I negate. 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)
* Guarantee: provide a formal assurance or promise, especially that certain conditions shall be fulfilled relating to a product, service, or transaction (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)

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 negative 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: Physicians aren’t motivated under a universal health care system

Roy G. Spece, Jr. [Professor, University of Arizona, James E. Rogers College of Law]. "A Fundamental Constitutional Right of the Monied to "Buy Out Of" Universal Health Care Program Restrictions Versus the Moral Claim of Everyone Else to Decent Health Care: An Unremitting Paradox of Health Care Reform? Journal of Health & Biomedical Law Suffolk University Law School. 2007. LexisNexis.

The discussion in Chaoulli concerning prevention of physician deprofessionalization and of loading the government mandated system with tough cases is hard to analyze. The idea seems to be that **"for-profit" medicine in competition with a sector that serves all persons breeds a callous attitude that makes it less likely that a physician will be** other-or **patient-regarding rather than self-regarding.** Although this interest seems legitimate, it is sufficiently weak to keep it from qualifying for any sta tus beyond being simply legitimate. **The notion of loading the government system with tough cases is weak because we are dealing with the assumption that those who seek care outside the government system will still pay taxes and subsidize the government program.** This would seem to take a burden off the government program. The idea might be that **physicians will be deterred from working within the universal plan because of a desire to encounter a range of cases rather than just difficult cases. Alternatively, physicians working within the universal plan might become frustrated and ineffective because of their difficult patient load.** The interest in avoiding loading the universal benefits providers with difficult cases seems legitimate, but nothing beyond that.

If physicians aren’t motivated to fully help and support their patients, then utility isn’t increased as the quality of medical care will go down, and may result in worse health for those in the universal health system, which obviously doesn’t maximize life.

C2: Universal Health Care causes privatization to collapse

Socialized Healthcare vs. The Laws of Economics By [**Thomas DiLorenzo**](http://whiskeyandgunpowder.com/author/tdilorenzo/) Aug 20th, **2009**, professor of economics at Loyola College in Maryland, a senior faculty member of the Ludwig von Mises Institute, and an affiliated scholar of the research arm of the League of the South and the Abbeville Institute

**The government’s initial step in attempting to create a government-run healthcare monopoly has been to propose a law that would eventually drive the private health insurance industry out of existence.** Additional taxes and mandated costs are to be imposed on health insurance companies, while **a government-run “health insurance” bureaucracy will be created, ostensibly to “compete” with the private companies. The hoped-for end result is one big government monopoly, which, like all government monopolies, will operate with all the efficiency of the post office and all the charm and compassion of the IRS.**

**UHC BAD**

Universal Health Care violates right to life.

In 2008, Michael Tanner 2: "In countries [with Universal Health Care], people are most likely to face waiting lists, rationing, restrictions on physician choice, and other obstacles to care." The status quo would allow for more choice and better options for US citizens than Universal Health Care. Piekoff: "The right to life [means that] no one can stop or oppose your struggle for [protecting life]." Thus, Universal Health Care would violate the individual's right to life by limiting how a person can protect their own right to life.