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## **ECON DA**

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Economy DA

**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 DA**

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Healthcare DA

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

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

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

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

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

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

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

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

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

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

This interview has been edited for length and clarity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Essien, 18 -- University of Uyo economics professor

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

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

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

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

Statement of the Problem

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

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

Essien, 18 -- University of Uyo economics professor

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

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

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

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

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

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

Conclusion and Recommendations

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

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

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

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

*NOTE: HCWs = health care workers*

Impact of strikes on doctors and HCWs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### 

## **HEALTHCARE PIC**

### **NC**

Healthcare PIC

#### **Counterplan: A just government ought to recognize the right of workers to strike except in healthcare.**

#### **Counter-interp- we get PICs on essential workers. Creates a strict and predictable limit on PICs- it’s internationally recognized**

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 = healthcare workers

Doctors and other HCWs as "essential workers"

Despite the fundamental importance of the right to strike in collective bargaining and industrial relations, it has been recognised that derogations or *restrictions* to this right may be necessary to avoid abuse or usage of this right contrary to the needs of the community [33]. The concept of 'essential service' expresses the idea that certain activities are of such fundamental importance to the community, that their disruption may have particularly harmful consequences to the health, safety or welfare of members of the public [51]. Therefore one of the mechanisms by which governments or elected officials have used to manage the impact of strikes on certain professional groups has been to designate such groups as "essential workers". These employee groups are then statutorily prohibited from striking. In other words they are not allowed to withdraw their labour, *regardless of the circumstances*. The international labour organization (*ILO*) has provided a *strict list* of such "essential services", *including the hospital sector*, electricity services, water supply services, the telephone service, the police and the armed forces, the fire-fighting services, public or private prison services, the provision of food to pupils of school age and the cleaning of schools and air traffic control. However, the ILO list is not exhaustive and a state can add other services to its national legislation if it these are deemed essential to its particular circumstances [33]. Further, the ILO has also used the same criteria to conclude that some jobs are "not essential services". These include banking, agricultural activities, teaching, the petroleum industry, mining, general transport etc. [33]. Based on the above criteria, doctors and HCWs are generally classified as essential workers because it is argued that they have a responsibility that is considered different from other professional groups in society. However it has been suggested that to argue that any particular type of worker should not be allowed to strike is an argument for enslaving such a worker [4, 10, 51]. Striking means withholding one's labour or professional skills until a particular set of conditions have been met. In a modern society, divided between employers and employees, the only bargaining tool available to an employee or labourer through collective bargaining may be the threat of withholding his or her labour, skills, or services. Therefore denying anybody the right to strike under any circumstances is like saying to that person- no matter the circumstances, you must work! Such employment would be a form of slavery because it denies that individual human dignity and strips them of their freedom of choice by removing the fundamental conditions of liberty and autonomy. This leaves such an employee or worker in a condition akin to slavery and slavery by whatever means has been judged to be ethically indefensible [2, 4, 10, 12, 41, 51]. One can also argue that denial of such striking rights may also be considered unfair discrimination and therefore morally unjustifiable.

### 

## **CASE**

**Framework**

**I negate and accept my opponent’s criterion of maximizing expected wellbeing.**

### **Inequality NC**

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

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.

**Alt cause- automation outweighs**

**Walsh, 21** -- Axios future correspondent

[Bryan Walsh, "New paper argues income inequality growth is driven by automation," Axios, 6-17-2021, https://www.axios.com/automation-ai-income-inequality-53825b79-7c4d-42c2-9c04-8eb52a782f86.html, accessed 7-1-2021]

Automation technology has been the **primary driver** in U.S. income inequality over the past 40 years, according to a new paper by two prominent economists in the field.

Why it matters: Offshoring, the decline of unions, and corporate concentration have all played a part in widening the gap between lower-skilled and higher-skilled workers, **but automation is the single most significant factor**, and will likely grow even more important in the years ahead.

By the numbers: The real wages of low-education workers have declined significantly over the past four decades, with the real earnings of men who lack a high-school degree now 15% lower than they were in 1980.

Over the same time, real wages for workers with a post-graduate degree — and to a much lesser extent, those with a bachelor's degree — rose sharply.

The big picture: In their paper, MIT's Daron Acemoglu and Boston University's Pascual Restrepo calculate that **50 to 70% of the changes in** the U.S. **wage structure** since 1980 can be accounted for by relative wage declines among workers who specialize in routine tasks in industries hit by rapid automation.

Workers who perform tasks that can be increasingly automated — think manufacturing work done by robots or clerical work performed by software — lose out on labor share.

They're then forced to compete with other lower-skilled workers for fewer remaining jobs, further bidding down wages.

Higher-skilled workers have largely escaped this trap not so much because of a rising demand for those skills, but because they perform tasks that can't be — or haven't yet been — automated.

What's next: More of the same, barring major political changes.

While automation has always caused job displacement in the past, it has also increased productivity and generated entirely new classes of jobs.

But productivity has stagnated in recent decades, and despite the hype of many tech companies, automation and AI are increasingly focused on replacing human labor rather than augmenting it.

