An unconditional right to strike is essential for safety and liberty, both in the US and around the world.  You should vote to affirm.

First is the framework.

The Value for the round is **Justice** as implied by “ought” in the resolution.

The Criterion is thus, **Protecting Human Rights**

Prefer for the following reasons:

1. **Rights of association and expression are a prerequisite for Justice**

**Universal Declaration of Human Rights ‘21**

The United Nations is an international organization founded in 1945. Currently made up of 193 Member States, the UN and its work are guided by the purposes and principles contained in its founding Charter. “Universal Declaration of Human Rights.” United Nations, United Nations, <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, therefore,

**Article 19:** Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

**Article 20:** Everyone has the right to freedom of peaceful assembly and association. No one may be compelled to belong to an association.

1. An effective Right to Strike is a Human Right

**Pope ‘18**

James Gray Pope is a distinguished professor of law at Rutgers Law School and serves on the executive council of the Rutgers Council of AAUP/AFT Chapters, AFL-CIO. [https://www.psc-cuny.org/clarion/september-2018/labor’s-right-strike-essential](https://www.psc-cuny.org/clarion/september-2018/labor%E2%80%99s-right-strike-essential)

The right to strike should be a no-brainer for any self-respecting candidate who claims to care about working people. It isn’t some transitory policy fix; it’s a fundamental human right, recognized in international law. Without the right to strike, workers have no effective recourse against unhealthy conditions, inadequate wages, or employer tyranny. Before the American labor movement began its long decline, unions made the right to strike a litmus test for supporting candidates. Labor leaders held that anti-strike laws imposed “involuntary servitude” in violation of the Thirteenth Amendment to the United States Constitution. Corporate interests ridiculed this claim, arguing that the Amendment guaranteed only the individual right to quit and go elsewhere. But workers and unions held their ground. “The simple fact is that the right of individual workers to quit their jobs has meaning only when they may quit in concert, so that in their quitting or in their threat to quit they have a real bargaining strength,” Congress of Industrial Organizations (CIO) General Counsel Lee Pressman explained. “It is thus hypocritical to suggest that a prohibition on the right to strike is not in practical effect a prohibition on the right to quit individually.”

**Contention 1, Health Care Workers Need Unconditional Right to Strike**

**A. Health care actions are blocked by NLRA Section 8g, which requires 10 days’ notice, making strikes conditional**

**NLRB undated** [The National Labor Relations Board (NLRB) is comprised of a team of professionals who work to assure fair labor practices and workplace democracy nationwide. Since its creation by Congress in 1935, this small, highly respected, independent Federal agency has had daily impact on the way America's companies, industries and unions conduct business. Agency staff members investigate and remedy unfair labor practices by unions and employers. No date. “The right to strike”  <https://www.nlrb.gov/strikes> Accessed 10/27 //gord0]

Strikes unlawful because of misconduct of strikers. Strikers who engage in serious misconduct in the course of a strike may be refused reinstatement to their former jobs. This applies to both economic strikers and unfair labor practice strikers. Serious misconduct has been held to include, among other things, violence and threats of violence. The U.S. Supreme Court has ruled that a “sitdown” strike, when employees simply stay in the plant and refuse to work, thus depriving the owner of property, is not protected by the law. Examples of serious misconduct that could cause the employees involved to lose their right to reinstatement are: Strikers physically blocking persons from entering or leaving a struck plant.Strikers threatening violence against nonstriking employees. Strikers attacking management representatives.

Section 8(g)—Striking or Picketing a Health Care Institution Without Notice. Section 8(g) prohibits a labor organization from engaging in a strike, picketing, or other concerted refusal to work at any health care institution without first giving at least 10 days’ notice in writing to the institution and the Federal Mediation and Conciliation Service.

**B. Impacts**

**Pay inequality causes and worsens staffing shortages**

**Hwang 10/19** [Kristen Hwang reports on health care and policy for CalMatters. She is passionate about humanizing data-driven stories and examining the intersection of public health and social justice. Prior to joining CalMatters, Kristen earned a master’s degree in journalism and a master’s degree in public health from UC Berkeley, where she researched water quality in the Central Valley. She has previously worked as a beat reporter for The Desert Sun and a stringer for the New York Times California COVID-19 team. October 19, 2021. “Hospitals brace for strikes as California workers protest staff shortages” [https://www.ivpressonline.com/news/state/hospitals-brace-for-strikes-as-california-workers-protest-staff-shortages/article\_e8023a82-3094-11ec-a2f2-230b2ba54887.html Accessed 10/28](https://www.ivpressonline.com/news/state/hospitals-brace-for-strikes-as-california-workers-protest-staff-shortages/article_e8023a82-3094-11ec-a2f2-230b2ba54887.html%20Accessed%2010/28) //gord0]

Labor advocates are calling it “Striketober.”

As weary health care workers across California enter the 19th month of the pandemic, thousands are walking off the job and onto the picket line, demanding more staffing.

The strikes and rallies threaten to cripple hospital operations that have been inundated by the COVID-19 Delta surge as well as patients seeking long-delayed care.

More than two dozen hospitals across the state — including some Kaiser Permanente and Sutter Health facilities and USC Keck Medicine — have experienced strikes by engineers, janitorial staff, respiratory therapists, nurses, midwives, physical therapists and technicians over the past four months.

This week, nearly a third of all California hospitals reported “critical staffing shortages” to the federal government, with more predicting shortages in the coming week. Hospitals are unable to meet the state’s required staff-to-patient ratios for nurses or schedule adequate numbers of other critical personnel.

In the Central Valley, the region hit hardest by the Delta surge, National Guard medics have been deployed since September to assist area hospitals.

The reason for the shortages? Record patient volumes at the same time that many workers have been driven away from the bedside by burnout, early retirement and the seemingly unending stress of the pandemic.

SEIU-United Healthcare Workers West estimates that about 10 percent of its members — close to 10,000 people — have retired, left the profession, or taken extended leaves of absence during the pandemic.

“What’s really important is that 10 percent doesn’t turn into 15 percent, does not turn into 20 percent. There’s not enough temporary staff out there to fix what’s going on,” said Dave Regan, president of SEIU-UHW.

The shortages are an untenable scenario, unions say — one that has persisted for many years brought to a boiling point by the pandemic.

Since the pandemic began, union grievances with hospitals are increasingly about inadequate staffing, although bargaining over pay remains a key issue.

Money matters when it comes to holding onto workers, they say, especially because temporary staff brought on for pandemic response often make more than regular employees. In some instances, traveling nurses have been paid $10,000 per week at California hospitals with severe staffing needs.

“You’re paying exorbitant amounts for travelers while the existing workforce makes exactly the same amount (as before the pandemic),” Regan said.

