I affirm and value morality

Ought implies moral obligation because the connotation of “ought” is positive so it dictates that we have to do something.

Next, morality is based on the ends for three reasons

1) Even respect for the rationality of persons mandates consequentialism.

Cummiskey[[1]](#footnote--1)

If I sacrifice some for the sake of others, I do not use them arbitrarily, and I do not deny the unconditional value of rational beings. Persons may have “dignity, that is, an unconditional and incomparable worth” that transcends any market value (GMM 436), but persons also have a fundamental equality that dictates that some must sometimes give way for the sake of others (chapters 5 and 7). The concept of the end-in-itself thus does not support the view that we may never force another to bear some cost in order to benefit others. If one focuses on the equal value of all rational beings, then equal consideration dictates that one may sacrifice some to save many.

2) Consequentialism is the only way to prevent inherently unjust biases from affecting our decision making Bowden[[2]](#footnote-0)

The most significant reason for advocating **utility theory** however, is that it **is useful and usable.** The **institutions** in our society – the professional, industry and special interest groups, as well as organisations in business and government, plus the not for profit sector - **are faced with** many **ethical decisions**, often complex and difficult, requiring considerable thought, and eventually resolution. The moral issues that arise in these contexts are fundamental to the institutional functioning of our society. Yet very few people have training in moral philosophy. They **[most] need a** relatively **straightforward way of making these decisions** – of telling right from wrong. **Mill**, it will be argued, **provides that method.** **Bowden continues**, **Many** who have no training that are faced with these ethical choices **will rely on intuition**. **Perhaps** they will use a set of **values learned at home, or** from their schooling or their **church**. As we shall see for the more difficult ethical issues, however, intuition **[this] is an unreliable guide**

3) As justice demands a consistent guide for action in order to be a guide to governance, we must look to consequentialism since it is the only universalizable ethical theory Pettit[[3]](#footnote-1)

The upshot is that **if as a non-consequentialist** theorist **I** straightforwardly **universalize the prescription that** in a certain situation **I should instantiate a** favored **pattern**, P, **then the prescription** to which I thereby commit myself **— that** in that situation **any** **[person]** X **ought to instantiate [the same] pattern,** P — **may force me to revise my** original **self-**prescription **[because]. I have equal reason to prefer both that I** instantiate [the pattern**]** P **and** that **any agent [act.]** instantiate P — **this** reason **is expressed by** the use of **the word ‘right’** or ‘ought’ **in each case** — and the spirit of **[Since] universalisability blocks me from treating myself as** in any way **special.** Thus, if the preferences are inconsistent in a certain situation — if the choice is between my instantiating P alone, for example, or my acting so that many others instantiate P instead — then I will have reason not to instantiate P myself. As a would-be non-consequentialist thinker, **[although] my initial claim must have been** that the point is **to instantiate [the pattern]** P **in my own life,** not promote it generally. But **I countenance the general claims of the** P-**pattern when I** universalize in the straightforward way: I **prescribe general conformity** to that pattern, **not just conformity in my own case. Thus** it now seems that what I must think is that this **general conformity is to be promoted, even if that means not** myself **instantiating the pattern in my own behavior** or psychology or relationships**.** It seems that **[so]** what **I must embrace**, in effect, is a **consequentialism in which conformity to [the] pattern P is the ultimate value to be promoted.**

Thus the value criterion is minimizing suffering.

Advantage 1 is AIDS

A is the status quo

First, We’re on the brink of an AIDS pandemic in the US **James[[4]](#footnote-2) writes**

As 25,000 global experts descend on Washington, D.C., this week for the first International AIDS Conference in the United States in 22 years, they face some sobering statistics: **3 percent of all residents in the nation's capital are infected with the HIV virus. And with 7 percent of all black males HIV-positive, the city has a higher infection rate than African countries like Ethiopia, Nigeria and Rwanda.** The world might be winning the war on AIDS -- 2.7 million had HIV in 2010, down from 3.2 million a decade earlier -- according to [UNAIDS](http://www.unaids.org/en/aboutunaids/" \t "external), but the United States, alongside Eastern Europe, still sees new infections. **Nearly 1.2 million Americans are now living with HIV/AIDS, an all-time high, with nearly 50,000 new infections every year, according to the [Centers for Disease Control and Prevention.](http://www.cdc.gov/hiv/topics/aa/" \t "external)**

