**Resolved: The United States ought to guarantee universal health care to its citizens.**

Karen Meads and Robert Roberts M.D. say:

“Universal health care is a state in which all residents of a geographic area have access to health care.[1](http://onlinelibrary.wiley.com/doi/10.1111/j.1541-9215.2007.07500.x/full#b1) Universal health care is not restricted to a particular health care system, though it is the motivation for the socialized medicine practiced in countries such as Italy, Great Britain, and France. Some theorists claim that universal health care could be accomplished via private enterprise, without government regulation of the health care industry, but no completely private system currently exists.[2](http://onlinelibrary.wiley.com/doi/10.1111/j.1541-9215.2007.07500.x/full#b2) Universal health care is a broad concept and has been implemented in several ways. The common denominator is that every resident of a geographic area, such as a country, is mandated to have health insurance. In market-based systems (ie, capitalist systems, such as the United States), the mandate is coupled with a private insurance market. In government monopoly systems (ie, socialist systems), the mandate is coupled with a government agency that pays for a wide range of health benefits. The government monopoly is paid for with taxes, most commonly on payroll or an annual income tax or from general government revenue.[3](http://onlinelibrary.wiley.com/doi/10.1111/j.1541-9215.2007.07500.x/full#b3) The variety of ways that a country can fund health care can be highlighted by the example of Canada. Canada has a universal health care system, which was initially funded by the Canadian government imposing a monthly or yearly insurance fee per family or individual. Recently, the government eliminated the fee structure in favor of a strictly tax-based funding system. Today, Canada has a health insurance tax, paid annually through its income tax reporting system.”

Meades, Karen and Roberts, Robert (MD). American Heart Hospital Journal, 5: 217–222 *Universal Health Care* (2007).

Value: Justice

The Makkula Center for Applied Ethics ‘10 says:

“Justice means giving each person what he or she deserves or, in more traditional terms, giving each person his or her due. Justice and fairness are closely related terms that are often today used interchangeably. There have, however, also been more distinct understandings of the two terms. While justice usually has been used with reference to a standard of rightness, fairness often has been used with regard to an ability to judge without reference to one's feelings or interests; fairness has also been used to refer to the ability to make judgments that are not overly general but that are concrete and specific to a particular case. In any case, a notion of desert is crucial to both justice and fairness. The Nortons and Ellisons of this world, for example, are asking for what they think they deserve when they are demanding that they be treated with justice and fairness. When people differ over what they believe should be given, or when decisions have to be made about how benefits and burdens should be distributed among a group of people, questions of justice or fairness inevitably arise. In fact, most ethicists today hold the view that there would be no point of talking about justice or fairness if it were not for the conflicts of interest that are created when goods and services are scarce and people differ over who should get what. When such conflicts arise in our society, we need principles of justice that we can all accept as reasonable and fair standards for determining what people deserve.” [[1]](#footnote-1)

Rawls ’01 has two basic principles of justice:

“To try to answer our question, let us turn to a revised statement of the two principles of justice discussed in *Theory,* §§11-14. They should now read:

(a) Each person has the same indefeasible claim to a fully adequate scheme of equal basic liberties, which scheme is compatible with the same scheme of liberties for all; [equality of opportunity] and

(b) Social and economic inequalities are to satisfy two conditions: first, they are to be attached to offices and positions open to all under conditions of fair equality of opportunity; and second, they are to be to the greatest benefit of the least-advantaged members of society (the difference principle).” [[2]](#footnote-2)

Value Criterion: protecting equality of opportnity.

Specifically, one way that we can look to upholding life is protecting the rights of minorities.

Rawls ’01 [2] defines the minority by lacking:

“We have referred to the least advantaged, but who are they and how are they singled out? To answer these questions we introduce the idea of primary goods. These are various social conditions and all-purpose means that are generally necessary to enable citizens adequately to develop and fully exercise their two moral powers, and to pursue their determinate conceptions of the good. Here we look[ing] to the social requirements and the normal circumstances of human life in a democratic society. Primary goods are things needed and required by persons seen in the light of the political conception of persons, as citizens who are fully cooperating members of society, and not merely as human beings apart from any normative conception. These goods are things citizens need as free and equal persons living a complete life; they are not things it is simply rational to want or desire, or to prefer or even to crave. We use the political conception, and not a comprehensive moral doctrine, in specifying those needs and requirements.

What count as primary goods depends, of course, on various general facts about human needs and abilities, their normal phases and requirements of nurture, relations of social interdependence, and much else. We need at least a rough idea of rational plans of life showing why these plans usually have a certain structure and depend on certain primary goods for their formation, revision, and successful execution. But, as stressed above, the account of primary goods does not rest solely on psychological, social, or historical facts. While the list of primary goods rests in part on the general facts and requirements of social life, it does so only together with a political conception of the person as free and equal, endowed with the moral powers, and capable of being a fully cooperating member of society. This normative conception is necessary to identify the appropriate list of primary goods.

