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#### “Right” means various freedoms – specification isn;’t topical

**The Free Dictionary** (<https://legal-dictionary.thefreedictionary.com/Right>)

1) n. an entitlement to something, whether to concepts like justice and due process, or to ownership of property or some interest in property, real or personal. These rights include various freedoms, protection against interference with enjoyment of life and property, civil rights enjoyed by citizens such as voting and access to the courts, natural rights accepted by civilized societies, human rights to protect people throughout the world from terror, torture, barbaric practices and deprivation of civil rights and profit from their labor, and such American constitutional guarantees as the right to freedoms of speech, press, religion, assembly and petition. 2) adj. just, fair, correct.

#### Vote neg for ground

Reddy, 1-6, ““There Is No Such Thing as an Illegal Strike”: Reconceptualizing the Strike in Law and Political Economy”, Yale Law Journal, Diana Reddy is a Doctoral Fellow at the Law, Economics, and Politics Center at UC Berkeley Law, and a PhD candidate in UCB's Jurisprudence and Social Policy Program. Her research interests lie at the intersection of work law, law and political economy, law and social movements, and social stratification and inequality. You can find her recent scholarship and commentary in Yale Law Journal Forum and Emory Law Journal, as well as in less formal outlets, like the Law and Political Economy blog. URL: https://www.yalelawjournal.org/forum/there-is-no-such-thing-as-an-illegal-strike-reconceptualizing-the-strike-in-law-and-political-economy , KR

The strike has never fit easily within extant legal categories. According to Craig Becker, “the law has variously categorized strikes as criminal activity, as an invasion of property rights, and as a fundamental component of labor’s right to engage in collective bargaining.”77 Jurisprudentially, striking has been theorized as either an associational freedom upon which law cannot intrude, or in the alternative, conduct so coercive and disorderly as to be antithetical to the rule of law—industrial vigilante justice.78 Following enactment of the NLRA, strikes ostensibly became legal for the private sector workers covered by it. But especially after the 1947 Taft-Hartley Amendments to the NLRA, striking’s legality was tied to an increasingly narrow understanding of its purpose. In this Part, I provide a brief overview of how current law—shaped by its Progressive Era mortal weakness—codifies long-lasting legal ambivalence about striking, by constructing the strike as an “economic weapon,” and in so doing, as apolitical.

A. The “Right” to Strike: Under the NLRA, workers are generally understood to have a “right” to strike. Section 7 of the Act states that employees have the right to engage in “concerted activities for . . . mutual aid or protection,”79 which includes striking. To drive this point home, section 13 of the NLRA specifies, “Nothing in this [Act] . . . shall be construed so as either to interfere with or impede or diminish in any way the right to strike . . .”80 Note that it is a testament to deeply-held disagreements about the strike (is it a fundamental right which needs no statutory claim to protection, or a privilege to be granted by the legislature?) that the statute’s language is framed in this way: the law which first codified a right to strike does so by insisting that it does not “interfere with or impede or diminish” a right, which had never previously been held to exist.

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CCP DA

#### Restraining strikes is key to CCP stability- history proves

Griffiths, 16 – CNN International senior producer

[James Griffiths, "China on Strike,” CNN, 3-29-2016, https://www.cnn.com/2016/03/28/asia/china-strike-worker-protest-trade-union/index.html, accessed 10-10-2021]

While unrest in Xinjiang, Tibet and Hong Kong gains the most attention overseas, "in terms of actual number of disputes, labor is almost certainly the biggest source of conflict," Freidman adds.

"The authorities are concerned that this could cohere into a political force."

Signs of such resistance were on view in March, as coal workers in Heilongjiang province took to the streets to protest plans by state-run Longmay Mining Group to lay off more than 100,000 employees.

The protests forced an embarrassing reversal by governor Lu Hao, who had previously held Longmay up as an example of how Xi Jinping's push for restructuring of the state sector could be carried out.

Following the protests, Lu issued a statement vowing to "financially support" the firm to ensure that workers received unpaid wages, blaming managers at the company for withholding information.

"I had known that above ground workers had wages in arrears, but it's also true that workers down shafts are also in arrears, and I spoke wrongly about that," Lu told state media, which did not mention the protests.

Longmay Mining Group did not immediately respond to a request for comment.

Beijing is worried that any kind of greater political consciousness among workers "would lead to a bigger movement" that could threaten their hold on power, Wang says.

"If you look at the crackdown, it is specifically aimed at the pillars of civil society that have been most effective in pushing the government to do things."

This thinking is heavily influenced by the experiences of other Communist regimes, says Friedman.

The decision by the Polish government to allow workers greater freedoms after a series of huge strikes in 1980 led to the rise of the Solidarity Union -- the first non-Communist controlled labor organization in a Warsaw Pact country -- and the eventual end of one-party rule.

"Solidarity played an absolutely decisive role in ending Communist Party rule in Poland," Friedman says.

#### China’s healthcare is solid now- that’s key to CCP legitimacy

O'Connor, 21 -- Newsweek senior foreign policy correspondent

[Tom O'Connor, "Exclusive: China's ambition to be health superpower has boost from pandemic," Newsweek, 3-31-2021, https://www.newsweek.com/exclusive-china-aims-world-health-power-covid-19-report-1579665, accessed 11-20-2021]

But U.S.-China Commission economics and trade policy analyst Leyton Nelson, who authored the report, found that Chinese officials are prioritizing widespread reforms to address these issues, for both practical and political purposes.

"China's policymakers understand that for many, adequate and improving healthcare is a key component of the 'social contract' that keeps the CCP in power," the report said. "If successful, these efforts could significantly improve healthcare outcomes for millions of Chinese, ensuring a better, longer life. At the same time, it would bolster one of the CCP's key claims to legitimacy: that it can deliver ever-higher standards of living to China's population."

The effects could be felt worldwide.

"These efforts could also help Beijing attain its goal of making China a global leader in healthcare," the report said, "something that would not only commercially benefit Chinese healthcare firms but would also afford Beijing significant international influence."

#### Loss of CCP legitimacy spurs diversionary wars

**Norris, 17** -- Texas A&M Chinese foreign and security policy professor

[William, he teaches graduate-level courses in Chinese domestic politics, East Asian security, and Chinese foreign policy, he is also a nonresident associate with the nuclear policy program at the Carnegie Endowment for International Peace, "Geostrategic Implications of China’s Twin Economic Challenges," June 2017, https://www.cfr.org/sites/default/files/report\_pdf/Discussion\_Paper\_Norris\_China\_OR.pdf, accessed 9-4-19, footnote 23 included]

Populist pressures might tempt the party leadership to encourage diversionary nationalism. The logic of this concern is straightforward: the Communist Party might seek to distract a restless domestic population with adventurism abroad.19 The Xi administration wants to appear tough in its defense of foreign encroachments against China’s interests. This need stems from a long-running narrative about how a weak Qing dynasty was unable to defend China in the face of European imperial expansion, epitomized by the Opium Wars and the subsequent treaties imposed on China in the nineteenth century. The party is particularly sensitive to perceptions of weakness because much of its claim to legitimacy—manifested in Xi’s Chinese Dream campaign today—stems from the party’s claims of leading the restoration of Chinese greatness. For example, the May Fourth Movement, a popular protest in 1919 that helped catalyze the CPC, called into question the legitimacy of the Republic of China government running the country at that time because the regime was seen as not having effectively defended China’s territorial and sovereignty interests at the Versailles Peace Conference.

Diversionary nationalist frictions would likely occur if the Chinese leadership portrayed a foreign adversary' as having made the first move, thus forcing Xi to stand up for China’s interests. An example is the 2012 attempt by the nationalist governor of Tokyo, Shintaro Ishihara, to buy the Senkaku/Diaoyu Islands from a private owner.20 Although the Japanese central government sought to avert a crisis by stepping in to purchase the islands—having them bought and administered by Ishihara’s Tokyo metropolitan government would have dragged Japan into a confrontation with China—China saw this move as part of a deliberate orchestration by Japan to nationalize the islands. Xi seemingly had no choice but to defend China’s claims against an attempt by Japan to consolidate its position on the dispute.21 This issue touched off a period of heated tensions between China and Japan, lasting more than two years.22 Such dynamics are not limited to Japan. Other possible areas of conflict include, but are not necessarily limited to, Taiwan, India, and the South China Sea (especially with the Philippines and Vietnam).

The Chinese government will use such tactics if it believes that the costs are relatively low. Ideally, China would like to appear tough while avoiding material repercussions or a serious diplomatic breakdown. Standing up against foreign encroachment—without facing much blowback—could provide Xi’s administration with a tempting source of noneconomic legitimacy'. However, over the next few years, Xi will probably not be actively looking to get embroiled abroad. Cushioning the fallout from slower growth while managing a structural economic transition will be difficult enough. Courting potential international crises that distract the central leadership would make this task even more daunting.

