# AC vs Lincoln East BH

#### I affirm Resolved: A just government ought to recognize an unconditional right of workers to strike.

#### The framework is utilitarianism, the greatest good for the greatest amount of people. Prefer this because 1) we are discussing governmental policy and governments must enact policies that help the greatest number of people and 2) we are debating in the context of a pandemic and this means the top priority is saving people, making utilitarianism the most relevant contextually. 3) Lives come first because they are a prerequisite to all other rights. Without being alive, you cannot solve for any other problem, thus lives come first.

#### Definition of unconditional right to strike, NLRB 85

[National Labor Relations Board; “Legislative History of the Labor Management Relations Act, 1947: Volume 1,” Jan 1985; <https://play.google.com/store/books/details?id=7o1tA__v4xwC&rdid=book-7o1tA__v4xwC&rdot=1>]

\*\*Edited for gendered language

As for the so-called absolute or unconditional right to strike—there are no absolute rights that do not have their corresponding responsibilities. Under our American Anglo-Saxon system, each individual is entitled to the maximum of freedom, provided however (and this provision is of first importance), his [their] freedom has due regard for the rights and freedoms of others. The very safeguard of our freedoms is the recognition of this fundamental principle. I take issue very definitely with the suggestion that there is an absolute and unconditional right to concerted action (which after all is what the strike is) which endangers the health and welfare of our people in order to attain a selfish end.

## Contention 1: Democracy

#### Global democracy is collapsing now, Freedom House 21

(Freedom House. Freedom House works to defend human rights and promote democratic change, with a focus on political rights and civil liberties. We act as a catalyst for freedom through a combination of analysis, advocacy, and action. Our analysis, focused on 13 central issues, is underpinned by our international program work. “New Report: The global decline in democracy has accelerated”. 3-3-2021. https://freedomhouse.org/article/new-report-global-decline-democracy-has-accelerated.) SJ//VM [recut Lynbrook MD]

Washington - March 3, 2021 — Authoritarian actors grew bolder during 2020 as major democracies turned inward, contributing to the 15th consecutive year of decline in global freedom, according to [***Freedom in the World 2021***](https://freedomhouse.org/report/freedom-world/2021/democracy-under-siege), the annual country-by-country assessment of political rights and civil liberties released today by Freedom House. The report found that the share of countries designated Not Free has reached its highest level since the deterioration of democracy began in 2006, and that countries with declines in political rights and civil liberties outnumbered those with gains by the largest margin recorded during the 15-year period. The report downgraded the freedom scores of 73 countries, representing 75 percent of the global population. Those affected include not just authoritarian states like China, Belarus, and Venezuela, but also troubled democracies like the United States and India. In one of the year’s most significant developments, India’s status changed from Free to Partly Free, meaning less than 20 percent of the world’s people now live in a Free country—the smallest proportion since 1995. Indians’ political rights and civil liberties have been eroding since Narendra Modi became prime minister in 2014. His Hindu nationalist government has presided over increased pressure on human rights organizations, rising intimidation of academics and journalists, and a spate of bigoted attacks—including lynchings—aimed at Muslims. The decline deepened following Modi’s reelection in 2019, and the government’s response to the coronavirus pandemic in 2020 featured further abuses of fundamental rights. The changes in India formed part of a broader shift in the international balance between democracy and authoritarianism, with authoritarians generally enjoying impunity for their abuses and seizing new opportunities to consolidate power or crush dissent. In many cases, promising democratic movements faced major setbacks as a result. In Belarus and Hong Kong, for example, massive prodemocracy protests met with brutal crackdowns by governments that largely disregarded international criticism. The Azerbaijani regime’s military offensive in Nagorno-Karabakh indirectly threatened recent democratic gains in Armenia, while the armed conflict in Ethiopia’s Tigray Region dashed hopes for the tentative political opening in that country since 2018. All four of these cases notably featured some degree of intervention by an autocratic neighbor: Moscow provided a backstop for the regime in Belarus, Beijing propelled the repression in Hong Kong, Turkey’s government aided its Azerbaijani counterpart, and Ethiopia’s leader called in support from Eritrea. The malign influence of the regime in China, the world’s most populous dictatorship, ranged far beyond Hong Kong in 2020. Beijing ramped up its global disinformation and censorship campaign to counter the fallout from its cover-up of the initial coronavirus outbreak, which severely hampered a rapid global response in the pandemic’s early days. Its efforts also featured increased meddling in the domestic political discourse of foreign democracies, as well as transnational extensions of rights abuses common in mainland China. The Chinese regime has gained clout in multilateral institutions such as the UN Human Rights Council, which the United States abandoned in 2018, as Beijing pushed a vision of so-called noninterference that allows abuses of democratic principles and human rights standards to go unpunished while the formation of autocratic alliances is promoted. “This year’s findings make it abundantly clear that we have not yet stemmed the authoritarian tide,” said Sarah Repucci, vice president of research and analysis at Freedom House. “Democratic governments will have to work in solidarity with one another, and with democracy advocates and human rights defenders in more repressive settings, if we are to reverse 15 years of accumulated declines and build a more free and peaceful world.” **A need for reform in the United States** While still considered Free, the United States experienced further democratic decline during the final year of the Trump presidency. The US score in [Freedom in the World](https://freedomhouse.org/report/freedom-world/2021/democracy-under-siege) has dropped by 11 points over the past decade, and fell by three points in 2020 alone. The changes have moved the country out of a cohort that included other leading democracies, such as France and Germany, and brought it into the company of states with weaker democratic institutions, such as Romania and Panama. Several developments in 2020 contributed to the United States’ current score. The Trump administration undermined government transparency by dismissing inspectors general, punishing or firing whistleblowers, and attempting to control or manipulate information on COVID-19. The year also featured mass protests that, while mostly peaceful, were accompanied by high-profile cases of violence, police brutality, and deadly confrontations with counterprotesters or armed vigilantes. There was a significant increase in the number of journalists arrested and physically assaulted, most often as they covered demonstrations. Finally, the outgoing president’s shocking attempts to overturn his election loss—culminating in his incitement of rioters who stormed the Capitol as Congress met to confirm the results in January 2021—put electoral institutions under severe pressure. In addition, the crisis further damaged the United States’ credibility abroad and underscored the menace of political polarization and extremism in the country. ”January 6 should be a wake-up call for many Americans about the fragility of American democracy,” said Michael J. Abramowitz, president of Freedom House. “Authoritarian powers, especially China, are advancing their interests around the world, while democracies have been divided and consumed by internal problems. For freedom to prevail on a global scale, the United States and its partners must band together and work harder to strengthen democracy at home and abroad. President Biden has pledged to restore America’s international role as a leading supporter of democracy and human rights, but to rebuild its leadership credentials, the country must simultaneously address the weaknesses within its own political system.” “Americans should feel gratified that the courts and other important institutions held firm during the postelection crisis, and that the country escaped the worst possible outcomes,” said Abramowitz. “But the Biden administration, the new Congress, and American civil society must fortify US democracy by strengthening and expanding political rights and civil liberties for all. People everywhere benefit when the United States serves as a positive model, and the country itself reaps ample returns from a more democratic world.” **The effects of COVID-19** Government responses to the COVID-19 pandemic exacerbated the global democratic decline. Repressive regimes and populist leaders worked to reduce transparency, promote false or misleading information, and crack down on the sharing of unfavorable data or critical views. Many of those who voiced objections to their government’s handling of the pandemic faced harassment or criminal charges. Lockdowns were sometimes excessive, politicized, or brutally enforced by security agencies. And antidemocratic leaders worldwide used the pandemic as cover to weaken the political opposition and consolidate power. In fact, many of the year’s negative developments will likely have lasting effects, meaning the eventual end of the pandemic will not necessarily trigger an immediate revitalization of democracy. In Hungary, for example, the government of Prime Minister Viktor Orbán took on emergency powers during the health crisis and misused them to withdraw financial assistance from municipalities led by opposition parties. In Sri Lanka, President Gotabaya Rajapaksa dissolved Parliament in early March and, with new elections repeatedly delayed due to COVID-19, ruled without a legislature for several months. Later in the year, both Hungary and Sri Lanka passed constitutional amendments that further strengthened executive power. **The resilience of democracy** Despite the many losses for freedom recorded by [Freedom in the World](https://freedomhouse.org/report/freedom-world/2021/democracy-under-siege) during 2020, people around the globe remained committed to fighting for their rights, and democracy continued to demonstrate its remarkable resilience. A number of countries held successful elections, independent courts provided checks on executive overreach, journalists in even the most repressive environments investigated government transgressions, and activists persisted in calling out undemocratic practices.

