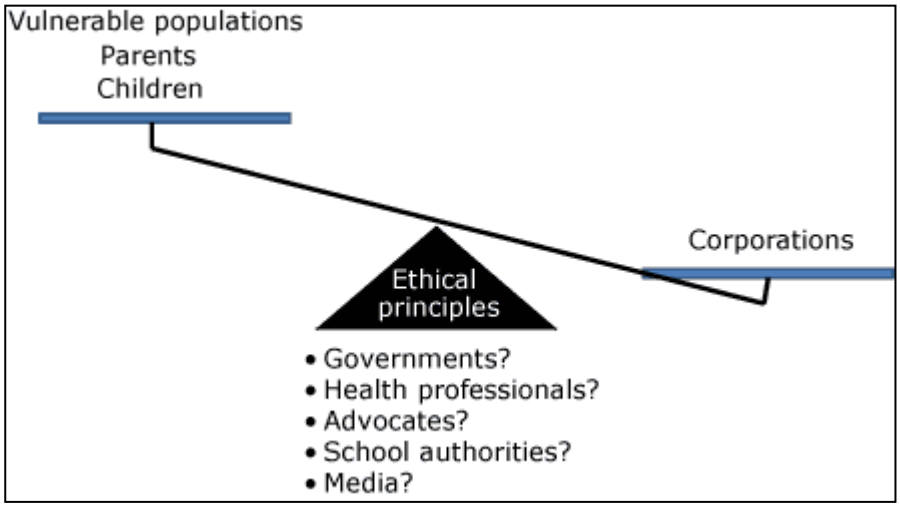
Compete Prepared

Resolved: When in conflict, an individual's right of self-determination ought to be valued above public health concerns.

THE FORENSICS FILES

THE LD FILE



Index

Topic Overview

Part I: Introduction

This new UIL topic is difficult to clarify or delimit. The problem with the topic is not due to the first issue, individual self-determination which means the capacity of individual's to make their own choices, but the second clause, public health. Public health is an extremely broad term. The American Heritage Dictionary defines public health as, "The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards." Essentially then, public health can touch upon almost every aspect of an individual's life. Consider the first clause in the definition of public health, 'protecting and improving the health of a community.' This would influence efforts at quality control of air, water, pollution and it could touch on speed limit laws, smoking laws, work conditions, combatting climate change, dietary concerns, and so much more. That is just one clause in the definition. Clearly there could be conflict with individual choice in each area just mentioned as a person may want to drive 90 for example but concern for public health would check the individual capacity to do so.

Clearly the topic requires some limiting in order to help ensure that debaters clash on the topic. The broadness of the topic means that an affirmative could stand up and defend parent's refusing to vaccinate kids while the negative argues that euthanasia is immoral. The affirmative could argue that smoking bans are unjust while the negative argues that the FDA is justified. This could make for problematic rounds. The literature on this topic does seem to ultimately focus upon universal health care and issues in medicine. This was uncovered by beginning research on the negative side. Advocates of public health do seem to focus heavily on issues in

health care specifically in their writings rather than the slightly more broad *any issue that touches on human life in any way at any time*. One reason for this is because even if public health is not exclusively an issue of medicine, clearly issues in medicine effect public health. A second reason for this is because even if one does think the topic is discussing any issue that touches on human life in any way at any time, people suffering from health issues will ultimately seek or desire medical help.

So our conclusion at The Forensics Files was that this topic is most likely a debate on universal health care. This is also based on the literature. Public health advocate, Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), explains, "What concrete steps can public health take to accomplish this dramatic shift? Perhaps the most important step that public health might take to overturn the application of market-justice to the category of health protection would be to cen-trally challenge the absence of a right to health. Historically, the way in which inequality in American society has been confronted is by as-serting the need for additional rights beyond basic political freedoms. (By a right to health, I do not mean anything so limited as the current assertion of a right to payment for medical care services.) Public health should immediately lay plans for a national campaign for a new public entitlement-the right to full and equal protec-tion for all persons against preventable disease and disability."[1]

Even granting all of the above, this file does not claim in any way to speak for the intent of the author's at UIL of this topic. It is quite possible that they had something completely different in mind when they wrote this topic. Additionally, other coaches and debaters may interpret this topic quite differently. In other words, debaters will need to justify their

[1] Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

interpretation of the topic and many rounds may ultimately come down to who wins the interpretation of the topic. There is certainly nothing wrong with debating interpretations of topics and this resolution may have been written specifically to foster just such debate. It is probably more crucial for the affirmative to win an interpretation than the negative because the negative can simply grant an affirmative interpretation and clash, or apply their arguments to the affirmative in an effective way. However, the negative could win many rounds by proving the affirmative has simply interpreted the resolution incorrectly and therefore, is not topical. All this said, this topic file treats the resolution predominantly as an issue of universal health care. Cards are cut to apply both specifically to that, and to government intervention for any reason on public health.

Part II: The Affirmative

If indeed the topic is about universal health care, then there is certainly no shortage of evidence or arguments on either side of that topic. It is highly likely your debate team has back files on universal health care and so could find more arguments in those. So there is an abundance of literature. This means the affirmative should have no issue finding criticism of existing universal health care systems and just government intervention in the health care market. The affirmative could argue that these systems and similar intervention makes health care more expensive, creates shortages of doctors, supplies, coverage without care, and more. The problem with this topic for the affirmative is that the alternative to such intervention is less clear. This is not a judgement of the freedom alternative but it is simply a less clear alternative. Advocates of universal health care and government health care plans generally can lay out steps one, two, three, and such and claim benefit x, y, and z Advocates of free market systems can identify

specific things they want to repeal, effects of more competition, but more freedom is harder to quantify explicitly. It could still be better but it is more challenging to argue.

All of the cases we offer defend the value of morality. This is due to the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution. Looking to any other value would mean the question of the resolution is at best indirectly answered or is left unanswered. So all of our cases vary on the criterion level. The first case argues that the way to achieve morality is by restraining government power. The case quotes Professor Rummel to support this "even without the excuse of combat Power also massacres in cold blood those helpless people it controls. Several times more of them."[2] The first point in this case argues that public health turns doctors into criminals in order to save the lives and health of their patients, a clear abuse of government power. The second point in this case argues that government intervention in the health market leads to creeping government power as it must exercise control over our choices in order to control costs. The last point in this case argues that we can protect health without increasing government power increasing individual freedom and health.

The second affirmative case we offer argues that the moral is the practical. The case quotes Professor Woiceshyn to support this where she writes, "morality is "a code of values to guide man's choices and actions—those choices and actions that determine the purpose and course of his life." Consider the principle of honesty: whether you choose to follow it or select a career as a con artist, will determine the purpose and course of your life. Similarly, if you follow the principle of self-interest, the purpose and course of your life will differ dramatically from

[2] RJ Rummel, "20th Century Democide," Death by Government, 1994

those who follow the principle of self-sacrifice."[3] The first point in this case argues that government intervention in the health market for public health cannot possibly work. The second point in this case argues that government intervention for public health in the health market is the root cause of America's health issues. The last point in this case argues respecting freedom, meaning protecting the right to self-determination, does solve for health concerns and so it is practical.

One approach that could be successful for the affirmative would be to argue that government intervention for public health leads to rent seeking. In other words, this intervention leads to empowering special interests or crony capitalism. Lin Zinser and Paul Hsieh explain why writing, "Benefit mandates also serve as a giant magnet for special interest groups. Groups of people who suffer from a particular condition have lobbied successfully to force insurers to cover their condition. For instance, in various states special interests have successfully campaigned for coverage of autism diagnosis and treatment, cervical cancer vaccine, mental health benefits, alcoholism treatments, and morbid obesity treatments. They have required insurance companies to provide coverage for "children" up to age thirty. Other special interests include vendors such as massage therapists, pastoral counselors, and athletic trainers who have lobbied successfully for their services to be covered by health insurance. Although insurance companies should be free to offer such coverage, no one—including the government—has a right to force them to do so. This is the health care equivalent of the government requiring all homeowners insurance policies to cover theft of coin collections, even though most homeowners

[3] Jaana Woiceshyn (Associate Professor Director - Graduate Thesis Program Faculty - Strategy and Global Management Haskayne University), "The Moral Equals The Practical," Capitalism Magazine, October 14, 2013, http://capitalismmagazine.com/2013/10/moral-equals-practical/

do not own coin collections."[4] The reason this approach could be successful is because the logic of expanding special interest could apply on any potential interpretation of the resolution. Additionally, special interests are viewed negatively in the current electoral climate providing potential access to both logos and pathos in a round.

Part III: The Negative

A potentially powerful argument for the negative is to point out that many premises of public health are at the very foundation of society, in other words, we cannot fully affirm without rejecting these very societal foundations. Mary-Jane Schneider elaborates writing, "One of the primary purposes of government is to "promote the general welfare," as called for in the U.S. Constitution. Health and safety, together with economic well-being, are the major factors that contribute to the general welfare. While the government cannot guarantee health and safety for each individual, its role is to provide for maximum health and safety for the com-munity as a whole. One of the central controversies in public health is the extent to which gov-ernment can and should restrict individual freedom for the purpose of improving the community's health. There has long been general agreement that it is acceptable to restrict an individual's free-dom to behave in such a way as to cause direct harm to others. Laws against assault and murder are found in the Bible and even the Babylonian Code of Hammurabi, which dates to the 18th century B.C. When the harm is less direct, however, the issues become more controversial. Most controversial are governmental restrictions on people's freedom to harm themselves."[5] If the

[4] Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

[5] Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

negative can win that public health concerns are baked into the cake so to speak, then it would be very difficult for the affirmative to win public health concerns should be devalued.

The first negative case we offer defends potentially the most obvious criterion for the round, achieving the greatest good for the greatest number. The case quotes Trelaine Ito who explains why writing, ""any object of moral assessment (e.g. action, motive, policy, or institution) should be assessed by and in proportion to the value of its consequences for the general happiness"—and is known as act-utilitarianims: the justification of an action is determined by the value of the consequences of that particular act."[6] The first point in this case argues that market based approaches to health empirically fail and that government intervention for public health is necessary to achieve the greatest good. The second point in this case argues that prioritizing public health actually functions to protect the rights of others by preventing individuals from causing them harm.

The second negative case we offer argues that the way to achieve morality is by combatting poverty. The case quotes Mirko Huber to support this writing, "P1: We have a (moral) human right to keep up our lives (on the level of basic necessities). (burden of proof) P2: (Extreme forms of) poverty deny us to keep up a live (on the level of basic necessities). (empirical fact) C1: Poverty is a violation of human rights"[7] The first point in this case argues that affirming sacrifices the vulnerable to the powerful quoting Dan E. Beauchamp, "solving or minimizing these problems requires painful losses, the re-structuring of society and the acceptance of new burdens by the most powerful and the most numerous on behalf of the least

[6] Ito, Trelaine, "An Ethical Justification of State Paternalism: Restricting Individuals' Freedoms and Rights to Maximize Group Utility" (2011). Humanities. Paper 3.
[7] Mirko Huber, "On The Moral Significance of Poverty," Institute for Philosophy http://www.philosophie.unibe.ch/unibe/philhist/philosophie/content/e7004/e8222/e8225/e8232/Moral_Significance_of_Poverty.pdf

powerful or the least numerous."[8] The last point in this case argues that public health is the egalitarian alternative to market based health care.

Just as the affirmative has access to specific examples they could use to affirm such as vaccinations, euthanasia, experimental drugs, etc, the negative also has access to unique topic areas that the negative can select specific topic areas and argue that the affirmative must show that public health protections should be repealed in this or that case. Mary-Jane Shneider discusses protections for juveniles as one such potential topic area writing, "Such restrictions on individual behavior are often criticized as "paternalism." Libertarians, in the words of John Stuart Mill, argue that "the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to oth- ers . . . In the part [of his conduct] which merely concerns himself, his independence is . . . ab-solute."8(p.90) The one form of paternalism that is generally accepted is that children and young people can be restricted in their behavior on the basis that they are not yet mature enough to make considered judgments as to their own best interests. Thus, there are laws that prevent ju-veniles from buying tobacco and alcohol, that require them to wear bicycle helmets and seat belts (even where adults are not required to wear them), and that require parental permission to obtain birth control information or an abortion, or to go skydiving."[9]

This is a complex, deep, and challenging topics. The biggest challenge on the topic is probably interpreting the topic and determining exactly what it means. It is very possible that rounds will not get much further than this issue. If rounds do proceed beyond this issue, the

[8] Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

[9] Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

affirmative has all the advantages of criticizing but clarifying their alternatives will be more difficult. The negative has the disadvantage of having to answer multiple criticisms of government intervention but has the intervention does have the benefit of clarity. This topic is deep and broad as it could apply to every walk of life and that is important because this will force debaters to consider all the ways their behaviors could affect others but also to think about how much freedom they want to have to decide for themselves what they think is best. This should be a fun semester. Best of luck from The Forensics Files!!

Definitions

“Resolved: When in conflict, an individual’s right of self-determination ought to be valued above public health concerns.”

Individual
1.
a. Of or relating to an individual, especially a single human: individual consciousness.
b. By or for one person: individual work; an individual portion.
2. Existing as a distinct entity; separate: individual drops of rain.
3.
a. Marked by or expressing individuality; distinctive or individualistic: an individual way of dressing.
b. Special; particular: Each variety of melon has its individual flavor and texture.
c. Serving to identify or set apart: "There was nothing individual about him except a deep scar ... across his right cheek" (Rebecca West).

Source: American Heritage Dictionary of the English Language

Individual
1 of, relating to, characteristic of, or meant for a single person or thing
2 separate or distinct, esp from others of its kind; particular ⇒ "please mark the individual pages"
3 characterized by unusual and striking qualities; distinctive
4 (obsolete) indivisible; inseparable

Source: Collins English Dictionary

Individual
1 existing or considered separately from other people or things
2 relating to one person rather than a group
3 made or intended for one person
4 unusual or different from anyone or anything else, usually in a way that you admire

Source: Macmillan Dictionary

Individual
1: of, relating to, or existing as just one member or part of a larger group
2: having a special and unusual quality that is easily seen
3: intended or designed for one person

Source: Merriam-Webster's Online Dictionary, 11th Edition

Right
1. That which is just, moral, or proper.
2.
   a. The direction or position on the right side.
   b. The right side.
   c. The right hand.
   d. A turn in the direction of the right hand or side.
3. often Right
   a. The people and groups who advocate the adoption of conservative or reactionary measures, especially in government and politics. Also called right wing.
   b. The opinion of those advocating such measures.
4. Sports A blow delivered by a boxer's right hand.
5. Baseball Right field.
6.
   a. A just or legal claim or title.
   b. Something that is due to a person or governmental body by law, tradition, or nature.
   c. Something, especially humane treatment, claimed to be due to animals by moral principle.
7. often rights
   a. An existing stockholder's legally protected claim to purchase additional shares in a corporation ahead of those who are not currently stockholders, especially at a cost lower than market value.
   b. The negotiable paper on which such an entitlement is indicated.

Source: American Heritage Dictionary of the English Language

Right
1 any claim, title, etc, that is morally just or legally granted as allowable or due to a person ⇒ "my legal right"
2 anything that accords with the principles of legal or moral justice
3 the fact or state of being in accordance with reason, truth, or accepted standards (esp in the phrase in the right)

Source: Collins English Dictionary

Right
1: behavior that is morally good or correct
2: something that a person is or should be morally or legally allowed to have, get, or do
3: rights : the legal authority to reproduce, publish, broadcast, or sell something

Source: Merriam-Webster's Online Dictionary, 11th Edition

Right
1 that which is just, fair, or morally correct.
2 that which is due to a person naturally or legally.
3 that which conforms with logic, reason, or fact.

