# NovDec Card File

## Aff

### Medical Right to Know

#### Consent of the governed

**Streiffer et al 06** Robert Streiffer, Alan P. Rubel, Julie R. Fagan, 9-23-2006, "Medical Privacy and the Public's Right to Vote: What Presidential Candidates Should Disclose," Taylor & Francis, <https://www.tandfonline.com/doi/full/10.1080/03605310600860825> OHS-AT

On any plausible conception of democratic governance, citizens have the right to vote, and it is therefore morally problematic if voters do not have access to important facts about matters they vote on. For example, it would be problematic if citizens were unable to learn about candidates' views on important policy matters before they choose between them. There are numerous democratic principles that underwrite the right to vote: that those who govern should do so with the consent of the governed; that the government should represent the people; and that the people should be able to hold the government accountable. In turn, these principles underwrite ancillary rights: the right to physical access to the polls; the right to information about candidates' voting records; and the right to information about campaign financing. The moral importance of access to candidates' health information arises out of one of these democratic principles, that those who govern do so with the consent of the governed.

The right to vote secures the consent of the governed in two ways. First, it involves citizens in their governance in a way that makes them willing to submit to the rule of law and that justifies that willingness. More importantly, though, electing government officials by vote is itself a way in which the community as a whole gives consent to be governed by those elected. Although it is difficult to state precisely the way in which voting (or democracy more generally) secures the consent of the governed, or indeed the sense of “consent” in which those in a democracy do consent to be governed, the idea that voting is essential to government by consent is a familiar one.

First, the meaningfulness of consent depends on the decision maker's having access to valued information. It is worth noting that people often want information that turns out not to impact their final decision. For example, many patients want to know whether they are being used for the training of medical students, even when they have no objections to being so used. Similarly, information about possible outcomes of a decision can be meaningful even if those outcomes do not occur. So even if the patient ends up surviving, consent is not fully informed if she would have avoided the procedure had she been informed of its risk of death. Thus, information can be relevant to the meaningfulness of consent even if it does not impact one's final decision and even if the outcomes for which the information is relevant do not occur.

Second, the moral force of consent increases as more relevant information becomes available to a decision maker. So for our purposes, where voters desire relevant information about a decision, but where that information is unavailable (either because it is undocumented or because it is documented but undisclosed), the quality of that consent decreases. While meaningfulness of consent admits of degrees, we can say that consent is only valid where that consent is properly informed, leaving open for the moment just what information is necessary for consent to count as informed.

But if voters have a right that their valid consent be obtained, and if consent is not valid unless it is informed, it follows that voters have a right to the information necessary to make an informed voting decision. A fortiori, if certain kinds of medical information are necessary for making informed voting decisions, voters have a right to that medical information. This explains why the historical examples we mentioned above are problematic. The Wilson case is clearest in this regard: his illness resulted in the effective disenfranchisement of the entire American people who had no idea that their vote for Wilson would give the power to make presidential decisions to his wife.

#### here are the necessary conditions to disclose

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Our view has several specific implications regarding the kinds of conditions that candidates must disclose, including the following: known medical conditions that would give the candidate a life expectancy of five years or less; medical conditions that would significantly impair the candidate's judgment or behavior while in office; history of past illness likely to recur or cause complications later in life; and mental illness likely to result in significant cognitive impairment while in office. The examples that follow serve to illustrate how to apply our standard.

#### balances privacy and the public right to know

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So, what information is a candidate morally required to disclose? We propose that candidates are morally required to disclose information about any medical conditions that are likely to seriously undermine the candidate's ability to fulfill what we will call the core functions of the office. “Likely” and “seriously” are of course vague, but any plausible view will have to be qualified in some such way, since any plausible view will take as relevant the severity and likelihood that the medical condition will impact the candidate's abilities. The factors that are relevant to deciding in particular cases whether a certain piece of medical information must be disclosed will vary in degree, and apart from the extreme cases, it will be vague where the precise balance lies, thus necessitating the exercise of judgment on a case-by-case basis. We explicate our use of these terms below, and provide some guiding examples in Section III.

By “core functions of office” we mean those functions that, on any reasonable view, are necessary to perform the job of the presidency. So while citizens have vastly different views of the particular functions of the presidency, an adherent of any of these views would agree on what the core functions of office are. To take some extreme examples: on any reasonable view of the president's job, the president must be alive and conscious to perform it. Similarly, on any reasonable view, serious mental illness will likely impair the president's ability to perform the functions of office. So it seems very plausible to say that a president must be alive, conscious, and competent in order to perform the core functions of the office. By contrast, although on some reasonable views, intemperance might impair the president's ability to perform the functions of office, on other reasonable views, intemperance is unlikely to do so. Thus, being temperate is not required to fulfill the core functions of the office.