## Moreover, MEDICAID COVERAGE IN THE US IS FRAGMENTED AND LEAVES MANY UNCOVERED Weil[[5]](#footnote-3)

**This complex, patchwork system** not only **leaves many working families without health insurance**, it also creates perverse incentives as families are forced to trade off decisions that might improve their earnings against decisions that will allow them to keep their insurance. Medicaid offers the most dramatic example. **Every state has a family income eligibility threshold for Medicaid. A person whose income exceeds that standard loses Medicaid coverage but is still likely to be in an income range where employer-sponsored insurance is only occasionally available. With a family insurance policy costing in excess of $10,000, the effective tax on the earnings that exceed the threshold is tremendous.**

## B is the harms

## Waiting period or no access intensifies disease spread amongst citizens with less money. CMA[[6]](#footnote-4) writes

In fact, it is important to note that there really are actually three waiting periods that are imposed upon people seeking to qualify for SSDI. **First, there is the disability determination process** through the Social Security Administration, which often takes many months or even longer than a year in some cases. Second, once a worker has been certified as having a severe or permanent disability, they **[then] must wait an additional five months before receiving their first SSDI check. And third**, after receiving that first SSDI check, there is the **two-year period that people must wait before their Medicare coverage begins**. What happens to the health and well-being of people waiting more than 2 ½ years before they finally receive critically needed Medicare coverage? According to Karen Davis, president of the Commonwealth Fund, which has conducted two important studies on the issue, “**Individuals in the waiting period for Medicare suffer from a broad range of debilitating diseases and are in urgent need of appropriate medical care to manage their conditions.** Eliminating the two-year wait would ensure access to care for those already on the way to Medicare**.**” Again, we are talking about individuals that have been determined to be unable to engage in any “substantial, gainful activity” because of either a physical or mental impairment that is expected to result in death or to continue for at least 12 months. These are people that, by definition, are in more need of health coverage than anybody else in our society. **Of the 1.2 million people stuck in the two-year waiting period at any given time, it is estimated that one-third, or 400,000, are left completely uninsured. The consequences are unacceptable and are, in fact, dire. In fact, various studies show that death rates among SSDI recipients are highest during the first two years of enrollment while waiting to be covered by Medicare**. For example, the Commonwealth Fund report, entitled Elimination of Medicare’s Waiting Period for Seriously Disabled Adults: Impact on Coverage and Costs, 4 percent of these people die during the waiting period. In other words, it is estimated that of the estimated 400,000 uninsured disabled Americans in the waiting period at any given time, 16,000 of them will die awaiting Medicare coverage. Let me repeat…16,000 of the 400,000 uninsured disabled in the waiting period at any given moment will die while waiting for Medicare coverage to begin. **Moreover, this does not factor in the serious health problems that others experience while waiting for Medicare coverage during the two-year period**. Although there is no direct data on the profile of SSDI beneficiaries in the two-year waiting period, the Commonwealth Fund has undertaken a separate analysis of the Medicare Current Beneficiary Survey for 1998 to get a good sense of the demographic characteristics, income, and health conditions of this group. According to the analysis, “…45 percent of nonelderly Medicare beneficiaries with disabilities had incomes below the federal poverty line, and 77 percent had incomes below 200 percent of poverty. **Fifth-nine percent [of nonelderly] reported that they were in fair or poor health; of this group, more than 90 percent reported that they suffered from one or more chronic illnesses**, including arthritis (52%), hypertension (46%), mental disorder (36%), heart condition (35%), chronic lung disease (26%), cancer (20%), diabetes (19%), and stroke (12%).”

The implication of this is that people without care are running around with disease freely and are not being cared for.

