**CP**

**CP TEXT:  Russia ought to**

* **Improve the investment climate by strengthening property rights/contract enforcement**
* **Reduce business operating/licensing standards**
* **Invest in the transport network**
* **Extend preferential trade agreements with neighboring countries**

**IMF 17**(International Monetary Fund. “Russia: Five Reforms to Increase Productivity, Diversify.” 7/10/17. https://www.imf.org/en/News/Articles/2017/07/05/na070717-russia-five-reforms-to-increase-productivity-diversify-growth)

Russia should tackle structural shortcomings in its economic structure, which have remained largely unchanged from before the crisis. The IMF report also offers some suggestions to take advantage of the emerging opportunities from a more competitive exchange rate. Improving the investment climate. **Reforms in Russia should start with strengthening property rights and contract enforcement to reassure investors. Russia should also reduce its burdensome business operating and licensing standards, and heavy regulation, which often discourage international participation in the domestic economy.** Investing in infrastructure. As the world’s largest country, **Russia’s transport network—roads, railways, and ports—is vast but unevenly distributed across regions and of poor quality. Investing in this type of infrastructure would increase connectivity. It would also improve the profits of firms through reduced transportation costs, easier access to domestic and foreign markets, and enhanced mobility of labor, allowing people to relocate for better paying jobs.** Creating a more efficient goods market. **Reducing burdensome procedures associated with trade, such as complicated customs clearing procedures on imports and exports, would increase exposure to international competition, thereby increasing the efficiency of domestic firms.** Strengthening trade relationships. **Russia’s preferential trade agreements with neighboring countries should be extended beyond immediate neighbors. This would open the door to new foreign markets and integrate the country into global commerce. If Russian prices get more competitive, exporting Russian companies would be able to benefit more.** Supporting innovation. Russia needs to allocate more resources to research and development, focusing on science and technology. The ability of companies to improve efficiency and devise innovative products and services using new technologies is key for better productivity. But a prerequisite of that is a good institutional and business environment and an efficient goods market to secure the returns to innovation policies.

**CP**

**CP TEXT:  The U.S ought to recognize the right of workers to strike in accordance with the National Labor Relations Act with the exception of healthcare workers.**

* **Healthcare workers must stablish a skeleton staff or system of staffing that will ensure the safety of patients who need medical treatment and care prior to going on strike.**
* **Healthcare workers also ought to hold mediations with their employers to find compromise without damaging the health of any patients.**
* **The Medical Association of Malawi (MAM) and the Nurses and Midwives Association of Malawi should be instated with facilities for community lobbying.**

**Definitions:**

**Healthcare worker –**

**Joseph and Joseph 16**(Joseph, Bobby, and Merlyn Joseph. “The Health of the Healthcare Workers.” Indian Journal of Occupational and Environmental Medicine, Medknow Publications &amp; Media Pvt Ltd, 2016, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5299814/)

**A healthcare worker** is one who **delivers care and services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or even medical waste handlers.** There are approximately 59 million healthcare workers worldwide. Recognizing the vital role played by health care workers as “the most valuable resource for health” the World Health Organization (WHO) had declared the years 2006 to 2015 as the “The decade of the human resources for health.”

**National Labor Relations Act –**

**NLRB, no date**(National Labor Relations Board. “National Labor Relations Act.” National Labor Relations Act | National Labor Relations Board, National Labor Relations Board, https://www.nlrb.gov/guidance/key-reference-materials/national-labor-relations-act)

In 1935, Congress passed the National Labor Relations Act (“NLRA”), making clear that **it is the policy of United States to encourage collective bargaining by protecting workers’ full freedom of association. The NLRA protects workplace democracy** by providing employees at private-sector workplaces the fundamental right to seek better working conditions and designation of representation without fear of retaliation.

**Solvency Advocate**

**A skeleton staff must be established in any circumstance for any strike.**

**Mfutso-Bengu and Muula 02** (Mfutso-Bengu, Joseph, and Adamson S Muula. “Is It Ethical for Health Workers to Strike? Issues from the 2001 Qech General Hospital Strike.” Malawi Medical Journal : the Journal of Medical Association of Malawi, Malawi Medical Journal, Sept. 2002, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3346014/)

**In the context of a strike, one should** ensure **not undertake anything that could result in causing harm directly or indirectly to the patient. Any struggle undertaken by medical personnel that violates patient right to health is unethical.** The struggle should be centered at improving overall working conditions and environment in the hospital. The problem with this understanding is that it is almost impossible to stage a strike which is not painful and does not hurt the patient as such would in essence defeat the whole effect of the strike. One could rightly argue that, the only ones who could better defend the plight of the patient are the health workers. If they forsake their patient who can then defend them? Therefore **if the health workers want to improve their working conditions let them also fight for the living and care conditions of their patients.** For the working condition of a health worker is the living condition of the patient, both are two sides of one coin. A health worker and a patient are not the same and yet they cannot be separated; one cannot be, without the other. Therefore government cannot improve the living conditions of patients without improving the working conditions of the health personnel. The duty and responsibility to protect life is among the first in hierarchy of values. Hence **in a strike an attempt should be made to leave a skeleton staff.** Some might say this could undermine the effectiveness of the strike. Others might argue that **the absence of a skeleton staff could undermine the integrity of the health workers involved in the strike**. It might also be argued that to put in place a skeleton staff could do more harm to the patients than good, because the small and less motivated staff could exhibit negligent behaviour being induced by over work, fatigue and stress but also carelessness.