Source: The Wordsmyth English Dictionary-Thesaurus

Self-Determination The process by which a person controls their own life.
Source: Oxford Dictionaries

Self-Determination 1. Determination of one's own fate or course of action without compulsion; free will.
2. Freedom of the people of a given area to determine their own political status; independence.
Source: American Heritage Dictionary of the English Language

Self-Determination 1 the power or ability to make a decision for oneself without influence from outside
2 the right of a nation or people to determine its own form of government without influence from outside
Source: Collins English Dictionary

Self-Determination 1: the right of the people of a particular place to choose the form of government they will have
2: the freedom to make your own choices
Source: Merriam-Webster's Online Dictionary, 11th Edition

Ought 1 Used to indicate duty or correctness, typically when criticizing someone's actions:
2 Used to indicate a desirable or expected state:
3 Used to give or ask advice:
4 Used to indicate something that is probable:
Source: Oxford Dictionaries

Ought 1. Used to indicate obligation or duty: You ought to work harder than that.
2. Used to indicate advisability or prudence: You ought to wear a raincoat.
3. Used to indicate desirability: You ought to have been there; it was great fun.
4. Used to indicate probability or likelihood: She ought to finish by next week.
Source: American Heritage Dictionary of the English Language

Ought 1 to indicate duty or obligation ⇒ "you ought to pay your dues"
2 to express prudent expediency ⇒ "you ought to be more careful with your money"
3 (usually with reference to future time) to express probability or expectation ⇒ "you ought to finish this work by Friday"
4 to express a desire or wish on the part of the speaker ⇒ "you ought to come next week"
Source: Collins English Dictionary

Ought 1 used for saying what is the right or sensible thing to do, or the right way to behave
2 used when you have strong reasons for believing or expecting something
Source: Macmillan Dictionary

Value 1. To determine or estimate the worth or value of; appraise.
2. To regard highly; esteem: I value your advice. See Synonyms at appreciate.
3. To rate according to relative estimate of worth or desirability; evaluate: valued health above money.
4. To assign a value to (a unit of currency, for example).
Source: American Heritage Dictionary of the English Language

Value 1 to assess or estimate the worth, merit, or desirability of; appraise
2 to have a high regard for, esp in respect of worth, usefulness, merit, etc; esteem or prize
Source: Collins English Dictionary

Value 1: to make a judgment about the amount of money that something is worth
2: to think that (someone or something) is important or useful
Source: Merriam-Webster's Online Dictionary, 11th Edition

Value Consider (someone or something) to be important or beneficial; have a high opinion of:
Source: Oxford Dictionaries

Public Health The health of the population as a whole, especially as monitored, regulated, and promoted by the state:
Source: Oxford Dictionaries

Public Health The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.
Source: American Heritage Dictionary of the English Language

Public Health the activities and services that are designed to improve the standard of health of the general population
Source: Collins English Dictionary

Public Health the general health of the people in a community or society
Source: Macmillan Dictionary

Affirmative Cases

I affirm the resolution "Resolved: When in conflict, an individual's right of self-determination ought to be valued above public health concerns."

Observe that this resolution is really a question of universal healthcare versus a market system in health care. This is true because conflicts between public health and individual self-determination are not limited to obvious examples such as vaccinating children but can arise in almost every human activity which could put others at risk such as consuming alcohol, drugs, sexual activity, driving, emitting carbon, etc. It also can apply to individual choices such as eating burgers, smoking, indolence, etc as each of these could impose a cost on others if society is made to pay for these individual choices. Thus the broadness of the wording of the topic requires us to debate universal health care which would attempt to control for all these (and more) public health concerns while individual self-determination would allow individuals to choose and take responsibility for such choices.

The proper value for the round is morality due to the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution. Looking to any other value would mean the question of the resolution is at best indirectly answered or is left unanswered and so you should always prefer my value. So we need a criterion to identify morality and then apply that standard to the topic to determine if the resolution is true or false.

Unrestrained government power causes war and kills more people than war.

Professor of Political Science at the University of Hawaii and Nobel Prize Nominee RJ Rummel, "20th Century Democide," Death by Government, 1994 explains what he has found after 50 years of research in the subject.

Were all to be said about absolute and arbitrary Power is that it causes war and the attendant slaughter of the young and most capable of our species, this would be enough. But much worse, as the case studies in this book will more than attest, even without the excuse of combat Power also massacres in cold blood those helpless people it controls. *Several times more of them.*

Consider table 1.2 and figure 1.1, the list and its graph of this century's *megamurderers*--those states killing in cold blood, aside from warfare, 1,000,000 or more men, women, and children. These fifteen megamurderers have wiped out over 151,000,000 people, almost four times the almost 38,500,000 battle-dead for all this century's international and civil wars up to 1987.[8] The most absolute Power, that is the communist U.S.S.R., China and preceding Mao guerrillas, Khmer Rouge Cambodia, Vietnam, and Yugoslavia, as well fascist Nazi Germany, account for near 128,000,000 of them, or 84 percent. This does not even count the millions killed by less murderous unchecked regimes. Dr. RJ Rummel, "20th Century Democide," Death by Government, 1994 continues, Then there are the kilomurderers, or those states that have killed innocents by the tens or hundreds of thousands, such as the top five listed in table 1.2: China Warlords (1917-1949), AtatŸrk's Turkey (1919-1923), the United Kingdom (primarily due to the 1914-1919 food blockade of the Central Powers in and after World War I, and the 1940-45 indiscriminate bombing of German cities), Portugal (1926-1982), and Indonesia (1965-87). Some lesser kilomurderers were communist Afghanistan, Angola, Albania, Rumania, and Ethiopia, as well as authoritarian Hungary, Burundi, Croatia (1941-44), Czechoslovakia (1945-46), Indonesia, Iraq, Russia, and Uganda. For its indiscriminate bombing of German and Japanese civilians, the United States must also be added to this list (see *Statistics of Democide*). These and other kilomurderers add almost 15,000,000 people killed to the democide for this century, as shown in table 1.2.

So the criterion for the round becomes restraining government power because for morality to have any meaning, it must respect human life. So my criterion is preferable to any utilitarian

standard as mine is explicit in explaining what achieves the greatest happiness whereas if I prove affirming expands government power then at best the affirmative can claim is short term happiness but I prove death in the long run. So if I have offense at the end of the round you negate.

I contend that affirming entrenches and expands government power.

1. **Government intervention for public health in the health market enslaves medical professionals.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

One reason for the overcrowding and overuse of ERs is the Emergency Medical Treatment and Labor Act of 1985 (EMTALA).36 This law requires that hospitals that accept Medicare patients diagnose and treat anyone who comes within two hundred feet of an emergency room, regardless of whether the person can pay for the treatment. The effect of this law is that anyone can walk into an emergency room at any time and receive treatment—without concern for payment. If a bum wants a free meal and a warm bed for the night, all he has to do is walk into the ER and say, "Doc—I feel like an elephant is sitting on my chest!" By law, the emergency room doctor and staff have to run tests until they can prove that he is not having a massive heart attack and can be safely discharged. And the failure of a hospital or physician to comply with any EMTALA-mandated responsibilities can result in fines of up to $50,000 for each infraction. Because of the low reimbursement rates paid by Medicaid and Medicare, many recipients have no regular primary care physician and can get decent care only through the ER. Medicaid

compounds this problem by not requiring patients to pay any deductibles or co-pays for emergency room visits. EMTALA enslaves doctors. They are required to treat patients who are not required to pay them. What other industry is required by law and under penalty of a fine to provide services on a regular basis without any promise of payment?

How long could restaurants survive if a law required them to serve free meals to anyone who showed up at the door and said he was hungry? How many grocery stores could exist if they were required to allow people to walk out with food that had not been paid for? EMTALA is classic socialist doctrine applied to medicine: Each patient gets care according to his need from each doctor according to his ability. EMTALA not only enslaves emergency medicine physicians; it also enslaves any specialist called to the ER to treat a patient. For instance, because hospitals are required to treat patients at the ER, a hospital will typically require a cardiologist who admits one of his own patients to the hospital's cardiac care unit to also be on call to take care of any ER patient who presents with a cardiology problem.

So we see from this that government intervention for public health turns doctors into criminals in order to save the lives and health of their patients, a clear abuse of government power and so you can affirm.

2. Government intervention for public health in the health market leads to statist creep.

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

A final (and often unacknowledged) consequence of government interference in medicine is that it leads to violations of individual rights in other areas of life, such as violations of the right to free speech and mandates regarding what people may and may not eat. When the government pays our health care bills, in order to save money, it inevitably demands greater control in how we lead our daily lives. Some of the "universal health care" proposals in Colorado, for instance, include "sin taxes" on foods and products deemed unhealthy.61 And in Great Britain, the government Advertising Standards Authority recently banned television reruns of some 1950s-era commercials featuring the slogan "Go to work on an egg" on the grounds that they were promoting an unhealthy lifestyle. Eggs are, of course, legal in Great Britain, but, says the government: "Eating eggs every day goes against what is now the generally accepted advice of a varied diet. We therefore could not approve the ads for broadcast."62

So we see from this that government intervention in the health market leads to creeping government power as it must exercise control over our choices in order to control costs and so this is abusive government power and so you can affirm.

3. **Affirming is the only moral option to respect individual rights.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Although the goal of these proposed changes—a fully free market in health care and health insurance—cannot be achieved overnight, movement in the right direction can and should begin immediately. The only moral and practical way to proceed is to recognize the proper end and to consciously and consistently move toward that end by taking whatever steps in that direction are possible at any given time. What we must not do is shy away from recognizing and proclaiming the proper goal—the complete eradication of every trace of government interference in medicine and health insurance—or the fundamental moral justification for pursuing that goal: the individual's moral right to his life, liberty, and property.

So we see from this that we can protect health without increasing government power increasing individual freedom and health and so we must affirm.

I affirm the resolution "Resolved: When in conflict, an individual's right of self-determination ought to be valued above public health concerns."

Observe that this resolution is really a question of universal healthcare versus a market system in health care. This is true because conflicts between public health and individual self-determination are not limited to obvious examples such as vaccinating children but can arise in almost every human activity which could put others at risk such as consuming alcohol, drugs, sexual activity, driving, emitting carbon, etc. It also can apply to individual choices such as eating burgers, smoking, indolence, etc as each of these could impose a cost on others if society is made to pay for these individual choices. Thus the broadness of the wording of the topic requires us to debate universal health care which would attempt to control for all these (and more) public health concerns while individual self-determination would allow individuals to choose and take responsibility for such choices.

The proper value for the round is morality due to the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution. Looking to any other value would mean the question of the resolution is at best indirectly answered or is left unanswered and so you should always prefer my value. So we need a criterion to identify morality and then apply that standard to the topic to determine if the resolution is true or false.

The moral is the practical.

Jaana Woiceshyn (Associate Professor Director - Graduate Thesis Program Faculty - Strategy and Global Management Haskayne University), "The Moral Equals The Practical," Capitalism Magazine, October 14, 2013, http://capitalismmagazine.com/2013/10/moral-equals-practical/

There is no conflict between the moral and the practical. Morality is a guide to a good life—it is a guide to achieving practical goals. But why do we need such a guide in the first place? Why not just focus on getting things done and maximizing profits? We need a guide for achieving a good life because we do not know automatically what goals are good for us and how to achieve them. Unlike animals that automatically pursue goals that are good for them (within the limits of their knowledge) such as food and mates, we have to first learn what are good, practical goals that enhance our lives and then acquire knowledge about reaching them. A cat sees a mouse, catches and eats it—it does not need a guideline for determining whether hunting mice is good or how to go about it; it acts instinctively. But humans cannot safely act on impulse: we need to acquire knowledge of proper goals and means and then apply it. We hold the knowledge we acquire in any field in the form of principles. Principles are generalizations that we induce from observation; they serve as a guideline to action. For example, principles of agriculture, engineering, and nutrition tell us how to achieve goals: better crop yields, sound buildings and bridges, and good health—none of which can be achieved by acting on impulse. Principles of morality are fundamental. According to Ayn Rand, morality is "a code of values to guide man's choices and actions—those choices and actions that determine the purpose and course of his life." Consider the principle of honesty: whether you choose to follow it or select a career as a con artist, will determine the purpose and course of your life. Similarly, if you follow the principle of self-interest, the purpose and course of your life will differ dramatically from those who follow the principle of self-sacrifice. If we want to achieve a good life, we need to identify and choose the moral principles that support it. Why do many people think that the moral and the practical conflict? The confusion stems from the prevailing view of morality: altruism. Most are not aware of the morality of self-interest. Instead, they believe that to be moral, one must put others' interests ahead of their own. Yet, they realize they must be practical and achieve at least

some of their values, such and food and shelter, to survive. If you practice altruism on principle, you will have to give up all your values—which is impractical, if you want to live. Naturally, the goal of business—profit maximization—is incompatible with altruism. The impossibility of following altruism in business (and in life in general) leads many to accept the false alternative of pragmatism: rejecting all principles and doing whatever they feel is practical to "get things done." The problem with this approach is that it prevents us from achieving long-term profitability and other goals. As fallible beings without automatic knowledge, we need the guidance of moral principles. Compromising them for so-called "practical" ends will not lead to achievement of values but to their loss, as those compromising principles such as honesty by deceiving investors or cutting corners in product quality will eventually find out.

So the criterion for the round becomes identifying the practical approach to health. In other words if freedom solves better for health concerns than it is the moral approach. If it does not, it is not the moral approach. So if I prove that freedom does solve better than you can affirm as the prioritizing individual self-determination is then moral and so the resolution is true.

I contend that prioritizing individual self-determination solves for health concerns while government intervention for public health undermines health.

1. **Government intervention for public health in the health market is inherently flawed and doomed to fail.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Government-run health care systems do not and cannot work, because they improperly treat health care as a "right." Health care, like food and clothing, is a need, but not a right. It is a commodity that is created by the intelligent thought, creativity, and hard work of producers, such as doctors, nurses, allied medical professionals, and hospital administrators. When the government treats health care as a right, it necessarily violates the genuine rights of the providers who produce those goods and should be free to offer them for exchange on whatever terms they see fit, not forced to serve people against their own judgment. And it necessarily violates the rights of consumers, who should be free to trade with providers by mutual consent to mutual benefit. As we have seen repeatedly, good doctors cannot and will not continue working under a system that enslaves them.

This means that government intervention in the health market for public health cannot possibly work and so is not practical and so you can affirm.

2. **Government intervention for public health in the health market is the root cause of America's health issues.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

The solution to America's health care problems is not more government intervention. Government violations of individual rights through government interference in the marketplace are the source of the problems. Government meddling in health insurance has all but eliminated choice, competition, and innovation, and has driven up the cost of health insurance. Government interference in medicine has caused incalculable harm to both patients and doctors, and driven up the cost of health care. Government controls have bred more controls, as politicians and bureaucrats have tried to "solve" the problems created by one set of regulations by imposing another set, and so forth, in a vicious spiral of increased costs, rationing, suffering, and death. Just as a doctor would not attempt to treat a burn victim by exposing him to more heat, so we should not attempt to solve our health care problems through more government intervention.

This means that every harm the affirmative can point to in the current system is actually caused by government intervention in the health market for public health proving intervention is not practical and so you can affirm.

3. **Empirically, freer health markets lead to greater innovation and lower costs.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Only the ideal of the free market—based on the principle of individual rights—provides a solid foundation for genuine and practical reform. And only a free market in medicine

> can deliver the properly (i.e., voluntarily) priced high-quality health care that Americans deserve. This last point is evident in the sectors of medicine with the least government regulation, such as cosmetic surgery and LASIK eye surgery. The clear pattern in these sectors is a continual decrease in prices and improvement in quality. As health economist Devon Herrick stated in testimony before the U.S. Congress: [D]espite a marked increase in demand between 1992 and the present, cosmetic surgeons' fees remained relatively stable. The average increase in prices for medical services from 1992 through 2005 was 77 percent. The increase in the price of all goods, as measured by the consumer price index (CPI), was 39 percent. Cosmetic surgery prices only went up about 22 percent. Thus, while the price of medical services generally rose almost twice as fast as the CPI, the price of cosmetic surgery went up slightly more than half as much. Put another way, while the real price of health care paid for by third parties rose, the real price of self-pay medicine fell. Another example of price competition is the market for corrective eye surgery. In 1999, only a few years after LASIK was approved, the price was about $2,100 per eye, according to the ophthalmic market research firm MarketScope. Within a short time, competition drove the price down to slightly more than $1,600. The cost per eye of the standard LASIK is now about 20 percent lower than six years earlier. Competition held prices in check until a new innovation arrived for which patients were willing to pay more. By 2003 surgeons began to perform a newer, more-advanced custom wavefront-guided LASIK procedure.69 In other words, the market can and does bring down health care costs while improving services when allowed to operate without government interference.