#### Restrictions on the right to strike have reduced it to meaninglessness, Pope et al. 17

(James Gray Pope (Professor of Law and Sidney Reitman Scholar at Rutgers University), Ed Bruno (former director of the United Electrical Radio and Machine Workers of America, and past southern director for the National Nurses Union), and Peter Kellman (past president of the Southern Maine Labor Council and is currently working with the Movement Building/Education Committee of the Maine AFL‑CIO). “The Right to Strike.” Boston Review, Spring 2017. JDN. https://bostonreview.net/forum/james‑graypope‑ed‑bruno‑peter‑kellman‑right‑strike) [recut Lynbrook MD]

The prospects for union revival may seem bleaker than ever during the Trump administration, even as the triumph of right‑wing populism makes more urgent what was already apparent: the need to build a labor movement that can fight for the interests of the working class in the face of corporate power. But prospects are not as grim as they appear. Over the past decade, there has been an undeniable shift toward class politics, most visibly evidenced by Occupy Wall Street, the Bernie Sanders campaign, the Fight for Fifteen, and the rise of a Black Lives Matter movement that supports economic justice demands, including the right to organize. Building the labor movement in this period of danger and opportunity will require not only heeding Lerner’s call for a strategic shift and extralegal action; labor must also reclaim the right to strike and confront the deep structural disabilities that impede unions from challenging corporate power. As Lerner diagnosed twenty years ago, U.S. labor law blocks unions and workers from effective organizing and striking. Then as now, the law’s protections for workers’ rights amount to little more than paper guarantees, while its restrictions are downright deadly. Indeed the Committee on Freedom of Association of the International Labor Organization (ILO) has held that the United States is violating international standards by failing to protect the right to organize, by banning secondary strikes and boycotts across the board, and by allowing employers to permanently replace workers who strike. The ban on secondary strikes is especially debilitating, because it prevents workers who have economic power, such as organized grocery workers, from aiding workers who do not, for example unorganized packing house workers. If the grocery workers support striking packers by refusing to handle food packed by strikebreakers, they are said to be engaging in an illegal secondary strike. But the law cuts even deeper, deforming workers’ organizations at their inception. As amended by the Taft‑Hartley Act of 1947 (tagged by unionists as the ‘Slave Labor Law’), the National Labor Relations Act (NLRA) confronts workers with a choice between two inadequate forms of organization: statutory “labor organizations,” popularly known as unions, and “others,” for example workers’ centers that organize outside the statutory framework. At first glance, the choice seems obvious. Only unions can demand and engage in collective bargaining. But unions are subject to so many restrictions that some workers’ organizations (such as the Restaurant Opportunities Centers United) are willing to forego collective bargaining in order to avoid them, while others (including the Coalition of Immokalee Workers) consider themselves lucky to be excluded from the NLRA altogether. In the 1960s Cesar Chavez of the United Farm Workers rejected NLRA coverage for farm workers on the ground that it would inscribe “a glowing epitaph on our tombstone.”