**The Medical Association of Malawi (MAM) and the Nurses and Midwives Association of Malawi should be used instead. They should be instated with facilities for community lobbying. Mediations should be held as an alternative to a medical strike.**

**Mfutso-Bengu and Muula 02** (Mfutso-Bengu, Joseph, and Adamson S Muula. “Is It Ethical for Health Workers to Strike? Issues from the 2001 Qech General Hospital Strike.” Malawi Medical Journal : the Journal of Medical Association of Malawi, Malawi Medical Journal, Sept. 2002, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3346014/)

If **the medical strike is** difficult or **impossible to implement without endangering one's reputation and work**, why not **try other means**? In the strike under discussion, the **Malawi Human Rights Commission offered to mediate between the workers and the employer, Ministry of Health and Population (MoHP).** While efforts of a mediator may be crucial, such efforts require commitment from both the employer and the health personnel to accept and respect judgment and advice. **Mediation should be based on the principles of dialogue and compromise and not domination.**If the government (employer) and regulatory bodies such as the Medical Council of Malawi and the Nurses and Midwives Council of Malawi show disfavour towards health workers' strike, are there any channels available where the personnel can channel their discontent and grievances? The Malawi Congress of Trade Unions (MCTU) and the Civil Services Trade Union (CSTU) appear not to be suitable for the handling of grievances from the health sector. We consider the health care delivery system very much unlike general employment and work situation. We consider **the Medical Association of Malawi (MAM) and the Nurses and Midwives Association of Malawi** as **better placed, but technically** as yet **unavailable, to assist health workers with grievances.** When MAM last held a general assembly in 1998 and as at December 2001, there were just about 15 registered members. Its influence of the health sector workforce is minimal. **Other options are hospital lobby groups or friends of health personnel, who could lobby for the interest of the workers. Such facilities for community lobbying on behalf of hospital workers are currently not available in Malawi.**

**Net Benefit**

**Healthcare worker strikes cause deaths of innocent people.**

**Dixon 17**(Dixon, Robyn, and Reuben Kyama. “As Striking Kenyan Doctors Dig in, Patients Are Forgotten and a Baby Dies.” Los Angeles Times, Los Angeles Times, 13 Jan. 2017, https://www.latimes.com/world/africa/la-fg-kenya-doctors-strike-20170113-story.html)

Reporting from NAIROBI, KENYA — No one can be sure how many people may have died because of Kenya’s five-week doctors strike, but Dismas Bikundo is sure his baby girl was one of them. She would have been his firstborn child. When his wife, Edna, went into labor on Dec. 27, the **couple was turned away from two hospitals**. A private hospital sent him to the nearest government facility, Mbagathi Hospital in central Nairobi, but there was **no doctor available there because of the strike at public hospitals**. Bikundo rushed his wife to a third hospital run by a Catholic mission. “By the time we arrived at the hospital it was too late. We lost the baby,” said Bikundo, 24, a casual laborer. “I am still traumatized.” **Medical union leaders** face jail **and 5,000 Kenyan doctors** face the sack after **defy**ing a court order Thursday to **return to work**— but the**long-term casualty could be Kenya’s dilapidated health system.**The strike will likely trigger a new flood of medical staff leaving Kenya for other countries, such as the United States, Britain, Canada and Australia, where they can easily better the basic pay rate of $1,350 a month and tough working conditions. **Because of the dismal pay, thousands of Kenyan doctors and other medical workers have emigrated** from a country where, in contrast, legislators are some of the highest paid on Earth, earning around $20,000 a month, taking into account their generous travel allowances and other perks. Doctors walked off the job in December over the government’s refusal to implement a 3-year-old collective bargaining agreement, or CBA. The deal would have more than doubled doctors’ pay and increased the number of doctors in public hospitals. Other medical professionals at government-run hospitals also are on strike; nurses went back to work in December. Public anger over the government’s failure to resolve the strike has been deepened by a corruption scandal in the Ministry of Health exposed late last year. Senior health officials stole or fraudulently diverted around $55 million from the 2015-16 health budget, according to an internal audit. Implementing the pay deal would cost $126 million annually, a bill that the treasury secretary, Henry Rotich, says the government cannot afford. He claims the 2013 pay deal was rushed into and agreed without adequate consultation. Kenya may have the largest economy in East Africa but it relies on donor nations such as the U.S., European Union and China to cover more than a quarter of its health budget. Longtime Kenyan anti-corruption campaigner and activist John Githongo has been seething over the failure of the scandal-plagued government to improve doctors’ pay. At Nairobi’s main hospital, Kenyatta National Hospital, on Friday, Rachel Nduta wondered if her **2-year-old** daughter might be a **casualty of the strike**. The child, **Megan, was recently diagnosed with a hole in her heart.**Nduta said she arrived early Friday morning and **waited hours for an appointment** with a cardiologist. “There’s nothing going on here,” Nduta said in a low, sad voice. She had wandered the cardiology wing looking for help. “**But none of the offices in the entire wing is open**,” she said. **The government deployed military doctors to work in the hospital to deal with emergency cases, but the emergency wing was silent and deserted**Friday. **Private hospitals have been overwhelmed by the flood of patients who would normally rely on the public system.** Distraught relatives of sick people streamed in and out of Kenyatta National Hospital on Friday. Some complained that**family members were lying in the hospital unattended**. Patients and their family members huddled in the shade of a large tree outside the hospital entrance. The mood was one of despair. **Simon**Kinywa, 60, a farmer, **watched his youngest son**, who has cancer,**writhing in pain**. Eventually he **gave up and took his son home.** Martin Amukowa, 18, said his father, a diabetic who suffered a stroke last year, could not get the medical attention he needed. “This **strike has affected so many people**,” he sighed, as he too gave up, and pushed his father in a wheelchair to a waiting car. Kenya has one doctor for every 5,000 people, according to the World Health Organization, compared to 2.5 per 1,000 in the U.S. and around 3.5 per 1,000 in Europe. Many Kenyan citizens live hand-to-mouth each month covering basic expenses such as school costs, transportation, and food, and any sudden family illness can be a crippling event. Few people have medical insurance but many do not trust the rundown public system.

