

# Center for American Progress



**A SPECIAL PRESENTATION:**

**“IS THERE AN ETHICIST IN THE HOUSE?  
CHALLENGES FOR PROGRESSIVE BIOETHICS”**

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JONATHAN MORENO: Good Afternoon. Welcome to the Center for American Progress. My name is Jonathan Moreno. I am a senior fellow here and director of the Center for Biomedical Ethics at the University of Virginia.

Well, who would've predicted that 35 years ago when bioethics was first established – a think tank in Hastings-on-Hudson, New York – that this esoteric field, or seemingly esoteric field at least, would survive and prosper, spawning professorships, academic centers, forests of books and articles, and at least a half dozen national advisory committees, advisory councils for industry, and even corporate vice presidents for bioethics? Who would've predicted 10 years ago that this field with a relative handful of professional practitioners would emerge on the cutting edge of the culture wars, especially in this past year of stem cells and Terri Schiavo? And who would've predicted six months ago that the president's bioethics advisor would, in an unprecedented act, take the lead in presenting a conservative bioethics agenda in writing to sympathetic lawmakers. It's clear that bioethics is no longer limited to the seminar room, the medical clinic, or even the public media. Bioethics is now part of our politics, and for better or for worse bioethics has been politicized.

Now, radical conservative magazines and advocacy groups well out of the mainstream of American thinking are attempting to capture the very term bioethics as a stopgap against the science and public policies to which they object. Rather than a non-ideological territory in which people with different views, but open minds, can gather for candid dialogue, these groups would turn the idea of bioethics into a rhetorical hammer.

Because the American people deserve to hear various voices about these matters that are among the most important of our time, the Center for American Progress has initiated a progressive bioethics program. In this session, three distinguished bioethicists consider the challenges that confront a progressive bioethics. Clearly, we need to be concerned about the future of a science free to meet human needs, to defend the rights of women to make the most intimate reproductive decisions, and to protect grieving families from invasions of their privacy by politicians. And we also need to refocus on justice in healthcare, to provide access for 45.8 million uninsured Americans as of last week, to rebuild the public health system and to develop a global bioethics that appreciates that natural disasters like hurricanes know no class or race.

To these ends, to take bioethics into a new and exciting era with a positive progressive agenda, we have organized this panel.

Today, I am personally grateful to these friends and colleagues of mine for helping me to present my new book, though it happens that the title of my book, *Is There an Ethicist in the House?* can be answered in the affirmative today: yes, at least three darn good ones. And so I am going to introduce them in the order in which they will

speak for about 15-20 minutes, and we'll have time for discussions and questions. Our first speaker will be R. Alta Charo, the Warren Knowles Professor of Law and Bioethics at the University of Wisconsin at Madison. Then Vanessa Northington Gamble who is director of the Tuskegee University National Center for Bioethics in Research and Health Care; and then Art Caplan, the Emmanuel and Robert Hart Professor of Bioethics, chair of the Department of Medical Ethics and director of the Center for Bioethics at the University of Pennsylvania.

Thanks to you all and, Alta, would you start us off please?

R. ALTA CHARO: Thank you, Jonathan. It's a pleasure to be here and I would like to warn everybody that because one of the core values of progressivism is the value of diversity, that you should not expect that all three of us will agree precisely in the content of what we view a progressive bioethics to be, but I suspect you'll see a great deal of commonality in some of its core principles.

From my perspective, progressive bioethics is extremely old-fashioned bioethics because it goes back in many ways to the values on which this country was founded. The greatest thinkers of the American 18<sup>th</sup> century, people such as Jefferson and Madison, Franklin, Hamilton, and Adams were all products of the European Enlightenment, and in contrast to the feudal era that preceded it, they adhered to – the feudal era that preceded it that included things like blind adherence to church-controlled governments and strict hierarchy of social rank and patriarchal authority, the best of the enlightenment values stood for things like recent approaches to social problems rather than adherence to a particular tradition or religious set of dictates; and appreciation of the natural world and a commitment to protect and even improve upon that world; faith in the ability of humankind to improve itself – not to perfect itself, but to improve itself; a belief that freedom and personal happiness are intrinsic human rights and are the foundations of a healthy and just society; and an openness to diverse modes of living and personal moral codes.

These values, I think, are well-represented in a progressive approach to bioethics, but to that list progressive bioethics would add as well: a duty of care, whether individual-to-individual or government-to-its-citizen; a commitment to distributive justice, whether within a single generation or between the current generation and those that come in the future; a belief in the inherent equality of men and women and people of all nationalities, races and ethnicities; a respect for religious traditions and the inspiration they provide for individual conscience and political action, but a commitment to avoid having religion become the source of rules for public policy or become a substitute for the natural sciences; very importantly, a commitment to the freedom to explore, whether the exploration of the mind or the exploration of the sciences; and finally, a belief that human dignity – a phrase we hear a great deal about these days – a belief that human dignity depends not on eschewing technology or adhering to a set of arbitrary rules, but rather in facilitating individual choices by creating a world that allows people to achieve their own personal goals and visions.

These kinds of beliefs, which are partly based on the Enlightenment and partly growing out of the American progressive tradition, beliefs that are founded in justice and liberty and equality and beliefs that also have a fundamentally optimistic view about humankind and about the role of science and technology in helping to improve mankind and improve the world. These things result in certain basic orientations in our approach to the social changes that are wrought by technological innovation.

First, these kinds of values lead to a far more comprehensive pro-life vision in which the commitment to life does not begin at conception, it does not end at birth, but rather begins with building a society in which decisions about your intimate relations, about having a child or not having a child and about how you will rear your children, where these decisions are not constrained by stigma or poverty or fear. It also includes a commitment to putting the interests of the living ahead of the symbolic interests associated with cells, no matter what their potential under ideal circumstances. This approach also favors the rights of individuals not only to plan their families, but also to use the best that science can offer to heal the members of their families and to pursue their vision of the good life.

A progressive bioethics also adopts a richer understanding of the phrase “human dignity,” in which human dignity is not something related to the absence of technologies that change our human relations, but rather by the presence of the necessities of life ensured to all, including access to food and education and healthcare as an entitlement and not as a privilege.

Progressive bioethics, because of its commitment to diversity in lifestyle and diversity in viewpoint, necessarily takes a more global view of the question of equality and incorporates into its analyses the needs of poorer nations and take those needs into account as much as our own, whether it’s in patent policies that ensure access to essential medicines or clinical research that’s designed and carried out for the benefit of the local communities and not merely of the sponsors.

It takes a more expansive view of liberty in which liberty includes not just those political freedoms we’ve come to associate with the Bill of Rights, but a rich version of liberty in which sexuality, family formation, and fundamental choices about birth and death are at the heart of each man and each woman’s personal vision of the good life. And it eschews government policies that subject individuals to popular will, for even if that popular will is overwhelming in its political power, and instead protects the rights of individuals to pursue that personal vision and, therefore, opposes government constraints on who may marry whom and who may refuse unwanted medical interventions.