**Striking to 'stop the bleeding'**

Early in the pandemic, Gov. Gavin Newsom announced efforts to expand the healthcare workforce through a volunteer health corps. Although tens of thousands signed up, most people didn’t have the necessary medical skills, and only 14 volunteers worked out.

The California Department of Public Health also signed a $500 million contract to help hospitals pay for emergency health care workers like traveling nurses. That contract expired in June.

Unions say those efforts are a Band-aid on a larger problem. Instead, they say policymakers should get hospitals to try harder to retain their current employees.

“Right now, hospitals, the health industry, the state of California, you need to do a lot more so that it doesn’t get worse,” Regan said. “We’re doing very little as a state to support this workforce that has been under a really unique set of pressures.”

In an early attempt to stop the churn, SEIU-UHW sponsored a bill that would have provided hazard pay retention bonuses to health workers. Opposed by the hospital association. the bill stalled before it was voted upon by the Assembly and did not make it to the Senate.

Assemblymember Al Muratsuchi, a Democrat from Torrance who introduced the bill, said the hospitals’ claims that they couldn’t afford hazard pay were unfounded since they received billions in federal pandemic funds, some “specifically earmarked for hazard pay and bonuses for frontline workers.”

“The state made a decision that they were not going to provide financial incentives to recognize and retain healthcare workers, and we think that’s shortsighted,” Regan said.

Over the summer, hundreds of nurses at hospitals, including USC’s Keck Medicine, San Francisco’s Chinese Hospital and Riverside Community Hospital, staged strikes over inadequate staffing and safety concerns.

Now more than 700 hospital engineers employed by Kaiser Permanente facilities in Northern California have been striking for four weeks, demanding higher wages.

In Antioch, more than 350 workers at Sutter Delta ended a week-long strike over inadequate staffing Friday but have yet to reach a contract agreement with their employer.

In the Victor Valley and Roseville, hundreds of workers staged recent rallies and vigils to highlight what they’re calling a “worker crisis.” Advocates say their upcoming schedules are packed with pickets planned in solidarity with other unions.

And perhaps the strongest flexing of union muscle has come in Southern California, where members of the United Nurses Associations of California/Union of Health Care Professionals, or UNAC/UHCP, voted overwhelmingly to approve a strike against Kaiser Permanente if negotiations remain at a standstill. Should a strike materialize in the coming weeks, more than 24,000 members would walk out of the health care giant’s medical centers and clinics in more than a dozen cities.

Although the dollars and cents of bargaining vary from union to union, the common thread is clear: They want employers to “stop the bleeding” of health care workers fleeing the profession and invest more in recruiting and retaining staff.

The union found 72 percent of its members — which includes nurses, occupational and physical therapists, midwives and other medical staff — were struggling with anxiety and burnout, and between 42 percent and 45 percent reported depression and insomnia. About 74 percent said staffing was a primary concern.

**Understaffing empirically kills patients**

**Nursing Times ‘18** (Jo Stephenson, “Excessive Nurse Workload Linked to Higher Patient Safety Risk,” Nursing Times, May 4, 2018, <https://www.nursingtimes.net/news/workforce/excessive-nurse-workload-linked-to-higher-patient-safety-risk-04-05-2018/>)

Having an excessive daily nurse workload increases the risk of patient safety incidents and deaths, according to a ground-breaking study from Finland.

The study – published in BMJ Open – found the chances of a patient safety incident increased by up to about 30% if nurses’ workload went above “optimal” levels and the odds of a patient dying increased by about 40%.

Meanwhile, researchers found that when workload dropped and nurses had even more time to observe and care for patients the risk of safety incidents and deaths was about 25% lower.

The study, which adds to evidence of the link between staffing levels and patient welfare, is said to be the first to look at the relationship between nurse workload and patient outcomes on a daily basis.

It is based on data from 36 units in four Finnish hospitals – three secondary and one tertiary acute care hospitals – with information about nursing workload, staffing, patient safety incidents and mortality rates collected daily over one year.

**Pandemics ensure staff shortages will cause racialized and classist health impacts.**

**Sell 20** – Susan K. Sell is a Professor of Political Science and International Affairs at George Washington University. (“What COVID-19 Reveals About Twenty-First Century Capitalism: Adversity and Opportunity,” pg. 152-153) julian

The COVID-19 pandemic has revealed **the lethal consequences of the sharp rise in economic inequality**, the concentration of wealth in fewer and fewer hands and the increasing precarity of labour. For example, as COVID-19 slammed Manhattan, members of the top 1% flocked to their beach retreats in the Hamptons to ride out the contagion (Sellinger 2020). Meanwhile, ‘**essential workers**’ at the bottom of the contemporary economic hierarchy had no options but to continue to show up for work and face exposure to the deadly virus. First responders, bus drivers, nursing home workers, janitors, postal workers, grocery stockers, agricultural workers, Wal-Mart employees, Amazon warehouse workers, delivery drivers, and meat packers—many earning minimum wage and most without employer-subsidized health insurance or other benefits—had to keep working. As Bertha Bradley, a food service worker in North Carolina stated, ‘I don’t get health benefits, I don’t get sick time, I don’t get paid vacations, I don’t get a living wage’ (Jaffe and Chen 2020: 126). Katie Pine and Kate Henne refer to them as ‘new risk workers’, many of whom are given mandates for minimizing risk but few resources to implement them (Pine and Henne 2020). For example, in the John H. Stroger Hospital in Chicago, nurses were being told to reuse N95 masks, ‘sometimes up to forty-five days’ (Jaffe and Chen 2020: 138). By contrast, knowledge workers could work from the safety of their own homes and reduce their risks of becoming infected.

COVID-19 has disproportionately attacked communities of colour, **compounding economic inequality and systemic racism**. It is clear that ‘race matters for the way that markets have been built historically and function today’ (McNamara and Newman 2020: 6). As Presidential candidate Joe Biden pointed out during the presidential debate in September 2020, 1 out of every one-thousand African Americans in the US has died from COVID-19. In Chicago about 70% of the COVID deaths were African Americans (Jaffe and Chen 2020: 140). The UN Secretary-General António Guterres pointed out that COVID-19 ‘is exposing fallacies and falsehoods everywhere … the delusion that we live in a post-racist world, the myth that we are all in the same boat’ (Guterres 2020). In September, Citigroup released a report that systemic racism, discrimination against African Americans, has cost the economy $16 trillion (Akala 2020).