**Healthcare workers such as nurses in hospitals are the critical link for pandemic readiness and safety.**

**Al Thobaity 20**(Al Thobaity 20, Abdullelah, and Farhan Alshammari. "Nurses on the frontline against the COVID-19 pandemic: an Integrative review." Dubai Medical Journal 3.3 (2020): 87-92. (Associate Professor of Nursing at Taif University)

The majority of **infected** or symptomatic **people seek medical treatment in** medical facilities, particularly **hospitals,** as a high number of cases, especially those in critical condition, will have an impact on hospitals [4]. The concept of **hospital resilience** in disaster situations **is defined as** the **ability to recover from**the **damage**caused by **huge disturbances quickly** [2]. The resilience of hospitals to pandemic cases depends on the preparedness of the institutions, and not all hospitals have the same resilience. **A lower resilience will affect**the **sustainability of the health services**. This also affects healthcare providers such as doctors, nurses, and allied health professionals [5, 6]. Despite the impact on healthcare providers, excellent **management of a pandemic depends on** the level of **preparedness of healthcare providers**, including nurses. This means that if it was impossible to be ready before a crisis or disaster, responsible people will do all but the impossible to save lives. Be it in daily routine or disasters,**nurses are on the frontline** and are responsible for providing holistic care for all types of patients. Considering the fact that **nurses constitute the majority of healthcare providers**, they have a critical function in healthcare systems [2, 5]. Their roles in treating patients with COVID-19 involve triaging patients and detecting suspected cases with infections; providing essential treatment in an emergency and dealing with suspected patients with precautions; helping in decontamination and coordination with other healthcare providers; supplying holistic nursing practices in managing multiple infections simultaneously; playing critical roles in expanding care services; and dealing with relatives [7]. In crises, they have more tasks to satisfy patients and their families; therefore, nurses must be well equipped with essential knowledge and skills in managing crises involving clinical treatment, decontamination, isolation, communication, triaging, psychological support, and palliative care if necessary [8-11]. However, when they respond to a crisis such as COVID-19, they face problems that hinder them from caring for the infected patients.

**Strikes in hospitals cost patients health and decrease quality of care.**

**Gruber and Kleiner 12**(Gruber, Jonathan, and Samuel A. Kleiner. “Do Strikes Kill? Evidence from New York State.” American Economic Journal: Economic Policy, vol. 4, no. 1, American Economic Association, 2012, pp. 127–57, <http://www.jstor.org/stable/41330433>)

A long-standing concern with **strikes as a means of resolving labor disputes** is that they may be **unproductive**, and recent research in some production sectors has demonstrated **reduced productivity during strikes**. But a sector where strikes may be **particularly pernicious is hospitals,** where the **consequences are not just lower quality products but life and death**. To address this question, this study utilizes a unique dataset collected on every nurses' strike over the 1984 to 2004 period in New York State. Our restricted-use dataset allows us to match our strike data with exact dates of patient admission, discharge and treatment, and allows for a rich set of demographic and illness severity controls. Each striking hospital over this period is then matched with the set of hospitals in their geographic area, and the evolution of outcomes is examined before, during, and after the strike in the striking versus nonstriking hospitals. We find a **substantial worsening of patient outcomes for hospitals struck by their nurses**. Our **mortality results show a 18.3 percent increase during strikes** relative to their baseline values, and our estimates imply a 5.7 percent increase in readmission rates for patients initially admitted during a strike. Our results show no difference in the characteristics of patients admitted during strikes, and little difference in length of stay for these patients. The results do suggest that a reduction in major procedures performed during a strike may be partially driving the deterioration in outcomes, though our subgroup analysis cannot confirm this. We find that patients with particu- larly nursing-intensive conditions are more susceptible to these strike effects, and that hospitals hiring replacement workers perform no better during these strikes than those that do not hire substitute employees. Our results imply that **strikes were costly to hospital patients** in New York. In our sample, there were 38,228 patients admitted during strikes, and we estimate that 129 more individuals died because of strikes than would have died had there been no strikes. By a similar calculation, 298 more patients were readmitted to the hospital than if there had been no strikes. Moreover, these poor outcomes do not reflect less intensity of care. So this is very **clear evidence of a reduction in productivity; hospitals functioning during nurses' strikes do so at a lower quality of patient care.**

