Observation 1: The Aff does not have to show that it already guarantees universal health care but that it is desirable to have universal healthcare

Definitions:

Ought- moral obligation

My value is morality because ought is defined as a moral obligation. My value criterion is preventing dominance, and I provide the following justifications for why we should look towards prevent dominance:

1. We need to prevent dominance to achieve morality because we have a moral obligation to protect and help members in our community by distributing goods and we cannot allow one good to become overarching.

**Michael Walzer**, Complex Equality, 1983

Theories of distributive justice focus on a social process commonly described as if it had this form:

*People distribute goods to (other) people.*

Here, “distribute” means give, allocate, exchange, and so on, and the focus is on the individuals who stand at either end of these actions: not on producers and consumers, but on distributive agents and recipients of goods. We are as always interested in ourselves, but, in this case, in a special and limited version of ourselves, as people who give and take.

**Michael Walzer2**, Complex Equality, 1983

*People conceive and create goods, which they then distribute among themselves.*

Here, the conception and creation precede and control the distribution. Goods don’t just appear in the hands of distributive agents who do with them as they like or give them out in accordance with some general principle.2 Rather, goods with their meanings—because of their meanings—are the crucial medium of social relations; they come into people’s minds before they come into their hands; distributions are patterned in accordance with shared conceptions of what the goods are and what they are for.

We therefore cannot keep taking in order to better ourselves. We also need to give some of our goods to others in order to continue the functioning of society

**Michael Walzer3**, Complex Equality, 1983

There has never been a universal medium of exchange. Since the decline of the barter economy, money has been the most common medium.

We give our money now in order to achieve and gain goods. If we just took money without giving any goods back or vice versa, then the trading economy would collapse as well as society. We need to be always giving and taking.

1. We make goods for the sole purpose of trying to distribute them in order to help our community and ourselves in the process in order to start the process again. If we do not prevent dominance, we naturally lean towards self-interest, and we become concerned only with achieving success, no matter if people have to die for an easily avoidable reason.

**Celeste Friend**, IEP (internet encyclopedia of philosophy), A peer- reviewed source, October 15, **2004**

Hobbes also infers from his mechanistic theory of human nature that humans are necessarily and exclusively self-interested. All men pursue only what they perceive to be in their own individually considered best interests – they respond mechanistically by being drawn to that which they desire and repelled by that to which they are averse. This is a universal claim: it is meant to cover all human actions under all circumstances – in society or out of it, with regard to strangers and friends alike, with regard to small ends and the most generalized of human desires, such as the desire for power and status. Everything we do is motivated solely by the desire to better our own situations, and satisfy as many of our own, individually considered desires as possible. We are infinitely appetitive and only genuinely concerned with our own selves.

1. Our natural self- interest causes us to want private property and it then causes inequalities in society.

**Celeste Friend 2**, IEP (internet encyclopedia of philosophy), A peer- reviewed source, October 15, **2004**

[Rousseau believes that] People slowly began to live together in small families, and then in small communities. Divisions of labor were introduced, both within and between families, and discoveries and inventions made life easier, giving rise to leisure time. Such leisure time inevitably led people to make comparisons between themselves and others, resulting in public values, leading to shame and envy, pride and contempt. Most importantly however, according to Rousseau, was the invention of private property, which constituted the pivotal moment in humanity’s evolution out of a simple, pure state into one characterized by greed, competition, vanity, inequality, and vice. For Rousseau the invention of property constitutes humanity’s ‘fall from grace’ out of the State of Nature.

Having introduced private property, initial conditions of inequality became more pronounced. Some have property and others are forced to work for them, and the development of social classes begins

We need to uphold communitarianism in order to mitigate against self-interest, which avoids morality, and to uphold and stabilize a system of norms.

My first contention is that privatized health care is based on profit, and it is not actually concerned with saving lives.

**A. Society has the moral obligation of providing health care for everyone**

A Healthy Bottom Line: Profits or People?

**Charles J. Dirksen** Professor of Business Ethics at the Santa Clara University

Markkula Center for Applied Ethics Associate Director **Claire Andre**

In Alameda County, a private hospital turned away a woman in labor because the hospital's computer showed that she didn't have insurance. Hours later, her baby was born dead in a county hospital.

In San Bernardino, a hospital surgeon sent a patient who had been stabbed in the heart to a county medical center after examining him and declaring his condition stable. The patient arrived at the county medical center moribund, suffered a cardiac arrest, and died.

These two [This] hospitals shifted these patients to county facilities not for medical reasons, but for economic ones -- the receiving hospital feared they [it] wouldn't be paid for treating the patient. These patients simply weren't "good business."

With little public warning, a concern for "good business" has moved to the heart of health care, a sector once relatively insulated from the pursuit of profit that drives the rest of the U.S. economy. Throughout our history, medical institutions have largely been "charitable," nonprofit establishments existing primarily to serve the community. But during the past 20 years, the number of for-profit health care facilities, ranging from national hospital chains affiliated with major academic institutions to local dialysis centers, has grown at a rate exceeding even that of the computer industry.

The ethical implications of the growing commercialization of health care have become a matter of heated controversy. Those favoring the trend toward health care for profit claim that an increased role for entrepreneurs and competition in the delivery of health care will result in a more efficient and effective health care system. For others, the pursuit of profit is antithetical to the values central to medicine.

Opposing [Opponents of] the commercialization of health care are those who base their arguments on considerations of justice. They argue that a society as wealthy as ours has a moral obligation to meet the basic needs of all of its members. Every American, rich or poor, should have access to the health care he or she needs.   
  
Societies have to provide healthcare regardless of economic status based on the grounds of Morality. If we are so wealthy, it is our moral obligation to help the less fortunate.

