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Reason - Purpose - Self Esteem



*September/October 2006*

**Topic Primer**

Resolved:

A just government should provide health care to its citizens.

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# Trinity Briefs

*September/October 2006 – Topic Primer*

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**Resolved:**

A just government should provide health care to its citizens.

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### *I. Introduction – “A Day In The Life...”*

Should a just government provide health care to its citizens? This is an extremely vague and complex question. Nevertheless, in brainstorming ways to effectively debate the NFL September/October 2006 LD Topic, debaters must resist the temptation to try to research this topic merely by “Googling” it or by coming up with lists of affirmative and negative arguments right-off-the-bat—these approaches can only result in an information overload (i.e., as one realizes all the possible meanings of the resolution and its terms) or, even worse, oversimplified thinking about what this resolution is really about. Instead, debaters should begin their analysis of this topic on an entirely different level—one which reveals not only the myriad of ways in which it can be debated but also why we need to *deeply* care about it as human beings. In short, I believe the best way to start researching the topic is simply by taking a look at an average day in one’s own life and considering all the different ways that one comes into contact with “health care” during it. Sounds easy enough, right? Then consider the following hypothetical “day”: You wake up in the morning and put on your glasses—prescribed, of course, by an optometrist after an eye exam paid for by your parents’ health insurance. You brush your teeth—which are immaculately aligned thanks to years of orthodontia and regular visits to the dentist—and then rinse with tap water that has been fluorinated by order of local county officials. You eat a bowl of Cheerios® for breakfast, noticing the endorsement of the American Heart Association on the box. You drive to school, making sure to buckle your safety belt as the law requires for your own health. Once at school, you give your school nurse a letter from your doctor confirming that your vaccinations are up to date as required by state law. Before heading out to sports practice after school, you grab your asthma inhaler—prescribed by your doctor and bought from a local pharmacy—from your gym locker. And when you finally get home, thoroughly exhausted, you flip on the TV only to learn from your local news-anchor that yet another major medical study undertaken by some

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national university has found that teenagers aren't getting enough sleep and this is having a harmful effect on their overall health. You then wash up for dinner using antibacterial soap—something you've been doing ever since you learned about the danger of germs in elementary school. At dinner, your parents pass on seconds of dessert out of concern for their weight and cholesterol. After dinner, you proceed to study late into the night until you begin to feel a slight ache in your left shoulder—probably from the workout you got at sports practice. You take a Tylenol for the pain and then head off to bed. That's it. No emergency surgery. No heart attacks. No killer diseases like Ebola. Yet, "health care" has managed to touch every part of this hypothetical day from laying the groundwork for it (e.g., the orthodontia), to improving its quality (e.g., the Tylenol), to directing what happened during it (e.g., your decision to wash your hands). Of course, there are many other healthcare-related events that could've happened during this "day"—both dramatic (e.g., an asthma attack) and mundane (e.g., bandaging a cut)—but regardless of what might have happened, there is no disputing the following point: health care is about *life* and, as our hypothetical day hopefully made crystal clear, it is about *your* life.

And that's just "*one day* in the life!" Now consider the meaning of "health care" within the context of an *entire lifetime*: After discovering that she is pregnant through a home pregnancy kit, your mother visits an obstetrician who gives her pre-natal vitamins and schedules her for regular checkups. And then, after nine months of ultrasounds and regular monitoring to determine your sex, growth, and health as a fetus, you are born after several hours of labor in the perfectly sterile maternity ward of a modern hospital (i.e., presuming there are no complications during birth requiring a Caesarean-section or other procedures). Then you are vaccinated as a baby against a whole host of highly infectious diseases including hepatitis A and B, diphtheria, measles, mumps, rubella, chicken pox, influenza, tetanus, and polio. Such vaccinations are followed by regular pediatric checkups to chart your growth—most notably in terms of height, weight, visual acuity, hearing range, reflexes, etc.—and to watch for any development of harmful birth