**Staffing shortages in the health industry are present right now and will cause more death as the delta variant continues. Allowing essential workers to unconditionally strike destroys the health care system in the long run as it’s already understaffed.**

**Galvin 21**(Galvin, Gaby. “Nearly 1 in 5 Health Care Workers Have Quit Their Jobs during the Pandemic.” Morning Consult, Morning Consult, 4 Oct. 2021, https://morningconsult.com/2021/10/04/health-care-workers-series-part-2-workforce/)

U.S. hospitals are filled with COVID-19 patients as **the delta variant continues to ravage the country**. Yet a year and a half into the pandemic, many **health care providers are facing severe staffing shortages**, and a new Morning Consult survey suggests more could be on the horizon. In California, for example, thousands of Kaiser Permanente nurses said [they’re planning a strike](https://www.unacuhcp.org/press_release/rns-put-the-brakes-on-20-year-labor-management-partnership-say-kaiser-permanente-walked-away-first/) because of planned “hefty cuts” to their pay and benefits. In Michigan, [Henry Ford Health System](https://www.modernhealthcare.com/labor/henry-ford-health-system-recruit-500-nurses-philippines) is turning to recruiting firms to bring 500 nurses from the Philippines to its hospitals over the next few years. And in upstate New York, a [local hospital announced](https://www.npr.org/2021/09/13/1036521499/covid-workers-resign-new-york-hospital-stops-baby-delivery) it would pause maternity services after dozens of staffers quit rather than get the COVID-19 vaccine. The survey indicates the **medical staffing problems are widespread**. It found that since February 2020, 30 percent of U.S. health care workers have either lost their jobs (12 percent) or quit (18 percent), while 31 percent of those who kept them have considered leaving their employers during the pandemic. That includes 19 percent who have thought about leaving the health care field entirely. That**exodus** — driven largely by the pandemic, insufficient pay or opportunities and burnout, according to the survey — **has implications for the entire health care system**, both in the short term as the country struggles to overcome the COVID-19 pandemic and beyond as the country continues to age. “You have **physicians**, you have **nurses**, dropping out, retiring early, **leaving** practice, changing jobs,” said Dr. Dharam Kaushik, a urologist at the University of Texas Health, San Antonio. “You’re experiencing **loss of manpower in a field that was already short on manpower before the pandemic hit**.” In August, private health care employment was down by more than half a million jobs from February 2020, according to an analysis from Altarum. The job growth recovery has been slower for women than for men in 2021, as of May. **Hospitals** and other providers have been “**trying to stay afloat and care for patients**” and leaning heavily on their clinicians and other staff to work overtime in taxing jobs, said April Kapu, associate dean for community and clinical partnerships at the Vanderbilt University School of Nursing and president of the American Association of Nurse Practitioners. “That hasn’t diminished,” she added, and “there are huge environmental support factors that need to be in place in the hospital.” Indeed, **79 percent of health care workers said the national shortage of medical professionals has impacted them and their place of work.** When asked to describe in an open-ended survey how they’d been affected by the shortages, many said their workloads had increased, sometimes leading to rushed or subpar care for patients, while others said their colleagues had left because of COVID-19 vaccination requirements.

**COVID-19 is just the beginning. Future pandemics cause extinction.**

**Diamandis 21**(Diamandis, E. The Mother of All Battles: Viruses vs. Humans. Can Humans Avoid Extinction in 50-100 Years?. Preprints 2021, 2021040397)

The recent SARS-CoV-2 pandemic, which is causing **COVID 19**disease, **has taught** us unexpected lessons about **the dangers of human extinction through** highly contagious and lethal **diseases.** As the COVID 19 pandemic is now being controlled by various isolation measures, therapeutics and vaccines, it became clear that **our current lifestyle and societal functions may not be sustainable in the long term. We now have to start thinking and planning on** how to face **the next dangerous pandemic**, not just overcoming the one that is upon us now. **Is there any evidence that even worse pandemics could** strike us in the near future and **threaten the existence of the human race?**The answer is **unequivocally yes.**It is not necessary to get infected by viruses of bats, pangolins and other exotic animals that live in remote forests in order to be in danger. Creditable scientific evidence indicates that the human gut microbiota harbor billions of viruses which are capable of affecting the function of vital human organs such as the immune system, lung, brain, liver, kidney, heart etc. It is possible that the development of pathogenic variants in the gut can lead to contagious viruses which can cause pandemics, leading to destruction of vital organs, causing death or various debilitating diseases such as blindness, respiratory, liver, heart and kidney failures. These **diseases could result in the complete shutdown of our civilization and** probably **the extinction of human race.**In this essay, I will first provide a few independent pieces of scientific facts and then combine this information to come up with some (but certainly not all) hypothetical scenarios that could cause human race misery, even extinction. I hope that these scary scenarios will trigger preventative measures that could reverse or delay the projected adverse outcomes.