Recent years have seen a rise, as Jonathan has mentioned, of a distinct version of conservative bioethics. It’s a version that has at its heart a flavor of romanticism, the same movement that came to reject some of these enlightenment values in years passed. It calls for government enforcement of majoritarian prejudices that are based on emotion and instinct and repugnance. These years have also seen an increasing disregard for truth and a concomitant infusion of politics into science, whether in regulation, funding or

teaching of science in government and in schools. It's also seen a rise in organized efforts to impose particular values from particular religious traditions upon the entire population, and to employ the power of the state to enforce that moral vision as opposed to the power of persuasion.

Progressive bioethics opposes those developments. It's built on a belief in the value of diversity and very, very profoundly upon an openness to the serendipity that societal change represents. With each technology comes a change in the flavor of our lives; some things will change for the better, some for the worse. A fundamental difference between progressive bioethics and the recent wave of neoconservative bioethics is how to react to that change. Progressive bioethics opens itself to change, looks for opportunities to constrain abuses, recognizes that technologies and social changes can represent dead ends, but that fundamentally the essence of society is change and development, and that technology is one of the ways in which that change is brought about.

That's what underlies the confidence in our ability to regulate without squelching natural curiosity. That's what underlies the fundamental position that the freedom to think and to speak also includes the freedom to inquire and to research, and it is what underlies the fundamental optimism about the future of the world and its peoples.

Thank you.

MR. MORENO: Thank you, Alta.

Vanessa?

VANESSA NORTINGTON GAMBLE: Good afternoon. I can tell, just in that moment, that I'm not in Tuskegee because I didn't get the call and response. And so let's start again. (Laughter.) Good afternoon.

AUDIENCE: Good afternoon.

MS. GAMBLE: I'm very happy to be here today and I'm going to – you know, there's a part of me that I wear a hat as a physician, and so as a physician I have a PowerPoint presentation, but I have some pictures, so it's not just – I'm not going to be reading from the slide. And what I'd like to do is tweak, in a sense, the title of this panel, "Is There an Ethicist in the House?" to "Why isn't There Usually a Black Ethicist in the House?"

And I am here representing Tuskegee University National Center for Bioethics, where our mission is to promote equity and justice in health and healthcare. The center came about in 1999. Its genesis was President Clinton's apology in 1997 for what should appropriately be called the United States Public Health Service Syphilis Study at Tuskegee, not the Tuskegee Study, and it's the first bioethics center dedicated to addressing issues that are of importance to African-Americans and other underserved

populations, and it's the only bioethics center that is located at a historically black college and university, and we are the only one that has the mandate to increase the number of minority bioethicists.

This summer we had a meeting at Tuskegee, which was called "Creating a Black Agenda in Bioethics," and I think any progressive agenda in bioethics has to acknowledge the importance of partnerships with other people. And there are a couple of reasons why we at Tuskegee thought it was critical to have a conference that was called "Creating a Black Agenda in Bioethics." One was the rationale which we all – and first of all, when I said we're having a group of black bioethicists, people go, "Oh, where'd you find them?" I mean – and I think part of the problem is the definition that, you know, we felt it was important to be multidisciplinary because the – you know, and Alta used the word a lot, human dignity, because the battle for human dignity and human justice and social justice knows no disciplinary bounds. So we found people who were working in social justice in the churches, people who were working with the foster care system who – that mainstream bioethics might not see them as bioethicists, but were working on issues on justice and health. And so that we broaden our definition because many of us who work in bioethics are always asked the question: "You're the only black bioethicist I've met. Why are there no black bioethicists?" I mean, and the question is how you define what's an ethicist and who is a bioethicist.

Another reason why we felt it was important to have this conference was – is from this quote and this quote is: "We wish to plead our own cause. Too long have others spoken for us." This quote from 1827 is from *Freedoms Journal*, which was the first black newspaper in the United States, so we felt it was important to plead our own case.

The other reason why we thought that it was critical to have the black agenda in bioethics was the reluctance of traditional bioethics – and I include some liberal bioethicists in this, too – to address issues of race and racism. And another reason is that it was important to have a place where we could talk among ourselves about our experiences and what we saw as bioethicists. And this quote here, if they don't make a place for us, we should make a place for ourselves, was a title of a book that I wrote about looking at the establishment of black hospitals in the United States. And the quote came from a black physician in Cleveland in 1930 who said that if you keep knocking at the door and the door doesn't open or the door is only half-cracked, you make a place for yourself.

I think a couple of caveats here in terms of creating a black agenda in bioethics, is that just because you work with black people and do things to improve the lives of black people, does not mean that's the only thing that you can do, so that's one of the tangents. Nor will we allow ourselves to be marginalized in that way.

There are a couple of highlights I'd like to go over with you that came out of this meeting. One was that social justice was at the center of the discussion: social justice in terms of allocation of resources; social justice in terms of action; social justice in terms of

that, if you're going to look at disparities in healthcare, you can't just look at healthcare, you have to look whether you live in the Ninth Ward. The other is that racism is systematic and institutional and needs to be addressed, and that the service was to the black community, not abstract principles. And when I talk about service to the black community, we are well aware that the black community is not monolithic, and that there are lots of communities in terms of working with black people.

And the other thing is I just want to point your – draw your attention to the fact that we call this a black agenda in bioethics, and not an African-American agenda in bioethics, and the reason why we did that was recognition of the globalization of a lot of the issues that we are dealing with and in terms of looking at the people who were of African descent worldwide. And one of the people we have on our staff is someone who is Zimbabwean and who is a Baptist minister, a bioethicist, and a human rights activist and he really has forced us to look at these things in terms of globally. But the other thing in terms of service to the black community is that we have to utilize the traditions of the black community and lack of organizations in the black community. So on Justice Sunday, we had bioethics Sunday in the chapel. Even though my grandmother was a minister, I have not been sitting on a pulpit a lot these days. That day I was on a pulpit in terms of talking about the importance of bioethics and issues of justice.

The other thing that came out of the discussion was the rejection of liberal color blindness; that, you know, we're all the same, you know, you don't have to – you know, racism isn't that important. The whole neutrality of principles that, you know, we know that principles and who interprets them are – can be subjective, as when you say, what a reasonable person would do, and now a reasonable is – it depends on who you are, where you came from, and your particular background.

The other thing that we thought was critical was that it was not just adding race to bioethics, but that there was a need for a racial critique of bioethics. What's privileged? What's not privileged? The fact that many of the principles are based on a western model. What happens when you are of a Hmong population and consent should come from the clan leader – that's with a C – and not the individual?

The other thing was importance of community involvement and the creation of trustworthy community partners, including the church. That the black church is becoming more and more diverse, but that one of the problems I have felt with progressives is a lot of times they want to run away from the church. I'm not talk – you know, I'm not talking about what Alta was warning us against in terms of theocracies, but in terms of really wanting to go talk with people in the church. I think, one of our problems is that we've left the church to the right. That's a different topic, but I can talk about that one, too. But the – when we talk about the importance of community involvement, you also have to be clear in terms of plain talk. A lot of times the discussions of bioethicists are not in what I would consider plain talk, and so you had – you'd risk through the problem of not involving many communities and also the need to increase racial and ethics diversity.

