

Center for American Progress



SPECIAL PRESENTATION:

“BIOETHICS AND POLITICS: PAST, PRESENT, AND FUTURE.”

PANEL I: THE EMERGENCE OF POLITICIZED BIOETHICS

MODERATOR:

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SPEAKERS:

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DR. JONATHAN MORENO: Good morning. Welcome to the Center for American Progress and this day-long bioethics symposium. My name is Jonathan Moreno. I'm a senior fellow here at the Center and I direct the Center for Biomedical Ethics at the University of Virginia.

I want to thank in particular Cassandra Butts, a senior vice president here at the Center, for her support for this day-long event. The Center has had a progressive bioethics initiative for about a year. And our goal is to develop progressive policies in bioethics and public policy with regard to the life sciences. It is not to rehearse old personality conflicts or to bash individuals. Like the Center for American Progress, we're interested in developing new ideas, new progressive ideas, and welcoming new people into the building. So it's a special pleasure to see a number of old friends and colleagues here – well, young old friends and colleagues here, and also to see some new folks that we're very happy that we've been able to bring together.

I also note that there are a number of students who will be here during the day, and I want to point out that the Center for American Progress has launched a program called Campus Progress, which is an effort to strengthen progressive voices on college and university campuses nationwide. The students in the room, if you want to know more about Campus Progress, please see me and I will direct you to the appropriate person here at the Center for American Progress.

The concept of this day is to think together with some of the top people in bioethics about how the field of bioethics, a relative arcane field I think it's fair to say, has nonetheless become so central to American political discourse. I started teaching bioethics in the late 1970s. My first boss, as a matter of fact, when I became a full-time bioethicist was Dan Callahan, who I'm delighted is here with us today. Ruth Faden was a boss a little later than that on another project. So the question I think is that is so interesting when the field got started is how did these esoteric ethical issues become so important in the law and in the worlds of philosophy and theology in the '70s and '80s, gradually became more important in public policy, as we'll hear, particularly from Pat King during the luncheon talk; and then in the '90s really exploded on the political scene and become absolutely central to what some people would call the culture wars.

So this morning's panel is going to help us explore how this all came to be, and the afternoon panel will have four speakers who will help us as progressives to go to the next level, where should progressive bioethics go from here? What are the important issues for progressives? How should they be framed? What are our challenges? And what are our methods?

So, again, it's a pleasure to welcome you to the Center. We are going to try to make sure that we have plenty of time for discussion. There's a lot of talent in this room

that does not happen to be in the front of the room, so we do want to hear from you. And it's a pleasure now for me to turn this first panel over to my colleague here at the Center, John Halpin, a son of Lynchburg, Virginia, and a senior fellow at the Center who will moderate this panel.

John?

MR. JOHN HALPIN: Thank you. Good morning, and again, welcome to the Center. Just briefly, I'm kind of running the trains today. I'm good on politics. I'm a neophyte on bioethics, so I'm really looking forward to this entire day. We're pretty informal here, so please feel free to get up and use the restrooms. They're out to the left there. Grab coffee. I do ask, however, personally, that you turn off your cell phones and take Blackberries and things like that outside. We have one ethical incentive for the day and that's courtesy for free food, so if you want lunch you've got to keep your cell phones off.

I'm very pleased to be asked to introduce obviously a very esteemed and accomplished panel of experts in bioethics who are going to explain to us and me personally the history of bioethics and how we got to this current state of politics with bioethics. We're going to briefly – I'm going to briefly do introductions. There are much, much longer bios in the materials you have, but I'm sure you know all the panelists we have here anyway. And then we're going to go through, ask each of the panelists to present for about 12 minutes or so. If you have any urgent questions of clarification, please let me know after each one and we can do that, but I'd like to save all the Q & A to the end where we can hopefully have a lively discussion.

First we have Dr. Daniel Callahan, who is the cofounder and now director of international programs at the Hastings Center. He's a senior lecturer at Harvard Medical School, senior scholar at Yale, recipient of the 1996 Freedom and Scientific Responsibility Award from the American Association for the Advancement of Science, the author and editor of numerous books including a new one coming out on health policy entitled *Medicine and the Market: Equity Versus Choice*.