#### Civic engagement strikes increase democratic participation which helps democracies, McElwee 15

(Sean McElwee; Research Associate at Demos; “How Unions Boost Democratic Participation,” The American Prospect; 9/16/15; https://prospect.org/labor/unions-boost-democratic-participation/) Justin [recut Lynbrook MD]

Labor organizer Helen Marot once observed, "The labor unions are group efforts in the direction of democracy." What she meant is that more than simply vehicles for the economic interests of workers (which they certainly are), labor unions also foster civic participation for workers. And nowhere is this clearer than in voter turnout, which has suffered in recent years along with union membership. Indeed, new data from the Census Bureau and a new analysis of American National Election Studies data support the case that unions' declining influence has also deeply harmed democracy. In 2014, voter turnout was abysmal, even for a midterm. Census data suggest that only 41.9 percent of the citizen population over 18 turned out to vote. However, as I note in my new Demos report Why Voting Matters, there are dispiriting gaps in turnout across class, race, and age. To examine how unions might affect policy, I performed a new analysis of both Census Bureau and American National Election Studies data. The data below, from the 2014 election, show the differences in voter turnout between union and non-union workers (the sample only includes individuals who were employed, and does not include self-employed workers). While only 39 percent of non-union workers voted in 2014, fully 52 percent of union workers did. As part of ongoing research, James Feigenbaum, an economics PhD candidate at Harvard, ran a regression using American National Election Studies data suggesting that union members are about 4 percentage points more likely to vote and 3 points more likely to register (after controlling for demographic factors) and individuals living in a union household are 2.5 points more likely to vote and register. This is largely in line with the earlier estimates of Richard Freeman. These numbers may appear modest, but in a close national election they could be enough to change the result. Other research has found an even stronger turnout effect from unions. Daniel Stegmueller and Michael Becher find that after applying numerous demographic controls, union members are 10 points more likely to vote. What's particularly important is that unions boost turnout among low- and middle-income individuals. In a 2006 study, political scientists Jan Leighley and Jonathan Nagler found that, "the decline in union membership since 1964 has affected the aggregate turnout of both low and middle-income individuals more than the aggregate turnout of high-income individuals." In 2014, the gap between unions and non-union workers shrunk at the highest rung of the income ladder. There was a 15-point gap among those earning less than $25,000 (40 percent turnout for union workers, and 25 percent turnout for non-union workers). Among those earning more than $100,000, the gap was far smaller (49 percent for non-union workers and 52 percent for union workers). Individuals living in union households are also more progressive than those in non-union households. I examined 2012 ANES data and find that union households aren't largely different from non-union households on many issues regarding government spending, but they are more likely to have voted for Obama, identify as Democratic, and support a robust role for the government in reducing income inequality. When looking at union members specifically, the gaps become slightly larger. More upscale union members are far more progressive than their non-union counterparts. Non-union households with an income above $60,000 oppose government intervention to reduce inequality by 11 points, with 32.2 percent in favor and 43.4 percent against. But richer union households support government intervention, with 42.5 percent in favor and 29.9 percent opposed. As Richard B. Freeman has pointed out, "union members are more likely to vote for a Democrat for the House or Presidency than demographically comparable nonunion voters." He similarly finds that "unionism moves members to the left of where they would be given their socioeconomic status," in line with the data I examined from 2012. A 2013 study by Jasmine Kerrissey and Evan Schofer finds that union members are not only more likely to vote, but also more likely to belong to other associations, and to protest. They also find that these effects are strongest among people with lower levels of education, suggesting that unions may help mobilize the least politically active groups. A recent study of European countries finds union members vote more and identifies those aspects of union membership that contribute to the higher turnout. The strongest factor is that workers who engage in democratic organizations in the workplace (via collective bargaining) are more likely to engage in democracy more broadly by, for instance, voting. Other studies support the idea that civic participation creates a feedback loop that leads to higher voting rates. Another factor is that union members make more money, and higher income is correlated with voting behavior. Finally, union members are encouraged by peers and the union to engage in politics, which also contributes to higher levels of turnout. It's not entirely surprising that politicians who savage unions often share a similar contempt for the right to vote. Democracy in the workplace leads to democracy more broadly throughout society. Workers with more democratic workplaces are more likely to democratically engage in in society. Further, when unionsand progressivesdemonstrate that government can benefit them, Americans are more likely to want to participate in decision-making. For all these reasons, unions play a unique and indispensable role in the progressive project. As Larry Summers, certainly not a leftist, recently argued, "the weakness of unions leaves a broad swath of the middle class largely unrepresented in the political process."

#### Democracies stop violent civil wars and genocide, best research confirms, Cortright 13

(David Cortright is the director of Policy Studies at the Kroc Institute for Peace Studies at the University of Notre Dame, Chair of the Board of Directors of the Fourth Freedom Forum, and author of 17 books, Kristen Wall is a Researcher and Analyst at the Kroc Institute, Conor Seyle is Associate Director of One Earth Future, Governance, Democracy, and Peace How State Capacity and Regime Type Influence the Prospects of War and Peace, <https://oneearthfuture.org/research-analysis/governance-democracy-and-peace-how-state-capacity-and-regime-type-influence>) [recut Lynbrook MD]

