# AV21 R1 1N

## Fwk

#### 1. Moral Relevance – We must use frameworks that can apply to governments because the actor of the resolution is just governments. Governments cannot know specific details of situations they have to make decisions about. This requires a utilitarian metric that can make decisions without all knowledge. Thus this is the only fair calculus we can evaluate the

Robert E. **Goodin,** 19**95**

Goodin is a Professor of Philosophy at the Research School of the Social Sciences at the Australian National University. Cambridge University Press, “Utilitarianism As a Public Philosophy” pg 63

My larger argument turns on the proposition that there is something special about **the situation of public officials that makes utilitarianism more plausible for them** (or, more precisely, makes them adopt a form of utilitarianism that we would find more acceptable) **than private individuals**. Before proceeding with that larger argument, I must therefore say what it is that is so special about public officials and their situations that makes it both more necessary and more desirable for them to adopt a more credible form of utilitarianism.  Consider, first the argument from necessity. Public **officials are obliged to make** their **choices** under uncertainty, and uncertainty of a very special sort at that. All choices-public and private alike- are made **under some degree of uncertainty**, of course.  But in the nature of things, private individuals will usually have more complete information on the peculiarities of their own circumstances and on the ramifications that alternative possible choices might have for them. Public **officials**, in contrast, at relatively poorly informed as to the effects that their choices will have on individuals, one by one. What they **typically** do **know** are **generalities**: averages and aggregates. **They know what will happen most often** to most people as a result of their various possible choices. But that is all.  That is enough to allow public policy makers to use the utilitarian calculus – if they want to use it at all – to choose general rules of conduct. **Knowing** aggregates and **averages**, **they can proceed to calculate** the **utility payoffs** from adopting each alternative possible general rule. **But they cannot be sure what the payoff will be to any given individual or on any particular occasion**. Their knowledge of generalities, aggregates and averages is just not sufficiently fine-grained for that.

#### 2.No act-omission distinction—There is no act-omission distinction for governments. In the context of a government’s obligation to its citizens, inaction that results in harm is morally equivalent to a direct action that causes harm as they have failed to protect their citizens either way.

Cass R. **Sunstein and** Adrian **Vermeule,** 20**05**

Sunstein is an American legal scholar, he was the Administrator of the White House Office of Information and Regulation Affairs, taught at the University of Chicago Law School for 27 years, and is the Robert Walmsley University Professor at Harvard Law School. Vermeule is the John H. Watson, Jr. Professor of Law at Harvard Law School.“Is Capital Punishment Morally Required? The Relevance of Life-Life Tradeoffs”, University of Chicago Public Law and Legal Theory Working Paper No. 85.

An unstated assumption animating much opposition to capital punishment, especially among self-conscious or intuitive deontologists, is that capital punishment counts as an “act,” while the refusal to impose it counts as an “omission,” and that the two are altogether different from the moral point of view. We shall investigate this claim in some detail. But we doubt that the act-omission distinction can bear the moral weight given to it by the critics of capital punishment. Whatever its value as a moral concept where individuals are concerned, the act-omission distinction misfires in the general setting of government regulation. If government policies fail to protect people against air pollution, occupational risks, or racial discrimination, it is inadequate to put great moral weight on the idea that the failure to act is a mere “omission.” No one believes that government can avoid responsibility to protect people against serious dangers, as for example by refusing to enforce regulatory statutes, simply by contending that such refusals are unproblematic omissions.10 If state governments impose light penalties on offenders, or treat certain offenses (say, domestic violence) as unworthy of attention, they should not be able to escape public retribution by contending that they are simply refusing to act. Where government is concerned, failures of protection, through refusals to punish and deter private misconduct, cannot be justified by pointing to the distinction between acts and omissions.

#### Thus the standard is utilitarianism.

**Observation: The resolution uses the word “unconditional”, which means without limit or condition, to describe the right to strike. If the NC can prove that there should be a limit to the right to strike, then you can negate. The NC is resolutionally justified to defend a “conditional right to strike” and that is what I endorse.**

**C1: Medical Strikes**

1. **Rural communities face increased barriers to healthcare access, and failures of their hospitals increasingly harm the low-income and most in need populations.**

**Catchatoorian, ‘21** [Latisha Catchatoorian is a reporter for Spotlight at WRAL.com, Published: 6/12/21, “1 in 4 rural hospitals are at risk of closing – 7 in NC have already closed” Spotlight, <https://www.wral.com/1-in-4-rural-hospitals-are-at-risk-of-closing-7-in-nc-have-already-closed/19695084/> ] /Triumph Debate