**Econ DA**

#### The plan causes cascading wage demands and skyrocketing inflation

Bhandari 19 [Ryan Bhandari, Former Senior Policy Advisor, Economic Program, “What Is the “Federal Jobs Guarantee” and What Are People Saying About It?” , Third Way, 3-25-19] AR

#4: Inflation would rise. A sudden increase in the cost of labor for businesses will lead to inflation throughout the economy because of higher business costs that will need to be passed on to consumers. In addition, when only those at the bottom of the income distribution get a defacto raise to $15, there are upstream consequences. Workers who were making $15 an hour may demand $20 an hour now. Workers making $20 an hour might want $25 an hour and so on. This may seem like a benefit, but “this is a story of serious wage-price spiral, unless we introduce other measures,” warns progressive economist Dean Baker.5 We have been very fortunate that inflation has been well under control for the last few decades. A federal jobs guarantee could change that pretty quickly.

#### That collapses the economy

Colombo 18 [Jesse Colombo is an economic analyst and Forbes contributor who warns about bubbles and future financial crises, “How Interest Rate Hikes Will Trigger The Next Financial Crisis”, Forbes, 9-27-18] AR

On Wednesday, the U.S. Federal Reserve hiked its benchmark interest rate by a quarter-percentage point to 2% - 2.25%, which is the highest level since April 2008. As rates continue to climb off their post-Great Recession record lows, market participants and commentators are showing almost no signs of fear as the stock market is hitting records again and complacency abounds. Unfortunately, "soft landings" after rate hike cycles are as rare as unicorns and virtually all modern rate hike cycles have resulted in a recession, financial, or banking crisis. There is no reason to believe that this time will be any different. As I've explained in the past, periods of low interest rates help to create credit and asset booms in the following ways: By encouraging more borrowing by consumers, businesses, and governments By discouraging the holding of cash versus spending and speculating in riskier assets & endeavors Investors can borrow cheaply to speculate in assets (ex: cheap mortgages for property speculation and low margin costs for trading stocks) By making it cheaper to borrow to conduct share buybacks, dividend increases, and mergers & acquisitions By encouraging higher rates of inflation, which helps to support assets like stocks and real estate When central banks set interest rates and hold them at low levels in order to create an economic boom after a recession (as our Federal Reserve does), they interfere with the organic functioning of the economy and financial markets, which has serious consequences including the creation of distortions and imbalances. By holding interest rates at artificially low levels, the Fed creates "false signals" that encourage the undertaking of businesses and other endeavors that would not be profitable or viable in a normal interest rate environment. The businesses or other investments that are made due to artificial credit conditions are known as "malinvestments" and typically fail once interest rates rise to normal levels again. Some examples of malinvestments are dot-com companies in the late-1990s tech bubble, failed housing developments during the mid-2000s U.S. housing bubble, and unfinished skyscrapers in Dubai and other emerging markets after the global financial crisis. Though it can be difficult to tell precisely which investments or businesses are malinvestments in a central bank-distorted economy, a quote by Warren Buffett is extremely applicable: "only when the tide goes out do you learn who's been swimming naked." For the purpose of this discussion, "the tide going out" refers to rising interest rates. The mass failure of malinvestments in an economy as interest rates rise typically results in recessions or banking/financial crises. The chart below shows how recessions or financial crises have occurred after historic interest rate hike cycles: Here is a list of historic recessions, banking, and financial crises that have occurred after interest rate hike cycles (this list corresponds with the chart above): Late-1970s/early-1980s rate hike cycle: 1980 recession: A 6-month recession that concentrated in housing, manufacturing, and the automotive industry. 1981 - 1982 recession: A 16-month recession in which 2.9 million jobs were lost. U.S. savings and loans crisis: 1,043 out of the 3,234 savings and loan associations failed as the interest rate at which they could borrow rose above the fixed interest rates on the loans that they had issued. In addition, savings and loan institutions were limited by interest rate ceilings, which caused them to lose deposits to higher-earning commercial bank accounts. U.S. housing market bust: Mortgage rates surged as high as 18%, which caused housing affordability to sink. As a result, existing-home sales fell by 50% from 1978 to 1981, affecting the whole industry - including mortgage lenders, real estate agents, construction workers, etc. Automotive industry crisis: Similar to the situation in housing, higher interest rates made automobile financing much more expensive. As a result, automobile sales plunged, causing 310,000 jobs (or one-third) in the industry to be cut. Latin American debt crisis: Rising interest rates made it harder for heavily-indebted Latin American countries to pay back their debts. Mid-1980s rate hike cycle: Continental Illinois bank failure: In 1984, Continental Illinois became the largest bank failure in U.S. history (until Washington Mutual's failure in 2008). Rising interest rates and bad loans to Texas and Oklahoma oil & gas producers strongly contributed to the bank's demise. Late-1980s rate hike cycle: Early-1990s recession: An 8-month recession in which 1.623 million jobs were lost. U.S. savings and loans crisis: Higher interest rates and the U.S. real estate downturn caused a continuation of the savings and loans crisis that began in