The classic statement of Kantian peace theory applies to interstate conflict and focuses on dyadic relations between states. This leaves out the most common form of armed violence in the world today, civil conflicts and one-sided violence within states. In recent years, researchers have found evidence that the democratic peace phenomenon applies within states as well as between them. Regime type matters not only externally but internally. Mature democratic governments are not only less likely to wage war on each other, they also experience fewer armed uprisings and major civil wars and are more reluctant to use armed violence against their own citizens. As the studies below indicate, the evidence of a democratic peace phenomenon within states is strong and compelling. Walter observes a direct relationship between levels of democracy and the likelihood of internal armed conflict. In her examination of the problem of war recurrence, she finds that countries characterized by open political systems and economic well-being—i.e., developed democracies— have a much lower probability of renewed civil war than autocratic countries with low levels of economic development.91 Walter measures the degree of political openness and democratic ‘voice’ by using Polity and Freedom House indicators. High scores on these indices correlate directly with a reduced risk of civil war. She notes, as other scholars have observed, that major civil wars do not occur in mature democratic states. She concludes: It may be that liberal democracies are really the only types of regimes that can truly insulate themselves from violent internal challenges. This suggests that citizens who are able to express their preferences about alternative policies and leaders, who are guaranteed civil liberties in their daily lives and in acts of political are less likely to become soldiers. Offering citizens a real outlet for their concerns and having a government that is open to democratic change considerably reduces the likelihood of a civil war.92 Civil conflicts within mature democracies are not only less frequent but also less lethal. Bethany Lacina assesses the severity of civil conflicts by measuring casualty levels according to several variables: regime type, state capacity, ethnic and religious diversity, and the impact of foreign military intervention. She finds that the political characteristics of a regime correlate significantly with differing casualty levels and are the strongest predictor of conflict severity. Democratic governments experience much lower casualty levels during civil conflict than autocratic states. Lacina’s analysis finds that civil wars occurring within democratic states have less than half the battle deaths of conflicts in non-democracies.93 State-sponsored violence against civilians is also less likely to occur in democracies than in autocracies. In his important book, Death by Government, Rudolph Rummel assembles mind numbing data and numerous examples demonstrating the myriad ways governments kill their citizens—directly through genocide and mass terror and indirectly through starvation and repression. He finds a stark contrast between the behavior of autocracies and democracies. Autocratic governments readily “slaughter their people by the tens of millions; in contrast, many democracies can barely bring themselves to execute even serial murderers.”94 Through statistical analysis, Rummel shows that genocidal killing is directly associated with the absence of democracy, holding constant other variables such as regime type, ethnic diversity, economic development level, population density, and culture.95 The lack of democracy is the most significant indicator of the likelihood of mass repression again the civilian population. As Rummel documents the appalling litany of governments murdering their own people, he is unequivocal about what he considers the necessary remedy—“The solution is democracy. The course of action is to foster freedom.”95

## Contention 2: Healthcare Workers

#### Bad conditions for healthcare workers leading to less healthcare workers, Sovold et al., 21

(Lene Sovold, John Naslund, Antonis Kousoulis, Shekhar Saxena, M. Wali Qoronfleh, Christoffel Grobler, and Lars Munter, 3-10-2021, accessed on 10-14-2021, Frontiers, "Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority", https://www.frontiersin.org/articles/10.3389/fpubh.2021.679397/full) [Lynbrook MD]

The COVID-19 pandemic has had an unprecedented impact on health systems in most countries, and in particular, on the mental health and well-being of health workers on the frontlines of pandemic response efforts. The purpose of this article is to provide an evidence-based overview of the adverse mental health impacts on healthcare workers during times of crisis and other challenging working conditions and to highlight the importance of prioritizing and protecting the mental health and well-being of the healthcare workforce, particularly in the context of the COVID-19 pandemic. First, we provide a broad overview of the elevated risk of stress, burnout, moral injury, depression, trauma, and other mental health challenges among healthcare workers. Second, we consider how public health emergencies exacerbate these concerns, as reflected in emerging research on the negative mental health impacts of the COVID-19 pandemic on healthcare workers. Further, we consider potential approaches for overcoming these threats to mental health by exploring the value of practicing self-care strategies, and implementing evidence based interventions and organizational measures to help protect and support the mental health and well-being of the healthcare workforce. Lastly, we highlight systemic changes to empower healthcare workers and protect their mental health and well-being in the long run, and propose policy recommendations to guide healthcare leaders and health systems in this endeavor. This paper acknowledges the stressors, burdens, and psychological needs of the healthcare workforce across health systems and disciplines, and calls for renewed efforts to mitigate these challenges among those working on the frontlines during public health emergencies such as the COVID-19 pandemic. With the emergence of the coronavirus disease (COVID-19) pandemic in late 2019, and the World Health Organization declaring it a global pandemic on 11th March 2020, health systems in many countries have been at times overwhelmed and stretched past their limits in terms of capacity and resources while striving toward continued delivery of quality care. The challenges for health systems, further complicated by the emergence of new more infectious variants of the virus, are likely to persist—even though infection rates have decreased in many parts of the world and the vaccine roll out progresses at a rapid pace at the time of writing this article—because we are now facing a second and equally serious pandemic of mental health challenges. The threats to mental health run deep within communities and are far reaching, affecting the millions of individuals who have been traumatized during national or regional lockdowns, left vulnerable to substance use or loneliness, those who have lost loved ones to the virus or face heightened anxieties of getting sick, or among those facing the dire economic consequences of the pandemic (1–3). In this challenging recovery phase of the pandemic, the mental health needs of healthcare workers and those on the frontlines of the pandemic response cannot be overlooked. During recent years, the mental health needs of healthcare providers have been gaining attention as a major public health concern and threat to quality care delivery. Healthcare professionals are exposed to multiple stress factors within their work, which may influence their physical, mental, and emotional well-being in negative ways (4–6). The World Health Organization estimates a projected shortfall of 18 million health workers by 2030, mostly in low- and lower-middle income countries. However, countries at all levels of socioeconomic development face, to varying degrees, difficulties in the education, employment, deployment, retention, and performance of their workforce (7). The COVID-19 pandemic is likely to exacerbate these issues among healthcare workers across the globe. In this article we reflect on the mental health impacts on healthcare professionals during times of crisis and other challenging working conditions against a backdrop of the current COVID-19 pandemic. First, we provide a broad overview of the elevated risk of stress, burnout, moral injury, and mental health challenges experienced among health workers. Next, we consider how public health emergencies, such as pandemics, can exacerbate these concerns and pose additional challenges to reaching and supporting health workers. Further, we consider promising approaches for protecting and promoting the mental health of health workers through self-care and other evidence-based interventions. Lastly, we highlight the need for organizational measures, policies, and systemic changes needed to address these challenges and empower healthcare workers going forwards. Numerous factors contribute to elevated stress among healthcare workers, including heavy workloads, long shifts, a high pace, lack of physical or psychological safety, chronicity of care, moral conflicts, perceived job security, and workplace related bullying or lack of social support. The resulting psychological distress can lead to burnout, depression, anxiety disorders, sleeping disorders, and other illnesses (5, 6, 8, 9). Work related stress can have a negative impact on health care providers' professionalism, quality of care delivery, efficiency, and overall quality of life. Therefore, it is critical to identify and mitigate these work-related risk factors to protect the mental health and well-being of healthcare workers. Working in a stressful or challenging environment for long periods with little recovery time is a risk factor for burnout. Burnout is defined as an occupational phenomenon in ICD-11: “Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: (1) feelings of energy depletion or exhaustion; (2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and (3) reduced professional efficacy. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life” (10). Maslach et al. describe burnout as that point at which important, meaningful, and challenging work becomes unpleasant, unfulfilling, and meaningless. Energy turns into exhaustion, involvement (also referred to as engagement) becomes cynicism and efficacy is replaced by ineffectiveness (11). A study investigating burnout and work-life integration in physicians between 2011 and 2017 in the US, found that about 44% of physicians reported at least one symptom of burnout in 2017 compared with about 54% in 2014 and about 45% in 2011 (12). This indicates some fluctuation in physician burnout in the years before the COVID-19 pandemic, yet the levels of burnout among physicians remained significant. Even when adjusting for age, sex, relationship status, and hours worked per week, physicians were found to be at increased risk for burnout and less likely to be satisfied with work-life integration compared with other working US adults (12). Studies have shown that physicians in clinical practice can be at risk for burnout as a result of both work and structural issues. Work related risk factors include work overload (e.g., large patient volumes, insufficient resources, or feeling poorly managed), lack of control over one's work environment, having to spend time on tasks inconsistent with one's career goals and high levels of work-home interference (4, 13). Structural issues predisposing physicians to burnout include being female, working in a solo practice, being early in one's career, lacking a sense of personal control over events, and attributing success to chance instead of personal accomplishments (14, 15). Also, in many low and middle income countries the ratio between healthcare workers and the overall population is a major issue which adds to healthcare workers' work burden, stress, and burnout. Additionally, many frontline health workers in lower income countries are predominantly women, and are therefore typically at the bottom of health system hierarchies, leaving them with limited autonomy and at elevated risk of burnout (16)

