
Audi Alteram Partem

Journal of Law, Science, and Society

ARTICLES

Artificial Intelligence (AI) Personalized Learning and Effects on Students

Namrata Patel

A Gap in Defining Quality of Life: The Lack of Moral Boundaries Defined in Genetic Modifications in Medical Interventions Violates the Core Values of Medicine

Nadya (Nicole) Shestakov

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Chicken, Egg, Incubator: Henry Purcell in England

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Audi Alteram Partem: Journal of Law, Science, and Society is an interdisciplinary research journal dedicated to bridging the gap between law, science, and societal issues.

NOTE FROM THE FOUNDER & EDITOR-IN-CHIEF

Dear Readers,

It is with immense pride and gratitude that I present the first-ever issue of *Audi Alteram Partem: Journal of Law, Science, and Society*. When I founded this journal earlier this semester, I imagined a space where rigorous scholarship, interdisciplinary curiosity, and a commitment to justice could coexist. Today, that vision becomes real.

“Audi Alteram Partem”—*hear the other side*—is more than a title; it is a principle that defines the work we aim to cultivate. In an era where legal questions increasingly intersect with rapid technological change, scientific innovation, and complex social challenges, our journal stands as an invitation to dialogue. We believe that meaningful progress requires voices from multiple disciplines, diverse lived experiences, and all corners of the academic community.

This inaugural issue reflects that mission. Our contributors, comprising students and emerging scholars from diverse fields, explore topics at the intersection of law, policy, science, ethics, and society. Their work demonstrates not only intellectual rigor but also a shared commitment to understanding the world more deeply and imagining how it might be improved.

I extend my sincere thanks to our executive board and mentors who believed in this project from its earliest moments. Launching a new journal is no small undertaking, and their dedication made the impossible feel attainable. I am equally grateful to our authors, who entrusted us with their ideas and helped set a high standard for future issues.

As you read this issue, I hope you find yourself challenged, inspired, and reminded of the value of interdisciplinary inquiry. This journal is just beginning, and I am excited for the conversations and the community that will grow from here.

Thank you for supporting our first issue. We look forward to amplifying new voices, fostering thoughtful debate, and continuing to *hear the other side*.

Sincerely,

Kavya Ramkumar
Founder & Editor-in-Chief
Audi Alteram Partem: Journal of Law, Science, and Society

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Artificial Intelligence (AI) Personalized Learning and Effects on Students

Namrata Patel

Wayne State University

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I. Introduction

Artificial intelligence (AI) in personalized learning can enhance education by adapting to individual needs and promoting interactive engagement. However, if its use is not carefully managed, this technology risks diminishing critical thinking skills by promoting passive information absorption. This research paper examines how AI-driven personalized learning can tailor instruction to individual needs while preserving the vital elements of student interaction and cognitive development.

A possible solution is to encourage educators to strategically integrate AI into teaching and learning to support critical thinking and student engagement proactively. This can be achieved by motivating students to use AI for initial brainstorming and ideation, followed by refining those concepts through their own reasoning and collaboration with peers. The central thesis of this paper is that the proper use of AI will enhance student learning by employing adaptive, interactive tools to support personalized instruction, creating a more engaging and effective educational experience rather than promoting academic isolation. To support this argument, the paper will first review existing literature on AI in educational settings, highlighting its effect on learners. Then, it will establish a theoretical framework grounded in Lev Vygotsky's Sociocultural Theory of Cognitive Development to explain the positive impact of AI on learning. Finally, the methodology section will detail the approach, which utilizes a Randomized Controlled Trial (RCT), including procedures for participant selection and randomization.

II. Literature Review

In their article, "Students' Attitudes on The Role of Artificial Intelligence (AI) In Personalized Learning," Radolslav Baltezarević and Ivana Baltezarević (2024) investigate methods for optimizing the function of Artificial Intelligence (AI) within education to deliver tailored instruction, positing that AI personalized learning will significantly enhance student outcomes. Their study aimed to integrate AI into student interactions through online group dynamics and adaptive grouping based on student profiles, enabling advanced students to pursue challenging material and lower-achieving students to address learning gaps. With AI's capability to pinpoint student weaknesses, it customizes the learning experience, ultimately boosting learning effectiveness while maintaining critical thinking skills through interactive group work. Their research highlights that, despite AI being a relatively new technology that many are hesitant to use, AI-assisted instruction and personalized learning have enabled students to improve their learning by targeting weak areas and tailoring instruction to their understanding (Baltezarević & Baltezarević, 2024). The study also highlighted that students were able to identify their abilities through personalized learning, and instructors can reduce their workload through AI learning, all while maintaining interactions through group activities (Baltezarević & Baltezarević, 2024). The authors note that a significant drawback of conventional education is the mandatory adherence to a single learning sequence without accommodating individual

student needs, whereas AI personalized learning can present instructions in alternative formats, such as audio or visual, if the original methods are not understood.

Anna Y.Q. Huang, Owen H.T. Lu, and Stephen J.H. Yang (2023) researched the application of AI within educational settings in their article, "Effects of Artificial Intelligence-Enabled Personalized Recommendations on Learners' Learning Engagement, Motivation, and Outcomes in a Flipped Classroom," specifically examining the effects of AI tutors or learning tools on learners' motivation, engagement, and academic performance within a flipped classroom model. The core focus of their investigation was learning motivation, which the study identifies as a key determinant of successful learning (Huang et al., 2023). This research used a flipped classroom approach, in which students spent more time on learning tasks than in traditional settings. The personalized learning systems were divided into information, collaborative, and hybrid recommendations. The collaborative aspect aimed to put students with similar motivation and requirements together (Huang et al., 2023). The researchers concluded that students with moderate motivation levels increased their motivation after using AI-personalized learning, contributing to their learning success. This effect was most pronounced among moderately motivated students; lower-motivated students were less willing to engage, and highly motivated students showed minimal improvement because they had already mastered the concepts (Huang et al., 2023).

Nicolas J. Tanchuk and Rebecca M. Taylor's (2025) article, "Personalized Learning with AI Tutors: Assessing and Advancing Epistemic Trustworthiness," examines the use of AI tutors to broaden access to personalized learning and improve student achievement, with a primary focus on epistemic trustworthiness. This study examines the trust and emotions associated with students' prior learning experiences and how AI tutors can leverage them to improve learning outcomes (Tanchuk & Taylor, 2025). The research found that AI tutors encourage students to engage more with the content because it is tailored to each student, compared with less personalized whole-class instruction. Tanchuk and Taylor (2025) also found that AI tutoring systems contributed to student success, not only because they offer more personalized learning than one-on-one human tutoring, but also because they cost less than human tutors, making them more accessible to students. The article also discussed the benefits of peer interactions, as AI tutors are often used in small-group settings, in contrast to the typically one-on-one nature of human tutoring (Tanchuk & Taylor, 2025).

The last article for the literature review, by Husam Yaseen et al. (2025), examined the influence of adaptive learning technologies, personalized feedback, and interactive AI tools on student engagement, considering the moderating function of digital literacy, in their article, "The Impact of Adaptive Learning Technologies, Personalized Feedback, and Interactive AI Tools on Student Engagement: The Moderating Role of Digital Literacy," through an experiment involving 500 students across various academic faculties. This article discusses AI learning tools that benefit students by tailoring content and instruction to each student's specific needs, which fits into the broader discussion of sustainable education. Personalized learning and feedback create a better learning experience and student engagement, leading to participation in class

discussions and active involvement in the learning process. The research found that personalized learning facilitated emotional engagement for students by giving them greater control over their learning and allowing them to study topics they are interested in (Yaseen et al., 2025). The study also showed that students were more engaged in learning with AI-personalized learning. Research also found that AI tools varied across faculties: more technical majors used AI adaptive tools more frequently, while humanities majors used AI personalized feedback more often (Yaseen et al., 2025).

III. Theoretical Framework: Lev Vygotsky's Sociocultural Theory of Cognitive Development

Building on the literature review, the theoretical framework draws on Lev Vygotsky's Sociocultural Theory of Cognitive Development to examine how AI-powered personalized learning tools can positively influence learning and development through adaptive educational experiences. This theory holds that learning is a social process in which knowledge is acquired through interaction. This connects to the paper's argument, as the literature highlights the importance of using AI tools to promote interactions (Rigopoulou et al., 2025).

In the context of AI and personalized learning, Vygotsky's theory helps explain how AI can positively influence learning and why it enhances student learning and engagement more than traditional human instructional methods. By focusing on AI tools for personalized learning and interaction, this framework provides a basis for understanding how interactions with content and peers at a similar learning level can enhance student learning outcomes. This theory emphasizes social interaction and builds on the broader concept of cognitive development, distinct from Jean Piaget's Sociocultural Theory of Cognitive Development, which centers on individual stages and learning (Kuhn, 1979). Personalized learning through artificial intelligence enhances learning when it promotes interaction rather than isolation.

The alternative theory is Michel Foucault's Theory of Social Constructivism, which emphasizes the connection between knowledge and power. Foucault argues that realities are made through language and power dynamics, which shape how we perceive the world. Applying his theory helps us see that AI not only personalizes learning needs but also shapes what students may perceive as "good" learning (Palacios, 2018). Based on Foucault's theory, it ignores certain types of knowledge while favoring others (Palacios, 2018).

While Vygotsky's theory focuses on the benefits of AI personalized learning through interactions, Foucault's theory focuses on who makes certain types of learning more important than others, which ultimately affects the students. Vygotsky's theory is stronger because it offers a clearer framework for how social interactions with peers, teachers, or parents shape learning and cognitive development. In contrast, Foucault's theory is effective at critiquing power dynamics but offers less guidance on learning and development. Vygotsky's theory aligns with AI personalized learning by recognizing that it can be beneficial and effective when supported by interaction, whether with peers or online groups.

AI tools will improve over time as they learn users' habits and personalities and become more conversational (Smith, 2021). This can also be applied in the classroom. AI personalized learning tools can be helpful and enhance learning, and they will become more interactive as they become more conversational over time. The use of AI personalized learning would reflect well in society, as getting used to having AI around us and learning the benefits and how to use it correctly can enhance learning for individuals in and outside the classroom setting. By applying Vygotsky's theory, the framework contributes meaningfully to educational psychology by emphasizing the role of social interaction and learning processes within a cultural context, enabling the development of more adaptive and collaborative educational technology. This theoretical framework informs the choice of a randomized controlled trial as the methodological approach.

IV. Methodology: Randomized Controlled Trial

The methodology selected for this investigation is a randomized controlled trial (RCT). An RCT is a type of study in which participants are randomly assigned to groups to evaluate the effectiveness of a treatment or intervention. In this paper, participants would be assigned to two groups: one using AI-enabled learning tools (treatment group) and the other using the traditional learning system (control group). This approach helps control factors not directly within the experiment's control, making it easier to observe differences in the results. Random assignment minimizes the risk that the treatment affects the control group.

RCTs generate empirical data, which is information gathered through observation. This is beneficial when testing the effectiveness of AI-enabled learning because it enables customization of education based on empirical data from the trials. According to Lynch and DeGenarro (2024), participants using AI-enabled learning tools completed the task faster. They achieved higher learning outcomes than those with traditional learning and instructional methods (Lynch and DeGenarro, 2024). Using an RCT helps ensure outcomes are reliable by reducing bias and demonstrating how the intervention affects outcomes.

An RCT is the most appropriate and effective method for this paper's issue because it provides the highest level of control over experimental variables, ensuring reliable observations. Additionally, RCTs are recognized as the standard in research methodology for their objectivity and ability to produce replicable results. An RCT is valuable when evaluating the effectiveness and efficiency of interventions because it provides reliable evidence to support data-driven decisions. An RCT also allows for participants within the same group to interact with each other while learning, which was important in AI personalized learning and supported through Lev Vygotsky's Sociocultural Theory of Cognitive Development.

