# ND18 – Medical PICs

Best version that was most commonly read was 1NC – Genetics

### 1NC – Genetics

#### CP Text: <plan> except for results of genetic testing.

#### Genetics are used to test racial purity – Turkey proves

**Shanks 09** Pete Shanks,, 1-20-2009, "Presidential Genes?," No Publication, <https://www.geneticsandsociety.org/biopolitical-times/presidential-genes> cut OHS-AT highlighted TG \*\*brackets in original text\*\*

Some enthusiastic researchers, notably the Personal Genome Project's George Church, think we should scan the DNA of all candidates, and publish the results. Public health scholars Robert Green and George Annas, on the other hand, warn against the possibility of "genetic McCarthyism ." They're concerned that DNA results would be abused as a new form of opposition research, with dire and misleading warnings being broadcast in attack ads: "Can we risk as President someone who may [perhaps, eventually] suffer from a [potentially] debilitating disease?" Even worse is the prospect of someone being asked to "prove" their racial purity with a genetic test -- and this has already happened, in Turkey. President Abdullah Gul is considered by some in the far right to be "soft" on Armenians because he has refused to condemn calls for an apology for the 1915 ethnic cleansing, which is widely regarded as genocide. One politician has called for him to demonstrate that he is not part-Armenian: "These days, scientists use DNA tests, not family trees, to identify ethnic identity." Such an overtly racist abuse of testing may seem far-fetched here, though there are already tests that purport to demonstrate membership in particular Native American tribes, and indeed to show Jewish ancestry. More pressing is the possibility of misleading medical prognoses, and an early defense against this prospect may be better public understanding about what genomic tests can and cannot do. In a sense, we have always used genes, very crudely, to help us choose our elected leaders. Two pairs of fathers and sons have held the highest office, for instance, and three Kennedy brothers have run for it. There are many other examples of families with several members elected to Congressional and other offices; the Udalls include two incoming Senators as well as another cousin who just lost his seat and several distinguished ancestors. Burke's Peerage is said to have claimed that every presidential election "has been won by the candidate with the most royal genes ." Certainly, there are other factors -- policy can make a difference -- but some people do look on genetic inheritance as a qualification.

#### Limitations of tech guarantee inevitable false findings that are weaponized against candidates

**Green and Annas 08** Robert C. Green, M.D., M.P.H., and George J. Annas, J.D., M.P.H., November 20, 2008, "The Genetic Privacy of Presidential Candidates," New England Journal of Medicine, <https://www.nejm.org/doi/full/10.1056/NEJMp0808100> cut OHS-AT highlighted TG

