# 1NC

## P – Contact Info

#### Debaters must have contact info on the wiki

#### Violation they don’t have an entry on the wiki picture inserted

Graphical user interface, application

Description automatically generated

#### It solves disclosure

#### But the main impact is accesibility

#### K2 abiding by pronouns

#### K2 trigger warnings

#### Both make the debate space accessible which is a prerequisite to debate should filter substance because a safe debate space is a prerequisite to debate itself.

#### DTD -- The debate has been skewed from the start it means you auto negate if the shell is conceded. It means they don’t get a counter interp or we meet to rectify their abuse

#### Even if they win no in round abuse it’s a question of competing interpretations meaning the paradigm you evaluate isn’t in round abuse rather potential abuse hold the line against incentivizing models where disclosure happens this late

#### Yes potential abuse it’s the only thing your ballot changes since it informs our practices it can resolve theory but nothing else it should filter substance since the abuse makes substance debate impossible

#### No RVI’s you don’t win for not meeting assumed norms

## P – Disclosure

#### Debaters must disclose what they are reading 30 minutes before the round its possible considering my email is on the debate wiki

#### Violation they only do it before the round starts

#### Ground: A model of disclosure in the room kills ground because specific educationally valuable ground is contextual to each aff it’s a voter for education

#### Limits: Their model means they can read any aff they want

## HCW

#### COUNTERPLAN TEXT -- A just government ought to recognize an unconditional right for non-health care workers to strike

#### Healthcare systems are ready for the next pandemic BUT frontline workers are key

Nundy, 21 -- Accolade chief medical officer and primary care physician

[Dr. Shantanu, interview with John Henning Schumann, "How Health Care In The U.S. May Change After COVID: An Optimist's Outlook," NPR, 5-13-2021, https://www.npr.org/sections/health-shots/2021/05/13/996233365/how-health-care-in-the-u-s-may-change-after-covid-an-optimists-outlook, accessed 10-18-2021]

With more than one-third of U.S. adults now fully vaccinated against COVID-19, there's growing optimism on many fronts. A majority of states have either lifted health-related restrictions or have announced target dates for doing so.

Already, many clinicians and health policy experts are thinking about what the post-pandemic world will look like.

COVID-19 demonstrated that even in a behemoth industry like health care, change can come quickly when it's necessary. Patients understandably avoided hospitals and clinics because of the risk of viral exposure — leading to quick opportunities for innovation.

For example, the use of telemedicine skyrocketed, and many think it's an innovation that's here to stay. Patients like the convenience — and for many conditions, it's an effective alternative to an in-person visit.

Dr. Shantanu Nundy, for one, is optimistic about the future of health care in the U.S. He is a primary care physician practicing just outside Washington, D.C., and the chief medical officer at Accolade, a company that helps people navigate the health care system.

Nundy has bold views, based on his current roles as well as prior positions with the Human Diagnosis Project, a crowd-sourcing platform for collaboration on challenging medical cases, and as a senior health specialist for the World Bank, where his work took him to Africa, Asia and South America.

He spoke with Shots about his new book, Care After Covid: What the Pandemic Revealed Is Broken in Healthcare and How to Reinvent It.

This interview has been edited for length and clarity.

You seem pretty optimistic about changes to U.S. health care because of the pandemic. What changes or new practices do you think are most likely to stick around?

I am optimistic. Health care has changed more in the past year than during any similar period in modern U.S. history. And it changed for the better.

Doctors and other front-line workers finally started meeting patients where they are: in the community (e.g., at drive-through testing and mass vaccination sites), at home (e.g., with house calls and even hospital-level care at home), and on their devices. Doctors and patients connected in new ways: In my clinic, which serves low-income patients in the Washington, D.C., area, I was given an iPhone for the first time for video and audio visits and found myself messaging with patients between visits to refill medications or follow up on their symptoms.

Some of these changes will reverse as things get back to normal, but what won't change is the fundamental culture shifts. The pandemic magnified long-standing cracks in the foundation of the U.S. health care system and exposed those cracks to populations that had never witnessed them before. All of us — not just patients with chronic diseases or patients who live at the margin — have the shared experience of trying to find a test or vaccine, of navigating the byzantine healthcare system on our own.

The crisis also exposed just how inequitable the health care system is for Black and brown communities. The numbers don't lie — these populations died of COVID-19 at a rate much higher than their white counterparts. I'm hopeful these shared experiences and revelations have created the empathy and impetus to demand change.

Your book envisions a care framework that will be "distributed, digitally enabled, and decentralized." Let's take them one at a time. What do you mean by "distributed care?"

"Distributed care" refers to the notion that care should happen where health happens, at home and in the community. We need to redistribute care from clinics and hospitals to homes, pharmacies and grocery stores, barbershops and churches, workplaces and online, where patients are on-the-go. This doesn't mean we should eliminate traditional health care settings. Hospitals and clinics will continue to play a major role in health care delivery, but for most people, these will become secondary, rather than primary, sources of care.