#### Medical workers hurt due to conditions for striking, McNicholas and Poydock 20

[Celine and Margarent. Celine McNicholas is EPI’s director of government affairs and labor counsel. Margaret Poydock joined EPI in 2016. As the policy analyst, she assists the policy team in managing EPI’s legislative and policy initiatives to build a more just economy. . “Workers are striking during the coronavirus: Labor law must be reformed to strengthen this fundamental right”. 6-22-2020. Economic Policy Institute. https://www.epi.org/blog/thousands-of-workers-have-gone-on-strike-during-the-coronavirus-labor-law-must-be-reformed-to-strengthen-this-fundamental-right/.] SJ//VM Re-Cut Justin [recut Lynbrook MD]

The coronavirus pandemic has revealed much about work in the United States: There have been countlessexamples of workers speaking out against unsafe work conditions and demandingpersonal protective equipment (PPE) to try and [stay healthy and safe on the job](https://www.huffpost.com/entry/mcdonalds-workers-strike-coronavirus_n_5ec57c58c5b622c412eb224e). We also have seen that [essential workers](https://www.epi.org/blog/who-are-essential-workers-a-comprehensive-look-at-their-wages-demographics-and-unionization-rates/) are often notpaid commensurate with the critical nature of their work. Few U.S. workers have [access to paid sick time or paid leave](https://www.epi.org/blog/amid-covid-19-outbreak-the-workers-who-need-paid-sick-days-the-most-have-the-least/) of any kind. And, when workers have advocated for health and safety protections or wage increase, they have often been retaliated against, and even fired for doing so. As a result, [many workers have decided to strike](https://www.thenation.com/article/economy/coronavirus-workers-strikes-labor/) in an effort to have their voices heard. fEven before the pandemic, data from the Bureau of Labor Statistics (BLS) showed an upsurge in [major strike activity in 2018 and 2019](https://www.epi.org/publication/continued-surge-in-strike-activity/), marking a 35-year high for the number of workers involved in a major work stoppage over a two-year period. Further, 2019 recorded the greatest number of work stoppages involving *20,000 or more* workers since at least 1993, when the BLS started providing data that made it possible to track work stoppages by size. In fact, after decades of decline, strike activity surged in 2018, with 485,200 workers involved in major work stoppages—a nearly twenty-fold increase from 25,300 workers in 2017. The surge in strike activity continued in 2019, with 425,500 workers involved in major work stoppages. On average in 2018 and in 2019, 455,400 workers were involved in major work stoppages—the largest two-year average in 35 years. What is the right to strike and who has it? Most private-sector workers in the United States are guaranteed the right to strike under Section 7 of the National Labor Relations Act (NLRA). Section 7 of the Act grants workers the right “to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection.” This allows private-sector workers to engage in concerted activities such as strikes, regardless of whether the worker is in a union or covered by a collective bargaining contract. However, those in a union are better situated to engage in a long-term strike through strike funds. There is no federal law that gives public-sector workers the right to strike, but [a dozen states grant public-sector workers the right to strike](https://www.onlabor.org/overview-how-different-states-respond-to-public-sector-labor-unrest/). In general, there are two types of strikes: economic strikes and unfair labor practice strikes. In an economic strike, workers withhold their labor as leverage when bargaining for better pay and working conditions. While workers in economic strikes retain their status as employees and cannot be discharged, their employer has the right to permanently replace them. In an unfair labor practice strike, workers withhold their labor to protest their employer engaging in activities that they regard as a violation of labor law. Workers in an unfair labor practice strike cannot legally be discharged or permanently replaced. However, not all strikes are protected under the law. For example, it is currently unlawful for workers to be involved in “secondary” strikes, which are strikes aimed at an employer other than the primary employer (for example, when workers from one company strike in solidarity with another company’s workers). If a strike is deemed an “intermittent strike”—when workers strike on**-**and**-**off over a period of time—it is not protected as a lawful strike by the NLRA. In general, a strike is also unlawful if the collective bargaining agreement between a union and the employer is in effect and has a “no-strike, no-lockout” clause. What data do we have on strikes? Unfortunately, there are major data limitations around strikes. As a result, it is impossible to know the full extent of strike activity throughout the U.S. The main government source for strike data is the [Bureau of Labor Statistics (BLS) data on major work stoppages](https://www.bls.gov/wsp/home.htm). However, BLS data only include information on work stoppages involving 1,000 or more workers that last at least one full shift. Unfortunately, comprehensive data on work stoppages that involve fewer than 1,000 workers, or that last less than one full shift, are not readily available from BLS or other sources. The BLS’s monthly data on work stoppages do not capture any strikes directly related to the coronavirus pandemic. However, it is evident essential workers are going on strike as seen in the recent [walkouts](https://www.vox.com/recode/2020/5/1/21244151/may-day-strike-amazon-instacart-target-success-turnout-fedex-protest-essential-workers-chris-smalls) organized by Amazon, Instacart, and Target workers as well as the [dozens of strikes organized by fast food and delivery workers](https://www.thecut.com/2020/05/whole-foods-amazon-mcdonalds-among-coronavirus-strikes.html). Consequently, there is a large gap in knowledge about the true extent of strikes that occur during the coronavirus pandemic and beyond. Based on the very limited data available, the resurgence of strike activity in recent years has given over a million workers an active role in demanding improvements in their pay and working conditions. Essential workers during the coronavirus pandemic are continuing this trend by demanding better pay and safer working conditions from their employers. However, withoutcomprehensive data, it’s impossible to understand the scope of how many workers are utilizing their fundamental right to strike. This knowledge gap makes it difficult for policymakers to adequately address the needs for workers in the United States, and the Bureau of Labor Statistics should be provided funding to gather comprehensive data on worker strikes. But even with the limited knowledge we have, it’s evident that strikes are an effective tool to improve the pay and working conditions of working people. Therefore, strengthening the right to strike for workers needs to be at the heart of labor law reform going forward**.**