In the wake of the often bitter presidential election, with its emphasis on negative campaigning and intermittent controversies over the release of candidates' health information, it is not too soon to begin planning for the next presidential campaign. By then, advances in genomics will make it more likely that DNA will be collected and analyzed to assess genetic risk information that could be used for or, more likely, against presidential candidates. Since 1972, when George McGovern was forced to replace his vice-presidential running mate, Thomas Eagleton, after it was revealed that he had been hospitalized for depression, the health status of presidential candidates has been seen by the press as fair game.1 More recently, historians have discovered that some presidential candidates, including Franklin Roosevelt, Dwight Eisenhower, and John F. Kennedy, misled the public about their health status and that illness may have adversely affected their ability to perform their duties. In this year's election, Senator John McCain, who had released extensive medical records in 1999, released an additional 1100 pages of records but gave reporters only a few hours to review them. President-Elect Barack Obama released an undated one-page “medical summary” to the press. News organizations pressed for more details, in the belief that the public has a right to know about a candidate's risk of future disease as an important indication of fitness for office. Although the presence of a disease or health condition is the most salient factor in the prediction of future health, medicine's ability to define levels of risk for individuals is expanding to include family history (a proxy for genetic predispositions to many diseases) and genetic markers. Family history was used by the McCain campaign, which highlighted the energy and mental sharpness of McCain's 95-year-old mother, in an attempt to counter the notion that McCain's age might be associated with diminished vigor or cognitive function. Little was said about the death of his father and grandfather of heart attacks at 70 and 61 years of age, respectively. By the same token, the Obama campaign remained silent about the death of Obama's grandfather from prostate cancer, which indicates that Obama's own risk is higher than average. During future campaigns, presidential candidates could release information about parts of their own genomes in order to highlight what might be considered a favorable ethnic background or, if they have already had a disease such as cancer, to highlight the absence of genes that confer a risk of recurrence. But in a climate of negative personal and political messages, it is more likely that persons or groups opposing a candidate will release such information, hoping to harm his or her chances for election or reelection. Obtaining DNA, even from a president, would not be very difficult. Sufficient DNA for amplification and analysis can be obtained from loose hairs, coffee cups, discarded utensils, or even a handshake. A genome scan assessing hundreds of thousands or more single-nucleotide polymorphisms (SNPs) in such a sample could be performed with a commercially available microarray, or “SNP chip.” Some SNP variants are known to be associated with clinical diseases, and a tremendous number of new markers are being discovered and reported, although the contradictory evidence regarding some of these associations and the limited strength of many of them makes interpretation problematic. Would analysis of genetic markers have given us useful information about McCain or Obama, for example, that would have clarified the implications of their family histories of heart disease and prostate cancer? Some genes have been found to have significant associations with coronary artery disease — most notably, a locus on the 9p21 region of chromosome 9. Three regions in the 8q21 region of chromosome 8 have been reproducibly linked to prostate cancer. Both 9p21 and 8q21 are noncoding regions of the genome, meaning that there are no actual genes there that code for protein products, but there may be nearby genes that are important, or there may be regulatory sequences in these regions that are important in the expression of other genes. These associations have been replicated in several populations and are probably valid on a population basis, but their value in providing risk information about a given person is severely limited. The relative risks associated with the implicated SNP variants at either of these loci would be less than 2, and there are legitimate questions about whether this degree of increased risk is meaningful on the individual level. But in the world of inflammatory accusations and smears that characterize presidential politics, it would be easy to engage in what might be called “genetic McCarthyism” by implying that an increased risk of disease is more substantial than it really is. Some associations between common diseases and gene markers are reasonably well established. However, there is a constant stream of less well validated markers being linked to psychiatric conditions (still the most stigmatizing for presidential contenders) or even personality traits, which could be used to raise doubts about a candidate in the minds of an uninformed public. For example, the risk of bipolar disorder is reportedly increased by a gene encoding diacylglycerol kinase eta (DGKH) and decreased by a particular allele at the SNP rs420259, but both of these findings have had limited replication and involve modest effect sizes. Still, in the next presidential campaign, someone might publish a candidate’s genome and focus on a marker that has been linked to a psychiatric condition, regardless of how unproven the association is. Though current genome scans can reveal 1 million SNPs, sequencing is required to reveal many known mutations and copy-number variants that may be associated with mostly rare diseases. Sequencing an entire human genome has thus far been an elaborate and costly undertaking, but technological advances are rapidly increasing the speed and decreasing the cost. To date, only two people, Craig Venter and James Watson, have had substantial portions of their genomes published, and their cases illustrate the latitude for interpretation and the potential for distortion. In his autobiography, Venter noted that he had one copy of the apolipoprotein E (APOE) ε4 allele conferring an increased risk of Alzheimer’s disease, a variant of the gene for complement factor H that has been linked to an increased risk of macular degeneration, and longer forms of the serotonin-transporter gene 5-HTTLPR that might make him more resilient against depression.2 Watson asked that his APOE results be redacted, but his published genome indicates homozygosity for two devastating diseases, type 1B Usher’s syndrome and Cockayne’s syndrome, neither of which the 80-year-old Watson has.3 As these examples show, sequence information may produce results that are emotionally charged, easily overinterpreted, or simply wrong by virtue of technical errors, low sequence coverage, or low-complexity sequencing.4 For the foreseeable future, the examination of thousands of genes in any genome is likely to result in large numbers of false positive findings, along with “incidental” findings of dubious clinical value.5 Thus, when sequence information about individual genomes becomes available, we will have to contend not only with the statistical issues of replication, effect size, and attributable risk but also with the specter of genetic information that is wrong or misleading. Genetic information is easy to misinterpret and to misrepresent. Nonetheless, its scientific patina will encourage presidential campaigns to use it to reinforce existing prejudices. Therefore, we think future presidential candidates should resist calls to disclose their own genetic information. We recommend that they also pledge that their campaigns will not attempt to obtain or release genomic information about their opponents. Genetics experts, whether partisan or neutral, must be prepared to speak with the press to explain the nature of genomic information if and when it becomes public. Though it might be tempting to enact laws that would make it a federal crime to sequence a candidate's DNA without consent, we believe that restraint by the candidates, coupled with education of the public, will be a more reasonable approach as we enter a medical future based at least in part on personalized genomics. Using genetic information to disparage opponents has no place in presidential campaigns. Nonetheless, the threat of genetic McCarthyism provides us with an opportunity to engage in a public dialogue about the limitations and complexities of using genomic information for decisions about life and health — including voting for our president.

