I affirm and value morality due to the term “ought”  
  
The standard for this round will be Consequentialism

[Journal of Philosophy, Inc.](http://www.jstor.org/action/showPublisher?publisherCode=jphil) George Nakhnikian

Ought is defined as “worthy of desire”for its own sake.  
  
Also, Utility is better for the public sphere because they are acting under a collective identity accounting for collective results rather than individual moral obligations which is completely redundant when dealing with public policy.  
Furthermore, there are no absolute moral truths that you can apply to every situation thus a consequentialist theory is the only real weighing mechanism in terms of government action.

[1] Cummiskey, David. Kantian Consequentialism. Published by Oxford University Press. 1996. (p.142).     
  
**Contention 1: Economy is suffering**   
  
**A is uniqueness) The health care system has an immediate impact on the economy**   
Single-payer Card: Joe **Messerli**, graduated from University of Wisconsin-Whitewater in '96 with degrees in Finance and Management Computer System. He has since accumulated over 240 college credits in various fields including psychology, history, law, medicine, economics, and accounting,2006,“Should the Government Provide Free Universal Health Care for All Americans?" /BALANCEDPOLITICS.org,7/16/2012  
  
**The number of uninsured citizens has grown to over 40 million.** Since **health care premiums continue to grow at several times the rate of inflation**, many businesses are simply choosing to not offer a health plan, or if they do,  to pass on more of the cost to employees. Employees facing higher costs themselves are often choosing to go without health coverage. No, health insurance doesn't necessarily mean no health care since there are many clinics and services that are free to indigent individuals.However,any costs not covered by insurance must be absorbed by all the rest of us, which means even higher premiums.**Health care has become increasingly unaffordable for businesses and individuals.** Businesses and individuals that choose to keep their health plans still must pay a much higher amount.Remember,**businesses only have a certain amount of money they can spend on labor. If they must spend more on health insurance premiums, they will have less money to spend on raises, new hires, investment, and so on.   Individuals who must pay more for premiums have less money to spend on rent, food, and consumer goods; in other words, less money is pumped back into the economy. Thus, health care prevents the country from making a robust economic recovery**. A simpler government-controlled system that reduces costs would go a long way in helping that recovery.

Boyd 2012(Ellen Nolte, Ph.D., and C. Martin McKee, M.D., D.Sc. “We’re Number 19!” <http://lifeomike.org/2012/04/03/were-number-19/>, DW DoA: 7-16-12 DoP: 04/02/12 DW)

That’s right, we’ve done it again. We have failed to come in among the top 10 nations when it comes to health care outcomes, and the only reason we made it into the top 20 is that only 19 industrialized nations were studied. In fact**,** of the 19 industrialized nations studied, the United States came indead last, down four places from the last study in 2008-09. Researchers Ellen Nolte and Martin McKee of the London School of Hygiene and Tropical Medicine tracked deaths that they deemed could have been prevented by access to timely and effective healthcare, and ranked nations on how they did. They estimated 101,000 people die prematurely in the United States each year because of lack of timely access to medical care. That estimate is more than double what Harvard Medical School estimated three years ago in its study published in the Journal of the American Medical Association. That means someone dies from lack of access to care about once every five minutes. Imagineif terrorists killed even a fraction of that many Americans in a year; we would be dropping bombs like crazy. Almost 50 million Americans lack insurance, and in a private health care system like ours, that means they also lack access to effective and appropriate care. France, Japan and Australia ranked at the top in the study, with what conservative Americans like to call “socialized medicine.” I call it effective, humane, moral and decent health care. “I wouldn’t say it (the last-place ranking) is a condemnation, because I think health care in the U.S. is pretty good if you have access,” Nolte told Reuters News Service in a telephone interview. “But if you don’t, I think that’s the main problem, isn’t it?” France performed the best — with 64.8 deaths deemed preventable per 100,000 people, in the study period of 2002 and 2003. Japan had 71.2 and Australia had 71.3 such deaths per 100,000 people. The United States had 109.7 such deaths per 100,000 people. Spain came in at fourth, followed by Italy, Canada, Norway, the Netherlands, Sweden, Greece, Austria, Germany, Finland, New Zealand, Denmark, Britain, Ireland and Portugal, with the United States last. All the countries made some progress in reducing preventable deaths from the earlier rankings, researchers said. These types of deaths dropped by an average of 16 percent for the nations in the study, but the U.S. decline was only 4 percent. The research was backed by the Commonwealth Fund, a private New York-based health policy foundation. “It is startling to see the U.S. falling even farther behind on this crucial indicator of health system performance,” Commonwealth Fund Senior Vice President Cathy Schoen said. In a statement, she added, “The fact that other countries are reducing these preventable deaths more rapidly, yet spending far less, indicates that policy, goals and efforts to improve health systems make a difference.” I think that’s being kind. I would say that we have let bullies on the right and the top 1 percent push us around long enough. Call it socialized medicine if you want, but it’s what we need, and it’s time to have it