Even if the top leadership did not wish to provoke conflict, a smaller budgetary allotment for security could cause military interests in China to deliberately instigate trouble to justify their claims over increasingly scarce resources. For example, an air force interested in ensuring its funding for a midair tanker program might find the existence of far-flung territorial disputes to be useful in making its case. Such a case would be made even stronger by a pattern of recent frictions that highlights the necessity of greater air power projection. Budgetary pressures may be partly behind a recent People’s Liberation Army reorganization and headcount reduction. A slowing economy might cause a further deceleration in China’s military spending, thus increasing such pressures as budgetary belts tighten.

CHALLENGES TO XI’S LEADERSHIP

Xi Jinping’s efforts to address economic challenges could fail, unleashing consequences that extend well beyond China’s economic health. For example, an economic collapse could give rise to a Vladimir Putin-like redemption figure in China. Xi’s approach of centralizing authority over a diverse, complex, and massive social, political, and economic system is a recipe for brittleness. Rather than designing a resilient, decentralized governance structure that can gracefully cope with localized failures at particular nodes in a network, a highly centralized architecture risks catastrophic, system-level failure. Although centralized authority offers the tantalizing chimera of stronger control from the center, it also puts all the responsibility squarely on Xi’s shoulders.

With China’s ascension to great power status, the consequences of internecine domestic political battles are increasingly playing out on the world stage. The international significance of China’s domestic politics is a new paradigm for the Chinese leadership, and one can expect an adjustment period during which the outcome of what had previously been relatively insulated domestic political frictions will likely generate unintended international repercussions. Such dynamics will influence Chinese foreign policy and security behavior. Domestic arguments over ideology, bureaucratic power struggles, and strategic direction could all have ripple effects abroad. Many of China’s party heavyweights still employ a narrow and exclusively domestic political calculus. Such behavior increases the possibility of international implications that are not fully anticipated, raising the risks of strategic miscalculation on the world stage. For example, the factional power struggles that animated the Cultural Revolution were largely driven by domestic concerns, yet manifested themselves in Chinese foreign policy for more than a decade. During this period, China was not the world’s second largest economy and, for much of this time, did not even have formal representation at the United Nations. If today’s globally interconnected China became engulfed in similar domestic chaos, the effects would be felt worldwide.23

23. This outcome is only one of several potentially dangerous consequences. Others include a rebellious military, destabilizing foreign policy, outright civil war, renewed military conflict with Taiwan, virulent anti-Americanism, and financial collapse and contagion.

#### Draws in the US and escalates- goes nuclear

Chang, 18 -- CNN contributor

[Gordon, "China and Russia Have Set a Nuclear Collision Course With the United States," Daily Beast, 9-4-18, https://www.thedailybeast.com/china-and-russia-have-set-a-nuclear-collision-course-with-the-united-states?ref=scroll, accessed 9-8-19]

Moreover, any conflict between China and the United States in the Pacific could quickly escalate to nuclear war.

China, surpassing the U.S. last year, now boasts the world’s largest navy, and it is adding to its fleet “at a stunning rate,” according to the Times. Even last year, the count was lopsided with China claiming 317 surface vessels and subs in active service and the U.S. 283.

Of course, it’s not clear how capable the People’s Liberation Army Navy is. The PLAN, as it is known, has never participated in a large-scale wartime engagement at sea, and its fleet is not, on the whole, as modern as America’s.

Nonetheless, China has a few critical advantages. Its naval assets are concentrated along its shores and U.S. forces are spread around the globe; areas of likely conflict are near China and far from America; and the PLAN has some crucial weapons that are better than those of the United States, especially anti-ship missiles. Beijing has also gone big into “asymmetric” warfare, for instance militarizing fishing fleets, enlisting the “little blue men” of what has become a maritime militia.

The Chinese also have one other advantage: the will to use force to take what is in the possession of others. In their peripheral seas, they grabbed control of the Paracel Islands, in the northern portion of the South China Sea, from South Vietnam in 1974 after a short battle. The Chinese also seized Mischief Reef from the Philippines in a series of actions from late 1994 to early 1995, and they snatched Scarborough Shoal, also from Manila, in early 2012. Now, China is, among other things, pressuring other Philippine features in the South China Sea and using menacing tactics to take over a chain of uninhabited islets currently under Japanese control in the East China Sea.

Moreover, Beijing has clearly relished challenging the U.S. Navy and Air Force in the global commons, threatening and on occasion harassing American ships, planes, and drones. The seizure of an American drone in international waters in December 2016, in sight of the USNS Bowditch and in defiance of radio commands, was brazen and nothing short of an act of war.

Moreover, Beijing’s harassment of the USNS Impeccable in March 2009 in the South China Sea, using its maritime militia, was so severe that it constituted an attack on the United States.

“The key point is that China accepts the risk of escalation to a greater extent than does the U.S., because China uses confrontation to alter the status quo in its favor,” Anders Corr, editor of Great Powers, Grand Strategies: The New Game in the South China Sea, told the National Interest at the beginning of this year.

China is apparently willing to escalate all the way. But the New York Times, in its reporting last month, did not mention one Chinese threat to American forces in the region: nuclear attack.

“For regional warfare, especially in Asia, the People’s Liberation Army is equipped for nuclear operations both offensive and defensive,” Richard Fisher of the International Assessment and Strategy Center told The Daily Beast. “If China can conjure a ‘defensive’ political moral high ground to justify offensive military campaigns to retrieve ‘lost’ territory, we should be prepared for China’s very early use of nuclear weapons to support its theater campaign. We can, for example, expect China to ‘demonstrate’ nuclear weapons at sea to deter American or Japanese military support for Taiwan in the event of a Chinese attack, or even outright Chinese use of nuclear weapons against Japanese bases supporting U.S. forces coming to the defense of Taiwan.”

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China PIC

#### Counterplan: A just government ought to recognize a fundamental right of healthcare workers to strike except only in the People's Republic of China.

#### China is balancing workers’ rights by allowing collective bargaining but not strikes- solves the case and avoids the DA

Brehm, 17 -- Centre for East and South East Asian Studies research fellow

[Stefan Brehm, "Collective Bargaining: New Hope for China’s Workers?," Institute for Security and Development Policy, 3-31-2017, https://isdp.eu/publication/collective-bargaining-new-hope-china/, accessed 10-10-2021]

In China, rising economic and social inequality mean that labour tensions are high. President Xi Jinping has responded with a new idea where the All China Federation of Trade Unions and collective bargaining can emerge as strong forces that will harmonize industrial relations. Yet, Chinese workers do not have the right to organize freely or to strike. Still there are some signs that Beijing is moving beyond pure rhetoric and Nordic trade unions could become a key agent for change.

In 2008 China promulgated a comprehensive and ambitious labour legislation with the Labour Contract Law, the Mediation and Arbitration of Labour Disputes Law, and the Employment Promotion Law. Yet despite legislative efforts to strengthen workers rights, labour tensions have risen in response to growing social inequality. China Labour Bulletin, a Hong Kong based NGO recorded a rising trend of strikes from 1,300 in 2014 to 2,600 in 2016. Labour disputes have also seen a sharp increase. In 2007 for instance, there were around 350,000 labour disputes but this number has risen to 700,000 each following year. These statistics most likely only show the tip of the iceberg as the country still grapples with accommodating even the most basic labour rights. Obviously, the problem is not the labour laws but the lack of political reforms that shift the power balance between employers and employees. There are signs that change is underway; but with a heavy authoritarian pretext.

Towards the ACFTU & Collective Bargaining

The All China Federation of Trade Unions (ACFTU) is a mass organization led by cadres that pursue a political career within the Party or Government organizations. It is the sole legal representative of Chinese workers. During China’s high growth era, it has been reluctant to defend labour rights and instead regularly sided with employers and managers. Aligning the ACFTU with vested business interests was possible due a top-down nomination process. As a result, government and party officials who have strong political incentives to attract investments, usually chair local trade unions while most employee representatives are recruited at the management-level. By global standards, labour relations in China do not fare well. The International Trade Union Confederation (ITUC), for example, ranks China under its fifth category, i.e. “…the worst countries in the world to work in. While the legislation may spell out certain rights workers have effectively no access to these rights and are therefore exposed to autocratic regimes and unfair labour practices.”