#### Bad Conditions due to not being unionized, Myles and Maru 21

(David Myles and Duncan Maru, David Myles is a pediatrician at Walter Reed National Military Medical Center in Bethesda, Maryland, assistant professor at the Uniform Services University of Health Sciences, US Navy veteran, and a Rockville Council member., Duncan Maru is an internist and pediatrician at NYC Health & Hospitals/Elmhurst in Queens, New York, and an associate professor at the Arnhold Institute for Global Health at the Mount Sinai School of Medicine, 8-5-2021, accessed on 10-19-2021, Healthaffairs, "Health Care Workers Deserve Solidarity, Not Just Gratitude | Health Affairs Blog ", https://www.healthaffairs.org/do/10.1377/hblog20210727.64701/full/) [Lynbrook MD]

Amidst the lionization of nurses and doctors throughout this pandemic, let us also reckon with these uncomfortable truths: Working conditions are abysmal, and the rights of workers to organize have been stifled. The symptoms of this malaise are everywhere: Nurses in Massachusetts at a hospital owned by the for-profit Tenet chain have been striking for four months; more than 900 nurses in Chicago went on strike the first week of July; and Maryland health care workers have been protesting working conditions. The time has come to broaden the conversation about health care worker solidarity in the United States. Through the trauma and loss of the COVID-19 pandemic, we health care workers became “essential.” If we happened to be heading home around 7:00 p.m., we would hear pots and pans banging in our honor. We sincerely appreciated these gestures of appreciation. Yet, the problems extend far beyond this type of recognition. Solidarity demands a broader reckoning of the working conditions that contributed to the deaths of more than 3,500 of our colleagues. There have been numerous personal protective equipment (PPE) initiatives; and now, dialogue around vaccine mandates for health care workers. There remains, however, little attention given to the deeper structural factors affecting health care worker wellness and safety. Workers at highest risk for COVID-19 are often the most at risk for suffering from various workplace abuses. Solidarity involves workplace protections and better pay for all workers, not just physicians and nurses but those in sanitation, food services, facilities, transport, phlebotomy, respiratory, laboratory, radiology, public health, and community outreach. These workers tend to be left behind in public discourse and in negotiations on health care workers’ rights. The status quo is untenable. Among health care workers, post-traumatic stress symptoms are rampant, burnout and turnover are at historic highs, and job satisfaction is low. Most of these problems predate the pandemic. The question is: What concrete steps would a solidarity approach entail? We believe the following principles should animate discussions at organizational as well as local, state, and federal policy levels: It is no accident that many health care workers are not unionized. Since the 1940s (as enshrined in the Taft-Harley Act), much of the work that occurs in hospitals deliberately excluded health care workers from the labor protections, minimum wage laws, and the type of unionization seen in other sectors of the economy. Governments and institutions played up and exploited the “selfless servant” aspect of the disproportionately female and minority health care workforce to continue fighting against worker protections. The abrupt changes in the workplace and work schedules, often without appropriate hazard or overtime compensation, endured by health care workers during the COVID-19 pandemic are unlikely to have occurred in unionized workplaces decades ago. Importantly, there is evidence from the pandemic that health care unions may also save lives, as was demonstrated in New York state nursing homes with unions being associated with a 30 percent reduction in COVID-19 mortality. Prior to the pandemic, there were certain groups who were already overworked. This includes food and environmental services personnel and other low-wage workers having to work more than one job to make ends meet. It also includes nurses and doctors taking on extra shifts to pay off student loans. At the height of the surge, some outpatient clinical workers were asked to transport dead bodies; others were asked to care for sick inpatients far outside their typical scope. Asking providers to take on new roles in aspects of medicine they have little, if any, training in was stressful enough. Continuously doing so without the ability to participate in rejuvenating activities (for example, travel, vacations, spending time with family) contributes to burnout and the breakdown of the system that depends upon their work. Legislators, businesses, and workplaces need to take significant, data-driven measures to help health care providers endure in these unprecedented times. This is why our practices and hospitals need to be comprehensively evaluated to determine ideal work hours, scope of work, staffing ratios, and ways to mitigate work-related stress. We must listen to the frontline workers who have been sounding the alarm on workload and staffing ratios for years. New York state, for example, after eight years of lobbying, finally passed a safe staffing bill (A108B/S1168A) that creates safe staffing committees, safe staffing standards, and transparency mandates for hospitals. We should never have to use PPE in ways that it wasn’t designed or beyond its intended use. Legislators and regulators should strengthen laws and workplace safety regulations to increase supply and prevent inappropriate use of PPE. Health care workers should not be responsible for providing, paying for, or making their own PPE. Doing otherwise is an affront and demonstrates disdain for workers who have suffered so much in service to others. We have lost lives, livelihoods, and the love of performing our craft at the highest level. It is obvious that there is no amount of money that can bring a worker back to life, but their families must be made whole. For those who lost shifts, hours, and, for some, jobs, they must be appropriately compensated and, where possible, their positions restored to pre-pandemic levels. A corollary to this is ensuring that sacrifices made are rewarded. All health care workers should be given additional paid time off—time off that they can either use for a long-overdue vacation or that can be cashed out. Some jurisdictions have contemplated hazard pay for front-line workers. More broadly, direct cash payments have historically been associated with improvements in mental health. There is preliminary data from the Census Bureau that the direct cash payments of the American Rescue Plan may have similar effects on people’s mental health. The health care industry continues to be plagued by a culture of sacrifice and super-human heroism. Leaders should be accountable for health care worker wellness. When so much is unpredictable in a time wrought with significant change, there are several interventions that institutions can do to mitigate the toll this pandemic is causing. This includes peer and transdisciplinary support programs that are ingrained in the culture and have support from leadership. Supporting wellness also includes routinized outreach to clinicians following patient deaths or crises such as large-scale trauma or pandemics. In this moment of reckoning, their many losses must be acknowledged—both tangible and intangible. Prior to the COVID-19 pandemic, there was evidence that health care providers, particularly