Nurses at one hospital in Massachusetts have been on strike since March, [Masslive reported.](https://www.masslive.com/worcester/2021/10/striking-saint-vincent-hospital-nurses-no-longer-entitled-to-unemployment-some-may-have-to-repay-benefits-state-rules.html) The strikes are occurring during a time of increased demand for patient care and a shortage of workers. In addition to the Delta variant, the US is also facing a rise in chronically ill patients who delayed care during the pandemic, [Politico](https://www.politico.com/news/2021/10/20/hospitals-labor-shortage-covid-delta-516303) reported. Healthcare workers told Politico that while they know walking out may garner "scorn" from some, they wanted to use the attention they've recieved throughout the pandemic to demand better conditions.

#### An unconditional right to strike would give these workers the ability to continue striking.

#### When healthcare workers go on strike, more patients die—Wright 10

Sarah H. Wright, November 7th 2010, “Evidence on the Effects of Nurses’ Strikes,” (The National Bureau of Economic Research is an American private nonprofit research organization "committed to undertaking and disseminating unbiased economic research among public policymakers, business professionals, and the academic community.) https://www.nber.org/digest/jul10/evidence-effects-nurses-strikes

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: in-hospital 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. 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.

#### Medical laboratory scientists are discontent and could strike in the near future—Wall 21

Martin Wall, September 22 2021, “Medical laboratory scientists may strike over pay,” (Martin Wall is the Industry Correspondent of The Irish Times. He has written and broadcast extensively over many years on industrial relations affairs and particularly on public service reform. He has also extensively covered developments in the health service over the last 25 years.) https://www.irishtimes.com/news/health/medical-laboratory-scientists-may-strike-over-pay-1.4680914

Medical laboratory scientists are to consider proposals this weekend that could could potentially lead to a strike over pay. The [Medical Laboratory Scientists Association](https://www.irishtimes.com/topics/topics-7.1213540?article=true&tag_organisation=Medical+Laboratory+Scientists+Association) (MLSA) said on Wednesday that its members are dissatisfied at lack of progress on claims for parity with other scientific colleagues. The annual general meeting of the union on Saturday will debate a motion that states: “’Due to the fact that our grievances cannot be resolved within the new national public service pay agreement, the MLSA will immediately ballot for industrial action, up to and including strike action to further these motions.” Members of the MLSA voted overwhelmingly earlier this year to reject the new public service pay agreement. But the union agreed subsequently to be bound by the aggregate majority decision of other public service organisations affiliated to the [Irish Congress of Trade Unions](https://www.irishtimes.com/topics/topics-7.1213540?article=true&tag_organisation=Irish+Congress+of+Trade+Unions) (Ictu) to support the accord.It is understood that the union is seeking to pursue its claim as part of a sectoral bargaining process established under the new public service agreement. However, it is uncertain whether there would be sufficient funding available under this mechanism to address the issue fully in the immediate term. The medical scientists, who carry out diagnostic testing of patient samples in acute hospitals, including urgent testing for Covid-19, have been involved in a long-running dispute dating back to 2002 regarding a claim for pay parity with scientific colleagues who work in biochemistry laboratories. The union maintained that medical scientists carried out identical work, with the same responsibilities, but were paid on average 8 per cent less and had fewer promotional and career development opportunities and less support for training and education The union’s chairman, Kevin O’Boyle, said on Wednesday: “The MLSA has been engaged in talks with the HSE and [Department of Health](https://www.irishtimes.com/topics/topics-7.1213540?article=true&tag_organisation=Department+of+Health) since summer 2020. Despite this, no clarity has emerged on how and when its members’ serious grievance, and the critical recruitment and retention issues created by it, will be addressed. If the motion passes at Saturday’s agm the executive will meet urgently to initiate a ballot.” MLSA general secretary [Terry Casey](https://www.irishtimes.com/topics/topics-7.1213540?article=true&tag_person=Terry+Casey) said the union remained open to engagement on how solutions could be found. “The strong message from medical scientists is that the current Building Momentum [public service] deal does not address long-standing recruitment and retention issues in the laboratory sector and these must be addressed urgently. “Public sector health workers from nurses, consultants to lab aides have secured significant pay increases in recent years. For medical scientists this, combined with the advancing role of laboratory diagnostics, increased responsibility, increased workloads and the long-standing challenges in recruitment and retention mean these employment issues need to be addressed with the HSE, Department of Health and the [Department of Public Expenditure and Reform](https://www.irishtimes.com/topics/topics-7.1213540?article=true&tag_organisation=Department+of+Public+Expenditure+and+Reform). “There is a significant national shortage of medical scientists across the public health service, with up to 130 posts unfilled even before the additional pressures of the pandemic arose in 2020. The reasons for this are inferior pay and conditions, poor career structure and limited promotional opportunities.”