The requirement we propose is quite strict, adhering only to these uncontroversial claims about the abilities the president needs. It is limited to a narrow class of information (i.e., what is likely to affect a candidate's ability to fulfill the core functions of office) and sets a high relevance threshold (i.e., what is likely to have a serious effect). Such a strict requirement has several advantages over more expansive disclosure requirements.

First, by limiting disclosure to information relevant only to the core functions of office, our view does not require candidates to disclose information that is irrelevant or only controversially relevant to their ability to perform as president. Thus, while our view would have required Tsongas to disclose that his cancer had relapsed, it would not require Mary Smith to disclose information about having been raped. Thus, while requiring disclosure of potentially damaging but uncontroversially relevant information, our view avoids requiring disclosure of potentially damaging but at best controversially relevant information.

Second, by limiting disclosure to information about conditions that are likely to have serious effects, our view does not require disclosure of all medical conditions that might have some bearing, no matter how small, on the candidate's ability to perform the core functions of the office. Just as a patient's right to informed consent does not require the doctor to disclose absolutely every risk and benefit of a treatment, no matter how minor or remote, the fact that a candidate has sensitive skin or minor asthma could conceivably affect his ability to fulfill the functions of office, but would not need to be disclosed under the standard we propose. This ensures that information about important risks and benefits is not lost amid a sea of mostly useless information, and it provides a procedural safeguard against a slippery slope towards disclosing inappropriate medical information.

n addition to the advantages already mentioned, limiting disclosure in both of these ways protects candidates' important privacy interests and protects the political process against those who might hijack political deliberation with specious arguments about relatively trivial medical matters. And, as we will discuss in more detail in Section IV, it does so while giving due weight to the rights and interests of voters, unlike a view that permits complete confidentiality.

#### No voter discrimination

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One might object to a moral requirement for disclosure on the grounds that compliance with that requirement would undermine some people's voting rights. For example, members of an advocacy group might seek to elect a candidate with a particular condition (or merely hope that one is fortuitously elected) because it will aid their cause. If candidates disclosed information about their conditions, this might harm the advocacy group's chances of electing their candidate of choice. Consider the case of hefty filing fees to get one's name on the ballot. The effect of such filing fees is that affluent groups will be able to place the candidate of their choice on the ballot, while poor groups will not be able to do so. The ability of poor groups to vote for their candidates of choice is thus diluted compared to the ability of affluent groups to vote for their candidates of choice. Such filing fees are morally unacceptable precisely because of that effect on some people's voting rights. In fact, the Supreme Court held that such fees are unconstitutional in , and their decision was surely morally correct.

However, the analogous argument against our disclosure standard is unsound. The election of a candidate with a certain condition could aid the cause of an advocacy group either because the candidate would be an especially effective advocate or would provide a shining example of the lofty achievements possible for someone with that condition. But a candidate is likely to be a much more effective advocate by advertising, rather than hiding, the condition in question. Moreover, any benefits of post-election publicity would be marred by the public's realization that the candidate hid the information. And although a candidate's succumbing to a disease in office might arouse awareness and support, conditions which are likely to seriously undermine the president's ability to perform the core functions of the office are also likely to undermine the candidate's ability to be a successful advocate and a shining example. Thus, the interests of such an advocacy group do not conflict with our proposal.

It is also implausible to say that any requirement that makes it more difficult for a group's preferred candidate to be elected infringes that group's voting rights. There are any number of moral responsibilities incumbent upon a candidate that make it more difficult for him or her to be elected. Elements of a candidate's political career that are part of the public record are required to be accessible. Candidates ought to avoid lying or misleading the public about elements of their political platform. Clearly, these could disadvantage some groups' preferred candidates more than others.

And in rejecting such a requirement, the advocacy group would be trying to prevent other voters from having access to highly relevant information about the candidate, which runs contrary to democratic principles rather than preserving them. Disclosure of conditions that meet our standard will only provide voters with information highly relevant to the candidate's ability to function in the presidency, and so will serve to make voters' choices more meaningful overall, not less.

#### Doesn’t deter candidates.

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One might argue, as George Annas does, that the public interest is best served by making sure that potential presidential candidates are not deterred from seeking medical care for fear of its effect upon their candidacy and that otherwise qualified candidates are not deterred from running for office on the basis of their medical profile.