The most obvious upside to distributed care is that it's more affordable. Without the overhead costs of expensive medical facilities, costs decrease. It also has the potential to be more effective and equitable. Our health is largely driven by our behaviors and our environment. By delivering it where we live and work, care can better address the root causes of poor health, including social isolation, poor nutrition, physical inactivity, and mental and emotional distress. Distributed care can also reach communities too far from the nearest clinic or hospital — or who are too distrustful to even step foot in one.

We already have digitally enabled care to some extent: We use apps, our medical records are electronic, and many of us have now used telemedicine to connect with clinicians. What is your vision of the future of "digitally enabled care?"

"Digitally enabled" refers to the idea that the right role of technology in health care is simply to increase the care in healthcare. ... For a glimpse of what's possible, I'll share my mom's experience during the pandemic. For 25 years, she struggled with Type 2 diabetes (and for the past 10 years, has been on insulin). But faced with all the reports of patients with diabetes having higher rates of COVID-19 complications, she signed up for a virtual diabetes service that was completely different than anything she had tried in the past two decades.

She was shipped a free glucose meter and weighing scale to send her data to her new diabetes care team. She downloaded a mobile app where she did video visits with her doctor — more frequently than she ever had in person — and 24/7 access to a health coach that she sometimes messaged with multiple times per day in the first few weeks of the program. She also was connected with another patient — a gentleman in Chicago who, like my mom, followed an Indian vegetarian diet — to exchange recipes with. The result: Within weeks, my mom lost over 10 pounds and safely got off of insulin. Nearly a year later, she still is.

How do you envision future care that is decentralized? Will U.S. health care become more of a do-it-yourself industry?

"Decentralized care" refers to a model where decisions about care are in the hands of those closest to it, including doctors and patients.

But health care is highly centralized and heavily regulated, and what doctors can do often comes down to what we can charge insurance companies for.

One example: I had a patient who was in and out of the hospital for heart failure. After one of these hospitalizations, I saw her in-clinic and learned that she didn't have a scale and couldn't afford one. Daily weigh-ins are critical for patients like her, as a few pounds gained can be an indicator of impending heart failure. So, I handed her a $20 bill from my pocket for a scale, and she was never admitted to the hospital again. If our health care system was decentralized, I would be able to get my patients the $20 piece of equipment they need instead of racking up thousands of dollars in expensive medical tests and hospitalizations.

With all of the innovation you foresee, will there be actual market-based competitive pricing reform, or will all of the whistles and bells just drive health care costs inexorably upward?

The type of innovation we need most is true "disruptive innovation." This is a term that gets thrown around liberally, but the real definition refers to products or services that dramatically lower prices and increase quality, much more so than those currently available.

I see two steps we must take to get there: First, we need to stop nibbling around the edges. Often, our solution to, say, Type 2 diabetes, is training doctors in better management or approving a drug that is 1% better (and 200 times more expensive) than what we have now. A truly disruptive innovation is what my mom used: a digitally enabled service that reversed her diabetes and got her off of insulin completely.

Second, we need to get out of our own way. Early on in the pandemic, when we finally allowed patients to test themselves for COVID-19, we still required a doctor to sign off on the test. Patients filled out a questionnaire and a doctor then needed to scan through dozens of forms an hour to approve or reject the test applications (these were almost always approved). That's crazy! Now, we've finally let doctors off the hook, and patients can walk into a CVS or Walgreens to pick up a rapid COVID-19 test over the counter.

What are some ways that your future vision could go off the rails and lead us toward a care system that is less open, less transparent or less patient-centered?

The biggest threat is the continued monopolization of health care. In many parts of the country, there are only one or two large health systems and a few options for health insurance. This drives up prices with little to no benefit for patients or doctors.

Will the lessons of COVID-19 make us more prepared, and our health care system more adept for the next global challenge?

Absolutely. The pandemic has created medicine's greatest generation. By shepherding this country through the crisis, an entire generation of doctors, nurses, pharmacists and administrators learned an entirely new set of skills: public communication, front-line innovation, data-driven decision-making.

An outside force — a new virus — accelerated much-needed change in health care, but the work is just beginning. The future of care is now on us.

#### Strikes spur closures and collapse healthcare- empirics prove

Essien, 18 -- University of Uyo economics professor

[Madara, University of Uyo Department of Microbiology head & Vice Dean of Science, International Centre for Energy and Environmental Sustainability Research research fellow, "The Socio-Economic Effects of Medical Unions Strikes on the Health Sector of Akwa Ibom State of Nigeria," Asia Business Review, 8.2, May/August 2018, https://doi.org/10.18034/abr.v8i2.157, accessed 10-16-21, modified for ableist language]

The Nigerian economy has been disturbed and its economic activities disrupted from time to time due to labour union strike actions. Its first recorded labour strike was on June 21,1945 where about 150,000 clerical and nonclerical workers in the Nigerian Civil Service were demanding for better wages due to the rising cost of living brought about by the Second World War. This was possible because workers formed themselves into a labour union. The essence of the union amongst others was negotiation of wages, work rules, complaint procedures, rules governing hiring, firing and promotion of workers, workplace safety and policies to enforce strikes.