For a time, NGOs and lawyers tried to fill the gap of limited workers’ representation but crackdowns and mounting political repression since 2013 have suffocated many civil society initiatives. Instead, President Xi Jinping propagated a new dream where the ACFTU is resurrected as a strong force that can bring harmony back into industrial relations. The core of this strategy is collective bargaining; a process through which workers and their representatives negotiate contracts with their employers. Usually it is organized as a sectoral, multi-employer practice with the aim to limit unfettered competition on wages.

Collective bargaining facilitates an orderly mode of balancing stakeholder interests, which in turn contributes to greater economic equity and social peace. Beijing’s vision for the future of industrial relations is somewhat inspired by the German and Scandinavian model where collective agreements are unified as they apply to entire sectors or regions and even include firms that are not participating in negotiations. Yet, recent developments suggest that China will most likely host a variation of bargaining models rather than a unified approach. The most prominent experiments of this approach have been in Guangdong and Zhejiang.The ‘Guangdong model’ of collective bargaining emerges in a context of large-scale, export-oriented manufacturers and promotes a hybrid worker representation. The so-called ‘Wenling model’ that emerged in Zhejiang is geared towards clusters of small and medium size firms. Even though local government authorities lend their support to collective bargaining, the process is mainly shaped by multi-employer associations and Sectoral Trade Union Associations (STUA).

Pivotal Changes & Nordic Hope

These emerging collective bargaining models point towards strengthened worker representation due to three major changes: Firstly, in 2001, the revised Trade Union Law promoted collective bargaining. Yet it remained only on paper in a political climate where low cost labour is a key strategic priority. The fact that provincial and municipal leaders now seek to profile bargaining models and that Beijing’s top leadership endorses successful examples shows that collective bargaining has received priority status. Secondly, local trade union representatives tend to have very weak connections to workers. Trials with democratic elections of workers representatives are a step forward in strengthening legitimacy and eventually bring workers’ claims to the negotiation table. Thirdly, and closely connected to this hybrid model of union cum worker representation, is a shift from rights- towards interest-based negotiations, i.e. collective agreements which entail more items and move beyond statutory guaranteed minimum requirements such as regular wage rises, or skill-based salaries.

The question is whether emerging collective bargaining models in China will become a motor for promoting workers’ rights as human rights, and in particular, the International Labour Organization’s (ILO) eight fundamental principles. Obviously, the biggest challenges are the first two principles, which demand freedom of association and the effective recognition of the right to collective bargaining. Independent trade unions are unimaginable under the Communist Party of China’s power monopoly. The crackdown on independent worker centres and related detention of prominent labour activists in December 2015 reaffirmed that the Chinese state is prepared to make use of repressive means to reclaim worker representation as the sole matter of the ACFTU. The policy agenda of the ACFTU usually deals with ideological or macroeconomic directives. Practical labour issues are handed down to grassroots unions at the enterprise-level. Accordingly, enforcement of labour rights can vary substantially between factories and largely depends on the relative power of individual enterprise trade union members. Moreover, increasing recruitment of union representatives from managerial-positions lessens the ability of rank and file representatives to promote workers’ interests.

Due to its authoritarian structure, independent labour unions worldwide have been reluctant to maintain official relationships with the ACFTU. Yet opinions are divided. Unions such as the Federation Dutch Labour Movement do not interact with the ACFTU since they fear engagement will legitimize them. In contrast, Nordic trade unions and in particular Swedish unions have been proactive. For example, Swedish IF Metall has maintained relationships with the ACFTU since the early 1990s. Also, the Swedish Trade Union Confederation (LO) and the Swedish Confederation of Professional Employees (TCO) have been in dialogue with the ACFTU for many years.

Swedish trade unions take the view that autonomy of Chinese trade union entities at the firm level can open possibilities for meaningful cooperation while they see little value in exchanges with ACFTU’s higher ranks. The strategic focus lies on corporations with Swedish investments and concrete issues such as workers’ health and safety. Long-standing relations at the grassroots level, and the model character of Nordic collective bargaining open a window of opportunity to support on-going experiments with democratic worker elections. Combined, these characteristics may be instrumental in strengthening rank and file representation in enterprise trade unions.

Remaining Challenges

First, more recent strategic shifts of the international labour union movement may complicate matters. In particular the International Trade Union Confederation supported the ACFTU to gain a non-elective seat at the ILO governing body in lieu of Nordic representation. ICTU members seem to follow this strategic shift. In 2015, for instance, the Nordic Trade Union Confederations (LO) met an ACFTU delegation led by its vice president Fan Jiying in Copenhagen. High-level talks most likely are not conducive for promoting workers’ rights through collective bargaining. Instead, there is a risk that these meetings come up with top-down organized collaboration projects that the ACFTU leadership can use as an alternative to democratic grassroots experiments.

A second major drawback for collective bargaining is the de-facto ban on strikes as a means to enforce workers’ claims. The right to strike entered the Chinese constitution in 1975 but was removed in 1982. Moreover, even though there is no explicit law that prohibits strikes neither the Labour Law nor the Trade Union Law acknowledges it as a right held by workers and trade unions. Thus, participants of a strike are not immune to criminal or civil prosecution. Despite the risk of legal retaliation and political repression , strikes occur frequently in particular along China’s prosperous East Coast but also in impoverished Provinces in Central China. Most strikes, however, emerge spontaneously and hence lack the power of systematic collective workers’ organizing. The right to strike is a basic human right in the Covenant on International Human Rights. Chinese state authorities often take a cautious stance and try to mediate between workers and employers. This, however, is no indication of a weakening stance. In the past, minor concessions in combination with acts of intimidation and leader targeted retaliation tended to be sufficient to undermine collective action. Due to the increasing number of strikes the future of conflict resolution is uncertain. But what seems to be clear is that any sign of organized labour action or political demands will trigger harsh responses.

Finally, despite enhanced effectiveness and comprehensiveness, it is unlikely that China will fully converge towards the Nordic model because collective bargaining is envisioned as a developmental tool rather than an institution in its own right. The swift deregulation of labour relations since 1993 was a consequence of China’s export-led growth strategy. The global financial crisis in 2008 marked the end of this growth model and eventually gave way to an alternative framework that seeks to promote domestic demand. In this new Keynesian political context rising wages are not only perceived as a threat to competitiveness but also as a novel source for indigenous growth. Thus, there is a macroeconomic dimension to the re-regulatory turn since 2008. Collective bargaining, therefore, is synchronized with broader economic and political interests. This observation is evidenced by negotiation strategies that often refer to the current five-year plan in order to legitimize the economic objectives of a bargaining process.

Collective bargaining in China is a work in progress. The political push for universal and effective negotiations with the aim to rebalance economic interests can bring about better protection of workers’ rights. At the same time human rights violations in industrial relations have become more severe as Beijing repressively reinstates the ACFTU’s bargaining monopoly. Nordic trade unions can play an important role in this context, as their expertise is in high demand in a country where local governments and trade unions face increasing pressure to make real progress.

#### Fundamental rights are highly enforceable and challenges will be struck down- but they’re distinct from unconditional rights which are absolute and can’t be restricted by conditions- any perm severs “unconditional”

Sharma, 18 – iPleaders author

[Deepanshi, "Are Fundamental Rights Unconditional?," iPleaders, 1-8-18, https://blog.ipleaders.in/are-fundamental-rights-unconditional/, accessed 11-3-21]

What are Fundamental rights?

Fundamental rights are the basic human rights that are guaranteed to the citizens of India (to all people in case of article 14) by the Indian Constitution. They act as a limitation to the power of the State. These rights are highly revered and any law that is found to be in contravention of them can be challenged in the Supreme Court by the virtue of article 32 of the Constitution, and subsequently struck down to the extent of the inconsistency. The Supreme court can also pass any appropriate order, direction, or writ for the enforcement of these rights. Similar powers are present with the High Courts under article 226 as well.

In case of violation of the fundamental rights, the Courts can be approached not only by the aggrieved person but by any public-spirited person or social action group, acting in good faith, for the socially and economically disadvantaged people who otherwise cannot approach the Court (Subhash Kumar v state of Bihar). This can be done through a simple letter as well (State Of Himachal Pradesh vs A Parent Of A Student Of Medical College). Therefore these rights can be enforced relatively easily. Moreover, a fundamental right cannot be given up by individuals through their own consent. In Behram Singh v State of Bombay, it was held that they are provided not only for benefit of the citizens but on the grounds of public policy as well.

However, can fundamental rights be amended/changed by the legislature?

The Basic Structure Doctrine

A thirteen-judge bench in Keshwananada Bharti v State of Kerala, overturning the landmark judgment of Golak Nath, I.C. v State of Punjab, held that any part of the constitution can be amended, abrogated or abridged without changing the basic foundational values and structure of the constitution. However, a definitive list of what constituted the basic structure was not declared.