Last year I went to the World Congress on Bioethics that was held in Australia and the focus was on indigenous populations. And one of the speakers there was from Africa. I can't remember what country he was from, but one of the things that he said that resonated with us at this conference and those of us who are working on to follow-up is, justice for us is not theoretical, but experiential, so that injustice for us is experiential.

In 1966, Rev. Dr. Martin Luther King said, "Of all the forms of inequality, injustice in health is the most shocking and the most inhuman." And so there was a medical civil rights movement and one of the critical elements of the medical civil rights movement was a combination of lots of strategies; legal strategies, legislative strategies, but also a grassroots strategy and one that involved moral activism. To paint the picture that with a black woman was – which had happened here in the District in the '60s was in active labor and was not allowed into a hospital because she was black, that there should be moral outrage about that. And that's one of the things that I think that when we talk about racial and ethnic disparities in healthcare, we need to really talk about giving some moral outrage and some moral activism about these issues, and I think bioethics can help us with that.

I hate the word 'disparity' because it's basically is a difference. I'd much prefer the word inequity because it has some moral loading, it's a normative term and it's a critique of difference as opposed to pointing to difference.

In 2002, the Institute of Medicine talked – released this report on equal treatment that looked at racial and ethnic disparities in healthcare, and one of the things that this report said was that racial and ethnic disparities in healthcare exist. It was important to have the research to show that these disparities existed; and because they existed, they were associated with worse outcomes and, therefore, are unacceptable. One of the things those of us who've done this work for a while know that this is not true.

I knew I was becoming middle aged when I started showing cartoons from the *New Yorker*, and this one is a black man with the Grim Reaper in front of him saying, "You'll be happy to know that race played no part in this decision." Now, the Grim Reaper is going to come for all of us, but if – it's going to come sooner or later – sooner for some us than for others of us.

And I just want to talk about sources of disparities, but not the – but I don't want to talk about some of the institutional factors. There are lots and lots of reasons why disparities, but some of the institutional factors look at institutionalized racism and we also have to look at things in terms of a broader historical and contemporary context of social and economic inequality.

In terms of – you know, when Jonathan was saying, in the year where, you know, there was stem cells, there was Terri Schiavo, I also have to add that this was also the year of Katrina and Rita. And that if you look at Kaiser Family Foundation, *Washington Post*, and Harvard School of Public Health a few weeks ago did a survey of evacuees at a Houston area shelter. They found that it was just – this is supposed to be 52 – 52 percent

of the folks there had no health insurance at the time of the hurricane. Medicaid covered 34 percent. Medicare – of those who had insurance. Medicare covered 16 percent and 66 percent used the hospital or clinic as their main source of care: 54 percent went to Charity Hospital, which was the public hospital. After Charity, the next – the one that they went to next was University Hospital of New Orleans at 8 percent, so this shows the importance of safety-net institutions, and that we need to be talking about those. And as I said, justice for us is not theoretical, but experiential. Katrina brings this home. Katrina brings this home in terms of exposing the poverty and the racism in this country, and that if we're going to have a progressive bioethics agenda, we have to be upfront; not just talking about Katrina until compassion fatigue sets in, but really talking about what happened to the folks down in the Gulf Coast, but also what were the things that led to this to happen.

I was at the Congressional Black Caucus a couple – last week and there was a lot of talk about what it felt like to be left behind and left out, and I think that is in terms of a progressive bioethics agenda has to talk about, what about those who are left behind and left out? I said one of the things that's important to do is work with communities. So I think one of the agendas of progressive bioethics community agenda is to be able to work and talk with people who might not have degrees, who might not even know – you know, who might not even know what bioethics is the way that some of us do.

The best definition I had of bioethics was when I went to Tuskegee, I asked all of my staff, "If you are at a party and someone asked you what bioethics is, what would you say?" Most of the professors had some definition that only they understood. There was one woman from Macon County who said, "Bioethics should be about giving me power. Giving me power when I go into the doctor's office to ask particular questions, to be able to say – help me say yes, help me say no." One of the things that we've done at Tuskegee is have a bioethics quilt project. This is a group of women from ages 50 to 95 at a nursing home in Macon County who have come up with this quilt to tell the story of the syphilis study from their eyes. And to get the narratives of these women, many of whose relatives were in the Syphilis study, is a way, I think, that we have to need to be creative to talk with different people and to work with communities.

So I see four challenges for progressive bioethics. One is to diversify the profession. One is to increase attention to issues of race, ethnicity and racism in bioethics discourse. Develop a profession that my colleague, John Stone, who is at Tuskegee, says, that includes understanding, but not just understanding, but understanding and action. And also increase skills to work with communities.

Thank you.

MR. MORENO: Thank you, Vanessa. You can clap, that's okay. (Laughter, applause.) Progressives, you know, show their appreciation. (Laughter.)

Art?

ARTHUR LEONARD CAPLAN: Well, thanks, Jonathan, for having this event and I want to acknowledge the work that Vanessa has done and Alta has done in terms of laying out both the vision of progressive bioethics and also engaging in progressive bioethics. I had a little talk that's stuck on my computer, but I have been sort of mulling over whether I wanted to run through it and I'm not going to do that.

I'm just going to talk about, first, why I think it's timely that we started talking about progressive bioethics. Second, I'm going to say why I don't actually care if we call it bioethics. That's just our insider terminology for an area, but it's the scope of problems that define what we're going to be hopefully debating and arguing about, and trying to position the American people to understand and make the choices they want to make about down the road. I think it's the nature of the problems. And I'll suggest that it's also attitudes about the future, attitudes about science, some of which Alta already mentioned, and then attitudes about fixing a broken system because at the end of the day what really is key to moving progressive bioethics along is trying to refocus attention on the ethical scandal that is having a quarter of your population with no health insurance and having tens of millions of people die internationally who easily could be saved with very small changes in what's available to them by way of basic healthcare.

So I think a progressive bioethics, as distinct from a conservative bioethics, will pay attention to those system problems and try and debate, argue about, and then ultimately come up with some answers to, again, what I'll say ought to be at the core of a progressive bioethics: the failure of the system.

So last year we watched – if you were a progressive bioethicist, you watched in horror, but we watched two major events unfold: one was the Terri Schiavo case and one was the battle over stem cells, and nothing could make clearer what is the difference between progressive bioethics and conservative bioethics and in fact nothing could make clearer why it's important that progressive bioethics enter into the political fray.

You'll remember the lead spokesperson on the Schiavo case was Tom DeLay, ethicist extraordinaire. (Laughter.) Tom DeLay denied that Terri Schiavo was on life support. He also claimed that she talking, singing, dancing, communicating and quite interactive. These views for time were endorsed by Bill Frist. They were endorsed for a time by Bill Bennett. They were endorsed for a time by Charles Krauthammer. I was going to say at least a couple of those are under investigation, but – of those individuals, but the fact was that if you looked at the Schiavo case, it represented one of the worst aspects of conservative bioethics: lack of attention to science; almost a disrespect for what science and medicine are about and imposing instead one's own personal agenda, one's own beliefs, I would go so far as to say one's own fantasies about what should the mind of Terri Schiavo be like and what should be done with her.