#### Aff opens up the floodgates for abuse and establishes ethnic hierarchies

**Erwin 10/16** James Erwin, OCT 16, 2018, "By Releasing Her Genetic Information, Elizabeth Warren Is Setting a Worrying Precedent," Slate Magazine, <https://slate.com/technology/2018/10/elizabeth-warren-dna-test-disclosure-precedent.html> cut OHS-AT highlighted TG \*\*brackets in original text\*\*

Warren is well-aware of the dangers posed when someone loses control of their genetic privacy. Indeed, she co-sponsored the 2016 Genetic Research Privacy Protection Act, which sought to strengthen privacy protections for patients and research subjects. Though it never passed, much of the bill’s language was incorporated in that year’s 21st Century Cures Act. As Warren said at the time, “Families should have complete confidence that [their genetic information] will remain private.” But laws are one thing—social expectations are another. By volunteering her DNA, Warren has created a new expectation: the idea that a politician’s genetics, not just their health information, should be open to review. It was inevitable, perhaps. But it brings much closer what Robert Green and George Annas called “the threat of genetic McCarthyism” in the New England Journal of Medicine in 2008. As they noted, medical history has become fair game in the press in recent years, beginning with the 1972 withdrawal of vice-presidential candidate Thomas Eagleton over a hospitalization for depression. We learned the true depth of the illnesses suffered by past presidents like Dwight Eisenhower and John F. Kennedy. The revelation of Ronald Reagan’s Alzheimer’s raised questions about his performance in office. When John McCain and Barack Obama released their health information in 2008, they picked and chose revelations that would put them in the best light. Obama displayed his energy on the basketball court (and the beach) while avoiding mention of his grandfather’s death from prostate cancer in the brief health summary he gave the press. McCain talked about his mother’s sharpness at 95 but not his father’s heart attack at 70. In a world where a candidate’s DNA can be shared, this information would soon be twisted by the dark art of spin, and we would find ourselves bombarded by competing interpretations of the same data. As Green and Annas wrote: During future campaigns, presidential candidates could release information about parts of their own genomes in order to highlight what might be considered a favorable ethnic background or, if they have already had a disease such as cancer, to highlight the absence of genes that confer a risk of recurrence. But in a climate of negative personal and political messages, it is more likely that persons or groups opposing a candidate will release such information, hoping to harm his or her chances for election or reelection. Proponents of open government and disclosure might say this is all to the good. How does this demand differ from the right to see someone’s, say, tax returns? But the right to know and understand a person’s actions and character is very different from the right to look inside a person and issue declarations about their genetic destiny. You can draw conclusions about someone by seeing the paper trail of their actions. For all the furor in some circles over Warren’s claims of Native American ancestry, we can only draw the conclusion that she listened to her mother as a child. How long will it be until a candidate finds herself effectively disqualified over a 10 percent chance of one disease or a 20 percent chance of another? An older candidate might assert that younger opponents had a greater chance of Alzheimer’s. A candidate might demand his opponent test her children’s DNA after rumors of infidelity “so we can all move on.” And another candidate might find themselves under pressure to share their DNA to verify heritage—even though the use of genetic testing for this purpose is extremely limited. Our reductive, even primitive understanding of how our genes relate to racial identity and health has produced yet another hurdle for future presidential candidates to leap (or find another way around). While it may not happen in 2020 or even 2024, it is not that far a step from the results Warren has released to the day when a candidate’s full genome is posted for review. A power revealed soon becomes a power abused. Until Monday, Trump’s bluster was just bluster. Warren deflected his attacks, and similar attacks from her 2012 opponent Scott Brown, with relative ease. But now she has set a precedent. The “mismeasure of man” has never been prevented by new tests; it has only been shunted down new paths. We will live to see qualified candidates driven from politics over small potential flaws uncovered in their genetic makeup. We will see our nation retreat further from rational discourse, as objective proof is futilely offered and then sacrificed as “junk science” in the name of political skirmishing. President Trump will not be the last bully to demand the right to rummage through an opponent’s DNA. We must hope that Warren will be the last for a long time to allow it.