We agree that the public has an interest that fear of disclosure not deter candidates from seeking medical care, nor that it deter good candidates from running for office. The public's interest in candidates seeking medical care arises in two ways. First, the public has an interest in current candidates seeking healthcare in order that its future president be well cared for. But this interest does not conflict with our disclosure standard. Our view only requires disclosure of conditions that are likely to seriously undermine the candidate's ability to perform the core functions of the office, and the basis for that interest is an interest in the future president's ability to carry out the duties of office. If information about the candidate meets the standard for which we argue, disclosure would only be required when that ability is seriously questioned. As to the argument that disclosure requirements might deter otherwise good candidates from running for office, this requires saying that a particular candidate is a good choice for holding a four-year position, despite its being likely that he or she won't be able to carry out its duties for the full four years. So, although one could point to the effective year or so of Roosevelt's last term as an example of a candidate who was well-qualified despite his health problems, one would have to argue that having him in office for a year was a better choice than having some other candidate for all four years. While possible, this seems unlikely. More importantly, though, it is up to the public to decide whether a candidate's good qualities outweigh the possibility that their medical condition will obviate those qualities.

Second, the public has an interest that people who might become candidates receive medical care. Presidential candidates come from a fairly rarefied pool of people, such as senators, representatives, governors, and vice presidents, many of whom may have long-standing presidential aspirations. If they fear that medical care will result in disclosure of potentially damaging information, they might forego that care. If they do, this would be contrary to the public's interest in those people being healthy. This interest, too, is unlikely to be threatened by our standard. If the medical condition for which a potential candidate might seek care is minor, then it would be unlikely to meet our standard, and no disclosure would be required. And if the condition is major, such as lymphoma, then the costs of avoiding care may be enough to motivate the candidate to get care, and, at any rate, avoiding care might result in failing health, which would harm his or her chance of becoming president in its own right.

#### A2 violates their privacy.

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During his 1992 candidacy, Bill Clinton initially refused to disclose any specific medical information out of a desire to protect his privacy, thus expressing the widely shared concern that disclosure requirements somehow violate candidates' medical privacy. There are two such arguments that are worth considering.

First, it might be argued that a moral requirement to disclose is inconsistent with the right to medical privacy. After all, what is the right to medical privacy but a moral permission to withhold private medical information (except in extreme circumstances such as public health emergencies), and if candidates have permission to withhold such information, how can they be required to disclose it?

But the existence of a moral requirement to provide medical information is perfectly consistent with the right to medical privacy. This is because the right to medical privacy is a right against others not to disclose private medical information without consent, and the fact that others have a duty not to disclose a candidate's medical information is consistent with the candidates themselves being required to disclose that information. As is often noted, to say that someone has a right to do something is not to say that it is right for them to do that thing.

A candidate's right to privacy would be compromised if healthcare providers were legally required or legally permitted to disclose information without the candidate's consent. But even if one were tempted to try to legally institute mandatory disclosure requirements, such requirements would not legally compel or authorize anyone to disclose information without the consent of the candidates; rather, they would make consent a condition of candidacy. This is something we think is unproblematic in other contexts. For example, while employers may not access an employee's medical record without consent, they may require the employee to make relevant medical information available as a condition of employment. In sum, the right to medical privacy is not a good reason for thinking that there is no moral requirement to disclose, nor is it a good reason for thinking that there should not be a legal requirement to disclose.

Second, it might be argued that even if requiring disclosure of relevant information does not violate a candidate's right to medical privacy, there still remain important privacy interests that ought to be weighed in the balance while deciding whether someone is morally required to forego confidentiality. Someone with AIDS, for example, might not only be concerned about unconsented disclosure, they might also be interested in minimizing disclosure, period, with or without consent. People with chronic back problems have an interest in not foregoing confidentiality if their employers can use that information to avoid paying worker's compensation claims. And most people do not want others to know even innocuous medical information about them, since it isn't any of their business. All of these are important privacy interests that are independent of whether disclosure of the information occurs with or without consent.

Although these are important interests, they are justifiably compromised in many cases. An employer's interests in making an informed hiring decision about a potential employee overrides the potential employee's interests in privacy, and thus employers may require disclosure of medical information relevant to potential employees' expected job performance. Airline pilots, for example, are required to pass stringent medical and psychological examinations administered by FAA-approved physicians, every six months. The same holds for presidential candidates: The voters' interests in making informed voting decisions override the candidate's interests in keeping private any information that meets our standard of relevance.