Many of the precariat are people of colour, recent immigrants and undocumented workers. By May 2020 **slaughterhouses around the world became virus hot spots** and exposed multiple layers of dysfunction. The meat processing industry is highly consolidated, dominated by global multinational corporations including Cargill, JBS, Smithfield and Tyson. Since the 1980s this industry has pursued the financialized model of consolidation and vertical integration, ‘aimed at increasing profits through efficiency and low wages’ (van der Zee et al. 2020). Many migrant workers in these plants live in communal housing; crowded working conditions, large plants and cramped housing, and lack of paid sick leave all exacerbate the spread of coronavirus in these environments. Indeed, Tyson was even offering workers $500 bonuses to keep working in the midst of plant outbreaks (van der Zee et al. 2020). Workers are shouldering all of the risk as slaughterhouse companies get the rewards. Structures of the global economy, including financialization and monopoly capitalism have amplified the dangers of the pandemic and pushed people further ‘into unequal groups **that are not only divided by money but by matters of life and death**’ (McNamara and Newman 2020: 11; Sell and Williams 2019).

**C. Solvency – strike organizers ensure patient care is balanced with labor action**

**Świątkowski 17** [Andrzej Marian Świątkowski. Polish lawyer, professor of legal sciences, full professor at the Jagiellonian University and the Ignatianum Academy in Krakow, specialist in the field of labor law. Pronounced “Swat-cow-ski”. December 20, 2017. “The Right To Strike in Health Service” [https://www.humanitas.edu.pl/resources/upload/dokumenty/Wydawnictwo/Roczniki%20AiP%20-%20pliki/Podzielone/Roczniki%20AiP%202017%20z2/RAiP\_2\_2017-303-314.pdf Accessed 10/28](https://www.humanitas.edu.pl/resources/upload/dokumenty/Wydawnictwo/Roczniki%20AiP%20-%20pliki/Podzielone/Roczniki%20AiP%202017%20z2/RAiP_2_2017-303-314.pdf%20Accessed%2010/28) //gord0]

SPECIFIC SITUATION OF THE MEDICAL PERSONNEL DURING A STRIKE The discussion on the ban on strike expressed in Art. 19 section 1 of the Act of 23.5.1991 should be illustrated by an example concerning a specific substantive strike of hospital staff - medical staff: doctors, nurses, laboratory technicians.8 In order to assess the situation about the compliance or unlawfulness of a specific strike organized in a hospital, the number of people striking in each of the three mentioned substantive groups of medical personnel is significant. Certainly, the general participation in the strike of all employees belonging to the hospital medical staff would pose a threat to the health or life of patients, because there would not be a single employee in the hospital who would be able to take and carry out the necessary medical activities in the case of an emergency situation. The common practice used by trade unions organizing strikes of medical staff in hospitals is to refrain from performing the work of medical personnel except those who perform “emergency duty” – they are on standby to take the necessary rescue procedures in sudden and unexpected situations. “Emergency duty” is a commonly used technique of caring for health and life of hospital patients on days and hours non-working for medical personnel. Then pre-planned medical procedures are not performed. A hospital is an institution which should guarantee its patients that the obligation of the treatment will be carried out. With reference to the above the organizer of the strike is under the obligation to decide how many employees who belong to the substantive medical staff must be excluded from the planned strike in each of the three above mentioned occupational categories (doctors, nurses, lab technicians) so that the intended strike could be carried out according to the law without endangering the health and life of those treated. The evaluation of this situation may change. The organizer of the strike must reveal flexibility, involving the exclusion from the category of strikers and including in the group a certain number of employees of the medical personnel necessary to enable the management to carry out both scheduled and emergency activities related to the protection of health and life of patients

. Most likely for these reasons in the Act of 5.12. 1996 on the professions of a doctor and a dentist9did not include the provisions on the right of doctors to strike. The Code of Medical Ethics passed in 1993, a set of ethical norms not recognized as the provisions of applicable law10 requires the striking doctor to provide the patient with professional assistance in a situation where failure to comply with a moral obligation could endanger health or life. Each physician, both strikers and those who perform work, have a moral duty to care for the well-being of the patient under their care. Doctors, nurses, laboratory technicians, staying with a hospital in an employment relationship or employed there on a different basis than a contract of employment, participating in a legal strike, are obliged to provide the employer with all necessary information about the patient’s situation, so that during their absence at work because of the strike, it was possible to ensure continuity of treatment without undue delay. According to labor law, the employee’s participation in a legal strike is a justified reason for the absence of an employee at work. Only few criminal lawyers share the above view of specialists in the field of labor law11. A different approach to the strike of medical staff is made by other lawyers dealing with criminal law. According to some of them, the striking doctor may be released from responsibility for deterioration of health, serious damage to health, death of the patient under his care after finding that the hospital manager had a real opportunity to provide proper care to patients12. Thus, it is not clear whether the participation of medical staff in a strike organized in accordance with the law is only treated as a case of exercising the right guaranteeing the strikers a release from the obligation to perform work, or also acts as an immunity that protects the doctor from criminal liability.

**Contention 2, Conditional Rights to Strike Impose Authoritarianism**

Governmental restrictions on strikes deny fundamental liberty.  Hong Kong proves.

**A. Conditional Right to Strike suppresses dissent**

**Beijing’s imposition of the National Security Law swept away Hong Kong’s liberty**.

**U.S. Department of State ‘21**

“2021 Hong Kong Policy Act Report - United States Department of State.” U.S. Department of State, U.S. Department of State, 31 Mar. 2021, <https://www.state.gov/2021-hong-kong-policy-act-report/>.

The Department of State assesses during the covered period, the central government of the People’s Republic of China (PRC) took new actions directly threatening U.S. interests in Hong Kong and inconsistent with the Basic Law and the PRC’s obligation pursuant to the Sino-British Joint Declaration of 1984 to allow Hong Kong to enjoy a high degree of autonomy. In the Certification of Hong Kong’s Treatment under United States Laws, the Secretary of State certified Hong Kong does not warrant treatment under U.S. law in the same manner as U.S. laws were applied to Hong Kong before July 1, 1997. By unilaterally imposing on Hong Kong the Law of the PRC on Safeguarding National Security in the Hong Kong Special Administrative Region (NSL), the PRC dramatically undermined rights and freedoms in Hong Kong, including freedoms protected under the Basic Law and the Sino-British Joint Declaration. Since the imposition of the NSL in June 2020, Hong Kong police arrested at least 99 opposition politicians, activists, and protesters on NSL-related charges including secession, subversion, terrorism, and collusion with a foreign country or external elements. These include 55 people arrested in January for organizing or running in pan-democratic primary elections in July 2020, 47 of whom were formally charged with subversion on February 28. Additionally, the Hong Kong government used COVID-19-related public health restrictions to deny authorizations for public demonstrations and postponed Hong Kong’s Legislative Council (LegCo) elections for at least one year. In June 2020, the PRC National People’s Congress Standing Committee (NPCSC) unilaterally imposed the NSL on Hong Kong implementing major structural changes that significantly reduced the city’s autonomy. The law created four broad categories of offenses: secession, subversion, terrorist activities, and collusion with a foreign country or external elements, which includes “provoking hatred” against the PRC or Hong Kong governments. The NSL also grants the NPCSC, rather than Hong Kong courts, the authority to interpret the NSL. The NSL established an Office for Safeguarding National Security (OSNS) in Hong Kong, staffed by PRC security services and not subject to the jurisdiction of the Hong Kong government. The OSNS, rather than Hong Kong courts, is empowered to exercise jurisdiction over certain cases brought under the NSL. The NSL also established a new Committee for Safeguarding National Security, led by the chief executive and accountable to the PRC.