### 1NC – Genetics – Disability

#### CP Text: <plan> except for genetic tests that indicate whether the candidate is a carrier for genes that are predictors of disability

Annas 95 [(GEORGE J. ANNAS, Director, Center for Health Law, Ethics & Human Rights, Boston University School of Public Health, Professor, General Internal Medicine, Medicine, Boston University School of Medicine; Harvard J.D., Harvard M.P.H,) THE HEALTH OF THE PRESIDENT AND PRESIDENTIAL CANDIDATES The Public’s Right to Know, Legal Issues in Medicine Vol. 333 No. 14 p. 945-950] whs-ee

Third, and perhaps most important, there is an entire new set of tests — genetic tests — that will soon become available and will be able to make at least some probabilistic, though not definitive, estimates of the odds of a person’s having certain diseases, such as early-onset Alzheimer’s disease, breast cancer, and colon cancer.23,24 These tests have the potential for much mischief in presidential politics. Their results could be used to play to the fears and prejudices of the electorate, even though by themselves they cannot accurately predict how good or bad a President will be or whether the person will be able to do the job. Everyone will die, and if they live long enough will die of a genetically influenced disease, because we all carry at least some genes predisposing us to death and mental disability. It would be pointless and distracting to search for those that evoke the most fear in the electorate, since this is a reflection not of the fitness of a person for the presidency but of our own fears of death and disability. A good rule to adopt now is for candidates (and their physicians and advisors) to put the results of genetic tests off limits in any disclosure of the health status of a candidate or of a President.

#### Genetic info is mistakenly interpreted, expensive, and inaccurate – any benefits would be false positives

**Green and Annas 08** Green, Robert C. [Departments of Neurology, Medicine (Genetics), and Epidemiology at the Boston University Schools of Medicine and Public Health, Boston], and George J. Annas [Department of Health Law, Bioethics, and Human Rights, Boston University School of Public Health, Boston]. “The Genetic Privacy of Presidential Candidates.” The New England journal of medicine 359.21 (2008): 2192–2193. PMC. Web. 17 Oct. 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2925179/> found OHS-AT cut TG

