

**Resolved: The United States ought to guarantee Universal Healthcare for its citizens**

**Definitions:**

Guarantee: A formal promise or assurance

(Oxford Dictionary, http://oxforddictionaries.com/definition/english/guarantee?q=guarantee)

Universal Healthcare:

**The World Health Organization defines Universal Healthcare as**

(World Health Organization, *World Health Report 2010*, 2010, www.who.int/healthsystems/topics/financing/healthreport/TBCHINo6.pdf)

Universal Healthcareis **a healthcare system which provides health care and financial protection through some apparatus to all of its citizens with the end goal of providing financial risk protection, improved health services, and improved health outcomes.**

Ought:

**Daniel Statman in 1995 defines ought as simply**

(Daniel Statman, Professor of Philosophy Haifa University, *Moral Dilemmas,* Amsterdam: Rodopi publishing, www.academia.edu/318110/Ought\_Does\_Not\_Imply\_Can)

**To express a moral duty or obligation**  
Observation #1: The definitions of guarantee and Universal healthcare have two implications

1. For the United States to actually guarantee such coverage this means that there would need to be a system in place run by the federal government and not by the states. A mandate is not a guarantee of coverage so any ground of mandates falls to the negative and not the affirmative.
2. There has to be some sort of funding at the national level.

Observation #2: Obamacare is commonly misinterpreted as strictly Universal Ground, however, aspects of the Patient Protection and Affordable Care Act are actually key negative ground

**Alice Rivlin in 2010 explains**

(Alice M. Rivlin, First Director of the Congressional Budget Office, Huffington Post, “Health Reform: Last Call for Competitive Markets?”, September 10th, 2010, www.huffingtonpost.com/alice-m-rivlin/post\_824\_b\_711341.html)

**While opponents paint the PPACA as government-run health care or "socialized medicine," the opposite is true. Its central innovation is the exchange, a marketplace in which the uninsured can buy coverage. States are charged with establishing exchanges. Health plans will offer their wares. Consumers, armed with low-income subsidies, will make choices. Small businesses will shop the exchanges for the best deal in a larger pool. Choice and competition will move the markets.**

(The Patient Protection and Affordable Care Act, 111th Congress Public Law 148, From the US Printing Office, House Resolution 3590, www.gpo.gov/fdsys/pkg/PLAW-111publ148/html /PLAW-111publ148.htm)

Value: Societal Welfare

Because the resolution discusses Domestic political action, the clear goal of any action the United States government might take would be in hopes of increasing societal welfare. The only reason that the people of the United States even submit themselves to a collective control is in hopes that if the welfare of all is preserved then their individual welfare is taken care of.

Value Criterion: Political Efficiency

**Hans Morgenthau** **explains the importance of political efficiency of the state in relations to its moral obligation to provide societal welfare**

(Morgenthau, Hans, Political Theorist and Professor at the University of Chicago, Politics among nations: The Struggle for Power and Peace, 1948, New York; Knopf)

Realism maintains that universal moral principles cannot be applied to the actions of states in their abstract universal formulation, but that they must be filtered through the concrete circumstances of time and place. **The individual may say for himself: “*Fiat justitia, pereat mundus* (Let justice be done, even if the world perish),” but the state has no right to say so in the name of those in its care. Both individual and state must judge political actions by universal moral principles, such as that of liberty. Yet while the individual has a moral principle, the state has no right to let its moral disapprobation or the infringement of liberty get in the way of successful political action, itself inspired by the moral principle of national survival. There can be no political morality without prudence; that is, without consideration of the political consequences of seemingly moral action**. Realism, then, considers prudence—the weighing of the consequences of alternative political actions—to be the supreme virtue in politics. Ethics in the abstract judges action by its conformity with the moral law; political ethic judges action by its political consequences.

Thus any moral obligation from the state is directly derived from successful political action. If the negative proves a more successful political action than the Affirmative then the judge acting as the state would have a moral obligation to Negate.

Contention #1: A regulated market is key to Effective Healthcare Policy

Sub point A: Regulation helps steer market competition to benefit low-income and business consumers through lower prices.

**Alice Rivlin in 2010 states**

(Alice M. Rivlin, First Director of the Congressional Budget Office, Huffington Post, “Health Reform: Last Call for Competitive Markets?”, September 10th, 2010, www.huffingtonpost.com/alice-m-rivlin/post\_824\_b\_711341.html)

**Everyone wants higher-quality care, expanded access, and slower health care spending growth. For decades, the rhetoric of health reform has pitted advocates of market solutions, choice, and competition against advocates of government intervention and regulation--a false dichotomy. Markets do not function efficiently unless regulations ensure that consumers have access and comprehensible choices and producers are actually forced to compete. The Patient Protection and Affordable Care Act (PPACA) is designed to make health insurance markets function more competitively, especially for long-ignored low-income and small business consumers.**

**Impact: This helps us garner the benefits of accessibility to healthcare coverage for the previously uninsured. It also allows for better coverage because providers are not a one-size-fit all system and allow for regional variation to better help the people they are serving.**

Subpoint B: The United States’ current system of non-universal healthcare is one of the best in the world,

**Micheal Tanner in 2008** **reports**

(Micheal Tanner, Cato Institute, *Policy Analysis No. 613*, “The Grass is not Always Greener: A Look at National Health Care Systems Around the World”, March 18, 2008, www.cato.org/pubs/pas/pa-613.pdf)

**Numerous studies have attempted to compare the quality of health care systems. In most of these surveys, the United States fares poorly, finishing well behind other industrialized countries. This has led critics of the U.S. health care system to suggest that Americans pay more for health care but receive less. There are several reasons to be skeptical of these rankings. First, many choose areas of comparison based on the results they wish to achieve,** or according to the values of the comparer. For example, SiCKO cites **a 2000 World Health Organization study that ranks the U.S. health care system 37th in the world, “slightly better than Slovenia.” This study bases its conclusions on such highly subjective measures as “fairness” and criteria that are not strictly related to a country’s health care system, such as “tobacco control.” For example, the WHO report penalizes the United States for not having a sufficiently progressive tax system, not providing all citizens with health insurance, and having a general paucity of social welfare programs. Indeed, much of the poor performance of the UnitedStates is due to its ranking of 54th in the category of fairness.** The United States is actually penalized for adopting Health Savings Accounts and because, according to the WHO, patients pay too much out of pocket. Such judgments clearly reflect a particular political point of view, rather than a neutral measure of health care quality. **Notably, the WHO report ranks the United States number one in the world in responsiveness to patients’ needs in choice of provider, dignity, autonomy, timely care, and confidentiality.When you compare the outcomes for specific diseases, the United States clearly outperforms the rest of the world. Whether the disease is cancer, pneumonia, heart disease, or AIDS, the chances of a patient surviving are farhigher in the United States than in other countries.** **Moreover, the United States drives much of the innovation and research on health care worldwide. Eighteen of the last 25 winners of the Nobel Prize in Medicine are either U.S. citizens or individuals working here.**

**On top of all of this the United States avoids problems that Universal systems have such as longer waits, higher rates, and doctors actually get paid what they are worth. The United States system is actually far and above most healthcare systems in the world, it just requires regulation in order to make it more accessible. Abandoning such a system would be political inept.**