**National Security Law prohibits strikes without government approval**

**U.S. Department of State 21**

“2021 Hong Kong Policy Act Report - United States Department of State.” U.S. Department of State, U.S. Department of State, 31 Mar. 2021, <https://www.state.gov/2021-hong-kong-policy-act-report/>.

Hong Kong law provides for protection of freedom of assembly, but the Hong Kong government did not respect this right during the reporting period. Under Hong Kong law, organizers of public meetings and demonstrations are required to apply for a required “letter of no objection” from police, but the police did not issue any such letters during the reporting period, effectively banning all protests. The government cited COVID-19 restrictions to refuse authorization for assemblies, although civil rights organizations said the intent of the denials was aimed at preventing political gatherings rather than promoting public health. In June 2020, police refused to grant approval to an annual vigil to commemorate the victims of the 1989 Tiananmen Square massacre for the first time ever, citing COVID-19-related social distancing concerns. During the reporting period, Hong Kong authorities arrested and prosecuted activists and opposition politicians for allegedly organizing and taking part in unauthorized nonviolent demonstrations. For example, in December 2020, a Hong Kong court sentenced activists Joshua Wong, Ivan Lam, and Agnes Chow to sentences of between seven and 13.5 months for their involvement in a June 2019 non-violent protest at the Hong Kong police headquarters. As of September 2020, according to media reports, police arrested more than 10,000 people on various charges in connection with anti-government protests. Most of those arrested were released on bail. Prosecutors also filed charges against more than 2,200 people in connection with the protests.

**B. Impacts--authoritarianism crushes human rights and thus liberty**

**Mainland ‘21**

Lindsay Maizland writes about Asia for CFR.org. Before joining CFR, she covered breaking news for TEGNA’s central digital team and reported on world news for Vox. She holds a BA in international relations and journalism from American University. “Hong Kong's Freedoms: What China Promised and How It's Cracking Down.” Council on Foreign Relations, Council on Foreign Relations, <https://www.cfr.org/backgrounder/hong-kong-freedoms-democracy-protests-china-crackdown>.

China’s government sees human rights as an existential threat. Its reaction could pose an existential threat to the rights of people worldwide. At home, the Chinese Communist Party, worried that permitting political freedom would jeopardize its grasp on power, has constructed an Orwellian high-tech surveillance state and a sophisticated internet censorship system to monitor and suppress public criticism. Abroad, it uses its growing economic clout to silence critics and to carry out the most intense attack on the global system for enforcing human rights since that system began to emerge in the mid-20th century. Beijing was long focused on building a “Great Firewall” to prevent the people of China from being exposed to any criticism of the government from abroad. Now the government is increasingly attacking the critics themselves, whether they represent a foreign government, are part of an overseas company or university, or join real or virtual avenues of public protest. No other government is simultaneously detaining a million members of an ethnic minority for forced indoctrination and attacking anyone who dares to challenge its repression. And while other governments commit serious human rights violations, no other government flexes its political muscles with such vigor and determination to undermine the international human rights standards and institutions that could hold it to account. If not challenged, Beijing’s actions portend a dystopian future in which no one is beyond the reach of Chinese censors, and an international human rights system so weakened that it no longer serves as a check on government repression.

**C. Solvency**

Since governmental restrictions on strikes are themselves the denial of liberty, recognition of the unconditional right would inherently fulfill the framework.  Furthermore, it would link to additional liberalization--Beijing rolling back the NSL, for instance, would solve for liberty.

**General strikes are the key means of protest against the PRC**

**Chiu and Wong ‘19**

Tiffany Wong is a native Hong Konger now based in Berlin. Chiu, Dominic, and Tiffany Wong. “Hong Kong on Strike.” Foreign Policy, Foreign Policy, 3 July 2019, <https://foreignpolicy.com/2019/07/03/hong-kong-on-strike/>.

Hong Kong’s business community is usually a conservative and cautious group. But as the world’s camera lenses were fixed on a violent clash between protesters and riot police in Hong Kong on June 12, more than a thousand local businesses participated in the city’s first general strike since the 1960s. Suggestions for a strike began on June 9, when it became clear that the government would refuse to shelve the controversial extradition bill despite huge demonstrations. A local minivan delivery service became the first company to announce that its employees would go on strike on June 12, the day that the bill was scheduled for a second reading in the legislature. In the following days, businesses including restaurants, bookstores, grocery stores, and cafes announced that they would shut their doors to join the protest. In the short term, the impact of the strike was minor. But the adoption of a new protest technique points to how the extradition bill has radicalized Hong Kongers—and could prove a potent tool of opposition to Beijing. The result of future general strikes in Hong Kong will depend in part on whether the movement can rally workers in the four key industries whose ongoing operation is vital to the city’s economy: finance, tourism, logistics, and professional vocations including legal and accounting services. These four sectors make up almost 60 percent of the city’s GDP. A successful strike depends on the participation of workers in these industries and other white-collar professions, including the civil service, where union activity has historically been anemic.

**Strikes effective at checking human rights violations**

**Mainland ‘21**

Lindsay Maizland writes about Asia for CFR.org. Before joining CFR, she covered breaking news for TEGNA’s central digital team and reported on world news for Vox. She holds a BA in international relations and journalism from American University. “Hong Kong's Freedoms: What China Promised and How It's Cracking Down.” Council on Foreign Relations, Council on Foreign Relations, <https://www.cfr.org/backgrounder/hong-kong-freedoms-democracy-protests-china-crackdown>.