During future campaigns, presidential candidates could release information about parts of their own genomes in order to highlight what might be considered a favorable ethnic background or, if they have already had a disease such as cancer, to highlight the absence of genes that confer a risk of recurrence. But in a climate of negative personal and political messages, it is more likely that persons or groups opposing a candidate will release such information, hoping to harm his or her chances for election or reelection. Obtaining DNA, even from a president, would not be very difficult. Sufficient DNA for amplification and analysis can be obtained from loose hairs, coffee cups, discarded utensils, or even a handshake. A genome scan assessing hundreds of thousands or more single-nucleotide polymorphisms (SNPs) in such a sample could be performed with a commercially available microarray, or “SNP chip.” Some SNP variants are known to be associated with clinical diseases, and a tremendous number of new markers are being discovered and reported, although the contradictory evidence regarding some of these associations and the limited strength of many of them makes interpretation problematic. Would analysis of genetic markers have given us useful information about McCain or Obama, for example, that would have clarified the implications of their family histories of heart disease and prostate cancer? Some genes have been found to have significant associations with coronary artery disease — most notably, a locus on the 9p21 region of chromosome 9. Three regions in the 8q21 region of chromosome 8 have been reproducibly linked to prostate cancer. Both 9p21 and 8q21 are non-coding regions of the genome, meaning that there are no actual genes there that code for protein products, but there may be nearby genes that are important, or there may be regulatory sequences in these regions that are important in the expression of other genes. These associations have been replicated in several populations and are probably valid on a population basis, but their value in providing risk information about a given person is severely limited. The relative risks associated with the implicated SNP variants at either of these loci would be less than 2, and there are legitimate questions about whether this degree of increased risk is meaningful on the individual level. But in the world of inflammatory accusations and smears that characterize presidential politics, it would be easy to engage in what might be called “genetic McCarthyism” by implying that an increased risk of disease is more substantial than it really is. Some associations between common diseases and gene markers are reasonably well established. However, there is a constant stream of less well validated markers being linked to psychiatric conditions (still the most stigmatizing for presidential contenders) or even personality traits, which could be used to raise doubts about a candidate in the minds of an uninformed public. For example, the risk of bipolar disorder is reportedly increased by a gene encoding diacylglycerol kinase eta (DGKH) and decreased by a particular allele at the SNP rs420259, but both of these findings have had limited replication and involve modest effect sizes. Still, in the next presidential campaign, someone might publish a candidate’s genome and focus on a marker that has been linked to a psychiatric condition, regardless of how unproven the association is. Though current genome scans can reveal 1 million SNPs, sequencing is required to reveal many known mutations and copy-number variants that may be associated with mostly rare diseases. Sequencing an entire human genome has thus far been an elaborate and costly undertaking, but technological advances are rapidly increasing the speed and decreasing the cost. To date, only two people, Craig Venter and James Watson, have had substantial portions of their genomes published, and their cases illustrate the latitude for interpretation and the potential for distortion. In his autobiography, Venter noted that he had one copy of the apolipoprotein E (APOE) ε4 allele conferring an increased risk of Alzheimer’s disease, a variant of the gene for complement factor H that has been linked to an increased risk of macular degeneration, and longer forms of the serotonin-transporter gene 5-HTTLPR that might make him more resilient against depression.2 Watson asked that his APOE results be redacted, but his published genome indicates homozygosity for two devastating diseases, type 1B Usher’s syndrome and Cockayne’s syndrome, neither of which the 80-year-old Watson has.3 As these examples show, sequence information may produce results that are emotionally charged, easily overinterpreted, or simply wrong by virtue of technical errors, low sequence coverage, or low-complexity sequencing.4 For the foreseeable future, the examination of thousands of genes in any genome is likely to result in large numbers of false positive findings, along with “incidental” findings of dubious clinical value.5 Thus, when sequence information about individual genomes becomes available, we will have to contend not only with the statistical issues of replication, effect size, and attributable risk but also with the specter of genetic information that is wrong or misleading. Genetic information is easy to misinterpret and to misrepresent. Nonetheless, its scientific patina will encourage presidential campaigns to use it to reinforce existing prejudices. Therefore, we think future presidential candidates should resist calls to disclose their own genetic information. We recommend that they also pledge that their campaigns will not attempt to obtain or release genomic information about their opponents. Genetics experts, whether partisan or neutral, must be prepared to speak with the press to explain the nature of genomic information if and when it becomes public. Though it might be tempting to enact laws that would make it a federal crime to sequence a candidate’s DNA without consent, we believe that restraint by the candidates, coupled with education of the public, will be a more reasonable approach as we enter a medical future based at least in part on personalized genomics.

#### Solves the aff and leads to better candidate health

Carpentier 15 Carpentier, Megan. “Medical Records Must Stay Private - Even For Prospective Presidents.” The Guardian. August 7, 2015. https://www.theguardian.com/commentisfree/2015/aug/07/presidential-candidate- medical-records-discrimination-transparency TG

Speculating about it has gained traction because it’s worked, and the sleaziest of campaign operatives hopes it will again. But let those who have never contracted HPV – that’s less than 20% of sexually active adults in the US – and who floss every day cast the first stone: humans are dirty, messy, disease- and infection-prone, and few of us do all that we should to lead healthy lives (and then we die, often suddenly). Medical privacy encourages medical honesty, and honesty with your doctor is a key factor in maintaining your health or identifying disease early. Let’s let the candidates have most of their privacy back; goodness knows a few of them would probably benefit from the care of a competent mental health professional and I, for one, would like them to get it without worrying that we’ll judge them for it.

### 1NC – Medical Privacy

#### Cp text: in a democracy, the public’s right to know ought to be valued above the right to privacy except for medical privacy.