An RCT is superior to other methodologies, such as surveys or interviews, because it reduces bias and relies on objective evidence. In contrast, self-reliant surveys or interviews are more susceptible to bias. You also have greater control over variables in an RCT than in other methodologies because participants are randomly assigned, and researchers can control how

variables are introduced, measured, and interpreted. Other methods, such as surveys and interviews, also fall short because they show correlation rather than causation, unlike an RCT, which aims to establish causation. Overall, an RCT is the most effective method for AI-personalized learning because it provides unbiased empirical data for researchers to assess its benefits for students, with minimal interference between treatment and control groups.

V. Conclusion

The objective of this paper was to explore the effectiveness of AI personalized learning and examine its potential to enhance student learning success and engagement. By analyzing how artificial intelligence adapts to the individual learning needs of students and supports a more efficient and personalized instructional method, I demonstrated the potential of AI to fundamentally transform traditional education methods. In conclusion, the research indicates that AI can play a powerful role in making learning more effective and engaging by carefully analyzing and understanding its value within modern education.

VI. Connection to Law

This research on AI-driven personalized learning is vital to society because it deals with education. If AI can help students learn better, it will lead to a more skilled workforce and a more competitive nation. But before we implement AI-powered personalized learning and make it available to all students, we must address significant legal and policy obstacles.

The biggest issue is data privacy and student rights. These systems process large volumes of sensitive information. They process not just test scores, but personalized details about a student's learning struggles, motivation levels, and thought processes. This intersects with federal laws such as the Family Educational Rights and Privacy Act (FERPA). Current regulations are often unclear about the ownership of AI-generated data profiles. One potential issue that the research could highlight is the need for updated legal frameworks to clarify whether data belongs to the student and the school or the software provider. It is essential to ensure that this data is protected from misuse.

The results of this research could also influence education policies and spending regulations. If the Randomized Controlled Trial (RCT) demonstrates that AI tools significantly improve learning, it could prompt school boards and state legislators to revise purchasing policies governing which materials schools may buy. Instead of mandating standard textbooks, future policies might require a percentage of the budget to be allocated to adaptive AI software. If the findings show the tools are ineffective, it would inform policies to redirect taxpayer money toward other instructional methods.

This research also addresses broader social implications that intersect with policy, particularly regarding the "digital divide." If AI tutoring becomes a standard for academic success, existing policy frameworks regarding equal access will need to be expanded.

Policymakers may need to establish new legal mandates to ensure that students in underfunded districts have the right to the same high-quality AI tools and internet infrastructure as those in wealthier school districts, preventing technology from widening social gaps.

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A Gap in Defining Quality of Life:

The Lack of Moral Boundaries Defined in Genetic Modifications in Medical Interventions

Violates the Core Values of Medicine

Nadya (Nicole) Shestakov

Wayne State University

Fall 2025

I. Abstract

The possibility of using genetically modified technology in medical interventions has only recently attracted the interest of many scientists, physicians, and lawmakers. Given physicians' moral obligation to improve patients' quality of life, the evolving standards for defining quality of life provide an unsatisfactory basis for judging whether upstream genetic interventions could be legally or morally adopted by medicine. Their laws define a "traditional quality of life," and the scientific research of genetically modifying technology represents a "quality of genetics." In this paper, I examined the ambiguity of the standards that determine quality of life and argued that the resulting interpretations demonstrate that genetic modifications would morally violate the core values of medicine. The basic design of the investigation employed a mixed-methods, theoretical review of the literature by scientists, physicians, and lawmakers as they addressed the standards for defining quality of life. It also included the controversial societal interpretations of genetic modifications, as the subject alludes to concerns of eugenics. Due to the niche nature of genetic research, the discussions of genetic modification technology were primarily limited to the chromosomal anomaly of Down Syndrome or Trisomy 21. However, the conclusions made from those discussions were respectively applied in a larger sense to genetic modifications. Questions such as whether it would be ethical for medicine to modify phenotypes in populations because of a phenotype's link to a disease are raised, and the discussion is then framed in terms of justice and human rights.

II. Introduction

Historically, society has shaped its judgments of individuals' intrinsic quality based on their phenotypes, such as skin color. While many disciplines have addressed the ethics of this subject over the centuries, its bioethical analysis has always been the least understood. The past decade of biotechnological discoveries, however, has revealed why this lack of bioethical discussions is prompting many legal and societal concerns about genetic modifications and their implementation as potential medical interventions. Now, the medical values of the "traditional quality of life" standard are being introduced with the idea of a "quality of genetics," which is instead determined by empirical arguments rather than normative ones. These quality-of-genetics arguments ethically challenge medical values that rely on the traditional standard for quality of life because the bioethical principles that bridge these ideas remain underdeveloped. Thus, attempting to implement genetically modified medical interventions without considering or developing bioethical principles will violate the core values of medicine.

The purpose of this investigation was to methodologically identify these arguments that scientists, lawmakers, and physicians pose regarding the quality of individuals with chromosomal anomalies so that the principles that structure them are comparable. This comparison considered empirical/transcendental realities, along with a theoretical assumption of disability, to assess the argument's ability to retain philosophical principles despite counterexamples. From those analyses, the gaps in bioethical principles were found in the resulting definitions of traditional quality of life and quality of genetics. The discussion of these findings examined how well the additional principles would address the necessary moral boundaries for medical interventions, as articulated by the core values of medicine. The ultimate intention was that, by identifying this gap, future investigations could focus on refining and adapting quality-of-life standards so that legal restrictions on genetically modifying medical interventions remain within the moral boundaries that respect the core values of medicine.

III. Theoretical Framework

The theoretical framework used in this methodological review enables flexible application of philosophical principles, as it is based primarily on Immanuel Kant's Transcendental Idealism (Kant, 1781) and is extended by Elizabeth Barnes's Theory of Disability (Barnes, 2016). So the idea of "quality" in these reviews is interpreted as a quality of a physical material that can be measured empirically, and as a quality that transcends the empirical reality of that material. Therefore, in extension of the Theory of Disability, the quality of how people with cognitive disabilities perceive reality is no different from that of the quality that people with the typical range of cognitive abilities perceive reality.

This framework is chosen because it ensures that the analysis of arguments is not restrained by competing theories, such as David Hume's empirical facts (Danford, 1990), which wouldn't recognize the properties of quality that the Theory of Disability acknowledges. In terms of how laws impact practices in Western medicine, human values play as much of a role in

medical standards as empirically measured data. These aspects of the framework then established that this investigation would best benefit from focusing on the differences in perspectives on the quality of life that scientists, Western medicine, and legal workers have, mostly because they are all deciding factors that physicians have to consider in determining the actual benefit to the quality of life that a medical intervention should have.

IV. Literature Review

The selected interdisciplinary literature focuses on the most common chromosomal anomaly, trisomy 21, which is a form of Down syndrome involving the 21st chromosome pair (DS21). This topic was chosen for review because it narrowed the scope of genomic disorders to investigate and because DS21 has a relatively simple prior scientific understanding. A basic understanding of DS21 is sufficient to interpret these literature choices without requiring niche jargon typical of other genetic disorders. With the theoretical framework applied, another aspect of DS21 that must be acknowledged throughout these literature reviews is that people with DS21 share the same underlying genomic disorder, yet each individual can experience it differently. This is why DS21 is classified as a “syndrome,” not a “disease,” as many think (Martin, 2023). The selected literature includes a journal article offering a scientist’s perspective, the Hippocratic Oath offering a physician’s perspective, and a legal trial offering a lawmaker’s perspective on the rights of individuals with chromosomal anomalies.

V. Scientist’s Perspective from Chromosomal Anomaly Research: The “Quality of Genetics”

In February 2025, a peer-reviewed journal article was published on a genetic modification strategy using CRISPR-Cas9 and its potential as a medical intervention to convert DS21 cells into normal cells (Hashizume, 2025). Their wording was that it would be a “rescue” of the cells, because their genetic modification strategy changed the genetic anomaly present in DS21 cells to a genetic regularity present in typical cells (Hashizume, 2025, p. 10). They hypothesize that if it were possible to use this identified strategy to change the entire genome of an individual with DS21 to a typical genome, the individual’s neuroanatomical structures and cognitive abilities would be restored to typical levels (Hashizume, 2025, p. 9). In this way, they claim that their genetic modification would be a restorative intervention. The scientists acknowledged that this hypothesis is limited by the fact that individuals with DS21 exhibit varied neuroanatomical abnormalities; therefore, determining the extent to which these genetic expressions are directly attributable to the DS21 anomaly requires further research.

Additionally, the source supporting the link between the DS21 anomaly and neuroanatomic abnormalities was a peer-reviewed journal article that investigated how DS21 genetics increases the risk of Alzheimer’s disease (AD) with aging (Alldred, 2021). The choice of evidence supports their “restorative intervention” claim, which posits that modifying the DS21

genome would reduce the risk of an individual developing AD with age. So, rather than being the restorative intervention the title and discussion claim, the article proposes a preventive intervention.

Acknowledging the differences among these interventions is crucial because it defines the scope of the standards the scientists were evaluating in their “quality of genetics” arguments. The premise of the restorative intervention claim was that the quality of neuroanatomical structures in individuals with DS21 generally does not meet typical standards. The implicit scope for the preventative intervention claim was that the traditional quality of life in individuals with DS21 is unfavorable, considering how high risks of developing AD are seen as worse compared to lower risks. Since the scientific literature genre limits discussion to relevant topics, it makes sense that scientists did not dwell on the details of which standards they sought to improve in the DS21 genome. Still, in that case, it would also have been beneficial for them to use a source that defines how the neuroanatomical structures in individuals with DS21 differ from those in a standard individual. The choice of such a specific source implied that their intervention aimed at DS21 at the onset of AD rather than at restoring a standard neuroanatomic structure.

VI. Physician’s Perspective From the Hippocratic Oath: The Traditional “Quality of Life”

The idea of changing an individual's genetic fate to improve their traditional quality of life is a subject many physicians must consider when assessing the ethics of their practice. Given that neglect of the bioethical and legal components can have serious consequences for them and the medical sector, they must evolve their medical ethics to account for these emerging medical capabilities. One journal article that addresses this examines how the Hippocratic Oath has evolved Western medical ethics in response to significant advances in medical practice (Askitopoulou, 2017). The Hippocratic Oath sets out the philosophical framework in which physicians must value the patient's quality of life above all else (Evangelou, 2022), so the way that a medical intervention would modify or change an individual's traditional quality of life has to be evaluated by the physicians to determine its permissibility in the grand scope of Western medical morals.

To address the extent to which physicians should consider the ethics of genetically modifying medical interventions, the Hippocratic Oath sets limits on the areas of judgment they may exercise. In earlier versions, the oath stated that it was the task of health policymakers (now known as public health workers) and politicians to decide the allocation of limited medical resources (Askitopoulou, 2017, p. 1487). If physicians used this version of the oath, the allocation of genetically modified medical interventions and the equity considerations it would require would be none of their concern. However, as this paper notes, this part of the oath is often modified and evolves during health crises.