We have Dr. Ruth Faden who is a professor of biomedical ethics and the executive director of the Berman Bioethics Institute in my hometown in Baltimore at Johns Hopkins. She's also a senior scholar at the Kennedy Institute of Ethics at Georgetown and a fellow at the Hastings Center as well, as well as the American Psychology Association. Dr. Faden has served on numerous committees including the president's advisory committee on human radiation experiments, and is also the author of numerous books and articles, including *Social Justice: The Moral Foundations of Public Health and Health Policy*.

To her left is Dr. Eric Meslin, who is the director of – at Indiana University for the Center for Bioethics. He's also a professor of medicine and medical genetics at the School of Medicine at Indiana and the assistant dean for bioethics at Indiana. He was appointed by President Clinton in the mid-'90s to be the executive director of the

National Bioethics Advisory Commission, which of course gave advice on a range of issues from cloning and stem cells to genetics. And also, of course – the theme here is we have very accomplished authors – has also co-authored more than 80 articles and book chapters focusing mainly on ethics and health policy. He’s also been a consultant to the WHO and UNESCO and other organizations.

And then finally, we have Dr. John Evans, who is the associate professor of sociology at U. C. San Diego, a visiting member of the School of Social Sciences at the Institute for Advanced Study at Princeton, and the author of a recent book called “Playing God, Human Genetic Engineering and the Rationalization of the Public Bioethical Debate.” Dr. Evans is also working on a new book called *Genesis and Generations: The Religious Citizen in the Debate over Reproductive Technology*.

So again, I want to welcome our esteemed and accomplished panelists and I look forward to hearing what they have to say. And I will start with Dr. Callahan.

DR. DAN CALLAHAN: Thank you very much. It’s a pleasure to be here. I see a lot of people I have known at different stages of my career, and it’s always a pleasure to come to Washington. I am the most native Canadian you’ll ever meet, and I’ll tell you about that sometime, how that could be, but it is true. Listen to my outs and abouts and you’ll pick it up.

All right. I’m going to really run through a lot of material very rapidly, and I hope not in too confusing a way. I got interested in the field of bioethics, which was not even a field – didn’t have a name – in the late 1960s. And one thing that’s often forgotten about the 1960s is that there were a series of conferences, most of them international, organized by scientists to raise the question of where what was then called the biological revolution should take us. And the question was, what would the new developments in biology do for our thinking about human nature, the way we live our life, and particularly the role of science and technology in shaping the future?

The focus was very much on what I call an ethic of ends; that is to say, the emphasis was heavily on trying to understand the phenomenon, understand how to manage it and to control it, and to try to ask very basic questions about where everything was going. At the same time, it was fair to say, this being the ‘60s, it was quite fashionable, indeed acceptable, to be wary of technology. Many of the scientists, interestingly enough, felt free to speak out about some of the dangers of science and some of the horrible possibilities of the biological revolution, and many of them did. But more generally, this was during the Vietnam War, there was a sense that technology was part of the problem – and that’s a whole side chapter, not bioethics but the military history – that technology was part of the problem of the Vietnam War. But more generally, I think it was still the shadow of the nuclear weapons hanging over everything, and with enormous ambivalence about the very invention of those weapons and about their use, and that made – and that flavor hung on I think in the early days of bioethics.

Now, I think the – and I would say the Hastings Center started – my organization

– in 1969 with those fundamental questions as our primary interest, and hence very much a function of the question of ends, goals, purposes, directions, and trajectory. At the same time, though, in a parallel way a very different kind of track was emerging, though we had a lot of overlap, and that's what I call essentially the ethics of means – the ethics essentially which became dominated by the principle of autonomy and choice as probably the most profound values in the field.

And perhaps in the end the main feature of this other track was an interest essentially in regulation. That's what I called an ethics of means. Interest was much less in asking where the medical and biological trajectory was taking us, but rather how to make sure that it ran in an ethical fashion. Hence, human subject research was high on the agenda after news of lots of atrocities in the '50s and '60s, even in the U.S. End-of-life care focused not on the meaning of death and life and the meaning of death in medicine, but on how to write good rules and regulations for the care of people at the end of life. And of course there were great interests in genetic screening, and in that area again the question is what kind of rules and regulations would be necessary.