The Court in Indira Nehru Gandhi, Smt. v Rajnarain noted that whether any particular part of the constitution forms a part of the basic structure, or not, has to be judged individually as it comes before the court. Post this, several features have been declared as a part of it in different cases. For instance, the Minerva Mills Case declared a constitutional amendment which removed the limitation imposed on the power of the legislature as unconstitutional. It held that limited amending power is part of the basic structure of the constitution and thus, cannot be altered.

Fundamental Rights as Basic Structure

A nine-judge bench in I R Coelho v Union of India recalled the importance given to the articles 14, 19 and 21 in various precedents, including by Justice Chandrachud in Minerva Mills Case. It noted that these three articles have been considered as the part of the basic structure in the Indian Constitutional History. Since the inclusion of a law in the 9th schedule resulted in the abrogation of article 32 of the constitution, it effectively removed such a law from being tested against article 14, 19 and 21 and thus were held to be in contravention of the basic structure doctrine.

Along with enlarging the idea of the basic structure doctrine to include these three Fundamental right, the Court held that any law has to satisfy the direct impact and effect test which judges the effects of such law on the basic structure of the Constitution.

Therefore, the essence of these Fundamental Rights cannot amended, abrogated or abridged. However, are these rights themselves absolute?

Fundamental rights are not absolute

Right to Equality

It is incorrect to say that all laws have to be made applicable to everyone uniformly owing to the right to equality. The concept of equality envisioned in the Constitution necessitates giving consideration to the social and economic inequalities present in the society (para 100, St. Stephen College v University of Delhi). To elevate these, the State, through legislation, are entitled to make reasonable classification to treat differently placed people differently (State of Bombay v Balsara).

Doctrine of Reasonable Classification

While article 14 prohibits class legislation, it does not prohibit classification for the purpose of ensuring equality to those who, by virtue of nature, attainment or circumstances, are differently positioned. For this purpose, differential law based on reasonable classification is permitted. A classification to be considered reasonable has to satisfy two tests-

Intelligible Differentia: The classification must be made on an intelligible differentiating factor which distinguishes persons or things that are included in a group from those who are left out.

Reasonable nexus with the object: The classification must have a reasonable nexus with the object that such a statute aims to achieve. Such an aim, needless to mention, should be lawful in nature (Das J. in State of W.B. v Anwar Ali Sarkar)

Ps. Article 14 is a general provision and therefore, has to be read with all other provisions in Part III of the Constitution.

Special Law for Women and Children

Article 15(3) provides an exception to the rule against discrimination in article 15(1) and 15(2) (Dattaraya Mootiram v State of Bombay). This sub-section carves a place for special laws to be made for the benefit of women and children. For instance, an act mandating provision of maternity leave to women, or one for reservations for women in public employment [Government of A.P. v P.B. Vijaykumar; even beyond 50% (Taguru Sudhakar Reddy v govt of A. P.] would not be a contravention of the prohibition against discrimination.

Special Law made for Social and Economically Backward Classes, Scheduled Castes, and Scheduled Tribes

Aiming to correct the historic discrimination that some classes/groups of people have had experienced or still experience, the Constitution allows positive discrimination for their benefit in Article 15(4).

Added in the First Amendment, this subsection is another exception to the rule against discrimination. It provides the State with the power to make special laws for the Backward classes, Scheduled Castes and Scheduled Tribes. It is also an exception to Article 29(2) that prohibits denial of admission into any public educational institution based on religion, race, caste or language (M. R. Balaji and Ors. v State of Mysore). However, it must be ensured that policies undertaken under this section, if compensatory and protective discriminatory in nature, are reasonable and consistent with the public interest (Preeti Shrivastava Dr. v State of M.P.).

Furthermore, article 16 (4), (4A), and (4B) make it possible for the state to make reservations in appointments in the public sector for those “backward classes” [emphasis] which are not adequately represented in such services.

While the case of Indra Sawhney mentioned that reservations cannot be made in respect of promotions, it held that short of reservations, special provisions could be made to facilitate promotions of members of such backward classes.

Right to Freedom

Article 19 grants the right to speech and expression, to assemble peacefully without arms, to form unions and association, to move freely throughout India, to reside and settle in anyplace such, and to practice any profession, occupation, trade or business. However, these rights given under Article 19(1) can be restricted by law made by the state under respective conditions mentioned in the clause 2 of the same article.

Reasonable Restrictions

Owing to the addition of word “reasonable” by the first amendment, such restrictions have to be within reasonable limits. These restrictions should be reasonable in substance as well as in the procedure laid in such a law. For instance, the procedure for carrying out such law should be in consonance with principles of natural justice. Moreover, the reasonability of the restriction should be judged from the aspect of the general public’s interest (Mohd. Hanif Quershi v State of Bihar)

Grounds for restriction in article 19(2)

Reasonable restrictions on freedom can be placed for the following purposes:

Sovereignty and Integrity of India (added in the sixteenth amendment): To guard against attack on the territorial sovereignty and integrity of India (not the constituent states, as per Romesh Thapar v State of Madras)

Security of the State: To guard against the use of freedom to overthrow, wage, or rebel against the government. This includes restriction of indirect actions towards these aims, for instance, incitement.

Friendly relations with foreign nations (first amendment): To restrict the speech of individuals that can hamper friendly relations of India with a foreign state.

Public order (first amendment): To preserve public order or “public peace, safety and tranquility” (Central Prison v Ram Manohar Lohia). Restriction on indirect acts, which have a tendency to lead to disorder is also within the scope of this restriction as long as there is a reasonable and direct nexus of the restricted act with the objective of maintaining public peace.

Decency and morality: To protect and promote public decency and morality.

Contempt of Court: To prevent contempt of court as defined in section 2 of the Contempt of Court Act. Such contempt of court has to be manifest, malicious, and substantial in nature (E.M.S. Namboodiripad v T.N. Nambiar).

Defamation: To prevent defamation as it results in hatred or ridicule of another citizen.

Incitement of an offence: To prevent speech that results in incitement to commit a crime and violate another person’s rights.

Sedition: To prevent all those actions that lead to disturbance to the tranquillity of the state. However, criticism of the existing system and expression of a desire for a different system of state does not amount to sedition. The expression has to be judged based on the intention and likelihood of inciting disorder. (Nihrindu v.Empror the; Kedar Nath v State of Bihar)

Right to Life

Limited by the “procedure established by law”

Article 21 ensures right to life and personal liberty. However, it is immediately followed by the words “except according to procedure established by law”. This creates the possibility of limitations on various rights that come under the right to life and liberty. For example, punitive detention is a limitation that can be placed on the right to liberty. However, this right cannot be limited in any way except by following the procedure that is laid down by the act that prescribes such detention.

The limitation can only be placed by a law that has been enacted by any competent legislature and such procedure has to be “just, fair, and reasonable”. Also, the validity of the procedure established has to be judged against Article 14 (therefore, reasonability is requisite) as well as Article 19 as these rights are not exclusive of each other (Golden triangle rule) (Maneka Gandhi v. Union of India).

It is also important to note that while the right to life includes several other rights, it does not include the right to die (Aruna Ramchandra Shanbaug v Union Of India).

Religious Freedom

On the grounds of Public order, Morality, and Health

While Article 25 provides for equal right to profess, practice, and propagate any religion, such freedom cannot be used to do acts which are harmful to public order, health, and morality (Ramjilal Modi v. State of UP). For instance, creation of hatred among groups while practising religion, which can have possible ramifications over public order as well as health, was held to be outside the scope of freedom of religion (Subhash Desai v Sharad J. Rao)

While converting is permissible and within the scope of this freedom, conversion for the purpose of taking the benefit of polygamy that was allowed in another religion, while a marriage in the previous one subsisted, was not held to be valid in the case of Lily Thomas v Union of India.

Similar conditions restrict the freedom to manage religious affairs under Article 26 as well.

Limited by other Fundamental Rights

Presence of this phrase in Article 25 (only) results in positioning the Freedom to Religion on a lower niche than other Fundamental Rights. To exemplify, playing of loud preachings was considered to promote noise pollutions and conflict with other people’s liberty to not hear such preachings (Church of God v. KKR Magestic Colony Welfare Ass.).

Conclusion

While the Fundamental Rights are an integral part of the Constitution, it would be incorrect to term them as unconditional. These rights, by the Constitution itself, are restricted by conditions which aim to balance the individual freedom and rights to the necessity of public good and welfare.