Following the COVID-19 pandemic in 2020, a new approach to how health care workers were to approach the ethical allocation of limited medical resources had to be made (especially

in the terms of the allocation of ventilators), since public health workers needed physicians to make more judgment in how their choices would impact the social determinants of health of at risk communities like older adults and indigenous people (Laycock, 2025). Public health can only work within a broader health care system. For physicians deciding how to allocate a limited resource between two patients, they must assess how principles of justice and equity apply to those patients so they can fairly determine who would benefit more. Also, following World War II, medicine's view of political climates and its importance in influencing quality of life changed, and this aspect of the oath was modified after the Nuremberg Nazi "doctors' trials" in 1945-1946 (Jackson, 2021). What the Hippocratic Oath got from these trials was that physicians needed to have a moral responsibility and ability to judge lawmakers' decisions to avoid what happened with Nazi "doctors" who used their government's pseudo-scientific eugenic theories to condone practices such as the Euthanasia program (Askitopoulou, 2017, p. 1488).

In relation to how this affects the physician's standards for defining the traditional quality of life, the paper reveals that the permissibility of interventions as medical must be considered in two respects: their equity as a resource in society and their adherence to the principle of genetic equity. This principle of genetic equity is one that disciplines have many names for. Still, it is now being introduced as a single bioethical principle: "humans are born equal, they are entitled to freedom from discrimination, and they have equality of opportunity to flourish; genetic information may not be used to limit that equality" (Harris, 2004). The general breakdown of this oath makes it seem simple that physicians need only use these two standards to determine whether an intervention is medically permissible. Still, the essence of these identified standards inherently requires physicians to make biased judgments. Physicians can't know all possible interventions for their patients because there are so many biological factors at play. They are specialists and experts in their field, so they are more likely to seek research that aligns with their prior beliefs (a posteriori logic) and to reject contradictory, less biased research (Harris, 2021). For example, a neurologist reviewing Hashizume's 2025 DS21 research paper may better understand its potential to prevent AD than a cardiologist.

Today, these standards are also expected to align with the healthcare aim of prioritizing upstream interventions, meaning physicians should focus on prevention rather than cure, with a focus on the patient's true quality of life (National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, 2019). Whether a genetic modification qualifies as a preventive intervention is a widely debated bioethical question (Ayanoglu, 2020). However, it doesn't change the fact that physicians must still weigh whether the intervention meets societally equitable standards and the principles of genetic equity, as required by the Hippocratic Oath.

VII. Lawmaker's Perspective from the Baby Doe Trial: The "no-quality-of-life-judgment" Rule

The narrative of how the American government has come to evolve its 1776 statement that "all men are created equal" from the Declaration of Independence is told by the hundreds of

policy developments between the Emancipation Proclamation (1863) to the Civil Rights Movement and the recent “Black Lives Matter” movement (USIDHR, 2023). Events such as the infamous Tuskegee Syphilis Study are an example of one of the catalyzing events that reshaped policies surrounding the legal boundaries of medicine we have today in America (CDC, 2024). Many of these named events concerned the equality of individuals with contrasting skin colors. Still, they also shared similar discriminatory practices that were made towards individuals with disabilities by the American health care system. A specific trial investigating discriminatory health care practices against individuals with DS21 was reported in a journal article by Rhoden (1985). The trial led to the enactment of the “Baby Doe Law” in 1984. Also, it revealed how prior societal discrimination of individuals with DS21 still leaves an impact on society today.

In this trial, a baby (Doe) born with DS21 was discriminated against due to their handicappedness and was withheld from receiving basic life care. With the parents' consent, the physicians were okay with the idea of neglecting the baby till it died. The case was taken to court, and a rule was proposed that “treatment of a handicapped infant was mandatory unless such treatment was medically contraindicated [so it ruled out quality-of-life considerations” (Rhoden, 1985, p. 20). According to the specifics of the Baby Doe rule, physicians are required to make their best “medical judgements” to see if the handicappedness was something that an individual could live with (like DS21) or if they were going to die within weeks after birth (like DS13), but this became complex as the additional rule to this requirement was for physicians to make “no-quality-of-life-judgements.”

This no-quality-of-life-judgment rule is intended to align with the moral principle of nondiscrimination and ensure that medicine upholds its core value of providing care to every patient equally. The rule extends to newborns: physicians may make medically informed judgments to determine whether a medical procedure would benefit the newborn. If medical procedures couldn't keep the newborn alive or if it would cause the newborn to live for a couple more hours, but in pain and suffering, then an exception to this rule could be made (Rhoden, 1985, p. 35). The author of this journal emphasized in this explanation that the law protects newborns with DS21 (have uncommon neonatal deaths) and is making sure that newborns with DS13 or DS18 (commonly led to neonatal death) are given fair consideration to their medical state so that the physicians do not harm their rights to life if they can deem that medical intervention is yielding an ultimate good for their case. It also implemented an ethical principle in health care that it was no longer legally acceptable for parents or physicians to discriminate against a newborn due to their handicap (Rhoden, 1985, p. 37).

VIII. Methodology

First, the identified standards for assessing quality of life were organized into a standard logical form argument about the permissibility of genetic modifications as medical interventions. The main points from the literature reviews were summarized with charity and faithfulness in respect to the author's original intention, so that a better critical analysis of the logic and the philosophical principles of the arguments could be done. Rather than focusing on the validity or

soundness of these arguments, the critical analysis aimed to identify an appropriate number of counterexamples that challenged the original argument's philosophical principles. The principles that remained prominent throughout counterexamples were considered to be strong standards for the author's "quality of life" definition. From these principles, a refined definition of the traditional quality of life and the quality of genetics was developed, using the identified strong standards as premises.

IX. Scientist's Argument: Quality of Genetics vs. Traditional Quality of Life

1. If genetic modification of DS21 genomes improves quality of life, it would be a permissible medical intervention.
 - a. DS21 genomes are associated with the onset of neurodegenerative diseases, which reduces the quality of life
 - b. The genetic modification of the DS21 genome creates a typical genome
2. Therefore, our genetic modification of DS21 genomes would be a permissible medical intervention

The first counterexample replaces "DS21" with "Red Hair genomes" because, like individuals with DS21, research shows that people with a genome that results in red hair also have an increased risk of neurodegenerative disease known as Parkinson's Disease (PD) (Chen, 2017). The second counterexample flips the word "benefits" in the first premise to "doesn't change" to see if that influences permissibility. The third counterexample changes "neurodegenerative diseases" to "cancer" to see if the stakes of the disease would matter.

X. Physician's Argument: Traditional Quality of Life vs. Quality of Genetics

1. If a genetic modification meets the criteria for being an equitably accessible resource and genetically equitable, it would be a permissible medical intervention.
 - a. Genetic modification interventions would be costly/inequitable societally (Prince, 2024).
 - b. Standards for genetic modification violate the principle of genetic equity
2. Therefore, a genetic modification would not be a permissible medical intervention

Rather than providing counterexamples to the central premise, the subpremises were revised. In the first counter example, "costly/inequitable societal" changed to "cheap/equitable societally," and the second counter example altered the word "violated" to "obeys."

XI. Lawmaker's Argument: Traditional Quality of Life in Law

1. If a genetic modification can meet the criteria for being a prevention of neonatal death and make no-quality-of-life-judgment, then it would be a permissible medical intervention.
 - a. Neonatal death is uncommon in individuals born with DS21 (deGroot van, 2023).
 - b. Genetic modifications make a general quality of life judgment

2. Therefore, a genetic modification would not be a permissible medical intervention

While this argument doesn't directly form a definition for a "quality of life," it does explain how the physician's traditional quality of life standards relate to the legal permissibility of medical interventions that physicians have to follow. The best counterexample for this argument would be to change "make" in the second sub-premise to "don't make," so the impact the traditional quality of life definition has on the entire argument can be measured.

XII. Results

Applying counterarguments to the broader scope of genetic modification arguments revealed the gaps in the traditional quality-of-life definition and the quality-of-genetics definitions. A true quality-of-life definition that bridges these gaps sets the standards that genetic modifications must meet to be legal and permissible in medicine.

XIII. Quality of Genetics vs. Traditional Quality of Life

The first counterargument used the fact that individuals with red hair can develop neurodegenerative diseases just like individuals with DS21. While it may seem odd for a research paper to classify an individual with red hair as a genetic disorder, it doesn't appear to affect their argument, since the premise considers a genome to have a genetic disorder only if it is shown to develop neurodegenerative diseases. So, it would still stand that genetic modification would be a permissible medical intervention for preventing neurodegenerative diseases in red-haired individuals.

However, if this counterargument were placed back in the context of the original paper, would the authors still have called their research a restorative intervention? To say that the genetic modification restores the red hair genome to a typical genome, just like it did for DS21, would it sound any better or worse ethically? The most likely reason for this wording is that geneticists define DS21 as a "chromosomal anomaly," whereas people with red hair are not considered abnormal by typical genetic standards. However, a statement about the quality of genetics can be made for both genomes, based on their similarity in developing neurodegenerative diseases. The argument lacks a definition of the standard quality of genetics they aim to achieve, yet by claiming that modifying a genome to a standard will prevent neurodegenerative diseases, it directly asserts that genetics determines a standard quality of life. This argument directly contradicts the principle of genetic equity.

In the second counterexample, the case where the genetic modification doesn't change the quality of life of an individual was considered. This case is invalid because medical interventions rely on the premise that an individual's quality of life improves. The implication is that what is being modified does not matter unless it meets a single requirement: it must benefit the quality of life. The conclusion of the argument does not depend on whether the DS21 genome or the red hair genome is modified. Yet, as discussed later in the section, the ways laws and societal values

challenge this counterexample show how additional principles are applied to a scientist's argument in medicine.

In the last counterexample, the variable of “neurodegenerative diseases” was changed to “cancer.” Since neurodegenerative diseases are considered to be more of a threat to the quality of life, and cancer, which doesn’t just threaten the quality of life, but is also considered to be more of a risk of death, the stakes change. If the genetic modification could prevent death, would it even matter whose genome is being modified? In most principles of medicine, it doesn’t matter what the stakes that are being stopped are, as long as there is a good yield to the quality of life. However, it raises the question of whether medicine should adopt genetic modification simply because it reduces future risk, even if it prevents the most negligible risk of disease. Where is the line drawn? And if a line is drawn, wouldn’t specific genomes start to be modified out of the population? While these ethics are not addressed in this argument, the discussion shows where physicians and lawmakers stand on the quality of life.

XIV. Traditional Quality of Life vs. Quality of Genetics

In a world where genetic modification technologies were cheap and widely available but still violated the principle of genetic equity, they would not be permissible medical interventions under the Hippocratic Oath. Even in the opposite case, it would still not qualify as a permissible medical intervention. These two cases demonstrate that the Hippocratic Oath is strict in defining the moral boundaries within which medical interventions must operate, without exception. This suggests that genetics is, ideally, irrelevant to Western medicine’s focus on traditional quality of life. That is, as long as genetics is not used as a determining factor in whether a medical intervention is made. The traditional quality of life is independent of it.

XV. Traditional Quality of Life in Law

The only counterexample made for this argument was if genetic modifications didn’t make a general quality of life judgment. An example of how this could be realistically possible is if the genetic modification made a change to a genome without affecting an individual’s overall quality of life, for better or worse. In this case, it would still be true that the genetic modification wouldn’t be a permissible medical intervention, because if it had no effect, it wouldn’t prevent anything. The legal requirements for a medical intervention that considers genetic quality are that it must be deemed necessary by a physician to avoid neonatal death, or it cannot be considered at all because genetic quality conflicts with the principles of the traditional quality-of-life definition.

XVI. True Quality of Life Definition

Both the physician and the lawmaker's arguments defined boundaries within which a traditional quality of life must be defined for moral medicine practice. The scientist's argument identified which standards are not addressed by those definitions regarding the quality of genetics. These definitions yield a model that provides a "true" meaning of quality of life, which can be used to evaluate the permissibility of genetic modifications.