This means respecting freedom, meaning protecting the right to self-determination, does solve for health concerns and so it is practical meaning you can affirm.

Negative Cases

I negate the resolution "Resolved: When in conflict, an individual's right of self-determination ought to be valued above public health concerns."

The proper value for the round is morality due to the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution. Looking to any other value would mean the question of the resolution is at best indirectly answered or is left unanswered and so you should always prefer my value. So we need a criterion to identify morality and then apply that standard to the topic to determine if the resolution is true or false.

It is well established that government coercion is morally justified when it achieves the greatest good.

Ito, Trelaine, "An Ethical Justification of State Paternalism: Restricting Individuals' Freedoms and Rights to Maximize Group Utility" (2011). Humanities. Paper 3.

Philosophers, politicians, and ordinary people might agree that individuals are guaranteed the freedom to do as they please. This is the notion of autonomy that is very well-guarded and protected by legal rights (Alexander). But in many cases, such as smoking in public areas, the state denies or mitigates those freedoms to promote the "greater good." This is part of the utilitarian idea that we should consider all our options and make the choice which maximizes utility—utility, in this argument, being the measure of an individual's well-being. Determining the amount of utility does not merely take into account the number of people affected, although utilitarianism considers each involved individual equally, but also the total utility of each individual. Furthermore, maximum utility is determined by the potential outcome of a situation— i.e. the consequences, taking into consideration both the potential positive and negative effects. This theory is a form of direct utilitarianism—the idea that

"any object of moral assessment (e.g. action, motive, policy, or institution) should be assessed by and in proportion to the value of its consequences for the general happiness"—and is known as act-utilitarianims: the justification of an action is determined by the value of the consequences of that particular act (Brink; Mautner).

So the criterion for the round becomes achieving the greatest good for the greatest number. My opponent cannot refute this criterion without also proving why other laws such as prohibitions on drunk driving, guarantees of safe food, and all such laws are unjustified. So, failing this, you default to my criterion so if I public health will achieve the greatest good for the greatest number then you negate.

I contend protecting public health leads to the greatest good for the greatest number.

1. **Ignoring public health concerns led to disarray in our past.**

Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

Political conservatives have tended to resist this broad vision of public health. They would prefer to limit public health to a technical enterprise focused on controlling communicable dis-ease or as a safety net that provides medical care to the indigent. This restricted view of public health was encouraged by physicians, concerned about government encroachment on their eco-nomic and professional independence; their political power helped to limit federal health funding in the 1930s and 1940s to programs, run by local health departments, which were nar-rowly focused on providing services for child health, venereal disease control, tuberculosis, and dental health. Concerns about health threats from environmental pollution that arose in the 1960s were addressed independently of the traditional public health system, and separate agencies were set up to deal with them. Similarly, social

problems such as homelessness, drug abuse, and violence were not thought of as public health problems, although they had adverse health consequences. It was this fragmentation of public health that led the Institute of Medicine committee to con-clude in 1988 that public health was "in disarray"[1(p.19)] and to affirm the comprehensive view of public health expressed by Winslow and Beauchamp.

This means market based approaches to health empirically fail and that government intervention for public health is necessary to achieve the greatest good and so you can negate.

2. Enforcing public health can be consistent with libertarian views.

Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

According to the libertarian view, which has a strong tradition in the United States, it is ac-ceptable to outlaw drunk driving but not drunkenness itself. Similarly, smoking in indoor pub-lic places can be outlawed because the smoke bothers others (although there is still strong resistance in many places), while smoking itself cannot be regulated in adults. Restrictions on individual liberty are sometimes justified on the basis that their purpose is re-ally to protect others, even when the argument is a bit strained. For example, unhelmeted motorcyclists could be a threat to others because of the possibility of their losing control if hit by flying debris. Unhelmeted cyclists and unbelted motorists, severely injured in road accidents, drive up insurance rates for others and in extreme cases may become expensive wards of the state. Alcoholics and drug users bring harm to their families and are a nuisance to their neighbors.

This means that prioritizing public health actually functions to protect the rights of others by preventing individuals from causing them harm and so you can negate.

I negate the resolution "Resolved: When in conflict, an individual's right of self-determination ought to be valued above public health concerns."

The proper value for the round is morality due to the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution. Looking to any other value would mean the question of the resolution is at best indirectly answered or is left unanswered and so you should always prefer my value. So we need a criterion to identify morality and then apply that standard to the topic to determine if the resolution is true or false.

For rights or even the rhetoric of rights to have any meaning individuals must have a moral duty to assist those in need because this need violates rights.

Mirko Huber, "On The Moral Significance of Poverty," Institute for Philosophy

http://www.philosophie.unibe.ch/unibe/philhist/philosophie/content/e7004/e8222/e8225/e8232/Moral_Significance_of_Poverty.pdf

Pogge is mainly concerned in his essay with extreme forms of poverty, that deny a person to survive at all. Therefore his burden of proof requires only to justify a right for the most basic necessities to live and uphold a living. He states that "…it has come widely acknowledged that there are also moral human rights…"[7] and further on "The fundamental basic necessities for any human life supports the claim that there are such human rights."[8] His argument then is presented in the following way and concludes that poverty is a violation of these human rights (as the title suggests): P1: We have a (moral) human right to keep up our lives (on the level of basic necessities). (burden of proof) P2: (Extreme forms of) poverty deny us to keep up a live (on the level of basic necessities). (empirical fact) C1: Poverty is a violation of human rights. Pogges workload is not too ambitious then, although he does not try follow this task anymore, besides the stated remark of the wide acknowledgement of the existence of human rights.9 An even more fundamental moral point is raised when we think of the next step (once we

have accepted a moral human right to keep up one's life): moral rights don't have any meaning, if there are no corresponding duties.[10] As agents we find ourselves in the realm of morality as our acts (positive and negative, meaning acts and omissions) do have impacts on others, whatever the moral background-setting is like (acting according to emotional sympathy, rational duty or rational self-interest)[11]. Therefore the duties need to be addressed to someone to avoid that the speech of rights becomes practically meaningless.

This means that poverty is a violation of human rights and so factually failing to work to alleviate poverty cannot possibly be moral and assisting is obligatory out of respect for human life, the foundation of morality so reducing poverty is the criterion for the round. In other words, one cannot be moral which means respect human life if one allows for need. Thus the criterion for the round is combatting poverty. So, this is sufficient to negate because it upholds morality. I contend we must prioritize public health in order to combat poverty.

1. **Affirming sacrifices the vulnerable to the powerful.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Anthony Downs* has observed that our most intractable public problems have two significant characteristics. First, they occur to a relative minority of our population (even though that minority may number millions of people). Sec-ond, they result in significant part from ar-rangements that are providing substantial bene-fits or advantages to a majority or to a powerful minority of citizens. Thus solving or minimizing these problems requires painful losses, the re-structuring of society and the acceptance of new burdens by the most powerful and the most numerous on behalf of the least powerful or the least numerous. As Downs notes, this bleak

real-ity has resulted in recent years in cycles of pub-lic attention to such problems as poverty, racial discrimination, poor housing, unemployment or the abandonment of the aged; however, this at-tention and interest rapidly wane when it be-comes clear that solving these problems requires painful costs that the dominant interests in soci-ety are unwilling to pay. Our public ethics do not seem to fit our public problems.

This means affirming cannot possibly be moral as it cannot protect the poor and vulnerable in society and so you can already negate.

2. **Public health is the egalitarian alternative to market based health care.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Seeing the public health vision as ultimately rooted in an egalitarian tradition that conflicts directly with the norms of market-justice is often glossed over and obscured by referring to public health as a general strategy to control the "envi-ronment." For example, Canada's "New Per-spectives on the Health of Canadians,"19 cor-rectly notes that major reductions in death and disability cannot be expected from curative health services. Future progress will have to re-sult from alterations in the "environment" and "lifestyle." But if we substitute the words "market justice" for environment or lifestyle, "New Perspectives" becomes a very radical document indeed. Ideally, then, the public health ethic[20] is not simply an alternative to the market ethic for health-it is a fundamental cri-tique of that ethic as it unjustly protects power-ful interests from the burdens of prevention and as that ethic serves to legitimate a mindless and extravagant faith in the efficacy of medical care. In other words, the public health ethic is a counter-ethic to market-justice and the ethics of individualism as these are applied to the health problems of the public.

This means negating and embracing the ideal of public health represents working to reduce poverty and so you can negate.

Affirmative Extensions

Government intervention for public health in the health market undermines insurer incentive to please consumers.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Whereas people generally keep the same auto or homeowners insurance for many years, employees rarely have the same health insurance for more than two or three years, even while remaining with the same employer, because the employer chooses and changes the plans at his discretion, usually with an eye toward minimizing premium costs. Unlike auto insurance policies, under which the insurers often give significant discounts to safe owner-drivers in order to retain them as long-term customers, under employer-sponsored health insurance, the employers, not the employees, are the customers, and there is little, if any, financial incentive for insurers to build long-term relationships with the employees.

Government intervention for public health in the health market has limited consumer medical privacy.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Another drawback to employer-paid insurance policies is that they make it difficult for employees to keep sensitive health issues from employers. Many large employers are self-insured, which means that the employer sets aside money it would have paid as insurance premiums, and, instead, directly pays the claims of its employees (and their families). Generally, the employer buys a catastrophic policy or a reinsurance policy for losses in excess of a huge deductible. In those cases, the employer/insurer is very much aware of every dollar that is spent for any claims, and, because it is paying the bills, may even have access to all of an employee's (or his family's) medical information.

Government intervention for public health in the health market limits employee freedom.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Additionally, the tax waiver for employer-paid health insurance has tied workers to their employers in a damaging way. Many workers with preexisting conditions or serious chronic illnesses—or who have spouses or children with such conditions and illnesses—stay in less than desirable jobs solely to avoid the risk of changing or losing their health insurance. Currently, one out of seven Americans says he needs to remain in his current job rather than take a new job in order to keep his health insurance benefits.19

Government intervention for public health in the health market suppresses wages.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Employer-paid insurance has also been hard on employers. As health insurance costs have risen faster than other costs, premium increases amount to an increase in wage costs disproportionate to revenue increases and independent of employee productivity. This is the reason that many employers are cutting back the amount of money they spend on health insurance, trimming benefit packages, increasing employee co-pays, and requiring employees to pay a larger portion of the actual insurance cost.

Government intervention for public health in the health market has led to coverage without care.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Doctors are paid so poorly by Medicare and burdened by so much paperwork that about 28 percent are turning away some or all new Medicare patients.22 Hence, newer Medicare patients often cannot find a doctor in their area who will treat them at all. Such "insurance" does these patients no good. Nor do they have any private insurance alternative. With the insignificant exception of Medigap policies, Medicare has eliminated the private insurance market for the elderly, and many elderly patients are left with no way to seek medical treatment except through hospital emergency rooms or charity. (A person who purchases a private policy prior to turning sixty-five may be able to retain it after turning sixty-five, but such a policy will then only supplement Medicare.) Medicaid is a bigger problem. Medicaid reimbursement rates for doctors and other providers are generally even lower than they are for Medicare, and many doctors opt out of treating Medicaid patients. Only about 52 percent of doctors accept new Medicaid patients, whereas 99 percent will accept new private insurance patients.23 Moreover, many doctors who do take Medicaid patients limit the number of Medicaid patients they see each week so that they can control their income loss. It is not unusual for a Medicaid patient to have no family doctor because he cannot find a nearby doctor who will treat him, a problem that is especially severe in rural areas. As a result, for years Medicaid patients have used emergency rooms as their regular source of treatment: Emergency rooms charge no co-pay or deductible; they perform tests right away; they generally provide high-quality health care; and they cannot refuse patients. (We will elaborate on this last point later.)

Government intervention for public health in the health market is bankrupting the US government.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

In financial terms, Medicare and Medicaid are bankrupting our state and federal governments. These two federal insurance programs compose nearly 20 percent of the federal budget, and the percentage keeps rising. In addition, for most states Medicaid is the largest single budget item, averaging 22 percent of states' spending. Medicaid is generally administered by the state, with matching federal tax dollars. As a result, states seek to expand Medicaid coverage and other medical programs such as SCHIP (State Children's Health Insurance Program) in order to reap more of the matching federal dollars. Eligibility for these programs continues to expand, and, in some states, families with incomes as high as $55,000 are now eligible for Medicaid benefits. Federal, state, and local governments now pay 50 percent of every dollar spent on health care, even though government health insurance covers only 27 percent of the population.24

Government intervention for public health in the health market thwarts medical innovation.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

There are as many as 1,900 separate mandates across the country, and more than half the states have 35 or more mandates, with Idaho having the fewest at 14 and Maryland having the most at 62.25 These mandates violate the rights of insurers and customers to choose their own policies and coverage. They limit an insurance company's ability to offer inexpensive and reduced benefit packages for the young and healthy, or to tailor policies to a person's needs or wants, or to offer low-cost, high-deductible policies that cover only catastrophic events. They force unwanted coverage upon customers, raise the costs of each insurance policy involved, and retard innovation in the marketplace.

Government intervention for public health in the health market is rife with rent seeking.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Benefit mandates also serve as a giant magnet for special interest groups. Groups of people who suffer from a particular condition have lobbied successfully to force insurers to cover their condition. For instance, in various states special interests have successfully campaigned for coverage of autism diagnosis and treatment, cervical cancer vaccine, mental health benefits, alcoholism treatments, and morbid obesity treatments. They have required insurance companies to provide coverage for "children" up to age thirty. Other special interests include vendors such as massage therapists, pastoral counselors, and athletic trainers who have lobbied successfully for their services to be covered by health insurance. Although insurance companies should be free to offer such coverage, no one—including the government—has a right to force them to do so. This is the health care equivalent of the government requiring all homeowners insurance policies to cover theft of coin collections, even though most homeowners do not own coin collections.

Government intervention for public health in the health market can reduce incentives for prevention.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Another common government mandate is "guaranteed community rating." This means that all persons in a given community must be charged the same premium. Recall that the Blues agreed to offer community rating in exchange for nonprofit charity status when the companies were first formed. Mandatory community rating prohibits insurance companies from considering a person's health history or present condition, or even his height and weight as a factor in issuing the policy. One consequence is that the young and healthy—those eighteen to thirty-five years of age with no medical problems—will pay the exact same premium as a sixty-year-old person with several chronic health conditions. This prevents insurers from offering lower rates to those who act to preserve and protect their health.

Government intervention for public health in the health market undermines quality care and drives up costs.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

As with health insurance, government has meddled in the market for medical products and services for decades. Government routinely violates the rights of doctors and other allied professionals by forcing them to act against their best judgment; it regulates the licensing and practices of professionals and facilities; it forces doctors and hospitals to offer services without compensation; it subjects doctors to fines and jail terms for errors in the documentation of patient records and claims; consequently, it stifles productivity, hampers quality, increases the cost of medical goods and services, and causes unnecessary suffering and death. In support of these claims, let us look first at the laws regarding emergency room treatment and medical record keeping.

Government intervention for public health in the health market leads to overcrowded emergency rooms.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Today's emergency rooms (ERs) are frequently overcrowded; visitors can find themselves waiting hours for medical care that they need immediately. Much of this overcrowding is due to Medicaid and Medicare patients who do not need emergency medical care but who use the ER because their socialistic insurance makes it the best and cheapest place to get routine care. Medicaid patients are four times more likely to seek treatment from an ER than are those with private insurance.33

Denying individual medical autonomy leads to suffering and death.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

These differences are a direct result of the fact that Canada is a worse violator of the rights of doctors and patients than is the United States. To guarantee Canadians "free" health care, the Canadian government forces individuals to pay for their neighbors' medical care and limits their freedom to pay voluntarily for their own. With bureaucrats deciding who receives what, individuals are forbidden to spend their money according to their own judgment (and the advice of their doctors) as to what is best for their health. Since an individual's own judgment is his basic means of living, when the government forces individuals to act against that judgment, unnecessary suffering and death naturally follow.