the early-1980s. U.S. real estate downturn: Rising interest rates caused a downturn in both commercial and residential real estate. Mid-1990s rate hike cycle: Emerging markets crisis/Mexican peso crisis: Low U.S. interest rates in the early-1990s made higher-yielding emerging markets assets more attractive to investors. As U.S. interest rates rose, Mexico and other emerging economies experienced painful readjustments and currency devaluations. Orange County, California bankruptcy: Bad bets on highly leveraged interest rate derivatives bankrupted the county as interest rates rose. Early-2000s rate hike cycle: Early-2000s recession: An 8-month recession in which 1.59 million jobs were lost after the tech bubble burst. Tech bubble bust: Higher interest rates helped burst the late-1990s tech bubble that was centered around internet-related companies, dot-coms, the telecom industry, etc. Mid-2000s rate hike cycle: Great Recession: An 18-month recession in which 8.8 million jobs were lost after the U.S. housing and credit bubble burst. U.S. housing bubble bust/credit crunch: Low interest rates after the early-2000s tech bust led to the formation of a bubble in housing and credit. When interest rates rose again in the mid-2000s, housing prices and mortgage-backed securities plunged. The Current Rate Hike Cycle Won't End Any Differently All of the modern interest rate hike cycles we have examined resulted in recessions or financial crisis, and the current one will be no different. This time around, it will be the "Everything Bubble" that bursts. "Everything Bubble” is a term that I’ve coined to describe a dangerous bubble that has been inflating in a wide variety of countries, industries, and assets – please visit my website to learn more. After nearly a decade of ultra-low interest rates, the U.S. and global economy are saturated with bubbles and other distortions that will only be revealed by rising interest rates. Because of our record debt burden, interest rates do not have to rise nearly as high as in prior cycles to cause a recession or financial crisis this time around. Here are some examples of interest rate-sensitive sectors that I believe are experiencing bubbles that will burst as interest rates rise: Emerging markets: Ultra-low interest rates and quantitative easing in the U.S. and Europe after the Great Recession caused trillions of dollars worth of "hot money" to flow into emerging economies, which led to the development of credit and asset bubbles in those countries. Emerging market debt nearly tripled to $60 trillion in the past decade. Turkey, South Africa, and many other emerging markets are being roiled as U.S. interest rates and the dollar rise. U.S. corporate debt bubble: The low interest rate environment after the Great Recession has encouraged public corporations to borrow heavily in the bond market. Total outstanding non-financial corporate debt has increased by over $2.5 trillion or 40% since its 2008 high. U.S. corporate debt is now at an all-time high of over 45% of GDP (see chart below), which is even worse than the levels reached during the dot-com bubble and U.S. housing and credit bubble. Read my corporate debt bubble warning on Forbes to learn more. U.S. shale energy boom/energy junk bonds: This boom/bubble is closely related to the corporate debt bubble discussed above. Extracting oil and gas from shale via fracking is extremely capital-intensive and would not be feasible in a normal interest rate environment. Thanks to the artificially low interest rate environment since the Great Recession, the shale energy industry’s net debt surged to $200 billion in 2015 - a 300% increase from 2005. Rising interest rates and the bursting of the corporate debt/junk bond bubble will cause a major bust in the shale energy industry. U.S. auto loans: Low interest rates after the Great Recession made financing and leasing automobiles much cheaper, which has resulted in an automobile sales boom. Total outstanding auto loans increased 36% to $1.118 trillion in the past decade. Rising interest rates will cause monthly auto loan payments to be more expensive, which will result in lower sales and a bust in the automotive industry. U.S. commercial real estate: Commercial real estate is a very interest rate-sensitive arena that has levitated due to low interest rates after the Great Recession. According to Green Street Advisors, U.S. commercial real estate prices have more than doubled since 2009. U.S. residential real estate: As I've recently explained in Forbes, U.S. housing prices now exceed their housing bubble peak and are up 50% from their low point in 2012 thanks to ultra-low mortgage rates. Mortgage rates did not reach such low levels on their own, but due to intervention by the Fed in the form of quantitative easing. The Fed is now reversing its quantitative easing program by $40 billion per month and, unsurprisingly, mortgage rates just hit a seven-year high and the housing market is decelerating. U.S. stock market investors are dangerously exposed to coming busts in interest rate-sensitive sectors, which will spill over into the highly-inflated stock market. Please read my U.S. stock market bubble report in Forbes for more information. The S&P 500 has risen over 300% since March 2009 due to the Federal Reserve's market manipulation: Many valuation measures show that the U.S. stock market is more overvalued than it was at major generational market peaks, which means that another sharp bear market is inevitable. According to the U.S. stock market capitalization-to-GDP ratio (also known as Warren Buffett’s "favorite indicator"), the market is more overvalued than it was during even the dot-com bubble: The current interest rate hike cycle won't end any differently than the others discussed in this piece - if anything, it will likely end in an even worse manner because interest rates were held at record low levels for a record period of time. The coming recession, crisis, and bear market will be proportionate to the unprecedented imbalances and distortions that have built up in our economy.

