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SNFI Lincoln-Douglas  8/04/2012

Affirmative Case for Universal Health Care

**Resolved:** The United States ought to guarantee universal health care for its citizens.  
  
I affirm the resolution.  
  
**Definition of Terms:**  
  
For clarity, I will define the following terms:  
  
ought to: used to express moral obligation  
<http://www.merriam-webster.com/dictionary/ought>  
  
Universal health care: A guarantee of basic health care to all its citizens under a single-payer system. Basic health care includes treatment for urgent, emergent, preventative, reconstructive, routine, and chronic care. A single-payer healthcare is a system in which a single public or quasi-public agency, usually the federal government, organizes health financing, but the delivery of care can remain largely public.  
  
**Values:**  
My value for this round will be justice, which is defined as fairness and conforms to the Rawlsian ideal that justice is the “first virtue of social institutons,” such as the United States. (Allya’s Case)  
  
**Criterion:**  
  
My criterion will be increasing equal opportunity, and thus affirms the value of justice because equal opportunity allows a just start for every person. As Rawls states in his *A Theory of Justice(1971)*, “[E]ach person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others.” (from Allya’s case). Upholding justice is fair, and therefore we must increase equal opportunity   
  
**Contention #1**:  If the United States did not provide universal health care, the result is increased mortality in the uninsured population, which prevents the uninsured from equal opportunity completely.  
(Using 2 of Sunny’s Cards)  
  
**AMSA** writes: “As a result of these difficulties accessing health care, the non-partisan Institute of Medicine estimates that the uninsured have an excess annual mortality rate of 25%. This increased mortality translates into 18,000 excess deaths for people between age 25-64 per year, which is of comparable magnitude to the number of people in this age group who die each year from diabetes, stroke, HIV, and homicide.” (end quote)  
  
**Harvard Science,** in 2009 further proves this point: (quote) “Nearly 45,000 annual deaths are associated with lack of health insurance, according to a new study publishedonline todayby the American Journal of Public Health. That figure is about two and a half times higher than an estimate from the Institute of Medicine (IOM) in 2002. The study, conducted at Harvard Medical School and Cambridge Health Alliance, found that uninsured, working-age Americans have a 40 percent higher risk of death than their privately insured counterparts, up from a 25 percent excess death rate found in 1993. “The uninsured have a higher risk of death when compared to the privately insured, even after taking into account socioeconomics, health behaviors, and baseline health,” said lead author Andrew Wilper, M.D., who currently teaches at the [University of Washington School of Medicine](http://uwmedicine.washington.edu/).  **[said] “**We doctors have many new ways to prevent deaths from hypertension, diabetes, and heart disease — but only if patients can get into our offices and afford their medications.”  
  
  
**Contention #2:**  Egalitarianism is the moral doctrine that people should be given equal opportunities, and under a  medical  system that is not universal, those who do not have health care are at risk for poorer health, which disadvantages the citizen in society and does not respect equal  opportunity.

**Subpoint A:** It is also shown from detailed studies by the Institute of Medicine and by the American Medical Student Association that the uninsured do not have equal access to health care.

**The uninsured are less likely to be able to fill prescriptions and more likely to pay much more of their money out-of-pocket for prescriptions**  
. In a recent survey, one third of uninsured Americans reported that they were unable to fill a prescription drug in the last year because of the cost.  
  
**The uninsured are 3-4 times more likely than those with insurance to report problems getting needed medical care, even for serious conditions**. In one study, more than half of the uninsured postponed needed medical care due to financial concerns, while over one third went without a physician-recommended medical test or treatment due to financial concerns.  
  
**The uninsured are less likely to have a regular source of health care.** 40% of the uninsured do not have a regular place to go when they are sick or need medical advice, compared to less than 10% of the insured. As a result, 20% of the uninsured say their usual source of care is the emergency room, compared to just 3% of the insured.  
  
