I affirm. Resolved: The United States ought to guarantee universal health care for its citizens.

To clarify the resolution, I offer the following definitions:

* Ought: moral obligation (Oxford)
* Universal health care: a system that provides organized health coverage to all citizens of a governed region and is publicly funded through taxation. The health care systems under universal health care are built upon the principle of universal coverage for all members of society, by combining mechanisms for health financing and service provision. (USLegal.com)

Observation 1: Affirming means that the United States will provide universal health care, however it does not have to be the only health care system existent.

The value I will uphold is morality. Prefer this value over any other because it's what constitutes right and wrong, and is inherent in the resolutional term, "ought".

My criterion will be maximizing life. Since the resolution is specific to the US, the affirmative is maximizing life of American citizens. We will look to a utilitarian system of morality, where the greatest good for the greatest number yields the moral action. This is the best theory of morality because it is the most relevant to government processes. Johnson writes,

Johnson ’85 Conrad D. Johnson, 'The Authority of the Moral Agent', Journal of Philosophy 82, No 8 (August 1985), pp. 391

**If we follow the usual deontological conception, there are also well-known difficulties. If it is simply wrong to kill the innocent, the wrongness must in some way be connected to the consequences. That an innocent person is killed must be a consequence that has some important bearing on the wrongness of the action; else why be so concerned about the killing of an innocent? Further, if it is wrong in certain cases for the agent to weigh the consequences in deciding whether to kill or to break a promise, it is hard to deny that this has some connection to the consequences.** Following one line of thought, it is consequentialist considerations of mistrust that stand behind such restrictions on what the agent may take into account.

C1: Universal Health Care is beneficial to the government as well as the people.

A: The uninsured need the help that the universal health care system offers.

Jeremy **COYLEWRIGHT** [M.D. Candidate at Johns Hopkins School of Medicine]. "No Fault, No Worries Combining a No-Fault Medical Malpractice Act with a National Single-Payer Health Insurance Plan". Indiana Health Law Review. 2007. LexisNexis.

As a result, **America has a high population of uninsured persons, and this  [\*35]  translates to a high population of those who "are sicker and die sooner."**[**n8**](http://www.lexisnexis.com/lnacui2api/frame.do?reloadEntirePage=true&rand=1344222668656&returnToKey=20_T15267480916&parent=docview&target=results_DocumentContent&tokenKey=rsh-20.861499.4802168603#n8)Over eighteen thousand unnecessary deaths occur each year due to the lack of health coverage.[n9](http://www.lexisnexis.com/lnacui2api/frame.do?reloadEntirePage=true&rand=1344222668656&returnToKey=20_T15267480916&parent=docview&target=results_DocumentContent&tokenKey=rsh-20.861499.4802168603#n9) Individuals without health insurance often defer necessary preventative care and primary health care treatment until it is too late. [n10](http://www.lexisnexis.com/lnacui2api/frame.do?reloadEntirePage=true&rand=1344222668656&returnToKey=20_T15267480916&parent=docview&target=results_DocumentContent&tokenKey=rsh-20.861499.4802168603#n10)This forces uninsured individuals into the emergency room with less treatable forms of cancer, uncontrolled asthma, diabetes, mental illness, and heart disease. [n11](http://www.lexisnexis.com/lnacui2api/frame.do?reloadEntirePage=true&rand=1344222668656&returnToKey=20_T15267480916&parent=docview&target=results_DocumentContent&tokenKey=rsh-20.861499.4802168603#n11)**Forty-three percent of uninsured individuals defer necessary medical treatment when they have a medical problem, compared to ten percent of insured individuals.**[**n12**](http://www.lexisnexis.com/lnacui2api/frame.do?reloadEntirePage=true&rand=1344222668656&returnToKey=20_T15267480916&parent=docview&target=results_DocumentContent&tokenKey=rsh-20.861499.4802168603#n12)**Likely due to this** (and other socioeconomic factors) **the uninsured consistently exhibit worse clinical health outcomes compared to the insured when it comes to diabetes, heart and kidney disease, infectious disease, and mental illness.**[**n13**](http://www.lexisnexis.com/lnacui2api/frame.do?reloadEntirePage=true&rand=1344222668656&returnToKey=20_T15267480916&parent=docview&target=results_DocumentContent&tokenKey=rsh-20.861499.4802168603#n13)

 If people are in need, universal health care will always be an option for them. Instead of having to rely solely on private insurance companies that may not be the most affordable, they can always fall back on the universal health care system.