Despite the fact that the Trade Dispute Act of 1976 declared strike illegal; and the institutionalization of "no work, no pay" rule strike actions in Nigeria has no abated. The Nigerian health system has experienced exponential increase in industrial conflict. It appears that no part of public service in Nigeria has experienced more strikes than the health sector. In recent times there are many incidences of health workers strike; but the most interesting is the case of the Federal Medical Centre in Owerri. The health workers came to work every day but spend their time singing and praying on the hospital grounds, while ignoring their patients in the wards, protesting against the privatization of some of the hospital services. In many other parts of the country public sector hospitals were closed for about half of the year due strikes by doctors. But as soon as they returned, other health sector workers under the aegis of the Joint Health Sector Unions (JOHESU) proceeded to strike from November 2014 to February, 2015. Several patients including those in critical conditions were forced to discharge themselves following paralysis of medical and clinical services. It also made children to be abandoned in the children ward. All accident and emergency (A & E) department were under lock and key. Wards were deserted. This has impacted on the health care system, leading to several avoidable deaths, complication and outgoing medical tourism, as the wealthy seek health services abroad.

It can be seen so far that strikes in the health sector have assumed an astronomical proportion. This is occasioned by the inability of the government to settle her health workers duly and at the right time. Also, for harmony to exist in any productive sector of a country, there need to be an efficient interplay of both individuals (workers) and the country (employer). Perhaps, strikes are sustained because this interplay is not efficient enough and so disharmony becomes the order of the day in the sector. The impact of these different strikes on the health sector tends to place more negative values on local and national economy. Thus, this work aimed at analyzing the socio-economic dynamics of these strikes and how it impacts on the health sector of Nigeria - focusing on the health sector of Akwa Ibom State.

Statement of the Problem

Nigeria as a country has suffered from several health workers' strikes involving different categories of health workers. Frequent health workers' strikes result in the closure of public health care institutions preventing Nigerians access to quality health services. Health care workers are specialized in different areas; an optician does a different work from a surgeon and so on. It is the integration of all their works as well as the interrelationship that exists in these different medical services that makes the health system, as a whole function effectively. Thus, if any of these categories withholds services due to strikes, the health sector will definitely not function efficiently. This posed serious hardship to the relations of patients as they complained they had no money to go to private hospitals. Strikes [freeze]~~paralyze~~ healthcare delivery services at the detriment of people's lives. It has so far sent many people to their untimely graves. Incessant strikes do not only create animosity, acrimony and supremacy tussle among various units and departments in the public health institutions but it also ~~cripple~~[destroys] the health system economic-wise. On the account of this observation, the study aim to highlights the economic consequences of the strike actions. It set out to analyze the positive and negative socio-economic effect of medical union strike on health sector of Akwa Ibom State. In other words, the work aims to show how medical union strike impact on the State's economic indices.

#### Medical strikes collapse access which spurs disease and turns the case- healthcare is a prereq to fix inequality and poverty

Essien, 18 -- University of Uyo economics professor

[Madara, University of Uyo Department of Microbiology head & Vice Dean of Science, International Centre for Energy and Environmental Sustainability Research research fellow, "The Socio-Economic Effects of Medical Unions Strikes on the Health Sector of Akwa Ibom State of Nigeria," Asia Business Review, 8.2, May/August 2018, https://doi.org/10.18034/abr.v8i2.157, accessed 10-16-21]

The result of this study has serious social and economic implications for the society in terms of its effects on micro-economic and macro-economic indices of the country. The impact is usually higher in developing economies. In other words, in less developed economies, medical unions' strikes further worsens already worse socioeconomic circumstances to the extent that citizens lack or have little options to turn to. From the study, 20% of the respondents reported that medical union strike worsen patients' health conditions, 14.7% reported that it leads to spreading of disease, and 6.7% indicated that medical union strike increases social inequality (Figure 1).

In Nigeria about 70% of the population is reported to live below poverty line, this means that the little money individuals and household have is used to purchase essential services such as food, shelter, clothing and healthcare. Yet, healthcare is cheaper in government-managed facilities. However, when the health workers within such facilities down tools, this decreases the ability of many individuals and households to obtain healthcare because they usually lack the wherewithal to finance such alternatives. This leads to worsening of the conditions of both inpatients and outpatients and also leads to spreading of diseases in the case of contagious diseases. This also means that the affected population would be less productive in terms of their involvement in pursuit of economic productive ends achieve through exerting labour. At the macro-economic level, the aggregate productivity of the national economy will be negatively affected.

From the study, it was reported that medical Union strike leads to increased social inequality. This means that during strike the gap between the poor and the rich as well as between the male and female gender becomes increasingly obvious. Many rich people could obtain medical services at private clinics during which fewer poor could do same. In the same vein, fewer female than their male counterparts could obtain medical services at private healthcare facility. The impact of worsening social inequality implies that, most of the disadvantaged group could not contribute to economic growth at per capita level. This would also have negative effects on national aggregates. 12.7% of respondents indicated that medical union strike increases mortality rate (Figure 1); particularly that of children who are known to be more vulnerable to disease (Todaro and Smith 2012).