#### Medical laboratory scientists are crucial to the prevention, containment, and treatment of disease. The COVID-19 pandemic proves this—UWF 21

University of West Florida, July 1 2021, “Medical Lab Scientists: The ‘Hidden Profession’ That Saves Lives,” https://onlinedegrees.uwf.edu/articles/how-medical-lab-science-impacts-our-lives/

The identification, diagnosis and treatment of disease require a skilled detective, someone who knows what clues to look for and can communicate their findings to provide insight on the best course of action. Medical lab scientists exist as the detectives of the healthcare field. With a broad base of expertise — chemistry, hematology, microbiology and more — they are often the first people to spot cancer, diabetes and other life-threatening conditions. Medical lab scientists are among the most integral parts of healthcare teams. They analyze biological specimens — from cells to blood and other bodily fluids — and their analysis can help guide doctors’ decisions. Experts estimate that medical lab scienceprofessionals [provide up to 70%](https://www.elsevier.com/connect/the-hidden-profession-that-saves-lives)of patients’ laboratory testing to physicians to make accurate diagnoses and treatment plans.  Despite occupying such an important part of the diagnostic and treatment process, lab professionals are considered to be among the most unrecognized healthcare workers — a hidden profession. Though they may not engage in face-to-face communication with patients like other healthcare professionals, medical lab scientists are vital, and they continue to be highly sought after in the field. Lab science professionals work very closely with physicians and are at the frontlines of testing and analyzing samples from patients. The amount of information that can be gleaned from these lab results span from early disease detection and prevention to providing insight on how to treat cancers, diabetes, heart disease and other conditions. Medical lab scientists touch almost every aspect of healthcare, but the general public is largely not familiar with the work they do. This unfamiliarity has led to misconceptions about the role, including about the specifics of what medical lab scientists do on a day-to-day basis. It’s something that Katie Cavnar, Chair and Program Director of Medical Lab Sciences at the University of West Florida, has experienced throughout her career. “I’ve had to explain this many times — even to my own family. They either think I draw blood and that’s it, or that I’m a doctor. Medical laboratory scientists are the ones who take the samples and run the tests,” she said. “Very often we’re the first ones to know if someone is pregnant or if someone has diabetes. We’re the ones who do all that diagnostic testing for the physicians.” In addition to this lack of understanding of medical lab scientists’ roles, the public is unfamiliar with their importance. Because patients often don’t see medical lab scientists, it can make it difficult for them to understand the crucial work they do. Plus, pop culture has created an unrealistic sense of how the healthcare field operates. “It’s a nebulous place where tubes go with your blood and come back with results. So they never see us. We’re faceless,” Cavnar said. “I also blame TV — patients watch these shows like ‘CSI’  or ‘House’ and on those shows, they have physicians doing the testing, which never happens.” Given the importance of the work conducted by lab professionals, it’s crucial that the public have a greater awareness of the role they play in healthcare. Cavnar says this is a challenge because the nature of the job tends to draw people who are more interested in the behind-the-scenes aspects of medicine and the intricacies of lab science. “It’s just all about the legislature and trying to get the word out there more,” she