And,

## Unchecked AIDS epidemic risks huge impacts Mathiu writes[[7]](#footnote-5)

Every age has its killer. But **Aids is without precedent**. It is comparable only to the Black Death of the Middle Ages in the terror it evokes and the graves it fills. But unlike the plague, Aids does not come at a time of scientific innocence: It flies in the face of space exploration, the manipulation of genes and the mapping of the human genome. **The Black Death**

- the plague, today easily cured by antibiotics and prevented by vaccines - **killed** a full **40 million** Europeans, a quarter of the population of Europe, between 1347 and 1352. **But it was a death that could be avoided by the simple** expedient of **changing addresses and whose vector could be seen and exterminated. With Aids, the vector is humanity itself,** the nice person in the next seat in the bus. There is nowhere to run and nowhere to hide. Every human being who expresses the innate desire to preserve the human genetic pool through the natural mechanism of reproduction is potentially at risk. And whereas death by plague was a merciful five days of agony, HIV is not satisfied until years of stigma and excruciating torture have been wrought on its victim. The plague toll of tens of millions in two decades was a veritable holocaust, but it will be nothing compared to the viral holocaust: So far, 18.8 million people are already dead; 43.3 million infected worldwide (24.5 million of them Africans) carry the seeds of their inevitable demise - unwilling participants in a March of the Damned**. Last year alone, 2.8 million lives went down the drain, 85 per cent of them African; as a matter of fact, 6,000 Africans will die today. The daily toll in Kenya is 500**. There has never been fought a war on these shores that was so wanton in its thirst for human blood. During the First World War, more than a million lives were lost at the Battle of the Somme alone, setting a trend that was to become fairly common, in which generals would use soldiers as cannon fodder; the lives of 10 million young men were sacrificed for a cause that was judged to be more worthwhile than the dreams - even the mere living out of a lifetime - of a generation. But there was proffered an explanation: It was the honour of bathing a battlefield with young blood, patriotism or simply racial pride. Aids, on the other hand, is a holocaust without even a lame or bigoted justification. It is simply a waste. It is death contracted not in the battlefield but in bedrooms and other venues of furtive intimacy. **It is difficult to remember any time in history when the survival of the human race was so hopelessly in jeopardy.**

C is the solvency

Access to health care would solve for the AIDS, the CDC advocates this **Kaiser[[8]](#footnote-6) writes**

A variety of federally and state-supported prevention services are provided by state and local health departments and community organizations. **The CDC’s Advancing HIV Prevention Initiative is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to medical care, treatment, and prevention services.6 CDC recently released testing recommendations calling for routine HIV testing of all adults**, aged 13–64, in medical care settings

Universal health care would be accessible to all **Almgren[[9]](#footnote-7)** **writes**

**Universal coverage could plausibly be accomplished through a number of mechanisms: expansion of the Medicaid program, employer mandates to provide insurance, means-based individual mandates to purchase insurance, and means-based subsidies for the purchase of private insurance**

Empirically Health Care Saves Lives **Heavey explains**

Heavey, Susan. "Study Links 45,000 U.S. Deaths to Lack of Insurance." Reuters. Thomson Reuters, 17 Sept. 2009. Web. 26 June 2012.   
  
“**Nearly 45,000 people die in the United States each year -- one every 12 minutes -- in large part because they lack health insurance and cannot get good care, Harvard Medical School researchers found in an analysis released on Thursday. "We're losing more Americans every day because of inaction ...** than drunk driving and homicide combined," **Dr. David Himmelstein, a co-author of the study and an associate professor of medicine at Harvard, said** in an interview with Reuters**. Overall, researchers said American adults age 64 and younger who lack health insurance have a 40 percent higher risk of death than those who have coverage**. The findings come amid a fierce debate over Democrats' efforts to reform the nation's $2.5 trillion U.S. healthcare industry by expanding coverage and reducing healthcare costs.”