Studies have indicated that healthier people earn higher wages. In Cote d' Ivoire it was reported that unhealthy people, that is people who were likely to lose a day of work per month due to illness earned 19% lower than healthy people (Todaro and Smith 2012).This further means that, a healthy population is a prerequisite for successful economic development. This study indicates that medical unions' strike worsens outpatients' health and reduces the opportunity of the population to obtain healthcare services (Figure 1). Good health standard in a population is unimportant to achieve goals of poverty reduction. As Todaro and Smith (2012) note, "if parents are two weak, unhealthy, and unskilled to be productive enough to support their family, the children have to work. But if the children work, they cannot get the education they need, so when they grow up, they will have to send their own children to work "(p.403). Thus, the cycle of poverty and low productivity extend across generations. Health and education are pivotal to economic development (Todaro and Smith 2012).

Strike itself is based on microeconomic self-interest. Umo (1993) noted that "the economic world draws its dynamism from the self-interest motivation of individuals, firms and governments in response to some desirable incentives" (p.3). Umo (1993) also noted that every economic activity is a response to a reward or loss system. The existence of appropriate incentives elicits appropriate (correct) economic behavior. The level of efficiency in public institutions depends on the structure of positive and or negative incentives facing the operators (Umo 1993). People work to earn a living. Health workers also work to earn a living. Their motivation to work is the reward that they get. However, when the incentive is distorted, they are bound to react. A restoration of these incentives means restoration of efficiency to the system. We can say that strike is an economic corrective mechanism necessary for the effective functioning of the work environment in terms of protecting the reward system of the economy thereby, ensuring efficiency and productivity.

Conclusion and Recommendations

From the findings of the study, it can be concluded that strikes interrupt the smooth flow of medical services to citizens and it is slowly and irredeemably destroying the public health system. This is a result of incompatible demand of the employers and her employees. Also, the study also reveal that denial of salary review and accumulated salary arrears were identified as major causes of medical union strikes. It is noteworthy that the impact of industrial conflict is felt in the productive sector of the economy, both at microeconomic and macroeconomic levels. When people's health conditions get worsened or there is high mortality rate due to strikes, they become unable to shoulder their responsibilities effectively and hence cannot make progress that will contribute to the growth of the society. This will also reduce labour force drastically both currently and in the future and will in turn affect aggregate production and income negatively. Poor health and negative economic growth are inextricably linked. Improving the health of a nation's citizens can directly result in economic growth. When human capital is deteriorated, economic productivity is at stake. Health workers have been seen as valuable assets to the society. Their intrinsic value, in terms of human capital, should be respected rather than focusing on economic productivity that may be derived from it. Whenever that is ignored, labour unions utilize the threat of strike (Owoye, 1994).

#### Strikes collapse healthcare worker morale even if they succeed- spurs brain drain and severe healthcare disruption

Chima, 13 -- University of Kwazulu-Natal public health professor

[Sylvester, Programme of Bio & Research Ethics and Medical Law head, former Professor of Pathology and Medical Law at the International American Medical University, "Global medicine: Is it ethical or morally justifiable for doctors and other healthcare workers to go on strike?," BMC Medical Ethics, 12-19-2013, https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-14-S1-S5, accessed 10-16-2021]

*NOTE: HCWs = health care workers*

Impact of strikes on doctors and HCWs

It would appear that strikes may have a disproportionate deleterious impact on doctors and other HCWs when compared to patients. Striking HCWs frequently face a loss of income, job insecurity, and emotional distress, plus long hours of work for those who choose not to participate in the strike action. Further, there could be derangement of working relationships as well as loss of established leadership [11, 41]. Whether or not their demands are eventually met, doctors who have been involved in strikes usually end up disillusioned and demotivated and many end-up emigrating overseas or relocating within the country thereby leading to either internal or external brain drain. For example, striking doctors in Timaru, New Zealand reported an "overwhelming feeling of complete lack of confidence and trust in the hospital management team" [11, 16, 25, 55, 66]. The impact of such movements could be as severe as occurred in Malta, where the Maltese medical school lost its GMC accreditation due to a prolonged doctor's strike [9]. It could also lead to a situation where close to 25% of a national doctors threatened to quit their jobs and leave the country unless they received wage increases, as reported recently from the Czech Republic [16]. The brain drain which occurred in Malta, New Zealand and Israel following doctors strikes led to major disruptions in healthcare service delivery in the centers and regions affected [9, 14].

#### Next pandemic causes extinction- strong public health is key to solve

Bhadelia, 21 -- Center for Emerging Infectious Diseases Policy & Research founding director

[Nahid, MD, MALD, "What do we need to build resilience against the next pandemic?," Center for Emerging Infectious Diseases Policy & Research, 5-18-2021, https://www.bu.edu/ceid/2021/05/18/placeholder-blog-post/, accessed 10-18-2021]

What do we need to build resilience against the next pandemic?

We have lost close to 3.4 million souls to COVID-19 globally over the last year. By some estimates, the real number may be much higher than that because the excess deaths this year are closer to between 7 and 13 million, after accounting for those who died without a diagnosis and those who died because they could not receive timely care for another medical condition. And the pandemic, despite the receding cases in high-resource countries, is nowhere near its end.