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**Strikes torch the economy- that turns the case- workers are financially devastated**

**McElroy, 19** -- Blue Sky Productions editorial director

[John, "Strikes Hurt Everybody," WardsAuto, 10-25-2019, https://www.wardsauto.com/ideaxchange/strikes-hurt-everybody, accessed 10-14-2021]

**Strikes Hurt Everybody**

There’s got to be a better way to get workers a raise without torching the countryside.

The recent strike at General Motors shows traditional labor practices must change. Not only did the strike cause considerable financial damage at GM, it drove another wedge between the company and its workers. And worst of all, it hurt a lot of innocent bystanders.

Thanks to the UAW, the hourly workforce at GM earns the highest compensation in the U.S. auto industry. But you would never know that by listening to union leaders. They attack GM as a vile and heartless corporation that deliberately tries to oppress honest working men and women.

Of course, they kind of have to say that. Union officials are elected, not appointed, and they are just as political as any Republican or Democrat. No UAW official ever got elected by saying, “You know what? Management is right. We’ve got to make sure our labor costs are competitive.”

It’s the opposite. Union leaders get elected by attacking management’s greed and arrogance.

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.

I’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.

**Economic recovery caps numerous geopolitical crises- the impact is extinction**

**Baird 20** [Zoe; October 2020; C.E.O. and President of the Markle Foundation, Member of the Aspen Strategy Group and former Trustee at the Council on Foreign Relations, J.D. and A.B. from the University of California at Berkeley; Domestic and International (Dis)order: A Strategic Response, “Equitable Economic Recovery is a National Security Imperative,” Ch. 13]

A strong and inclusive economy is **essential** for American **national security** and **global leadership**. As the nation seeks to return from a historic economic crisis, the national security community should support an equitable recovery that helps every worker adapt to the **seismic shifts** underway in our economy.

Broadly shared economic prosperity is a **bedrock** of America’s **economic** and **political strength**—both **domestically** and in the **international** arena. A **strong** and **equitable** recovery from the economic crisis created by COVID-19 would be a **powerful testament** to the **resilience** of the American system and its **ability to create prosperity** at a time of **seismic change** and persistent **global crisis**. Such a recovery could attack the profound economic inequities that have developed over the past several decades. Without **bold action** to help all workers access good jobs as the economy returns, the **U**nited **S**tates risks **undermining** the **legitimacy of its institutions** and its **international standing**. The **outcome** will be a **key determinant** of America’s **national security** for years to come.

An equitable recovery requires a national commitment to help all workers obtain good jobs—particularly the two-thirds of adults without a bachelor’s degree and people of color who have been most affected by the crisis and were denied opportunity before it. As the nation engages in a historic debate about how to accelerate economic recovery, ambitious public investment is necessary to put Americans back to work with dignity and opportunity. We need an intentional effort to make sure that the jobs that come back are good jobs with decent wages, benefits, and mobility and to empower workers to access these opportunities in a profoundly changed labor market.

To achieve these goals, **America**n policy makers need to establish **job growth strategies** that address **urgent public needs** through **major programs** in green energy, infrastructure, and health. Alongside these job growth strategies, we need to recognize and develop the talents of workers by creating an adult learning system that meets workers’ needs and develops skills for the digital economy. The national security community must lend its support to this cause. And as it does so, it can bring home the lessons from the advances made in these areas in other countries, particularly our European allies, and consider this a realm of international cooperation and international engagement.

Shared Economic Prosperity Is a National Security Asset

A **strong economy** is **essential** to America’s **security and diplomatic strategy**. Economic strength increases our **influence** on the global stage, **expands markets**, and **funds** a **strong and agile military** and **national defense**. Yet it is not enough for America’s economy to be strong for some—prosperity must be broadly shared. **Widespread belief** in the ability of the American **economic system** to create economic security and mobility for all—the American Dream— creates **credibility** and **legitimacy** for America’s **values**, **governance**, and **alliances** around the world.

After World War II, the **U**nited **S**tates grew the middle class to historic size and strength. This achievement made America the **model** of the free world—**setting the stage** for decades of American political and economic **leadership**. Domestically, broad participation in the economy is **core** to the **legitimacy** of our democracy and the strength of our political institutions. A belief that the economic system works for millions is an important part of creating trust in a democratic government’s ability to meet the needs of the people.

The COVID-19 Crisis Puts Millions of American Workers at Risk

For the last several decades, the American Dream has been on the wane. Opportunity has been increasingly concentrated in the hands of a small share of workers able to access the knowledge economy. Too many Americans, particularly those without four-year degrees, experienced stagnant wages, less stability, and fewer opportunities for advancement.

Since COVID-19 hit, millions have lost their jobs or income and are struggling to meet their basic needs—including food, housing, and medical care.1 The crisis has impacted sectors like hospitality, leisure, and retail, which employ a large share of America’s most economically vulnerable workers, resulting in alarming disparities in unemployment rates along education and racial lines. In August, the unemployment rate for those with a high school degree or less was more than double the rate for those with a bachelor’s degree.2 Black and Hispanic Americans are experiencing disproportionately high unemployment, with the gulf widening as the crisis continues.3

The experience of the Great Recession shows that without intentional effort to drive an inclusive recovery, inequality may get worse: while workers with a high school education or less experienced the majority of job losses, nearly all new jobs went to workers with postsecondary education. Inequalities across racial lines also increased as workers of color worked in the hardest-hit sectors and were slower to recover earnings and income than White workers.4

The Case for an Inclusive Recovery

A recovery that promotes broad economic participation, renewed opportunity, and equity will strengthen American moral and political authority **around the world**. It will **send a strong message** about the strength and **resilience of democratic government** and the American people’s **ability to adapt** to a changing global economic landscape. An inclusive recovery will reaffirm American leadership as core to the success of our most critical international alliances, which are rooted in the notion of shared destiny and interdependence. For example, NATO, which has been a cornerstone of U.S. foreign policy and a force of global stability for decades, has suffered from American disengagement in recent years. A strong **American recovery**—coupled with a renewed openness to international collaboration—is core to **NATO’s ability** to solve shared **geopolitical and security** challenges. A renewed partnership with our European allies from a **position of economic strength** will enable us to address **global crises** such as **climate change**, **global pandemics**, and **refugees**. Together, the United States and Europe can pursue a commitment to investing in workers for shared economic competitiveness, innovation, and long-term prosperity.

The U.S. has **unique advantages** that give it the **tools** to emerge from the crisis with **tremendous economic strength**— including an entrepreneurial spirit and the technological and scientific infrastructure to lead global efforts in developing industries like green energy and biosciences that will shape the international economy for decades to come.

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### Healthcare

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#### 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.

#### COVID spurred massive healthcare transformations to respond to pandemics- new agile care delivery ensures we’re ready

Chaudhry, 21 -- Emerging Health International CEO

[Dr. Muhammad Ali, interview with Bill Siwicki, "Hospitals and health systems post-pandemic, and how to prepare for future outbreaks,"Healthcare IT News, 4-21-2021, https://www.healthcareitnews.com/news/hospitals-and-health-systems-post-pandemic-and-how-prepare-future-outbreaks, accessed 10-18-2021]

Further, the pandemic has caused a massive impact on the healthcare industry, accelerating transformations and hospital design needed to address the medical priorities of their populations and respond effectively to emergencies such as epidemics and pandemics, he added.

To get an idea of what needs to happen in healthcare in the years to come, Healthcare IT News interviewed Chaudhry to gain his expertise in healthcare transformation and healthcare technology.

Q: Will hospitals' infrastructure and healthcare delivery design needs change post-COVID-19? What does the future state of healthcare hold?

A: Impacts of COVID-19 have either exposed or reinforced fragilities in healthcare delivery across systems worldwide. The experience has demonstrated insufficiencies and inefficiencies across the spectrum of care, ranging from capacity to access and quality of care and from the application of digital health solutions to the availability of supplies and medications.

It has also accelerated innovation and expanded opportunity for transformation – to address these weaknesses in a way that allows for a sustainable redesign of care delivery. Agile care delivery is the future state of healthcare and will enable health practices to be flexible, adaptive and responsive to new information or changing trends, continuously improve processes to deliver more value, and effectively adopt new technologies to enhance care.

#### Multi-tier response covers shortages now BUT the all-hands-on-deck approach is key- the shortage is a brink

Boyle, 21 -- Association of American Medical Colleges senior staff writer

[Patrick Boyle, "Hospitals innovate amid dire nursing shortages," AAMC, 9-7-2021, https://www.aamc.org/news-insights/hospitals-innovate-amid-dire-nursing-shortages, accessed 10-24-2021]

Hospitals innovate amid dire nursing shortages

COVID-19’s latest surge exacerbates long-standing forces driving nursing shortfalls, prompting an all-hands-on-deck scramble to maintain patient care.

