**1NC Medicalization 1/2**

**A. Social services** for healthcare leads to increased use

Almgren 7 (Gunnar, Professor of Social Work, Univ. Washington, Health Care Politics, Policy, And Services: A Social Justice Analysis, 111-112)

To repeat a point made earlier in the chapter, under a variety of conditions individuals are more disposed toward seeking health care because they have health care insurance than they otherwise would be. To compound the problem, the availability of health insurance has fueled technological innovation in nearly every sphere of health care (e.g. drugs, diagnostic equipment) that lends its own inflationary pressures. Finally, providers have strong incentives to provide more health care at higher prices to the extent that insurance is available to assure them a profitable return for their services.

B. Medical care is leading cause of death in the US

Null et al 3 (Gary Null PhD, Carolyn Dean MD ND, Martin Feldman MD, Debora Rasio MD, Dorothy Smith PhD, 11/24, http://iatrogenesis.org/index.php?option=com\_content&task=view&id=21&Itemid=42, access 7/11/09) sbh

A definitive review and close reading of medical peer-review journals, and government health statistics shows that American medicine frequently causes more harm than good. The number of people having in-hospital, adverse drug reactions (ADR) to prescribed medicine is 2.2 million.1 Dr. Richard Besser, of the CDC, in 1995, said the number of unnecessary antibiotics prescribed annually for viral infections was 20 million. Dr. Besser, in 2003, now refers to tens of millions of unnecessary antibiotics.2, 2a

The number of unnecessary medical and surgical procedures performed annually is 7.5 million.3 The number of people exposed to unnecessary hospitalization annually is 8.9 million.4 The total number of iatrogenic deaths shown in the following table is 783,936. It is evident that the American medical system is the leading cause of death and injury in the United States. The 2001 heart disease annual death rate is 699,697; the annual cancer death rate, 553,251.5

C. Alternative - Reject the aff. Opposition to medical interventions separates us from our reliance on modern medicine

Illich 74 (Ivan, Journal of Epidemiology and Community Health 2003 , “Medical nemesis”,AD7/10/09)AOO

Man’s consciously lived fragility, individuality, and relatedness make the experience of pain, of sickness, and of death an integral part of his life. The ability to cope with this trio in autonomy is fundamental to his health. To the degree to which he becomes dependent on the management of his intimacy he renounces his autonomy and his health must decline. The true miracle of modern medicine is diabolical. It consists of making not only individuals but whole populations survive on inhumanly low levels of personal health. That health should decline with increasing health-service delivery is unforeseen only by the health manager, precisely because his strategies are the result of his blindness to the inalienability of health The level of public health corresponds to the degree to which the means and responsibility for coping with illness are distributed amongst the total population. This ability to cope can be enhanced but never replaced by medical intervention in the lives of people or the hygienic characteristics of the environment. That society which can reduce professional intervention to the minimum will provide the best conditions for health. The greater the potential for autonomous adaptation to self and to others and to the environment, the less management of adaptation will be needed or tolerated. There is still time in the next few years to avoid a debate which would reinforce a frustrating system. The coming debate can be reoriented by making medical Nemesis the central issue. The explanation of Nemesis requires simultaneous assessment of both the technical and the non-technical side of medicine—and must focus on it as both industry and religion. The indictment of medicine as a form of institutional hubris exposes precisely those personal illusions which make the critic dependent on the health care. The perception and comprehension of Nemesis has therefore the power of leading us to policies which could break the magic circle of complaints which now reinforce the dependence of the plaintiff on the health engineering and planning agencies whom he sues. Recognition of Nemesis can provide the catharsis to prepare for a non-violent revolution in our attitudes towards evil and pain. The alternative to a war against these ills is the search for the peace of the strong. Health designates a process of adaptation. It is not the result of instinct, but of autonomous and live reaction to an experienced reality. It designates the ability to adapt to changing environments, to growing up and to ageing, to healing when damaged, to suffering and to the peaceful expectation of death. Health embraces the future as well, and therefore includes anguish and the inner resource to live with it.

NC Medicalization 2/2

2. The creation of “illness” guarantees the mass killings of an entire populations

Elbe 5 (Stefan Elbe, Lecturer In International Relations, University of Essex, 2005, “AIDS, Security, Biopolitics’, Special Issue on Health, International Relations,” Vol. 19, No. 4, 2005, pp. 403-419) AOS

One of these dangers is that the biopolitical imperative of optimizing the health of populations effectively constitutes disease – and by extension the diseased – as a social and political problem that needs to be addressed, but without specifying exactly how this problem should be dealt with. Unfortunately the creation of universal healthcare programmes to treat the ill is just as compatible with a biopolitical logic as is the purging of populations of the diseased by more sinister means, such as killing them or letting them gradually die. As counterintuitive and ironic as it may seem, a biopolitical society based on the enhancement of ‘life’ and ‘health’ can still sanction and justify instances of mass death. The European era of biopower, after all, coincided with twentieth-century political projects demanding the deaths of millions. Foucault later came to understand this bizarre confluence only on the basis of a new racism that biopolitical orders can give rise to.36 ‘Racism’, he contended from a biopolitical perspective, ‘is primarily a way of introducing a break into the domain of life that is under power’s control: the break between what must live and what must die.’37 The reason biopolitical orders can still sanction mass death is because they can generate a powerful new form of racism that pits the ‘healthy’ members of the population against the ‘unhealthy’ who are deemed to sap the strength and vitality of the population as a whole. The underlying principle of this new biopolitical racism is thus not the primacy of cultural difference, as with many more traditional forms of racism, but rather the more subtle idea ‘that the death of others makes one biologically stronger insofar as one is a member of a race or a population’.38 The insistence on maximizing the health of populations can thus be dangerous for those who are deemed to be unhealthy.