17.2. We distinguish five kinds of such goods:

(i) The basic rights and liberties: freedom of thought and liberty of conscience, and the rest. These rights and liberties are essential institutional conditions required for the adequate development and full and informed exercise of the two moral powers (in the two fundamental cases

(ii) Freedom of movement and free choice of occupation against a background of diverse opportunities, which opportunities [that] allow the pursuit of a variety of ends and give effect to decisions to revise and alter them.

(iii) Powers and prerogatives of offices and positions of authority and responsibility.

(iv) [3] Income and wealth, understood as all-purpose means (having an ex- change value) generally needed to achieve a wide range of ends whatever they may be.

(v) [4] The social bases of self-respect, understood as those aspects of basic institutions normally essential if citizens are to have a lively sense of their worth as persons and to be able to advance their ends with self-confidence.” [[3]](#footnote-3)

My sole contention is that the right to life should be protected universally.

1. Everyone is born with the natural right to life.

James Nickel ’10 from the Stanford Encyclopedia of Philosophy states:

“Yet another way of explaining the existence of human rights is to say that they exist most basically in true or justified moralities. On this account, to saying that there is a human right against torture is mainly to say that there are strong reasons for believing that it is almost always wrong to engage in torture and that protections should be provided against its practice. This approach would view the Universal Declaration as attempting to formulate a justified political morality. It was not merely trying to identify a preexisting moral consensus; it was also trying to create a consensus on how governments should behave that could be supported by very plausible moral and practical reasons. This approach requires commitment to the objectivity of such reasons. It holds that just as there are reliable ways of finding out how the physical world works, or what makes buildings sturdy and durable, there are ways of finding out what individuals may justifiably demand of governments. Even if there is little present agreement on political morality, rational agreement is available to humans if they will commit themselves to open-minded and serious moral and political inquiry. If moral reasons exist independently of human construction, they can — when combined with premises about current institutions, problems, and resources — generate moral norms different from those currently accepted or enacted. The Universal Declaration seems to proceed on exactly this assumption. One problem with this view is that existence as good reasons seems a rather thin form of existence for human rights. But perhaps we can view this thinness as a practical rather than a theoretical problem, as something to be remedied by the formulation and enactment of legal norms. The best form of existence for human rights would [be] combine robust legal existence with the sort of moral existence that comes from being supported by strong moral and practical reasons.” [[4]](#footnote-4)

We should respect human rights because they exist universally. Therefore, we must provide universal health care and would protect the natural rights of minorities.

1. Providing universal health care is just because it provides for the citizens’ well-being.

Tag: The risk is higher with minorities.

Sudhir Anand ’12 says:

“The second question related to human security is insurance against what. Here the concern is to insure against falling below an adequate threshold of human capabilities—in the case of a person's health, [is] a minimum acceptable level. The probability of falling below a minimum threshold depends on both how vulnerable a person is—the degree of downside risk the person faces—and how much above the threshold he or she is in the relevant dimension. The extreme case of insecurity is certainty of being below a specified threshold, and the absence of any chance of avoiding that fate.” [[5]](#footnote-5)

“The first question relates to the specification of what is to be protected. The definition of human security offered by the Commission on Human Security is: “to protect the vital core of all human lives in ways that enhance human freedoms and human fulfillment. The core of a person's life is closely concerned with the person's wellbeing and agency, which is best viewed in terms of his or her “capability” to achieve alternative “beings and doings”. In this context, health assumes central importance for two reasons: it is directly constitutive of a person's wellbeing; and it enables a person to function as an agent—that is, to pursue the various goals and projects in life that he or she has reason to value. This view deploys the notion of well-functioning, but it is not grounded in notions of economic welfare that are based on utility or income. It is, rather, an agency-centred view of a person, for whom ill health restricts the scope of human agency. Since our ability to do things typically depends on our being alive, the capability to lead a long and healthy life must itself be regarded as a basic capability.”

1. Tag: To be truly equitable, the universalization must apply to every citizen.

J.R. Ruger ’06 says:

“An equitable health system requires protection of all individuals, especially the poor and most disadvantaged, against the monetary burdens associated with health risks. Experience-rated insurance premiums, which penalize those who have used more health care, violate this principle of provision. They can cause sicker individuals to avoid seeking care, by making them pay more than healthier individuals. In contrast, community-rated premiums require everyone to pay the same rate, regardless of health status. The equity implications of financing and of access are inseparable. If universal health insurance is not to exacerbate other inequities, such as income, the population should share the health insurance tax burden justly, so that the poor or sick are not impoverished by insurance premiums. Financing systems can be classed as regressive (contributions consume a progressively smaller proportion of income as income rises), neutral (all income groups pay the same percentage of their income) or progressive (premiums represent a rising percentage of income as income rises). Health insurance financing needs to be progressive to improve health and overall capabilities. Risk pooling and wealth redistribution are essential for equitable and efficient health care financing.” [[6]](#footnote-6)

Poor people die without universal healthcare. This does not maximize life or protect rights of minorities.