The true definition of quality of life, as used by physicians in practice, follows the theory of nondiscrimination, the principles of genetic equity, and applicable laws, provided they do not violate the first two principles. Accordingly, physicians are morally responsible for considering the social equity of resource allocation, the judgments and interventions made regarding individuals' quality of life, and whether interventions will have a preventive purpose for patients. It follows from these results regarding the ethics of medicine that any genetically modified medical intervention would not be permissible.

XVII. Discussion

The significance of these findings on genetic modifications is that they will always be making judgments based on genetic quality, which is inherently wrong in medicine and is also condemned by many laws. Perhaps it is impossible to discuss genetics in medicine without violating the principle of genetic equity. However, the pressure to take advantage of preventive interventions is growing in society. Some defend the permissibility of genetically modified medical interventions due to their potential ability to address HIV and terminal diseases (Juengst, 2021). Others say it is way too close to eugenics as genetic modifications won't be doing preventative medical interventions as much as they would be focusing on preventing selective phenotypes from having the equal opportunity to exist in human populations (Juengst, 2021, p. 49), which would further prompt an unjust vision of human health.

One thing that can't be controlled about perceptions of quality of life is that it is a concept shaped by societal norms and medical judgments. For example, it was less than half a century ago when the medical neglect of newborns with handicaps became officially illegal and classified as inhumane abuse in 1984 (The Baby Doe Law). Children with handicaps that have been born under the protection of that law are now living to ages that society and medicine haven't seen before. Can we make fair judgments on their quality of life if they hadn't had this opportunity to flourish in society before? There is also the influence that social media is having on persisting stigma about the quality of life people with disabilities live with (Tucker, 2024). The biased judgments society has on people with disabilities are still far from gone, so the arguments made about this subject of genetic modifications must continue to give holistic considerations to the cultural individuals living in, the access to health care they have, and other factors, to social determinants of health.

XVIII. Conclusion

In this paper, I investigated how the moral boundaries gap, as articulated by scientists, physicians, and lawmakers regarding the permissibility of medical interventions, was used to argue that genetic modification would violate the core values of medicine. By reviewing primary literature from scientists, physicians, and lawmakers on this topic, the principles underpinning their arguments were identified and then compared to identify gaps in their claims about quality of life. These established moral boundaries in Western medicine, along with their connections and gaps to other arguments, were used as a model to define an appropriate quality-of-life standard for determining whether genetic modifications were permissible medical interventions. While this paper identifies the general moral boundaries of medicine, research on human genetic modification is diverse and continually expanding, potentially enabling genetic modification without violating those boundaries.

XIX. Connection to Law

The possibility of using genetically modified technology in medical interventions has only recently attracted the interest of many scientists, physicians, and lawmakers. Given physicians' moral obligation to improve their patients' quality of life, the evolving standards for defining quality of life provide an unsatisfactory basis for judging whether upstream genetic interventions could be legally or morally adopted by medicine. The laws on medicine define a "traditional quality of life," and scientific research on genetic modification defines a "quality of genetics" that physicians test against those definitions. The historical development of the ethics of Western medicine, as reflected in the Hippocratic Oath, and the historical development of policies on human equality, as reflected in human rights movements, are used to examine how these definitions of quality of life were formed.

In this paper, I examined the ambiguity of the standards that determine quality of life and argued that the resulting interpretations demonstrate that genetic modifications would morally violate the core values of medicine. The basic design of the investigation employed a mixed-methods, theoretical review of the literature by scientists, physicians, and lawmakers as they addressed the standards for defining quality of life. It also included the controversial societal interpretations of genetic modifications, as the subject alludes to concerns of eugenics.

Due to the niche nature of genetic research, discussions of genetic modification technology were primarily limited to the chromosomal anomaly Down syndrome (Trisomy 21). However, the conclusions drawn from those discussions were subsequently applied more broadly to genetic modifications. Questions such as whether it would be ethical for medicine to modify phenotypes in populations because of a phenotype's link to a disease are raised, and the discussion is then framed in terms of justice and human rights.

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To What Extent Is Michigan Addressing the Risk of Becoming a Pharmaceutical Desert?

Carisa Brown

Wayne State University

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I. Introduction

In Michigan, hundreds of thousands of people lack access to pharmaceutical products (over-the-counter and prescription) due to widespread pharmacy closures. For the past 17 years (Walsh, 2024), about 11 counties in Michigan have become pharmacy deserts (Nguyen, 2024), and about 25% of pharmacies in Michigan are closed (Siwicki, 2024). To address this issue, the Michigan Board of Pharmacy can implement a policy using grant-funded initiatives and tax incentives to support and sustain pharmacy operations (Colarossi, 2024). The Michigan Board of Pharmacy can develop a policy that leverages grant-funded initiatives and tax incentives to keep pharmacies open, thereby reducing closures.

In this paper, I will first provide background on the Rite Aid pharmacy closures and how these closures increase pharmaceutical deserts. Next, I will break down why and how pharmacies are closing in Michigan, how this affects lower-income Michigan residents, and when the issue of pharmaceutical deserts began. Then, I will argue that other states, such as North Dakota, have used telepharmacies to reduce pharmaceutical deserts, and that Michigan should do the same. The Michigan Board of Pharmacy can reduce pharmaceutical deserts by implementing a policy. Finally, I will discuss how politics plays a significant role in pharmaceutical closures and how pharmaceutical deserts are relevant to Michigan today.

II. How can pharmacy closures, like Rite Aid, affect Michigan residents?

The Rite Aid pharmacy chain closed about 170 of its stores in Michigan due to declining sales and bankruptcy (Booth-Singleton, 2024). After facing multiple opioid lawsuits (United States Department of Justice) and struggling with accusations, the Rite Aid pharmacy chain officially filed for bankruptcy in October 2023 (Williams, 2024). Since then, the company has struggled to remain viable due to high rent on underperforming stores and insufficient funds to keep about 200 of them open. The number of Rite Aid pharmacies closing in Michigan continues to grow to the point where the pharmacy chain may exit the state entirely (White, 2024).

Because of Rite Aid's closures, there are fewer pharmacies in Michigan, resulting in a vast stretch of pharmaceutical deserts (communities that are both low-income and have low access to pharmacies (Wittenaeur et al., 2024), forcing Michiganders to travel far distances to get pharmaceuticals. America is filled with deserts, the most common being "food deserts," which are areas with limited access to affordable and nutritious food, particularly in lower-income communities (Congressional Research Service) or areas of lower-income standards (Dutko, 2012). Pharmaceutical deserts are similar to food deserts, but instead of food, they include pharmacies. Since the Rite Aid closures, pharmaceutical deserts in Michigan have increased, leading to several prescription changes and Michiganders searching for new pharmacies (Williams, 2024). These closures will significantly impact Michiganders and pharmacy services, creating bottlenecks (any point in a process where progress may be slowed or halted) (Phoenix Ortho, 2024) and reducing the efficiency of the remaining pharmacy chains across Michigan.

III. Nature of the Problem

Over the years, pharmacies have been closing in Michigan due to limited finances, reducing access to pharmaceutical products. In the article “Pharmacy closures ripple across Michigan. Here are the reasons and the impact,” it is noted that pharmacies in Michigan have been struggling with reimbursement from pharmacy benefit managers and insurers, leading to more closures and pharmacies relocating elsewhere. Many pharmacies, especially in rural and low-income areas, struggle to remain open due to limited finances and consumer decline (Siwicki, 2024). Overbuilding, falling drug reimbursement rates, and changing consumer tastes are factors retail experts believe are putting increasing financial pressure on pharmacies in Michigan, especially CVS Health, Rite Aid, and Walgreens (Leavesley, 2024). These closures have caused a “cascade effect,” with multiple consequences for Michigan communities, including job losses, empty storefronts, and Michiganders scrambling to replace prescriptions (Leavesley, 2024).

The closure of pharmacies in Michigan has disproportionately harmed low-income Michiganders in newly formed pharmacy deserts. According to Week 8, Cowell read from Honors 2000: “...companies were leaving Detroit in droves,” which is similar to what experts are saying about pharmacies leaving Detroit neighborhoods and rural parts of the state. Experts say that, particularly in Detroit neighborhoods and rural parts of the state, areas are more likely to be classified as pharmaceutical deserts, leaving residents unsure where to obtain prescription refills and over-the-counter medications (Leavesly, 2024). According to Dima Qato, “People will stop taking their meds, which could have implications on health disparities.” These pharmacy closures in Michigan could lead patients to stop taking their prescription medications because there are no nearby pharmacies, and they cannot afford to travel to find a new pharmacy or travel at all.

IV. Historical Background

Since 2014 (Wittenauer et al., 2024), the term “pharmaceutical desert” has been used to describe low-income areas with sharply reduced access to pharmacies due to closures. The term “pharmaceutical desert” first emerged and gained widespread attention after a 2014 study by Qato et al., which analyzed pharmacy deserts in Chicago (Wittenauer et al., 2024). Since then, the term has been used after significant pharmacy closures in Los Angeles County and metropolitan and rural counties across the United States. In Michigan, the decline in pharmacies has been noted after a study by Michael C. Shannon, who analyzed the number of pharmacies in Michigan's cities from 1877 to 1973. The number of pharmacies in Michigan's cities dropped from 1,571 in 1933 to 682 by 1973. This decline in the number of pharmacies in Michigan has left many residents with limited access to essential medications.

As the number of pharmacies in Michigan continues to decline, the state has become a pharmaceutical desert, leaving residents without access to life-dependent pharmaceutical

products. Pharmaceutical deserts have left Michiganders more uncertain about where to refill prescriptions or obtain necessary medications (Siwicki, 2024). Pharmaceutical deserts have also reduced access to essential healthcare products, including flu vaccines, over-the-counter pain medications, and baby formula (Colarossi, 2024). As more pharmacies close, especially in lower-income and minority areas, Michiganders face greater challenges in maintaining their health and the health of their families.

V. Policy Tried Elsewhere

In North Dakota, Telepharmacies have significantly reduced pharmaceutical deserts (Urick et al., 2023). In 2001, the North Dakota State Board of Pharmacy established Pilot Telepharmacy Rules in response to pharmacy closures in rural areas of North Dakota. After seeing pharmaceutical deserts decrease in North Dakota following the adoption of telepharmacies, the NDSU College of Pharmacy received a federal grant to implement a statewide telepharmacy program to prevent rural pharmacies from closing and to test the Board of Pharmacy's new Telepharmacy pilot rules (North Dakota State University, 2024). In 2003, Telepharmacies became permanent in North Dakota due to their overwhelming success and the reduction of pharmaceutical deserts (North Dakota State University, 2024).

Pharmaceutical deserts continue to expand in Michigan, driven by telepharmacies in smaller rural areas (Fraley, 2022) and the Upper Peninsula (Larson, 2024). According to KDK's week nine lecture, "Employers have more power than individuals," Michigan Senators have more power than Michigan residents, resulting in Telepharmacies not being available across Michigan because some senators voted "no" due to safety concerns (Lavery, 2024). So far, there are Telepharmacies in Wellston, Michigan (Fraley, 2022) and Escanaba, Michigan (Larson, 2024). In these areas, pharmaceutical deserts have decreased, and patients are satisfied with their accessibility to pharmaceuticals. If Telepharmacies were accessible across Michigan, especially in lower-income and rural areas, pharmaceutical deserts would decline as seen in North Dakota.