Government intervention for public health in the health market leads to fewer resources for patients.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Not surprisingly, as a result of EMTALA, hospitals are closing emergency rooms. According to the American College of Emergency Physicians, from 1993 to 2003, while the U.S. population grew by 12 percent, emergency room visits grew by 27 percent—from 90 million to 114 million visits. In that same period, however, 425 emergency rooms closed (14 percent of the ERs that existed in 1993), along with 703 hospitals and nearly 200,000 beds.37 More close every year. By mandating that doctors and hospitals treat patients at a financial loss, EMTALA violates the rights of doctors and hospitals to set the terms of their business. Consequently, doctors who are unwilling to lose money or who are tired of treating dishonest patients withdraw from emergency rooms. This leads to more overcrowding, longer waiting times, and, in some cases, the closing of ERs. As the remaining ERs become still more overcrowded and understaffed, the quality of emergency room services necessarily declines, harming honest patients who have genuine emergencies.

Government intervention for public health in the health market turns doctors into criminals.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

An emergency room physician told one of the authors of this article that he and his colleagues have to violate the criminal provisions of HIPAA every day because, in order to save lives in an emergency situation, ER physicians must routinely treat patients and release information to their immediate family members without following the HIPAA documentation rules. It would be immoral for ER doctors to strictly comply with the law, as it would delay emergency medical treatment, keep families from understanding their loved-one's condition, and preclude the crucial sharing of knowledge between family members and doctors about the history and condition of the patient. This law (and others like it) turns doctors into criminals, not for providing substandard medical treatment, but for failing to put government paperwork ahead of the lives of their patients. Fortunately, most ER doctors are still willing to put their patients' lives ahead of paperwork, even when it means violating federal law.

Increased government intervention for public health in the health market leads to longer wait times for treatment harming the most vulnerable in society.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

According to the Vancouver-based Fraser Institute, "Canadian doctors say patients wait almost twice as long for treatment than is clinically reasonable, . . . almost 18 weeks between the time they see their family physician and the time they receive treatment from a specialist."41 Consequently, mortality rates for treatable conditions such as breast cancer and prostate cancer are substantially higher in Canada than in the United States.42 A Canadian woman who discovers a lump in her breast might wait several months before she receives the surgery and chemotherapy she needs, with the cancer cells multiplying rapidly all the while.43 If she lived in the (as yet) less-socialized United States, she could receive treatment within days. Canadian waiting lists routinely deprive patients of crucial, irreplaceable time, and this burden falls hardest on the sickest patients, those with the least time to spare. In some cases, it can cost them their very lives. Canadian patients routinely suffer and die while waiting for their "free" health care. The National Center for Policy Analysis notes: "During one 12-month period in Ontario, . . . 71 patients died waiting for coronary bypass surgery while 121 patients were removed from the list because they had become too sick to undergo surgery."44 Of course, certain Canadians can and do attain preferential placement on the lists; politicians and celebrities use their pull to move up the waiting lists—something that ordinary Canadians bitterly refer to as "queue jumping." And wealthy Canadians can avoid the waiting lists altogether—by traveling to the United States to purchase the care they need. On the patient side of the equation, the people most harmed by the single-payer system are average Canadians and "the poor." On the doctor side of the equation, we find further problems.

Government intervention for public health in the health market leads to a medical brain drain to freer systems.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

In 2003, then-president of the Canadian Medical Association, Dr. Sunil Patel, reported: "Physicians across Canada are in an advanced stage of burnout due to work conditions. . . . That burnout causes them to retire early or pull away from certain kinds of work or simply leave." According to the New York Times, specialists have been leaving Canada to practice in the United States because of deep unhappiness with "Canada's health care system, which is driven by government-financed insurance for all . . . [and which] increasingly rations service because of various technological and personnel shortages."45 According to the Canadian Institute for Health Information, in just six years, between 1996 and 2002, this "brain drain" amounted to "a net migration of forty-nine neurosurgeons from Canada . . . a large loss given that there are only two hundred forty-one neurosurgeons in the country." "It's not about the money," says neurosurgeon Dr. Siva Sriharan; "[rather, it's that] we can't do our job properly with operating room time so extremely limited here."46 The flight of doctors from Canada to the United States has become a serious problem for Canadians. A recent study by the Canadian Medical Association (CMA) reports that one in nine doctors trained in Canada now practices in the United States: "[T]his is equivalent to having 2 average-sized Canadian medical schools dedicated to producing physicians for the United States"—and there are only seventeen medical schools in Canada.47 This exodus of Canadian physicians involves not only primary care physicians but also specialists, who can make two to three times more money in the United States than in Canada.

Government intervention for public health in the health market does not lead to better care or lower costs.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

The Fraser Institute summarizes the key differences between Canadian and American health care as follows: Health care appears to cost less in Canada than in the United States largely because Canadian public health insurance does not cover many advanced medical treatments and technologies that are commonly available to Americans. Canadian patients do not get the same quality or quantity of care as American patients. On a comparable basis, Canadians have fewer doctors, less high-tech equipment, older hospitals, and get fewer advanced medicines than Americans.49

The deleterious effects of government intervention for public health in the health market occur wherever this is tried.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

These problems are not unique to Canada. Similar problems abound in other countries, such as Sweden and the United Kingdom, that have adopted their own versions of government-run "universal health care." And not only are the problems similar; the means by which the problems arise are similar. In each case, on the grounds that people have a "right" to health care (or cheaper health care), the government violates the rights of businessmen, doctors, and patients by interfering with the free market, which results in rising costs. Then the government further violates individual rights, via rationing, in order to control the increasing costs caused by its earlier rights violations. And so on. All the while, the commodity that is health care becomes more expensive and less available for everyone. In Sweden, when the prime minister decided to go through the national system for his hip replacement surgery, he suffered for eight months in great pain, affecting both his ability to work and his ability to enjoy life. This kind of waiting and suffering is typical for Swedes in need of medical care—including heart surgery.50 In the UK, government intervention has led to such a shortage of health care that the British Medical Association has explicitly acknowledged that health care must be rationed: "British doctors will take the historic step of admitting for the first time that many health treatments will be rationed in the future because the NHS [the government-run National Health Service] cannot cope with spiraling demand from patients."51 Such rationing is the inevitable outcome of a government-run health system.52 Observe that all of these allegedly ideal systems guarantee health "coverage," but they do not and cannot guarantee actual medical care. Health "coverage" (or health insurance) and health care are not the same thing, and, as economist David Hogberg explains, the distinction between the two is of crucial importance: Believing health care and health insurance are the same thing easily leads to some mistaken, if not dangerous, notions. It leads to the beliefs that (1) universal health care and universal health insurance are the same; and (2) that if a nation has universal health insurance, where the government pays for every citizen's health care, that nation will have universal health care, where citizens will have ready access to health care whenever they need it. As the experience of other nations shows, however, universal health insurance often leads to very restricted access to health care.53

Affirming is the only moral alternative to the failed statist quo.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

The only moral and practical solution to this now-behemoth problem is to acknowledge that government intervention in health care and in health insurance is wrong, and to start in earnest to eliminate all such interference. This is the moral approach to solving the problem because it recognizes that the producers of health care goods and services have an inalienable right to dispose of the fruits of their thought and labor as they see fit, seeking their best interests through free trade in the marketplace. And it is the practical approach to solving the problem because it will lead to high-quality medical care at the prices that make such care possible—the prices on which providers and patients voluntarily agree.

Those who cannot afford treatment can be covered by private charity.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

As to the question of how those who cannot afford medical care will receive it, we must bear in mind that government is not taking care of them now and is logically incapable of ever doing so, for the simple reason that government does not and cannot produce goods or services. Insofar as people who cannot afford medical care are receiving it, the care is being provided by productive American citizens, doctors, and hospitals. And we must bear in mind that, in the words of Philosopher Leonard Peikoff, Americans who cannot afford medical care "are necessarily a small minority in a free or even semi-free country. If they were the majority, the country would be an utter bankrupt and could not even think of a national medical program."63 Those unable to afford any particular medical services would have to rely on voluntary charity, not on the empty promises of government. Individually, Americans are the most generous people in the world, and they have always been so. For example, American individuals, corporations, and foundations gave $1.5 billion to aid victims of the December 26, 2004, Sumatra earthquake and tsunami, more than double the amount any government provided, including the United States.64 Quoting Dr. Peikoff again: And such charity, I may say, was always forthcoming in the past in America. The advocates of Medicaid and Medicare under LBJ did not claim that the poor or old in the '60s got bad care; they claimed that it was an affront for anyone to have to depend on charity. But the fact is: You don't abolish charity by calling it something else. If a person is getting health care for nothing, simply because he is breathing, he is still getting charity, whether or not any politician, lobbyist or activist calls it a "right." To call it a Right when the recipient did not earn it is merely to compound the evil. It is charity still—though now extorted by criminal tactics of force, while hiding under a dishonest name.65

Absent government meddling in the health market for public health charities would thrive.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

As shown, charity already abounds in America and would be even more abundant if the government removed its coercive hands from the health care and health insurance industries and consumers. Even with the government violating rights to the extent that it currently does, many examples indicate the sufficiency of charity in this regard. Here are just a few: The Shriners' Hospitals provide free care to children and adults with orthopedic, spinal cord, and burn injuries. St. Jude's Hospital provides free catastrophic care for children. Pharmaceutical companies provide enormous quantities of prescription drugs to those who are unable to afford them; for instance, they provided free (or nearly free) prescription drugs to about 6.2 million people in 2003 alone, and have been providing free prescription medicines to those unable to afford them for years.66 And there are hundreds of other examples.

Affirming would respect individual consent and judgement.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

We must also eliminate the preferential tax-exempt status of employer-provided health insurance. The tax code must be changed to treat all Americans equally with respect to how they purchase health insurance and medical services. The existing unjust tax provision could also be phased out over a relatively short time, perhaps two or three years. But we must begin today by recognizing that this tax law is unjust both to those without employer-sponsored insurance and to those with such insurance. It gives preferential tax treatment to those with health insurance, and it treats those same employees as helpless dependents by making it economically unsound for them to choose and pay for their own insurance plans. Further, we must eliminate all insurance mandates—including mandatory community rating, guaranteed issue, guaranteed renewability, and benefit mandates—and we must emphatically reject any call for individual or employer mandates. Insurance companies have a moral right to offer whatever policies and terms they deem marketable. Under a free market in health care, the types of insurance plans and coverage will undoubtedly change, but such changes will be the result of insurers and consumers acting according to their best judgment—by mutual consent and in each party's best interest. That is the beauty of a truly free market.

Affirming will lead to innovative methods of insurance coverage.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

One innovative insurance solution that is likely to become commonplace in a truly free marketplace is a combination of Health Savings Accounts (HSAs) and high-deductible, low-cost catastrophic insurance. HSAs enable individuals to save money for possible future medical expenses and to spend their own money on routine health care according to their own best judgment. Catastrophic insurance provides an economical way to protect against low-probability but highly expensive accidents and serious illnesses. Economic analyses have shown that a combination of these two kinds of plans provides high-quality care at a lower cost than traditional insurance plans.67 The Whole Foods grocery chain, for example, has been successful in using HSAs in conjunction with high-deductible catastrophic insurance policies to cut costs, while encouraging individual responsibility and preserving quality of care. This program is extremely popular with Whole Foods employees.68

Affirming recognizes the reality that health care is a commodity like other goods and services.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

A free market in health insurance and health care works because it recognizes that health care is a commodity produced by individuals who have a right to offer that commodity for trade on whatever terms they see fit—and that consumers have the right to accept or reject those terms as they see fit. When all parties are free to trade voluntarily, according to their own best judgment, the result is lower costs and higher quality—a fact that is evident throughout the economy and recognized by all reputable economists. The relatively-free American marketplace has done a magnificent job in providing other necessities of life such as food, shelter, and clothing; it can do the same for health care and health insurance—if we free up these markets. In a truly free market, other creative and innovative solutions will arise—solutions that have not yet been conceived by any politician, policy analyst, or by the authors of this article. The fact that we cannot foresee all the possible good ideas is not an undesirable "bug" of the free market but rather one of its marvelous features. Just as someone twenty years ago could not have imagined the specific innovations and benefits that would arise from a free market in the then-fledgling internet industry (consider eBay, Amazon.com, Google, iPhones, etc.), so people today cannot imagine the specific innovations and benefits that would arise from a free market in medicine and health insurance. What is certain is that the freer the market, the more innovation and benefits will arise.

Government intervention for public health in the health market is not sustainable.
Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

We have seen that the myriad problems with American health care and health insurance are the result of decades of government interference in the markets for these goods and services. The systematic violation of the rights of health care providers and insurers to freely produce and trade goods and services has created a dysfunctional system that has harmed countless providers, insurers, employers, and patients. We have also seen that more government control of medicine and health insurance is not the solution. Evidence and logic show that government interference in the market leads only to rising costs, rationing, and needless suffering and death. The current system is unsustainable. Unless policy changes are made, American health care and health insurance will not remain in their currently dysfunctional conditions; they will necessarily get worse (recall that health care costs are rising far more rapidly than the rate of inflation). One way or another, the current situation will change. We do not have a choice in that matter, but we do have a choice as to the direction of that change. America stands at a crossroads. We can continue to recycle the failed ideas of the past, continue to violate individual rights, and impose more government control on medicine and health insurance in a futile attempt to salvage a fundamentally flawed system by extending and building on its flaws. Or we can stand on moral principle, respect individual rights, begin dismantling the broken system, and start working toward a free and therefore thriving market in medicine and health insurance.

Negative Extensions

Public health is a means to social justice.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

Public health can be viewed as a broad social movement. Dan E. Beauchamp, a noted public health philosopher, has written that "public health should be a way of doing justice, a way of asserting the value and priority of all human life."4(p.8) In an influential 1974 paper entitled, "Public Health as Social Justice," Beauchamp calls on public health to challenge the ideology that prevails in the United States, an ideology that he calls "market justice." Market justice, he writes, emphasizes individual responsibility, minimal obligation to the common good, and the "fundamental freedom to all individuals to be left alone."4(p.4) Under market justice, powerful forces of environment, heredity, and social structure prevent a fair distribution of the burdens and benefits of society. Social justice, on the other hand, suggests that minimal levels of income, basic housing, employment, education, and health care should be seen as fundamental rights According to Beauchamp, "The historic dream of public health that preventable death and disability ought to be minimized is a dream of social justice."4(p.6) According to Beauchamp, "The historic dream of public health that preventable death and dis-ability ought to be minimized is a dream of social justice."4(p.6)

History demonstrates industry is not concerned with public health.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

Most public health measures have a negative economic impact of some kind on some segment of the population or on some industry. Consequently, any new proposal for a public health regulation is likely to inspire opposition from some quarter, on the grounds that it might cost jobs,add to the price of a product, or require a tax increase. It might also cut into a company's prof-its. Consequently, industries resist change: milk producers resisted pasteurization, landlords re-sisted building codes, automobile manufacturers resisted design changes to improve safety. There are several reasons why these conflicts are particularly difficult to resolve. The difficulty in dealing with the economic impact of public health measures has been illus-trated by conflicts with the tobacco industry. Tobacco is clearly harmful to health, causing thousands of deaths and millions of dollars in medical costs annually. Yet, until recently, only mild restrictions and regulations were instituted to discourage use of the product. Tobacco is a major industry in the South, supporting jobs and providing profits for tobacco companies. Cigarette sales also are a significant source of income for many small businesses. Owners of bars and restaurants have fought laws restricting smoking on their premises, fearing that they would lose the patronage of smokers. Politicians are not eager to institute strong public health meas-ures that would have such a major economic impact. Only in the past two or three decades, with the shift of public opinion against the tobacco industry, together with the industry's need to protect itself against a potentially bankrupting flood of lawsuits by injured smokers, have federal, state, and local governments begun to take serious measures to control smoking.