#### Not stigmatizing depression – contextual to presidency

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Should a history of depression be disclosed? Advocates for the mentally ill have worked hard to destigmatize mental illness and ensure that it not be used to discriminate against job applicants. However, in some cases the effects of depression—which may include trouble concentrating, impaired memory, and insomnia—can be severe enough to undermine one's ability to adequately perform the core responsibilities of a position like the presidency. Moreover, the extreme stressfulness of the U.S. presidency, which requires shrewd judgment and decisional capacity, but which frequently compromises sleep, could easily trigger a recurrence of depression and could be especially conducive to cognitive impairment.

#### Plan

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One possible mechanism is that before the primary elections, candidates would undergo a standardized history, physical examination, and any appropriate laboratory tests. This information along with the candidate's entire medical record would be distributed to a bipartisan panel of physicians, appointed by the president and confirmed by Congress, with members drawn from a wide variety of medical disciplines. The panel would then decide if further tests are needed, and generate a report that would list any medical conditions likely to seriously undermine the candidate's ability to perform the core duties of office, along with an explanation for why they thought the conditions listed were likely to do so.

The report would then be given to the candidate and his or her physicians to review for any errors or disagreements. The panel would take their review under advisement and make any revisions it deems appropriate. Ultimately the panel would have the final authority regarding the report's content. The candidate would then receive a final copy prior to public release. If the candidate consented to disclosure at that point, the report would be disseminated to the public. If the candidate refused to consent, then the report would be treated as part of the candidate's confidential medical record.

Disclosure to the panel could be either legally required or legally voluntary. If Congress wanted disclosure to be legally required, it might make such disclosure a filing requirement, applicable to all candidates who wish to be on the ballot. Alternatively, Congress could make such disclosure a condition of receipt of federal campaign funds. This was in fact suggested by several politicians after Tsongas's health issues become public. There are, however, constitutional limits on Congress's power to impose restrictions on candidacy, and it is an open question whether this would pass constitutional muster.

The remedy when candidates fail to disclose could simply be bad publicity and monetary fines (as it is with failing to file financial reports) (). More strongly, intentional failure to disclose all required information to the panel, if discovered prior to the election, could be penalized by disqualification of the candidate. Once elected, though, it is unlikely that such a drastic remedy as the removal of a sitting president would be warranted, and would possibly have the same disruptive effect that a disclosure requirement seeks to avoid, viz., effectively undermining the rights of those who voted for that candidate.

It may be that disclosure would have to be voluntary. Even so, Congress could still play a role by setting standards for what counts as full disclosure, and by setting up an institutional mechanism, such as the one outlined above, for standardizing disclosure in a way that minimizes unfairness to candidates. Participation by some candidates would put public pressure on other candidates to participate as well. Note that by setting such standards Congress would avert the possibility of a disclosure one-upping, where some candidates try to force others to disclose minor health issues in order to score cheap points by being slightly more fit.

A voluntary standard has the advantage of providing an additional mechanism to keep potential abuse in check. Should the panel make spurious judgments, candidates would still be able to opt out of disclosing a negative report, and future candidates could boycott the procedure until a consensus had been reached on the panel's objectivity. Put another way, if participation is contingent on respect for the institution, panelists will have an additional reason for earning and maintaining that respect.

Finally, two other groups could use the standard articulated here. First, the media could use that standard to decide whether to report medical information to which they have access. Journalists can presumably disclose even if they cannot get prior consent from the candidate, but the standard gives them a guide for when doing so is justified in light of the competing rights and interests. Second, while candidates' personal physicians and their healthcare institutions would presumably need prior consent to release information, they could still use our standard to decide, in conjunction with the candidate, what should be disclosed and what should not.

### Prag (not fan but whatever)

#### Affirm – evidence gathering about candidates is a necessary aspect of the pragmatist search for truth.

**Independent 11** Independent, 6-7-2011, "In praise of pragmatism," <https://www.independent.co.uk/news/world/politics/in-praise-of-pragmatism-2293820.html> OHS-AT

Because the pragmatist tries to take each situation on its own merits and figure out a sensible way forward, pragmatism tends to look hesitant, messy, and prone to error. The ideologue, whether a left winger or a right winger, a corporate visionary or a pub philosopher, looks decisive in comparison. Ideology always offers a neat answer, whether through reference to Karl Marx, Milton Friedman or the latest corporate mission statement. The fact that the answer may simply be wrong is irrelevant to the dogmatist, because it needs no testing.