physicians, are “suffering silently” with significant mental health challenges. While in the midst of COVID-19 pandemic, we have also borne witness to a worsening of the opioid misuse pandemic. The latter pandemic has also deepened for physicians themselves. This is yet another symptom of the larger issue of the social isolation, fatigue, and unrealistic expectations put on members of the health care community. One standard that we should work toward is a clear, easy to remember 24-hour emergency mental health hotline so that people can get the services they need, to include an appointment to be seen within one week. That standard is out of reach for many hospitals, practices, and workers. Health care workers access care for themselves at an equivalent rate as the general population, and the prevailing shortage of mental health providers speaks to the need to implement ways to improve ease of access to health—especially mental health—for us all. Recent federal funding has been approved to support and expand pediatric mental health services and can be used as a model to increase mental health services for all people (particularly health care workers). We have outlined only a small part of what solidarity looks like. If we work in institutions that cannot or will not make taking care of workers a priority, we must organize and collectively bargain for change. As health care workers, we deeply appreciate the praise. But what we ultimately need is the type of selfless, outcome-driven care we give to our patients every day. We can achieve that goal via collective solidarity. Together, we can strengthen health care systems, protect our workers, and heal our patients and communities.

#### Healthcare Workers Stop the Spread of Disease, Patti 20

(Redheaded Patti, 3-18-2020, accessed on 10-20-2021, RedHeaded Patti, "Real Life Superheros: Importance of Healthcare Workers", https://redheadedpatti.com/real-life-superheros-importance-of-healthcare-workers/) [Lynbrook MD]

When you’re sick with the flu or something else, a nurse can be your best advocate for treatment. Since they’re the ones who spend the most time addressing your medical care and monitoring your progress. Nurses are able to glean important information from patients through small talk than might be offered up by the patient talking with the doctor. This helps them be able to spot potential red flags and determine how well-prescribed treatments are working. They can use this information when communicating with your doctor to help improve the quality of your care. However, around 90% of healthcare organizations struggle to find high caliber nurses and healthcare workers because their marketers lack sufficient digital skills. Not having enough workers to meet the medical needs of the public can cause infectious diseases like the flu to spread. A noncustodial parent typically gets their child 88 days out of the year. They may not be able to distinguish the difference between the symptoms of a cold with something more serious like the coronavirus or flu. Having enough healthcare workers to meet these kinds of needs not only serves these patients directly but keeps the general public safer from getting sick as well. Nurses and healthcare workers understand the implications and complexities of various types of illness. They can provide compassionate emotional support by helping patients and their families understand the diagnosis and treatment of the illness. They can help soothe nerves and provide stability and comfort to struggling individuals and families. Nurses provide updates on a patient’s condition to their family members to provide the reassurance that everything is okay when they aren’t around. They sit at the bedsides of the dying and help family members with their grief. Nurses also help create a welcoming experience for patients who are admitted to the hospital. They keep a watchful eye on a patient’s mental health and report any troubling concerns immediately to their doctor. They can provide a cheerful distraction in an environment that can be scary for some patients. This positive interaction can boost a person’s health and help them recover faster. They also help a patient readjust to their normal life when it’s time for them to leave the hospital. Healthcare workers serve on the frontline when contagious diseases like the flu sweep an entire community. We are seeing the positive impact that they are having with the recent coronavirus outbreak. By providing critical health information to the public and serving those affected, they help keep these contagious diseases from spreading faster throughout the community. They make sure that protective gear is worn to avoid accidental transmission and educate on proper sanitizing and disinfecting methods. They help the public understand steps they can take to protect themselves and others when outbreaks happen. According to the U.S Bureau of Labor Statistics, the metal fabrication alone is expected to add 12,000 new jobs over the decade. As more businesses add more employees working in close quarters together, the need for more healthcare workers will be even more critical to keep these viruses at bay. Burnout also severely impacts the number of healthcare workers that are available. If the healthcare system isn’t able to keep up with the growing demand, public health can be put in jeopardy. This can be prevented with more education and improvements in our healthcare system. Nurses and other healthcare workers work to protect people’s health both inside and outside of the hospital. They provide many wellness strategies and education to the public in order to prevent illnesses like the flu. These services range from routine wellness visits to a patient’s home to community-based campaigns regarding specific health issues. They provide educational materials with ways individuals can improve their health and prevent illnesses and diseases from developing. This health education can help employees work safer and experience fewer injuries. It can help improve the nutritional habits of children and teens to reduce the effects of obesity and diabetes. It can also help seniors live longer in their own homes. Because of their close work with many community patients, nurses make excellent advocates for developments in public policy. Registered nurses help create necessary health policies in communities that don’t have them. They also speak out and help reform health policies that are ineffective or harmful. They also make sure good policies are properly implemented and enforced. As policies are improved, it positively impacts how efficient the healthcare system is in treating the patients they serve. Nurses help change health policies both personally and on a national level. They conduct quality improvement projects in the workplace to help keep us safer from potential medical errors. They also attend local public meetings to share their advice and expertise in our schools. Nurses also write to political representatives to give advice on health issues that impact the entire community, such as the flu and the coronavirus. They work to improve technological innovations that are integrated into the healthcare system to improve quality of care. Healthcare workers are your first line of defense against contagious diseases. When you’re sick with flu or any other medical condition, healthcare workers work tirelessly to bring you back to good health once again. While they are often not publicly recognized for the work they do, it doesn’t change the fact that they are the everyday superheroes we need to maintain good health.