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defects or genetic conditions like Tay-Sachs disease or autism. And as you reach the age of five, you soon begin to require new forms of “health care”—for example, dental care, as your baby teeth grow in and quickly reveal whether you will require some form of orthodontia later on in life; or, perhaps ocular care, as nearsightedness/farsightedness sets in. And then there are the bruises, gashes, broken bones, and concussions that come from being a kid as well as a variety of childhood illnesses including pneumonia, allergies, asthma, strep throat, ear infections, etc.—one or more of which may send your parents rushing to the emergency room and then to the local pharmacy for bandages, antiseptic gel, cough syrup, antihistamines, pain relievers, tissues, ice packs, and whatever your pediatrician has prescribed. Then one day you swallow something you’re not supposed to, requiring a dose of ipecac syrup to induce vomiting. But soon you grow out of your childhood, only to face a whole new set of healthcare-related issues as adolescence and puberty enter the picture. And so it goes. No part of life is devoid of consideration about health—either on your own part or the part of others (e.g., your parents)—and the many actions that stem from this consideration are what this month’s topic cover. In other words, this topic is about more than who should pay the hospital/doctor/pharmacy bill—it is also about (for example) whether the state should require the vaccination of infants against parental wishes; it is about whether public schools should be allowed to teach teenagers about sexual health; etc. Debaters should thus take this lesson to heart before researching this topic. I therefore encourage debaters to work on completing the project that I started in this paragraph and brainstorm all the ways in which “health care” governs the major stages of human life from birth to childhood to adolescence to adulthood to old age to death. This project reveals, I believe, not only a more detailed view of what the resolution is about, but also many intriguing reasons for affirming or negating it.

With that in mind, I now put all debaters on notice: debating this topic will not be easy! Nor is it supposed to be. To this end, there are a few “temptations” that debaters need to avoid while researching and writing cases on this topic—debate tactics that might

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at first glance seem to make the topic much easier to argue, but in the end only serve to water down the resolution’s meaning and promote the kind of oversimplified thinking I warned about at the beginning of this primer. These temptations include:

(1) Assuming “set” definitions for otherwise vague terms used in the resolution. Take, for example, the use of the term “health care” in the resolution. What exactly is “health care?” As has already been noted, “health care” can encompass everything from public health measures (i.e., safety belt laws, mandatory vaccinations, sexual education, etc.) to private medical consultations (i.e., with a doctor, dentist, or therapist) to patent protection for major pharmaceuticals (e.g., Tylenol). Thus, there are many ways to define the major terms in the resolution and debaters should take advantage of this fact as a means of writing truly unique cases. Or, to put it another way, debaters on the negative (for example) should not assume that just because the affirmative has defined “health care” as universal health insurance, this is what “health care” really *means*.

(2) Offering plans or promises in one’s cases. There is no doubt about the political dimensions of this month’s topic: countless legislative proposals have been made over the years promising to end the “health care crisis” that our country and many other countries in the world face once and for all. Moreover, much of the scholarship on this topic is written in “policy” terms, aiming to expose the “harms” of the present health care system (e.g., “many Americans lack health insurance”) and defend a specific plan for “solving” them (e.g. “universal health care”). It is thus quite tempting to take the same approach in writing cases on this topic, leading to hyperbolic claims like the following: “Government should provide health care to its citizens because this will end poverty.” But how can anyone make such a promise? Poverty has existed for time immemorial and shows no sign of abating despite the efforts of a wide variety of parties to end it throughout history including philanthropic trusts, religious institutions, and many governments themselves. Yet, by arguing that government-provided health care will end poverty (or making a similar promise), debaters must pretend as if they know the magic solution that will solve

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this problem forever—something that is quite unlikely in light of historical experience and thus very easy to disprove. By focusing on the deeper *moral* issues that this month’s resolution raises, however, debaters can avoid having to make pie-in-the-sky promises or quibble over matters of “solvency” (e.g., will government health care cost \$60 million or \$60 trillion). That’s why the resolution contains the word “should” rather than “can”—it is begging us to consider whether it is a *morally* worthwhile (or *noble*) endeavor for the government to try to provide health care to its citizens *even if* we know for certain that this will not eliminate poverty (or disease, etc.) among human beings entirely.