VI. Solution

A reduction in pharmacy closures in Michigan can happen if the Michigan Board of Pharmacy develops a policy that provides grant-funded initiatives and tax incentives to help keep pharmacies open. The Michigan Board of Pharmacy, responsible for regulating, controlling, and inspecting the character and standards of pharmacy practice and drugs manufactured and distributed in the State of Michigan, has the authority to oversee the closing of pharmacies across Michigan (Michigan Boards and Commissions). By implementing a policy that provides financial support, such as grant-funded initiatives or tax incentives, to struggling pharmacies or pharmacies in lower-income areas, the Michigan Board of Pharmacy could prevent the closure of essential neighborhood pharmacies.

Creating a policy that provides grant funding and tax incentives to pharmacies will reduce pharmacy closures. This is because pharmacies in Michigan are closing due to limited financial resources and societal pressures. Grant-funded initiatives can be used to host events or create processes that improve access to pharmaceutical services and other community needs (“Pharmacy Care Initiative Grants are available now!”, 2024). Tax incentives can support and sustain pharmacies in low-income areas, making it more cost-effective to operate there (Colarossi, 2024). Additionally, the Michigan Board of Pharmacy could ensure that any pharmacy closure is for a legitimate reason and not due to financial hardship. By providing incentives to keep pharmacies open, the Michigan Board of Pharmacy can sustain access to life-saving medications and pharmaceutical services, which helps to stop the rise in pharmaceutical deserts.

VII. Politics

According to Harold D. Laswell, politics is “who gets what, when, and how” (Carpenter, 1936). Laswell’s definition refers to the ability to obtain whatever one wants, whenever one wants, and however one wants. “However, others argue that a pragmatic politics consisting of incremental steps may be best and perhaps the only realistic route to ‘food democracy’” (Hinrichs & Lyson, 2007). Hinrichs & Lyson go into detail on how politics can be used incrementally to slowly develop “food democracy,” a solution to food deserts. Regarding the “How can pharmacy closures, like Rite Aid, affect Michigan residents?” section, “pharmaceutical deserts are similar to food deserts, but instead of food, they include pharmacies.” In this case, politics can be used incrementally to address pharmaceutical deserts through pharmacy democracy, based on who gets what, when, and how.

To reduce pharmaceutical closures, a shift in who gets what, when, and how in pharmacy democracy is needed. Pharmacy democracy is characterized by high levels of transparency, public participation, and accountability in the pharmaceutical sector (Nahata, 2021). If pharmacies in Michigan include Michigan residents in decisions about closing pharmacies or ask the question, “Are patients satisfied with pharmacies?” (MacKeigan & Larson, 1989), a shift in politics would occur. MacKeigan & Larson analyze how pharmacy surveys and studies rarely include measures of patient satisfaction. If that question were asked, this shift would consist of a slow build-up (increments) of equal and fair choices and opportunities for both Michigan residents and declining pharmacies. It would allow Michiganders to obtain their medications whenever and however they want, and it would allow pharmacies to remain open and available whenever and however they want (MacKeigan & Larson, 1989).

Additionally, this shift would require a broad coalition of groups to advocate for the interests of different types of pharmacists, as the Michigan pharmaceutical industry lacks a single unifying organization (Apollonio, 2014). It would also require external support, such as from residents outside Michigan’s pharmaceutical deserts. Notably, the issue of pharmaceutical deserts is not biased or driven solely by residents of those areas.

VIII. Relevance of Pharmaceutical Deserts

Pharmaceutical deserts in Michigan are a significant problem, as residents lose access to essential medications and must travel long distances to find new pharmacies. Susannah Fox spoke at the Chronic Care and Prevention Congress, where she “built [her] talk around two examples of how health care can either take advantage of patients’ shared wisdom (and innovate) or ignore it (and fail)” (Fox, 2010). The pharmaceutical industry in Michigan had the option to expand pharmacy access by deploying telepharmacies statewide, but instead chose to locate them in one or two rural areas due to “security concerns” (Lavery, 2024). Michigan’s pharmaceutical industry has failed Michigan residents by denying them a fair opportunity to access telepharmacies, leaving them in “pharmaceutical deserts.” This issue highlights how easily an essential, life-dependent store/ healthcare agency, such as a pharmacy, can be taken over by financial burdens (Siwicki, 2024).

Readers should use this information to raise awareness of the serious issue of pharmaceutical deserts and work together to help prevent closures in Michigan. As mentioned in the “Politics” section, politics is “who gets what, when, and how” (Carpenter, 1936). Using this definition of politics can help Michigan residents access their medications when and how they want, without settling for these pharmaceutical closures. Even if it takes a year or many years to reduce the number of pharmaceutical closures in Michigan, it is essential not to turn a blind eye to this issue. Dean Deanna Kroetz, from The Ohio State University, College of Pharmacy, speaks on how the issue of pharmacy closures is “another example of the significant impact that the inappropriate reimbursement models used by many Pharmacy Benefit Managers (PBM) are having on patient access to pharmacist-provided care in [Ohio] and beyond.” The issue of pharmaceutical closures stems from the financial burdens pharmacies face in rural areas and from their struggle to secure reimbursement from pharmacy benefit managers and insurance companies (Leavesley, 2024). This research is intended to help Michigan residents access pharmaceutical products and help pharmacies remain open. As previously mentioned, if the Michigan Board of Pharmacy implements a policy that leverages grant-funded initiatives and tax incentives to help prevent pharmacy closures, the number of pharmaceutical deserts in Michigan would decrease. Additionally, if Telepharmacies were placed across Michigan, pharmaceutical deserts would decline. If Michigan residents push for a political shift that gives pharmacies and Michiganders an equal say in closures, pharmacy closures in Michigan may decrease.

IX. Conclusion

To conclude, I achieved what I set out to accomplish, which is informing readers about pharmaceutical deserts in Michigan by going into detail about the history of pharmaceutical deserts, giving a solution to pharmaceutical deserts in Michigan, and mentioning how other tactics, like Telepharmacies, were tried in North Dakota to decrease pharmaceutical deserts. The

issue of pharmaceutical deserts in Michigan has become more prevalent since 2014, leaving residents with little to no access to essential medications. A great example of this is the closure of Rite Aid pharmacies across Michigan due to financial strain and bankruptcy. This large closure of Rite Aid pharmacies left Michigan residents unsure where to refill prescriptions and purchase over-the-counter medications. As pharmacies closed in Michigan, experts found that Detroit neighborhoods and lower-income rural areas were most affected by pharmaceutical deserts. This issue was also observed in rural areas of North Dakota, where Telepharmacies were implemented, and the number of pharmaceutical deserts decreased. If only Michigan did the same, pharmaceutical deserts would not continue to expand. To address the issue of pharmaceutical deserts, the Michigan Board of Pharmacy can implement a policy that leverages grant-funded initiatives and tax incentives to help keep pharmacies open, as the board oversees pharmacy closures. Michigan residents could also leverage politics to their advantage and secure a shift that gives both Michigan residents and pharmacies an equal say in pharmaceutical closures. Residents outside pharmaceutical deserts, along with numerous groups, could also exert political influence and help reduce them.

X. Connection to Law

Pharmaceutical deserts in Michigan have increased significantly due to widespread closures of major pharmacy chains, including Rite Aid, CVS, and Walgreens. Rite Aid's bankruptcy and withdrawal demonstrate how corporate financial struggles, opioid litigation, and declining reimbursement rates from pharmacy benefit managers (PBMs) converge to reduce pharmacy availability. These closures are not failures made from isolated, financially unstable corporate markets, but from and shaped by legal frameworks, regulatory decisions, and political choices that directly affect community health, social equity, and equality. The rise in pharmaceutical deserts since 2014 mirrors systemic inequities as residents in affected areas face longer travel distances, reduced access to life-saving medications, and heightened health disparities.

Pharmacies serve as community anchors, providing vaccines, baby formula, and employment. Their disappearance contributes to social fragmentation, job losses, and weakened neighborhood infrastructure. As noted in my paper, beginning in 2001, North Dakota implemented a policy to expand telepharmacy services, achieving statewide success in helping civilians access medications after pharmacy closures. Unfortunately, Michigan has not adopted telepharmacies due to legislative concerns about safety, which has limited their presence to a few rural communities. The contrast between the two states shows how different legal and political choices can produce divergent social outcomes.

To address Michigan's pharmaceutical deserts, I proposed in my paper that the Michigan Board of Pharmacy implement policies offering grant-funded initiatives and tax incentives to struggling pharmacies. These options mitigate financial burdens, sustain operations in low-income areas, and prevent closures caused by reimbursement challenges. By leveraging its

regulatory authority, the Board could ensure that pharmaceutical closures occur only for legitimate reasons, not due to financial hardship. These legal interventions would help preserve access to essential medications and services, thereby reducing health disparities.

In short, pharmaceutical deserts in Michigan highlight the disconnect between the Michigan Board of Pharmacy and pharmaceutical companies and users. Legal frameworks around reimbursement, licensing, and regulation directly shape social realities for many Michiganders, determining whether residents can access life-saving medications. Pharmaceutical deserts require both legal reform and societal advocacy to be fixed. By combining grant-funded initiatives, tax incentives, and expanded Telepharmacies with greater democratic participation, Michigan can reduce pharmaceutical deserts and ensure equitable healthcare access for all residents.

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Using Telehealth and Retail Clinics to Improve Healthcare Affordability

Adam Ashrifeh

Wayne State University

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I. Introduction and Problem Identification

According to the Michigan Consumer Healthcare Experience Survey (CHESS), two in three adults experienced a healthcare affordability burden within the past year, and nearly four in five adults worry about affording healthcare in the future (Healthcare Value Hub, 2025). With this, Michigan does face an extreme healthcare affordability crisis. Families, employers, and providers are struggling to cope with rising medical costs, and insurance coverage is becoming increasingly unstable. Many employed people do not qualify for Medicaid and cannot afford the premiums or deductibles associated with their employer's insurance. This data indicates that healthcare affordability is a complex issue, involving a diverse range of stakeholders, and requires immediate action from both the government and businesses.

Since the One Big Beautiful Bill (OBBBA) was passed in July of 2025, Michigan's Governor, Gretchen Whitmer, issued a directive to help Michigan residents afford healthcare. However, this directive focuses more on education than on real solutions to lower costs. Despite ranking #14 in healthcare affordability (U.S. News, 2025), many individuals will still have difficulty qualifying for Medicaid because the OBBBA has new eligibility requirements and will end automatic re-enrollment for individuals paying for healthcare (American Medical Association, 2025). Michigan's initiatives toward affordable healthcare are insufficient due to an excessive reliance on the federal government rather than state-based solutions.

This is a compelling issue to me, as it is often publicized that Michigan has simple and affordable health insurance options; however, the reality I see is different: many people I know have been removed from Medicaid or have to switch plans often. For instance, my mother was even denied coverage after relying on Medicaid for 30 years.

II. Research and Business Identification

A business making healthcare more accessible and affordable is Amazon One Medical. They operate on a subscription model, offering \$99/year for Prime members or a pay-per-visit rate of \$29/visit (Amazon One Medical, n.d.). Amazon acquired One Medical in 2022 for approximately \$3.9 billion, and since then, it has been integrated into its extensive service (Amazon, 2022). According to One Medical's website, their mission is to "make getting quality care more affordable, accessible, and enjoyable for all through a blend of human-centered design, technology, and an exceptional team" (Amazon One Medical, n.d.).

One Medical's business model can be a lifesaver for Michiganders who struggle to qualify for Medicaid, cannot afford their high deductibles, or experience insurance instability. The changes OBBBA has implemented can help ease their burden. Their approach to utilizing telehealth for minor health issues, which is why many people visit the doctor in the first place, can eliminate the middleman, reducing financial unpredictability, long wait times, and stress. However, while One Medical is a step toward affordability and accessibility, it can also present challenges, such as uncovered prescriptions and a lack of specialized doctors for patients with

chronic or rare illnesses. CVS MinuteClinic has a similar business model; however, its strategy is more focused on using its drugstore locations to host walk-in clinics for quick visits and consultations for minor health issues. CVS MinuteClinic does not offer subscription-based services; instead, it focuses on providing fast, accessible care. Prices range from \$79 to \$209, and the clinic accepts most insurance plans (CVS, n.d.).

