A. is the interpretation – The Free Medical Dictionary defines medical as

**pertaining to medicine** or to **the treatment of diseases**; pertaining to medicine as opposed to surgery.

Google, Dictionary.com, TheFreeDictionary.com, and Merriam Webster all concur.

<http://dictionary.reference.com/browse/medicine> thefreedictionary.com/medical <http://www.merriam-webster.com/dictionary/medical> <http://medical-dictionary.thefreedictionary.com/medical>

B. is the violation – (\_) Abortion in general is not about treatment of illness or injury – the vast majority of reasons for abortion are social, such as interference with a woman’s education. Fewer than 8% of abortions are medically motivated, **O’Bannon:**

Randall K. O’Bannan Ph.D. “New Study Examines Reasons Women have abortions” 2005 http://www.nrlc.org/archive/news/2005/NRL10/NewStudy.html

**Why do women have abortions?** For over 15 years, those asking that question have had to rely on a 1987 study that some were concerned might have become outdated in light of the declining number of abortions and shifting abortion demographics. Now a new study from the Alan Guttmacher Institute (AGI), Planned Parenthood's special research affiliate, brings our understanding of women's abortion decisions up to date. While showing that women's basic reasons have largely remained the same, the study presents some compelling new data that those reaching out to abortion-prone women will want to consider. A couple of conclusions are very apparent from this data. First, those who wish to use the so-called "hard cases" of rape, incest, life of the mother, and genetic disability to argue for the necessity of abortion on demand will continue to find it difficult to make that case based on the reasons women offer for their abortions. **Ninety-two percent cited** what might be termed **"social" or "other" reasons, rather than medical reasons** or sexual assault, as the primary basis for their abortions. **And those who cited medical reasons often appear to have been stating their own opinions** (fear that drug or alcohol use may have harmed the baby, inability to handle morning sickness, etc.) **rather than** reporting any **formal diagnosis by a doctor.** Less than a percent each of women even mentioned rape or incest as a factor in their abortions at all. The 2004 study, which appeared in the September 2005 issue of Perspectives on Sexual and Reproductive Health (formerly Family Planning Perspectives), surveyed 1,209 abortion patients at 11 large abortion centers across the country. The survey was then followed up with in-depth interviews with 38 women at four centers. Women in the first group filled out an eight-page survey identifying their reasons for coming to the clinic, hospital, or doctor's office to have an abortion, and listed their demographic characteristics, such as age, race, income, marital status, etc. Women from the first group who agreed to sit for 30–60 minute recorded interviews discussing those decisions in more detail constituted the second group.

(\_) Healthcare for intimate partner violence, or IPV, is not restricted to medical procedures and includes surgical ones. The plan always violates, from CX, the plan text, and solvency advocate it’s clear that she defends all types of treatments for injuries and certainly some types of treatment will include surgery. IPV injuries specifically generally deal with surgical solutions, **The Lancet ‘13:**

“Prevalence of abuse and intimate partner violence surgical evaluation (PRAISE) in orthopaedic fracture clinics: a multinational prevalence study” 6/12/13 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961205-2/abstract

Intimate partner violence **(IPV) is the leading cause of non-fatal injury to women** worldwide. **Musculoskeletal injuries**, which are often **seen by orthopaedic surgeons, are the second most common manifestation of IPV.** We aimed to establish the 12-month and lifetime prevalence of IPV in women presenting to orthopaedic fracture clinics.