At Parkland Health & Hospital System in Dallas, doctors have been stepping up for duties normally done by nurses and medical assistants, such as turning and bathing patients.

At UAMS Medical Center at the University of Arkansas for Medical Sciences (UAMS) in Little Rock, administrators have been recruiting new nurses with signing bonuses of up to $25,000.

And at UAB Medicine in Birmingham, Alabama, nursing school faculty have been leading teams of students in turning critically ill COVID-19 patients from their backs onto their stomachs (knowns as proning) so they can breathe better.

“I’ve never seen such teamwork. It’s been a mind-blowing experience,” says Summer Powers, DNP, CRNP, an assistant professor at UAB School of Nursing who helped to organize the faculty/student teams.

Also never seen before are the staffing shortages that are plaguing hospitals in the latest COVID-19 hot spots, forcing them to offer eye-popping employment bonuses and draft everyone — from students to administrators to physicians — to fill in the gaps as best they can. While shortages abound across front-line jobs, nowhere is the need greater than in nursing, as hospitals hit by the current surge report unprecedented vacancies in nursing slots: 470 out of 3,800 positions at Parkland; 240 out of 1,400 at UAMS; and 760 out of 4,000 at UAB.

“It’s a dire situation,” explains LouAnn Woodward, MD, vice chancellor at the University of Mississippi Medical Center (UMMC).

The situation keeps growing more dire throughout the pandemic, which exacerbated conditions — including widespread staff burnout and an aging workforce — behind a looming nationwide nursing shortage. The current surge of the delta variant has found front-line caregivers particularly vulnerable, both physically and emotionally, because they had been moving ahead in confidence that the worst of COVID-19 was behind them.

“Everybody on the front lines just feels like this tsunami has come and hit us,” Woodward says.

Burnout fuels exodus

Health field leaders have been warning for years that hospitals face a nursing shortage. One widely cited study projects a shortfall of 510,394 registered nurses by 2030. The main reasons, according to such groups as the American Nurses Association, are waves of baby boomer nurses entering retirement age, an aging population that will require more medical care (and more doctors and nurses), faculty shortages that limit the capacity of nursing schools to accept more students, and more nurses moving away from direct patient care or leaving the health field altogether because of stress.

COVID-19 has intensified some of those conditions. The first surges last year compelled many nurses and other health care workers to leave their jobs, but the vast majority battled through the exhaustion, despair, and fear out of a sense of duty and with faith that medical researchers would find ways to combat the disease. They just had to hang on until then.

“When we were able to jump in with vaccinations in January [2021], there was a sense of great hope,” recalls Tricia Thomas, PhD, RN, associate dean for faculty affairs at Wayne State University College of Nursing in Detroit.

In many places, however, that hope has been extinguished by the current COVID-19 surges. “We were already fatigued and weakened and frustrated — and we got slammed again,” Woodward says.

This time, the exhaustion of caring for critically ill patients is paired with frustration over the disease’s repeated resurgence. As the delta variant hits some areas harder than previous surges did, and as the nation stands divided about stemming the pandemic through vaccinations and masks, many health care workers see no end in sight.

“There’s a feeling of betrayal by the society,” explains Patricia Pittman, PhD, director of the Fitzhugh Mullan Institute for Health Workforce Equity at George Washington University in Washington, D.C. “There’s incredible frustration that this was avoidable.”

More and more front-line hospital nurses have decided to leave for less stress or more pay, and they’re finding lots of options:

Retire: “We have seen nurses who, a year ago, were in a mind frame of, ‘I may retire in the next few years.’ When the pandemic hit, they decided this was the time,” Woodward says.

Quit for a while: Some nurses have realized that they can afford to leave the workforce and spend more time at home with their families while considering their professional futures in health care or elsewhere. “They learned they can do that and not have to deal with the emotional and physical toll of the ongoing pandemic stress,” explains Justin Precourt, RN, MSN, chief nursing officer at UMass Memorial Medical Center in Worchester, Massachusetts.

Take less stressful jobs: Thomas notes that credentialed nurses have more opportunities than they did years ago to work away from front-line acute hospital care, such as attending to outpatients in clinics, assessing claims for insurance companies, teaching, and going into management. “There’s a much greater nursing world out there beyond acute care,” she observes.

Earn more money: Nurses are increasingly leaving direct hospital employment for the higher pay provided by so-called traveling nurse companies, which hire nurses as contractors to work at various hospitals for fixed periods. While some nurses took advantage of this opportunity early in the pandemic, hospital leaders say the surges of 2021 have accelerated the trend, as rising demand for nurses leads traveling nurse companies to offer them more money. Some companies pay up to $150 an hour with signing bonuses that reach $20,000. “There’s no way they [hospitals] can compete with the travel agencies,” Pittman says.

CEOs are concerned, however, about agencies recruiting nurses from their hospitals and then hiring the nurses back to those hospitals at two to four times their previous rates of pay, explains Janis Orlowski, chief health care officer at the AAMC (Association of American Medical Colleges). She says that the AAMC will raise the issue with federal regulatory officials.

Impact on staff and patients

The vacancies leave the remaining staff straining to deliver high-quality care — and not just for COVID-19 patients. Unlike during previous surges, many hospitals have not canceled elective surgeries this time around — and some are treating more patients than ever for non-COVID-19-related illnesses that had been neglected. As a result, hospitals in hot spots are triaging some procedures, such as surgeries for conditions that are not immediately life-threatening. UMMC turned to a nonprofit to create and staff a field hospital in a parking garage. Parkland Health & Hospital System transferred some patients with planned elective C-sections to other hospitals.

Meanwhile, front-line clinicians like doctors, nurses, and medical technicians are putting in extra hours, caring for more patients, and taking on extra tasks, while other staff get drafted to provide nonclinical support. Just about everyone who chips in has to learn new skills and procedures.

“I don’t fully understand what a pharmacist does any more than a physician fully understands what a nurse does,” Thomas notes. “Part of what makes all of us effective in the work that we do is that we have repeated experience doing it.”

Adding to the workload is that some hospitals are suffering significant vacancies in other jobs as well, including respiratory therapy, medical tech, environmental services, and food services. As with nurses, many of those workers have found work in less-stressful health care settings or outside of health care altogether.

“There's a sense of, why work in a high-stress environment where there's a risk of getting infected [in a hospital], when they can find work elsewhere,” often with “better working conditions and shorter hours,” says Steppe Mette, MD, CEO for UAMS Medical Center.

Mette notes that 100 of the 396 patient care technician slots at UAMS Medical Center are vacant. Those vacancies put even more strain on nurses because, in many cases, “they’re the only ones that can make up that difference” by providing care, he observes.

These labor market dynamics make it more difficult than ever to fill the empty slots.

“We’ve always had openings, but we had a strong candidate pool to hire from,” Precourt says about the nursing staff. “What has really shifted is that the candidate pool has dried up while demand has increased exponentially.”

Remedies

Hospitals are employing several strategies to fill the gaps in nursing for the short term.

Tapping staff doing nonclinical work: Employees whose jobs do not involve clinical care are stepping in to serve patients or take on other tasks to ease the burden on clinical staff.

At UMass Memorial Health, administrators with clinical licenses have been pulled in to provide patient services in line with their skills, Precourt explains. Parkland and UAB established sign-up systems for staff to see what tasks are available, enter their skills to match certain needs, and offer time slots to work. The duties range from delivering meals and transporting patients through the hospital to providing bedside care and guiding patients through discharge. The paid assignments are usually carried out beyond someone’s regular work hours.

Among those signing up was Powers, the UAB teacher who brought students along for the assignment.

Tapping educators and students: Powers, a nurse practitioner, accepted a request from the nursing school for faculty to help fill nursing gaps at the hospital. “Some of us haven’t worked at the bedside in years as nurses. It’s scary,” Power says. “But if we teach our students to do this [respond to emergency needs], we should be going to do it ourselves.”

She and her colleagues initiated a system whereby one nursing school faculty member leads a team of four students who volunteer in shifts. One of their main tasks has been helping nurses to turn ventilated patients into the prone position — a strategy that has proven lifesaving in some cases. But the process is labor-intensive, because the patients are medically fragile and connected to numerous devices. It typically takes nine people 45 minutes to safely turn one ICU patient, Powers explains.

In hot spots around the country, medical, nursing, and pharmacy students are in hospitals doing everything from helping to transport patients and ferrying lab specimens to delivering meal trays and emptying trash cans.