Businesses such as Amazon and CVS are actively addressing healthcare affordability and developing new business models in response. Not only can they provide an alternative for people without insurance, but they can also make it easier for the public to access healthcare. Both models demonstrate the potential for healthcare affordability in the private sector. However, because the government tightly regulates healthcare, it can be challenging for these businesses to thrive without the ability to provide low-cost or free medications to uninsured individuals. Nevertheless, this step forward in Michigan helps stabilize the healthcare system.

III. Analysis and Proposal

Amazon One Medical is addressing healthcare affordability by removing financial barriers and making access to care easy with 24/7 care. Their model is heavily reliant on technology and virtual care, which aligns with Amazon's original e-commerce purpose. One Medical reduces operational costs, making it easier for patients to see a doctor for common issues without copays, deductibles, or unexpected medical bills, which affect Michigan residents who have lost Medicaid coverage or face costs they cannot afford. This is an effective business model because it reduces costs for both patients and the healthcare system by addressing minor medical issues virtually.

CVS MinuteClinic is different, but it does have similar outcomes. They utilize their existing retail stores to offer low-cost walk-in services for common health concerns and vaccinations. They also partner with several states and their Medicaid programs, making it a more accessible choice for many people who prefer not to deal with copays, deductibles, and other associated costs.

IV. Impact of Government Policies on Business Initiatives

When examining healthcare-related initiatives, it is evident that most rely on state laws and policies that support the success of businesses like One Medical in Michigan. In 2024, Governor Gretchen Whitmer signed multiple bills that expanded telehealth services across Michigan, including one that ensured Medicaid recipients could use telehealth (Whitmer Press Office, 2024). This indicates that Michigan is open to moving healthcare to a virtual setting, which could benefit companies like One Medical. Without appropriate policies, such as licensing flexibility and the ability to treat specific conditions, businesses that pride themselves on offering affordable healthcare may be constrained by policy restrictions. Since OBBBA was passed and triggered a health insurance panic, Michigan's telehealth laws serve as a temporary

solution for individuals who may need to resort to low-cost, subscription-based, or pay-per-visit care.

Nonetheless, there is much more work to do; telehealth was not a meaningful option until the pandemic and remains in development. Michigan can accelerate growth by offering tax incentives to companies that provide low-cost alternatives, and it can also offer a state option to help people who are unable to obtain coverage because they do not qualify for Medicaid or cannot afford private insurance. Other limitations include that Michigan is not a Full Practice Authority state, which means Nurse Practitioners cannot practice independently (MCNP, n.d.). This limitation makes it difficult for telehealth companies to recruit physicians and raises costs, as physicians typically require higher salaries. It also restricts retail clinics in rural areas, such as CVS MinuteClinic, by making it difficult to find a physician to supervise. Michigan's certificate-of-need (CON) laws also make it difficult, as retail clinics must submit a CON and obtain approval before opening, which raises prices overall and hinders the expansion of new retail clinics.

V. Personal Connection and Experience

Healthcare affordability directly affects my life, and I have seen the impact of affordability issues. Many of my friends and family are on Medicaid and are confused about how to complete the forms, and cannot afford private insurance. My mother experienced this firsthand after she suffered a critical injury and Medicaid refused to cover her costs, even though she had been on the plan for 30 years and followed all the rules. As someone who studies political science and business law, I have spent hours learning about how public policy and businesses can collaborate to address these issues.

VI. The Ask

Michigan should not rely on federal policy to fix affordability. With businesses such as Amazon One Medical and CVS MinuteClinic, the state can develop its own system that leverages these providers as examples or partners to expand access to healthcare, both virtually and in person, at affordable rates. Nonetheless, using private companies can lead to a lack of quality assurance and limited services. However, these models are not intended to replace traditional healthcare; they are designed to fill gaps in the current system for individuals denied Medicaid coverage who cannot afford private healthcare or copayments.

VII. Connection to Law

Healthcare affordability is closely tied to the law, as every aspect of the system is determined by the federal and state governments. Since the One Big Beautiful Bill Act (OBBBA) was signed into law on July 4, 2025, it has affected people deeply, seemingly

overnight, creating new legal barriers they must meet to keep the coverage they depend on from the government. Therefore, depending on how a law is written and enforced, it can have consequences that either help or hinder people.

In 2024, Governor Gretchen Whitmer signed legislation that enables Medicaid recipients to use telehealth, which directly affects companies such as Amazon One Medical and helps determine whether they can operate more effectively in Michigan. Without government approval for remote care, telehealth could not be an option for those seeking more affordable healthcare. However, significant restrictions remain that hinder the progress made by laws, such as Michigan not being a Full Practice Authority state, which limits who can provide care and slows innovation in the telehealth industry. Other laws, such as the Certificate of Need (CON) law, affect the industry because new clinics must demonstrate a need to open, and they can slow the growth of clinics, including CVS MinuteClinic, by competing with hospitals. This puts rural and underserved communities at a severe disadvantage when it comes to not just affording healthcare but accessing it.

Understanding how the legislature is structured makes it clear why Michigan should move away from federal policy and rely on state and even local decisions to make healthcare more affordable for people who are neither eligible for Medicaid nor able to afford private insurance.

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Asian Fetishization:

A Look Into the Docility of Asian Women

Bryanne-Karla Manuel

Wayne State University

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I. Introduction

Asian women have been a target for fetishization, a problem composed of underlying predatory and objective behaviors. With the rise of Asian pop culture in the Western world, such as Korean dramas and anime (Lee, 2018), the depiction of Asian culture as “innocent” has categorized Asian women as submissive. This research suggests a solution that does not entail the outright removal of Asian pop culture representations in the West. Instead, it advocates for a reduction in media that promotes the sexualization of Asian women. It is essential to recognize that fetishizing individuals based on their race is problematic, as it dehumanizes them and undermines their identities. I will discuss the literature review, which outlines how the rise of Korean dramas and anime, alongside issues of child pornography and hentai, has contributed to the sexualization of Asian women in society. Next, I will present my theoretical framework, specifically focusing on Catharine MacKinnon’s Feminist Theory and its insights into the objectification of women. Finally, I will outline the methodology I have chosen to support my argument: the Standard Interview Method.

II. Literature Review

The first source I will discuss is an article by Hyunji Lee titled “A ‘Real’ Fantasy: Hybridity, Korean Drama, and Pop Cosmopolitans,” which examines the rise of Asian pop culture. Lee argues that the increase in Japanese anime/manga is due to the absence of distinct cultural elements (Lee, 2018, p. 365). Because there is little visible Japanese culture in this media, it can be perceived as inclusive and relatable, which may be why people consume it. On the other hand, manga and anime’s connection to Japanese humor and language is appealing to many Western audiences because it highlights cultural differences. As Lee notes, “cultural differences and unfamiliarity with foreign media increase viewers’ fascination and pleasure” (Lee, 2018, p. 367). Korean culture has been gaining popularity alongside Japanese culture. One reason for this rise is that Korean dramas portray a sense of innocence and love, which contrasts with the angst often found in Western shows. Some fans appreciate that Korean dramas do not adopt the “sex sells” mentality; instead, they focus on a more wholesome and romantic approach (Lee, 2018, pp. 370).

Furthermore, Korean dramas highlight “kkonmiam syndrome,” which is often described as “pretty boy syndrome”: feminine, pretty-looking men (Lee, 2018, p. 371). Although this paper does not explicitly focus on Asian men, the appeal of feminine men has contributed to the stereotype that women should behave submissively. With the rise of Asian pop culture in the West, there has been an association of innocence with the Asian race, leading to various challenges for Asian women as a consequence of this trend.

Now, I will discuss Simone Eelma’s article titled “Sexualization of Children in Deepfakes and Hentai,” which gives a sense of the consequences that arise for Asian women. Japanese anime and manga have gained significant popularity, leading to the rise of hentai, a genre that

combines anime and manga with pornography. According to Eelma, “Hentai and teen are among the most frequently searched terms on PornHub” (Eelma, 2022, p. 232). This trend reflects the infantilization of Asian culture and highlights a concerning attraction many men have for it, which raises issues regarding predatory behaviors toward young Asian women. Additionally, Eelma addresses the troubling aspects of hentai, noting that it often sexualizes minors and can depict scenarios involving rape and kidnapping (Eelma, 2022, p. 236). Some people dispute the following claims, arguing that watching hentai can provide a "healthy release" rather than leading individuals to commit crimes in real life. They also contend that consuming hentai is not harmful because it features animated characters.

Additionally, some individuals have pointed out that "minors look physically smaller in Asian cultures, and as a result, artwork depicting young Asian women may be perceived as resembling minors from a Western perspective" (Eelma, 2022, p. 240). While these animations are not physical children, the portrayal of innocence and submissiveness of Asian culture in a sexual format has deep roots in catering to predators. On top of this issue, the relationship between hentai and Asian culture has only furthered the sexualization of Asian women, which leads to their fetishization by society.

The third article I will move onto is “Why Yellow Fever Isn’t Flattering: A Case Against Racial Fetishes” by Robin Zheng. The term “Yellow Fever” refers to a preference for Asian women. (Zheng, 2016, p. 400). Zheng argues against the claim that fetishes are “just a preference” because they contain underlying stereotypic behaviors. For example, dating preferences often involve phenotypic characteristics, such as blonde hair and blue eyes. When having a type for Asian women, however, it may be due to the attractiveness of an “exotic” woman (Zheng, 2016, p. 408). As noted previously, Zheng also draws on the stereotype that Asians are feminine, shy, soft-spoken, and submissive (Zheng, 2016, p. 405).

Furthermore, there are portrayals of Asian women as the “docile Lotus Blossom” and the “seductive Dragon Lady” (Zheng, 2016, p. 408). Although both stereotypes of Asian women differ (one is submissive and the other dominant), they both still create a sexual image for Asian women. Many Asian women have shared their thoughts on hypersexualization, stating that it makes them feel objectified. While some people may view these experiences as “just a compliment,” they can have harmful effects on self-image, which should not be considered complimentary.

The final piece of literature I will discuss is S Anandavalli’s “Not Your Fetish: Broaching Racialized Sexual Harassment Against Asian Women which further discusses the fetishization of Asian women and how it affects their self-perceptions. Furthering the topic on the hyper sexualization of Asian women, there are racist-misogynistic tropes associated with Asian women that consist of “mama san,” “geisha sex,” and “yellow-face sex” (Anandavalli, 2022, p. 298). Additionally, some White men have said they have an attraction toward Japanese women because they are submissive and easy to have sex with, while Asian women have also voiced that many men have tried to touch their bodies (without consent), leaving them feeling objectified and dehumanized (Anandavalli, 2022, p. 301). Throughout this article, Anadavalli mentions the

increase in sexual harassment targeting Asian women; however, the assistance provided to them has decreased. For example, pre-COVID-19 statistics state that 53% of surveyed Asian women experience sexual harassment in their lives, while 31% will experience unwanted touch in public spaces (Anandavalli, 2022, p. 299).

Moreover, post-COVID-19 has brought an increase in hate crimes and violence toward the Asian community, where 68% of 3,800 incidents involved Asian women. Meanwhile, while trying to look for counseling literature to help Asian women with this trauma, only three peer-reviewed articles existed within the search terms of “racialized sexual harassment against Asian women” and “anti-Asian violence” (Anandavalli, 2022, p. 299). There has been a significant rise in sexual harassment directed at Asian women. It's essential to offer more support, as these women are individuals and deserve to have their femininity respected. I will explore this topic further in my paper.