Lives lost are the tip of iceberg. We cannot quantify the pain felt by family members remaining behind. Livelihoods and businesses have been devastated. The pandemic’s impact reaches into all recesses of our personal and public lives. It has and will continue to undo decades of work globally on reducing poverty, improving education and health, and empowering women. An IMF study last year showed how, in the five years after major epidemics, income inequality continues to increase in affected countries. Similar trends are already being seen in five countries with the heaviest death tolls from COVID-19. As communities around the world deal with the wreckage of their economies, 95 million more people have been pushed into extreme poverty, with another 200 million predicted to be at risk between now and the year 2030. And this does not even cover the multidimensional impact of poverty. How long will it take for us to recover from this pandemic? How do we take stock and pandemic-proof our communities?

More urgently, COVID-19 may not be the last pandemic we face in our lifetimes. The existential threat of pandemics doesn’t decrease because we are already facing one. In fact, this pandemic worsens the risk for new threats because our effort and resources are depleted, and our surveillance and healthcare systems are overstretched. And because the risk of new infectious diseases seeping into the human population from animal reservoirs is going to continue to grow as we see grow in numbers, require more land, raise more animals, put down more roads, use up more wetlands, and close the gap between us and natural habitats where yet undiscovered viruses lurk. How can we ensure that economically devastated communities coming out of this pandemic recover without worsening the tenuous balance we have with the world around us?

Within our own lifetimes, we have seen the impact of climate change, another existential crisis, transition from something we heard about in news reports to something we experience in our personal lives in the form of changing weather patterns, health effects, increased risk of natural disasters, and rising sea levels. Over the next decades, these factors will exponentially increase the incidence of many infections and change the distribution of others.

And as we tackle these complex problems, new challenges are arising: despite becoming ever more globally connected, our perceptions of reality continue to be disparate. In the deluge of digital data, many among us are falling prey to misinformation and disinformation. The urgency of outbreaks, the shifting scientific knowledge base that comes from tackling emerging pathogens, and political interference have all contributed to the signal getting lost in the noise. The role of disinformation is only going to expand in future emergencies. How do we share timely information in crisis? How do we, in government, science, and public health, earn and build the trust of our communities so ours is the voice they listen to during the fray? How do we listen more carefully to them? How do we involve them in making us all safer?

We can no longer ignore infectious threats on the other side of the world, and we can no longer practice isolationist policies. Because COVID-19 painfully instructed us that outbreaks aren’t just something that happen on the news in distant communities, but instead, they can reach into our homes and rip away our loved ones.

There are moments in history when our actions require collective metacognition and urgency. This has to be one of those moments.

The Center for Emerging Infectious Diseases (CEID) Policy & Research was founded because the time is now for collective transdisciplinary research and response. Every step of the way in this pandemic, the questions haven’t been just scientific, they have also been legal, economic, cultural, and ethical. CEID’s mission is to tug at the threads of all the complex systems that leave us vulnerable to new epidemics and help us answer some of the questions posed above. Through research, collaborative action, community engagement, and training, we hope to find ways to secure us against future global threats. I hope you will reach out with ideas, collaborate with us, and check back often to see where our work is taking us.

We are not rudderless as we head into this future. The COVID-19 pandemic, like recent Ebola virus disease outbreaks and other recent emergencies, has shown that investment in sciences, global collaboration, public health, and health-systems readiness can decrease our vulnerability. We need not only to invest in diagnostics, vaccines, and therapeutics but also find a new way of approaching the problems. My own experience serving as an outbreak responder in multiple emergencies has underscored for me again and again that epidemics fracture us along lines of existing weakness. Because at the terminus of all international surveillance for outbreaks are many communities that do not have access to care. When families can’t access care, we can’t stop cases from becoming clusters, which then become outbreaks. When communities can’t equitably access vaccines, it makes it harder for them to recover, and we continue to suffer collectively from the global economic impact and through the appearance of new variants. When structural racism keeps parts of our communities from being protected, diagnosed, and cared for, all of us are at risk. When it comes to infectious diseases outbreaks, health inequity is a threat to all our survival.

At the launch of our center, we asked public health experts and scientists, “What do we need to do to build resilience against the next pandemic?” Over the next few months, we will continue asking this question to different disciplines, covering those working on health and economic equity, lawmakers, the business community, artists and musicians, and those in media and journalism. Because the solutions, like the questions, require all of us.

## DA

#### The Global Economy is stabilizing and set for increases in 2021 but is still vulnerable to shocks

World Bank 6-8 6-8-2021 "The Global Economy: on Track for Strong but Uneven Growth as COVID-19 Still Weighs" <https://www.worldbank.org/en/news/feature/2021/06/08/the-global-economy-on-track-for-strong-but-uneven-growth-as-covid-19-still-weighs>

A year and a half since the onset of the COVID-19 pandemic, the global economy is poised to stage its most **robust post-recession recovery** in 80 years in 2021. But the rebound is expected to be **uneven across countries**, as major economies look set to register strong growth even as many developing economies lag. Global growth is expected to accelerate to 5.6% this year, largely on the strength in major economies such as the United States and China. And while growth for almost every region of the world has been revised upward for 2021, many continue to grapple with COVID-19 and what is likely to be its long shadow. Despite this year’s pickup, the level of global GDP in 2021 is expected to be **3.2% below** pre-pandemic projections, and per capita GDP among many emerging market and developing economies is anticipated to remain below pre-COVID-19 peaks for an extended period. As the **pandemic continues to flare**, it will shape the path of global economic activity.

