**I Negate the resolution**

**The Value is Justice.**

**The Criterion is Structural Violence**

## The structural violence of inequality outweighs other impacts—there is an ethical obligation to address it.

### Ansell 17

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There are many different kinds of violence. Some are obvious: punches, attacks, gunshots, explosions. These are the kinds of interpersonal violence that we tend to hear about in the news. Other kinds of violence are intimate and emotional. But **the deadliest** and most thoroughgoing **kind of violence** is woven into the fabric of American society. It **exists when some groups have more access to goods, resources, and opportunities than other groups**, including health and life itself. This violence delivers specific blows against particular bodies in particular neighborhoods. This unequal advantage and violence is built into the very rules that govern our society. In the absence of this violence, large numbers of Americans would be able to live fuller and longer lives. This kind of violence is called **structural violence,** because it **is embedded in** the very laws, policies, and rules that govern day-to-day **life.** It is the cumulative impact of laws and social and economic policies and practices that render some Americans less able to access resources and opportunities than others. **This inequity of advantage** is not a result of the individual’s personal abilities but is built into the systems that govern society. Often it **is a product of** racism, gender, and income **inequality.** The diseases and premature mortality that Windora and many of my patients experienced were, in the words of Dr. Paul Farmer, “biological reflections of social fault lines.” As a result of these fault lines, a disproportional burden of illness, suffering, and premature mortality falls on certain neighborhoods, like Windora’s. **Structural violence can overwhelm an individual’s ability to live a free, unfettered, healthy life.** As I ran to evaluate Windora, I knew that her stroke was caused in part by lifelong exposure to suffering, racism, and economic deprivation. Worse, the poverty of West Humboldt Park that contributed to her illness is directly and inextricably related to the massive

concentration of wealth and power in other neighborhoods just miles away in Chicago’s Gold Coast and suburbs. That concentration of wealth could not have occurred without laws, policies, and practices that favored some at the expense of others. Those laws, policies, and practices could not have been passed or enforced if access to political and economic power had not been

concentrated in the hands of a few. Yet these political and economic structures have become so firmly entrenched (in habits, social relations, economic arrangements, institutional practices, law, and policy) that they have become part of the matrix of American society. The rules that govern day-to-day life were written to benefit a small elite at the expense of people like Windora and her family. These rules and structures are powerful destructive forces. **The same structures that render life predictable, secure,**

**comfortable, and pleasant for many destroy the lives of others** like Windora through suffering, poverty, ill health, and violence. These structures are neither natural nor neutral. The results of structural violence can be very specific. In Windora’s case, stroke precursors like chronic stress, poverty, and uncontrolled hypertension run rampant in neighborhoods like hers. Windora’s illness was caused by neither her cultural traits nor the failure of her will. Her stroke was caused in part by inequity. She is one of the lucky ones, though, because even while structural violence ravages her neighborhood, it also abets the concentration of expensive stroke- intervention services in certain wealthy teaching hospitals like mine. If I can get to her in time, we can still help her. Income Inequality and Life Inequality Of course, Windora is not the only person struggling on account of structural violence. Countless neighborhoods nationwide are suffering from it, and people are dying needlessly young as a result. The magnitude of this excess mortality is mind-boggling. In 2009 my friend Dr. Steve Whitman asked a simple question, “How many extra black people died in Chicago each year, just because they do not have the same health outcomes as white Chicagoans?” When the Chicago Sun-Times got wind of his results, it ran them on the front page in bold white letters on a black background: “HEALTH CARE GAP KILLS 3200 Black Chicagoans and the Gap is Growing.” The paper styled the headline to look like the declaration of war that it should have been. In fact, we did find ourselves at war not long ago, when almost 3,000 Americans were killed. That was September 11, 2001. That tragedy propelled

the country to war. Yet when it comes to the premature deaths of urban Americans, no disaster area has been declared. No federal troops have been called up. No acts of Congress have been passed. Yet this disaster is even worse: those 3,200 black people were in Chicago alone, in just one year. Nationwide each year, more than 60,000 black people die prematurely because of inequality. While blacks suffer the most from this, it is not just an issue of racism, though racism has been a unique and powerful transmitter of violence in America for over four hundred years. Beyond racism, poverty and income inequality perpetuated by exploitative market capitalism are singular agents of transmission of disease and early death. As a result, there is a new and alarming pattern of declining life expectancy among white Americans as well. Deaths from drug overdoses in young white Americans ages 25 to 34 have exploded to levels not seen since the AIDS epidemic. This generation is the first since the Vietnam War era to experience higher death rates than the prior generation. White Americans ages 45 to 54 have experienced skyrocketing premature death rates as well, something not seen in any other developed nation. White men in some Appalachian towns live on average twenty years less than white men a half-day’s drive away in the suburbs of Washington, DC. Men in McDowell County, West Virginia, can look forward to a life expectancy only slightly better than that of Haitians. But those statistics reflect averages, and **every death from structural violence is a person.** When these illnesses and deaths are occurring one at a time in neighborhoods that society has decided not to care about—neighborhoods populated by poor, black, or brown people—they seem easy to overlook, especially if you are among the fortunate few who are doing incredibly well. The tide of prosperity in America has lifted some boats while others have swamped. Paul Farmer, the physician-anthropologist who founded Partners in Health, an international human rights agency, reflects on the juxtaposition of “unprecedented bounty and untold penury”: “It stands to reason that as beneficiaries of growing inequality, we do not like to