The poor pragmatist, by contrast, must endure the rigmarole of figuring out whether his or her approach actually worked, and embarrassingly, many sensible seeming ideas fail. Ten per cent of American businesses go bust each year, according to the economist Paul Ormerod – author of a book called, naturally enough, Why Most Things Fail. This is because the world is a complex place: Eric Beinhocker of the McKinsey Global Institute estimates that London's economy alone offers about 10 billion distinct products and services, many of which are themselves hugely sophisticated. Whether launching a new clothing label or reforming the National Health Service, when we try to improve a mind-bogglingly complex system we are very likely to make things worse before we make them better.

You might think this was an argument in favour of pragmatism – and of course, it is. But it also explains why pragmatism quickly becomes unappealing. The awkward truth for the pragmatist is that they will constantly be bumping into their own errors and trying to fix them. But if pragmatism is a painful process of continually correcting errors, ideology is a blissful path of being oblivious to them.

The Vietnam War is a case in point. It was initially masterminded by Robert McNamara, to whom President Lyndon Johnson effectively ceded decision-making authority. McNamara, renowned as a management genius after his time at the Ford motor company, believed that armed with enough business-school graduates, he could number-crunch his way to victory in South-East Asia. Unfortunately, McNamara's numbers never measured what really counted: his methods, so effective in Ford, didn't survive being transplanted to Vietnam.

The failure in Vietnam wasn't McNamara's fault alone. Recognising the problems on the ground and adjusting strategies to deal with the Viet Cong would have required painful changes to the way the army conducted itself. It seems that the top brass chose to lose rather than to adapt. As one senior general put it, according to John Nagl's Learning to Eat Soup with a Knife: "I'll be damned if I permit the United States army, its institutions, its doctrine, and its traditions to be destroyed just to win this lousy war."

Does that sound familiar? Much the same words could have been uttered by the Labour traditionalists ranged against Tony Blair in the mid-1990s, as he threatened to destroy the institutions, doctrine and traditions of the Labour party just to win that lousy election. David Cameron and Nick Clegg are also finding that their own backbenchers and party members thoroughly disapprove of their pragmatic agreement to govern in coalition. Pragmatism requires compromise and change, often a painful reality.

Pragmatism also requires evidence, which is time-consuming to gather, difficult to put across in a sound-bite, and, frankly, boring. Voters understand simple ideas such as welfare fraud, tax-dodging, "privatising the NHS", or "bureaucrats from the EU". Fine: that is politics. But sensible, pragmatic policy-making requires a mountain of detail that no voter could reasonably be expected to take an interest in. And if voters are not interested, politicians are unlikely to be interested, either.

Politicians and their advisors have repeatedly explained to me the problem: gathering evidence is all very well in theory, but in practice a minister will arrive at their post to discover her predecessor has done little to commission the kind of solid evidence that might be useful when, say, improving literacy standards in schools, or reducing re-offending rates of former prisoners.

When she asks how long it will take to produce her own evidence base, she'll be told three or four years, perhaps longer. Figuring that by then she'll be on to her next job, or perhaps even the job after that, they'll set about figuring out what to do immediately. And action without decent evidence is bound to be dogmatic, not pragmatic. Two years later, a new minister will arrive in seat, and the cycle of ignorance continues.

You might think it takes a special kind of person to make multi-billion-pound decisions despite being totally ignorant of what works, and perhaps politicians qualify. I suspect they are just the same as the rest of us. Archie Cochrane, a great doctor and epidemiologist who revolutionised the way the British medical establishment thought about evidence, railed against his colleagues' "God complex". He complained his fellow doctors thought they didn't need evidence because the answer was already obvious. The God complex seems to affect everyone: doctors, politicians, newspaper columnists and your boss. Perhaps we all fancy ourselves touched by the divine when it comes to spouting opinions in ignorance of the facts.

## Neg

### A2 Health

#### More health info =! Less conspiracy

**Kurtzleben 16** Danielle Kurtzleben, 9-3-2016, "The Clinton Health Rumors Aren't Going Away Anytime Soon. Here's Why," NPR.org, <https://www.npr.org/2016/09/03/492241250/the-clinton-health-rumors-arent-going-away-anytime-soon-heres-why> OHS-AT

How misinformation gets lodged in our brains

To understand why it's so hard to get our minds to unlatch from some of these ideas, it helps to know why people latch on in the first place. Here's a quick rundown of the possibilities that political science and psychological research have uncovered:

Low trust. Here's a factor that makes obvious sense. Various studies have shown that a lack of trust, whether in other people or governmental figures, is associated with a willingness to believe conspiracy theories, as Slate outlined in 2013. In a 2015 study, researchers from the University of Minnesota and Colorado State University likewise found that low trust in a variety of areas (in government, the media, law enforcement, and other people) is correlated with a person's willingness to believe conspiracy theories — and in particular, theories that make the other party look bad.