In the summer of 2019, Hong Kong saw its largest protests ever. For months, people demonstrated against a Beijing-endorsed legislative proposal that would have allowed extraditions to mainland China. Many protesters believed Beijing had eroded Hong Kong’s freedoms to such an extent that they thought, “either we stop it now, or it’s just basically going to be hell,” says Victoria Tin-bor Hui, a political science professor at the University of Notre Dame. Reports of police brutality, including the excessive use of tear gas and rubber bullets, exacerbated tensions. Chief Executive Lam withdrew the bill in September, but the protests, which garnered international attention, continued until the outbreak of COVID-19 in early 2020. Several countries have condemned Beijing’s moves and taken retaliatory measures. The administration of former U.S. President Donald J. Trump imposed sanctions on Chinese officials it alleged were undermining Hong Kong’s autonomy, including Lam; restricted exports of defense equipment to Hong Kong; and started revoking its special trade status. The United States also joined a handful of countries, such as Australia, Canada, and New Zealand, that suspended their extradition treaties with Hong Kong because of the national security law. U.S. President Joe Biden has indicated that his administration will continue to press for Hong Kong’s freedoms. In his first phone call with Chinese leader Xi Jinping, Biden voiced concerns about Beijing’s crackdown. The United Kingdom, which also ended its extradition agreement with the region, said it would allow three million Hong Kong residents to settle in the country and apply for citizenship. Canada announced measures to make it easier for Hong Kong youth to study and work in the country, creating pathways for permanent residency. The European Union, which expressed “grave concern” about the national security law, limited exports of equipment that China could use for repression and vowed to ease visa and asylum policies for Hong Kong residents.

**HC EXTENSIONS**

**Evidence that suggests strikes hurt patient care is empirically false, neoliberal propaganda.**

**Pappas et al 10/23 [**Mike Pappas is an activist and medical doctor working in New York City. Luigi Morris is a freelance photographer, socialist journalist and videographer. He is an activist for immigrants' rights. Olivia Wood is a writer and editor at Left Voice and an adjunct English lecturer in the NYC metropolitan area. October 23, 2021. “Buffalo Healthcare Workers Strike for Better Patient Care and Fair Wages” <https://www.leftvoice.org/buffalo-healthcare-workers-strike-for-better-patient-care-and-fair-wages/> Accessed 10/28 //gord0]

<https://www.leftvoice.org/buffalo-healthcare-workers-strike-for-better-patient-care-and-fair-wages/>

More than 2,000 healthcare workers — including nurses, technicians, clerical workers, and custodians — at Mercy Hospital in Buffalo, New York have been on strike since October 1. Similar to other [healthcare workers around the country](https://www.leftvoice.org/healthcare-workers-are-fed-up-and-hitting-the-picket-lines/), the striking workers’ main demand is improved staffing ratios to allow for safer care for patients. In addition, workers are fighting for better wages to attract more qualified staff, to prevent their health insurance plan from being converted to a high deductible plan, and to prevent their pension plans being converted to a 401(k).

Mercy Hospital is owned by Catholic Health System (CHS), which also owns other hospitals in the area. The striking workers at Mercy Hospital are part of the Communications Workers of America (CWA) union and were originally supposed to strike with two other hospitals, the Sisters of Charity Hospital and Kenmore Mercy Hospital. However, as reported by[Labor Notes](https://labornotes.org/2021/10/two-thousand-hospital-workers-strike-buffalo), “recognizing the potential strength of bargaining together against the chain, Locals 1133 and 1168 sought to coordinate the expiration dates of their contracts and force a master agreement in the last round of negotiations in 2019.” CHS tried to push back against this tactic, and a no-strike clause was eventually agreed to for two out of three of the hospitals, leaving Mercy Hospital as the one location able to strike on behalf of all three.

Although negotiations were supposed to begin in the middle of last year, healthcare workers agreed to delay bargaining during Covid-19 as the hospital claimed to be struggling financially — despite the CEO’s $2 million per year salary. The union healthcare workers agreed to continue working and accepted a temporary contract extension with a raise of just half a percent for the year. But despite these sacrifices, the hospital continues to refuse to give healthcare workers what they need. Hospital management’s proposals do not go nearly far enough: they proposed to add 250 new positions, similar to a proposal made back in 2016, which did nothing to resolve staffing crises.

Management Lies

It is clear that CHS management is trying to frame the ongoing lack of a contract as the fault of the workers and the union itself. In a [recent interview with local press](https://www.wivb.com/catholic-health-hospital-strike/live-catholic-health-ceo-addresses-contract-negotiations-amid-strike/), CHS CEO Mark Sullivan stated he was optimistic a deal would be reached, but “only CWA can end the strike.” Nurses **Left Voice** spoke withsay that when they initially announced the plan to strike, the hospital tried to frame it as workers abandoning patients, putting press releases out to the community.

But healthcare workers know how hypocritical this rhetoric is, and they know they care about their patients more than anyone. Workers put their lives on line throughout the pandemic — the striking healthcare workers created Covid-19 Memorial Walls around each of the picket areas commemorating both those who became ill and those who lost their lives during the pandemic’s peaks — and were called “heroes” when the label could be used as propaganda by management. Workers were even given “healthcare heroes” shirts from CHS, but now, they say they’re seen as “zeroes” and are told they are “abandoning” patients. These claims of abandoning patients are especially ironic because, as one nurse pointed out, not only are these striking healthcare workers the ones who actually care about patient well-being — hence their resistance to the continual drive to cut staffing and costs to increase profits — but the hospital’s CEO, Mark Sullivan, who makes between $1.5-2 million a year, was planning on abandoning contract negotiations midway for vacation to Europe.

It appears the hospital’s rhetoric backfired, as there has been an outpouring of community support, with many residents of the neighborhoods around the hospital putting union signs in their front lawns. Healthcare workers from the two other hospitals not currently striking have been working in solidarity, raising money at Buffalo Bills games and other community events for the union strike fund. Healthcare workers want to get back to work, but they refuse to accept horrible working conditions that lead to poor patient outcomes. Contrary to CHS’s claims, healthcare workers actually care so much about patients that they are willing to strike to see their demands met. They refuse to let the hospital force them into a poor contract that will ultimately threaten the health of patients.

The Hospital System’s Response: Scabs and Security Firms

Those who run hospital firms like CHS know what the threat of striking and winning demands could mean for other hospital systems in the area or the country, so instead of simply meeting the healthcare workers’ demands, they continue to resist. CHS has hired the global parasitic, blood-sucking, anti-strike firm Huffmaster to not just provide scabs, but also provide security. Per their [website](https://huffmaster.com/), “Huffmaster is a master staffing agency for healthcare, security, and other industries. Specializing in rapid strike staffing, we keep business in business.” Huffmaster advertises for job fulfillment and provides housing, travel, and meals for scabs in order to break strikes. As [WNYLaborToday.com reported](https://www.wnylabortoday.com/news/2021/10/04/buffalo-and-western-new-york-labor-news/as-striking-cwa-represented-nurses-continue-to-walk-the-picket-line-outside-south-buffalo-s-mercy-hospital-in-a-battle-over-patient-care-how-can-catholic-health-not-pay-them-but-bring-in-nearly-200-out-of-town-caregivers-at-150-an-hour/), CHS is paying Huffmaster to pay these scabs between $100 and $150 an hour, plus $45 per day for their meals, but they are not willing to pay their regular unionized employees anywhere near as much. Even the pay for the X-ray technicians, one of the higher-paid positions among the striking workers, only reaches $80 per hour — far less than the scabs are being paid.