Jacob Garrett has delivered bed linens, among other tasks, at UMMC. “The main thing I feel while volunteering is a strong sense of community and relief to no longer simply be a bystander in the suffering of your peers and the community,” Garrett says. “I found I could easily help make life a little easier for our staff and help our patients.”

Recruiting: Many hospitals are offering signing bonuses for nurses to work in specific high-need areas. UAMS, for example, offers a $25,000 bonus for experienced acute care nurses (paid over three years). In addition to signing bonuses, UMass Memorial Health offers its current nurses up to $5,000 for referring nurses who take critical jobs there and stay for certain lengths of time, Precourt explains.

In Texas, the Department of State Health Services is recruiting 5,500 "medical surge staff" from other states to temporarily work in Texas hospitals that are overburdened by COVID-19.

Woodward sees the irony in hospitals filling vacancies by increasing their recruitment of nurses from other hospitals and using traveling nurse companies. “We’re contributing to the problem,” she notes, but she sees no choice for now. “It’s robbing Peter to pay Paul — and Peter’s getting mad.”

Retaining: Some hospitals are raising salaries and offering bonuses to keep their existing nursing staff. UAMS recently announced $10,000 retention bonuses for nurses who have been at the organization for at least three years and work in certain high-need units. Parkland offers some of its nurses temporary contracts that pay close to what they might receive through a traveling nurse company; when the contracts expire, they can resume their regular employment.

“The benefit is they can stay in their home hospital, the hospital is able to retain them, and we will float them to the area of the hospital in greatest need,” says Roberto de la Cruz, MD, Parkland’s executive vice president and chief clinical officer.

Taken together, the efforts are working — so far.

#### Staffing is stabilizing at pre-pandemic levels

Cheney, 21 -- HealthLeaders senior clinical care​ editor

[Christopher, "Physician Employment Market Stabilizing, Recruitment Executive Says," HealthLeaders, 8-16-2021, https://www.healthleadersmedia.com/clinical-care/physician-employment-market-stabilizing-recruitment-executive-says, accessed 10-24-2021]

Physician Employment Market Stabilizing, Recruitment Executive Says

Despite coronavirus pandemic disruptions, demand for physicians is high and physician compensation is growing, president of recruiting agency says.

KEY TAKEAWAYS

After going stagnant in spring 2020, demand for physicians has rebounded strongly, says Jackson Physician Search President Tony Stajduhar.Citing Doximity data, Stajduhar says physician compensation increased 1.5% in 2020, and he expects salaries to continue to increase this year.Some physicians are moving from metropolitan areas to the suburbs and rural areas. The perception that cities are hardest hit by the pandemic is a driver of this trend, Stajduhar says.

The physician employment market is returning to pre-pandemic levels, a physician recruitment expert says.

Particularly in the spring of 2020, the coronavirus pandemic wreaked havoc on the physician employment market. Some physicians worked without pay and others were placed on furloughs.

"The demand for physicians went dormant in April and May 2020. Healthcare organizations started cutting back on their ability to do physician searches because they were losing money," says Tony Stajduhar, president of Alpharetta, Georgia-based Jackson Physician Search.

Now, demand for physicians is as strong as ever, he says.

"We started to see a change in the last quarter of 2020. There was a turnaround and our volume of hospitals recruiting started growing. Then in the first and second quarter of 2021, we had record months every single month in the history of our organization. Year-over-year in the first quarter of 2021, we were well over a 25% increase in volume. The demand for physicians had been pent up because healthcare organizations fell behind last year—they not only needed to catch up but also had a 2021 medical staff plan."

Stajduhar anticipates strong demand for physicians to continue throughout 2021. "Even with the coronavirus spikes that we are seeing, there were lessons learned in healthcare last year. You have got to keep your foot on the gas—you can't just 100% stop doing anything, including elective surgeries. You have got to figure out different ways to get creative," he says.

#### Vaccines solve burnout

Stone, 20 – NPR science reporter

[Will Stone, "'This Is An Exciting Thing.' For Frontline Workers, Vaccine Comes As A Massive Relief," NPR, 12-20-2020, https://www.npr.org/2020/12/20/948600470/this-is-an-exciting-thing-for-frontline-workers-vaccine-comes-as-a-massive-relie, accessed 10-24-2021]

'This Is An Exciting Thing.' For Frontline Workers, Vaccine Comes As A Massive Relief

Tens of thousands of health care workers in cities and states all over the country got their first doses of the new Pfizer coronavirus vaccine this past week — a monumental undertaking both scientifically and logistically — and more than seven million doses of the Pfizer and newly-authorized Moderna vaccine are being shipped out this coming week.

The process has faced some bumps, as states learned unexpectedly their allocation would be smaller than anticipated. But the arrival of the initial shipments still came as a huge relief to those who've been caring for COVID-19 patients since the early days of the pandemic.

"A lot of us are tired, and this is an exciting thing to be able to have," says Rebecca Engberg, an ICU nurse at Seattle's Children's Hospital. "Hopefully it's the first step forward to trying to get things back to normal."

Engberg was among the health care workers to get her shot at the hospital's vaccine clinic this past week. She's cared for COVID-19 patients and shares the exhaustion of so many other health care workers.

"It's scary working with these patients, so anything that gives you a little bit of protection makes you feel better," she says.

#### 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].

#### Trust is high now- that’s key to pandemic mitigation

Udow-Phillops, 20 – University of Michigan Center for Health Research Transformation executive director

[Marianne, and Paula Lantz, PhD., James B. Hudak Professor of Health Policy at the Ford School of Public Policy, "Trust in Public Health Is Essential Amid the COVID-19 Pandemic," Journal of Hospital Medicine, 15.7, 6-17-2020, https://www.journalofhospitalmedicine.com/jhospmed/article/223587/hospital-medicine/trust-public-health-essential-amid-covid-19-pandemic, accessed 10-18-2021]

Trust in Public Health Is Essential Amid the COVID-19 Pandemic

The visibility of public health—both as a science and a government responsibility—has increased dramatically with the COVID-19 pandemic. Public health science, surveillance, and emergency interventions are saving lives across the globe. Public health leaders are advising local, state, national, and international policymakers and have a consistent and strong voice in the media. We describe here the trust challenges facing public health in this moment of crisis, as well as the strategies necessary to maintain and increase that trust.

In the United States, public opinion data suggest that, while trust in science and government is relatively low and has been declining in recent years, trust in public health is high.1,2 In a survey released in April, 2020, the most trusted groups “to do the right thing” on COVID-19 were doctors, hospitals, scientists, researchers, and the Centers for Disease Control and Prevention (CDC).3 Trust in state government was the next highest. Some governors have been particularly strong in supporting public health messages. For example, Governor Gretchen Whitmer in Michigan has repeatedly stated that her decisions are based on science and public health4; Michiganders reported trust in state government at 79%, compared with trust in the White House at 54%.3 In Ohio, where Governor Mike DeWine has stood with his director of public health, Amy Acton, MD, MPH, in his pandemic response, trust in state government was 80%, compared with trust in the White House at 62%.3

Until there is an effective vaccine with high levels of uptake, COVID-19 prevention and control efforts are going to primarily rely on intrusive and challenging public health interventions such as school/business closures, stay-at-home orders, crowd limits, and travel restrictions. Maintaining trust in and support for both public health interventions and leaders requires intentional strategies that are sophisticated and deploy effective social marketing and risk communication strategies.

#### Strikes destroy that trust

Campbell, 16 -- Guardian health policy editor

[Denis, "All-out junior doctors’ strike unethical and reckless, says NHS chief," 4-1-2016, https://www.theguardian.com/society/2016/apr/09/doctors-strike-nhs-chief-england, accessed 10-16-2021]

Medical director for England says walkout will cause irreparable damage to the profession and its public standing

Junior doctors risk irreparably damaging the trust between the medical profession and the public if they go ahead with their first ever all-out strike, the NHS’s most senior doctor has claimed.

A total withdrawal of labour, scheduled for later this month, will threaten hospitals’ ability to deliver safe care in areas such as A&E, childbirth and intensive care, according to Prof Sir Bruce Keogh, the national medical director of NHS England.

In a strongly worded article in the Observer, Keogh writes that such an escalation of the dispute with the government would be reckless, unethical, a breach of the medical profession’s fundamental duty to “do no harm” and a move that will destroy the public’s trust in doctors.

#### The aff only solves the right to strike- doesn’t mean they’ll actually succeed. Medical strikes are uniquely likely to fail because of lack of leverage- no offense

Bradbury, 14 -- Labor Notes editor

[Alexandra, "The Logic of Short Hospital Strikes," Labor Notes, 12-8-2014, https://labornotes.org/2014/12/logic-short-hospital-strikes, accessed 10-16-2021]

LIMITED LEVERAGE

But your economic leverage may be limited, especially when the employer is big and rich. An extreme case is the Kaiser Permanente system of hospitals and clinics, where California nurses held a two-day strike in November.