We had a Congress that was able to move with lightning speed over the Terri Schiavo case: special sessions, attempts to subpoena her permanently vegetative body up from Florida to Washington. Nothing like that was seen around Katrina. Nobody met quickly. Nobody responded quickly. Nobody did anything quickly. But when the issue

became one of a feeding tube instead of feeding somebody at the Superdome, this administration and its conservative allies found themselves willing to do anything: overturn the law, make a mockery of the federal courts, ignore the facts in pursuit of their particular agenda.

And stem cells, in my view, has been worse. We find during the past year, if you look at this debate that the conservative bioethicist suffers from two kinds of diseases: one is monster phobia; worrying that at any moment a cloned person might move next door, so that nothing can happen with embryos because of this fear that somehow or other this clone being is going to show up in your neighborhood. And we all know what that means: there go the property values when that cloned being arrives. If not there, then the other element they seem unable to get past is embryo vision. They are fighting like crazy to maintain the dignity of embryos, and it's all embryos: frozen ones, leftover ones, embryos that no one is going to utilize or adopt or put to reproductive purpose ever because they're too old or too damaged.

Nonetheless, the conservative bioethics movement, out of a kind of bizarre ethical intuitionism, has said again and again, they cannot support embryonic stem cell research. They will not pay attention to the calls from every legitimate scientific body that this is the next great strategy for trying to get a handle on incurable diseases. They systematically bring forward people with very little qualifications to talk about all sorts of ways you can work around stem cell research: adult stem cells, intentionally disabling embryos – one of the great cockamamie science ideas of the year – and, in fact, even hinting that it is President Bush who has done the most stem cell research in this country by setting out funding for his much discussed, but little in evidence stem cell line policy.

If you look to both of these areas, you would find that they're not in synch with where the American people are. The American people don't want Tom DeLay to make their end-of-life care decisions. If I take it as an evidence why the Congress has been moving on stem cell research is because patient groups have allied themselves – sadly perhaps without as much help from bioethicists as they might have deserved, but they've gotten themselves together and put the heat on in the Senate and the House, and moved the vote towards stem cell research.

In both cases, conservative bioethics is just out of step with where the American people is at and think it is telling that in those areas, values – whatever they are – are not possessed uniquely by the right or the conservatives. Progressive values are much in evidence on both of these major bioethics issues from the past year. So I'm going to say that it's time, and I hope this is the start of that time, for progressive bioethics to basically engage out in public in the political arena. As Jonathan said, I'm not sure who politicized bioethics, but I'm – as my football coach would have said, I'm sure who should end this debate – (laughter) – and it is going to be a standoff between what I'll call “pragmatic principlism,” some of which Alta did a great job outlining for you, and a kind of consensus building, which let's me plugged my friend Jonathan's book. If you want to see what a progressive bioethics in action looks like, you can meld some of the – I'm not going to repeat it for you, but some of the principlism that Alta outlined against a

consensus-building process that Jonathan has done a lot to articulate over the years versus what I'll call religious fanaticism, narrow intuitionism from the particular class point of view of the sort that Vanessa was complaining about; an ethic that is basically built on repugnance. I mean, that's one of the key moral guideposts for our conservative friends. They have yet to see a technology that didn't repugnate them, I believe, that's the word.

MR. MORENO: It is now. (Laughter.)

MR. CAPLAN: Anyway, it is now. So out on – tottering around constantly on the edge of distaste, frothing constantly about every possible development as leading as to who knows where, who find themselves in opposition constantly to science and technology. A progressive bioethics is not unaware that science and technology can be captured by industry, can be put to use for the wealthy, can be utilized for class purposes or race purposes to hurt and injure people. That's why there is the place where Vanessa works, but at the end of the day, one clear distinction between progressive bioethics and conservative bioethics is where conservatives see only fear and danger, fear and loathing I might even extend it to, progressive bioethics sees opportunity and possibility.

There is a chance to master technology, to put it to purposes that serve all Americans and perhaps all of humanity. There is a belief that we can determine our destiny, not that if the technology jumps out of the box it's going to be the end of us all. I'm going to say that I think progressive bioethics is in a position basically to empower people, hoping to utilize medicine, science, and technology in that effort, to try and restrain it when it seems to be too dangerous, to try and use it to liberate us, to try and use it to make us grow.

I'm constantly amazed at the number of conservatives who tell me – conservative bioethicists who tell me that they worry about what will medicine and science do to us in the future. How will we become victims of this technology? There is almost, in addition to the embryo fear, the other – excuse me, the cloning fear as one monster, the other great fear that dominates conservative bioethics is cyborgian fears. They all seem to worry that somehow or other a chip or a artificial brain or something is going to happen so that at some point when they're having a meeting around the *Weekly Standard* or some other event, there'll just be sort of artificial beings there. I could make a snide remark about that, but I'll let that go.

The notion that what bioethics should do is spend its time worrying about these monsters, worrying about these fears of technology, strikes me again as exactly what's off kilter with conservative bioethics. Progressive bioethics, whether it's in the intelligent design debate, whether it's looking at global warming, whether it's trying to figure out why it's so difficult to grow food in third world places and get it there, whether it's trying to understand what's happened with emergency contraception and what its scientific status is, whether it really wants to pay attention to what scientists say about stem cell research, whether it really wants to listen closely to what science and medicine have to say about what will make us healthy and what we might do in areas like prevention, is not afraid of science and technology.

And I submit that conservative bioethics is. It doesn't listen. It discounts. It substitutes values constantly for the facts and it does something that all bioethicists worth their salt knows is a bad idea: it doesn't begin with the facts, it makes them up.

Progressive bioethics, I think, is in a position to work much more closely and skillfully with science and technology and, I might add, with those in religious communities and out in the real world communities to try and figure out how to steer this sort of juggernaut that we've all invested in toward liberating and important social purposes.

So my first claim is that what makes progressive bioethics progressive is it's not rooted in some kind of narrow, class-based, moral intuitionism. Secondly, it has a much bigger scope. It wants to understand systems. It wants to understand why the healthcare system is broken. It's trying to get away from just embryos and monsters all day long. That isn't with bioethics historically has been about. It isn't what it should be about now.

Last two points, and then I'll stop my little diatribe here. It seems to me as well that if you looked at bioethics, progressive bioethics is global bioethics. We do care about our relationships to the rest of the world and what's going on elsewhere. I don't think conservatives do. I don't think they're focused at all on problems about vaccines and what ought to be done to take on HIV or malaria in other counties. I don't think there is much of a global bioethics on the right. I think that there should be and will be a pretty significant debate about what global bioethics looks like on the left. So again I would argue there is a scope difference here that has to really be taken seriously.

Lastly – last comment, I think progressive bioethics isn't afraid of the future. That's just my personal view. It looks toward it with eagerness. Sometimes some worries, sometimes some concern, but it's not afraid of it. It wants to try and make it better. Everything I see out of conservative bioethics when it thinks about the future finds more succor in the past. And that may be, at the end of the day, the core difference between how you want to position where bioethics ought to go.