be reminded of misery of squalor and failure. Our popular culture provides us with no shortage of anesthesia.” **That people suffer and die prematurely because of inequality is wrong. It is wrong from an ethical perspective.** It is wrong from a fairness perspective. **And it is wrong because we have the means to fix it.**

**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 we endorse.

So, what is the limiting condition to the right to strike? Strikes should be a right EXCEPT for Police strikes.

# C1: Police Should Not Strike

## 1. Police unions hold too much power: once they are allowed to form, they can get whatever they want.

### Scheiber, Goodman, and Stockman 21

<https://www.nytimes.com/2020/06/06/us/police-unions-minneapolis-kroll.html>

Over the past five years,as **demands for reform have mounted in the aftermath of police violence** in cities like Ferguson, Mo., Baltimore and now Minneapolis, **police unions have emerged as one of the most significant roadblocks to change.** The greater the political pressure for reform, the more defiant the unions often are in resisting it — with few city officials, including liberal leaders, able to overcome their opposition. **They aggressively protect the rights of members accused of misconduct**, often in arbitration hearings that they have battled to keep behind closed doors. And **they have** also **been remarkably effective at fending off broader change, using** their **political** clout and **influence to derail efforts to increase accountability.** While rates of union membership have dropped by half nationally since the early 1980s, to 10 percent, **higher membership rates among police unions give them resources they can spend on** campaigns and **litigation to block reform.** A single New York City police union has spent more than $1 million on state and local races since 2014. In St. Louis, **when Kim Gardner was elected the top prosecutor** four years ago, **she set out to rein in the** city’s **high rate of police violence.** But after **she proposed a unit** within the prosecutor’s office **that would independently investigate misconduct**, she ran into the powerful local police union. **The union pressured lawmakers to set aside the proposal**, which many supported but then never brought to a vote. Around the same time, a lawyer for **the union waged a legal fight to limit the ability of the prosecutor’s office to investigate** police **misconduct.** The following year, **a leader of the union said Ms. Gardner should be removed “by force or by choice.”** **Politicians tempted to cross police unions have long feared** being labeled soft on crime by the unions, or more **serious consequences.** **When Steve Fletcher, a** Minneapolis **city councilman** and frequent Police Department critic, **sought to divert money** away from hiring officers and **toward a newly created office of violence prevention, he said, the police stopped responding as quickly to 911 calls placed by his constituents.** “It operates a little bit like a protection racket,” Mr. Fletcher said of the union.

## 2. Police unions use the extreme power they wield to harm marginalized groups with no consequences

### Levin 20

<https://columbialawreview.org/content/whats-wrong-with-police-unions/#:~:text=Much%20criticism%20of%20police%20unions,general%2C%20not%20just%20police%20unions>.

In many ways, police unions flout both traditional assumptions about organized labor and contemporary framings of the new labor movement. Where unions often swing left, police unions swing right. Where much modern labor organizing focuses on low-wage workers, police unions pro­tect higher-wage professionals.Where unionism and antiracism some­times have travelled hand-in-hand,**police unions** still **represent predomi­nantly white workers and frequently take public stands that are hostile to racial justice or that express outright racism.**Indeed, after decades of disinter­est, scholars recently have begun to study **police unions** because of their **role in hampering criminal justice reform, shielding officers accused of violence against people of color, and defending racially disparate policing practices.**In a moment when labor law scholarship tends to treat the interests of unions and the political left as inextricably linked,police unions provide a powerful counterexample. Or do they?

## 3. Racism leads to real and extremely negative impacts on marginalized groups

### Williams and Mohammed 13

This article reviews the **scientific research** that **indicates that** despite marked declines in public support for negative racial attitudes in the United States, **racism**, in its multiple forms, **remains embedded in American society.** The focus of the article is on the review of empirical **research** that **suggests that racism adversely affects the health of nondominant racial populations** in multiple ways. First, **institutional racism developed policies** and procedures **that have reduced access to housing, neighborhood and educational quality, employment opportunities, and other desirable resources** in society. **Second, cultural racism,** at the societal and individual level, **negatively affects economic status and health by creating a policy environment hostile to egalitarian policies, triggering negative stereotypes and discrimination that are pathogenic and fostering health-damaging psychological responses,** such as stereotype threat and internalized racism. Finally, a large and growing body of **evidence indicates that experiences of racial discrimination are a**n important type of **psychosocial stressor that can lead to adverse changes in health status** and altered behavioral patterns that increase health risks.