**B. Privatized health care that is only concerned with profit violates a person’s dignity**

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Further, critics of health care for profit maintain that all persons have a right to live their lives with dignity. Mixing business with medicine will inevitably lead to abuses that violate patient dignity. A patient is in a vulnerable position, necessarily trusting that the doctor's decisions about his or her medical care will be guided solely by the patient's best interests. But in a system of for-profit health care, doctors will become subject to the control of lay managers accountable to share-holders whose primary aim is making a profit. Such hospitals will encourage doctors to promote profit-producing drugs, surgeries, tests and treatments. And, medical treatments and counseling lacking profit potential, however effective, will be discouraged. Even more worrisome are physicians who themselves own the facilities they operate. Doctors owning dialysis centers, for example, have been accused of putting patients on dialysis sooner than necessary and putting off kidney transplants that would eliminate the need for dialysis altogether.

In a system of for-profit health care, the opportunities for patient manipulation and exploitation are endless. Society must not allow the motive of economic gain to enter so directly into the practice of medicine, placing the well-being of patients in serious jeopardy, and undermining the trust so essential to the physician-patient relationship.

It is immoral for a society to allow a group to outright violate a people’s worth and not protect their life based solely on their economic stature

**C. Commercialization abandons virtues and ideals that are necessary for a moral community**

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Finally, some critics of for-profit health care claim that the commercialization of medicine will lead to the abandonment of certain virtues and ideals that are necessary to a moral community. Most non-profits continue to uphold an ideal of service to humankind. The virtues of caring, compassion, and charity, and a sense of community have guided their decisions about the range of services to provide and the kinds of research or education to support. The ideal of altruism has been perpetuated by physicians whose primary concern has been the alleviation of human suffering and the restoration of health. Society must not allow such important and fragile virtues and ideals to be extinguished by the self-interest that drives for-profit enterprise.

We need to put the need of the community first in order to prevent its suffering and to make sure that the community remains healthy and maintains all the virtues that are necessary in order to have a functioning community

My second contention is that **universal health care is the cheapest form of health care and provides health care for the greatest amount of people.**

Universal Health-Care Coverage: Cheaper in the Long Run?

June 07, **2006**

**Carey**

A national health insurance plan backed by the taxpayer's dime is actually the best way to throttle back skyrocketing medical costs, according to some experts gathered in Phoenix, Arizona, recently for a "Faces of the Uninsured" conference.

 That's right: Thirteen years after then-First Lady Hillary Clinton's 1,000-page universal health-care plan met with derision, an increasing number of public policymakers are coming full circle, advocating mandatory enrollment for everyone and coverage regardless of age, income and pre-existing medical problems.

Evidence of the apparent attitude adjustment is obvious in state legislatures, where proposed laws such as Massachusetts' Health Care Trust, which would establish a universal, single-payer health plan for all Massachusetts residents, are being debated. Legislators' willingness to embrace single-payer salvation reflects less a change of heart than a key realization: Statistics indicate universal health care is cheaper, in the long run, than the status quo.

Lawmakers are listening to medical researchers like Mary Rimsza, whose data-gathering and number-crunching lays out a simple premise: People will be healthier and will cost society less if they are insured and have access to medical care. A pediatrician and research professor who also co-directs the Center for Health Information and Research in the W. P. Carey School of Business, Rimsza also is a pediatrics professor at the Mayo Graduate School of Medicine and University of Arizona College of Medicine.

Rimsza, along with center Director William G Johnson and Tricia Johnson, a faculty associate at the center, co-authored "The Effects of Access to Pediatric Care and Insurance Coverage on Emergency Department Utilization." The study, based on more than 30,000 Arizona children, found that uninsured kids who had a medical home and access to a private pediatrician's office were 93 percent less likely to show up in the emergency room for non-urgent care than kids who had not seen a pediatrician.

Climate favorable for reform

Like other experts who spoke at the Phoenix conference, Rimsza has noted the public's recent softening on the topic of national health-care reform. Back in 1993, "people didn't want the massive change that the Clinton plan would require," she noted. Today, though, with nearly 46 million Americans lacking health insurance -- 8 million of them children -- and the decreasing availability of affordable employer-backed coverage, even the business community is beginning to think that national health-care reform is needed. "Right now, the major voices against it are insurance companies, who worry about the financial effects of reform on their bottom line," she said.

Johnson and Rimsza's primary project, the enormous Arizona HealthQuery (AZHQ) database, is attracting much attention these days. [uses]Using "data-mining" techniques, they can use the health-care information on more than 6 million Arizonans to answer a multitude of research questions. The data is provided voluntarily from major health-care systems, AHCCCS and other health-care providers quarterly. AZHQ data analysts merge the data, de-identify it and store it for future analysis. Using the data, they have been able to show that uninsured people rarely see a physician until their condition becomes severe, and then they rely on expensive ERs for care. Probably because they delayed seeking care and do not get preventive health services, they are more likely to require hospitalization as well, according to the AZHQ data.

"They wait until they're very sick to go, then crowd the ERs and take up hospital beds, when, if they'd been treated earlier, their problems could have been taken care of on an outpatient basis," Rimsza explained. Since 68 percent of uninsured people work full time and another 13 percent work part time, their reliance on the ER also results in work absences and decreased productivity.

Because the Private health care system is corrupt and will naturally stay that way because of self- interest we need to provide the social good of universal healthcare to all citizens in order to uphold our community by maintaining lives. By decreasing the dominance of money in healthcare through universal healthcare, I link back to my value criterion of preventing dominance and link to my value of Morality because we need to save lives and our community in order to be moral.