#### It competes – consensus of lit.

ROBERT STREIFFER 06, ALAN P. RUBEL, and JULIE R. FAGAN (University of Wisconsin, Madison, Wisconsin, USA), “Medical Privacy and the Public's Right to Vote: What Presidential Candidates Should Disclose,” Journal of Medicine and Philosophy, 31:4, 417-439, 23 Sep 2006. <https://doi.org/10.1080/03605310600860825>

Presidential candidates, like everyone else, have a right to medical privacy. For most people, this right to medical privacy altogether precludes the public from viewing their medical records. However, in virtue of the very public role of the president, the idea that the public may be kept in the dark about the health of presidential candidates is untenable. Our purpose in this article is to make it clear that candidates are morally required to waive their right to medical privacy concerning a very specific set of medical conditions. Although others have asserted a moral duty to disclose (See, e.g., Annas, 2000), the literature contains very little discussion of the basis for that requirement. We argue that it is based on the same deep democratic principle that supports the public’s right to vote, namely, that those who govern do so only with the consent of the governed. Concerns about the medical privacy of candidates must be subordinated to that democratic principle.

#### Privacy is key to healthy candidates.

Linda Girgis 16 [Dr. Linda Girgis MD, FAAFP, is a dedicated board-certified family physician in private practice in South River, New Jersey and its surrounding communities. She is a clinical assistant professor at Rutgers Robert Wood Johnson Medical School as well as a faculty member of CME courses at Harvard Medical School] “Breaching HIPAA: How Politics Breaches Its Own Laws.” October 17, 2016. IB

And we need this privacy. Patients need to come tell their doctors many embarrassing details. Imagine if they believed anyone could learn this information. Would someone concerned about a sexually transmitted disease feel free to tell their doctor everything without this guarantee of privacy? No, they would not and this may put others at risk of contracting the disease because the patient doesn’t want to see the doctor because they don’t want anyone to know. The details we are seeing in the media about the health of both candidates is merely speculation. There are doctors analyzing the media reports to try to diagnose the candidates. But, real doctors know you cannot diagnose a patient through a journalist’s reports on a TV screen or a new story. Is that really the standard you want to set? You want to fuel the fire by speculating on the speculations> Do we want patients to think they are fair game for this speculation? No, this needs to stop. Patients need to know they can trust their doctor with anything and give them the best medical information. While the politicians fling the mud and the media builds mud houses, isn’t the US better than this? Are we really saying that patients with certain diseases should not work certain jobs? Is that message American people should be hearing? As for me, many of my patients taught me that people can achieve amazing successes despite great suffering and adversity. Isn’t that the goal we should be striving for rather than casting stones at someone’s infirmities?

# 2NR

## Frontlines

### AT Know About Deadly Condition

#### Genetic info is mistakenly interpreted, expensive, and inaccurate – any benefits would be false positives

**Green and Annas 08** Green, Robert C. [Departments of Neurology, Medicine (Genetics), and Epidemiology at the Boston University Schools of Medicine and Public Health, Boston], and George J. Annas [Department of Health Law, Bioethics, and Human Rights, Boston University School of Public Health, Boston]. “The Genetic Privacy of Presidential Candidates.” The New England journal of medicine 359.21 (2008): 2192–2193. PMC. Web. 17 Oct. 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2925179/> found OHS-AT cut TG