**The uninsured are less likely to get needed preventive care.** When compared to the insured, uninsured, non-elderly adults are 50% less likely to receive preventive care such as pap smears, mammograms, blood pressure checks, sigmoidoscopies, cholesterol screening, and prostate exams.  
  
**The uninsured are more likely to be forced to delay medical services, affecting the timeline of diagnosis and thus the prognosis of the disease process.** In one study, the time to diagnosis of late-stage cancer was compared between uninsured and privately insured patients. The uninsured patients were 1.7, 2.6, 1.4, and 1.5 times more likely to be diagnosed late for colorectal cancer, melanoma, breast cancer, and prostate cancer, respectively.  
  
**The uninsured are more likely to receive poor care for chronic diseases**. Among non-elderly adult diabetics, a lack of insurance is associated with less glucose monitoring and fewer foot and eye exams, leading to an increased risk of hospitalization and disability. Uninsured individuals with end-stage renal disease are more likely to have progressed to a more advanced stage before beginning dialysis.  
  
*www.****amsa****.org/****AMSA****/Libraries/.../****Case****ForUHC.sflb.ashx*

**Subpoint B:** Competition

by DiFlorio

“In order to have an equal opportunity to compete, a person must at least have an opportunity to develop his or her capabilities. Without the fulfillment of certain basic needs, such as... healthcare, people are prevented from developing their capabilities and thus excluded from the game of competition.”

**Contention #3:** Universal health care promotes equal fiscal opportunity, which advantages the uninsured in society compared to the status quo and thus increases equal opportunity.  
  
**Subpoint A:** The costs the uninsured pay for health care in the status quo, privatized health care, are not equal to the costs the insured pay and thus the current system does not uphold the value criterion.

The Supreme Court has released empirical statistical evidence that demonstrates the nature the insured seek and how a privatized system does not respect equal fiscal opportunity.

“The average bill for a single hospital stay for an uninsured person was $22,200.”

“Individuals without insurance can rarely cover charges of this magnitude. Even uninsured families with income above 400% of the federal poverty level—starting at just under $90,000 for families of four— have sufficient assets to pay their full hospital bills for only 37% of their hospitalizations.”

“Third-party sources, including government programs (like Medicaid disproportionate share hospital payments, 42 U.S.C. 1396r-4) and charities, paid for 26% of their care, totaling $30.2 billion.”

“Thirty-seven percent of the uninsured health care costs, totaling $43 billion, was “uncompensated care—i.e., care received by uninsured patients but not paid

for by them or by a third party on their behalf.”

**Subpoint B:** Creating a universal health care system will remove the waste of consumer dollars, and use saved efficiencies for redistribution. In the current system, private insurers waste health care dollars on inefficiencies that have nothing to do with care: overhead, underwriting, billing, sales, and marketing departments as well as an exorbitant executive pay. Doctors and hospitals must maintain costly administrative staffs to handle bureaucracy. Universal health care will reduce these wastes and provide comprehensive coverage to **redistribute** and increase equal opportunity.  
  
by -Bently, Effros, Palar, Keeler  
“Waste is caused by factors such as health insurance and medical uncertainties that encourage the production of inefficient and low-value services. Various efforts to reduce waste have encountered challenges, such as the high costs of initial investment, unintended administrative complexities, and trade-offs among patients, payers’, and provide interests. Successful reduction strategies must integrate administrative, operational, and clinical components of care,” which the universal health care system will accomplish.  
  
  
<http://www.jstor.org/stable/25434113?seq=1&Search=yes&searchText=waste&searchText=care&searchText=health&searchText=consumer&searchText=private&list=hide&searchUri=%2Faction%2FdoBasicSearch%3FQuery%3Dconsumer%2Bwaste%2Bprivate%2Bhealth%2Bcare%26acc%3Don%26wc%3Don&prevSearch=&item=1&ttl=7282&returnArticleService=showFullText&resultsServiceName=null>