Advantage 2 is the Economy

## A is the status quo: The recent economic downturn has massively accelerated a loss in money in the U.S. Intepress[[10]](#footnote-8) writes

**U.S. children’s quality of life is expected to decline through 2010 due to the impacts of the financial crisis**, said a new report by the Foundation for Child Development (FDC), released on Wednesday According to the report, progress in U.S. children’s quality of life has fluctuated since 2002, and began a decline in 2008 as a result of the recession. The Child Well-Being Index (CWI) is an annual evidence-based composite measure of trends over time in the quality of life for U.S. children from birth to age 18 conducted by Duke University’s Foundation for Child Development Child and Youth Well-Being Index Project. It tracks changes as compared to 1975 base year values.  
 This year, the Project also produced a Special Focus Report that offers projections of the impact the recession is likely to have on children’s well-being through 2010, based on analysis of past recessions. ”**America is doing a really bad job relative to other countries,” said Reihan Salam, a fellow at the New America Foundation, referring to the well-being of U.S. children**. According to the CWI, **although the recession is predicted to end in 2010, the well-being of children is not expected to improve during that time period.** The percentage of children in poverty is expected to peak at 21 percent and more than eight million children, or 27 percent, are expected to have at least one parent working full-time year-round in 2010. **For all families, the median annual family income (in constant 2007 dollars) is expected to decline from 59,200 dollars in 2007, to about 55,700 dollars in 2010. For single female-headed households, median annual family income is expected to decline from 24,050 dollars to 23,000 dollars**. The most severe impact will be from single male-headed households, where median annual family income is expected to decline from 38,100 dollars to 33,300 dollars. This may be attributed to the higher job loss rate during recession among males, according to Kenneth C. Land, project coordinator for the CWI. **Low-income African American and Latino children are expected to be more affected by the economic downturn than their white counterparts.** While the overall impact of the recession on children’s well-being is expected to resemble similar impacts from recessions past, the current recession will produce several unique trends, according to the index. While the residential mobility of children normally decreases during an economic recession, due to the severity of the housing crisis of the current recession, there will instead be an increase in the mobility of low-income families, who lose their housing and move or become homeless. Because of this, the peer and other neighbourhood social relationships of children will be negatively impacted. Also, children’s obesity, which has been on the rise for several years, is expected to spike as the recession drives parents to rely on low-cost, often-unhealthy fast food. Based on historic recessionary trends of budget cuts for policing and juvenile crime prevention, children’s safety and behaviour is expected to fare worse due to higher rates of violent crimes where youth are both victims and perpetrators. While the suicide rate for children ages 10 to 19 is expected to increase, Land pointed out that this will be counterbalanced by an increase in participation in religious services and in the importance of religious beliefs, which has been characteristic of past recessions. The CWI is based on a composite of 28 key indicators of well-being, such as the poverty rate, mortality rate, reading test scores, and rate of weekly religious attendance. These indicators are grouped into seven quality of life/well-being domains, which include economic well-being, health, safety, educational attainment, community connectedness, social relationships, and emotional/spiritual well-being