**Rural communities, which have historically faced barriers to healthcare access, continue to suffer as rural hospitals also financially struggle to care for a rising number of uninsured and underinsured patients. "After working in rural areas for a long time, I have a pretty good sense of what rural hospitals are up against. We're in communities that have higher levels of unemployment, elderly patients with fixed incomes, and underinsured or uninsured patients,"** said Dr. Stephen Luking, a family physician in Reidsville, N.C., who has been practicing for almost 30 years. In 2008, Cone Health Annie Penn in Reidsville had to close its labor and delivery department due to a lack of available obstetricians. The two obstetricians on staff during this time "simply couldn't provide the 24/7 obstetrics coverage that women in the area need and expect." Twelve miles north in Eden, N.C., Morehead Memorial Hospital's bankruptcy (now UNC Rockingham Health Care) almost resulted in its closure. **UNC Health Care purchased the financially strapped hospital in 2018, but only guaranteed five years of operation before reassessing whether the hospital would remain open. It's examples like these that prove that rural hospitals are struggling to find the resources and personnel to keep them running for some of the state's most vulnerable residents. "Proximity to health care is directly correlated with positive health care outcomes for any community. I live in a community that is roughly 30 minutes away from a larger metropolitan area. This creates a barrier," said Reidsville Mayor Jay Donecker. "If we didn't have a hospital here in Reidsville — a city with a population of around 15,000, we'd have to drive to get care. That's fine when you're healthy. But if you need immediate care, are financially strapped, or have a lack of transportation — that's a problem."** Reidsville is fortunate to have a local hospital in Annie Penn, however, this isn't the case for many rural communities across the state. **Additionally, rural hospitals habitually face financial hardships and staffing shortages that force them to make tough decisions. COVID-19 has exacerbated these inherent challenges and Luking said that he's seen a rise in mental health cases, longer waiting lists for treatment, and more patients telling him "they don't have insurance to cover visits" over the last year. Kaiser research from 2019 reported that 11.4 percent of North Carolina residents lack health insurance and it's unsurprising t**[**hat many of these uninsured or underinsured residents**](https://public.flourish.studio/visualisation/2259900/) **live in rural communities. "These financial burdens often fall on emergency rooms and resources have had to be expended in the middle of a pandemic to provide things like acute care and overdose management. When you think of how our resources are already groaning under the weight of a regular year, you can only imagine how it's been during the pandemic as people were hospitalized with COVID-19,"** said Luking. "We just have chronic challenges." "I worry about the ability of small hospitals like Annie Penn and Morehead to remain profitable with their ever-growing responsibilities under the current payment system without Medicaid expansion," continued Luking. "Medicare and the current Medicaid system are only doing so much for a select group of people."

1. **Hospitals are on the verge of shutting down across the country. As they do, entire towns are left without medical access and economically begin to fail due to their dependence on jobs.**

**Jarvie, 20** [Jenny Jarvie is the Atlanta Bureau Chief for the Los Angeles Times, Published: 5/16/21, “In a time of pandemic, another rural hospital shuts its doors” Los Angeles Times, <https://www.latimes.com/world-nation/story/2020-05-16/a-small-rural-hospital-in-west-virginia-shutters-its-doors> ] /Triumph Debate

