My value for this round is morality. According to John Locke,

**The government formed thus serves the purpose of protecting the individuals**. In addition,Locke further emphasized **[and] that formation of the government, by the people joining into the contract, is governed by public good and with the consent of the individuals agreeing to be governed**

Therefore, the role of a government is to protect its citizens. In this case, the affirmative will discuss how guaranteeing universal welfare will protect citizens. Yet to be fair, the affirmative must also be pragmatic. In other words, it is important to consider the cost the value criterion therefore, is maximizing public good

In this speech, the affirmative will show a cost analysis of public healthcare around the world, as well as how a healthcare system would protect individuals, and the consequences of not being uninsured through a consequentialist perspective. When I refer to universal healthcare in this speech, I will be referring to the Japanese system of care.

**Contention 1:**

A Japanese system would save lives and money without sacrificing quality.

Furthermore, it saves money. In fact, in 2008, its spending on healthcare according to the WHO stated that

**The United States spends more on**[**health care per capita**](http://en.wikipedia.org/wiki/List_of_countries_by_total_health_expenditure_(PPP)_per_capita)**($7,146), and more on health care as percentage of its**[**GDP**](http://en.wikipedia.org/wiki/Gross_domestic_product)**(15.2%), than any other nation in 2008.**

**Compare this to the Japanese system. That has better quality. According to** [Hashimoto H](http://www.ncbi.nlm.nih.gov/pubmed?term=Hashimoto%20H%5BAuthor%5D&cauthor=true&cauthor_uid=21885098) et al

**Achieving universal insurance coverage in the United States would protect households against undue financial burdens at the same time that it was saving an estimated 18,000 to 44,000 lives.”**

at the

Department of Health Economics and Epidemiology Research, University of Tokyo, Tokyo, Japan.

**At 8·5% the proportion of gross domestic product spent on health** [Japan] is 20th among Organisation for Economic Co-operation and Development countries in 2008 **and half as much as that in the USA.** **Costs have been contained by the nationally uniform fee schedule, in which the global revision rate is set first and item-by-item revisions are then made.** Although the structural and process dimensions of quality seem to be poor, the characteristics of the health-care system are primarily attributable to how physicians and hospitals have developed in the country, and not to the cost-containment policy. However, outcomes such as postsurgical mortality rates are as good as those reported for other developed countries

This directly impacts to my criterion of maximizing public good while being accountable for cost

**Contention 2:**

There is evidence of a racial factor in determining if one receives healthcare. According to Mcmillan et al,

Universal Health Care Foundation of Connecticut

**Hispanics are 1.24 times more likely to lack health insurance than the nation as a whole. One reason that the Hispanic and African-American populations are more likely than whites in Connecticut to lack health insurance may be because they have relatively lower household incomes. In fact, in Connecticut, 31% of Hispanic households and 24% of African-American**

**households have incomes below the poverty line**.

**This compares to 6% of white households**. **Other studies indicate that there are social barriers to accessing insurance for these populations, irrespective of income.** A Wisconsin study suggests that Hispanics face a language barrier, are concerned about immigration issues, prefer to get care in clinics, or feel that the insurance available to them does not cover a sufficient amount of care to warrant purchasing it. The same study found that for African-Americans the cost of insurance and unsuccessful prior attempts to get insurance were significant barriers to getting health insurance.

Refusal to implement universal healthcare would widen the racial gap.

**Contention 3:**

People do not know the implications of their own actions. That is why it is important for the government to make certain choices for them, such as prohibiting drug use or requiring children to receive an education. As peter Wanless explains,

-Derek Wanless, "Securing Good Health for the Whole Population"

"**People need to be supported more actively to make better decisions about their own health and welfare because there are widespread, systematic failures that influence the decisions individuals currently make. These failures include a lack of full information, the difficulty individuals have in considering fully the wider social costs of particular behaviours, engrained social attitudes not conducive to individuals pursuing healthy lifestyles and addictions. There are also significant inequalities related to individuals’ poor lifestyles and they tend to be related to socio-economic and sometimes ethnic differences. These failures need to be recognised. They can be tackled only [through the presence of ubiquitous health information and services]"**

In conclusion, it is the US government’s duty to ensure the wellbeing of its citizens. The affirmative meets this criterion in 3 ways. First of all, it is implementable, and would save lives

According to the Supreme Court of the United States, “**Thirty-seven percent of the uninsured’s health care costs, totaling $43 billion, was “uncompensated care” —i.e., care received by uninsured patients but not paid for by them or by a third party on their behalf. Congress found that this cost-shifting increases the average premium for insured families by more than $1000 per year**.”

**Wentzel writes**

Both good and bad things happen only to those who exist. However, there is a crucial asymmetry between the good and the bad things. The absence of bad things,

such as pain, is good even if there is nobody to enjoy that good, whereas the absence

of good things, such as pleasure, is bad only if there is somebody who is deprived of

these good things. The implication of this is that the avoidance of the bad by never

existing is a real advantage over existence, whereas the loss of certain goods by not

existing is not a real disadvantage over never existing