

Extemp Roundtable

with Nicholas Cugini, Mark Royce, Logan Scisco, Rob Warchol

Extemp Roundtable is a new addition to *The Ex Files* for this season. In this column a panel of recognized extempers will examine a question that could come up in a future round and they will reveal their feelings and how they would tackle the question if it was posed to them in a round.

This issues panel is made up of the following individuals:

Nicholas Cugini placed third in United States Extemp at the 2009 NFL National tournament. Last season, we was also the winner of United States Extemp at the St. Mark's Heart of Texas Invitational and was a finalist at the MBA Round Robin and the International Extemp tournament at St. Mark's. He attended Cypress Ridge High School in Texas and was coached by Scott Baker. In the fall, Nicholas will attend Yale University.

Mark Royce was the runner-up in International Extemp in 2002. He coached at Montgomery Bell Academy, and is now a Ph.D. candidate in political science at George Mason University.

Logan Scisco was the national final round champion of United States Extemp at the 2003 NFL National tournament. He was a four-time national finalist in extemp while competing for Danville High School in Kentucky and for Western Kentucky University. He currently coaches for Boone County High School in Kentucky and for Western Kentucky University, where he is pursuing a masters degree in history.

Rob Warchol competed for Cardinal Mooney High School in Youngtown, Ohio. With the help of Karen Wright, he was a 3 time state qualifier, and a 2 time national qualifier in United States Extemp. He placed 7th at the 2009 NFCL National Tournament and 8th at the 2009 NFL National Tournament. Rob is continuing his extemp career under Jason Warren at George Mason University, where he plans on majoring in Government and International Politics, with an aspiration of law school.

PANEL QUESTION: <i>Is Obama's healthcare plan feasible?</i>
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Cugini:

The healthcare debate is one of the most talked about and stigmatizing issues in America today. Because of this, it is likely that your judges will have already have an opinion on the subject, and thus it will be your job to effectively communicate your position without coming off as abrasive or unfounded. A great way to circumvent this (and effectively answer the question) is to dedicate some time to questionnaire analysis in your intro. So, if I were to draw the sample question "Is Obama's healthcare plan feasible?", the first thing I would do is define the subjective word in the question, "feasible." What does it mean for it to be feasible? Is it discussing the short term or the long term? These type of questions will help you center your answer around a cohesive thought. As long as you clearly define what question you're going to answer, answering the actual question becomes a lot easier, and less abrasive to a judge who may not agree with you (because you now have a standard to answer). It's even possible to say that it's feasible without actually endorsing the plan. The best way to make sure your speech is cohesive in this respect is to, at the end of each your points, wrap it up by connecting it back to your question definition, and point out how you achieve that definition.

As for the issue itself, I would probably go about separating the debate rhetoric from the facts. The debate portrays Obama's plan as a sweeping socialist reform that changes the face of the American economy and our values. While it is significant, it's not a complete overhaul; it is the creation of a public

insurance company that is meant to compete with the existing private sector. I would mention the private market benefits of the plan, that it is essentially an expansionary fiscal policy that pumps money into the economy through benefits, allowing the uninsured to spend more money elsewhere, as well as stemming increasing healthcare costs. The status quo of employer based care is obviously unsustainable with premiums significantly rising every year. And of course, the biggest issue of feasibility is the budget deficit. Here, you could mention the flexibility of public spending versus the immediate negative consequences of increasing private sector costs. On the flip side of the issue, you could debate the effectiveness of the plan, as it is going to be very hard for the private companies to compete with the government. Also, the plan will effectively increase taxes on the rich by capping deductions. In a time where charitable giving is already very low, there is plenty of analysis available to dispute the private sector benefits. There are a lot of ways to analyze the plan, but the most important thing is to frame your answer around a specific question definition. You will be able to make your speech much less stigmatizing, and you can answer it more cohesively and effectively.

Royce:

Given what I perceive to be the mysterious and opaque nature of his plans, and my difficulty in arriving at a suitable meaning of “feasible,” I incline toward a pessimistic view.

Although generally conservative in these matters, I have no preëxisting ideological objection to nationalized medicine; but I do protest the President’s quixotic rhetoric and lack of candor. He talks vaguely of extending health insurance to tens of millions while simultaneously reducing the burden on the taxpayer, a feat which, while not perhaps impossible, would surely require the utmost in mathematical, not to speak of political brilliance. But our head of state, for all his personal charisma and oratorical might, has yet to deliver his plan to the public in a succinct, transparent, and reasonably intelligible form; and while reactionary demagoguery hardly contributes to a thoughtful discussion of a complicated subject, Obama is to blame for not dominating it from the outset.

At a more transcendent level, the halls of Congress are a poor place to look for the key to the health of our nation, which is dependent, more than anything, upon our lifestyle choices. Any honest physician, when asked what measures are most certain to extend life, will immediately indict soft drinks, red meat, candy, and cigarettes, and recommend fruits, vegetables, whole grains, and perhaps unhurried consumption of red wine. Our designs for living are also seriously at fault: whereas the Europeans have ever resided in stable, highly manicured communities in which everything is accessible on foot, we throw up treeless subdivisions and force ourselves to drive between each stop. We must bring to a halt our over-developed, dehumanized existence, and reconnect with the aesthetic of the harvest, the affection of community, and the passing of the seasons. If indeed health, and life, and peace are to be secured amid the convulsions of the elements and the passions of our fellow-creatures, they shall be found within the individual and the society, not so much the state.