I said at the start of these remarks that bioethics to me is just a cover term for a bunch of issues. I've tried to lay out some of what I think the key ones are: health reform, paying attention to global health issues, trying to figure out how to pay attention to the science in areas like stem cells, trying to put forward a policy of how we die that is truly respectful of individual choice and human dignity, and many, many others. I think that at the end of the day that vision of what progressive bioethics is and should be is what we need to focus in on. I don't care, as I said, if we wind up calling these individual problems that places like the Center for American Progress wind up working on and never use the word bioethics again, but if we're going to have a bioethics term, then I believe it is best being a progressive one. From what I've seen during the past year, there is nothing that would encourage me to think that a conservative bioethics is either what the American people need or what they want.

MR. MORENO: Thank you. So before we open up for questions and discussions from the floor, I want to give the panelists an opportunity to interact a bit and respond to one another, and I want to offer the following question to the panelists.

The President's Council of Bioethics has just undergone a leadership change. Dr. Pellegrino will be the new chair and their charter has been extended through the end of 2007. I wanted to see if any members of the panel had any suggestions about the future, not so much the past, we have already heard a little bit about that, but the future of the President's Council. What should be on their agenda? If you were a member – in fact some of us, we have friends and colleagues on the President's Council. What are the issues that they should put on the agenda now for the next couple of years? Anybody have a suggestion about what they ought to look at? I have a feeling they all do, but I am being coy.

Alta?

MS. CHARO: Having read a number of their reports, I've been – I've really been struck by the incredible amount of attention that they pay to their notions of individual morality and their notions of the kind of the common good, but by contrast how very little attention they pay to the role of government with respect to bringing about that vision of the public good or enforcing that particular view of individual morality.

At the heart of bioethics in a public setting, like a public policy commission in my mind, is political philosophy as opposed to moral philosophy. You could argue from here until Sunday about whether or not it's right or wrong for me to go forward and have a child with disabilities, whether or not it's right or wrong for me to tell the truth to my patient – any number of things that are questions of individual morality, but you haven't answered the question about what the role of the government ought to be once you've come to a conclusion.

I remember sitting in a meeting with representatives of national bioethics commissions from around the world discussing the ever-important issue of cloning. I'm glad that we all three agreed that this one has gotten so much more play than it's worth and I was struck by the fact that pretty much everybody agreed on the pros and the cons and the rights and the wrongs, and yet when the next inevitable call came through for harmonization of national policies, I realized that was completely fruitless because if you were in certain European countries, you were in a setting in which government power is presumed as opposed to the U.S. system in which it's limited unless there is specific constitutional basis.

If you are in the European countries, the good of the collective was presumed to outweigh the interests of the eccentric minority, whereas in the United States with regard to many particular activities the eccentric minorities are allowed to have their way even when the collective good or the collective wisdom is not furthered.

It also reminded me of an experience I had in Cuba where, to my surprise, for a brief period in the '90s there was tremendous openness to having bioethics conferences and I couldn't quite fathom why, until one of the deputy ministers in the health ministry there explained over drinks in one of Hemingway's bars that bioethics is simply a lens through which one discusses the more general questions of political philosophy and that in Cuba, where such discussions were still severely constrained, bioethics conferences allowed them to bring together their intellectual elite – their lawyers, their philosophers, their doctors, their judges – to discuss things like the role of the government with regard to property under the guise of discussing property interest in your body or the role of the government in morals regulation or the role of the government with regard to – or actually the relative roles of professions, of professionals, of the marketplace, of courts, of legislatures, and of executive branches in setting policy.

And so I wish the President's Council had in the past, and I hope perhaps under Ed Pellegrino in the future will pay attention to the fact that it is not merely a group of individuals who are attempting in a platonic tradition to engage in a public debate in which they exercise moral leadership for the rest of us, producing volumes of readings for us to use in our classrooms because we are too feeble-minded to imagine how to teach ourselves, but instead would recognize that they've been given a public trust and part of that public trust is understanding that their role is to help set public policy, which means paying as much attention to the role of the government as to the rights and wrongs of the individual technologies and their uses.

MR. MORENO: All right. Anybody else?

Art?

MR. CAPLAN: Well, I agree – I particularly agree with Alta's last comment. I think that the council – that council has abrogated its public responsibilities. It has become more of a national seminar or teach-in about certain issues, and I don't think that's taking advantage of it in terms of what it might do. But my suggestions would be – obviously I've harped on the need to examine problems in equity and fairness around healthcare access, so I think that is the core issue. To me, that's the number one challenge facing this county is out to repair what is by any measure a collapsing – I don't want to call it a system of healthcare – a collapsing mess of healthcare, and they ought to be writing about that. That is the major moral challenge.

The other is the collapsing mess of human subjects protection. I mean, we've had Vioxx and Guidant on and on it goes. It's clear that the system is not working right. Informed consent, IRB review, conflict of interest measures are not doing the job here, so I would like to hear from them what would they say would.

MS. GAMBLE: I want to raise a question. You know, you asked us what were the things we want them to grapple with, and the question is whether this is the council we would want to grapple with some of the major issues out there, so that – you know, I agree with Art about the issues around equity and fairness and justice, but the thing is

given this council, some of the issues that matter to us – whether to get some type of papers or imprimatur from them might be problem than it's worth, so I'm just going to put that out.

MR. MORENO: We now have time for questions and discussion from the audience. First I'm going to ask if any of the journalists here would like to ask a question?

Sir, please identify yourself. Tell us your name and where you're from.

Q. Sure. Will Saletan from *Slate Magazine*. I wanted to ask – this is sort of for Dr. Charo, but anybody else who wants to chime in. You spoke about an attitude of optimism towards science and technology and historically, obviously, progressives have been skeptical of capitalism which is in this case bound up with science and technology, so I wonder if you could just reflect on what sort of optimism or skepticism progressives should apply to the capitalist aspect of science and technology in biotechnology or other fields that are relevant to you.

MS. CHARO: First, just by way of correction, my mother loves you for it, but I'm actually not a doctor. I'm just a Ms. or a professor –

MR. : Juris doctor.

MS. CHARO: But on her behalf, I thank you. (Laughs.) I think you've actually – and I'm not surprised because I read your columns regularly in *Slate*; I think you've put your finger on one of the tensions within the left which I deliberately did not mention because I'm trying not to you know, engage in what the left usually does, which is eating our young. If you look at the debates around most of the emerging forms of biotechnology, and I predict the same debates will take place in the context of nanotechnology, you begin to see some splintering on the left specifically over the role of business in the development of these technologies and there is no question that we've got structural problems that plague us. Example: Art mentions human subjects research. Let's understand that the basis of our drug regulation system, the basis of our drug approval system, is the creation of a set of incentives for interested parties, specifically the drug company sponsors, to self-report problems during the development of a drug and problems after the marketing of a drug. And we rely on incentives because we do not have the interest or capacity to do the work ourselves sponsored by the government using independent arbiters, right? So we see structural dilemmas and a struggle to come up with sufficient incentives.

I'm also aware of suspicion about – and that by the way, that same structural problem is going to be present in the promotion of any product. It's also problematic in the creation of artificial demand for products, just as we have artificial from mouthwash and underarm deodorant, you can have artificial demand creation for any number of medical enhancement technologies or agricultural enhancement technologies and we also recognize the very complicated equation that intellectual property plays in this entire area

because of the acknowledged inability by any economist to really get a handle on the net benefit that patent protection offers. That is, we know it's there to encourage research and promote innovation. We also know that it creates information restriction for some period of time and a cost to use of protected properties and we just don't know how to completely balance out the equation.