B is the implication

## The group of people with less money are dehumanized and killed, millions have died Loffredo writes[[11]](#footnote-9)

The statement that the poor "have done very well" invites the question, "in comparison to what?" Neither Bork nor Winter identifies his reference point, though it appears that the "free market," laissez-faire baseline common to libertarian critiques is what each has in mind. Judicial activism, they contend, interferes with the natural ordering of economic arrangements and the resulting distribution of wealth. From this perspective, the poor have done well politically because legislation has spared them (at least some of them) the Bleak House conditions that would prevail under an unregulated, common-law regime. If one chooses a different reference point, however, the conservative argument collapses. **It** **is hard to say that the [people with less money]** poor **have done well when one looks at the conditions of their subsistence and the increase in their absolute numbers over the last decade. Severe cutbacks in social programs**, unchecked by the Court, **have contributed to broad and unremitting deprivation on the part of free market "losers**." Contrary to the conservative assumption, "**rising tides" have lifted the yachts but left the rowboats and life rafts behind.** In the few years since the conservative apologists optimistically consigned the poor to the political arena, impoverishment has claimed more victims than at any time since 1964, when the nation declared war on poverty. Over the last decade, the number of individuals with incomes below the federal poverty threshold increased both in absolute numbers and as a percentage of the total population. In 1990 alone, 2.1 million individuals joined the ranks of the poor, increasing the total percentage of persons below the poverty line to 13.5%. More than one fifth of the nation's children, 21.8%, live in poverty. These children suffer severe material deprivation: they frequently are of low birthweight and are later hungry; they are ill-housed, if at all; they lack health care; and they receive inferior public schooling. **Every fifty-three minutes [having less money]** poverty **kills an American child.** The United States loses more children to poverty every five years than it lost soldiers to battle during the entire Vietnam War. **Those whose lives are perched at the margin of survival, the idea that the[y[** poor **"have done very well" would be astounding**. **Government cutbacks to social programs contributed heavily to the increased [loss of money]** impoverishment of the poor **during this period. Because [the]** poor **people lack political clout commensurate with their numbers, the political arena, unchecked by judicial constraints, has converted the war on [distribution of wealth]** poverty **into a war on the[m]** poor**. The[y]** poor **subsist in an underclass, dehumanized and demonized in the public's mind**. Viewing social welfare programs as the source of all the nation's ills, government has instituted a systematic rollback on its commitment to alleviate poverty. Punitive eligibility requirements have been imposed without any evidence of their effectiveness in dealing with the poverty crisis. The myth has reemerged that the poor are "lazy and shiftless," n186 rather than victims of an economic system that generates systematic unemployment and underemployment at low wages. The conservative defense of the Court's hands-off approach fails for another reason as well: the argument's focus on supposed success stories of the poor conflates democratic legitimacy with "favorable" political outcomes. But to claim that any legislative attention to the plight of the lower classes signifies a democratically inclusive politics is to ignore the obvious fact that social welfare measures have abounded even in societies that formally exclude the poor from the processes of government. Indeed, history documents that superficially "favorable" treatment of the poor often reflects a politics of subordination. Finally, even if sporadic political success could serve as a democracy surrogate that somehow cures or constitutionally neutralizes the otherwise illegitimate exclusion of poor people from democratic processes, the question of baseline reemerges: does the observed outcome resemble the distribution of surplus that one might expect a constituency the size of the poor to achieve under a political regime "structured . . . fairly" to reflect all relevant interests? n192 Without pretending to any scientific resolution, one might nevertheless seek rough answers by comparing our society's material capability to relieve the privations suffered by our most destitute citizens with the efforts actually made, and by juxtaposing the American political response to poverty with the social welfare measures of other "industrialized democracies." On both counts, the comparisons suggest anything but a fully enfranchised, fairly represented, or politically successful American lower class. First, the widespread persistence of malnutrition, homelessness, and other absolute privations in a nation with the surpassing wealth and abundance of the United States is itself starkly inconsistent with the Bork-Winter premise. Consider the example of childhood hunger. In the United States today, an estimated 5.5 million children under the age of twelve suffer hunger and malnourishment, but the federal government systematically fails to appropriate sufficient funds to deal with the problem. It is further estimated that the most egregious aspects of inadequate nutrition, in terms of abject deprivation, could be eliminated through an appropriation of less than ten billion dollars, an amount equal to a fraction of one percent of the federal budget for fiscal year 1993 and an even smaller fraction of the gross national product. On the other side of the ledger, sufficient food is as fundamental and imperative an interest as a group or individual might assert. Indeed, adequate nutrition in early years is vital to the