**B is the solvency) Universal Health Care solves many of the current problems**  
  
**A) UHC allows all patients to receive preventative care**  
Richard **Blevins**Reporter for opened News.What Universal Healthcare Means to Americans. 6/30/12<http://www.opednews.com/articles/What-Universal-Healthcare-by-Richard-Blevins-120629-114.html> Access Date- 7/21/12  
Today the Supreme Court of the Unites States of American handed down a momentous decision, to uphold the constitutionality of the Patient Protection and Affordable Care Act (PPACA).   Of course this will continue to be debated.   Already the Republicans, including Mitt Romney, have vowed to overturn it, and continue to fight it at every juncture. Let's not lose sight of what the PPACA, which was dubbed Obamacare by the Republicans, provides for all Americans.It increases healthcare coverage for pre-existing conditions and won't allow insurance companies to deny coverage based on pre-existing conditions. This allows 30 million more Americans to get coverage.Researchers from Harvard Medical School say that the lack of coverage can be linked to about 45,000 deaths per year in the United States. That is more than die of breast cancer.   You don't see Republicans trying to prevent breast cancer research. More than 3 million Americans under the age of 26 will be allowed to stay on their parent's healthcare plan. Think about this; we weigh our youth down with incredible debt from the first day they start college.   Most carry this debt with them for many years after college, and many never get from under it.   Why burden them further by dropping their coverage just when they need it the most?   We should be doing more to help students. It's no wonder we have dropped to 14th in reading, 17th in science, and 25 in math.   We have our priorities all wrong.**More than 80 million Americans now have access to preventative care, such as vaccinations and cancer screenings. This vast increase in preventive care can't help but result in healthier Americans, fewer deaths, and ultimately lower healthcare costs.** Insurerscan no longer cap the total dollar amount of care you receive over a lifetime.   They also can no longer cancel your coverage because of an honest mistake on your application. Women have historically made less than men, and continue to today, however, they pay more for healthcare coverage.   Beginning next year this will no longer be allowed.   They can no longer deny coverage for "pre-existing conditions"such as, pregnancy, having had a C-section, or having been a victim of domestic violence.   45 million women will now have access to mammograms, cervical cancer screenings, pre and post natal care, flu shots, regular well-baby, well-child and well-woman visits, domestic violence screening, and contraceptives.For the first time ever, health insurers are required to use 80% of the money that they collect from individuals and 85% for large group insurers, and apply that towards actual healthcare rather than to add to their profit margin.   If they are found to be in violation of this new rule they are required to send their customers a rebate check.   This will stop some of the most egregious abuses by healthcare companies.   This year alone $1.3 billion will be returned to consumers and businesses.**The average American**, over the age of 65, **will save an about $650 per year.**These are our grandmothers and grandfathers. Don't forget, you too will be that age one day.   Last year $4.1 billion of our tax dollars was recovered due to healthcare fraud prosecutions.These are just the highlights; they are many more provisions that benefit us all.   How could Republicans fight so hard to prevent this law?   Is it because they think it is forcing religious intuitions to provide contraceptives against their beliefs?  Is it because of the individual mandate? Or is it because they believe it will drastically increase healthcare costs?   Let's look at the validity of each of these points.