1. Tag: Rawls’ veil of ignorance requires us to favor universal health care.

Sudhir Anand ’12 [2] further elaborates: “The third question concerns security for whom—the entire population or a subset of it? Universalism can be defended through a variety of different approaches, which all invoke equity, fairness, or impartiality in some form or other. For instance, we can appeal to impartiality through the device of Rawls's “veil of ignorance” in the “original position”. Behind the veil of ignorance, I do not know who I will turn out to be and what serious illness or health threat I might encounter, which could require extensive medical attention. Given this uncertainty, the institutional arrangement for health care I am likely to favour is one that ensures comprehensive coverage for all.” [[7]](#footnote-7)

E. Poor people and rich people should not have different opportunities. At least, the basic playing field should be the same. They must have some form of equality of opportunity (which links back to my first justification under my value criterion).

! The affirmative saves minorities from having unequal opportunities, and by extension less fortunate lives.

F. The Benefits of Universal Health Care

Tag: A country’s health promotes its growth.

J.R. Ruger ‘06 [2] says:

“Every nation is and should be concerned about the health of its people. The health of a nation is fundamental to its social, economic, ethical, and

military growth. This is reflected by the fact that all developed countries have some form of universal health insurance except for the United States. In the United States, though, there is a universal plan for persons older than 65 years referred to as Medicare and younger than 65 years for the disabled and poor referred to as Medicaid. Furthermore, there is ongoing debate concerning this issue, but the cost and presumed inefficiency of government-sponsored programs have prohibited any such bill being passed in the US House of Representatives. Thanks to the Maryland state legislature, the Massachusetts state legislature, General Motors, and President George W. Bush’s desire to restore luster to his domestic agenda, however, a national debate about how America pays for medical care has again swept Washington, DC, and state capitals.”

Universal health insurance boosts the economic security of both individuals and communities. Good health can expand people's productivity and incomes, allowing them to support a more prosperous overall economy, which can then afford more and better health care and other social services. By contrast, uninsured health care costs can force a person into poverty through medical expenditures or the inability to access necessary health care. Aggregated over many individuals, these consequences can undermine the **economy at large**. Health security and economic security are interrelated, and promotion of human flourishing requires attention to both. Health policy must ensure universal health insurance to enhance human capabilities and promote individuals’ ability to flourish, and it must do so efficiently. Health insurance helps create opportunities for both good health and protective security; these interrelated freedoms ‘advance the general capability of a person’. [[8]](#footnote-8)

! Providing universal health care for all individuals will lead for a better-functioning, more moral society.

1. Velasquez, Manuel; Andre, Claire; Shanks, Thomas; S.J.; Meyer, Michael J. “Justice and Fairness” *Markkula Center for Applied Ethics* (2010) http://www.scu.edu/ethics/practicing/decision/justice.html [↑](#footnote-ref-1)
2. Rawls, John “Justice as Fairness” *The Belnap Press of Harvard University Press* (2001) [↑](#footnote-ref-2)
3. Rawls, John “Justice as Fairness” *The Belnap Press of Harvard University Press* (2001) [↑](#footnote-ref-3)
4. Tag: Every human has basic natural rights.

   Cite: Nickel, James, "Human Rights", *The Stanford Encyclopedia of Philosophy (Fall 2010 Edition)*, Edward N. Zalta (ed.), URL = <http://plato.stanford.edu/archives/fall2010/entries/rights-human/>. [↑](#footnote-ref-4)
5. Tag: The risk is higher with minorities  
   Cite: Anand, Sudhir “Human Security and Universal Health Insurance” *The Lancet Volume 379 Issue 9810* (January 2012) [↑](#footnote-ref-5)
6. Tag: To be truly equitable, the universalization must apply to every citizen.

   Cite: Ruger, J.R. “The Moral Foundations of Health Insurance” *The Oxford University Press* (2006) [↑](#footnote-ref-6)
7. Tag: Rawls’ Veil of ignorance requires us to favor universal health care.  
   Cite: Anand, Sudhir “Human Security and Universal Health Insurance” *The Lancet Volume 379 Issue 9810* (January 2012) [↑](#footnote-ref-7)
8. Tag: A country’s health promotes its growth.

   Cite: Ruger, J.R. “The Moral Foundations of Health Insurance” *The Oxford University Press* (2006) [↑](#footnote-ref-8)