B: Universal health care is more effective than private health care

David **CECERE**, Harvard Science, New study finds 45,000 deaths annually linked to lack of health coverage, 2009.

**Nearly 45,000 annual deaths are associated with lack of health insurance, according to a new study published** online today **by the American Journal of Public Health.** That figure is about two and a half times higher than an estimate from the Institute of Medicine (IOM) in 2002. **The study, conducted at Harvard Medical School and Cambridge Health Alliance, found that uninsured, working-age Americans have a 40 percent higher risk of death than** their privately **insured counterparts**, up from a 25 percent excess death rate found in 1993. “The uninsured have a higher risk of death when compared to the privately insured, **even after taking into account socioeconomics, health behaviors, and baseline health**,” said lead author **Andrew Wilper, M.D.**, who currently teaches **at the University of Washington School of Medicine**. **[said] “We doctors have many new ways to prevent deaths from hypertension, diabetes, and heart disease — but only if patients can get into our offices and afford their medications.**”

CERMAK FURTHERS,

Timmen **Cermak,** MD, California Society of Addiction Medicine 09

Several reputable studies show that by avoiding the overhead costs and inefficiencies of private insurance companies, we can save $350 billion per year which can provide the funds to care for the 47.5 million currently uninsured. Under the current system, 31% of private medical insurance pay for administrative costs which is in contrast to 3% for administration of Medicare. **Additionally, with an employer-based health insurance system, health insurance ends, as does the patient’s relationship with their physician, if the employee loses their job**. Single payer protects access and coverage, especially important in an unstable economy and job market.

We can clearly see through the comparison in the cards that health care is obviously favorable to no healthcare. And those who do not have health care join the universal health care system. So instead of the American population being either privately insured or completely uninsured, the entire population gets healthcare, whether it be private or public, in the affirmative world.

C2: Private system hurts American families

Laurie Garrett, A Mushtaque, R Chowdhury, Ariel Pablos-Méndez

"**In the USA**, for example, **where spending on health topped $2.4 trillion in 2008, or 17% of GDP, an estimated 47 million citizens have no health coverage whatsoever, and another 25–45 million are covered by insurance that is so inadequate that major medical events may cause family bankruptcy**. **Studies in the USA show that at least half of all bankruptcies filed by American families in 2005 were eventuated by medical events and catastrophic health expenditures,** and **about a quarter of all home foreclosures filed in 2007 (before the world financial crisis) were the result of the inability to meet mortgage payments because of such costs. The USA is projected to spend $4.1 trillion by 2016, and 25% of GDP in 2025 on health."**

It is for these reasons that I urge you to affirm.

**EXTENSIONS**

* Extend my observation 1. This is saying that in the affirmative world, private insurance coexists with universal healthcare, because the resolution never implies they are mutually exclusive. This means that the negative cannot defend that the private system will be removed under the affirmative advocacy.
* Extend my Johnson card. This card points out the flaws of deontology, specifically how we cannot if the person is being used as a means to an end unless we actually identify and evaluate the end. This means that my opponent’s deontological framework falls, and all the deontological impacts also do not hold any magnitude in this round.
* Extend my subpoint A stating that the universal health care system accounts for the uninsured citizens. The warrant for this argument was the Coylewright card stating that uninsured people are tend to be less healthy since they defer care. The impact was that universal health care would provide for these citizens, allowing their health to be assessed and utility to be maximize
* Extend my subpoint B that draws the comparison between the private and public systems, and proves that the latter is better. The warrants for this are the Cecere and Cermak cards. Cecere gives statistics on the health of uninsured compared to insured, and Cermak gives statistics on how the public system is less wasteful than the private system.

***PPL WANNA PAY TAXES***

Allison K. **Hoffman** [Academic Fellow and Lecturer on Law, Harvard Law School]. "Oil and Water: Mixing Individual Mandates, Fragmented Markets, and Health Reform". American Journal of Law & Medicine. 2010. LexisNexis.

**The American populace has expressed willingness to act in solidarity with respect to health reform.**Americans are clearly concerned with the high numbers of uninsured in the country. **A recent poll reports that 94 percent of people think it is a very or somewhat serious problem that many Americans do not have health insurance. n163 And while the American public has at times hesitated to embrace health solidarity because of resistance to interpersonal redistribution,** n164 this same poll suggests that this trend may be shifting. **Nearly 60 percent of those polled said they were willing to pay higher taxes so that all Americans have insurance "they can't lose no matter what." n165**