**Providing health care to the uninsured will alleviate financial burdens on communities.**

**National Coalition on Health Care, 2008, “The Impact of Rising Health Care Costs on the Economy,”,** [**http://alumniconnections.com/olc/filelib/EXR/cpages/9/Library/1958\_Colloquia/1958\_Impact\_HealthcareCosts.pdf**](http://alumniconnections.com/olc/filelib/EXR/cpages/9/Library/1958_Colloquia/1958_Impact_HealthcareCosts.pdf)**, Date accessed: 7/17/2012**

**Unreimbursed expenditures for health services delivered to uninsured persons are borne by private and public payers, employers, and by federal taxpayers as well as state and local residents. Providing affordable health insurance to all Americans would alleviate substantial financial demands on communities, especially those local areas disproportionately affected by high uninsured rates. Local community officials and health care providers should be part of a national discussion to develop solutions to address the impacts of non-insurance**. **In order to address the issues of uncompensated care and non-insurance affecting communities, we need comprehensive health care reform where all Americans have health insurance which includes equitable health insurance financing in order to reduce cost shifting from payer to payer and patient to patient.**Contention 2) Bioterrorism would be catastrophic without UHC

A) *David S. Fedson. Preparing for Pandemic Vaccination: An International Policy Agenda for Vaccine Development. Journal of Public Health Policy, Vol. 26, No. 1 (2005), pp. 4-29*

Fedson writes:

**When the next pandemic virus emerges, it will replace the influenza viruses that have been circulating until then. Thus, a pandemic vaccine will need to contain only the pandemic virus**; in other words, it will be a monovalent not trivalent vaccine. **Given the current global production capacity** of ~300 million doses of trivalent vaccine (and assuming a production cycle similar to that for current trivalent vaccines), it is theoretically possible that up to 900 million doses of same-strength (15 g HA) monovalent pandemic vaccine could be produced. Most if not all people will never have been infected with an influenza virus like the pandemic virus. As they will be immunologically naive, they will require two doses of vaccine to be fully protected (21). This means that **only 450 million people could be vaccinated** with two doses of a "same strength" monovalent vaccine. In many countries, **public health officials will want to vaccinate everyone in their populations**. For this reason, when a pandemic virus appears, **government leaders in countries that have vaccine companies will probably "nationalize" their vaccine production facilities to ensure that there is enough vaccine to vaccinate their populations. This could mean that millions of people living in countries without vaccine companies will have to wait several months** or more **for**supplies of pandemic **vaccines. It also means that millions of people** living in many "have not" countries that have traditionally been supplied with interpandemic vaccines **will not be able to obtain any supplies of pandemic vaccines.**

B)Bioterrorism is imminent

#### Government Predicts Biological Attacks in 2013

Dave Bohon, June 15 2010,<http://thenewamerican.com/usnews/politics/item/3164-government-panel-predicts-wmd-attack-by-2013>, July 19 2012

The official report from a blue-ribbon panel warns that terrorists with weapons of mass destruction (WMD) are likely to attack somewhere in the world in the next three years, and the United States could be a prime target.According to the Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism, the likelihood is high that by 2013 terrorists will use WMDs in an attack somewhere in the world, and while several nations with terrorist ties are now in a race to produce nuclear weapons, the commission’s report says that an attack using biological weapons is the more likely scenario, with potentially devastating consequences. Among its recommendations, the commission said it believes that “the U.S. government needs to move more aggressively to limit the proliferation of biological weapons and reduce the prospect of a bio-terror attack.” The commission, co-chaired by former U.S. Senators Bob Graham (D-Fla.) and Jim Talent (R-Mo.), originally reported its findings in December 2008. During a June 10 press conference to announce legislation aimed at addressing dangers from terrorism, members of the commission joined with members of the House Homeland Security Committee to address the commission’s findings. **“**The consequences of a biological attack are almost beyond comprehension,” **said former Senator Graham. “**It would be 9/11 times **ten or** a hundred in terms of the number of people who would be killed.” Noting the millions of Americans who died as a result of the epidemic flu virus of 1918, **Graham predicted that** a lab-generated biological agent in the hands of terrorists could prove far worse. **“Today it is still in the laboratory,” he said, “but if it should get out and into the hands of scientists who knew how to use it for a violent purpose,** we could have**.**

#### Bioterrorism is dangerous to the US

Dr. Chris Holmes, retired Captain from the U.S. Navy and author, July 12, 2003, Why Bioterrorism is America’s Greatest Threat, <http://baltimorechronicle.com/jul03_bioterrorism.shtml>, July 20, 2012