said. “We have a hard time even at the university — we’re still working on recruiting.” Organizations have been working for decades to raise the profile of medical lab scientists. Medical Laboratory Professionals Week (MLPW), which is observed in the last full week in April, was originated by the American Society for Clinical Laboratory Science (ASCLS) in 1975. Today, its focus is to not only celebrate the important work lab scientists do but to provide an opportunity for greater visibility and understanding among the public. The ASCLS is also at the forefront of lobbying lawmakers to ensure they are supporting cost-effective, high-quality clinical laboratory services. Although medical lab science professionals may not have the patient-facing roles that doctors and nurses do, their work is not any less rewarding or impactful. They play a vital role in early disease detection and prevention and can be integral in treating certain trauma cases as well. This is particularly true in the case of medical lab scientists who work in blood banks, which is where Cavnar spent part of her career. “My very first day in the blood bank, we had a GI bleed and the patient, by the end of the day, used over 100 blood products — and he survived. And that was amazing,” she said. “We don’t generally get a lot of recognition, but I remember the doctors bought us a really nice box of chocolates and we were thrilled — but we were mostly thrilled that he lived.” The role that medical lab scientists play in healthcare extends to how doctors read and interpret data. Specifically, by providing doctors with detailed analysis of test results, scientists can lay the groundwork for decisions regarding courses of treatment, diagnoses and cross-matching blood transfusions. These interactions can have a significant impact on the everyday lives of patients. For example, the testing conducted by scientists can be used to help diabetes patients see how they’re managing their condition and what courses of treatment have been effective. It also impacts general health and lifestyle decisions patients might make after their annual physical. The fight against COVID-19 proved how instrumental medical lab scientists are. Early on, they were on the frontlines ensuring that testing was done quickly and accurately. This critical diagnostic role shone a light on lab scientists and how they work to save lives. In this case, by identifying positive cases, lab scientists helped doctors begin treatment quickly, start effective contact tracing and take the first step in reducing the spread. Medical lab scientists are also at the forefront of early diagnoses. By identifying cancer and other diseases early, lab scientists provide patients with more time to begin treatment, make lifestyle changes and more effectively and proactively combat their illnesses. “They want to be able to catch anything early, like if someone was showing a shift toward leukemia,” Cavnar said. “Yearly appointments with your physician are really important. You get your cholesterol checked, you get your lipids, you get your liver panel. Even a small bump in numbers can sometimes be indicative of ‘maybe I should change the way I’m eating or drinking or exercising.’” Those with an MLS degree can work in a variety of roles. Although some may choose to work primarily in the lab setting, they can also use their MLS degree on the path to administrative roles and, depending on the area of focus, have the opportunity to work in many areas of healthcare and medicine including microbiology, hematology, epidemiology and cancer research. “I’ve had students work at biotech companies or forensics, and it can set you up to go even further in the field,” Cavnar said. She also points out that scientists who have an MLS degree often go on to pursue a master’s in public health and other advanced degrees.