**The red “Emergency” sign glowed above the empty ER waiting room as Loretta Simon walked to the front door and posted a notice that Williamson Memorial Hospital was shutting down. It was just after 1:15 a.m. The emergency room beds were vacant. The last staff on duty were clocking out. Soon she would switch off the heart monitor in the nurses’ station and watch its screen fade to black. As the 48-year-old chief nursing officer stepped outside to block the ER entrance with yellow caution tape, she thought of all the people she had treated in her 25 years at the hospital: elderly patients who had suffered strokes, coal miners injured underground or laboring to breathe with black lung disease, patients of all ages who had overdosed on opioids and methamphetamines.** She wasn’t sure when, or even if, the emergency room would open again. While big hospitals in places such as New York City, Detroit and New Orleans have been overwhelmed with a massive surge of COVID-19 cases, Williamson Memorial is one of hundreds of rural hospitals across the nation that have suffered from an altogether different crisis: a massive drop in patients. **The struggling 76-bed hospital in this rugged Appalachian coal country town of** [**2,800**](https://data.census.gov/cedsci/profile?g=1600000US5487508&q=Williamson%20city,%20West%20Virginia) **residents was forced to close down last month after the global coronavirus pandemic hit just as administrators were trying to climb out of bankruptcy and work out a deal for another hospital to take over. The only hospital in Mingo County, a remote pocket of West Virginia, Williamson Memorial did not treat any patients with COVID-19 — so far, the county of 23,400 residents has confirmed just three cases and one death. But the hospital’s net revenue was slashed in half as administrators halted nonessential procedures and visits to the emergency room plummeted from about 800 to 300 a month**. And so this former mining town, nestled in a narrow valley surrounded by hills of poplar and oak, has lost the hospital that served its people for more than a century. “It’s heartbreaking,” Simon said. “It’s hard not to feel a little defeated that we have all these people in our hospital who have all this skill, who know how to take care of patients. But yet when the need is going to hit, we’re not going to be here.” **It’s a pattern that is likely to play out across the nation as COVID-19 unsettles the precarious finances of hundreds of small rural hospitals. Already, more than 170 have closed in the last 15 years, according to the University of North Carolina’s** [**Rural Health Research Program.**](https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/) **Last year, 18 shut their doors — the most since 2000 — and 12 have shuttered in the first four months of this year. “It’s hard to envision a scenario in which we do not see a lot more hospitals closing,” said Alan Morgan, chief executive of the National Rural Health Assn., noting that in February, the nonprofit group identified more than 400 hospitals at risk for closure. “Things have only gotten significantly worse.”** According to a [recent report](https://www.aha.org/system/files/media/file/2020/05/aha-covid19-financial-impact-0520-FINAL.pdf) by the American Hospital Assn., hospitals and health systems across the nation face unprecedented financial challenges in the coming months, with an estimated loss of more than $200 billion from COVID-19 expenses from March to June. After cancelling all outpatient and elective procedures, which account for 70% to 80% of revenue, Morgan said, many hospitals are furloughing and laying off staff. In April, the healthcare sector lost 1.4 million jobs, according to the [U.S. Bureau of Labor](https://www.bls.gov/web/empsit/ceseeb1a.htm)Statistics, with nearly 135,000 hospital workers laid off across the country. **For many Williamson residents, the closure of their hometown hospital raises the unwanted prospect of traveling two miles across the Tug Fork River to the 148-bed Tug Valley ARH Regional Medical Center in Kentucky. Some West Virginians are wary of making that trip; they say their insurance companies do not cover out-of-state visits and they worry they might incur higher bills. Also, they point out, they cannot easily get to the hospital when the river floods. Five years ago, the West Virginia Health Care Authority blocked ARH from purchasing Williamson Memorial, arguing that transferring services to a Kentucky facility could cause Mingo County residents “serious problems” in obtaining care**. The nearest in-state hospital is a 35-minute drive away. Some residents here hope that Williamson Memorial, after going through a succession for-profit owners, can be resurrected. Already, a local physician and entrepreneur, Dr. Donovan “Dino” Beckett, who trained at the Williamson hospital as a medical student and worked for the hospital for more than 15 years, has swooped in to purchase the hospital’s assets. But Beckett, the owner of a federally qualified health and wellness center, is not sure he will be able to reopen the facility as a full-service hospital with an emergency room. His plans rest on how soon the U.S. can curb the spread of the virus. “It just depends on how quickly the United States gets back to normalcy,” he said. “That’s what creates a little anxiety for me.… The uncertainty of what’s going on in the world right now creates a lot of angst that maybe it’s too difficult to pull off.” The closure of Williamson Memorial has left many in this shrinking town wondering about its future. Just last month, Norfolk Southern eliminated 35 jobs at the city’s rail yard, built in 1901 to service the region’s coal mines. “**I’ve always said if you lose your community hospital, tumbleweeds are next,” said Mayor Charles Hatfield, who served as the hospital CEO until it declared bankruptcy. With 100 full-time staff, the hospital served as an economic engine for the city. It was the main employer, Hatfield said, contributing more than $100,000 a year in property taxes and about a third of the city’s business and occupation tax revenue. “The railroads left the area, the mines are shutting down,” said Cathy Hardin, a 66-year-old pharmacy technician at Hurley Drug Co., as she strolled down the city’s deserted main street wearing a face mask and blue latex gloves. “It’s just something else to feel sad about. Our town has no future.”**

1. **Strikes by medical professionals have be linked to large scale absence of treatment and preventable mortalities.**