It's not hard to see how people who don't trust the government also buy into theories about cover-ups and shadowy plots: "if they believe the world is a trustworthy place, they are less able to convince themselves that political rivals are engaging in nefarious, secretive plots," the authors of that 2015 study wrote.

(However, the causality may flow in both directions here; another recent study from researchers at Boston University showed that exposure to conspiracy theories made people more likely to distrust the government.)

Motivated reasoning. This is a bit of jargon for the idea that people will interpret new information in a way that confirms their existing worldviews and identities — even when that information contradicts how they think. For example, when a new study shows evidence of climate change, a climate change skeptic might shrug it off as a bad study, a fluke or a hoax.

So it's not terribly surprising that if you identify strongly as a Democrat, you'd be more likely to believe misinformation that paints Republicans in a bad light, and vice versa. This is also tied to low trust — if you firmly believe the government is untrustworthy, you might be more willing to believe that it faked a moon landing, for example, even if evidence says otherwise.

During the George W. Bush presidency, far more Democrats than Republicans believed that the U.S. government was covering up information about the Sept. 11 attacks. Likewise, surveys have shown that a large share of Republicans believe President Obama is Muslim — in one 2015 survey, it was 43 percent, compared with 15 percent of Democrats.

Even worse, the trend of increased political polarization — like the U.S. has been experiencing for decades — may further boost the motivated reasoning effect, according to a 2013 study.

As people dig in to their positions and identify thoroughly with a particular side, that can make changing misguided beliefs all the harder; our beliefs become linked to who we think we are. As Dartmouth political scientist Brendan Nyhan — one of the foremost researchers in the field of why people believe misinformation — put it in a 2016 paper, beliefs "seem to be closely linked to people's worldviews and may be accordingly difficult to dislodge without threatening their identity or sense of self."

Party identification. Low trust is associated with a readiness to believe conspiracy theories with Democrats and Republicans alike, but the same may not be true for political knowledge. The 2015 study that found that low trust is associated with belief in misinformation also found that high-knowledge conservatives were more likely to believe unfounded theories, while the same wasn't true of liberals.

If that's true, then "it means that conservative politicians and pundits can more readily rely on conspiracies as an effective means to activate their base than liberals," the authors wrote.

Importantly, however, this may be a function of current politics — that is, at a time when a Democratic president has been in office for nearly eight years. Right now, in particular, Republicans far more than Democrats believe they are the "losers" in politics, as Kyle Saunders, one of the study's authors, pointed out in an email.

That may be one reason for the discrepancy in their willingness to believe in conspiracy theories about Democrats — after all, people who believe their team is losing are also more likely to feel angry and frustrated at the government, as the Pew Research Center has found. And, likewise, it might square with the fact that conspiracy theories against Republicans were common while Bush was in office.

Repetition. Simply talking about a rumor — even when you're correcting it — can make people believe it more. In one study last year, MIT political science professor Adam Berinsky presented subjects with news stories about Obamacare "death panels" and the idea that elderly patients would be forced to discuss euthanasia with their doctors.

The stories came in a few different types: Some simply mentioned the rumor, but others mentioned the rumor along with refutations from a nonpartisan source like the American Medical Association or a Democratic or Republican politician.

He found that GOP refutations were the most effective — a Republican senator saying, "No, there is no euthanasia clause in the ACA" would seem to change people's minds more than the American Medical Association. Meanwhile, hearing the rumors alongside a correction from a nonpartisan or Democratic source may have even raised the number of people who accepted the rumors.

Not only that, but he also found that asking people to recall the entire articles weeks later — even articles containing refutations — made them more likely to believe the rumors than if they were asked to recall a minor detail from the articles. That is evidence of what psychologists call "fluency" — the notion that people will find a more familiar idea more believable.

(This means covering particularly loud rumors becomes a dilemma for journalists: Covering it could spread misinformation, but not covering it means not explaining a story to your audience. The best answer, Nyhan wrote in the Columbia Journalism Review, is to label conspiracy theories for what they are, and not give them more room than necessary.)

### Genetics PIC

#### 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> OHS-AT \*\*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.

#### No turns – 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> OHS-AT

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> OHS-AT \*\*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.