#### Strikes hurt the Economy – two warrants:

#### 1] They hurt critical core industries that is necessary for economic growth

McElroy 19 John McElroy 10-25-2019 "Strikes Hurt Everybody" <https://www.wardsauto.com/ideaxchange/strikes-hurt-everybody> (MPA at McCombs school of Business)

This creates a **poisonous relationship** between the company and its workforce. Many GM hourly workers don’t identify as GM employees. They identify as UAW members. And they see the union as the source of their jobs, not the company. It’s an unhealthy dynamic that puts GM at a disadvantage to non-union automakers in the U.S. like Honda and Toyota, where workers take pride in the company they work for and the products they make. Attacking the company in the media also **drives away customers**. Who wants to buy a shiny new car from a company that’s accused of underpaying its workers and treating them unfairly? Data from the Center for Automotive Research (CAR) in Ann Arbor, MI, show that **GM loses market share during strikes and never gets it back**. GM lost two percentage points during the 1998 strike, which in today’s market would represent **a loss of 340,000 sales**. Because GM reports sales on a quarterly basis we’ll only find out at the end of December if it lost market share from this strike. UAW members say one of their greatest concerns is job security. But causing a company to lose market share is a sure-fire path to **more plant closings and layoffs**. Even so, unions are incredibly important for boosting wages and benefits for working-class people. GM’s UAW-represented workers earn considerably more than their non-union counterparts, about $26,000 more per worker, per year, in total compensation. Without a union they never would have achieved that. Strikes are a powerful weapon for unions. They usually are the only way they can get management to accede to their demands. If not for the power of collective bargaining and the threat of a strike, management would largely ignore union demands. If you took away that threat, management would pay its workers peanuts. Just ask the Mexican line workers who are paid $1.50 an hour to make $50,000 BMWs. But strikes don’t just hurt the people walking the picket lines or the company they’re striking against. They hurt **suppliers, car dealers and the communities located near the plants.** The Anderson Economic Group estimates that 75,000 workers at supplier companies were temporarily laid off because of the GM strike. Unlike UAW picketers, those supplier workers won’t get any strike pay or an $11,000 contract signing bonus. No, most of them lost close to a month’s worth of wages, which must be financially devastating for them. GM’s suppliers also lost a lot of money. So now they’re cutting budgets and delaying capital investments to make up for the lost revenue, which is a further drag on the economy. According to CAR, the communities and states where GM’s plants are located collectively lost a couple of hundred million dollars in payroll and tax revenue. Some economists warn that if the strike were prolonged it could knock the state of Michigan – home to GM and the UAW – **into a recession.** That prompted the governor of Michigan, Gretchen Whitmer, to call GM CEO Mary Barra and UAW leaders and urge them to settle as fast as possible. So, while the UAW managed to get a nice raise for its members, the strike left a path of destruction in its wake. That’s not fair to the innocent bystanders who will never regain what they lost. John McElroyI’m not sure how this will ever be resolved. I understand the need for collective bargaining and the threat of a strike. But there’s got to be a better way to get workers a raise without torching the countryside.

#### 2] Strikes create a stigmatization effect over labor and consumption that devastates the Economy

Tenza 20, Mlungisi. "The effects of violent strikes on the economy of a developing country: a case of South Africa." Obiter 41.3 (2020): 519-537. (Senior Lecturer, University of KwaZulu-Natal)