**Irimu et al., 2018** [Grace Irimu is a senior lecture in paediatrics and child health at the University of Nairobi, Morris Ogero, George Mbevi, David Gathara, Samuel Akech, Edwine Barasa, Benjmain Tsofa and Mike English are all researchers at the Kenya Medical research Instititute, Celia Kariuki is from the Department of Paediatrics at Mama Lucy Kibaki Hospital, Published: 11/28/18, “Tackling health professionals’ strikes: an essential part of health system strengthening in Kenya”, BMJ Global Health, doi:10.1136/bmjgh-2018-001136 ] /Triumph Debate

**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 in these 13 hospitals during strike 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.**

## C2: Medicines

1. **Strikes have prevented medicines from entering Puerto Rico, proving that there are risks to citizens in countries when strikes are allowed by the transportation industry.**

**Coto, ‘21** [Dánica Coto is a reporter with AP News, Published: 8/4/21, “Puerto Rico dock workers to end strike as goods accumulate ” AP News, <https://apnews.com/article/business-health-caribbean-coronavirus-pandemic-puerto-rico-48e1e28b79a413239f748a8448a5a6d2> ] /Triumph Debate

**Dock workers who launched a strike that prevented thousands of shipping containers with items including food and medicine from reaching Puerto Rico in recent weeks have reached a tentative agreement with their employer, officials said Wednesday. Many in the U.S. territory were relieved at the announcement, given the island’s huge dependence on imports**. However, concerns remain since the deal between Puerto Rico’s Union of Dock Workers and stowage company Luis Ayala Colón Sucres, Inc. is in place for only 45 days. **The strike had prevented some 4,500 shipping containers and 13 boats from reaching Puerto Rico and another 5,000 containers from leaving the island. It also prompted the U.S. territory’s government to file a lawsuit on Monday against union workers and the company known as LAC, which handles 80% of all international cargo entering the Port of San Juan.** “The situation has reached a breaking point,” Puerto Rico’s Ports Authority said in the lawsuit. It is seeking a permanent injunction ordering that those sued meet their responsibilities, noting that it has been unable to collect more than $400,000 in fees and tariffs. Noelia García, the government’s chief of staff, said the lawsuit will be withdrawn only when the deal between dock workers and the stowage company is final. She also hinted that government officials might look into contracting other companies to avoid a repeat. “Diversity is healthy,” she said. “We’re going to take proactive measures to ensure this won’t happen again.” García declined to provide more details. Hernán Ayala, vice president of the stowage company, said there are no plans to prioritize items. “We’ll empty the ships as they arrive,” he said. “This will be done as quickly as possible.” **The workers were striking in part because they said the company had given workshop tasks to managers. While the strike did not cause severe shortages of life-saving items, the Association of Hospitals of Puerto Rico issued a statement Tuesday warning that supplies of certain medical equipment would run out in two to six weeks as the island faces a spike in COVID-19 cases it blames on the delta variant.**

1. **Previous port strikes have resulted in backlogs that took months. Another such strike would not only delay needed medicines, but result in an even stronger impact on the economy in addition to the lack of medical treatment.**

**Lavenduski, ‘21** [Sara Lavenduski is an executive editor for Advertising Speciality Institute, Published: 3/11/21, “Workers could strike at the port of montreal ” Advertising Speciality Institute, https://www.asicentral.com/news/newsletters/promogram/march-2021/workers-could-strike-at-the-port-of-montreal/ ] /Triumph Debate