Economic arguments against public health ignore the economic benefits of public health.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

In many circumstances, controversy arises because those who pay for a public health measure are not the ones who benefit. Environmental regulations such as restrictions on timber harvesting in the Pacific Northwest are regularly under attack because they may cost jobs in the lumberindustry, although they may preserve jobs in the fishing and tourist industries as well as con-tribute in the long term to a more stable climate. Regulations that protect the health and safety of workers may require expensive protective equipment, thus driving up the costs to consumers.

Economic arguments against public health are typically short sighted.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

In times of economic difficulty, people are often unwilling to pay short-term costs in order to obtain a benefit in the long term. In both the fishing and lumber industries, stocks have been dangerously depleted, and there is a risk of killing off all the fish and cutting down all the timber, thereby destroying the industries altogether. Yet few workers in the fishing or lumber industries are willing to voluntarily cut back on their own harvests. Companies resist tough pollution control laws even though less polluting technology may lead to a long-term benefit not only for the environment but also for a company's competitiveness in international mar-kets. This short-sightedness became apparent at a time of high gas prices, when U.S. automo-bile companies suddenly lost market share and profits because they invested so much of their production into formerly profitable gas-guzzling SUVs that Americans can now no longer afford to drive.

Ignoring public health is both risky and can hurt the economy.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

A recent example of how economics affects public health regulation is the alarm raised in 2003 by a case of "mad cow" disease in an American cow. The diagnosis was made weeks after the cow was slaughtered and its meat sent to consumers around the country, potentially putting them at risk of contracting the fatal disease (see Chapter 10). News reports taught the American people a great deal about how beef is produced and distributed in this country, and the news was not reassuring. Many safeguards instituted in Europe and Japan after mad cow outbreaks there, such as testing all cattle at slaughter and using methods of tracing each animal through the production system, were not required in the United States. These methods are expensive and were resisted by the industry, leading to bans on the import of American beef by many countries around the world. Since 2003, two additional cases of mad cow disease have been de- tected in American cattle, but the industry-friendly George W. Bush administration refused to require, or even allow, widespread testing.5

Prioritizing direct public health is well established historically.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

One of the primary purposes of government is to "promote the general welfare," as called for in the U.S. Constitution. Health and safety, together with economic well-being, are the major factors that contribute to the general welfare. While the government cannot guarantee health and safety for each individual, its role is to provide for maximum health and safety for the community as a whole. One of the central controversies in public health is the extent to which government can and should restrict individual freedom for the purpose of improving the community's health. There has long been general agreement that it is acceptable to restrict an individual's free-dom to behave in such a way as to cause direct harm to others. Laws against assault and murder are found in the Bible and even the Babylonian Code of Hammurabi, which dates to the 18th century B.C. When the harm is less direct, however, the issues become more controversial. Most controversial are governmental restrictions on people's freedom to harm themselves.

The affirmative must advocate repealing many beneficial laws and regulations to be consistent.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

The United States has made great progress over the past 35 years in cleaning up air and wa-ter through federal legislation. Now questions are being raised as to whether the laws have gone too far in restricting the "freedom" to pollute. Companies have been required to limit emissions from their smokestacks; automobile makers have been required to install emission control de-vices on every car they manufacture. These regulations may have driven up the costs of automo-biles and other products, but they have not limited anybody's freedom. However, California still has a serious air pollution problem. Proposed regulations for the state to meet the federal mandates for clean air have included a ban on gas-driven lawn mowers, elimination of drive-through windows in banks and fast-food restaurants (to cut the pollution that results from idling car engines), and a ban on charcoal lighting fluid. None of these activities on an individ-ual basis—mowing a lawn, sitting in an idling car waiting for a hamburger, or lighting a few chunks of charcoal—contributes in any major way to the pollution of California's air, but when done by thousands of residents each day, they add up to a significant problem. Are Americans willing to accept such significant limitations on their behavior in order to achieve the desirable goal of clean air to breathe? Most controversial of public health measures are requirements that restrict people's freedom for the purpose of protecting their own health and safety. Examples of such measures include requirements to wear seat belts when traveling in a car and helmets when riding a motorcycle. Such laws inspire allusions to "the tyranny of health"7 and "the health police," although restric-tions on many drugs, such as heroin, cocaine, marijuana, LSD, and—during Prohibition in the early 20th century—alcohol have been generally accepted.

The affirmative must advocate many laws that protect juveniles in order to be consistent.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

Such restrictions on individual behavior are often criticized as "paternalism." Libertarians, in the words of John Stuart Mill, argue that "the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to oth-ers . . . In the part [of his conduct] which merely concerns himself, his independence is . . . ab-solute."8(p.90) The one form of paternalism that is generally accepted is that children and young people can be restricted in their behavior on the basis that they are not yet mature enough to make considered judgments as to their own best interests. Thus, there are laws that prevent ju-veniles from buying tobacco and alcohol, that require them to wear bicycle helmets and seat belts (even where adults are not required to wear them), and that require parental permission to obtain birth control information or an abortion, or to go skydiving.

Public health concerns outweigh minor individual inconveniences.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

Most public health advocates believe that there are more fundamental justifications for restrictions on individual behavior for the sake of the public health. Beauchamp, the philosopher, explores the reasons in his book, The Health of the Republic, arguing that such laws are needed most for behaviors that are common and carry small risks. Consistent use of seat belts, for example, prevents thousands of deaths and injuries in the population as a whole, although the risk people face on any one trip, when they must decide whether to buckle up, is quite small. While each individual's choice to take the risk of driving unbuckled may be rational, society's interest in preventing the thousands of deaths and injuries outweighs the minor inconvenience of obeying the seatbelt law. Beauchamp's argument in favor of limiting individual liberty for the common good is con-sistent with his view of public health as social justice. Death and disability are collective prob-lems, he says, and collective action is needed to promote the common welfare. The U.S. tradition of supporting private liberty above all is wrong, as noted by that early critic of the American character, Alexis de Tocqueville, in that it "disposes [citizens] not to think of their fel-lows and turns indifference into a sort of public virtue."9(p.16)

History proves that rhetoric alone is insufficient to solve for public health concerns.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

Public health often arouses controversy on moral grounds, most often when it confronts sexual and reproductive issues. AIDS, other sexually transmitted diseases, teenage pregnancy, and low birth-weight babies are major public health problems in the United States. The public health approach to these problems includes sex education in schools and the provision of contraceptive services, especially condoms. These measures are often vigorously opposed by members of certain religious groups who believe that they promote immoral behavior. Safe and legal abortion to terminate unwanted pregnancy is even more controversial. While there is no question that the safest and healthiest lifestyle is to abstain from sexual activity before marriage and then to be faithful to one's spouse, experience has long shown that preaching morality has limited efficacy in preventing sexually transmitted diseases and unwanted pregnancy. Chapter 13 discusses these issues further.

Ignoring public health concerns led to neglect of AIDS victims.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

AIDS has been an especially divisive issue because so many people with AIDS contracted the disease through behavior that is widely regarded as immoral—homosexual acts and intravenous drug use. Consequently, AIDS-related policy has often been confounded by moral revulsion against the disease and its victims. While not supported by the evidence, it is commonly be-lieved that education on how to protect oneself against contracting the virus that causes AIDS may encourage homosexuality and promiscuous sexual behavior in general. Similarly, moralists frown on the practice of providing clean needles to drug addicts because, while it is effective in reducing the spread of the virus, they believe it condones the use of intravenous drugs.

Undervaluing public health can lead to manipulation or suppression of scientific research.
Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

While there are legitimate differences of opinion on how to weigh the competing interests in making policy that affects public health, these decisions should be informed by science to the extent possible. The George W. Bush administration was notorious for going beyond previous political practices in manipulating and distorting scientific evidence to fit its political agenda. In February 2004 the Union of Concerned Scientists (UCS), a nonprofit advocacy group, re-leased a report called "Scientific Integrity in Policymaking," which was signed by more than sixty leading scientists, including twenty Nobel-Prize winners.11 The report documented many instances of the administration's misrepresentation or suppression of scientific information and stacking of scientific advisory committees to obscure the fact that policy decisions were based on its political agenda, which usually favored right-wing constituencies and large corporations. One example cited by the UCS report was pressure on the Centers for Disease Control and Prevention (CDC) to promote abstinence-only programs for preventing teen pregnancy. The CDC was required to remove from its Web site information on "Programs that Work," five sex education programs for teenagers that had been found effective in scientific studies. Similarly, the CDC replaced information on the effectiveness of condoms in preventing the spread of HIV/AIDS with a document that emphasizes condom failure rates and the effectiveness of ab-stinence. While there is no dispute that abstinence is the most effective way to prevent preg-nancy and HIV transmission, scientific studies have found abstinence-only programs to be ineffective. In 2003, The New York Times reported that the National Cancer Institute's Web site contained information suggesting that having an abortion increased a woman's risk of breast cancer. This issue had long been discredited by a number of epidemiologic studies, and the publicity forced the Institute to remove the inaccurate information.12

Affirming empowers the powerful to eschew the burdens to society.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

It is not sufficiently appreciated that these same bleak realities plague attempts to protect the public's health. Automobile-related injury and death; tobacco, alcohol and other drug dam-age; the perils of the workplace; environmental pollution; the inequitable and ineffective distri-bution of medical care services; the hazards of biomedicine-all of these threats inflict death and disability on a minority of our society at any given time. Further, minimizing or even signifi-cantly reducing the death and disability from these perils entails that the majority or powerful minorities accept new burdens or relinquish existing privileges that they presently enjoy. Typically, these new burdens or restrictions in-volve more stringent controls over these and other hazards of the world.

Protecting autonomy over society prevents reductions in death and disability.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

This somber reality suggests that our funda-mental attention in public health policy and pre-vention should not be directed toward a searchfor new technology, but rather toward breaking existing ethical and political barriers to minimiz-ing death and disability. This is not to say that technology will never again help avoid painful social and political adjustments.* Nonetheless, only the technological Pollyannas will ignore the mounting evidence that the critical barriers to protecting the public against death and disability are not the barriers to technological progress-indeed the evidence is that it is often technology itself that is our own worst enemy. The criticalbarrier to dramatic reductions in death and dis-ability is a social ethic that unfairly protects the most numerous or the most powerful from the burdens of prevention.

Market justice is the dominant health model in the US.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

The dominant model of justice in the Ameri-can experience has been market-justice.5 Underthe norms of market-justice people are entitledonly to those valued ends such as status, in-come, happiness, etc., that they have acquiredby fair rules of entitlement, e.g., by their ownindividual efforts, actions or abilities. Market-justice emphasizes individual responsibility,minimal collective action and freedom from col- ective obligations except to respect other per-sons' fundamental rights.While we have as a society compromised pure market-justice in many ways to protect the pub-lic's health, we are far from recognizing the principle that death and disability are collective problems and that all persons are entitled to health protection. Society does not recognize a general obligation to protect the individual against disease and injury. While society does prohibit individuals from causing direct harm to others, and has in many instances regulated clear public health hazards, the norm of market-justice is still dominant and the primary duty to avert disease and injury still rests with the indi-vidual, The individual is ultimately alone in his or her struggle against death.

Market health models lead to individual fatalism.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

This individual isolation creates a powerful barrier to the goal of protecting all human life by magnifying the power of death, granting to death an almost supernatural reality.* Death has throughout history presented a basic problem to humankind,' but even in an advanced society with enormous biomedical technology, the indi-vidualism of market-justice tends to retain and exaggerate pessimistic and fatalistic attitudes toward death and injury. This fatalism leads to a sense of powerlessness, to the acceptance of risk as an essential element of life, to resignation in the face of calamity, and to a weakening of col-lective impulses to confront the problems of premature death and disability.

The affirmative model fails to sufficiently protect public safety.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Perhaps the most direct way in which market-justice undermines our resolve to preserve and protect human life lies in the primary freedom this ethic extends to all individuals and groups to act with minimal obligations to protect the com-mon good.8 Despite the fact that this rule of self-interest predictably fails to protect adequately the safety of our workplaces, our modes of transportation, the physical environment, the commodities we consume, or the equitable and effective distribution of medical care, these fail-ures have resulted so far in only half-hearted at-tempts at regulation and control. This response is explained in large part by the powerful sway market-justice holds over our imagination, grant-ing fundamental freedom to all individuals to be left alone-even if the "individuals" in question are giant producer groups with enormous capacities to create great public harm through sheer inadvertence. Efforts for truly effective controls over these perils must constantly strug-gle against a prevailing ethical paradigm that de-fines as threats to fundamental freedoms at-tempts to assure that all groups--even powerful producer groups-accept their fair share of the burdens of prevention.

Affirming ignores the social structures that foster unhealthy individual choices.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Market-justice is also the source of another major barrier to public health measures to minimize death and disability-the category of voluntary behavior. Market-justice forces a basic distinction between the harm caused by a factory polluting the atmosphere and the harm caused by the cigarette or alcohol industries, be-cause in the latter case those that are harmed are perceived as engaged in "voluntary" behavior.9 It is the radical individualism inherent in the market model that encourages attention to the individual's behavior and inattention to the so-cial preconditions of that behavior. In the case of smoking, these preconditions include a powerful cigarette industry and accompanying social and cultural forces encouraging the practice of smok-ing. These social forces include norms sanction-ing smoking as well as all forms of media, adver-tising, literature, movies, folklore, etc. Since the smoker is free in some ultimate sense to not smoke, the norms of market-justice force the conclusion that the individual voluntarily "chooses" to smoke; and we are prevented from taking strong collective action against the pow-erful structures encouraging this so-called volun-tary behavior.

Affirming leads to victim blaming which thwarts efforts at reducing death.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Yet another way in which the market ethic obstructs the possibilities for minimizing death and disability, and alibis the need for structural change, is through explanations for death and disability that "blame the victim."10 Victim-blaming misdefines structural and collective problems of the entire society as individual prob-lems, seeing these problems as caused by the behavioral failures or deficiencies of the victims. These behavioral explanations for public prob-lems tend to protect the larger society and pow-erful interests from the burdens of collective ac-tion, and instead encourage attempts to change the "faulty" behavior of victims.

Affirming undermines efforts at preventative practices.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Market-justice is perhaps the major cause for our over-investment and over-confidence in curative medical services. It is not obvious that the rise of medical science and the physician, taken alone, should become fundamental obsta-cles to collective action to prevent death and injury. But the prejudice found in market-justice against collective action perverts these scientific advances into an unrealistic hope for "technological shortcuts"l1 to painful social change. Moreover, the great emphasis placed on individual achievement in market-justice has further diverted attention and interest away from primary prevention and collective action by dramatizing the role of the solitary physician-scientist, picturing him as our primary weapon and first line of defense against the threat of death and injury.

Affirming undermines efforts at examining failures in the health care system.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

The prestige of medical care encouraged by market-justice prevents large-scale research to determine whether, in fact, our medical care technology actually brings about the result desired-a significant reduction in the damage and losses suffered from disease and injury. The model conceals questions about our pervasive use of drugs, our intense specialization, and our seemingly boundless commitment to biomedical technology. Instead, the market model of justice encourages us to see problems as due primarily to the failure of individual doctors and the qual-ity of their care, rather than to recognize the possibility of failure from the structure of medi-cal care itself." Consequently, we seek to rem-edy problems by trying to change individual doc-tors through appeals to their ethical sensibilities, or by reshaping their education, or by creating new financial incentives.

Government intervention in the market does not mean the mindset is still not market based.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

The vast expansion of government in health policy over the past decades might seem to sig-nal the demise of the market ethic for health. But it is important to remember that the preponder-ance of our public policy for health continues to define health care as a consumption good to be allocated primarily by private decisions and markets, and only interferes with this market with public policy to subsidize, supplement or extend the market system when private deci-sions result in sufficient imperfections or in-equities to be of public concern. Medicare and Medicaid are examples. Other examples include subsidizing or stimulating the private sector through public support for research, education of professionals, limited areawide planning, and the construction of facilities. Even national health insurance is largely a public financing mechanism to subsidize private markets in the hope that curative health services will be more equitably distributed. None of these policies is likely to bring dramatic reductions in rates of death and disability.

