

Single-payer Universal Healthcare Affirmative

I affirm the resolution. The United States ought to implement a single-payer universal healthcare system.

I offer a few definitions before I begin:

- 1. Healthcare:** the organized provision of medical care to individuals or a community.
- 2. Implement:** to put something into effect.
- 3. Single-payer:** one entity that collects funds and pays for healthcare on behalf of an entire population.
- 4. Universal:** of, affecting, or done by all people or things in the world or in a particular group; applicable to all cases.
- 5. Ought:** used to indicate duty or correctness.
- 6. Equity:** the quality of being fair and impartial.
- 7. Public Health:** the health of the population as a whole, especially as the subject of government regulation and support.

Observation 1: The resolution implies that the United States has a duty to care about Public Health concerns since they are inherent part of society. The negative cannot propose radical definitions for what they think Public Health concerns mean because the term is already inherent within the current system.

Observation 2: Every argument made must be topical to single-payer universal healthcare and the current status quo of the healthcare system.

My Value Premise is Utilitarianism

Utilitarianism is the doctrine that actions are right if they are useful for the benefit of a majority. It is the United State job to maximize the welfare of society and one way to benefit a significant amount of people in society is by maximizing the public health of its citizens. The United States is constantly trying to maximize the public health of its citizens. In order to achieve that one thing, they have to prioritize protecting lives.

My Value Criterion is protecting lives

It is the United States moral obligation to protect the lives of its citizens. With a singer-payer healthcare system we are benefiting the majority of society by giving them access to healthcare which in return will maximize the public health of the citizens of the United States of America.

Contention 1: Having single-payer universal healthcare can help stop the medical debt crisis.

According to Matthew Rae in 2022, he stated “... medical debt remains a persistent problem. For people and families with limited assets, even a relatively small unexpected

medical expense can be unaffordable. For people with significant medical needs, medical debt may build up over time. People living with cancer, for example, have higher levels of debt than individuals who have never had cancer.”

Sub Point A: Medical debt actually make people sicker.

Mandy Pellegrin stated in 2021 that “... medical debt itself may affect health outcomes, exacerbate already poor health outcomes, and worsen existing health disparities via: ... • Stress that affects mental health and, in some cases, prompts riskier health behaviors. • Reduced use of and access to medical care. ... The effects of medical debt can be long-lasting...”

Sub Point B: Healthcare debt hurts consumer spending which hurts the economy.

According to the Kaiser research which was reported by CNBC “63% with current or recent debt (within the past five years) said it caused them to cut spending on food, clothing, and other basics — including 51% of those with annual household income above \$90,000. Nearly half (48%) with such debt said they used up all or most of their savings to pay it off”. Collectively, medical debt in the U.S. stood at \$195 billion or more in 2019.

Sub Point C: Medical cost are a significant contributor to poverty in the status quo.

According to Christopher in 2018: In the United States, most insured families pay premiums, deductibles, and copayments that are not scaled to income. As a result, medical care expenses exacerbate poverty and income inequality, which are key social determinants of health .. Out-of-pocket health care expenditures are likely to continue increasing .. which will drive many families into poverty.

Contention 2: Single-payer universal healthcare will create equity of treatment.

With universal healthcare all U.S. residents would have the same coverage. This could be a major step towards redressing racial/ethnic and income related disparities in coverage and access to care.

Sub Point A: Universal healthcare can help with the racial disparities in healthcare.

According to Stuart Butler in 2020: The inequities and gaps in this system are a national disgrace. One result is significant differences in the medical resources and outcomes associated with different population groups. For instance, Hispanics and Black Americans have significantly worse health than whites in America. Local conditions as well as inadequate health resources exacerbate these differences; people raised in medically under-resourced and minority areas tend to experience poorer health throughout their lives when compared with others. However, universal health care would guarantee adequate, affordable, and accessible care to all U.S. residents regardless of race.

Sub Point B: Universal healthcare will be fair to everyone regardless of how much you get paid.

According to Stuart Butler in 2020: Another feature is inequities and gaps associated with employment. Only 89 percent of workers are employed in firms that offer health insurance. For them, the full value of their compensation in the form of employer-sponsored insurance (ESI) – with the employer share valued at an average of nearly \$16,000 in 2020 for family coverage – is free of federal, state, and payroll taxes (known as a “tax exclusion”). But this tax break is much more valuable to highly paid workers than to low-paid employees who pay little or no federal income tax. Moreover, even this regressive tax break is unavailable to part-time workers or others who cannot afford to purchase family coverage offered by the employer. Universal healthcare would solve this problem and eliminate this inequity.

For these reasons, I urge you to vote for the affirmative.

Sources:

1. Matthew Rae 2022,
<https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/>
2. Mandy Pellegrin 2021,
<https://www.sycamoreinstitute.org/how-medical-debt-affects-health/>
3. Sarah O'Brien 2022 (CNBC),
<https://www.cnbc.com/2022/06/22/100-million-adults-have-health-care-debt-and-some-owe-10000-or-more.html#:~:text=Investing%20Club-,100%20million%20adults%20have%20health%2Dcare%20debt%20%E2%80%94%20a%2012%25,them%20owe%20%2410%2C000%20or%20more&text=An%20estimated%2041%25%20of%20adults,up%20on%20consumer%20credit%20reports.>
4. https://www.urban.org/sites/default/files/publication/99918/pros_and_cons_of_a_single_payer_plan.pdf
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5803800/>
6. <https://www.brookings.edu/research/achieving-an-equitable-national-health-system-for-america/>

Side Note: *Most of these points and contentions are in the wonderful BDL September/October packet created by Coach Sasan. Please review his pack that was passed out to all students to read up on these topics if you decide to use this case. Please understand this still needs work and is just to help you all.*