**A possible union strike at the busy Port of Montreal would affect supply chains in Canada, which could have ripple effects for the promo industry there that’s already been beleaguered with COVID-caused delays this year. The port, located on the St. Lawrence River in Montreal, is Eastern Canada’s largest**. But in recent weeks, talks between the Canadian Union of Public Employees (CUPE, Local 375), which represents longshoremen at the port, and the Maritime Employers Association (MEA), representing shipowners and operators, have been deadlocked. **The two parties’ seven-month truce ends March 21. If an agreement is not reached before that date, the longshoremen could strike. The port handled 35 million metric tons of goods last year alone. The Montreal Port Authority added that the port is indispensable for the movement of imports into Canada, including** [**critical medical supplies**](https://www.port-montreal.com/en/the-port-of-montreal/news/news/press-release/major-impacts) **used to treat COVID-19. MedTech Canada, a national association that represents the medical technology industry, said dialysis solution would also be stuck at port if a strike were to happen, which would put dialysis centers across the country at risk of not having crucial supplies for treating patients**. Supply Chain Under Pressure Already, shipping companies are rerouting cargo to Halifax and Vancouver. While U.S. ports could be another alternative, that’s proved difficult during the pandemic, Karl-Heinz Legler, general manager of Rutherford Global Logistics, told The Loadstar, a news outlet for the supply chain industry. **Plus, the rail cars required to then carry cargo from alternative ports to their destinations across Canada aren’t always immediately available, he added.** CN Rail has already announced they won’t be loading Montreal-bound cargo from ships diverted to Halifax. “The Government is keenly aware of the central role that the Port of Montreal plays in movement of goods across Canada, particularly in Quebec and Ontario,” said Minister of Labour Filomena Tassi, in an [official statement](https://www.canada.ca/en/employment-social-development/news/2021/02/statement-by-minister-of-labour-filomena-tassi.html). “**Reaching an agreement at the bargaining table is in the best interest of workers, unions, employers and all Canadians. We strongly encourage both parties to immediately do the hard work necessary to reach an agreement. The Government of Canada will continue to be there throughout the negotiations to support their efforts.” According to the Globe & Mail, more than 15 business groups, including the Canadian Vehicle Manufacturers’ Association and the Canadian Produce Marketing Association, sent a letter on March 10 to Minister Tassi and Omar Alghabra, federal Minister of Transport, to insist that the government “use all tools at its disposal” to make sure an agreement is reached. “They have to look at ways of ensuring that the parties are brought together and that a disruption is avoided**,” said Canadian Chamber of Commerce President Perrin Beatty, a signee of the letter. “The cost to the economy at this point when we are still being so badly affected by COVID would simply be too great.” Meanwhile, Canadian agricultural organizations, like the Canadian Special Crops Association, Grain Farmers of Ontario, Prairie Oat Growers Association and others, have launched a #StoptheStrike campaign on social media and [website](https://stopthestrike.ca/) to urge Ottawa to help mediate talks. **There’s been ongoing tension between the CUPE and MEA, mainly over working hours. Their previous agreement expired on Dec. 31, 2018. Last summer, a work stoppage and revolving strikes for almost 20 days resulted in container ships being diverted to already-congested ports and cost wholesalers $600 million, said the government, and it took more than three months to take care of the backlog**. Ministers from Ontario and Quebec said at the time that 19,000 jobs depend on the port being open for operation. Ripple Effects Across North America **While products like oil, fertilizers and iron ore make up the majority of arriving goods at the port, companies in Canada rely on it for delivery of essential products like medical supplies, food and textiles as well.** The Canadian International Freight Forwarders Association (CIFFA) is concerned about the impact a strike would have on the entire Canadian economy. “We have still not fully recovered from the strike in the port last August,” CIFFA Executive Director Bruce Rodgers told The Loadstar. “**Another interruption will really stick a knife in the Canadian economy. … If the strike goes ahead, we’ll see delays and lost business at a very significant level.”** Canadian promo firms that spoke with ASI Media this week haven’t yet felt the immediate impact of a looming strike. Christine Courtemanche, vice president of Lineaire Infographie Inc. (asi/253727) in Laval, QC, said her orders are mostly shipped by air. Rob Spector, president of Top 40 supplier Spector & Co. (asi/88660) in Saint-Laurent, QC, said their goods come in through Vancouver, Canada’s largest port. But that location too has been experiencing congestion for months. **As of the week of March 8, 15 ships were anchored offshore waiting for open berths, according to shipping news outlet Splash247. If a prolonged strike does occur, the promo industry could experience increased supply chain stress just as** [**reopenings begin across the country**](https://www.asicentral.com/news/newsletters/promogram/february-2021/canadian-provinces-begin-gradual-reopening/) **and businesses try to recover from the pandemic. “All our containers have already arrived for this spring/summer season,”** said Ron De Moor, president of DML Creation (asi/48031) in St. Jerome, QC. “We don’t see this strike affecting us at this time, unless it’s not resolved quickly.” Any added delays at the Port of Montreal could exacerbate what’s been a frustrating year of [supply chain snags](https://www.asicentral.com/news/newsletters/promogram/february-2021/promo-continues-to-grapple-with-rising-prices-inventory-issues/) for the industry. **Ongoing increases in shipping costs and raw material prices, including fuel and goods, along with a lack of available shipping containers, prolonged dwell times (time that a container ship spends at port) and personnel shortages because of COVID, have created a perfect storm of concerns for promo companies importing products from overseas.**