(3) Using “justice” or “just government” as a value in one’s case. It seems simple enough: the resolution uses the word “just” to describe the kind of government that should provide health care, so the best value to use in writing cases on this topic must be “justice.” What could be wrong with that? In a word: everything. To understand why this is so, just ask yourself the following question: What exactly is justice?. A *meritocratic* conception of justice, for example, holds that a person is due only what he has earned through his own effort and labor. An *altruistic* conception of justice, on the other hand, holds that merit is irrelevant and that a person’s needs dictate what they are due (i.e., the more needy a person is, the more deserving they are)—regardless of whether we are talking about fame, wealth, health care or anything else. And those are just *two* of the zillions of definitions of justice out there. Hence, rather than use “justice” as a value in writing cases—an ambiguous term which tells judges nothing about what one’s case is really about—debaters should pick their values instead by finding that key principle they believe best defines a “just government.” For example, if an affirmative believes that what makes a government “just” is its commitment to providing for “the needy”—thus obligating them to provide health care to poor citizens—then they should openly declare this through a value like “altruism” or “altruistic justice” rather than simply “justice.” That said, debaters should remember that there are other values besides justice-related ones that can be used to debate this topic. Indeed, an affirmative (for example) who

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declares his/her value to be the “sanctity of life” is no worse off than one who cites “altruistic justice” as his/her value—in fact, he/she may be on even better ground insofar as this is a value that judges are more likely to *remember* than some run-of-the-mill version of justice. The main point here is that regardless of what value one uses in debating this topic, debaters must do their best to make sure that the *meaning* of their value is clear to judges rather than trying to avoid talking about their value altogether. Doing so will not only make it much easier for judges to *get* what’s being argued, it will also make delivering rebuttals much easier too in terms of explaining *in principled terms* what exactly the difference is between your case position and your opponent’s.

(4) Debating as if the United States is the only nation in the world. I expect that many debaters in arguing this topic will spend most of their time talking about America, whether it be it in terms of how much various American health care programs cost (e.g., Medicare and Medicaid) or how many Americans are currently without health insurance, etc. And this makes sense given that for most of us, America is the land we know best—we were born here, we’ve spent most (if not all) of our lives living here, and it’s really difficult to imagine what it would be like to live anywhere else. But none of this changes the basic fact that the United States is not alone in the world. Hence, in researching this topic, debaters should make a special effort to study the health care systems of other nations in the world—and not just for the sake of comparing how they rate against the American health care system. Rather, these other systems give us the chance to think about government, its operation, and its proper moral responsibilities in ways that often are totally different from our own. And this cosmopolitan perspective matters insofar as we realize that while the resolution may contain the term “just government,” this doesn’t mean that it is only talking about Western democracies. Thus, when it comes to learning about what it means for a government to provide health care to its citizens, countries with fully socialized health care systems like Canada, the United Kingdom, and Sweden all provide excellent models for study. Non-Western nations like Singapore and India also

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make for excellent models to study insofar as they provide the rare opportunity to explore alternative philosophies (e.g. Confucianism) and theologies (e.g., Hinduism, Buddhism, etc.) on which truly unique affirmative or negative cases could be based.

(5) Researching and/or debating this topic as if it were only a matter of economics or statistics (i.e., socialism versus capitalism). What makes this topic uniquely difficult to debate is the fact that it demands that one know a great deal about a wide variety of subjects including economics, medicine, politics, and ethics. In attempting to make these demands more manageable, however, debaters should be careful not to myopically focus their attention on one of these subjects to the exclusion of all others. Or, to put it another way, debaters should not think for one minute that the point of this topic is to prove whether or not government-provided health care is *economically* feasible. There are other issues at stake here—for example, if government-provided health care would jeopardize the autonomy of patients and doctors, regardless of affordable it might be. Fortunately, the prescription for preventing such short-sightedness is simple: just read, read, read. And by this, I mean more than just newspaper articles on the topic. There is a whole world of philosophy and literature and history on this topic to be explored, so don't hesitate to read up on the history of penicillin or the ethics of medical experimentation on human beings or, best of all, Aldous Huxley's sci-fi masterpiece Brave New World—a dystopian novel which describes the ultimate form of government-provided health care.

(6) Debating this topic in a completely apathetic fashion, as if it has nothing to do with one's own life. This topic *is* about *your health* and *your life*. But don't take my word for it. Talk to your parents and ask them what they think about the topic. Ditto for your grandparents, aunts, uncles, and any college-age siblings you might have. Also talk to your personal doctor (if you can) and ask him/her what he/she thinks about the topic in light of his/her medical experience. And then think back on your own medical history (i.e., all the time you've spent over the years in hospitals, pharmacies, doctors' offices, etc.)—in the end, they are the real reason why this topic is one *worth* debating.



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