Now, the thing to me that became most interesting by the 1980s was a gradual shift away from a wariness of technology in bioethics to an embrace of technology. So that by the 1990s there was a great interest in helping technology along and finding ways to legitimate many of the developments. And in fact by – I would say by the late 1990s, one had to be a little careful if one raised too many questions of being called a Luddite, being labeled a right-wing religious nut, that somehow one was standing in the way of progress, and that was a flavor which I think became very, very strong.

Now, the key thing about being interested in regulation is I think this meant that bioethics became part of the healthcare establishment. That is to say, the interest was essentially in how to make it run well, how to make it run fairly, how to make sure that people were not harmed either by research or by the way we deployed our healthcare, and that meant a close relationship, particularly of many people in bioethics, with the pharmaceutical industry, with the federal government and its agencies. A fair amount of consultation practices began emerging, particularly in consultations with the pharmaceutical industry and in other places.

So these two tracks moved along. Now, the interesting thing is that the first track, the track of ends, more or less disappeared. It became very difficult in this country to talk about ends. I tried to raise some money for a project called the Goals of Medicine in the late 1980s and could not get any money. The issue was dismissed on the grounds that well, we all know what medicine is about, why in the world would you want to talk about that? Or this strictly sounds like a philosophical question and, you know, they don't take us anywhere. I finally did get some money – ran an international project, and thereafter found continuing disinterest in the problem, but great interest in Europe. We brought the other people from 14 countries, and at least seven of those countries had follow-up conferences, and five difference conferences in China, for instance, and only one, so far as I know, in the U.S., so one began to see a very interesting cultural difference. And I spent a lot of time in Europe, and Europeans by and large are still interested in the ethics

of ends. They still love to talk in a philosophical way that would strike many Americans as highly esoteric.

Now let me come finally to our own era. Why are we where we are? I might say in the early days that the field itself was apolitical. That is to say, we view people who are more or less conservative – theologian Paul Ramsey was part of our starting group. Leon Kass helped me get the center going. They were all understood to be conservative. But this was just of interest. It was not important in the discussion. We argued with each other, we disagreed, and we had a very interesting, interesting time. There was very little castigation of people as individuals, very little in the way of ad hominem arguments of a kind that have appeared of late, and it was a most interesting, most interesting time. And I wouldn't say – probably not until the 1990s did one really begin to see the culture wars beginning to engulf or at least encroach upon bioethics.

Now, I think the great change came sometime by the mid to late 1990s. And I think it began in great part with attacks from the conservative side on the field of bioethics, particularly in the *National Review*, a variety of *First Things*, a variety of conservative journals – really broadsides against bioethics, and particularly broadsides against the great emphasis on autonomy and a feeling that bioethics had become indeed captured by the liberal establishment, which included most of science, which by and large has a liberal cast. And as Richard Neuhaus once said, bioethics became the enablers, acting as the military chaplains for technological warriors to go out and do good – the war is not a problem but we just want you to be good warriors. And that was not totally inaccurate.

Now, I think once the conservatives started attacking, then the liberals came back in kind, and assorted nasty things started happening. And there's no doubt that Leon Kass drew a lot of fire. There's no doubt that his council drew a lot of fire, in great part because he was part of the Bush administration, which is not exactly popular in bioethics circles, which says something about the political leaning of the field. To find a George Bush supporter at most academic bioethics centers would – really like the – worse than the needle in the haystack. I voted against George Bush I must say, but this is a sociological comment which says something about the field.

Now, it was very interesting though – to me, the thing that was most interesting about the Kass council was that he was interested – he went back to an ethic of ends. He was interested in fundamental questions and by virtue by probably his University of Chicago training. As you know his writings, he loves to quote people from up to 14 centuries ago, drawing on literature and the classics. I think the strong sense that if we look deep enough into our own tradition and we ask fundamental enough questions, we will be able to solve some of these problems if the real problem of bioethics is deciding on questions and goals and purposes and getting back to talk about human nature and such things. And if not, you can certainly deal with the regulatory side, but that was not the primary focus.