#### Economic growth key to check every world crisis

**Ferrara 14** [Peter, Director of Entitlement for the Heartland Institute, “Why economic growth is exponentially more important than income inequality”, published 2014, accessible online at <https://www.forbes.com/sites/peterferrara/2014/01/14/why-economic-growth-is-exponentially-more-important-than-income-inequality/#4b4f36b91483>] // BBM

Such **econ**omic **growth has produced dramatic improvements** in personal health as well. Throughout most of human history, a typical lifespan was 25 to 30 years, as Moore and Simon report. But “from the mid-18th century to today, life spans in the advanced countries jumped from less than 30 years to about 75 years.” Average life expectancy in the U.S. has grown by more than 50% since 1900. Infant mortality declined from 1 in 10 back then to 1 in 150 today. Children under 15 are at least 10 times less likely to die, as one in four did during the 19th century, with their death rate reduced by 95%. The maternal death rate from pregnancy and childbirth was also 100 times greater back then than today. Moore and Simon further recount, “Just **three infectious diseases** – tuberculosis, pneumonia, and diarrhea – accounted for almost half of all deaths in 1900.” Today, we **have virtually eliminated** or drastically reduced these and other scourges of infectious disease that have killed or crippled billions throughout human history, such as typhoid fever, cholera, typhus, plague, smallpox, diphtheria, polio, influenza, bronchitis, whooping cough, malaria, and others. Besides the advances in the development and application of modern health sciences, this has resulted from the **drastic reduction in** filthy and **unsanitary living conditions that economic growth has made possible** as well. More recently, great progress is being made against heart disease and cancer. Also greatly contributing to the well-being of working people, **the middle class, and the poor in America has been the dramatically declining cost of food** resulting from economic growth and **soaring productivity in agriculture**. As Moore and Simon report, “Americans devoted almost 50 percent of their incomes to putting food on the table in the early 1900s compared with 10 percent in the late 1900s.” While most of human history has involved a struggle against starvation, today in America the battle is against obesity, even more so among the poor. Moore and Simon quote Robert Rector of the Heritage Foundation, “The average consumption of protein, minerals, and vitamins is virtually the same for poor and middle income children, and in most cases is well above recommended norms for all children. Most poor children today are in fact overnourished.” That cited data comes from the U.S. Census Bureau. As a result, poor children in America today “grow up to be about 1 inch taller and 10 pounds heavier than the GIs who stormed the beaches of Normandy in World War II.” That has resulted from a U.S. agricultural sector that required 75% of all American workers in 1800, 40% in 1900, and just 2.5% today, to “grow more than enough food for the entire nation and then enough to make the United States the world’s breadbasket.” Indeed, today, “The United States feeds three times as many people with one-third as many total farmers on one-third less farmland than in 1900,” in the process producing “almost 25 percent of the world’s food.” Moreover, it is **economic growth** that has **provided the resources enabling us to** dramatically **reduce pollution and improve the environment**,without trashing our standard of living. Moore and Simon write that at the beginning of the last century, “Industrial cities typically were enveloped in clouds of black soot and smoke. At this stage of the industrial revolution, factories belched poisons into the air—and this was proudly regarded as a sign of prosperity and progress. Streets were smelly and garbage-filled before the era of modern sewage systems and plumbing.” Not any of these truly dramatic advances for the poor, working people and the middle class could have been achieved by redistribution from “the rich.” **Only economic growth could achieve these results.**

Nor would it have been worth sacrificing any of these world shattering gains for greater economic “equality.” And Barack Obama’s leftist protestations to the contrary notwithstanding, economists have long recognized the conflict between economic equality and maximizing economic growth. Put most simply, penalizing investors, successful entrepreneurs, and job creators with higher taxes, to reward the less productive with government handouts, to make everyone more equal, is a sure fire way to get less productivity, fewer jobs, lower wages, and reduced economic growth. The above history, and the future prospects below, are why to most benefit the poor, working people, and the middle class, our nation’s overriding goal must be to maximize economic growth. Consider, if total real compensation, wages and benefits, grow at just 1% a year, after 20 years the real incomes of working people would be only 22% greater. After 40 years, a generation, real incomes would be 50% more. But with sustained real compensation growth of 2%, after just 20 years the real incomes and living standards of working people would be nearly 50% greater, and after 40 years they would be 120% greater, more than doubled. At sustained 3% growth in wages and benefits, after 20 years **the living standards of working people** will have almost doubled, and after 40 years they will **have more than tripled**. The U.S. economy sustained a real rate of economic growth of 3.3% from 1945 to 1973, and achieved the same 3.3% sustained real growth from 1982 to 2007. (Note that this 3.3% growth rate for the entire economy includes population growth. Real wages and benefits discussed above is a per worker concept). It was only during the stagflation decade of 1973 to 1982, reflecting the same Keynesian economics that President Obama is pursuing today, that real growth fell to only half long term trends. If we could revive and sustain that same 3.3% real growth for 20 years, our total economic production (GDP) would double in that time. After 30 years, our economic output would grow by 2 and two-thirds. After 40 years, our prosperity bounty would grow by 3 and two-thirds. If we are truly following growth maximizing policies, we could conceivably do even better than we have in the past. At sustained real growth of 4% per year, our economic production would more than double after 20 years. After 30 years, GDP would more than triple. After 40 years, a generation, total U.S. economic output would nearly quadruple. America would by then have leapfrogged another generation ahead of the rest of the world. **Achieving and sustaining such economic growth** should be the **central focus** of national economic policy**,** for it **would solve every problem** that plagues and threatens us today. Such booming economic growth would produce surging revenues that would make balancing the budget so much more feasible. Surging GDP would reduce the national debt as a percent of GDP relatively quickly, particularly with balanced budgets not adding any further to the debt. Sustained, **rapid economic growth is** also **the ultimate solution to poverty,** as after a couple of decades or so of such growth, the poor would climb to the same living standards as the middle class of today. **W**ith sustained, robust, economic growth, maintaining the most powerful military in the world, and thereby ensuring our nation’s security and national defense, will require a smaller and smaller percentage of GDP over time. That **security itself** will promote **capital investment and economic growth** in America. **The booming economy will produce new technological marvels** that will make our defenses all the more advanced. **With the economy rapidly advancing, there will be more than enough funds for education**. There will also be more than enough to **clean up and maintain a healthy environment.**