In their effort to claim the title for one of the worst companies in the world, not only does Huffmaster provide scab healthcare workers, but also violent security personnel. Healthcare workers at Mercy Hospital showed **Left Voice** reporters video footage and photos of how the security personnel at Mercy are the same security that were hired to help break the [Nabisco strike](https://www.leftvoice.org/nabisco-workers-face-pay-cuts-while-the-company-doubles-its-profits/) and brutally attacked workers. Now there is an injunction from New York State Attorney General Letitia James claiming the company is not licensed to do work in New York State, but as of October 21, **Left Voice** observed Huffmaster security personnel still on the hospital property, protecting scabs and using fake badges to hide their company logo. In addition to the hired security, Buffalo police were also present and coordinated with the drivers of the scab vehicles.

CHS CEO Trying to Deflect: CEOs Gonna CEO

In the early days of the strike, [CEO Mark Sullivan said](https://www.wivb.com/catholic-health-hospital-strike/live-catholic-health-ceo-addresses-contract-negotiations-amid-strike/) healthcare staffing is a struggle across the nation, not just at Catholic Health: “One in five healthcare workers, since the pandemic has started, has left healthcare. This is not a Mercy Hospital staffing crisis, this is not a Catholic Health staffing crisis, this is a national staffing crisis. Healthcare, overall, is broken.” And he’s right: Healthcare is “broken,” but not because of the workers. Rather, healthcare is broken because under capitalist healthcare, the primary goal is to maximize profit from people’s bodies. Everything else, [including patient care](https://www.leftvoice.org/capitalist-healthcare-killed-my-grandparent-and-hurts-all-elderly/), is secondary. Therefore, under this model, it becomes logical to cut costs whenever possible — for example, by decreasing staffing ratios. Healthcare workers have left the industry because they are tired of working in a system that does not care about patient well-being and continues to put money over lives. They joined their workplaces hoping to help others, but many workers soon find out that the system itself does not hold this priority.

Healthcare is “broken” because the system as it stands was never meant for the maintenance of health for health’s sake — instead, its origins lie in [racism](https://www.leftvoice.org/the-racist-history-of-medical-research/), white supremacy, and [maintaining worker wellbeing just enough to be tools of labor](https://books.google.com/books?id=2MYwMb9hApQC&printsec=frontcover#v=onepage&q&f=false). In some respects it isn’t “broken” but functions just how CEOs like Sullivan — along with the heads of other sectors of the medical industrial complex such as insurance companies, device manufacturers, and pharmaceutical companies — want it to, as they have the main same goal: profit maximization at all cost. This leads them to constantly work to uphold a destructive healthcare system, while the actual maintenance of health and well being remains secondary. Since a CEO like Sullivan can’t say “I am horrible and part of upholding a horrible system,” he must resort to a refrain like “healthcare is broken” to misdirect the public gaze. Executives like to pretend everyone is “on the same team” wanting to care for patients, but this is not the case. It is the healthcare workers who actually care for patients and communities, and CEOs like Sullivan who are a barrier to providing adequate care.

**Understaffing causes burnout for nurses and prevents effective pandemic response – covid proves**

**Lasater et al 20** [Karen B Lasater Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania, USA. Linda H Aiken Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania, USA. Douglas M Sloane Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania, USA. Rachel French Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania, USA. Brendan Martin National Council of State Boards of Nursing, Chicago, Illinois, USA. Kyrani Reneau National Council of State Boards of Nursing, Chicago, Illinois, USA. Maryann Alexander National Council of State Boards of Nursing, Chicago, Illinois, USA. Matthew D McHugh Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania, USA. Published August 18, 2020. “Chronic hospital nurse understaffing meets COVID-19: an observational study” <https://qualitysafety.bmj.com/content/30/8/639> Accessed 10/28 //gord0]

**Introduction** Efforts to enact nurse staffing legislation often lack timely, local evidence about how specific policies could directly impact the public’s health. Despite numerous studies indicating better staffing is associated with more favourable patient outcomes, only one US state (California) sets patient-to-nurse staffing standards. To inform staffing legislation actively under consideration in two other US states (New York, Illinois), we sought to determine whether staffing varies across hospitals and the consequences for patient outcomes. Coincidentally, data collection occurred just prior to the COVID-19 outbreak; thus, these data also provide a real-time example of the public health implications of chronic hospital nurse understaffing.

**Methods** Survey data from nurses and patients in 254 hospitals in New York and Illinois between December 2019 and February 2020 document associations of nurse staffing with care quality, patient experiences and nurse burnout.

**Results** Mean staffing in medical-surgical units varied from 3.3 to 9.7 patients per nurse, with the worst mean staffing in New York City. Over half the nurses in both states experienced high burnout. Half gave their hospitals unfavourable safety grades and two-thirds would not definitely recommend their hospitals. One-third of patients rated their hospitals less than excellent and would not definitely recommend it to others. After adjusting for confounding factors, each additional patient per nurse increased odds of nurses and per cent of patients giving unfavourable reports; ORs ranged from 1.15 to 1.52 for nurses on medical-surgical units and from 1.32 to 3.63 for nurses on intensive care units.

**Conclusions** Hospital nurses were burned out and working in understaffed conditions in the weeks prior to the first wave of COVID-19 cases, posing risks to the public’s health. Such risks could be addressed by safe nurse staffing policies currently under consideration.

**Denying the right to strike is morally indefensible in all instances.**

**Chima 13 [**Chima, S.C. Program of Bio & Research Ethics and Medical Law, Nelson R Mandela School of Medicine & School of Nursing and Public Health, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa. “Global medicine: Is it ethical or morally justifiable for doctors and other healthcare workers to go on strike?” *BMC Med Ethics* **14,** S5 (2013). <https://doi.org/10.1186/1472-6939-14-S1-S5>. Accessed 10/28 //gord0]