Expert consensus is clear – IPV treatment is a surgical question. **Bhandari et al ‘14:**

“Mis)perceptions about intimate partner violence in women presenting for orthopaedic care: a survey of Canadian orthopaedic surgeons.” [Bhandari M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Bhandari%20M%5BAuthor%5D&cauthor=true&cauthor_uid=18594110)1, [Sprague S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sprague%20S%5BAuthor%5D&cauthor=true&cauthor_uid=18594110), [Tornetta P 3rd](http://www.ncbi.nlm.nih.gov/pubmed/?term=Tornetta%20P%203rd%5BAuthor%5D&cauthor=true&cauthor_uid=18594110), [D'Aurora V](http://www.ncbi.nlm.nih.gov/pubmed/?term=D%27Aurora%20V%5BAuthor%5D&cauthor=true&cauthor_uid=18594110), [Schemitsch E](http://www.ncbi.nlm.nih.gov/pubmed/?term=Schemitsch%20E%5BAuthor%5D&cauthor=true&cauthor_uid=18594110), [Shearer H](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shearer%20H%5BAuthor%5D&cauthor=true&cauthor_uid=18594110), [Brink O](http://www.ncbi.nlm.nih.gov/pubmed/?term=Brink%20O%5BAuthor%5D&cauthor=true&cauthor_uid=18594110), [Mathews D](http://www.ncbi.nlm.nih.gov/pubmed/?term=Mathews%20D%5BAuthor%5D&cauthor=true&cauthor_uid=18594110), [Dosanjh S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Dosanjh%20S%5BAuthor%5D&cauthor=true&cauthor_uid=18594110); [Violence Against Women Health Research Collaborative](http://www.ncbi.nlm.nih.gov/pubmed/?term=Violence%20Against%20Women%20Health%20Research%20Collaborative%5BCorporate%20Author%5D). July 2008 http://www.ncbi.nlm.nih.gov/pubmed/18594110

Domestic violence is the most common cause of nonfatal injury to women in North America. In a review of 144 such injuries, the second most common manifestation of intimate partner violence was musculoskeletal injuries (28%). **The American Academy of Orthopaedic Surgeons is explicit that orthopaedic surgeons should play a role in the screening and appropriate identification of victims.** We aimed to identify the perceptions, attitudes, and knowledge of Canadian orthopaedic surgeons with regard to intimate partner violence.

(\_) right to die doesn’t meet 1. You’re not treating a disease if you die, in that instance you can avoid the disease entirely 2. It’s not systemic – it’s a singular choice and procedure to die rather than a comprehensive approach to end a disease.

C. is the standards –

1. Field context and common usage – most T interps represent a tradeoff between the two, but I garner benefits of both since my definition represents a consensus between common dictionaries and a medical one. Key to predictability both in terms of the colloquial usage of the words and also understanding their context in the field of the resolution, and predictability is key to fairness and education since otherwise we can’t prepare arguments which is key to both accessing the ballot and also having any clash in the debate, which is the unique education out of a round. Also maximizes topical education because field context is how the authors use terms.

2. Limits – alternatives are way to inclusive, my interp sets up a clear scope for the resolution, restricting it to treatments for injuries or illness. If they define medical broadly enough to include anything that might be tangentially affect health, there are zero restrictions on what the aff could defend. Implications – A. turns inclusion arguments and is an independent voter, **Harris:[[1]](#footnote-1)**