How much skepticism should there be? I would be relieved if the fringy elements in the progressive movement would stop assuming that anything that is bought or sold must necessarily be flawed or the subject of a conspiracy of silence, but instead would focus its attention in a more nuance fashion on the structural conflicts of interest that are created by capitalism, such as systems of self-reporting of problems in the approval of a drug, and then say, "How can we understand the scale of the problem? Do we need to adapt the incentive systems or move away from incentive systems to straight regulatory systems?" In other words, to ask questions that are a little more sophisticated than the ones they've been asking.

Right now, they seem to be forming very peculiar alliances with people whose agendas are really to change the role of women in society and return to a far more hierarchical, more rigid organization of gender roles and also to form alliances with those who – Art talks about embryo, what was it –

MR. CAPLAN: Embryo-obsessed.

MS. CHARO: Embryo-obsessed, I use to call it fetus fetishism. I think it's an unhealthy alliance and I think that we've learned in the past, if we look at our own national history, that these alliances do not work. Nineteenth century feminists saw the Civil War soldiers returning from war, whoring and drinking and beating their wives, because war is a brutalizing experience. And so they joined forces with the prohibitionists to oppose alcohol because they saw it as the way to protect women from being beaten. Very sensible short-term strategy except that the prohibitionists were themselves very tightly tied to a group of people who were trying quite explicitly to transform the United States into a theocracy and the actual result not only far into the future was an unworkable prohibition, but it was a series of criminal statutes about adultery, about pornography, and about contraception that plague us to this day 150 years later. So I'd be very careful about the alliances we form in the name of skepticism about money.

MR. CAPLAN: I was just going to turn your question, Will, around in a slightly different way as a political point for those in the room, not so much to a journalistic point, but the left and progressives obviously are weary of unfettered, unbridled capitalism. There's no doubt that that's part of what makes a good lefty. However, at the same time, the right has basically found itself unable to say anything about what it thinks about the dominance of big business and I'll name the two sort of bad actors here: Big Pharma and managed care, third-party-payer private insurance interests who I think are at the source of a lot of our woes. The right has not been called out to say, "So which is it, Pharma and the private insurance industry, that you like? Do you like the Know-

Nothingism of the religious right as reflected in a lot of neocon and conservative bioethics, or do you like the unfettered free markets approaches that are touted on the right?"

The left at least can say, "We can see a vision, which allows us to modulate markets and try to use them toward good purpose," but I think what the right has is either you're no friend of mine because you're going to basically show up with pitchforks and torches and lock us all up in the industry-science-medicine-industrial complex or you're just going to let us continue to do whatever the heck it is we want to do. So I don't see the left pushing hard enough on the right to say, "So which is it?" And they might add for activist purposes to divide those two sectors. There's not a natural alliance over there between people who show up and say, shut it down because it's only going to lead us to cyborg land and people who say, don't come near us at all because any intrusion into the market violates the theocracy of Milton Friedman.

MR. MORENO: Can I just add to that? I think conservatives find themselves in an awkward position about regulation because they called on and the President's Council has called for a prohibition from, an extreme form of regulation repeatedly in some of these areas that we are talking about this afternoon, but if you think about it historically, regulation has come about as a result of progressive movements. So the irony is that the regulation is being called for in certain areas they don't like by conservatives but the framework of regulation was created as a result of progressive movements.

Related to this, I've heard a number of people in biotechnology say, "You know, you don't see the venture capital flowing into embryonic stem cell research in California or elsewhere yet because we are waiting for the rules. We want regulation. We want it because the money won't follow unless we know what the rules are." So I think, Will, that there's often more of a tension philosophically than there is in practical terms, and in practical terms the regulatory framework has come from progressives.

Erika? Again, wait for the microphone please and introduce yourself since we're doing this for posterity.

Q: Sure. I am Erika Check with *Nature*, and I guess I just wanted to ask perhaps an obvious question which is, when you're talking about formulating some sort of progressive bioethics agenda, are you talking about something that's kind of coalescing opinions that I've heard you express and sort of packaging it so that it's more easily sort of digested by the political system? Or are you talking about something a little more formally interfacing with campaigns or individual people? Because some of the conservative bioethicists that you're talking about we know are in fairly formal, regular contact with these structures.

MS. GAMBLE: Well, what's interesting – right before you answer – you asked the question, I had just written down, why have conservatives been successful? And I think for some of the reasons that you laid out there in terms of having multi-pronged strategies. Multi-pronged strategies, multiple audiences, being able to change the

argument for the particular audience, being very, very opportunistic and also being able to divide. I mean, I think Bill Bennett's comments last week, you know, about crime and abortion and African-Americans, basically shows how that can divide folks because on the one hand he was exploiting the fears that many African-Americans about reproductive rights and abortion, so it was – and so the – just, you know, feeding into that fear was a way of advancing his own agenda.

So I think any progressive bioethics agenda has to be multi-pronged, multifaceted, just as opportunistic. And I'll give you an example what I mean about opportunistic: one of my colleagues in Tuskegee came into the office one day and said, "You know, my minister said on Sunday, 'I don't that much about stem cells, but my gut tells me it's wrong.'" You know, by the time it got to the barbershop and beauty salon later in the week, stem cells is wrong. And so I took that as the opportunity to initiate an initiative in the black faith-based community because if we don't fill that vacuum, somebody else will. So I mean – so I think those are some of the things that – I don't think we're all going to agree on what the topics – today at least, on what the topics should be, but I think that it will be broad in scope and it'll be different strategies.

MR. CAPLAN: Well, I've had a couple of meetings where I've had Vanessa as a speaker, so we could get agreement on what the topic should be if we just listened to her. (Laughter.) The – I was going to say this: I don't buy the premise that we have to have a meeting because progressive bioethics is in bad shape and conservative bioethics is in good shape in the sense in which – I think progressive bioethics has been holding its own, winning a lot of the fights. It's not that, but there is, if you will, an infrastructure that I think you're talking about, Erika, that has grown up around conservative bioethics that progressive bioethics doesn't have, so I'd like to see the think tanks – I'd like to see more think tanks on the left, progressive side. I'd like to see them hold some attention to bioethics issues. I think that the American people care about those issues. They don't talk about them as bioethics, but they talk about them as topics they care about and pay attention to and want to hear debate about.

I think there is a need to train more young people to engage these issues. I think that it should be part of the training of bioethicists that they might want to write – not all of them, but some of them – for broader publics, broader audiences; engage there the way think tanks and private activities have sort of positioned themselves to shape that. And yeah, I do think there's the occasional retreat or prophylactic meeting that might be held with politicians to sort of say, you know, this issue is coming down the road. Alta mentioned nanotechnology, that's a nice example. There are a bunch of others, you could sort of forecast and talk about what are the problems.

So, I don't – I'm not here because I'm sort of trying to rally us up from some long series of defeats. I actually think progressive bioethics – maybe unlike some of the other, left, progressive things – has been doing pretty well, but it needs to pay attention to its infrastructure. It doesn't want to get outflanked on these issues and if values count for American voters, then bioethics has something to offer.