It has been suggested that doctor and HCW strikes can create a tension between the obligation on doctors and other HCWs to provide adequate care to current patients versus the need to advocate for improved healthcare services for future patients and for society in general [[2](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR2), [31](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR31)]. There is also a potential conflict between doctors' role in advocating for improved healthcare service for others versus the need to advocate for justifiable wages for self and the fulfilment of basic biological needs like all humans [[4](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR4), [32](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR32)]. It has been suggested that since strikes are considered a fundamental right or entitlement during collective bargaining and labour negotiations [[33](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR33)]. Therefore to deny any employee the right to strike would be an argument for enslavement of such an employee, because this would simply mean that whatever the circumstances-such an individual must work! A situation deemed to be both ethically and morally indefensible [[4](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR4)]. It is pertinent to observe that there is an on-going paradigm shift in the organization of healthcare services and doctors' employment options with a change in the role of doctors from self-employment, and medical practice based on benevolent paternalism, to consumer rights and managed healthcare [[2](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR2)]. Historically, doctors had the sole responsibility within the doctor-patient relationship, to determine the costs of medical care to their patients, however, current trends show that doctors are increasingly becoming employees of managed healthcare organizations (HCOs) or employees of public health services [[2](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR2), [34](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR34)–[36](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR36)]. These changes in physicians' practices and methods of payment may impact on patient trust, physician behaviour and decision-making, thereby permanently altering the doctor-patient relationship [[3](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR3), [37](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR37)]. It has been observed, especially in advanced capitalist societies like the United States, that there is an on-going shift in doctors practice options from self-employment as owners of their own practices [[34](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR34)–[36](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR36)], to doctors becoming employees of HCOs in a managed healthcare environment [[2](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR2), [34](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR34), [35](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR35)]. The factors driving this sea change in physicians employment options have been ascribed to "the complex corporate environment coupled with the stress of high malpractice rates, the struggle for reimbursement, administrative duties and the general risks and burden of solo or small group practice" [[35](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR35), [38](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR38)]. One can therefore anticipate that in the near future there could be more wage negotiations and collective bargaining between doctors as employees and the employing HCOs [[35](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR35), [36](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR36)]. This will be similar to the practice in systems where medicine is centralized or socialized, and where doctors and HCWs are mostly public service employees [[7](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR7), [10](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR10), [11](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR11), [14](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR14), [16](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR16), [18](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR18), [20](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR20)]. These ongoing changes in the organization of healthcare services and modern medical practice may denote a change in the Hippocratic tenets of the medical profession, creating ethical and moral dilemmas [[2](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR2), [39](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR39)], which could permanently alter the nature of the relationship between doctors and patients [[3](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR3), [37](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR37)], and the putative 'contract' between medicine and society [[10](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR10), [40](https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5#ref-CR40)].

**Solvency Extension--Strikes have already gotten off the ground in certain areas because they’re recognizing leverage, but are prohibited or conditioned in others, making the plan essential.**

**Al-Arshani  10/23** [Sarah Al-Arshani is a breaking news reporter for Insider. Before joining Insider, Sarah was an editorial intern with The Jordan Times. She graduated from the University of Connecticut in May 2019. October 23, 2021. “Over 500,000 healthcare workers quit in August and thousands more have gone on strike as the industry deals with burnout and staff shortages” [https://www.businessinsider.com/thousands-healthcare-workers-quitting-striking-burnout-grows-staff-shortages2021-10 Accessed 10/28](https://www.businessinsider.com/thousands-healthcare-workers-quitting-striking-burnout-grows-staff-shortages2021-10%20Accessed%2010/28) //gord0]

Over [500,000 healthcare workers quit in August](https://www.bls.gov/news.release/pdf/jolts.pdf), the most recent month figures are available for, and more than two dozen strikes amongst healthcare workers have taken place since the start of the year, according to reports.

A tracker from [Cornell University's School of Industrial and Labor Relations](https://striketracker.ilr.cornell.edu/) found there have been 35 strikes in the Healthcare and Social Assistance industry as of Friday.

Over the past four months, t[housands of workers at more than two dozen hospitals](https://www.businessinsider.com/california-hospital-workers-strike-over-critical-staffing-shortages-2021-10) in California have gone on strike. Earlier this month, close to 31,000 healthcare workers at [Kaiser Permanente voted to authorize a strike over wages.](https://www.businessinsider.com/kaiser-permanente-health-care-workers-vote-to-authorize-strike-2021-10)

Nurses at one hospital in Massachusetts have been on strike since March, [Masslive reported.](https://www.masslive.com/worcester/2021/10/striking-saint-vincent-hospital-nurses-no-longer-entitled-to-unemployment-some-may-have-to-repay-benefits-state-rules.html)

The strikes are occurring during a time of increased demand for patient care and a shortage of workers. In addition to the Delta variant, the US is also facing a rise in chronically ill patients who delayed care during the pandemic, [Politico](https://www.politico.com/news/2021/10/20/hospitals-labor-shortage-covid-delta-516303) reported.

Healthcare workers told Politico that while they know walking out may garner "scorn" from some, they wanted to use the attention they've recieved throughout the pandemic to demand better conditions.

"We're drowning here," Mike Pineda, a senior transport technician at Sutter Delta Medical Center in Antioch, California, told Politico. "The wear and tear on everyone got to the point where people became frustrated."

Jamie Lucas, the Executive Director of the Wisconsin Federation of Nurses and Health Professionals, told the outlet that the reasons to strike have always been there but that some healthcare workers, like many other industries [demanding better conditions across the country](https://www.businessinsider.com/what-is-striketober-kelloggs-john-deere-iatse-strike-labor-2021-10), are realizing they have some leverage.

Throughout the pandemic, healthcare workers have said they're burnt out. In May, Nikki Motta, a travel nurse who spent a year working with COVID-19 patients in understaffed hospitals across the East Coast [told Insider she was experiencing hair loss from the stress.](https://www.businessinsider.com/nurses-are-considering-leaving-the-profession-after-covid-19-pandemic-2021-5)

Liz Evans, another travel nurse, told Insider she was taking care of six patients at a time when in normal times, she might have two at most.

 A March 2021 [Trusted Health online survey](https://uploads-ssl.webflow.com/5c5b66e10b42f155662a8e9e/608304f3b9897b1589b14bee_mental-health-survey-2021.pdf) of over 1,000 travel nurses found that almost half said they were considering leaving the profession. Seven months, later a [ShiftMed survey found 49% of US nurses](https://www.businessinsider.com/nurse-shortage-labor-quit-healthcare-hospital-jobs-employment-shiftmed-survey-2021-10) said they may leave the profession within the next two years. More than 90% of respondents in the ShiftMed survey said staffing shortages were negatively impacting them.

Some of the other factors that have pushed healthcare professionals to consider leaving include the pandemic, low wages, and an increase in workload.

"I really started looking away from bedside over the last year, because the weight was really heavy of what I was doing, and I didn't feel like I was doing the job that I initially signed up for, which is to help people and make people feel better," Motta told Insider in May. "I feel like there are even more and more expectations for nurses, and nurses are the type of people who want to help and who want to do what is asked of them, but I think that is being taken advantage of in a lot of ways."