I understand that there has been some criticism of Northwestern’s strategy in this debate round. This criticism is premised on the idea that they ran framework instead of engaging Emporia’s argument about home and the Wiz. I think this criticism is unfair. Northwestern’s framework argument did engage Emporia’s argument. Emporia said that you should vote for the team that performatively and methodologically made debate a home. Northwestern’s argument directly clashed with that contention. My problem in this debate was with aspects of the execution of the argument rather than with the strategy itself. It has always made me angry in debates when people have treated topicality as if it were a less important argument than other arguments in debate. Topicality is a real argument. It is a researched strategy. It is an argument that challenges many affirmatives. The fact that other arguments could be run in a debate or are run in a debate does not make topicality somehow a less important argument. In reality, for many of you that go on to law school you will spend much of your life running topicality arguments because you will find that words in the law matter. The rest of us will experience the ways that word choices matter in contracts, in leases, in writing laws and in many aspects of our lives. Kansas ran an affirmative a few years ago about how the location of a comma in a law led a couple of districts to misinterpret the law into allowing individuals to be incarcerated in jail for two days without having any formal charges filed against them. For those individuals the location of the comma in the law had major consequences. Debates about words are not insignificant. Debates about what kinds of arguments we should or should not be making in debates are not insignificant either. The limits debate is an argument that has real pragmatic consequences. I found myself earlier this year judging Harvard’s eco-pedagogy aff and thought to myself—I could stay up tonight and put a strategy together on eco-pedagogy, but then I thought to myself—why should I have to? Yes, I could put together a strategy against any random argument somebody makes employing an energy metaphor but the reality is there are only so many nights to stay up all night researching. I would like to actually spend time playing catch with my children occasionally or maybe even read a book or go to a movie or spend some time with my wife. A world [with] where there are an infinite number of aff[s]irmatives is a world where [and] the demand to have a specific strategy and not run framework is a world that says this community doesn’t care whether its participants have a life or do well in school or spend time with their families. I know there is a new call abounding for interpreting this NDT as a mandate for broader more diverse topics. The reality is that will create more work to prepare for the teams that choose to debate the topic but will have little to no effect on the teams that refuse to debate the topic. Broader topics that do not require positive government action or are bidirectional will not make teams that won’t debate the topic choose to debate the topic. I think that is a con job. I am not opposed to broadr topics necessarily. I tend to like the way high school topics are written more than the way college topics are written. I just think people who take the meaning of the outcome of this NDT as proof that we need to make it so people get to talk about anything they want to talk about without having to debate against topicality or framework arguments are interested in constructing a world that might make debate an unending nightmare and not a very good home in which to live. Limits, to me, are a real impact because I feel their impact in my everyday existence.

B. Information overload that would be caused by underlimiting turn education, **Chokshi:**

**Chokshi 10** Niraj Chokshi is a former staff editor at TheAtlantic.com, where he wrote about technology. He is currently freelancing How Do We Stop the Internet From Making Us Stupid? JUN 8 2010 <http://www.theatlantic.com/technology/archive/2010/06/how-do-we-stop-the-internet-from-making-us-stupid/57796/> BK

When it comes to focus, turning on the spotlight may not matter as much as our ability to dim the ambient light. Nicholas Carr argued on Saturday in The Wall Street Journal that the Internet is making us dumber and on Monday The New York Times had a front-page feature on the mental price we pay for our multi-tasked lifestyles. If we are indeed losing our ability to think deeply, the key to fighting back may lie in a subtlety: focus may be more about our ability to filter out distractions than our ability to home in on the issue at hand. Carr posed his idea that technology is making us stupid in a 2008 Atlantic cover story and his forthcoming book "The Shallows" is a longer rumination on the theory. **According to professors and research cited in The Times piece "the idea that information overload causes distraction was supported by more and more research." And those distractions**, according to research Carr cites, **are forcing us to change the way we think. Deep thought is losing ground to superficiality**. So, if our multitasking lifestyle causes distraction, and distraction leads to superficial thinking, how do we fight back? Carr offers some advice:

3. If the T-debate is close, i.e., if we both have uncompared offensive standards, err neg because we should prefer a smaller topic **A.** it’s September October, the first topic of the year, and many teams don’t even start competing till the second half of the topic so we have less prep **B.** we only have two months with this topic not five – if we want a broad topic make it the ToC res **C.** making this res too inclusive would destroy debates – considering the combinations of different ways debaters can parametricize medical choices, rights, and adolescents, plan ground is literally infinite and clash is impossible.

D. is the voters –

Fairness

Education

Drop the debater

Competing interps

No RVI

1. Harris, Scott [Debate coach for over 25 years, coaches University of Kansas Policy Debate Team], " This ballot," Published on CEDADebate.org Forums. 5/5/13. < http://www.cedadebate.org/forum/index.php?topic=4762.msg10246 >. [↑](#footnote-ref-1)