MS. CHARO: Well, unlike my colleague here, I am here to rally the troops. I don't think every bioethicist in the country has to immediately declare his or her political affiliation and begin working for their favorite candidate. That's not my point, especially because I do believe there's a world of bioethics discussion separate from what I call public bioethics; that is, bioethics in the setting of public policy. But I do think for those of us that work on bioethics with regard to public policy, you can't escape the fact that it's political. As I was saying before, I think that each vision of bioethics in public policy depends upon a particular vision of political philosophy and the relationship between the governed and those who govern, and that, therefore, you can't escape this.

I also think that in the world – and I call them neoconservatives rather than conservatives, because of the influence of people like Leo Strauss and Hans Jonas on their thinking, particularly some of the doomsday thinking that you were talking about as well as some of the kind of platonic-elitist approaches to discussion. But within that world of neoconservative bioethics, there has been a very concerted and I think very effective effort over the last five to ten years to build an intellectual infrastructure that serves not just conservative bioethics, but serves the conservative movement generally in the United States because of the way in which bioethics is just a lens for more general public policy questions.

If you look, you will see interlocking boards of directors from the Center for Bioethics and Human Dignity to the Ethics and Public Policy Center, which in turn interlocked with the major journals, the *New Atlantis*, the former *Public Interest*, now recently defunct, all of which interlocks extremely heavily with the current Bush bioethics council, members and staff. You have interlocking funding agency – not agencies, funding philanthropies from classic conservative philanthropies, you know, the Johnsons and the Corrs, and also money coming through the Mellons and Scaifes and also you've got connections to the kind of standing organizations, the American Enterprise Institute, William Kristol's Project for the New American Century, et cetera, and you've got groups like the Becket Fund which have their own ties to try and to reintroduce a kind of theocratic approach to government and prayer in schools, et cetera – a whole agenda having to do with religion in America, which also now has a specific project and at the preparation of legislative and litigation briefs on every possible bioethics topic ready for anybody's use.

The *Cambridge Quarterly* – is it this issue? The *Cambridge Quarterly* is devoted to the future in the bioethics field and there's a lot – there's a piece by Dan Callahan, one of the founding members of the field, decrying the increased politicization of the field and calling for a return – it sounds like the return to civility, in which we all retreat to our academic hats and talk about what clear reasoning can bring to a debate. I think that there's room for that within certain areas of bioethics, but, again, in public bioethics clear reasoning demands an articulation of the underlying values, many of which are inherently political values.

So I would be happiest, as somebody who is rallying people – a subset of the bioethicists – to work more effectively to build the infrastructure to provide the

progressive movement – and there are progressives within both political parties, so it's not necessarily tied to a particular party, but to provide for the progressive movement a vocabulary, a style of thinking, and a set of principles that lead to certain conclusions about specific policy questions, whether it has to do with access to healthcare for the poor or the care of those in the third world who are in our clinical trials, and to provide that for them for their use and to assist in the political effort.

You know, Aristotle said that man is a political animal and in my view so too is the bioethicist and we'd be better off admitting that clearly and taking it from there.

MR. MORENO: Any other members of the press? Then please wait for the microphone and please give us your name and identify yourself.

Q: I am Frances Kissling with Catholics for a Free Choice. I noticed in the presentation something which is a classic tension within the progressive community in general and in the presentations, and that's the tension over religion and its appropriate role in this. Some of us who come from religious traditions think there was bioethics before there was bioethics and it was called moral theology. And so I'm actually wondering in terms of where you see this emergent, progressive bioethics particularly in its advocacy component, and there certainly is an advocacy component clearly to it – how you – if you would like to tease out some of the differences that I hear between you know, in terms of where – of Art and Alta, in terms of the concern about religion. And Vanessa – which is legitimate – and Vanessa in terms of the concern for engaging religion, which is also legitimate. And how do you think progressive bioethics is going to engage and work with the religious community.

MR. CAPLAN: Well, I can jump in there – I don't have any problem engaging the religious community and in fact I think there are oodles of progressive thinkers interested in bioethics topics who want to have what Alta is calling for: a place – an infrastructure to rally around and build around, whether it's the reformed Jews or the United Church of Christ or, where I live, the Quakers or – although there are only 11 of them and progressive Catholics or what I – I mean, there's no shortage of religious voices and it's said again and again that to some extent, it's partly an organizational feature going in lockstep for the right that has a certain kind of religious perspective advance, but not even necessarily the majority perspective.

That said, two other comments. One is I think that there is a diversity of views out there on many issues among the religious community and they too want to engage somewhat in policy and politics, not just religion – you know, I mean, if you look at Orrin Hatch and his struggle to come up with a view about stem cells, he had to sort of balance Mormon thinking against the public policy thinking and I thought that was an interesting opportunity to use science and to try and see what scientists were saying to help shape what I assume for him and certainly representing his state, a particular religious tradition and their attitudes about when life begins and so forth. So what I'm saying is there is an opportunity to engage folks in public policy even when they start with their particular religious outlooks and if we build the right infrastructure, I have no

doubt that we can absolutely get some folks singing from the chorus who will bring religious perspectives to bear.

Some of what Vanessa said isn't a problem; it's just a missed opportunity for the more academic ivory tower bioethics, that's all, but it's easy enough to engage it. So I don't see them as, you know, head-butting all the time.

MS. GAMBLE: I think also, Frances, that when you work with communities that you understand you have to find a common ground and really get to know with whom you're working and in what particular community because there are certain churches that I could talk about social justice issues around healthcare, around Katrina that I know I cannot talk about reproductive rights. And so that I – you know, so that – you know, I think that we can't be monolithic when we talk about the truth, even in terms of denominations because certain churches within particular denominations might have more progressive folks than others, but the importance of knowing with whom you're working and trying to find a common ground. So there are certain people – you know, in Macon County – there's certain ministers in Macon County who will not let women on the pulpit. And so when I work with them, I have to work in a very different way or have a different messenger, so that – you know, and it's just a part of that dance and negotiation and engagement that has to take place.

MR. MORENO: I think your point about moral theology is well taken. There was also the social ethics movement, which was a liberal protestant movement of the '30s through the '50s which sort of – I think a precursor to bioethics we don't often think about.

I think one concern that we have – I think probably share on the panel is that too often religiosity in this country recently has been taken as a reduction to a single principle. I've talked to a lot of Jewish groups and to reform minded-protestant and Catholic groups and there's a – it's the lack of nuance in that conversation among conservatives and neoconservatives that almost makes one think that there's another agenda behind that reduction to a single principle: trying to make a theology work on behalf of a political agenda. For example, the notion that part of the obligation that human beings have is to – in – as the Jews would like to say on this eve of Roshashana, Tikkun Alam. We will be hearing a lot about that in temple in the next six to ten days – to rebuild the world, to make it a better a place. That is a moral obligation. By the way, not only Jews – for Jews – I was in Pakistan in March lecturing at the Islamic Bioethics Center, but also for Muslims. You cannot be a good Muslim or a good Jew or, I dare say I am told by my Christian friends, a good Christian without engaging in improving the world, making a better place than it was when you showed up. So I think that it's that reduction to a single concept to what it is to be faithful that is of concern.