**Understaffing kills patients and becomes cyclical.**

**EMU 19** [Eastern Michigan University. October 10, 2019. “How Nurse Staffing Affects Patient Safety and Satisfaction” <https://online.emich.edu/articles/rnbsn/nurse-staffing-affects-patient-safety-satisfaction.aspx#:~:text=This%20lack%20of%20focus%20can%20lead%20to%20medical,postoperative%20complications%2C%20and%20a%20greater%20number%20of%20falls>. Accessed 10/28 //gord0]

When healthcare facilities have insufficient nurses on staff, the welfare of patients can be compromised. Moreover, overwhelmed nurses could overlook details or not fully engage with patients. This can leave patients feeling dissatisfied with nurse performance.

Why Does Understaffing Occur?

Budget cuts, nurses reaching retirement age and a shortage of nurse faculty to prepare new nurses are just a few reasons for understaffing.

Is There a Link Between Understaffing and Negative Patient Outcomes?

Healthcare facilities that do not keep an adequate number of nurses on duty can jeopardize the safety of their patients. Overworked nurses may suffer from fatigue or burnout which can impair their ability to focus on tasks. This lack of focus can lead to medical errors, a lack of engagement and missed nursing care. Patients in understaffed facilities face an increased rate of in-hospital mortality, a higher risk of infection, a rise in postoperative complications, and a greater number of falls.

How Does Understaffing Affect Nurses?

When a healthcare facility is understaffed, the same amount of work falls to fewer nurses who typically end up working longer hours. Doing so with little to no relief can cause a breakdown in mental, emotional and physical health. Nurses who are sick or injured may be absent from work, which can also compound the staffing problem. In addition, nurses who face constant stress can develop a number of health issues, including anxiety, exhaustion, depression, heart disease, hypertension and musculoskeletal disorders.

Does Inadequate Nurse Staffing Affect Patient Satisfaction?

A scarcity of available nurses can affect patient satisfaction. In a [study](https://bmjopen.bmj.com/content/8/1/e019189) cited by the British Medical Journal, negative patient perceptions of nursing care relate to missed care, which can be a result of a shortage of nursing staff. Patients can also lose confidence in the care they receive when RNs are too rushed to explain medications or coordinate care with other team members.

Why Is Patient Satisfaction Important to the Healthcare Industry?

The healthcare industry is moving toward patient-centered care, so good satisfaction ratings are important. As consumers, patients can boost or damage the reputation of a facility with their opinions. Satisfied patients could become loyal patrons, contributing to the financial stability of a healthcare organization.

What Can Healthcare Organizations Do to Improve Nurse Staffing?

Healthcare organizations need to focus on retaining nurses by maintaining an effective and supportive work environment. The [American Nurses Association](https://www.nursingworld.org/practice-policy/work-environment/nurse-staffing) (ANA) recommends that employers allow RNs to work together to create flexible staffing schedules for their units. ANA suggests that employers should consider these factors when determining nurse staffing:

Condition of patients based on complexity, acuity or stability

Number of discharges, admissions or transfers to the unit

The staff's level of nursing preparation, expertise and skills

Size of the nursing unit

Technical support and additional resources

Given that nurses provide care and safeguard the well-being of patients, it is imperative for employers to keep qualified nurses from exiting the workforce. Nurses who not only have proper nursing preparation but are also empathetic, dedicated and vigilant can help improve patient outcomes and ensure that patients are satisfied with their care.

**HONG KONG EXTENSIONS**

**A conditional right to strike empirically allows governments to legislate the right out of existence**

**Gourevitch ‘21**

(Alex **Gourevitch ‘21**, “Quitting Work but Not the Job: Liberty and the Right to Strike”)

That is relevant because, surprisingly, while employers may not fire pro-union workers, the Supreme Court says that employers’ interest in maintaining production and controlling their property means they may threaten to close an entire business or relocate a plant solely because workers have threatened a strike.35 They are also legally permitted to hire permanent replacement workers and these workers may vote to decertify the current union.36 The only exception to that rule is when a strike is against “unfair labor practices,” which are strikes against employers accused to violating certain labor laws themselves (e.g., discriminating against pro-union employees.) For all normal “economic” strikes employers may explicitly threaten the entire body of workers with loss of their jobs and, though they may not fire the workers, may permanently replace them. It is unclear what conceptual distinction lies behind the legal distinction between firing and permanent replacement or shutting down and moving since the effect on the worker is the same. As one legal scholar has put it, “the ‘right to strike’ upon risk of permanent job loss is a ‘right’ the nature of which is appreciated only by lawyers.” 37 But there it is, in law. For these reasons alone we might think American workers do not enjoy a real right to strike. Yet there is more.38 Workers may not organize in industry-wide unions without individual, workplace-byworkplace unionization agreements. Strikes must also usually take place on a workplace-by-workplace rather than industry-wide basis.39 Closed and union shops are acceptable in many states, though some prohibit even mandatory collection of dues, and the Supreme Court allows employers to ban union-organizers from their property.40 Further, the employer’s property-interest in the“core of entrepreneurial control” over hiring and firing, plant location, investment, pricing, or production processes remains outside the scope of what law and precedent have established as labor’s legitimate interests.41 Strikes must therefore be restricted to protest unfair labor practices or negotiate narrow bread-and-butter issues like wages and hours. Workers may not engage in sympathy strikes or secondary boycotts, which includes legal prohibition on workers picketing outside stores that use or sell products made in struck workplaces.42 To understand the consequences of that last prohibition, consider a store that is selling goods made with parts from a struck factory. Anyone who is not a worker from the striking factory may stand outside, simply as a citizen with free speech rights, and petition against shoppers spending their money there. But a worker from the striking factory may not do the same because it is considered illegal, secondary picketing. To go on strike is therefore to lose some basic civil liberties like freedom of speech.43 In other words, the repertoire of mass, solidarity-based strikes across an industry are no longer a part of union action at least in part because they have been, since the mid-twentieth century, illegal. There are other relevant laws and precedents, but this gives a vivid enough picture as it is. The facts described in the previous three paragraphs remind us why our thinking about the right to strike matters. If the right to strike is just a derivative right, with the same general structure and function as rights of association, contract, and property, then many, if not all, of the laws or precedents described above are defensible. These restrictions flow from a rejection of the view that workers have an enforceable right to the job they strike; from the requirement that collective action remain voluntary; and from a refusal to accept that workers as a whole have shared interests as a consequence of their social position. Unions may, at most, operate closed shops and enjoy a formal right to strike, but they may not interfere with the core property rights of employers, contract rights of workers, nor claim that the interests of workers expand beyond a narrow range of issues in the workplace itself. If, however, we take the right to strike to be a distinct kind of right, protecting an independent interest, in which workers do legitimately have a right to the job over which they strike, then we would have to reject many existing restrictions on strike activity.