Well, let me stop. I guess I would like to declare myself an independent, and I

would hope that those of us in the field will always be somewhat unpredictable. I remember a reporter calling me once about a stem cell issue a couple years ago – a very skilled reporter, and she said, why is everybody in lockstep on this issue? I was called because I have the probably unique position of being pro-choice on abortion and anti-embryo research. It will take me a couple of years to explain that combination, but anyway, there it is.

But to me, if there's any serious problem these days, the most serious problem I see is an unfortunate convergence of the liberal individualism on the left which has been very powerful in bioethics, hence its autonomy, and market conservatism on the right. Both love choice. And it seems to me that the great danger for all of these issues (in the?) and field is this merging of these two streams, which are thought to be different because they have a different set of actors, but they end up much in the same place, which is let's leave it up to individual choice in the market. That's the best way to handle all controversies – end of discussion, which I think is the worst possible way to end controversies. Anyway –

(Applause.)

MR. HALPIN: Thank you very much. Next up we have Dr. Faden.

DR. RUTH FADEN: Good morning everyone. And it's a delight to be here and a particular delight to see so many former colleagues and former fellows and students. It's just great. When I told my husband I was going to be on this panel with Dan Callahan, his response was, "You and Dan agree about everything." I whispered this to Dan before he got up. I will go home and tell my husband Dan and I do not agree about everything. (Laughter). So we probably agree about lots of things. But I think it's my husband's way of saying the people he likes must be like-minded. I think that's what is going on here. So you're going to hear a somewhat different sort of look at the issues. I wouldn't presume to speak with Dan's authority about what bioethics was like in the '60s when I was about two or three years old. (Laughter.) So I won't go to that part of the history of bioethics at all, and actually say something maybe not incompatible but just different.

So I thought it was really neat that the title of our panel was about politicized bioethics because I thought that was a good term, and I had to think about that. And it seemed to me that we were being asked one of two questions maybe. One question, when did politicized bioethics emerge; and the other, perhaps, why did politicized bioethics emerge? And I think Dan has actually answered both of those in interesting ways. I got stuck because I wasn't sure what politicized bioethics is, so that's where I got hung up trying to figure out what I wanted to say today.

So let me give you two senses. For those of you know a book I did a long time ago on informed consent, we're big on different senses. You know, sense one, sense two. Makes it easy because you don't have to decide what's right. You can just speculate about alternative ways in which you can give meaning to things. So there's one sense in

which you could say bioethics is politicized to the extent that scholars and experts, commentators in bioethics line up on different sides of the issues, whatever they are, in ways that reflected differences in political commitments. So you could say bioethics is politicized insofar as you can say on any particular issue there are commentators in Bioethics, scholars, researchers, however we want to label folks, who seem like-minded in ways that travel with – co-travel with political commitments over the traditional sort of left/right, Republican/Democratic, conservative/progressive trajectories.

And it would be akin to saying that the legal academy is politicized to the extent that you have the Larry Tribes of the world and the Robert Borks of the world. You have a politicized legal academy. You have a politicized bioethics academy. And you could ask questions like when did this begin to emerge in bioethics, if in fact we agree that this characterization is out for bioethics, and why? And also whether that's a good thing? Is it inevitable? Is it the nature of the issues we addressed and so on? So that would be one sense in which you could say bioethics is or is becoming politicized that we could discuss.

The other sense in which we could talk about bioethics being politicized would be to say that bioethics is politicized to the extent that the public conversation about bioethics and the intersection of bioethics with public policy is actually being made to serve or to advance particular political agendas; that is to say that the issues of bioethics are being made to serve or to advance a concerted political agenda, whether that's a conservative agenda or a progressive agenda.

And we could ask the same kinds of questions about that sense of bioethics being politicized. Is that a correct characterization? If so, how long has this been going on? And why has this emerged? Okay. I would assume, but I'm not certain – I'm looking at Jonathan and Summer here – that you had the second sense, this stronger more political sense of a politicized bioethics in mind when you convened us today, but we can have a conversation about that. I'm actually very interested as well in the first sense of what we might think about a politicized bioethics to be like in the academy as well as in the political arena.