Alta?

MS. CHARO: Yeah, and I'm just going to – boy, I'm going to just sound so repetitive here. I think there is absolutely no tension between a progressive agenda and

working with religious groups as a source of inspiration and as organizing groups, as places to come and discuss. The concern that I am manifesting is the concern about the use of religion as the sole justification for public policy.

The late great philosopher, Dworkin, from NYU wrote in his book about the kind of underlying principles of liberalism about the need for publicly accessible reasoning in the public square. That is, my views about death and dying might actually have developed because of what I heard in my mosque or my synagogue or my church, but when I come into the public square to debate public policy, I really need to come with something that can be understood by somebody who doesn't share my particular faith because if all I am doing is saying that my bible says that it's an abomination, then the argument is reduced to whether or not my bible is right and your bible is wrong or my god is right and your god is wrong or my god exist and your god doesn't, which I think is a terrible basis for public debate and for setting public policy.

So however people arrive at their views, when they come to persuade and they come to legislate, I think at that point they're obligated to come up with explanations and justifications that can be shared by all people in a diverse country. That's my concern about the role of religion in bioethics and I don't think it is all inconsistent with an active participation by people who begin the development of their positions from a religious tradition or use their churches as a organizer, right?

MR. MORENO: We have time for one more comment or question. Bob – you. Wait for the microphone, please. Introduce yourself.

Q: Much of what I wanted to ask –

MR. MORENO: Robert Wachbroit, University of Maryland.

Q: – right – (laughter) – has already been asked and answered, but perhaps a slightly different take, because as you are all aware conservative bioethics often they don't appeal to religious temperament, and that did make me wonder to what extent can progressive bioethics – to what extent does that appeal block progressive bioethics? Is it thoroughly secular; not in the sense that, oh, it can't be hostile – it's hostile to religion, but that it merely tolerates religion, that it somehow – it can't sort of embrace the religious temperament that apparently often conservative bioethics seems to do?

MS. CHARO: You know, I guess I find this perhaps a myth of the effect of the last couple of elections on the way in which the polling results were broken out for digestion because I don't think anybody who reads *Sojourner* can fail to appreciate that there are deeply committed members of Christian denominations that are understood to be fairly conservative who themselves take progressive positions on any number of domestic and foreign policy issues and found themselves betwixt and between in the elections because of the way it was portrayed that you could not vote progressive if you were also religious and a member of one of those denominations.

And they sat there – I mean, honestly – I mean, when I was door-knocking and handing out – we’re not allowed to talk about candidates, but I met people the day before the election who still couldn’t figure out how to vote because they felt like there was no home for them in American politics. And as my own people would say, that’s a shanda (ph), that’s something to be ashamed of, right? There should be a home for everybody and there should be no exclusion. I don’t believe that progressives merely tolerate religion; I think they actively despise exclusivity and smug superiority amongst some people who are religious and in that same crowd a kind of conflation of certain political views with certain theological doctrines, so that in the end that particular political view is seemingly given a divine seal of approval.

MS. GAMBLE: One of the things that has happened to me since I’ve started my work at Tuskegee is that I’ve had an education of a sorts because I’m a northern girl, which I’m reminded of a lot in Alabama. And the importance of the church, the black church progressivism, and social justice issues has been a real eye-opening for me that people – the importance that people – you know, one of the first things that people ask you is, “Which church do you go to?” I just happened not to sometimes answer. But that learning more and more about the civil rights movement and the seeing that the embrace of religion and that the issues around justice was part of a religious movement.

And what I’ve been spending a lot of time doing these days is reading about some of the black liberation theology. Some of Howard Thurman, who was head of the department – at Howard University’s Divinity School who really talked a lot about religion and issues of equity and justice. And so that I don’t think that there is a tension at all. What I find is that a lot of progressives sometimes see the tension as a way of not engaging in the issues and so that – I mean, one of the things I’m very lucky at that my grandmother taught me well is I can quote some scripture if needed. And in that – that was important and so I think that we have to be careful not to let the conservatives hijack religion. I think we just – we can’t do it.

MR. CAPLAN: I was going to say, just to give couple of examples in your spirit of temperament, the people who remind me most often about the scandalous state of American healthcare in terms of uninsured people are the nuns who run the hospitals around Philadelphia. That’s what they care about. They want to fix it. They’re not – it’s not – you can’t run away from those issues. It’s not just tolerating them. They’re insistent that you do something about them. They get mad at their archdiocese because it’s embryo-obsessed – quietly. But they will speak you out. They’ll talk about it a lot and it’s a sensibility that I think is one that I draw upon or I’m forced to pay attention to. It’s not necessarily one that I would pay as much attention to if I wasn’t listening to some of them.

The other example I thought was interesting was the reaction to the papal teaching on artificial feeding coming out of the Catholic tradition here. I watched it. I tried to listen to what people were saying. There were some who said, you know, that it seems pretty clear to us the papal teaching is being very restrictive on feeding tube removal from disabled persons, but I learned a lot from people from the progressive wing of

Catholicism about what they thought about that teaching, which wasn't in the same way. I learned something about respect for diversity of views, which I hadn't paid attention to as much within that structure, but I thought was interesting to think about from an ethics point of view. And then from people who had religious sensibilities and disabilities and their anger that no one would seem to pay attention to anything except giving them a feeding tube when it might be nice to sometimes give them a new wheelchair or let them get some rehab and stuff like that.

So in the spirit you're asking, I think that it's possible for progressive bioethics to tap important emotions, important concerns, get pointed toward problems that sometimes aren't always there in the who is going to get the liver transplant, you know, at St. Vincent's Hospital or something. So it's not just tolerate; it's kind of, you know, learn.

MR. MORENO: It's so amazing to me that in the current climate we'd forgotten that Jimmy Carter was the first and I believe still the only self-described president who was born again. And there was time in the late '70s – President Bush doesn't describe himself as born again as far as I know, and there was a time during the campaign – the Carter campaign, people were worried about his sister. They had thought she was going to be – who was an evangelist and they thought she was going to be too great an influence, perhaps, on the White House. So –

MR. CAPLAN: His brother.

MR. MORENO: – how far we've come in – his brother was – (laughter). There were two polls there.

Well, having shown my age sufficiently, I also want to say that Art has already helped me plug the book. I want to say that there is a bookstore outside waiting to tackle you. *Is There an Ethicist in the House* will be available for sale outside. I want to thank the Center for helping me to roll out this new book and I'll be around to sign it if you actually pay for it. (Laughter.) You have to show me your receipt. (Laughter.)

More generally, I want to thank our wonderful panelists. I think you agree with me that we've been able to attract three of the best and the brightest of all, and all others here at the Center who helped to make this event possible especially, Theo LeCompte – the amazing Theo LeCompte, who managed to keep his blood pressure under control – with drugs or without I am not sure – doing these public events; Anna Soellner, Carter Campbell, Alex Pryor, and my wonderful assistant, Sam Berger.

And thanks in particular also to you for joining us. This is going to be the first of a number of such events at the Center where we keep talking about bioethics or whatever the heck it is we were talking about today. Thanks for joining us and we look forward to seeing you again often. Thank you.

(Applause.)

(END)