When South Africa obtained democracy in 1994, there was a dream of a better country with a new vision for industrial relations.5 However, the number of violent strikes that have bedevilled this country in recent years seems to have shattered-down the aspirations of a better South Africa. South Africa recorded 114 strikes in 2013 and 88 strikes in 2014, which cost the country about **R6.1 billion** according to the Department of Labour.6 The impact of these strikes has been hugely felt by the mining sector, particularly the platinum industry. The biggest strike took place in the platinum sector where about 70 000 mineworkers’ downed tools for better wages. Three major platinum producers (Impala, Anglo American and Lonmin Platinum Mines) were affected. The strike started on 23 January 2014 and ended on 25 June 2014. Business Day reported that “the five-month-long strike in the platinum sector pushed the economy to the brink of recession”. 7 This strike was closely followed by a four-week strike in the metal and engineering sector. All these strikes (and those not mentioned here) were characterised with violence accompanied by damage to property, intimidation, assault and sometimes the killing of people. Statistics from the metal and engineering sector showed that about 246 cases of intimidation were reported, 50 violent incidents occurred, and 85 cases of vandalism were recorded.8 Large-scale unemployment, soaring poverty levels and the dramatic income inequality that characterise the South African labour market provide a broad explanation for strike violence.9 While participating in a strike, workers’ stress levels leave them feeling frustrated at their seeming powerlessness, which in turn provokes further violent behaviour.10 These strikes are not only violent but **take long to resolve.** Generally, a lengthy strike has a **negative effect on employment, reduces business confidence and increases the risk of economic stagflation**. In addition, such strikes have a major setback on the growth of the economy and investment opportunities. It is common knowledge that consumer spending is directly linked to economic growth. At the same time, if the economy is not showing signs of growth, employment opportunities are shed, and poverty becomes the end result. The economy of South Africa is in need of rapid growth to enable it to deal with the high levels of unemployment and resultant poverty. One of the measures that may boost the country’s economic growth is by attracting potential investors to invest in the country. However, this might be difficult as investors would want to invest in a country where there is a likelihood of getting returns for their investments. The wish of getting returns for investment may not materialise if the labour environment **is not fertile** for such investments as a result of, for example, unstable labour relations. Therefore, investors may be reluctant to invest where there is an unstable or fragile labour relations environment. 3 THE COMMISSION OF VIOLENCE DURING A STRIKE AND CONSEQUENCES The Constitution guarantees every worker the right to join a trade union, participate in the activities and programmes of a trade union, and to strike. 11 The Constitution grants these rights to a “worker” as an individual.12 However, the right to strike and any other conduct in contemplation or furtherance of a strike such as a picket13 can only be exercised by workers acting collectively.14 The right to strike and participation in the activities of a trade union were given more effect through the enactment of the Labour Relations Act 66 of 199515 (LRA). The main purpose of the LRA is to “advance economic development, social justice, labour peace and the democratisation of the workplace”. 16 The advancement of social justice means that the exercise of the right to strike must advance the interests of workers and at the same time workers must refrain from any conduct that can affect those who are not on strike as well members of society. Even though the right to strike and the right to participate in the activities of a trade union that often flow from a strike17 are guaranteed in the Constitution and specifically regulated by the LRA, it sometimes happens that the right to strike is exercised for purposes not intended by the Constitution and the LRA, generally. 18 For example, it was not the intention of the Constitutional Assembly and the legislature that violence should be used during strikes or pickets. As the Constitution provides, pickets are meant to be peaceful. 19 Contrary to section 17 of the Constitution, the conduct of workers participating in a strike or picket has changed in recent years with workers trying to emphasise their grievances by causing disharmony and chaos in public. A media report by the South African Institute of Race Relations pointed out that between the years 1999 and 2012 there were 181 strike-related deaths, 313 injuries and 3,058 people were arrested for public violence associated with strikes.20 The question is whether employers succumb easily to workers’ demands if a strike is accompanied by violence? In response to this question, one worker remarked as follows: “[T]here is no sweet strike, there is no Christian strike … A strike is a strike. [Y]ou want to get back what belongs to you ... you won’t win a strike with a Bible. You do not wear high heels and carry an umbrella and say ‘1992 was under apartheid, 2007 is under ANC’. You won’t win a strike like that.” 21 The use of violence during industrial action affects not only the strikers or picketers, the employer and his or her business but it also affects innocent members of the public, non-striking employees, the environment and the economy at large. In addition, striking workers visit non-striking workers’ homes, often at night, threaten them and in some cases, assault or even murder workers who are acting as replacement labour. 22 This points to the fact that for many workers and their families’ living conditions remain unsafe and vulnerable to damage due to violence. In Security Services Employers Organisation v SA Transport & Allied Workers Union (SATAWU),23 it was reported that about 20 people were thrown out of moving trains in the Gauteng province; most of them were security guards who were not on strike and who were believed to be targeted by their striking colleagues. Two of them died, while others were admitted to hospitals with serious injuries.24 In SA Chemical Catering & Allied Workers Union v Check One (Pty) Ltd,25 striking employees were carrying various weapons ranging from sticks, pipes, planks and bottles. One of the strikers Mr Nqoko was alleged to have threatened to cut the throats of those employees who had been brought from other branches of the employer’s business to help in the branch where employees were on strike. Such conduct was held not to be in line with good conduct of striking.26 These examples from case law show that South Africa is facing a problem that is affecting not only the industrial relations’ sector but also the economy at large. For example, in 2012, during a strike by workers employed by Lonmin in Marikana, the then-new union Association of Mine & Construction Workers Union (AMCU) wanted to exert its presence after it appeared that many workers were not happy with the way the majority union, National Union of Mine Workers (NUM), handled negotiations with the employer (Lonmin Mine). AMCU went on an unprotected strike which was violent and resulted in the loss of lives, damage to property and negative economic consequences including a weakened currency, reduced global investment, declining productivity, and increase unemployment in the affected sectors.27 Further, the unreasonably long time it takes for strikes to get resolved in the Republic has a negative effect on the business of the employer, the economy and employment. 3 1 Effects of violent and long strikes on the economy Generally, South Africa’s economy is on a downward scale. First, it fails to create employment opportunities for its people. The recent statistics on unemployment levels indicate that unemployment has increased from 26.5% to 27.2%. 28 The most prominent strike which nearly brought the platinum industries to its knees was the strike convened by AMCU in 2014. The strike started on 23 January 2014 and ended on 24 June 2014. It affected the three big platinum producers in the Republic, which are the Anglo American Platinum, Lonmin Plc and Impala Platinum. It was the longest strike since the dawn of democracy in 1994. As a result of this strike, the platinum industries lost billions of rands.29 According to the report by Economic Research Southern Africa, the platinum group metals industry is South Africa’s second-largest export earner behind gold and contributes just over 2% of the country’s Gross Domestic Product (GDP).30 The overall metal ores in the mining industry which include platinum sells about 70% of its output to the export market while sales to local manufacturers of basic metals, fabricated metal products and various other metal equipment and machinery make up to 20%. 31 The research indicates that the overall impact of the strike in 2014 was driven by a reduction in productive capital in the mining sector, accompanied by a decrease in labour available to the economy. This resulted in a sharp increase in the price of the output by 5.8% with a **GDP declined by 0.72 and 0.78%**.32