#### Disease and bioweapons present a risk for extinction, making disease prevention crucial—Millett/Snyder-Beattie 17

Piers Millett/Andrew Snyder-Beattie, August 1 2017, “Existential Risk and Cost-Effective Biosecurity,” (Piers Millett is a Senior Research Fellow at the Future of Humanity Institute, where he focuses on pandemic and deliberate disease and the implications of biotechnology.) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/

In the decades to come, advanced bioweapons could threaten human existence. Although the probability of human extinction from bioweapons may be low, the expected value of reducing the risk could still be large, since such risks jeopardize the existence of all future generations. We provide an overview of biotechnological extinction risk, make some rough initial estimates for how severe the risks might be, and compare the cost-effectiveness of reducing these extinction-level risks with existing biosecurity work. We find that reducing human extinction risk can be more cost-effective than reducing smaller-scale risks, even when using conservative estimates. This suggests that the risks are not low enough to ignore and that more ought to be done to prevent the worst-case scenarios. How worthwhile is it spending resources to study and mitigate the chance of human extinction from biological risks? The risks of such a catastrophe are presumably low, so a skeptic might argue that addressing such risks would be a waste of scarce resources. In this article, we investigate this position using a cost-effectiveness approach and ultimately conclude that the expected value of reducing these risks is large, especially since such risks jeopardize the existence of all future human lives. Historically, disease events have been responsible for the greatest death tolls on humanity. The 1918 flu was responsible for more than 50 million deaths,[1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B1) while smallpox killed perhaps 10 times that many in the 20th century alone.[2](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B2) The Black Death was responsible for killing over 25% of the European population,[3](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B3) while other pandemics, such as the plague of Justinian, are thought to have killed 25 million in the 6th century—constituting over 10% of the world's population at the time.[4](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B4) It is an open question whether a future pandemic could result in outright human extinction or the irreversible collapse of civilization. A skeptic would have many good reasons to think that existential risk from disease is unlikely. Such a disease would need to spread worldwide to remote populations, overcome rare genetic resistances, and evade detection, cures, and countermeasures. Even evolution itself may work in humanity's favor: Virulence and transmission is often a trade-off, and so evolutionary pressures could push against maximally lethal wild-type pathogens.[5](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B5),[6](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B6) While these arguments point to a very small risk of human extinction, they do not rule the possibility out entirely. Although rare, there are recorded instances of species going extinct due to disease—primarily in amphibians, but also in 1 mammalian species of rat on Christmas Island.[7](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B7),[8](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B8) There are also historical examples of large human populations being almost entirely wiped out by disease, especially when multiple diseases were simultaneously introduced into a population without immunity. The most striking examples of total population collapse include native American tribes exposed to European diseases, such as the Massachusett (86% loss of population), Quiripi-Unquachog (95% loss of population), and the Western Abenaki (which suffered a staggering 98% loss of population).[9](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B9) In the modern context, no single disease currently exists that combines the worst-case levels of transmissibility, lethality, resistance to countermeasures, and global reach. But many diseases are proof of principle that each worst-case attribute can be realized independently. For example, some diseases exhibit nearly a 100% case fatality ratio in the absence of treatment, such as rabies or septicemic plague. Other diseases have a track record of spreading to virtually every human community worldwide, such as the 1918 flu,[10](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B10) and seroprevalence studies indicate that other pathogens, such as chickenpox and HSV-1, can successfully reach over 95% of a population.[11](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B11),[12](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B12) Under optimal virulence theory, natural evolution would be an unlikely source for pathogens with the highest possible levels of transmissibility, virulence, and global reach. But advances in biotechnology might allow the creation of diseases that combine such traits. Recent controversy has already emerged over a number of scientific experiments that resulted in viruses with enhanced transmissibility, lethality, and/or the ability to overcome therapeutics.[13-17](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B13) Other experiments demonstrated that mousepox could be modified to have a 100% case fatality rate and render a vaccine ineffective.[18](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B18) In addition to transmissibility and lethality, studies have shown that other disease traits, such as incubation time, environmental survival, and available vectors, could be modified as well.[19-21](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B19) Although these experiments had scientific merit and were not conducted with malicious intent, their implications are still worrying. This is especially true given that there is also a long historical track record of state-run bioweapon research applying cutting-edge science and technology to design agents not previously seen in nature. The Soviet bioweapons program developed agents with traits such as enhanced virulence, resistance to therapies, greater environmental resilience, increased difficulty to diagnose or treat, and which caused unexpected disease presentations and outcomes.[22](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B22) Delivery capabilities have also been subject to the cutting edge of technical development, with Canadian, US, and UK bioweapon efforts playing a critical role in developing the discipline of aerobiology.[23](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B23),[24](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B24) While there is no evidence of state-run bioweapons programs directly attempting to develop or deploy bioweapons that would pose an existential risk, the logic of deterrence and mutually assured destruction could create such incentives in more unstable political environments or following a breakdown of the Biological Weapons Convention.[25](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B25) The possibility of a war between great powers could also increase the pressure to use such weapons—during the World Wars, bioweapons were used across multiple continents, with Germany targeting animals in WWI,[26](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576214/#B26) and Japan using plague to cause an epidemic in China during WWII.

#### The duty of the negative is only to advocate for the conditional right to strike. This means that under the resolution the Neg can support the right to strike for some groups but not others. Thus, I can support the right to strike of the groups which the Aff has specified and argue against the right to strike for medical workers and police officers. It is now the Aff’s burden to prove why giving the right to strike to the groups which I have specified will be beneficial. In other words, they need to prove why giving a right to strike to *all workers* is a net positive.