#### Diseases cause extinction, new diseases are uniquely probable due to environmental changes, Mooney 21

(Tom Mooney, Senior Communications & Advocacy Manager for the Coalition for Epidemic Preparedness Innovations, “Preparing for the next “Disease X””, CEPI, 2-1-21, Available Online at <https://cepi.net/news_cepi/preparing-for-the-next-disease-x/>, accessed 9-10-21, HKR-AM)

Disease X represents the knowledge that a serious international pandemic could be caused by a pathogen currently unknown to cause human disease. It was first included in the WHO’s list of priority pathogens in 2018. COVID-19 represents the first occurrence of Disease X since its designation was established, emerging much sooner than anticipated. While the world battles to control COVID-19, we know that future outbreaks of Disease X are inevitable. Our interconnected world has made us more vulnerable than ever to the rapid spread of new emerging infectious diseases. Rapid urbanisation, deforestation, intensive agriculture, livestock rearing practices, climate change and globalisation are increasing opportunities for animal-to-human contacts and for human-to-human transmission of disease on a global scale. The threat of Disease X infecting the human population, and spreading quickly around the world, is greater than ever before.COVID-19: CEPI’s first Disease X When CEPI was established in 2017 we classed Disease X as a serious risk to global health security, for which the world needed to prepare. Prior to the COVID-19 pandemic, CEPI had initiated a rapid response programme—including mRNA vaccines—against novel pathogens. Our goal was to be able to start safety testing of vaccines within months of a new pathogen being genetically sequenced. In January 2020—within 2 weeks of the publication of the genome sequence of the COVID-19 virus, and with just 141 confirmed cases of COVID-19 globally—CEPI began work on developing vaccine candidates against the virus. CEPI was able to move with such agility because it had already identified coronaviruses as serious threats and invested over $140 million in the development of vaccines against MERS. Within a few weeks of the COVID-19 outbreak, most of CEPI’s MERS vaccine development partners had pivoted to work on the new virus. Just one year later, two CEPI-supported vaccine candidates are amongst the first in the world to be approved by regulatory authorities and deployed to protect people from the virus; and potentially over one billion doses of vaccine enabled by CEPI investment will be available to the COVAX Facility in 2021. The speed of the scientific progress has been astounding, compressing vaccine development—which typically takes a decade into the space of 12 months—yet over 2 million lives have been lost to COVID-19 already and economies the world over have been devastated. So, could we move even faster next time? What next for Disease X? We don’t know where or when the next Disease X will emerge, only that it will. As COVID-19 has demonstrated, diseases do not respect borders so we need to be prepared on a global scale to respond to future outbreaks of Disease X, and we need to do it fast. In many ways COVID-19 is a proof of concept for rapidly developing a vaccine against a new viral threat. Scientists were already working on vaccines against MERS and SARS—pathogens from the same virus family as COVID-19—which gave us a crucial head start this time around. 25 viral families are known to infect humans, and over 1.6 million yet-to-be-discovered viral species from these viral families are estimated to exist in mammal and bird hosts—the most important reservoirs for viral zoonoses. We cannot develop vaccines against all potential viral threats, but we could produce a library of prototype vaccines and other biological interventions against representative pathogens from each of these 25 viral families. Having such a library of prototype vaccines, which could be ‘pulled off the shelf’, and advanced into clinical testing as soon as a related threat emerges would dramatically accelerate the development of vaccines. We also know that beta coronaviruses that cause SARS and MERS are associated with case fatality rates of 10-35% (25-88 times worse than COVID-19) and that coronaviruses circulate widely in animal reservoirs. The emergence of a coronavirus variant combining the transmissibility of COVID-19 with the lethality of SARS or MERS would be utterly devastating. We must minimise this threat as a matter of urgency. One way to do this in the long-term would be to develop a vaccine that provides broad protection against coronaviruses in general. If we can produce vaccines against Disease X in a matter of months instead of a year or more, we could revolutionise the world’s ability to respond to epidemic and pandemic diseases. Disease X and other emerging infectious diseases pose an existential threat to humanity. But for the first time in history, with the right level of financial commitment and political will, we could credibly aim to eliminate the risk of epidemics and pandemics.