Prior efforts at government intervention exist to prop up the market based system.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Our current efforts to reform the so-called health system are little more than the use of pub-lic authority to perpetuate essentially private mechanisms for allocating curative health serv-ices. These reforms are paraded as evidence that the system is capable of functioning equitably. But, as Barthesr3 points out (in a different con-text), reform measures may merely serve to "in-oculate" the larger society against the suspicion that it is the model itself (in our case, market-justice) that is at fault. In fact, the constant re-form efforts designed to "save the system" may better be viewed as an attempt to expand the hegemony of the key actors in the present system--especially the medical care complex. As McKnight says, the medical care complex may need the hot air of reform if its ballooning empire is to continue to inflate.14

Negating means limiting health hazards in the world.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

A key principle of the public health ethic is the focus on the identification and control of the hazards of this world rather than a focus on the behavioral defects of those individuals damaged by these hazards. Against this principle it is often argued that today the causes of death and disability are multiple and frequently behavioral in origin.24 Further, since it is usually only a minority' of the public that fails to protect itself against most known hazards, additional controls over these perilous sources would not seem to A key principle of the public health ethic is the focus on the identification and control of the hazards of this world rather than a focus on the behavioral defects of those individuals damaged by these hazards. Against this principle it is often argued that today the causes of death and disability are multiple and frequently behavioral in origin.24 Further, since it is usually only a minority' of the public that fails to protect itself against most known hazards, additional controls over these perilous sources would not seem to be effective or just. We should look instead for the behavioral origins of most public health problems,2s asking why some people expose themselves to known hazards or perils, or act in an unsafe or careless manner. Public health should-at least ideally-be suspicious of behavioral paradigms for viewing public health problems since they tend to "blame the victim" and unfairly protect major-ities and powerful interests from the burdens of prevention.26 It is clear that behavioral models of public health problems are rooted in the tradi-tion of market-justice, where the emphasis is upon individual ability and capacity, and indi-vidual success and failure. Public health, ideally, should not be con-cerned with explaining the successes and fail-ures of differing individuals (dispositional expla-nations)27 in controlling the hazards of this world. Rather these failures should be seen as signs of still weak and ineffective controls or limits over those conditions, commodities, serv-ices, products or practices that are either haz-ardous for the health and safety of members of the public, or that are vital to protect the public's health.

Negating means focusing on prevention.
Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Like the other principles of public health, pre-vention is a logical consequence of the ethical goal of minimizing the numbers of persons suf-fering death and disability. The only known wayto minimize these adverse events is to prevent the occurrence of damaging exchanges or expo-sures in the first place, or to seek to minimize damage when exposures cannot be controlled. Prevention, then, is that set of priority rules for restructuring existing market rules in order to maximally protect the public. These rules seek to create policies and obligations to replace the norm of market-justice, where the latter permits specific conditions, commodities, services, products, activities or practices to pose a direct threat or hazard to the health and safety of members of the public, or where the market norm fails to allocate effectively and equitably those services (such as medical care) that are necessary to attend to disease at hand.

Blocks

Affirmative Blocks
Answers to (A/T) common negative arguments

A/T Public health drives costs down.

1. **Government intervention for public health keeps individuals ignorant of healthcare costs.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

This preferential government treatment of Blue Cross and Blue Shield over other insurance plans, combined with the tax breaks to recipients of employer-sponsored health insurance plans, has wreaked havoc in the American health insurance industry in myriad ways. When employers pay for health insurance, employees tend to remain largely unaware of the costs involved. And even if they are aware of the costs, because the insurance is paid for with pretax dollars, employees cannot as easily compare its value to that of other benefits such as vacation time, personal days, or retirement savings. Further, because employer-paid health insurance premiums are not taxed as income, many employees come to think of them as a normal condition or an entitlement of employment and feel shortchanged when the employer tries to shift part of the cost to them.

2. **Government intervention for public health in the health market is bankrupting the US government.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

In financial terms, Medicare and Medicaid are bankrupting our state and federal governments. These two federal insurance programs compose nearly 20 percent of the federal budget, and the percentage keeps rising. In addition, for most states Medicaid is the largest single budget item, averaging 22 percent of states' spending. Medicaid is generally administered by the state, with matching federal tax dollars. As a result, states seek to expand Medicaid coverage and other medical programs such as SCHIP (State Children's Health Insurance Program) in order to reap more of the matching federal dollars. Eligibility for these programs continues to expand, and, in some states, families with incomes as high as $55,000 are now eligible for Medicaid benefits. Federal, state, and local governments now pay 50 percent of every dollar spent on health care, even though government health insurance covers only 27 percent of the population.[24]

3. **Government intervention for public health in the health market does not lead to better care or lower costs.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

The Fraser Institute summarizes the key differences between Canadian and American health care as follows: Health care appears to cost less in Canada than in the United States largely because Canadian public health insurance does not cover many advanced medical treatments and technologies that are commonly available to Americans. Canadian patients do not get the same quality or quantity of care as American patients. On a comparable basis, Canadians have fewer doctors, less high-tech equipment, older hospitals, and get fewer advanced medicines than Americans.[49]

A/T Public health spurs innovation.

1. **Government intervention for public health in the health market undermines insurer incentive to please consumers.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Whereas people generally keep the same auto or homeowners insurance for many years, employees rarely have the same health insurance for more than two or three years, even while remaining with the same employer, because the employer chooses and changes the plans at his discretion, usually with an eye toward minimizing premium costs. Unlike auto insurance policies, under which the insurers often give significant discounts to safe owner-drivers in order to retain them as long-term customers, under employer-sponsored health insurance, the employers, not the employees, are the customers, and there is little, if any, financial incentive for insurers to build long-term relationships with the employees.

2. **Government intervention for public health in the health market thwarts medical innovation.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

There are as many as 1,900 separate mandates across the country, and more than half the states have 35 or more mandates, with Idaho having the fewest at 14 and Maryland having the most at 62.25 These mandates violate the rights of insurers and customers to choose their own policies and coverage. They limit an insurance company's ability to offer inexpensive and reduced benefit packages for the young and healthy, or to tailor policies to a person's needs or wants, or to offer low-cost, high-deductible policies that cover only catastrophic events. They force unwanted coverage upon customers, raise the costs of each insurance policy involved, and retard innovation in the marketplace.

3. **Government intervention for public health in the health market leads to a medical brain drain to freer systems so there will be fewer brains to spur innovation.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

In 2003, then-president of the Canadian Medical Association, Dr. Sunil Patel, reported: "Physicians across Canada are in an advanced stage of burnout due to work conditions. . . . That burnout causes them to retire early or pull away from certain kinds of work or simply leave." According to the New York Times, specialists have been leaving Canada to practice in the United States because of deep unhappiness with "Canada's health care system, which is driven by government-financed insurance for all . . . [and which] increasingly rations service because of various technological and personnel shortages."45 According to the Canadian Institute for Health Information, in just six years, between 1996 and 2002, this "brain drain" amounted to "a net migration of forty-nine neurosurgeons from Canada . . . a large loss given that there are only two hundred forty-one neurosurgeons in the country." "It's not about the money," says neurosurgeon Dr. Siva Sriharan; "[rather, it's that] we can't do our job properly with operating room time so extremely limited here."46 The flight of doctors from Canada to the United States has become a serious problem for Canadians. A recent study by the Canadian Medical Association (CMA) reports that one in nine doctors trained in Canada now practices in the United States: "[T]his is equivalent to having 2 average-sized Canadian medical schools dedicated to producing physicians for the United States"—and there are only seventeen medical schools in Canada.47 This exodus of Canadian physicians involves not only primary care physicians but also specialists, who can make two to three times more money in the United States than in Canada.

A/T Public health helps the marginalized and impoverished.

1. **Government intervention for public health in the health market suppresses wages.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Employer-paid insurance has also been hard on employers. As health insurance costs have risen faster than other costs, premium increases amount to an increase in wage costs disproportionate to revenue increases and independent of employee productivity. This is the reason that many employers are cutting back the amount of money they spend on health insurance, trimming benefit packages, increasing employee co-pays, and requiring employees to pay a larger portion of the actual insurance cost.

2. **Denying individual medical autonomy leads to suffering and death.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

These differences are a direct result of the fact that Canada is a worse violator of the rights of doctors and patients than is the United States. To guarantee Canadians "free" health care, the Canadian government forces individuals to pay for their neighbors' medical care and limits their freedom to pay voluntarily for their own. With bureaucrats deciding who receives what, individuals are forbidden to spend their money according to their own judgment (and the advice of their doctors) as to what is best for their health. Since an individual's own judgment is his basic means of living, when the government forces individuals to act against that judgment, unnecessary suffering and death naturally follow.

3. **Increased government intervention for public health in the health market leads to longer wait times for treatment harming the most vulnerable in society.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

According to the Vancouver-based Fraser Institute, "Canadian doctors say patients wait almost twice as long for treatment than is clinically reasonable, . . . almost 18 weeks between the time they see their family physician and the time they receive treatment from a specialist."41 Consequently, mortality rates for treatable conditions such as breast cancer and prostate cancer are substantially higher in Canada than in the United States.42 A Canadian woman who discovers a lump in her breast might wait several months before she receives the surgery and chemotherapy she needs, with the cancer cells multiplying rapidly all the while.43 If she lived in the (as yet) less-socialized United States, she could receive treatment within days. Canadian waiting lists routinely deprive patients of crucial, irreplaceable time, and this burden falls hardest on the sickest patients, those with the least time to spare. In some cases, it can cost them their very lives. Canadian patients routinely suffer and die while waiting for their "free" health care. The National Center for Policy Analysis notes: "During one 12-month period in Ontario, . . . 71 patients died waiting for coronary bypass surgery while 121 patients were removed from the list because they had become too sick to undergo surgery."44 Of course, certain Canadians can and do attain preferential placement on the lists; politicians and celebrities use their pull to move up the waiting lists—something that ordinary Canadians bitterly refer to as "queue jumping." And wealthy Canadians can avoid the waiting lists altogether—by traveling to the United States to purchase the care they need. On the patient side of the equation, the people most harmed by the single-payer system are average Canadians and "the poor." On the doctor side of the equation, we find further problems.

A/T The current public health system is market based.

1. **Current healthcare concerns cannot be blamed on a free market, as the health market is anything but free.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Unlike those in more openly socialist countries who obtain health insurance directly from the government, Americans typically purchase health insurance from increasingly government-controlled insurance corporations, giving health insurance in America the veneer of a free-market industry. Behind the veneer, however, the industry is subject to countless state and federal laws, regulations, and taxes—which do not apply to all insurance companies equally. In addition to taxing insurance companies on the premiums they collect, states typically require them to set aside monetary "reserves" to cover future claims. But some companies have been exempted from these taxes and requirements. During the Great Depression, hospitals and doctors organized their own insurance companies, known respectively as Blue Cross and Blue Shield (or "the Blues"). The Blues lobbied and convinced the states to treat them as nonprofit charity corporations rather than "for-profit" insurance companies, on the grounds that they were organized by doctors and hospitals. The Blues also requested and received tax-exempt status from the federal government. In return for their nonprofit status, the Blues agreed to offer health insurance on the basis of "community rating," which meant that every customer would pay the same premium, regardless of age, sex, health history, lifestyle choices, or regional demographics.11 (This was occasionally modified to reflect different premiums for age and location and was then called "modified community rating.") Commercial insurers—who were still required to pay taxes, establish reserves, and adhere to other state insurance regulations—had difficulty competing with the Blues, which, by the 1950s, together were the largest provider of health insurance in America.12 The primary goal of the Blues was to obtain steady income for their member doctors and hospitals by guaranteeing that they received payment for all the services they provided. Their strategy was to provide coverage for all expenses—even routine, ordinary, easily affordable medical services. In contrast to the original purpose of health insurance—which was to protect against rare, unforeseen, catastrophic expenses that could bankrupt a family—the Blues turned health insurance into a form of pre-paid medical care in which the insurance company (rather than patients) would pay doctors and hospitals for all medical services—catastrophic, routine, and everything in between—on a cost-plus basis. In an effort to compete with the Blues, more and more for-profit insurance companies offered similar plans, and the model of third-party insurance plans paying the providers directly with little or no input from the patient—and paying for routine care through insurance—became entrenched. This new model was a disaster in the making. In addition to minimizing incentives for insured customers to comparison shop for medical services, it also minimized incentives for doctors and hospitals to compete on price.13 The model created by the Blues and followed by commercial insurers was not the result of free-market thinking and competition. It was a direct result of government meddling and intervention, giving preferential treatment and economic advantages to one insurer (and its health plans) over others. This initial distortion of the health insurance market was exacerbated by the 1942 Stabilization Act, passed during World War II. This act froze wages nationwide but allowed employers to provide or increase employee benefits such as health insurance, since benefits were not considered wages under the Act. In 1943, in response to the Act, the IRS decreed that health insurance premiums paid by employers are not taxable income to employees and are therefore exempt from federal income tax. The IRS further decreed that health insurance premiums are a legitimate cost of doing business and can be deducted from the employer's taxable income.14 These decrees were later codified into the Internal Revenue Code of 1954.

2. **Affirming is the only moral alternative to the failed statist quo.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

The only moral and practical solution to this now-behemoth problem is to acknowledge that government intervention in health care and in health insurance is wrong, and to start in earnest to eliminate all such interference. This is the moral approach to solving the problem because it recognizes that the producers of health care goods and services have an inalienable right to dispose of the fruits of their thought and labor as they see fit, seeking their best interests through free trade in the marketplace. And it is the practical approach to solving the problem because it will lead to high-quality medical care at the prices that make such care possible—the prices on which providers and patients voluntarily agree.

A/T Free market health care would leave the poor unprotected.

1. **Those who cannot afford treatment can be covered by private charity.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

As to the question of how those who cannot afford medical care will receive it, we must bear in mind that government is not taking care of them now and is logically incapable of ever doing so, for the simple reason that government does not and cannot produce goods or services. Insofar as people who cannot afford medical care are receiving it, the care is being provided by productive American citizens, doctors, and hospitals. And we must bear in mind that, in the words of Philosopher Leonard Peikoff, Americans who cannot afford medical care "are necessarily a small minority in a free or even semi-free country. If they were the majority, the country would be an utter bankrupt and could not even think of a national medical program."[63] Those unable to afford any particular medical services would have to rely on voluntary charity, not on the empty promises of government. Individually, Americans are the most generous people in the world, and they have always been so. For example, American individuals, corporations, and foundations gave $1.5 billion to aid victims of the December 26, 2004, Sumatra earthquake and tsunami, more than double the amount any government provided, including the United States.64 Quoting Dr. Peikoff again: And such charity, I may say, was always forthcoming in the past in America. The advocates of Medicaid and Medicare under LBJ did not claim that the poor or old in the '60s got bad care; they claimed that it was an affront for anyone to have to depend on charity. But the fact is: You don't abolish charity by calling it something else. If a person is getting health care for nothing, simply because he is breathing, he is still getting charity, whether or not any politician, lobbyist or activist calls it a "right." To call it a Right when the recipient did not earn it is merely to compound the evil. It is charity still—though now extorted by criminal tactics of force, while hiding under a dishonest name.65

2. **Absent government meddling in the health market for public health charities would thrive.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

As shown, charity already abounds in America and would be even more abundant if the government removed its coercive hands from the health care and health insurance industries and consumers. Even with the government violating rights to the extent that it currently does, many examples indicate the sufficiency of charity in this regard. Here are just a few: The Shriners' Hospitals provide free care to children and adults with orthopedic, spinal cord, and burn injuries. St. Jude's Hospital provides free catastrophic care for children. Pharmaceutical companies provide enormous quantities of prescription drugs to those who are unable to afford them; for instance, they provided free (or nearly free) prescription drugs to about 6.2 million people in 2003 alone, and have been providing free prescription medicines to those unable to afford them for years.66 And there are hundreds of other examples.