healthy development of a child; its absence often results in disease, stunted growth, brain damage, mental retardation, and death. In assessing whether the poor "have done well" on the legislative score, we might engage in a simple balancing test comparing the intensity of interest that the poor have in the elimination of childhood hunger, for example, to the relatively modest cost that would be required to achieve that goal. On a pluralist model, the size of the constituency, the intensity of its interest, and the force of countervailing factors ought to tell us a lot about the chance of political outcomes. Here the constituency is fifteen percent of the population, a larger proportion of the nation than many ethnic minorities that have acquired significant voice in the political life of the country. The intensity of the interest is keen, and the countervailing factors, in terms of social expenditures, relatively weak. So why does childhood hunger nevertheless persist? Given the marked imbalance between the critical, inelastic interest of the poor in adequate food, and the puny social effort required to satisfy that interest, it is highly unlikely that outright hunger would be as prevalent in the United States if poor people commanded anything approaching the political power one would expect a fairly represented constituency of such size to wield. Nor, in a pluralist model, would one expect the government to refuse to fund even cost-saving poverty prevention programs -- like WIC and Head Start that demonstrably reduce public outlays over the short to medium term. Only **the marked absence of political access, voice and representation can reasonably explain the inability of [them]** poor people **to obtain public commitments to protect them against the most serious privations, especially where those commitments simultaneously reduce public expenditures and tax burdens**. Recent economic analyses confirm that "America has high poverty rates not because it must, but because it chooses to." International comparisons indicate that the United States commits a smaller percentage of its national income to redistributive welfare programs and tolerates more income inequality than other advanced industrialized nations. The poverty rate for every significant age group is higher in America than in other industrialized nations. Among six industrialized countries studied, the United States and Australia had the highest percentage of children living in poverty, (approximately 17%), and the highest rates among families with children (15% and 14% respectively). Ranked against other industrialized nations, infant mortality in the United States went from sixth best in 1950 to the worst rate in 1985. Moreover, no other industrialized nation has such extremes of relative inequality as measured by the income gap between rich and poor or the "distance between what CEOs and line workers earn. International comparisons further confirm the role that government plays in fostering or eliminating poverty from the social order. Any capitalist society will always have a bottom fifth that enjoys less relative wealth. But the more important question is how we regulate markets to avoid absolute privation among significant segments of the population. Recent studies conclude that "with comparable patterns of economic growth, other nations reduced poverty to a far greater extent. The difference . . . is that other countries have more generous and effective social policies." n210 Moreover, industrialized nations that spent twice what the United States did on social welfare programs saw their economies grow "at least as fast as the United States or faster." Other industrialized nations provide greater assistance than the United States to individuals in need, and they provide it in a less stigmatizing, punitive fashion. Poor people have not "done well politically" in the United States when measured against the achievements of lower classes in comparable and even less affluent democracies. Extreme forms of deprivation that are prevalent here are not plausible or acceptable political results in other industrialized countries. This too supports the conclusion that poor people in the United States do not exercise a fair, "democratic" share of political power. A conservative response might emphasize that the poor have a relatively low participation rate in the political arena. The poor do not vote, this argument goes, and you cannot be a winner if you do not play the game. The argument is ironic coming from conservatives, who have consistently endeavored to block political participation by poor people. Moreover, the fact of nonparticipation cannot be dismissed as merely a bad political choice by the poor. As one commentator notes, "[p]eople who are literally struggling to find enough to eat are highly unlikely to participate in the political process." The failure to vote corresponds to other indicators of political powerlessness, including poor people's inability to amplify their voice through financial resources, the creation of organizational structures, or the building of coalitions with more affluent groups. The "politically quiescent" attitude of the poor, therefore, is less a matter of free choice, than of the mutually reinforcing effects of "low resources," weak political incentives, and "inadequate skills" that trap the poor in what democratic theorist Robert Dahl has termed a "cycle of defeat." The political outcast status of the poor also reflects deep-rooted stereotypes harbored by the more affluent; stereotypes that contribute to a politics of irrationality and exclusion. Myths abound about the poor: they spread a "moral pestilence" more treacherous in the public mind than the diseases that more often afflict the poor than the rich. Unable to quarantine the poor, the rich have instead "sece[ded]" from any notion of a shared life with the less affluent. This secession expresses itself politically as a withdrawal of support from even those social welfare programs that would result in shared benefits to society at large.