During future campaigns, presidential candidates could release information about parts of their own genomes in order to highlight what might be considered a favorable ethnic background or, if they have already had a disease such as cancer, to highlight the absence of genes that confer a risk of recurrence. But in a climate of negative personal and political messages, it is more likely that persons or groups opposing a candidate will release such information, hoping to harm his or her chances for election or reelection. Obtaining DNA, even from a president, would not be very difficult. Sufficient DNA for amplification and analysis can be obtained from loose hairs, coffee cups, discarded utensils, or even a handshake. A genome scan assessing hundreds of thousands or more single-nucleotide polymorphisms (SNPs) in such a sample could be performed with a commercially available microarray, or “SNP chip.” Some SNP variants are known to be associated with clinical diseases, and a tremendous number of new markers are being discovered and reported, although the contradictory evidence regarding some of these associations and the limited strength of many of them makes interpretation problematic. Would analysis of genetic markers have given us useful information about McCain or Obama, for example, that would have clarified the implications of their family histories of heart disease and prostate cancer? Some genes have been found to have significant associations with coronary artery disease — most notably, a locus on the 9p21 region of chromosome 9. Three regions in the 8q21 region of chromosome 8 have been reproducibly linked to prostate cancer. Both 9p21 and 8q21 are non-coding regions of the genome, meaning that there are no actual genes there that code for protein products, but there may be nearby genes that are important, or there may be regulatory sequences in these regions that are important in the expression of other genes. These associations have been replicated in several populations and are probably valid on a population basis, but their value in providing risk information about a given person is severely limited. The relative risks associated with the implicated SNP variants at either of these loci would be less than 2, and there are legitimate questions about whether this degree of increased risk is meaningful on the individual level. But in the world of inflammatory accusations and smears that characterize presidential politics, it would be easy to engage in what might be called “genetic McCarthyism” by implying that an increased risk of disease is more substantial than it really is. Some associations between common diseases and gene markers are reasonably well established. However, there is a constant stream of less well validated markers being linked to psychiatric conditions (still the most stigmatizing for presidential contenders) or even personality traits, which could be used to raise doubts about a candidate in the minds of an uninformed public. For example, the risk of bipolar disorder is reportedly increased by a gene encoding diacylglycerol kinase eta (DGKH) and decreased by a particular allele at the SNP rs420259, but both of these findings have had limited replication and involve modest effect sizes. Still, in the next presidential campaign, someone might publish a candidate’s genome and focus on a marker that has been linked to a psychiatric condition, regardless of how unproven the association is. Though current genome scans can reveal 1 million SNPs, sequencing is required to reveal many known mutations and copy-number variants that may be associated with mostly rare diseases. Sequencing an entire human genome has thus far been an elaborate and costly undertaking, but technological advances are rapidly increasing the speed and decreasing the cost. To date, only two people, Craig Venter and James Watson, have had substantial portions of their genomes published, and their cases illustrate the latitude for interpretation and the potential for distortion. In his autobiography, Venter noted that he had one copy of the apolipoprotein E (APOE) ε4 allele conferring an increased risk of Alzheimer’s disease, a variant of the gene for complement factor H that has been linked to an increased risk of macular degeneration, and longer forms of the serotonin-transporter gene 5-HTTLPR that might make him more resilient against depression.2 Watson asked that his APOE results be redacted, but his published genome indicates homozygosity for two devastating diseases, type 1B Usher’s syndrome and Cockayne’s syndrome, neither of which the 80-year-old Watson has.3 As these examples show, sequence information may produce results that are emotionally charged, easily overinterpreted, or simply wrong by virtue of technical errors, low sequence coverage, or low-complexity sequencing.4 For the foreseeable future, the examination of thousands of genes in any genome is likely to result in large numbers of false positive findings, along with “incidental” findings of dubious clinical value.5 Thus, when sequence information about individual genomes becomes available, we will have to contend not only with the statistical issues of replication, effect size, and attributable risk but also with the specter of genetic information that is wrong or misleading. Genetic information is easy to misinterpret and to misrepresent. Nonetheless, its scientific patina will encourage presidential campaigns to use it to reinforce existing prejudices. Therefore, we think future presidential candidates should resist calls to disclose their own genetic information. We recommend that they also pledge that their campaigns will not attempt to obtain or release genomic information about their opponents. Genetics experts, whether partisan or neutral, must be prepared to speak with the press to explain the nature of genomic information if and when it becomes public. Though it might be tempting to enact laws that would make it a federal crime to sequence a candidate’s DNA without consent, we believe that restraint by the candidates, coupled with education of the public, will be a more reasonable approach as we enter a medical future based at least in part on personalized genomics.

## Theory

### AT: PICs Bad

#### Use reasonability w/ a brightline of link and impact turn ground – you could have read link turns saying testing checks against people lying about their race or impact turns that candidates predisposed to debilitating disabilities are unfit for office – proves you have equal structural access to the ballot and you just couldn’t come up with good args. [extemp reasonability justifications]

### -- AT: Limits

### -- AT: Moots the Aff

### AT: Textual Competition

# Old

### 1NC – Abortion

#### CP Text: <plan> except for abortion

Annas 95 [(GEORGE J. ANNAS, Director, Center for Health Law, Ethics & Human Rights, Boston University School of Public Health, Professor, General Internal Medicine, Medicine, Boston University School of Medicine; Harvard J.D., Harvard M.P.H,) THE HEALTH OF THE PRESIDENT AND PRESIDENTIAL CANDIDATES The Public’s Right to Know, Legal Issues in Medicine Vol. 333 No. 14 p. 945-950] whs-ee