#### Economic Collapse goes Nuclear.

Tønnesson 15, Stein. "Deterrence, interdependence and Sino–US peace." International Area Studies Review 18.3 (2015): 297-311. (the Department of Peace and Conflict, Uppsala University, Sweden, and Peace research Institute Oslo (PRIO), Norway)

Several recent works on China and Sino–US relations have made substantial contributions to the current understanding of how and under what circumstances a combination of nuclear deterrence and economic interdependence may reduce the risk of war between major powers. At least four conclusions can be drawn from the review above: first, those who say that interdependence may both inhibit and drive conflict are right. Interdependence raises the cost of conflict for all sides but asymmetrical or unbalanced dependencies and negative trade expectations may generate tensions leading to trade wars among inter-dependent states that in turn increase the risk of military conflict (Copeland, 2015: 1, 14, 437; Roach, 2014). The risk may increase if one of the interdependent countries is governed by an inward-looking socio-economic coalition (Solingen, 2015); second, the risk of war between China and the US should not just be analysed bilaterally but include their allies and partners. Third party countries could drag China or the US into confrontation; third, in this context it is of some comfort that the three main economic powers in Northeast Asia (China, Japan and South Korea) are all deeply integrated economically through production networks within a global system of trade and finance (Ravenhill, 2014; Yoshimatsu, 2014: 576); and fourth, decisions for war and peace are taken by very few people, who act on the basis of their future expectations. International relations theory must be supplemented by foreign policy analysis in order to assess the value attributed by national decision-makers to economic development and their assessments of risks and opportunities. If leaders on either side of the Atlantic begin to seriously fear or anticipate their own nation’s decline then they may blame this on external dependence, appeal to anti-foreign sentiments, contemplate the use of force to gain respect or credibility, adopt protectionist policies, and ultimately refuse to be deterred by either nuclear arms or prospects of socioeconomic calamities. Such a dangerous shift could happen abruptly, i.e. under the instigation of actions by a third party – or against a third party. Yet as long as there is both nuclear deterrence and interdependence, the tensions in East Asia are unlikely to escalate to war. As Chan (2013) says, all states in the region are aware that they cannot count on support from either China or the US if they make provocative moves. The greatest risk is not that a territorial dispute leads to war under present circumstances but that changes in the world economy alter those circumstances in ways that render inter-state peace more precarious. If China and the US fail to rebalance their financial and trading relations (Roach, 2014) then a trade war could result, interrupting transnational production networks, provoking social distress, and exacerbating nationalist emotions. This could have unforeseen consequences in the field of security, with nuclear deterrence remaining the only factor to protect the world from Armageddon, and unreliably so. Deterrence could lose its credibility: one of the two great powers might gamble that the other yield in a cyber-war or conventional limited war, or third party countries might engage in conflict with each other, with a view to obliging Washington or Beijing to intervene.

## Case

### Kant

#### Death comes before agency because it denies the ultimate agency of life if we win that the aff results in death in any way either via the counterplan or the disadvantage you should negate

#### Increased strikes sabotage the economy – they cause major disruptions and lower income for workers Its worse even assuming their framework

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Labor strikes can cause major disruptions to industry, commerce and the lives of many people who aren't even connected to the strike itself. The Professional Air Traffic Controllers Association strike in 1981 resulted in the firing of thousands of air traffic controllers, and the New York City transit strike in late 2005 affected millions of people. The history of strikes and labor unions is a key chapter in the story of the Industrial Revolution.

While the reasons behind strikes can be complex, they all boil down to two key elements: money and power. In this article, we'll find out how labor strikes have affected the balance of power between corporations and workers, what laws regulate strikes and learn about some important strikes in history.

It's difficult to say when the first real labor strike occurred. The word "strike" was first used in the 1700s, and probably comes from to notion of dealing a blow to the employer [ref]. In 1786, a group of printers in Philadelphia requested a raise and the company rejected it. They stopped working in protest and eventually received their raise. Other professionals followed suit in the next few decades. Everyone in a city who practiced the same profession agreed to set prices and wages at the same rate. Members would shun anyone who diverged from the agreement, refusing to work in the same shop and forcing employers to fire them. By the 1800s, formal trade societies and guilds began to emerge.

To have a strike today, you must have a union (though not necessarily an official union) -- an organization of workers that bargain collectively with an employer. Workers form unions because an individual worker is powerless compared to an employer, who can set low wages and long working hours as long as it adheres to labor laws. When workers combine to form a union, they collectively have enough power to negotiate with the employer. The main weapon the union has against the employer is the threat of a strike action.

At its most basic level, a strike occurs when all the workers in the union stop coming to work. With no workers, the business shuts down. The employer stops making money, though it is still spending money on taxes, rent, electricity and maintenance.

### Climate