Scisco:

As of this writing, the number given for uninsured Americans is 46 million and extempers would be wise to commit that number to memory as it is the prime rallying call behind the Democrat’s healthcare initiative. However, while this 46 million figure is large, one needs to take into consideration that some estimates do not put it this large. An estimated twelve million of this figure are said to be illegal immigrants, another ten million are estimated to be Americans who currently qualify for needs-based healthcare such as Medicaid but do not apply for it, and there are also Americans who are looking for new jobs or younger Americans who do not purchase healthcare coverage. What all of this reveals, is that the number of permanently uninsured Americans might be around eight to nine million. This is still a large

figure, but it does call into question how much America actually needs to spend to provide health insurance for everyone.

Although some conservative commentators have said that the revolt that we see in town halls against this healthcare bill will spark another Republican Revolution ala 1994, that is still too early to say. Without question, Republicans are gaining in the polls versus Democrats on the issue as elderly Americans do not believe this healthcare bill will be good for them, the public is angry that members of Congress are exempt from this healthcare bill's requirements, and the public is skeptical of how much this is going to cost. The Republicans could regain some of their fiscal credentials in light of this bill, as the Congressional Budget Office (CBO) has estimated that if the House bill on healthcare reform passes it will add \$239 billion to the deficit over ten years and grow significantly after that.

When looking at this question, it is important to note that Obama's aims on healthcare are not really clear. Unlike the Clinton administration, Obama outsourced the writing of this bill to Congress and did not lay down exact parameters of what he wanted. As a result, there has been confusion over what healthcare reform is going to entail as there are four Senate bills on healthcare reform and one House bill, which *The Economist* has summarized as an absolute mess and includes a public option that may not be passed in the Senate, despite the Democrats having sixty seats (or fifty-nine if you count on Massachusetts not having a quick replacement after Ted Kennedy's death). Obama has taken to the road in Montana, New Hampshire, and Colorado to sell the healthcare bill, but since he has sent mixed signals on the public option and what he wants the medical system to achieve, it is very hard to quantify what he considers to be healthcare reform.

Extempers in a speech like this would be wise to zone in on cost over other elements. Medical costs are rising because there are uninsured Americans and small risk pools for insurance companies, but larger portions of medical costs are due to the American population ageing. Old people require more medical care and this situation will only get worse over time as the baby boom generation retires. Medical inflation rates over the last five years are calculated to be as high as twenty percent. Yet economists speculate that the current versions of healthcare reform do very little to actually control cost. Reform measures such as tort reform, which would limit punitive damages in medical lawsuits, are not in the House bill. Obama wants digitized medical records, but their long-term savings are said to be dubious. There are sufficient fears of rationing if there is a public option and it forces insurance companies out of business and these fears are justified. Medicare, the biggest single payer system in the entire world for health costs, currently denies ten percent of all claims by elderly Americans. However, incentives do need to exist for smarter treatments. A counter-proposal to the Obama plan is to give Americans the ability to deduct from their taxes the cost of insurance and to allow insurance companies to compete across state lines. This would enable people to purchase catastrophic health insurance plans that are not available in every state.

Overall, it is tough to summarize the healthcare debate in a short amount of paragraphs. Yet it is hard to see how Obama's current medical plan is feasible due to its cost, due to its lack of firm aims, and possible political fallout. Nearly a quarter of Americans see the budget deficit as a major issue facing the country and while Americans favor giving insurance to those who do not have it, they do not want to lose their own insurance packages. Also, extempers should keep in mind that Obama has staked a lot on getting healthcare reform and if he fails it would be a significant black eye on his administration, probably moreso among his liberal base than with the public at large.

Warchol:

With the media channels virtually covering every aspect of President Obama's health-care bill, it is highly likely that the topic of Barack Obama's health-care plan will be included in the extemper community this

upcoming season. Whether the bill is passed before the beginning of the season is irrelevant. An experienced extemper should be well versed on the plan, the repercussions it holds for the United States and the health-care system, and more importantly, whether it's feasible.

If we look at the question posed as to whether or not Obama's health-care plan is feasible, a couple of thoughts come into my head. I would imagine that you have two options on the answer to this question. The answer to the question would be as to how you interpret the question itself. Is it feasible in the sense of the political world (getting it passed into law), or is it feasible in the sense of our nation's economy (funding the project). Personally, I would answer this question yes on both aspects afore mentioned; however, the route I would take would be the economic option. On the belief that the federal government would be able to fund the trillion dollar project.

During this year's NFL national tournament, I drew a question similar to this discussion topic. Evidence to support this answer can be found from various sources. The majority of my speech content was from the health-care think tank of the Kaiser Family Foundation. My analysis was spun around the basis of a policy brief that writes on how subsidies from expanded programs like Medicare, Medicaid, and SCHIP would provide for some of this project's funding. In addition, mentioning how Medicaid and Medicare need to be reformed would also be another aspect showing that the government has the capability to fund the project. Finally, to step outside of the health spectrum, I included the positive aspects of installing a cap and trade system in the United States. You would be essentially killing a bird with two stones. The first being a cure to the emissions crisis, and the second, and most important, the revenue generated from the program could be contributed to the funding of this project.

Whether you like the system or not, it would prove extremely beneficial for an extemper to read as much as they can on this topic because as it was this year, you can expect it to be in the break and final rounds.