Much more serious issues are raised by sensitive medical information that is inherently embarrassing or invites irrational prejudice. The fact of having consulted a psychiatrist is one such area, and I believe this should not be disclosed by candidates. A history of institutional mental health care is even more prejudicial, as the Eagleton case illustrates. We should encourage our leaders to seek such help whenever they feel they need it, both for their own sakes and for ours, and protecting their medical privacy is essential if this is to happen. Three other types of sensitive information also deserve attention. The first is abortion. Since there have been few women candidates for the presidency, this issue has not yet come up; we should agree now that it never should. The second is status with respect to the human immunodeficiency virus (HIV).

#### Solves the aff and leads to better candidate health

Carpentier 15 Carpentier, Megan. “Medical Records Must Stay Private - Even For Prospective Presidents.” The Guardian. August 7, 2015. https://www.theguardian.com/commentisfree/2015/aug/07/presidential-candidate- medical-records-discrimination-transparency TG

Speculating about it has gained traction because it’s worked, and the sleaziest of campaign operatives hopes it will again. But let those who have never contracted HPV – that’s less than 20% of sexually active adults in the US – and who floss every day cast the first stone: humans are dirty, messy, disease- and infection-prone, and few of us do all that we should to lead healthy lives (and then we die, often suddenly). Medical privacy encourages medical honesty, and honesty with your doctor is a key factor in maintaining your health or identifying disease early. Let’s let the candidates have most of their privacy back; goodness knows a few of them would probably benefit from the care of a competent mental health professional and I, for one, would like them to get it without worrying that we’ll judge them for it.

### 1NC – HIV

#### CP Text: <plan> except for HIV

Annas 95 [(GEORGE J. ANNAS, Director, Center for Health Law, Ethics & Human Rights, Boston University School of Public Health, Professor, General Internal Medicine, Medicine, Boston University School of Medicine; Harvard J.D., Harvard M.P.H,) THE HEALTH OF THE PRESIDENT AND PRESIDENTIAL CANDIDATES The Public’s Right to Know, Legal Issues in Medicine Vol. 333 No. 14 p. 945-950] whs-ee

Much more serious issues are raised by sensitive medical information that is inherently embarrassing or invites irrational prejudice. The fact of having consulted a psychiatrist is one such area, and I believe this should not be disclosed by candidates. A history of institutional mental health care is even more prejudicial, as the Eagleton case illustrates. We should encourage our leaders to seek such help whenever they feel they need it, both for their own sakes and for ours, and protecting their medical privacy is essential if this is to happen. Three other types of sensitive information also deserve attention. The first is abortion. Since there have been few women candidates for the presidency, this issue has not yet come up; we should agree now that it never should. The second is status with respect to the human immunodeficiency virus (HIV). Presidential candidates may, of course, wish to know their own HIV status, but there seems no reason for anyone other than their personal physicians and their sexual partners to know it. Of course, at some point AIDS may develop in an HIV-positive person, and this would be difficult, if not impossible, to keep secret. The only suggested rationale for presidential candidates to be tested for HIV is that this test is routine in the military and the President will be the commander-in-chief of the armed services.1 But the military reasons (saving on disability benefits and — incredibly — the possibility of a battlefield transfusion) do not apply to the President.

#### Solves the aff and leads to better candidate health

Carpentier 15 Carpentier, Megan. “Medical Records Must Stay Private - Even For Prospective Presidents.” The Guardian. August 7, 2015. https://www.theguardian.com/commentisfree/2015/aug/07/presidential-candidate- medical-records-discrimination-transparency TG

Speculating about it has gained traction because it’s worked, and the sleaziest of campaign operatives hopes it will again. But let those who have never contracted HPV – that’s less than 20% of sexually active adults in the US – and who floss every day cast the first stone: humans are dirty, messy, disease- and infection-prone, and few of us do all that we should to lead healthy lives (and then we die, often suddenly). Medical privacy encourages medical honesty, and honesty with your doctor is a key factor in maintaining your health or identifying disease early. Let’s let the candidates have most of their privacy back; goodness knows a few of them would probably benefit from the care of a competent mental health professional and I, for one, would like them to get it without worrying that we’ll judge them for it.