III. Theoretical Framework

I will be using Catharine MacKinnon's Feminist Theory, specifically the language on objectification. Objectification is defined as “the seeing and/or treating a person, usually a woman, as an object” (Papadaki, 2010). A central point MacKinnon makes in response to critics of her paper is that women of color belong within the category of “women,” and they also are the ones who experience abuse much more than white women (MacKinnon, 2017, p. 4). To contextualize our arguments, we must place our arguments in relation to gender and race-based oppression. While the feminist theory itself generalizes the idea that all women should be treated as equal to men, there exist multiple subdivisions within feminism, one of which is race. Since colonization, races other than white have been looked on as inferior, and women have been the minority group within humanity. When a woman exists between these two subdivisions, she is bound to experience racialized, stereotypical sexual abuse. For Asian women, this is much harsher on them because they are already categorized as submissive and easy to manipulate. Since Asian women already experience so much more objectification in society, the way they have been portrayed in the media constitutes the issue even further.

The issue I have been discussing is how the portrayal of Asian women on social media exacerbates Asian fetishization. In relation to Catharine MacKinnon's Feminist Theory, Asian women have been specifically targeted for sexual abuse because they are deemed as innocent and only exist to “please” men. A topic I would like to dive into, but have not yet mentioned, is prostitution. As MacKinnon discusses in an interview, prostitutes are the most sexually violated group of women, and they exist because there are buyers (specifically men) who pay these women to gain sexual pleasure (MacKinnon & Mitra, 2019, p. 1042). I have seen many Asian women online who dress up as anime characters and children's characters, behaving rather provocatively for financial gain. Although Asian women may act this way of their own accord, the concept of fetishization toward Asian women still creates harm.

Furthermore, MacKinnon has argued that even if women consent to being used for a man's sexual pleasure, it does not excuse the behavior (Papadaki, 2010). Not only does this worsen the issue of objectification of Asian women, but it also feeds into the idea that Asian women are child-like, causing predators to seek out Asian women and exploit them. This also causes Asian women to believe that the only way they can succeed in life is by using their bodies to be financially stable. In opposition to feminist theory is consequentialism, which holds that an act is morally right only insofar as its consequences (Sinnott-Armstrong, 2023). While consequentialism can be used to argue against Asian fetishization by implying that fetishization is bad because it leads to a degradation of an Asian woman's humanity, it neglects the idea that fetishization itself is immoral. MacKinnon's theory also focuses explicitly on women, which I find to be more useful when discussing gender-based oppression, since women are inferior to society. By using MacKinnon's Feminist Theory, arguing against Asian women fetishization highlights the effect of pornography itself on objectification, specifically in terms of women being objects for men's sexual pleasure, which is morally wrong.

Applying MacKinnon's Feminist Theory can help us understand the experiences of Asian women, why this is problematic, and how to lead society toward a more equitable state. Jenna Ryu's article titled "The Dangers of Dating as an Asian American Woman" highlights such issues by discussing the experience of Karina Chan, a social media influencer. Chan mentions meeting an individual who piqued her interest, but he treated her merely as an object. This man asked Chan to speak in a different language during intercourse for his own enjoyment, leaving Chan feeling humiliated and dehumanized by someone who was thought to care for her (Ryu, 2022).

Additionally, this situation emphasizes the idea of being attracted to Asian women because they appear exotic. Fetishization can also be confused with attraction. The primary difference between the two is objectification (Ryu, 2022). If Asian women were no longer fetishized, the amount of sexual abuse toward them would diminish. However, this is highly unlikely to occur soon because of the media that depicts Asian women as sex objects. Nonetheless, the primary solution society can provide for Asian women is to change how they are represented in the media (Ryu, 2022). Specifically, we must steer away from the rationale that Asian women are docile and exist only to pursue sexual actions for men and begin to see Asian women as human. MacKinnon's Feminist Theory serves the message that all women, including women of color (in this case, Asian women), should not be used for their bodies by men and should be given back their humanity. To dive into understanding Asian women's fetishization, along with gearing toward a solution, we need to see how this issue exists in real time.

IV. Methodology

The methodology I have chosen to explore the fetishization of Asian women is the Standard Interview Method. By using this method, I can understand such fetishized experiences

and the effect they have on Asian women. Key features of the Standard Interview Method include non-leading questions, free of coercion and complex language, and open-ended questions that elicit further elaboration on the subject (Powell & Brubacher, 2020, pp. 646-647). By using these characteristics when interviewing Asian women from the ages of 10 and up, regardless of ethnicity, I found a common factor between them all: feeling victimized, dehumanized, and objectified due to their race. A specific question I had asked these women was, “Have you ever been violated by someone due to being an Asian woman? And if so, how did that make you view yourself?” One woman, “Clara” (age 20), told me that as a server in a restaurant, she had a male customer tell her that he would like to take her out on a date because she looked “cute” and “innocent.” Clara said that at that moment, she no longer felt comfortable in her skin. She was unable to look at herself as a human because she felt like a mistreated object. I went ahead and asked her if she was able to feel like a woman now, but she mentioned that time and time again, she has episodes where she dissociates. Another woman, “Selina” (age 16), told me that, since she was 12, older men would say to her in public that she was a “beautiful, sweet, and sexy little angel.” Selina said it changed how she viewed herself as she grew into a young woman. She felt that she was only liked by others due to being a young Asian girl, and her parents never warned her about that. The main thing that connects these Asian women is their shared experiences of being mentally abused by others due to their race.

Using the Standard Interview Method was the most effective approach to bolster my argument. For example, while using quantitative data could be helpful to see the percentage of Asian women who have been fetishized in society, the number does not give much explanation for what or why this happens. The qualitative data of my methodology gives us a better understanding of how Asian women feel during these experiences, as well as proving that much of society looks at Asian women as submissive girls. In addition, using the Standard Interview Method in relation to MacKinnon’s Feminist Theory has proved that young Asian women are constantly sexualized by others, specifically older men with predatory behaviors, in society. However, using the Standard Interview Method has limitations. As an interviewer, I may have had unconscious bias because I knew the answers I was looking for, and I may have pushed my interviewees to steer in that direction to support my argument. Another limitation of this Standard Interview Method is that it does not prove causality. During the interviews, we learned only about the women’s feelings and experiences. However, there was no clear start to why these men had decided to prey on them. Nevertheless, using the Standard Interview Method leads me to push my research further into figuring out why society fetishizes Asian women, which can create a solution that helps Asian women feel human again and prevent this from further spreading.

V. Conclusion

In my paper, I covered how the portrayal of Asian women in the media has bolstered the fetishization of Asian women in society. Specifically, I discovered how the docile image of Asian

women has placed them in situations that leave them feeling victimized. My argument was successful because I identified the causes of Asian fetishization by using MacKinnon's Feminist Theory as my theoretical framework. I researched articles and employed the Standard Interview Method. Overall, my research contributed to a deeper understanding of the fetishization of Asian women and provided insights into how to prevent it in the future.

VI. Connection to Law

My research paper on Asian fetishization holds great relevance to societal issues, as well as the law. As an Asian woman, being a racial minority while growing up had its effects on my self-esteem, since I did not have the Western features of blue eyes or blonde hair. I felt I would never be as beautiful because of features I couldn't change. To add on, growing up as a girl made me feel like I could never be as strong, benevolent, or quick-witted as a man could be. As I got older, I began to get more attention from others, specifically men, making me feel like I should be proud of my heritage and femininity. However, I have learned that the temporary confidence gained from such attention often comes with deep-rooted objectification and predatory behavior. In society, technology has been on the rise, with benefits such as connecting communities, but it can also have detrimental effects on a person's mental well-being. Such effects can be explained by being exposed to pornography, grooming, and predators at such a young age. With the rise of Asian pop culture nowadays through anime and K-pop music, many people online and in real life are fed into this stereotype that Asians are shy and should behave submissively. With women already being seen as inferior to men, the combination of being an Asian woman in society makes them feel less than what they truly are. My paper covers the experiences many Asian women face, such as objectification and fetishization. Not only does this paper bring awareness to why objectification and fetishization will never be okay for anyone, but it also brings awareness to why such instances are directly targeted toward Asian women more.

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Auteurs to Algorithms: Analyzing the Decline of Originality in Modern Blockbuster

Cinema

K'yon Hudson

Wayne State University

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I. Auteurs to Algorithms: Analyzing the Decline of Originality in Modern Blockbuster Cinema

Specific artistic epochs mark the history of cinema; none is more notable than the transformative era that began in the 1970s, dubbed "New Hollywood." Since then, there has been debate about whether the film industry has undergone a significant shift, with a decline in overall quality and creativity. While modern films are commercially successful, they often use a repetitive, formulaic approach compared with the bold, auteur-driven narratives. A critical question for modern film studies is whether this decrease in artistic risk is reflected in box-office performance. Understanding the success of various films is possible by analyzing profitability, audience demand, and critical reception. The industry now prioritizes formulaic blockbuster production over the creative risk-taking that defined the 1970s era.

In the article "The Top Grossing Movies at the Box Office Every Year Since 1977," Robert Lang discusses the first comparison of box office numbers, highlighting shifts in economic success. The post-1970s market was defined by the burgeoning blockbuster model, exemplified by films like *Jaws* and *Star Wars*, but these films largely rested on strong narrative foundations. In contrast, modern success is driven by unprecedented attention to established intellectual property (IP), as in a cyclical cycle of sequels, remakes, and shared universes. According to the article "Breaking Down the Box Office: An Analysis of Film Profitability Factors," Zachary Wisniewsky argues that film success today is less dependent on first quality and increasingly dependent on strategic marketing and franchise value. Modern box office success most likely rewards safe, familiar features, which fundamentally stifles opportunities for truly novel or descriptive storytelling.

The perceived lack of creativity in current films often stems from an environment in which marketing hype has become a primary driver of success. As outlined by Thomas Austin, the interplay between "Hollywood Hype and Audiences" shows how a film's marketing, promotion, branding, and star power can eclipse its inherent quality, particularly since the 1990s. In the era that began with the New Hollywood movement, critical acclaim helped grow the audience. Today, marketing machines often try to build audiences by ignoring or even contradicting early key statistics. The Hays Code played a significant role in specifying what could be shown on the big screen and what could be done for film release. To elaborate, modern films expected to do well are released in theaters; if a film has potential, it is put on streaming services rather than in theaters. Specific genres are released more frequently than others; for example, Alfred Hitchcock's films. According to the article, "Managing Digital Transformation in Theatres: Organizational Perspective and Strategies," by Dóra Horváth, she breaks down prominent issues in the structures and engagement as well as creative areas, showing the core tension between the traditional and communal nature of live theater and the modern, characterized demands of digital technology. This transition suggests that the current box office is not a reliable indicator of a film's aesthetic or narrative quality; rather, it reflects the industry's

ability to generate anticipation and capitalize on audience nostalgia, leading to more films that feel derivative and creatively stagnant.