Despite the recent spate of suicide bombings, biological terrorism is still the greatest threat. Conventional explosives, ‘dirty bombs’ and chemical weapons all stop at ground zero. But biological weapons could cause a nationwide epidemic. It’s not suicide bombers we should fear, but suicide coughers and sneezers.¶Bioweapons are relatively easy to produce. Secret labs, say, in North Korea, Libya, Cuba or Iran could be manufacturing plague, anthrax and maybe smallpox right now. In 1999, the Defense Threat Reduction Agency gave a paltry $1.6 million to a handful of scientists and challenged them to set up a secret bioweapons lab. The team ordered equipment and supplies from the internet and within a year were producing two pounds of an anthrax simulant per week at a site in the Nevada desert. The FBI never detected it. Named Operation Bachus, the results were sobering. ¶Bioweapons are easy to disperse, cause high numbers of casualties, and have high mortality rates.In 1970, WHO estimated that 50 kg. of anthrax released upwind of a city of 500,000 could produce 125,000 cases with 95,000 deaths. This is the same lethality as a nuclear weapon, but at a fraction of the cost. Plague and anthrax could be spread from crop dusters or pilotless drones, or dispersed through subway systems, the winds from the trains scattering the agent city wide.¶ More disruptive than actual casualties from a bioterrorist attack may be the psychological effects. The worried public would quickly clog the health care system. Cases of epidemic hysteria—which mimic the real thing but aren’t—would add further to the overload. Travel and commerce would grind to a halt. The fear from those anthrax-by-mail cases in 2001 (only 5 deaths from 23 cases) and this year’s SARS outbreak (zero U.S. deaths from about 300 cases) demonstrate how pyschologically unprepared we are to cope with bioterrorism. ¶ A greater risk may be bioweapons created by recombinant DNA technology. Imagine this nightmare scenario: a communicable form of anthrax—a germ with the infectiousness of SARS and the killing power of anthrax—is unleashed through infected air travelers. From these few cases, it spreads across the entire country. ¶ Is such a thing possible? Theoretically, it is, and research like it has already been done. For example, during their heyday, the Soviets used this technology to create antibiotic resistant strains of both anthrax and plague and were studying the feasibility of a weaponized Ebola-smallpox virus. An even greater horror were their plans to inject a neurological toxin into plague bacteria; a ‘supergerm’ which would cause the fever, rash and pneumonia of plague, and convulsions and paralysis from the neurotoxin**.** Finally, it’s possible our current antibiotics and vaccines would be ineffective against these recombinant germs. This is not science fiction. This technology is real. ¶ What are we to do? It is not hopeless, and we are not helpless. The same technology used to design new bioweapons can be used to overcome them, with new vaccines, antibiotics and protective devices. And time-tested public health measures—which contained the SARS epidemic—are still our best first line of defense against future outbreaks. The likelihood of another biological attack is high. We must be better prepared for the next one.

D) UHC solves

**In Ghana, universal health care provided immunization to everyone**

**Quick writes in 2011,** John Quick, Jonathan D. Quick, MD, MPH, is president and chief executive officer of Management Sciences for Health. Dr. Quick has worked in international health since 1978. He is a family physician and public health management specialist.

“Universal Immunization through Universal Health Coverage?” <http://blog.msh.org/2011/08/09/universal-immunization-through-universal-health-coverage/> DoP: 08/09/11 DoA: 7/16/12 dw)