Kaiser earns $12 million a day in excess revenue, California Nurses Association Co-President Zenei Cortez told me. (That’s essentially profit, but Kaiser, like many health care corporations, is set up as a not-for-profit.) So the cost of a strike, even by 18,000 nurses, isn’t going to bring it to its knees.

UNITE HERE Local 5 represents Kaiser workers in Hawaii, and finds the health care giant even “more recalcitrant than the biggest corporations we deal with, hotels and banks,” said Secretary-Treasurer Eric Gill.

He points to Kaiser’s $30 billion in reserves. “In any normal corporation there would be stockholders who would agitate to have some of that distributed as dividends and so on,” Gill says. “In the nonprofit environment, Kaiser leadership exists in a bubble, accountable to no one except themselves.”

Kaiser is also unusual in that it’s a prepaid insurance plan—so its revenue depends on how many people are enrolled, not how many services are provided. That means canceling elective surgeries helps its bottom line for the day, by reducing expenses.

“So in fact this strike will make them earn more money, because patients will not be in the hospital,” Cortez explains.

### Solvency

**Strikes fail because of public backlash and replacement- that turns the case- a failed strike leaves workers worse off and unions decimated**

**Houlihan, 21** – University of Wyoming master’s student

[Glenn, "The Legacy of the Crushed 1981 PATCO Strike; Forty years ago today, 13,000 air traffic controllers went on strike. President Ronald Reagan would soon crush that strike — leading to **devastating consequences** for organized labor and all workers that we’re still dealing with today.," Jacobin, 8-3-2021, https://www.jacobinmag.com/2021/08/reagan-patco-1981-strike-legacy-air-traffic-controllers-union-public-sector-strikebreaking, accessed 10-14-2021]

Following the failed strike, PATCO was **decertified as a union**. As an organization, it was **annihilated**. Many of the former controllers suffered **immense hardships**, including struggles to replace their income and the subsequent breakdown of relationships and marriages, after losing their highly specialized job. Some fired members and their partners even killed themselves.

Roots of a Failed Strike

The PATCO leadership were blindsided by the firings — especially since the union had, unwisely, endorsed Reagan’s 1980 presidential campaign over Carter’s. PATCO president Poli was persuaded by a letter he received from Reagan in October 1980 that stated:

You can rest assured that if I am elected President, I will take whatever steps are necessary to provide our air traffic controllers with the most modern equipment available and to adjust staff levels and work days so that they are commensurate with achieving a maximum degree of public safety.

Once Reagan took office, however, it soon became apparent that whatever ally PATCO thought they had in the White House was in fact a pro-business zealot who savored the opportunity to crush organized labor. Andrew Tillett-Saks underlines PATCO’s political misjudgment: “Unions that give their imprimatur to an anti-union president will soon find that president destroying them and the rest of the labor movement anyway.”

Another factor that pushed the PATCO strike toward catastrophe was public opinion. As research from the Pew Research Center shows, the fired controllers won little sympathy from the public. A Gallup poll conducted a few days after the firings showed that 59 percent of Americans approved of the way Reagan was handling the issue, compared to just 30 percent who disapproved. The Gallup poll also found that a whopping 68 percent of the public thought that air traffic controllers shouldn’t be allowed to strike. As David Macaray states, “The PATCO strike of 1981 will undoubtedly go down in history as a monument to overplaying one’s hand.”

This lack of popularity **isn’t inherent to illegal strikes**. If strikers demonstrate they are using their militancy to fight not just for themselves but for the entire working class, they can build a broad coalition of sustained community support. Teachers have done this in recent years, waging strikes both legal and illegal in cities like Chicago and red states like West Virginia that have proven widely popular. Unfortunately, PATCO strikers failed to frame their demands in ways that appealed to the public, and Reagan’s narrative that the union was greedy — “the union demands are seventeen times what had [previously] been agreed to,” the president insisted publicly — gained traction, portraying the strikers as selfish and unreasonable.

In addition, the strikers drastically underestimated Reagan’s willingness to replace them. It isn’t illegal for US companies or the government to hire **strikebreakers**. A notorious 1936 Supreme Court ruling, NLRB v. Mackay Radio & Telegraph Co., described by Paul C. Weiler as “the worst contribution that the U.S. Supreme Court has made to the current shape of labor law in this country,” legally defends the act of strikebreaking. Reagan’s intervention during the PATCO strike, however, “normalized the aggressive strike-breaking and union-busting agenda that had already become common in the private sector” and accelerated the use of strikebreaking as an anti-union tactic.

Seth Ackerman points out that permanent replacement became a “critical weapon” that allowed employers to go on the offensive against organized workers, and **management** even “**actively sought to provoke strikes**, with the intention of keeping production running and permanently **replacing the workers**, thereby **getting rid of a union** once and for all.” Indeed, “the probability of a union activist being illegally fired during a union organizing campaign rose from about 10 percent in the 1970s to 27 percent over the first half of the 1980s.” The strike rate collapsed soon after.

In the case of PATCO, two thousand non-striking controllers **crossed the picket line** to join roughly three thousand supervisors and nine hundred military controllers to **effectively circumvent** the firings. In the long-term, the cost of training new replacements far exceeded PATCO’s contract demands. Yet in the short-term, the government was able to quickly restore 80 percent of flights to normal operations — **crushing the strikers’ leverage** in the process.

#### Even if they used to work, in the current moment they’ll fail and leave labor worse off

Medearis, 20 – UC Riverside political science professor

[John, "On the Strike and Democratic Protest," in Protest and Dissent, ed. by Melissa Schwartzberg, 2020, University Press Scholarship Online, accessed 11-3-21]

First, organized labor is rightly seen as having been “the core equalization institution” in the United States in the middle of the twentieth century, at exactly the time when strike activity was (p.240) most robust.4 Effective unions can improve the earnings of their own members, as well as those of non-members in sectors of the economy that have strong union representation. The equalizing power of unions and union activity can thus be seen in wage benefits to unionized workers, and in the effect that a higher degree of union organization has on wages across an industry, even for the sector’s non-unionized workers.5 The precise role of strikes in raising wages is a complicated question, and one whose answer has probably changed over time. In the golden age of organized labor in the United States, workers often won considerable wage benefits through striking. But since the 1980s, many strikes have ended badly for labor. This is likely because of broad forces that have weakened the position of workers and reduced the effectiveness and incidence of strikes. The decline of the strike may represent in part a calculation by workers and unions that the potency of this form of action has diminished.6

#### The right to strike isn’t sufficient- the largest labor union already has it but chooses not to strike anyway

Schuhrke, 20 -- University of Illinois at Chicago labor historian

[Jeff, "Why Won’t the US’s Largest Labor Federation Talk About a General Strike?," Jacobin, 9-18-2020, https://www.jacobinmag.com/2020/09/general-strike-afl-cio, accessed 10-14-2021]

Why Won’t the US’s Largest Labor Federation Talk About a General Strike?

The barriers to organizing a general strike in the United States in response to the myriad miseries American workers are facing are massive. But we can’t move toward such a strike without at least putting the possibility on the table and discussing it — something the AFL-CIO has shown no interest in doing.

Every so often over the past few years, the hashtag #GeneralStrike goes viral, with everyone from obscure Twitter users to celebrities like Cher and Britney Spears calling for a nationwide work stoppage to demand systemic change. It’s much easier to get a hashtag to take off than to actually pull off a general strike, of course. But since the pandemic began, calls for a general strike have become louder and more frequent, with even the New York Times getting on board.

US union density is at its lowest point in a century, and workers’ power is incredibly low. Still, the number of US workers going on strike is at a thirty-year high. Workers like teachers have pulled off successful work stoppages in the last few years, and the pandemic has shown that strikes or strike threats can be essential tools for defending workers’ health and safety. Such successes have no doubt helped grow the popularity of the idea that the most powerful and effective way workers can fight back against the domination of capital and the willful indifference of neoliberal institutions is by collectively withholding our labor.

It seems like everyone is talking about a general strike these days. Everyone, that is, except the one organization best positioned to not just raise the issue of a general strike, but to go beyond mere talk to actually organize one: the AFL-CIO.

Representing 12.5 million workers from fifty-five affiliated unions linked together not only through the national federation, but also through a robust network of statewide federations and local labor councils all over the country, the AFL-CIO is the single largest workers’ organization in the United States. If any entity has the requisite infrastructure and relationships in place to realize a national, cross-industry strike, it is the AFL-CIO.