C is the solvency

The economy benefits from universal health care **Mohit[[12]](#footnote-10) provides 2 warrants**

**[First]** It was just in the news that GM laid off 21,000 workers and plans to close all its U.S. plants this summer for at least 9 weeks. What if GM, Chrysler and Ford moved all their operations to Canada? **In 2007 General Motors spent $4.6 billion on health care for its employees. Ford and Chrysler each spent $2.2 billion as well.** If those companies moved to Canada they would save all that in health care costs ($9 billion per year), and the United States would lose 240,000 jobs and $156 billion in tax revenue. Of course, that loss doesn't include the ripple effect that the move would have on the 974,000 people in the automotive supply industry, or the 1.7 million jobs created by the money those people spend. **The health care cost is a major factor in the near bankruptcy and competitive disadvantage of our auto industry**. Let's look at the example of Toyota. In Japan, Toyota enjoys the economic benefits of universal health care. **[In Japan] Because of universal health care, Toyota's production costs are $1,400 lower per vehicle than the cost for American manufacturers.**

That translates directly into competitive advantage, as Toyota makes $2,400 more per car than its U.S. counterparts. Back in the United States, GM has said that the cost of providing health care for its workers adds between $1,500 and $2,000 to the price tag of every vehicle it sells. Alan S. Blinder, an economist at Princeton, has estimated that between 28 million and 42 million American jobs are at risk of being moved "offshore" in the near future, as technology reduces the friction of moving abroad. What can we do to keep U.S. automakers and other manufacturers in the country? Could instituting universal health care help?  
  
Now let's extrapolate this approach to other sectors of the economy. **[Second]As of 2008, annual health care spending in the United States reached $2.1 trillion or 16 percent of the GDP. Most of that money -- about 54 percent -- comes from the private sector. That's $1.13 trillion dollars that American companies are spending on health care each and every year. This is more than the national budgets of France, Canada and the UK combined**. If that isn't a drag on our competitiveness, what is?

[Third] With a universal health care system, companies would keep that money and would have a healthier and more productive work force. If we implement the universal health care system, other economic benefits would also ensue. For example, **[Third] job lock occurs when people stay at their current job solely for the health care benefits paid by their employers. One study showed that, in California alone, in 2002 job lock affected 179,000 people, with $772 million in foregone productivity.**

Presume aff because time skew and adaptation.

You cannot look to deontology because

The deontologist is put into a double bind; either (a) there are some deontological violations that are worse than others in which case deontology becomes paradoxical or (b) all deontological violations are equally bad in which case deontology becomes dysfunctional.

Alexander et al[[13]](#footnote-11)

Fourth, there is what might be called the paradox of relative stringency. There is an aura of paradox in asserting that all deontological duties are categorical — to be done no matter the consequences — and yet asserting that some of such duties are more stringent than others. A common thought is that “there cannot be degrees of wrongness with intrinsically wrong acts…,” (Frey 1995, 78 n. 3). Yet relative stringency — “degrees of wrongness” — seems forced upon the deontologist by two considerations. First, duties of differential stringency can be weighed against one another if there is conflict between them, so that a conflict-resolving, overall duty becomes possible if duties can be more or less stringent. Second, when we punish for the wrongs consisting in our violation of deontological duties, we (rightly) do not punish all violations equally. The greater the wrong, the greater the punishment deserved; and relative stringency of duty violated (or importance of rights) seems the best way of making sense of greater versus lesser wrongs.

Frontlines

**A2 Aids isn’t actually that bad of a disease you can solve with safe sex or a vaccine**

1) In the status quo we can do that but it is still spreading. We need other ways to solve for it

2) That assumes the humans will do that but that’s not happening in the status quo

3) In the status quo I’m showing little access to the cures

4) CDC says a vaccine is the best option

**A2 AIDS can’t be solved, in the status quo there’s cures but there isn’t solvency**

1) Empirically it works if we give access to the main target of AIDS, the poor

2) CDC advocates the best way is vaccines to everyone

3) Almgren says there’s access to health care for care

**A2 Health care destroys the economy, government goes bankrupt or citizens do**

1) Empirically denied, other countries have had it for a while and they’re doing just as fine as the US

2) Not true, when you remove the burden of care from companies they can invest on job growth

3) Private company growth will stabilize the economy because people will have jobs, spend more money, and the government will get more taxes.

**A2 Can’t look to util, infinite calculations**

1) Not true, we can put some sort of time frame like impact for 5 years in the future

2) Moreover probability is what Utilitarians look to first so it’s easy to rule out calculations that are improbable.