A/T Universal health care is the only moral option.

1. **Universal healthcare is immoral and would destroy American medicine.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

Contrary to claims that government-imposed "universal health care" would solve America's health care problems, it would in fact destroy American medicine and countless lives along with it. The goal of "universal health care" (a euphemism for socialized medicine) is both immoral and impractical; it violates the rights of businessmen, doctors, and patients to act on their own judgment—which, in turn, throttles their ability to produce, administer, or purchase the goods and services in question. To show this, we will first examine the nature and history of government involvement in health insurance and medicine. Then we will consider attempts in other countries and various U.S. states to solve these problems through further government programs. Finally, we will show that the only viable long-term solution to the problems in question is to convert to a fully free market in health care and health insurance.

2. **Government intervention for public health in the health market is not sustainable.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

We have seen that the myriad problems with American health care and health insurance are the result of decades of government interference in the markets for these goods and services. The systematic violation of the rights of health care providers and insurers to freely produce and trade goods and services has created a dysfunctional system that has harmed countless providers, insurers, employers, and patients. We have also seen that more government control of medicine and health insurance is not the solution. Evidence and logic show that government interference in the market leads only to rising costs, rationing, and needless suffering and death. The current system is unsustainable. Unless policy changes are made, American health care and health insurance will not remain in their currently dysfunctional conditions; they will necessarily get worse (recall that health care costs are rising far more rapidly than the rate of inflation). One way or another, the current situation will change. We do not have a choice in that matter, but we do have a choice as to the direction of that change. America stands at a crossroads. We can continue to recycle the failed ideas of the past, continue to violate individual rights, and impose more government control on medicine and health insurance in a futile attempt to salvage a fundamentally flawed system by extending and building on its flaws. Or we can stand on moral principle, respect individual rights, begin dismantling the broken system, and start working toward a free and therefore thriving market in medicine and health insurance.

3. **Affirming recognizes the reality that health care is a commodity like other goods and services.**

Lin Zinser (Director of Public Outreach at Ayn Rand Center for Individual Rights) & Paul Hsieh (physician & co-founder of Freedom and Individual Rights in Medicine (FIRM)), "Moral Health Care vs. 'Universal Health Care,'" The Objective Standard, Vol 2, No 4, Winter 2007, https://www.theobjectivestandard.com/issues/2007-winter/moral-vs-universal-health-care/

A free market in health insurance and health care works because it recognizes that health care is a commodity produced by individuals who have a right to offer that commodity for trade on whatever terms they see fit—and that consumers have the right to accept or reject those terms as they see fit. When all parties are free to trade voluntarily, according to their own best judgment, the result is lower costs and higher quality—a fact that is evident throughout the economy and recognized by all reputable economists. The relatively-free American marketplace has done a magnificent job in providing other necessities of life such as food, shelter, and clothing; it can do the same for health care and health insurance—if we free up these markets. In a truly free market, other creative and innovative solutions will arise—solutions that have not yet been conceived by any politician, policy analyst, or by the authors of this article. The fact that we cannot foresee all the possible good ideas is not an undesirable "bug" of the free market but rather one of its marvelous features. Just as someone twenty years ago could not have imagined the specific innovations and benefits that would arise from a free market in the then-fledgling internet industry (consider eBay, Amazon.com, Google, iPhones, etc.), so people today cannot imagine the specific innovations and benefits that would arise from a free market in medicine and health insurance. What is certain is that the freer the market, the more innovation and benefits will arise.

Negative Blocks
Answer To (A/T) common affirmative arguments

A/T A free market health system is better for protecting health.

1. **History demonstrates industry is not concerned with public health.**

Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

Most public health measures have a negative economic impact of some kind on some segment of the population or on some industry. Consequently, any new proposal for a public health reg-ulation is likely to inspire opposition from some quarter, on the grounds that it might cost jobs,add to the price of a product, or require a tax increase. It might also cut into a company's prof-its. Consequently, industries resist change: milk producers resisted pasteurization, landlords re-sisted building codes, automobile manufacturers resisted design changes to improve safety. There are several reasons why these conflicts are particularly difficult to resolve. The difficulty in dealing with the economic impact of public health measures has been illus-trated by conflicts with the tobacco industry. Tobacco is clearly harmful to health, causing thousands of deaths and millions of dollars in medical costs annually. Yet, until recently, only mild restrictions and regulations were instituted to discourage use of the product. Tobacco is a major industry in the South, supporting jobs and providing profits for tobacco companies. Cigarette sales also are a significant source of income for many small businesses. Owners of bars and restaurants have fought laws restricting smoking on their premises, fearing that they would lose the patronage of smokers. Politicians are not eager to institute strong public health meas-ures that would have such a major economic impact. Only in the past two or three decades, with the shift of public opinion against the tobacco industry, together with the industry's need to protect itself against a potentially bankrupting flood of lawsuits by injured smokers, have federal, state, and local governments begun to take serious measures to control smoking.

2. **The affirmative model fails to sufficiently protect public safety.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Perhaps the most direct way in which market-justice undermines our resolve to preserve and protect human life lies in the primary freedom this ethic extends to all individuals and groups to act with minimal obligations to protect the com-mon good.8 Despite the fact that this rule of self-interest predictably fails to protect adequately the safety of our workplaces, our modes of transportation, the physical environment, the commodities we consume, or the equitable and effective distribution of medical care, these fail-ures have resulted so far in only half-hearted at-tempts at regulation and control. This response is explained in large part by the powerful sway market-justice holds over our imagination, grant-ing fundamental freedom to all individuals to be left alone-even if the "individuals" in question are giant producer groups with enormous capacities to create great public harm through sheer inadvertence. Efforts for truly effective controls over these perils must constantly strug-gle against a prevailing ethical paradigm that de-fines as threats to fundamental freedoms at-tempts to assure that all groups--even powerful producer groups-accept their fair share of the burdens of prevention.

3. **Affirming ignores the social structures that foster unhealthy individual choices.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Market-justice is also the source of another major barrier to public health measures to minimize death and disability-the category of voluntary behavior. Market-justice forces a basic distinction between the harm caused by a factory polluting the atmosphere and the harm caused by the cigarette or alcohol industries, be-cause in the latter case those that are harmed are perceived as engaged in "voluntary" behavior.9 It is the radical individualism inherent in the market model that encourages attention to the individual's behavior and inattention to the so-cial preconditions of that behavior. In the case of smoking, these preconditions include a powerful cigarette industry and accompanying social and cultural forces encouraging the practice of smok-ing. These social forces include norms sanction-ing smoking as well as all forms of media, adver-tising, literature, movies, folklore, etc. Since the smoker is free in some ultimate sense to not smoke, the norms of market-justice force the conclusion that the individual voluntarily "chooses" to smoke; and we are prevented from taking strong collective action against the pow-erful structures encouraging this so-called volun-tary behavior.

A/T Negating will hurt the economy.

1. **Economic arguments against public health ignore the economic benefits of public health.**

Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

In many circumstances, controversy arises because those who pay for a public health measure are not the ones who benefit. Environmental regulations such as restrictions on timber harvest-ing in the Pacific Northwest are regularly under attack because they may cost jobs in the lumberindustry, although they may preserve jobs in the fishing and tourist industries as well as con-tribute in the long term to a more stable climate. Regulations that protect the health and safety of workers may require expensive protective equipment, thus driving up the costs to consumers.

2. **Economic arguments against public health are typically short sighted.**

Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

In times of economic difficulty, people are often unwilling to pay short-term costs in order to obtain a benefit in the long term. In both the fishing and lumber industries, stocks have been dangerously depleted, and there is a risk of killing off all the fish and cutting down all the tim-ber, thereby destroying the industries altogether. Yet few workers in the fishing or lumber in-dustries are willing to voluntarily cut back on their own harvests. Companies resist tough pollution control laws even though less polluting technology may lead to a long-term benefit not only for the environment but also for a company's competitiveness in international mar-kets. This short-sightedness became apparent at a time of high gas prices, when U.S. automo-bile companies suddenly lost market share and profits because they invested so much of their production into formerly profitable gas-guzzling SUVs that Americans can now no longer af-ford to drive.

3. **Ignoring public health is both risky and can hurt the economy.**

Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

A recent example of how economics affects public health regulation is the alarm raised in 2003 by a case of "mad cow" disease in an American cow. The diagnosis was made weeks after the cow was slaughtered and its meat sent to consumers around the country, potentially putting them at risk of contracting the fatal disease (see Chapter 10). News reports taught the American people a great deal about how beef is produced and distributed in this country, and the news was not reassuring. Many safeguards instituted in Europe and Japan after mad cow outbreaks there, such as testing all cattle at slaughter and using methods of tracing each animal through the production system, were not required in the United States. These methods are expensive and were resisted by the industry, leading to bans on the import of American beef by many countries around the world. Since 2003, two additional cases of mad cow disease have been de- tected in American cattle, but the industry-friendly George W. Bush administration refused to require, or even allow, widespread testing.5

A/T A free system of health is better for the poor and marginalized.

1. **Ignoring public health concerns led to neglect of AIDS victims.**

Mary-Jane Schneider (Clinical Associate Professor Department of Health Policy, Management, and Behavior School of Public Health University at Albany, State University of New York Rensselaer, New York), "Why is Public Health Controversial," Introduction to Public Health, Jones & Bartlett Learning, Jan 1, 2000, http://samples.jbpub.com/9780763763817/J10658_Chapter02.pdf

AIDS has been an especially divisive issue because so many people with AIDS contracted the disease through behavior that is widely regarded as immoral—homosexual acts and intravenous drug use. Consequently, AIDS-related policy has often been confounded by moral revulsion against the disease and its victims. While not supported by the evidence, it is commonly be-lieved that education on how to protect oneself against contracting the virus that causes AIDS may encourage homosexuality and promiscuous sexual behavior in general. Similarly, moralists frown on the practice of providing clean needles to drug addicts because, while it is effective in reducing the spread of the virus, they believe it condones the use of intravenous drugs.

2. **Affirming empowers the powerful to eschew the burdens to society.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

It is not sufficiently appreciated that these same bleak realities plague attempts to protect the public's health. Automobile-related injury and death; tobacco, alcohol and other drug dam-age; the perils of the workplace; environmental pollution; the inequitable and ineffective distri-bution of medical care services; the hazards of biomedicine-all of these threats inflict death and disability on a minority of our society at any given time. Further, minimizing or even signifi-cantly reducing the death and disability from these perils entails that the majority or powerful minorities accept new burdens or relinquish existing privileges that they presently enjoy. Typically, these new burdens or restrictions in-volve more stringent controls over these and other hazards of the world.

3. **Affirming leads to victim blaming which thwarts efforts at reducing death.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Yet another way in which the market ethic obstructs the possibilities for minimizing death and disability, and alibis the need for structural change, is through explanations for death and disability that "blame the victim."[10] Victim-blaming misdefines structural and collective problems of the entire society as individual prob-lems, seeing these problems as caused by the behavioral failures or deficiencies of the victims. These behavioral explanations for public prob-lems tend to protect the larger society and pow-erful interests from the burdens of collective ac-tion, and instead encourage attempts to change the "faulty" behavior of victims.

A/T The current US health system is not market based.

1. **Market justice is the dominant health model in the US.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

The dominant model of justice in the Ameri-can experience has been market-justice.5 Under the norms of market-justice people are entitled only to those valued ends such as status, in-come, happiness, etc., that they have acquiredby fair rules of entitlement, e.g., by their ownindividual efforts, actions or abilities. Market-justice emphasizes individual responsibility, minimal collective action and freedom from col- ective obligations except to respect other per-sons' fundamental rights. While we have as a society compromised pure market-justice in many ways to protect the pub-lic's health, we are far from recognizing the principle that death and disability are collective problems and that all persons are entitled to health protection. Society does not recognize a general obligation to protect the individual against disease and injury. While society does prohibit individuals from causing direct harm to others, and has in many instances regulated clear public health hazards, the norm of market-justice is still dominant and the primary duty to avert disease and injury still rests with the indi-vidual, The individual is ultimately alone in his or her struggle against death.

2. **Government intervention in the market does not mean the mindset is still not market based.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

The vast expansion of government in health policy over the past decades might seem to sig-nal the demise of the market ethic for health. But it is important to remember that the preponder-ance of our public policy for health continues to define health care as a consumption good to be allocated primarily by private decisions and markets, and only interferes with this market with public policy to subsidize, supplement or extend the market system when private deci-sions result in sufficient imperfections or in-equities to be of public concern. Medicare and Medicaid are examples. Other examples include subsidizing or stimulating the private sector through public support for research, education of professionals, limited areawide planning, and the construction of facilities. Even national health insurance is largely a public financing mechanism to subsidize private markets in the hope that curative health services will be more equitably distributed. None of these policies is likely to bring dramatic reductions in rates of death and disability.

3. **Prior efforts at government intervention exist to prop up the market based system.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Our current efforts to reform the so-called health system are little more than the use of pub-lic authority to perpetuate essentially private mechanisms for allocating curative health serv-ices. These reforms are paraded as evidence that the system is capable of functioning equitably. But, as Barthesr3 points out (in a different con-text), reform measures may merely serve to "in-oculate" the larger society against the suspicion that it is the model itself (in our case, market-justice) that is at fault. In fact, the constant re-form efforts designed to "save the system" may better be viewed as an attempt to expand the hegemony of the key actors in the present system--especially the medical care complex. As McKnight says, the medical care complex may need the hot air of reform if its ballooning empire is to continue to inflate.14

A/T There is no benefit to negating.

1. **Negating means limiting health hazards in the world.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

A key principle of the public health ethic is the focus on the identification and control of the hazards of this world rather than a focus on the behavioral defects of those individuals damaged by these hazards. Against this principle it is often argued that today the causes of death and disability are multiple and frequently behavioral in origin.24 Further, since it is usually only a minority' of the public that fails to protect itself against most known hazards, additional controls over these perilous sources would not seem to A key principle of the public health ethic is the focus on the identification and control of the hazards of this world rather than a focus on the behavioral defects of those individuals damaged by these hazards. Against this principle it is often argued that today the causes of death and disability are multiple and frequently behavioral in origin.24 Further, since it is usually only a minority' of the public that fails to protect itself against most known hazards, additional controls over these perilous sources would not seem to be effective or just. We should look instead for the behavioral origins of most public health problems,2s asking why some people expose themselves to known hazards or perils, or act in an unsafe or careless manner. Public health should-at least ideally-be suspicious of behavioral paradigms for viewing public health problems since they tend to "blame the victim" and unfairly protect major-ities and powerful interests from the burdens of prevention.26 It is clear that behavioral models of public health problems are rooted in the tradi-tion of market-justice, where the emphasis is upon individual ability and capacity, and indi-vidual success and failure. Public health, ideally, should not be con-cerned with explaining the successes and fail-ures of differing individuals (dispositional expla-nations)27 in controlling the hazards of this world. Rather these failures should be seen as signs of still weak and ineffective controls or limits over those conditions, commodities, serv-ices, products or practices that are either haz-ardous for the health and safety of members of the public, or that are vital to protect the public's health.

2. **Negating means focusing on prevention.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Like the other principles of public health, pre-vention is a logical consequence of the ethical goal of minimizing the numbers of persons suf-fering death and disability. The only known way to minimize these adverse events is to prevent the occurrence of damaging exchanges or expo-sures in the first place, or to seek to minimize damage when exposures cannot be controlled. Prevention, then, is that set of priority rules for restructuring existing market rules in order to maximally protect the public. These rules seek to create policies and obligations to replace the norm of market-justice, where the latter permits specific conditions, commodities, services, products, activities or practices to pose a direct threat or hazard to the health and safety of members of the public, or where the market norm fails to allocate effectively and equitably those services (such as medical care) that are necessary to attend to disease at hand.