So with regard to the second sense of a politicized bioethics; that is to say, a politicized bioethics that is in the service of political agendas of particular ideologies, both conservative or progressive, when did this start and why? And here I start to get really nervous. I think these are essentially historical and sociological questions. We have a sociologist on the panel, which is a really good thing. I'm somewhat with Jonathan – a kind of lay historian. I love doing historical scholarship, but I'm not a professional historian. I know enough to know that it's a really bad thing to try to give a history of a world in which you've lived. That would be a different – that would be a memoir; that would not be a history. So I'm going to give you a memoir basically.

I don't know the answers as to why and when exactly. I have two viable hypotheses which I'd like you to consider, and I am hoping that people down the road – some young people in the room – will be looking at these questions, these essentially

historical and sociological questions, with some distance as the decades go on.

So here is one hypothesis and it's sort of consistent with Dan's picture, but not the same. One hypothesis is the hypothesis that says the reason why we didn't – the assumption here, by the way, is that politicized bioethics is a relatively recent phenomenon, okay, that it doesn't describe what was going on in bioethics in the '60s, '70s, and maybe into the '80s, which I think is somewhat consistent with the way Dan is describing what bioethics was like at that time. And one hypothesis for why we didn't have a politicized bioethics in bioethics' early decades and we do now, assuming we all agree that we do now, is that the answer is all about the issues. That the issues that were the animating issues in the – I'll put back the '60s for a little bit – the '70s and the '80s, especially the issues that dominated, say, national commissions and committees and so on, were issues that didn't have a deep right-left trajectory.

So the ethics of research involving human subjects – and I'm looking at Pat King, who I hope will address this with respect to the national commission in her noontime talk, so I'm setting you up Pat, here – you're welcome – and I'm always glad to go before Pat rather than after her, let me just tell you. So one hypothesis then is that the issues that the national commission took up – research on children, for example; the whole ethical framework for research involving human subjects; prisoners – didn't have a deep right-left trajectory. If you march forward and you go to the issues that the president's commission – and we can give the full titles for anybody later. You can edit in the transcript. I'm just sort of saving time. Another national commission, a national body, convened in the next decade. Their most successful reports – this is all by way of a hypothesis, for example, their definition of death, work, their work on choosing for others, these were issues that didn't have deep right-left trajectories to them either.

Now, arguably their least successful effort in healthcare policy did have a right-left trajectory to it and sort of torpedoed. So the hypothesis that I'm sketching here is one that says, look, it's just fortuitous as it were that the topics that dominated the public bioethics conversation in the '70s and '80s were topics that just didn't fall in some conventional way on that spectrum. Of course abortion was an issue in bioethics, but it was sort of an academic scholarly issue, and the one attempt to try to make a public policy process out of the abortion issue in the – there was short-lived commission that was attempted to be put together that completely self-destructed, in part because – or in whole because abortion was on the agenda for that commission. Now that's one hypothesis, okay.

The second hypothesis is a hypothesis that I feel really uncomfortable making because I am not a scholar of the American conservative movement, but I think it's a hypothesis worth exploring. And this is the hypothesis that says that why bioethics has become politicized now has something to do with the maturing and the expanding of the American conservative movement. So that if we think of American conservatism in the '70s, we tend to think of it, or I do, as a naive person and not as a scholar of the American conservative school, as focusing on economic conservatism, market conservatism, and sort of hawkish foreign policy.

What we've seen over the past more recent decades is a rise of social conservatism, so there's like a third leg to the stool of the American conservative movement. And as that third stool jelled and became firmer, many of the issues that people consider bioethics issues could become now framed as central to the social conservative part of American conservatism.

So here's the two rival hypotheses. One, early decades we just happened to work on issues that didn't have the deep, political, left-right divide. Hypothesis two is that the rise of interest among American conservatives on social questions, social conservatism, made it a natural that bioethics would get politicized because we deal with so many social issues.

Now, here's my suspicion, and you won't be surprised by this, and it does come from my own limited experience chairing the Advisory Committee on Human Radiation Experiments, and that is that it really is a confluence of these two hypotheses that explains maybe why bioethics has become politicized now to the extent that it has.