**Case**

**Strikes are ineffective because they are dependent on the economy, unlike alternatives, which proves that the cp is key and economic collapse is inevitable in their world.**

**Malin 13** [Martin H. Malin, Professor of Law Emeritus at Chicago-Kent College of Law, 1/14/13, “Two Models of Interest Arbitration,” Ohio State Journal on Dispute Resolution, [https://scholarship.kentlaw.iit.edu/cgi/viewcontent.cgi?article=1741&context=fac\_schol]//DD](https://scholarship.kentlaw.iit.edu/cgi/viewcontent.cgi?article=1741&context=fac_schol%5d//DD) AS

One of the strikes in 2009-2010 was in higher education (at the University of Illinois) and two of the strikes is 2011-2012 were in higher education (at the University of Illinois at Chicago and Southern Illinois University at Carbondale). Four strike notices that were not followed by strikes in 2011-2012 were also in higher education (University of Illinois- Springfield, Kennedy-King College, City Colleges of Chicago and Rock Valley Community College) and four strike notices in 2010-2011 were in higher education for different bargaining units at Southern Illinois University - Carbondale, one of which led to the strike in 2011-2012. Strikes in K-12 education are likely to be much more politically sensitive than strikes in higher education. A strike at a state university or local community college does not attract the attention of hundreds to tens of thousands of parents, depending on the size of the school district, who suddenly have to make alternate arrangements for their children. The data makes clear· that **when the economy crashed, unions of educational employees stopped striking.** In the four school years since the economy crashed, public K-12 education in Illinois has seen one strike in 2008-2009, three in 2009-2010, two in 2010-2011 and three strikes in 2011-2012. Moreover, as Table One makes clear, **there has also been a dramatic decrease in the number of strike notices**. Except for an outlier year of 2006-2007 when there were only twenty-four strike notices filed,the pre-2008 strike notices ranged from thirty-two to fifty each year. In 2008-2009 there were only eleven strike notices and there were only thirteen the following year. Although the number increased in the following year, several of those were in higher education; the number ofK-12 strike notices dropped back the next year and the numbers remained at least 50% below the· number of notices in the years prior to 2008. In other words, **educational employees'** unions were not only refraining from striking, they **weren't even threatening to strike. Strike duration also changed markedly as the economy crashed**. Table Two presents data on strike duration obtained from the Illinois Educational Labor Relations Board. While strikes lasting a week or longer were common before the economy crashed, strikes thereafter were generally settled in a matter of days with two outliers (Ottawa Township High School and Illini Bluffs Community Unit School District) as the only exceptions. This record is even more remarkable considering the environment for K-12 negotiations. Although decreases in government revenue generally lag the drop in the economy and the lag was probably extended by the availability of federal stimulus money, **it is likely that by 2009-2010 and certainly by 2010- 2011 that the parties were negotiating in a concessionary environment.**

**Turn-Striking leads to worse conditions.**

**Condon 18** [Jacki, 1 October 2018, “Strikes and their Economic Consequences”, Engineering News, <https://www.engineeringnews.co.za/article/strikes-and-their-economic-consequences-2018-10-01>] //DebateDrills LC

While several activities can be taken in an effort to prevent strikes from occurring or escalating, in the South African context, **the tendency towards violent outbursts seems to outweigh reasonable action.**

“**Strikes and labour unrest have marked negative impacts on the employees themselves, the employers and their stakeholders, the government, consumers, and the economy**,” advises Jacki Condon, Managing Director of Apache [Security](https://www.engineeringnews.co.za/topic/security) [Services](https://www.engineeringnews.co.za/topic/services). “**The negative effects on international trade include the hinderance of economic development, creating great economic uncertainty**– especially as the global media continues to share details, images and videos of violence, damage to property and ferocious clashes between strikers and [security](https://www.engineeringnews.co.za/topic/security).”

**Strike action results in less productivity, which in turn means less profits**. Labour Law expert, Ivan Israelstam confirms that; “The employer is likely to lose money due to delayed [service](https://www.engineeringnews.co.za/topic/service) to clients or to lost production time. **The employees will lose their pay due to the no work, no pay principle. If the strikers are dismissed they will lose their livelihoods altogether**.”

This year alone, Eskom, Prasa, various [manufacturing](https://www.engineeringnews.co.za/topic/manufacturing) plants, Sasol and the Post Office have faced crippling strikes – to name but a few. **Condon argues that there are more immediate consequences to consider than loss of income.**

“**As the socio-economic issues continue to affect South Africans across the board, tensions are constantly rising**,” states Condon. “**Businesses must protect themselves, their assets,**[**business**](https://www.engineeringnews.co.za/topic/business)**property, and their non-striking employees from violence and intimidation**.”