3. **Negating means equal burden sharing in minimizing death and disability.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

A final principle of the public health ethic is that all persons are equally responsible for shar-ing the burdens-as well as the benefits--of pro-tection against death and disability, except where unequal burdens result in greater protec-tion for every person and especially potential victims of death and disabiIity.31 In practice this means that policies to control the hazards of a given substance, service or commodity fall un-equally (but still fairly) on those involved in the production, provision or consumption of the service, commodity or substance. The clear im-plication of this principle is that the automotive industry, the tobacco industry, the coal industry and the medical care industry-to mention only a few key groups-have an unequal responsibil-ity to bear the costs of reducing death and dis-ability since their actions have far greater impact than those of individual citizens.

A/T Negating violates rights.

1. **Negating represents a right to health care.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

What concrete steps can public health take to accomplish this dramatic shift? Perhaps the most important step that public health might take to overturn the application of market-justice to the category of health protection would be to cen-trally challenge the absence of a right to health. Historically, the way in which inequality in American society has been confronted is by as-serting the need for additional rights beyond basic political freedoms. (By a right to health, I do not mean anything so limited as the current assertion of a right to payment for medical care services.) Public health should immediately lay plans for a national campaign for a new public entitlement-the right to full and equal protec-tion for all persons against preventable disease and disability.

2. **Negating means challenging healthcare privilege.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Doing public health involves more than merely elaborating a new social ethic; doing pub-lic health involves the political process and the challenging of some very important and power-ful interests in society**.** The public health model involves at its very center the commitment to a very controversial ethic-the radical commit-ment to protect and preserve human life. To realize and make visible this commitment means challenging the embedded and structured values-as well as sheer political power-of dominant interests. These interests will not yield their influence without struggle.

3. **Liberating people from injustices in health is true freedom.**

Dan E. Beauchamp (Professor of Health Policy and Management at the School of Public Health, State University of New York at Albany), "Public Health as Social Justice," Inquiry, Vol. XIII. No. 1 (March 1976), http://www.library.armstrong.edu/eres/docs/eres/NURS4005-1_MAHAN/331011dun.pdf

Finally, it is a peculiarity of the word freedom that its meaning has become so distorted and stretched as to lend itself as a defense against nearly every attempt to extend equal health pro-tection to all persons. This is the ultimate irony. The idea of liberty should mean, above all else, the liberation of society from the injustice of preventable disability and early death. Instead, the concept of freedom has become a defense and protection of powerful vested interests, and the central issue is viewed as a choice between freedom on the one hand, and health and safety on the other. I am confident that ultimately the public will come to see that extending life and health to all persons will require some diminu-tion of personal choices, but that such restric-tions are not only fair and do not constitute ab-ridgement of fundamental liberties, they are a basic sign and imprint of a just society and a guarantee of that most basic of all freedom-protection against man's most ancient foe

Rebuttal Overviews

First Aff

Extend the observation at the top of my case which proves that the resolution is really about universal health care. Extend the warrant which was because conflicts between public health and individual self-determination are not limited to obvious examples such as vaccinating children but can arise in almost every human activity <My opponent argued _____ _____ but this is wrong because _____.> Thus this topic is about universal health care and so you can reject any negative argument that does not address universal health care. Extend that the value for the round is morality. Extend the warrant for this which was the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution. <My opponent argued _____ but this is wrong because ___ _____.> Thus only offense accessing the value of morality is relevant to the round and all other offense can simply be rejected. Now extend the criterion for the round is restraining government power. Extend Rummel who proves that there is no threat greater to life than government power writing, "even without the excuse of combat Power also massacres in cold blood those helpless people it controls. Several times more of them." <My opponent argued _____ but this is wrong because _____ _____.> So restraining government power is the proper criterion for the round and only offense that specifically addresses this is relevant to the round. Now extend my first point where Zinser & Hseih prove that government intervention enslaves medical professionals writing, "EMTALA enslaves doctors. They are required to treat patients who are not required to pay them. What other industry is required by law and under penalty of a fine to provide services on a regular basis without any promise of payment." <My opponent argued _____ _____ but this is wrong because _____.> So we see from this that government intervention for public health turns doctors into criminals in order to save the lives and health of their patients, a clear abuse of government power and so you can affirm. Now extend my second point where Zinser & Hseih prove that government intervention leads to statist creep writing, "When the government pays our health care bills, in order to save money, it inevitably demands greater control in how we lead our daily lives. Some of the "universal health care" proposals in Colorado, for instance, include "sin taxes" on foods and products deemed unhealthy." <My opponent argued _____ but this is wrong because _____.> So we see from this that government intervention in the health market leads to creeping government power as it must exercise control over our choices in order to control costs and so this is abusive government power and so you can affirm. Now extend my last point where Zinser & Hseih prove that affirming is the only moral option writing, "What we must not do is shy away from recognizing and proclaiming the proper goal—the complete eradication of every trace of government interference in medicine and health insurance—or the fundamental moral justification for pursuing that goal: the individual's moral right to his life, liberty, and property." <My opponent argued _____ but this is wrong because _____ _____.> So we see from this that we can protect health without increasing government power increasing individual freedom and health and so we must affirm.

Second Aff

Extend the observation at the top of my case which proves that the resolution is really about universal health care. Extend the warrant which was because conflicts between public health and individual self-determination are not limited to obvious examples such as vaccinating children but can arise in almost every human activity <My opponent argued _____ but this is wrong because _____.> Thus this topic is about universal health care and so you can reject any negative argument that does not address universal health care. Extend that the value for the round is morality. Extend the warrant for this which was the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution. <My opponent argued _____ but this is wrong because _____.> Thus only offense accessing the value of morality is relevant to the round and all other offense can simply be rejected. Now extend the criterion for the round is identifying the practical approach to health. Extend Woiceshyn who proves this writing, "morality is "a code of values to guide man's choices and actions—those choices and actions that determine the purpose and course of his life." Consider the principle of honesty: whether you choose to follow it or select a career as a con artist, will determine the purpose and course of your life." <My opponent argued _____ but this is wrong because _____.> So the criterion for the round becomes identifying the practical approach to health. In other words if freedom solves better for health concerns than it is the moral approach. If it does not, it is not the moral approach. Now extend my first point where Zinser & Hseih prove that government intervention is inherently flawed and doomed to fail writing, "When the government treats health care as a right, it necessarily violates the genuine rights of the providers who produce those goods and should be free to offer them for exchange on whatever terms they see fit, not forced to serve people against their own judgment. And it necessarily violates the rights of consumers, who should be free to trade with providers by mutual consent to mutual benefit." <My opponent argued _____ but this is wrong because _____.> This means that government intervention in the health market for public health cannot possibly work and so is not practical and so you can affirm. Now extend my second point where Zinser & Hseih prove that government intervention is the root cause of all America's health problems writing, "Government violations of individual rights through government interference in the marketplace are the source of the problems. Government meddling in health insurance has all but eliminated choice, competition, and innovation, and has driven up the cost of health insurance. Government interference in medicine has caused incalculable harm to both patients and doctors, and driven up the cost of health care. Government controls have bred more controls." <My opponent argued _____ but this is wrong because _____.> This means that every harm the affirmative can point to in the current system is actually caused by government intervention in the health market for public health proving intervention is not practical and so you can affirm. Now extend my third point where Zinser & Hseih prove that a freer health system leads to innovation and lower costs writing, "Only the ideal of the free market—based on the principle of individual rights—provides a solid foundation for genuine and practical reform. And only a free market in medicine can deliver the properly (i.e., voluntarily) priced high-quality health care that Americans deserve. This last point is evident in the sectors of medicine with the least government regulation, such as cosmetic surgery and LASIK eye surgery. The clear pattern in these sectors is a continual decrease in prices and improvement in quality." <My opponent argued _____ but this is wrong because _____.> This means respecting freedom, meaning protecting the right to self-determination, does solve for health concerns and so it is practical meaning you can affirm.

First Neg

Extend that the value for the round is morality. Extend the warrant for this which was the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution. <My opponent argued _____ but this is wrong because _____ _____.> Thus only offense accessing the value of morality is relevant to the round and all other offense can simply be rejected. Now extend the criterion for the round is achieving the greatest good for the greatest number. Extend Ito who writes, ""any object of moral assessment (e.g. action, motive, policy, or institution) should be assessed by and in proportion to the value of its consequences for the general happiness"—and is known as act-utilitarianims: the justification of an action is determined by the value of the consequences of that particular act." <My opponent argued _____ but this is wrong because _____ _____.> So the criterion for the round becomes achieving the greatest good for the greatest number and only offense accessing it matters in the round. Now extend my first point where Schneider proves that ignoring public health concerns led to disarray in our past writing, "It was this fragmentation of public health that led the Institute of Medicine committee to con-clude in 1988 that public health was "in disarray." <My opponent argued _____ but this is wrong because _____.> This means market based approaches to health empirically fail and that government intervention for public health is necessary to achieve the greatest good and so you can negate. Now extend my second point where Schneider proves that enforcing public health can be consistent with libertarian views writing, "Restrictions on individual liberty are sometimes justified on the basis that their purpose is re-ally to protect others, even when the argument is a bit strained. For example, unhelmeted motorcyclists could be a threat to others because of the possibility of their losing control if hit by flying debris. Unhelmeted cyclists and unbelted motorists, severely injured in road accidents, drive up insurance rates for others and in extreme cases may become expensive wards of the state." <My opponent argued _____ but this is wrong because ___ _____.> This means that prioritizing public health actually functions to protect the rights of others by preventing individuals from causing them harm and so you can negate.

Second Neg

Extend that the value for the round is morality. Extend the warrant for this which was the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution. <My opponent argued _____ but this is wrong because _____ _____.> Thus only offense accessing the value of morality is relevant to the round and all other offense can simply be rejected. Now extend the criterion for the round is combatting poverty. Extend Huber who explains, "P1: We have a (moral) human right to keep up our lives (on the level of basic necessities). (burden of proof) P2: (Extreme forms of) poverty deny us to keep up a live (on the level of basic necessities). (empirical fact) C1: Poverty is a violation of human rights." <My opponent argued _____ but this is wrong because ___ _____.> So only offense that demonstrates how poverty is alleviated is relevant to the round. Now extend my first point where Beauchamp proves that affirming sacrifices the vulnerable to the powerful writing, "solving or minimizing these problems requires painful losses, the re-structuring of society and the acceptance of new burdens by the most powerful and the most numerous on behalf of the least powerful or the least numerous." <My opponent argued _____ but this is wrong because ___ _____.> This means affirming cannot possibly be moral as it cannot protect the poor and vulnerable in society and so you can already negate. Now extend my second point where Beauchamp proves that public health is the egalitarian alternative to market based health care writing, "Seeing the public health vision as ultimately rooted in an egalitarian tradition that conflicts directly with the norms of market-justice is often glossed over and obscured by referring to public health as a general strategy to control the "envi-ronment." <My opponent argued _____ but this is wrong because _____ _____.> This means negating and embracing the ideal of public health represents working to reduce poverty and so you can negate.

Obs: this resolution is really a question of universal healthcare versus a market system in health care. This is true because conflicts between public health and individual self-determination are not limited to obvious examples such as vaccinating children but can arise in almost every human activity which could put others at risk such as consuming alcohol, drugs, sexual activity, driving, emitting carbon, etc. It also can apply to individual choices such as eating burgers, smoking, indolence, etc as each of these could impose a cost on others if society is made to pay for these individual choices.

V = Morality
due to the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution

Cr = Restraining govt power
x-Rummel
even without the excuse of combat Power also massacres in cold blood those helpless people it controls. Several times more of them

1 Gov intervention for public health in the health market enslaves medical professionals.
x-Zinser & Hseih
EMTALA enslaves doctors. They are required to treat patients who are not required to pay them. What other industry is required by law and under penalty of a fine to provide services on a regular basis without any promise of payment

2 Gov intervention for public health in the health market leads to statist creep.
x-Zinser & Hseih
When the government pays our health care bills, in order to save money, it inevitably demands greater control in how we lead our daily lives. Some of the "universal health care" proposals in Colorado, for instance, include "sin taxes" on foods and products deemed unhealthy

3 Aff is only moral option
x-Zinser & Hseih
The only moral and practical way to proceed is to recognize the proper end and to consciously and consistently move toward that end by taking whatever steps in that direction are possible at any given time. What we must not do is shy away from recognizing and proclaiming the proper goal—the complete eradication of every trace of government interference in medicine and health insurance

Obs: this resolution is really a question of universal healthcare versus a market system in health care. This is true because conflicts between public health and individual self-determination are not limited to obvious examples such as vaccinating children but can arise in almost every human activity which could put others at risk such as consuming alcohol, drugs, sexual activity, driving, emitting carbon, etc. It also can apply to individual choices such as eating burgers, smoking, indolence, etc as each of these could impose a cost on others if society is made to pay for these individual choices.

V = Morality
due to the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution

Cr = identifying the practical approach to Health
x- Woiceshyn
morality is "a code of values to guide man's choices and actions—those choices and actions that determine the purpose and course of his life." Consider the principle of honesty: whether you choose to follow it or select a career as a con artist, will determine the purpose and course of your life.

1 Gov intervention for public health in the health market is inherently flawed and doomed to fail.
x-Zinser & Hseih

When the government treats health care as a right, it necessarily violates the genuine rights of the providers who produce those goods and should be free to offer them for exchange on whatever terms they see fit, not forced to serve people against their own judgment. And it necessarily violates the rights of consumers, who should be free to trade with providers by mutual consent to mutual benefit

2 Gov intervention for public health in the health market is the root cause of America's health issues
x-Zinser & Hseih

Government violations of individual rights through government interference in the marketplace are the source of the problems. Government meddling in health insurance has all but eliminated choice, competition, and innovation, and has driven up the cost of health insurance

3 Empirically freer health markets lead to greater innovation and lower costs
x-Zinser & Hseih
Only the ideal of the free market—based on the principle of individual rights—provides a solid foundation for genuine and practical reform. And only a free market in medicine can deliver the properly (i.e., voluntarily) priced high-quality health care that Americans deserve. This last point is evident in the sectors of medicine with the least government regulation, such as cosmetic surgery and LASIK eye surgery. The clear pattern in these sectors is a continual decrease in prices and improvement in quality

V = Morality
due to the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution

Cr = achieving the greatest good for the greatest number
x-Ito

"any object of moral assessment (e.g. action, motive, policy, or institution) should be assessed by and in proportion to the value of its consequences for the general happiness"—and is known as act-utilitarianims: the justification of an action is determined by the value of the consequences of that particular act

1 Ignoring PH leads to disarray
x-Schneider
social problems such as homelessness, drug abuse, and violence were not thought of as public health problems, although they had adverse health consequences. It was this fragmentation of public health that led the Institute of Medicine committee to con-clude in 1988 that public health was "in disarray

2 Enforcing PH can be consistent with libertarian views
x-Schneider

Restrictions on individual liberty are sometimes justified on the basis that their purpose is re-ally to protect others, even when the argument is a bit strained. For example, unhelmeted motorcyclists could be a threat to others because of the possibility of their losing control if hit by flying debris.

V = Morality
due to the word ought in the resolution which the Random House Dictionary defines as being used to express duty or moral obligation. So the resolution is explicitly a question of morality meaning only by determining what morality requires can we answer the question of the resolution

Cr = combatting poverty
x-Huber
P1: We have a (moral) human right to keep up our lives (on the level of basic necessities). (burden of proof) P2: (Extreme forms of) poverty deny us to keep up a live (on the level of basic necessities). (empirical fact)
C1: Poverty is a violation of human rights

1 Aff sacrifices the vulnerable to the powerful
x-Beauchamp

solving or minimizing these problems requires painful losses, the re-structuring of society and the acceptance of new burdens by the most powerful and the most numerous on behalf of the least powerful or the least numerous

2 PH is the egalitarian alt to market based HC
x-Beauchamp

Seeing the public health vision as ultimately rooted in an egalitarian tradition that conflicts directly with the norms of market-justice is often glossed over and obscured by referring to public health as a general strategy to control the "envi-ronment