Despite the widening gap between critics' and audience reviews, this remains an essential indicator of a shift toward quality. Erik Wallentin discusses the "demand for cinema and diverging tastes of critics and audiences," a phenomenon that has expanded in the current film landscape. In a creatively rich period like the 1970s, many of the most successful films were also critically acclaimed, suggesting a shared understanding of cinematic merit between professional reviewers and the public. For example, *Moana* was highly successful despite criticism that Disney lacked adequate representation of Polynesian culture. Travers discusses how critics argue that Disney films, such as those featuring Moana, show a significant lack of correct representation of traditional cultures, often leading to imposed and disrespectful portrayals. This lack of sensitivity, as highlighted by Travers (2019), leads to the commodification of culture rather than to an authentic, respectful engagement with other traditions. However, many much-criticized film series have achieved huge box office success, while original works or smaller-scale creative works have also gained attention. This divergence suggests that the modern audience may be consuming films not for creative nourishment or challenging content, but for the predictable pleasures of spectacle, escapism, and communal experience. Consequently, studios are incentivized to produce content that satisfies the demand for entertainment, likely high in budget but low in narrative risk, rather than putting first the creative integrity and depth found in the celebrated films of the earlier New Hollywood period.

In the article "The Fading Originality In Hollywood," Ta Queiroz Fonseca presents the perspective of screenwriter Gregory Bernstein, who explains how current financial issues have stunted change at studios such as Disney and DreamWorks. For the budget to produce and market a single new blockbuster, most companies allocate around \$400 million, given the risks of betting on an original script and the challenges for shareholders (Fonseca, 2025). Economic realities shift attention toward franchises, design, and commercial security. The success of a new modern film is not measured directly by its box office gross but by its ability to generate revenue across these various income streams (Fonseca, 2025). This example essentially limits descriptive storytelling. As noted in one analysis, franchises reach their potential through specific risks, capturing an international audience's attention (Fonesca, 2025). This dynamic is more nuanced than the audience behavior statistics suggest. In the 2021 article "Movie Consumption Related Trends and Countertrends" by Adam and Balazs, the authors identify major cultural movements that could reshape modern consumption habits. For instance, the rapid emphasis on technological innovation and the shifting pace of life could change various habits (Ádám and Balázs, 2021). These movements shape demand for benefits and immediate satisfaction; however, in film, they signal a preference for familiar, readily accessible, and compostable content.

This consumer prioritizes comfort and supports the studio example, which approves formulaic, show-driven blockbusters as streaming content over more expressively challenging cinema that requires greater attention or engagement. So, studios are motivated to produce content that meets demand for entertainment, mostly high-budget but low in narrative risk, rather

than the originality and depth found in the celebrated films of earlier periods (Ádám and Balázs, 2021).

Notably, familiarity and comfort are linked to creativity in the film industry's risk-taking and also have critical cultural outcomes. According to the article, "The Fear of Creativity in Hollywood" by Sarah Munson, the never-ending lack of creativity of filmmakers is encouraging an audience, where movie watchers deliberately choose familiar intellectual property, mainly to save money and time. This strategy, driven by the need to generate significant profits from a pre-sold view, primarily relies on recall rather than genuine creative investigation. Additionally, studios may control fanbases through expensive, extensive sequels, including remakes that often lack the integrity of their originals. According to the article "Lack of original films impairs critical thinking, creativity" by Melody Meyer, Professor Peter Johnston notes that this repeated cycle of formulaic content gives rise to a culture in which media is used primarily to escape being weary, and to be moved or challenged.

Lastly, modern films show a significant decline in original quality compared with cinema in the New Hollywood Era, which drew on brand-new ideas. The transition from creative risk to financial stability is essential for critical aggregators to approve a steady decline in the company's blockbuster output, as well as to prioritize commercial returns over depth. However, audience demand for obvious comfort, as well as a disinclination toward industrial risk, may have shifted the audience's following of creative storytelling, resulting in a cinema of formula that relies on recollection and narrow analytical assessment.

II. Connection to Law

The decline of originality in modern cinema, as highlighted in the shift from "Auteurs to Algorithms," is deeply rooted in the legal and economic mechanisms of intellectual property law. The film industry's history shows a clear transition from the creative risk-taking of the New Hollywood era to a modern environment where profitability and commercial security prioritize formulaic blockbuster production. This change is driven by the unparalleled economic stability offered by pre-established intellectual property, a legally protected asset. Copyright law, which grants exclusive rights to creators, is exploited by major studios not primarily to promote new arts or projects, but to mitigate financial risk by continually producing sequels, remakes, and shared universes, all legally defined as derivative works based on proven success.

As screenwriter Gregory Bernstein explains, the immense budget required for a single blockbuster creates a climate in which relying on an original script is seen as too volatile for shareholders. The legal responsibility of companies to maximize shareholder value thus compels studios to invest in legally vetted and protected IP, turning copyright, a tool to foster creativity, into a mechanism for perpetuating the familiar. This dynamic shows the box office not as a reliable indicator of aesthetic or narrative quality, but as a reflection of the industry's ability to strategically capitalize on protected assets and audience nostalgia. Overall, the transition from

the author's vision to algorithmic production is fundamentally a story about the commercial application of IP law.

This misuse extends far beyond mere financial strategy and culminates in a critical and cultural crisis. The legal protection of past creative success has created a self-sustaining cycle of stagnation, leaving a formulaic cinema in the wake of the auteur, where such protection inadvertently stifles investment in future originality.

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Chicken, Egg, Incubator: Henry Purcell in England

Mitchell Roth

Wayne State University

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I. Chicken, Egg, Incubator: Henry Purcell in England

Henry Purcell's music is an essential aspect of the late baroque studied today, from a global (or at least Western classical) perspective. Since his tenure at the head of the English Twenty-four Violins at Whitehall, a diverse and comprehensive set of works by Purcell has flown through Great Britain and eventually around the world. Today, it is still performed and recorded most frequently in Great Britain, but is also accessible to audiences worldwide via the internet and satellite early music institutes.

Before the development of long-distance communication, his influence was primarily limited to Great Britain, with England as the most prominent location. Given that he produced his work there, he is regarded and categorized among other English composers. Initially, the work was not intended to be in English or engineered to foster national identity; the only specific customization was the use of Purcell's native English rather than the languages used by other composers of the time. It was the location itself that ultimately defined the music as English.

Jean-Baptiste Lully innovated the framework that facilitated Henry Purcell's well-known works in the 17th century. Early ensembles had "a single violin line, three violas, and bass. This was still used at the French court after 1700... around 1675, the modern Italianate scoring with two violin parts was introduced... Blow and Purcell were still inclined to write second violin parts that function more as an alto than a second soprano" (Holman). The evolution of this French concept into two violins, a viola, and a cello-bass brings us to the violin consort Purcell encountered after succeeding Locke at Whitehall. Similar to French institutions, the Twenty-Four Violins were soon joined by select wind players, often doubling string parts and doubling on several wind instruments. For instance, the oboists would also hold recorders. Inspired by Lully and advances in instrumentation, Purcell advanced his own music and leveraged the orchestra of his time when scoring many of his works. He was among the first to take hold of a modernized ensemble, including variants with permanent and involved wind players, and was the first in Britain to do so eloquently.

Even though Purcell was physically removed from the original French string ensemble innovation, he was evidently influenced by French composers, particularly Lully. He frequently borrowed from the French overture trope, prefixing "plays... the majority of his odes; a few anthems, too" (Ayres). However, French inputs were not necessarily perceived as French outputs; the English libretto in his operas makes it harder to call the music French.

One of Purcell's most famed works, *Dido and Aeneas*, represents his employment of the orchestra in an operatic setting, calling for a string orchestra without continuo as typical of the court's Violins. His musical craft included the use of the lament bass, which continues to be appreciated by historians and musicologists for its compositional and rhetorical value (Schmalfeldt). His simple, elegant music accompanies a complex story. While elegant, it was regarded as arcane in comparison to French and Italian work, similar to the kingdom's standing against these competitive monarchies.

Purcell was among other composers who did not write to be British but ultimately wrote music that served as an allegory of English life. Critics of Henry Purcell's music regularly harped on how his music was less exciting, as it lacked the same degree of opulence marked by other composers of the era, especially in Italy and France. Notably, pre-revolutionary France and relatively prosperous Italy were not as wealthy in this era. Purcell's music is more representative of the royal institution than of the British people. However, many people were, and continue to be, united by these institutions—namely, the church and the crown. What we see today as “regal” was once viewed by some critics as old-fashioned.

Notably, Purcell embraced the English language when working with voices, which reasonably appealed to British people. This distinction was not only evident during his lifetime but also appreciated after his death. In the words of Burney in *Orpheus Britannicus*, “there is a latent power and force in his expression of English words, whatever be the subject, that will make an unprejudiced native of this island feel more than all the elegance, grace, and refinement of modern Music less happily applied can do” (Pinnock). *Orpheus Britannicus* was written eighty years after the death of Purcell, amid a scene dominated by Italian music. Individuals in England desired that sort of connection. Aside from simply existing in Britain during the seventeenth century, this sole accommodation to the Englishmen also ensured his continuity.

Purcell’s death impacted his audience, for “Purcell had become a public figure, and his death was mourned as a public loss... it was clear to his contemporaries that ‘a greater musical (sic) genius England never had’” (Pinnock). It is the relative restriction of the English audience to his music that granted him such adoration, and the restriction of Purcell’s influence to the British Isles that makes him appear as a representative of the English people. After his passing, “there were still bastions where Purcell was customary fare, the cathedrals and the popular playhouses: in the context, that is, of the vernacular liturgy and the vernacular theatre” (Luckett). Ultimately, his legacy continues to ebb and flow with the broader popularity of baroque-era music.

Today, Purcell’s music continues to be performed, and generally in an authentic way. Ensembles like the Orchestra of the Age of Enlightenment champion his contributions, making him a notable figure in early music. Additionally, Henry Purcell’s work remains playable by modern ensembles and is among the earliest accessible repertoire for string orchestra, made more accessible by not requiring a keyboardist. His music is frequently adapted for contemporary ensembles to accommodate a range of skill levels and instrumentation. In his portfolio lie many opportunities, but his output stays relatively neglected. The isolation of this composer in both time and space did not grant him a position in the timeline of orchestration’s evolution. Ultimately, developments would stem from continental Europe and come with Handel, among others, to the Isles.

Even when considering his output, it appears that Henry Purcell was not intentionally forging any sort of English identity. The cult of personality that developed centered on the art itself, which helped advance music in the Baroque era and gave the English something to rally around. It is the restriction of his art to the British Isles that characterizes it as belonging there. England is the land in which it is championed, and most often by the English. Only by being

English in a situation do we begin to observe parallels between Purcell's work and life under the crown.

II. Connection to Law

Henry Purcell worked with an interesting assortment of contemporaries. He took inspiration from preceding English composers, but also some French composers when writing his music. Music and musical ideas, while not transmissible via recordings, could be disseminated through traveling performances and traveling audiences. Publication emerged in the century before Purcell, highly regulated by monarchies but still facilitating growth. His primary audience was wealthy and royal, in a century when vying for democracy wasn't in style. At the time of his death in 1695, he was still eight decades removed from American independence, and nearly a century away from the French Revolution. An establishment with regal, religious, and wealthy at its top dictated the way music, well-preserved, would appear.

Intellectual property, while not formalized, was respected to some degree by and among composers. Among these composers, in-person collaboration facilitated growth, whereas the consumer side was more restrictive and commercial. A royal decree dictated which music could be published, sold, and vetted. The boundaries of contemporary international law, bureaucracy, and government are not conducive to the kinds of development we see in music preserved in the historical record. However, the exchange of ideas behind the schemes would have been much easier with access to contemporary resources, beyond the early printing press and the talent of music copyists. It is worth considering the ideal balance between creation and regulation for artists, depending on their artistic interests.

Purcell was not as far removed from the Magna Carta as we are today, and he produced most of his work before the Enlightenment began. At this point, disparities between the ruling and working classes were greater. Not only was the social system far removed from today's, but the legal system as well. Navigating classes and institutions was a different struggle from that experienced today.

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