The **pandemic** accelerated the adoption of automation, and newer forms of **AI** are set to increasingly automate higher-skilled tasks.

**Solving inequality doesn’t solve populism- studies prove- xenophobia continues**

**Neilan, 21** -- London-based journalist

[Catherine Neilan, "**Solving populism is about more than inequality**," Making Common Ground, 1-12-21, https://makingcommonground.org/articles/solving-populism-is-about-more-than-inequality, accessed 6-27-2021]

The reality is that there is no quick fix to the problems faced by the US, and the rest of the democratic world, fighting the tide against populism. Social media has empowered certain individuals to rail against the "elites" and the institutions that propagate the status quo, even if the vast majority of those who feel most strongly are not the blue collar workers popular wisdom suggests they might be.

Ignoring this problem will not make it go away. As I have argued before, we must address the reasons that people turned to Donald Trump in their millions. The same is true of some Brexit voters and those who back other populist causes.

But what is it they actually want? Received wisdom suggests it is about inequality and "left behind" communities, and that no doubt has played an important role for some people. But it is not the whole story, and there is a high chance that **even if it is addressed, the fractures in society might remain**.

A US study from 2016 found that far from race, income or education levels it was people's feelings about authoritarianism that had the strongest indication of preference for Trump.

Matthew MacWilliams conducted a national poll which asked people questions about child-rearing: whether it is more important for the voter to have a child who is respectful or independent; obedient or self-reliant; well-behaved or considerate; and well-mannered or curious. Respondents who picked the first option in each of these questions are strongly authoritarian. As he noted at the time, Trump was the only candidate-Republican or Democrat-whose support among authoritarians was statistically significant.

Here in the UK, a similar trait was noted among Brexit voters. Ahead of the referendum the Online Privacy Foundation carried out a study of 11,225 British volunteers, which found a high correlation among would-be Leave voters and authoritarianism.

"On the direct test for authoritarianism, Leave voters' scores were nearly twice those of Remainers," said team member Chris Sumner. "Leavers also scored significantly higher on conscientiousness and lower on openness, the personality traits most frequently associated with authoritarianism."

**That is supported by** other **studies** including that of LSE professor Sara Hobolt , who has shown that the role of income in the vote to Leave the EU is small when other factors (such as age, education, social values, party identification) are taken into account.

This goes some way to explaining why it is that the culture wars have rolled over from Brexit and Trump to the lockdown, Black Lives Matters and climate change. These are complex issues that involve people working pragmatically and over a sustained period of time in order to find solutions, many of which are messy and unsatisfying, at least at the start.

With a tendency towards authoritarianism thought to be in part genetic, it also explains why changing people's minds is so hard. It is not simply a case of "winning the argument", nor will the problems go away if and when Boris Johnson's "levelling up agenda" gets under way in earnest. But if we value our democracy, we must address it.

Education is one component: studies suggest that "cognitive flexibility" is associated with less authoritarian traits, although this is clearly not a short, or even medium-term solution to the current crisis our democracies are going through.

There is another major factor which has been exacerbated during the pandemic and is likely to rear its head again and again, whenever there is a terrorist incident or anything else that threatens our perceived safety: fear.

Fear is what drove much of Trump's support in 2016 and last year, and is what continues to drive those who believe the election was "stolen" even now. Fear is what is encouraging the believers in a "plandemic" hoax and lockdown refuseniks or the anti-vaxxers who have been protesting yet again, despite the latest surge in Covid.

As with all those examples, fear is often based on misinformation: this is how Russia has been so successful in its efforts to cause chaos in our systems, and it is why we need reform of laws around social media in the run-up to elections.

But it is also used by politicians to secure power. In the US, Trump's assertion that Mexico was "sending people that have a lot of problems, and they're bringing those problems with us" was deliberately alarmist.

"They're bringing drugs," he said in 2015. "They're bringing crime. They're rapists. And some, I assume, are good people."

This is what justified his wall along the border - something he stands by as arguably his sole legacy, planning a trip to Texas today to see it completed as one of his final duties.

The UK's domestic campaigners tap into it too: you only have to remember that image of Nigel Farage standing before a poster of immigrants supposedly on their way to the UK - and Leave.EU's repeated use of it on the day MP Jo Cox was stabbed to death - to see the depths to which our own politicians can sink.

This is likely to provoke an emotional response and some might want to have this content - along with that posted by Trump and others - banned. But silencing populists on your chosen platform simply pushes them onto another, where the conversation takes place without anyone willing to stand up to it. Worse, it reinforces the message that the elite are trying to stop you, the people, from having your say and hearing the truth.

If we want to restore democracy to some semblance of stability, there is no alternative but to engage with populists, neuter the fear factor and prove how weak their arguments are. In the aftermath of Brexit, many politicians have recognised that instead of placating those who feared they were losing their jobs to immigration, more should have been made of the value migrants make to society, economically and culturally.

But whenever those conversations are had, it is vital people are armed with evidence.

The best way to counter the claim is with informed discussion, reading and sharing information only from a range of trusted sources, the more the better.

If we don't begin to reassert the value of information, not to win arguments but in combating fear, we will find that fear-based populism outlasts Trump and the Brexit vote for many years.