3) Theoretically that may be true but in reality that won’t be the case for policy makers

**A2 Explain when it becomes a pandemic (for AIDS), growth is small**

1) 50000 a year is huge but we’re also on an all time high

2) A pandemic is when it’s uncontrollable. I’m showing in the status quo that it is escalating to the level.

3) The brink is clearly defined, as the STATUS QUO

**A2 Waiting period is 17 weeks**

1) It’s right now 2 Years so that’s crappy.

2) Evidence comparison, mine is specific to each process

3) 17 weeks is way more preferable to two years

**A2 AIDS Coverage costs a shit ton**

1) The government will handle that

2) Cross apply the growth of economy, which handles that

3) Economy comes after AIDS so I outweigh

4) What’s the warrant, the number seems to be the current cost because of the amount of money hospitals ask for but if it’s UHC the companies could not ask for that amount from the government because the government is providing the care itself.

**A2 Mathiu is power tagged, no warrant**

1) The argument is that humanity is the vector and when another creature that’s controllable

2) The warrant is that AIDS is so deadly and undetectable

3) The card suggests it’s worse than the black death, which is pretty terrible

1. Cummiskey, David. Kantian Consequentialism. Published by Oxford University Press. 1996. (p.142). [↑](#footnote-ref--1)
2. Peter Bowden [Associate at Department of Philosophy, University of Sydney with PhD in Institutional Monitoring and Evaluation] “In Defense of Utilitarianism”. 1 June 2009 Conference Proceedings: the Australian Association of Professional and Applied Ethics, on CD, Charles Sturt University, Goulburn NSW Obtained from Social Science Research Network http://papers.ssrn.com/sol3/papers.cfm?abstract\_id=1534305 (page 2) [↑](#footnote-ref-0)
3. Philip Pettit.2000. “Non-Consequentalism and Universalizability.” Philosophical Quarterly 50(199):175-90. [↑](#footnote-ref-1)
4. [SUSAN DONALDSON JAMES](http://abcnews.go.com/author/susan_donaldson_james) July 23, 2012 http://abcnews.go.com/Health/hivaids-infection-rates-rise-us-rare-conference-opens/story?id=16831699#.UB846USea7s [↑](#footnote-ref-2)
5. Alan Weil, (Dir., National Academy of State Health Policy), THE NEXT GENERATION OF ANTIPOVERTY POLICIES, 2007, 102. (RICH1479 ) [↑](#footnote-ref-3)
6. Center for Medicare Advocacy05/05/2008. http://www.medicareadvocacy.org/Reform\_BilltoEnd24moWaitingPeriod.htm [↑](#footnote-ref-4)
7. Mathiu 2000 (Mutuma, Africa News, July 15, lexis) [↑](#footnote-ref-5)
8. The HIV/AIDS Epidemic in the United States July 2007 Kaiser [↑](#footnote-ref-6)
9. Gunnar Almgren, (Prof., Social Work, U. Washington), HEALTH CARE POLITICS, POLICY, AND SERVICES: A SOCIAL JUSTICE ANALYSIS, 2007, 322. (RICH1572) [↑](#footnote-ref-7)
10. **Intepress Service June 3, 2009**, http://globalgeopolitics.net/wordpress/2009/06/03/economy-us-one-in-five-children-sinking-into-poverty/ [↑](#footnote-ref-8)
11. Stephen Loffredo, Assistant Professor of Law, City University of New York Law School at Queens College, 1993, University of Pennsylvania Law Review, “Poverty, Democracy, and Constitutional Law, p. 1315-17 [↑](#footnote-ref-9)
12. <http://www.huffingtonpost.com/dr-behzad-mohit/universal-health-care-can_b_201154.html> Author, Physician Behzad Mohit universal health care can save our economy and keep 1.7 million jobs in the US [↑](#footnote-ref-10)
13. Alexander, Larry and Moore, Michael, "Deontological Ethics" The Stanford Encyclopedia of Philosophy (Fall 2008 Edition), Edward N. Zalta (ed.), <http://plato.stanford.edu/archives/fall2008/entries/ethics-deontological> [↑](#footnote-ref-11)