**A child born in Ghana today will most likely receive a full** schedule of **immunizations**, **and her chances of survivin**g past the age of five **are far better than they were a decadeago**. Today Ghana boasts a coverage rate for infant vaccination of 90 percent and hasn’t seen an infant die of measles since 2003. Ghana has been expanding primary health care by bringing services to people’s doorsteps since the 1980s, and since the early 2000s has done so in the context of a commitment to universal health coverage. **The secret to its success in child immunization has been both integration and decentralization of health services: Government funding for all health activities is provided through a “common pot.**” District-level managers are responsible for local budgeting and service delivery. Local staff provide comprehensive rather than specialized care. Ghana is one of a growing number of low- and middle-income countries demonstrating that strong performance in immunization can go hand-in-hand with the aspiration of universal health coverage, access for all to appropriate health services at an affordable cost. This year’s Pacific Health Summit—convened in June in Seattle with the Gates Foundation, Wellcome Trust, Hutchinson Center, National Bureau of Asian Research, and other partners—brought together global leaders in science, industry, government, medicine, and public health to address immunization opportunities in the 21st century. One of the key topics at the Summit was immunization, universal health coverage, and integrated health systems strengthening. From the arguments and experience presented in Seattle and elsewhere, it is increasingly evident that universal immunization in the 21st century can only be achieved in the context of universal health coverage**. Immunization is a highly cost-effective and focused intervention, making it attractive to public health leaders and donors alik**e. At the same time, low- and middle-income countries do not and cannot ignore the continuing scourge of infectious diseases such as AIDS, TB, and malaria; the need to hasten progress in maternal, newborn, child, and reproductive health; and the staggering rise in the burden of chronic non-communicable diseases. One approach to the challenge of tackling multiple health needs is to keep adding targeted programs as new needs arise. The other is to seek to maximize efficiency, synergy, and health impact through a program of universal health coverage built on a strong, equitable, integrated health system. **When countries strengthen their health systems, they ensure access to primary health care, to which immunization is central**. Universal health coverage creates risk pools that lower the amount people pay for vaccinations. Such an approach achieves more through improved functioning of the health system: the denser the human resources base, for example, the higher the immunization coverage. Some argue that universal health coverage risks diverting resources away from immunization. In fact, participants at the Summit observed that countries pursing universal health coverage are also strong performers in immunization, including Ghana, Kenya, Rwanda, South Africa, Panama, Brazil, Mexico, Thailand, Indonesia, and Malaysia. The movement for universal health coverage will face the challenge of managing donor expectations. Ghana, for example, has struggled to convince all its partners to contribute to the common pot. It has included a line item for vaccines in its national budget and has successfully procured all its vaccines for more than 10 years, but donors have historically requested that their funds be used exclusively for vaccination programs. **To achieve and sustain high immunization coverage, the immunization movement and the movement to achieve universal health coverage must create synergies**. Immunization donors and other **actors should focus on health system requirements to support increased immunization coverage**. Working together, our efforts will be consistent with a human rights approach to health, fostering equity and social solidarity as we save lives and improve the health of the world’s most vulnerable people.

**Herd immunity stops the spread of diseases—stopping infections.**

**Robert D. Putnam writes in 2009**, Robert David Putnam (born January 9, 1941,[1] in Rochester, New York) is a political scientist and professor of public policy at the Harvard University, “What is herd immunity?” 2009 <http://health.howstuffworks.com/human-body/systems/immune/herd-immunity.htm> DW)

In the 2000 book "Bowling Alone," political scientist Robert D. Putnam argued that social capital in America was declining. As one way to support that point, Putnam pointed to statistics involving membership in community organizations. People simply saw each other less, according to Putnam. There was no chance to meet the neighbors down the street, socialize with other members of the community or get to know anyone outside of your own house. And that was if you even saw the people in your own house -- Putnam believed that technology such as television and the Internet had completely negated the need to speak to anybody.¶ Putnam's point was summed up in the very title of the book: People in the United States were bowling more and more, but they were heading to the local alley by themselves. The old days of joining a league and fraternizing with the same group of people every week were over. Now, people were shut off from all social connections and bowling alone.¶ But beyond the societal problems thatPutnam believes can arise from declining social capital, an "**[An] every man for himself" approach can have tremendous effects on public health. Keeping populations of a community free from viral disease rests in part on the success of herd immunity. Herd immunity rests on the principle of safety in numbers; if more people are immune to a certain virus**, either through vaccination or through already having the disease, **then more people in the population, even if they themselves aren't immune, are protected from the disease.¶ To illustrate the point [let’s look at a bowling alley]**, let's return to that bowling alley where people are bowling by themselves**. Let's say the guy on the first lane contracts influenza, and he passes it along to the woman on the second lane. If that woman isn't immune to influenza, then the disease will likely continue its path lane by lane until every person in the bowling alley is suffering. But if that woman is immune, then the disease stops with her,** because the virus has nowhere else to go (assuming that the guy in our example didn't have contact with anyone else). By her immunity, she protected all the people on subsequent lanes, even if they didn't get a flu shot that year.

**FRONTLINES**

Bioterrorism

Link

This happens because