If you go back to the days of the national commission, and Pat can speak to this, you did have a report on fetal research in the 1970s, with members of that commission who were avowedly conservative and pro-life. For reasons which it's interesting to speculate about – maybe Pat can speak to this – that report received relatively little attention compared to the other reports of the national commission, which had a profound effect on American public policy with respect to how clinical research is conducted to this day.

Well, why was that? Okay. Similarly, the commission that I chaired, which operated under the first term of the Clinton administration – and while things have certainly gotten more politicized in Washington, I would assume that the people here would sort of stipulate – those who are students of or former members of the Clinton administration – there was an organized right-left dimension in those days. It wasn't as if we were living in happy days of depoliticized harmony between the two sides of the aisle under the Clinton administration. It was a political time, but the issues that we were given to address in that national commission, looking at the potential abuses of human rights of Americans and others through secret experiments, that was more or less our official remit, were experiments that were alleged to have been conducted under four presidents, two Republican and two Democrat. There was not a right-left set of issues – tensions aligned with our territory. And while we had political problems, they were actually internal political problems. They weren't political in the sense of with the leaders of government on both sides of the aisle, but not in a right-left sort of a way, and that was in the 1990s.

So my working hypothesis is – just to summarize – that indeed it just so happened that in the early days we tended in public bioethics anyway not to focus that much on questions that had a right-left tension to them, but even when we did, the organized dimension of social – the organized social focus, social conservatism hadn't yet jelled

enough to have the background conditions such that the spotlight would shine on that little piece of work.

And even today – so here’s the optimistic message for those of us who are committed to moving forward on common-ground kinds of concerns. I really do believe there are many important issues in public policy in bioethics that really don’t have deep right-left tensions to them, that we could presumably address in concert today without getting terribly politicized. I’m heartened that the President’s Council on Bioethics has put what is a very old but remaining intractable issue – the ethics of research on children – on its agenda. And in fact, they’re meeting today as well and that’s the topic that they’re taking on. I think that’s a topic that the president’s council can address in a depoliticized way. There are deeply important moral issues that remain from the time of the national commission unresolved in our thinking about we ought we to do to children in the service of the public good. And it seems to me we can look at those questions in a depoliticized fashion.

But anyway, those are my guesses, and I look forward to the conversation.
Thanks.

(Applause.)

MR. HALPIN: Thank you.

MR. ERIC MESLIN: So thanks very much, Jonathan and CAP for extending the invitation. I’m going to admit that this is much as memoir, using Ruth’s model, as it is any kind of deliberate analytic.

I’m intrigued by the meeting as well for a number of obvious reasons, one of which is why we’re talking about this idea of politicizing bioethics as if it’s a new phenomenon. And what I want to do in my ten minutes, which everyone has been very good at keeping, and we’re anxious to hear your questions, is I want to get, as T. H. Green often allowed us to think – the political philosopher T. H. Green – a view from inside the tent. And I want to talk a little bit about this idea of how public bioethics, using the illustrative case study of bioethics commissions, can tell us a little bit about what is being politicized. And my experience with NBAC will serve partly as a stepping stone or a jumping-off point for that.

First I want to make three quick points about politicization and commissions. The first is that the mere existence of or creation of a public advisory body is an exercise in political action – is an exercise in politicizing something. This is especially true given that in this country since 1972 federal advisory committees are required by law – the Federal Advisory Committee Act – to do their work in public, to meet in public, to convene, to make the public aware of what they’re doing, to give the public the opportunity to speak, and really to engage in a process of public conversation.

The second point is that it’s to be expected that these committees will be used for

political purposes. In our country, and I'll say a little bit more about that in a moment, we've had a number of bioethics commissions, some established by the executive branch through executive order, some established by Congress, and depending about your definition of a commission, established by secretaries of departments and the like. But the mere fact that they are established by a political process, the White House or Congress, tells you that there is political action occurring. Moreover, their creation, and that includes the terms of reference – the executive order that might have established them, the membership criteria – are all acts of political action – every single bit: the name of the commission, its location, and the like. Indeed one of the great challenges in any assessment of the impact of these commissions is not really whether impact occurs, but in what direction in the furthering of what goal or what aim.

The third of these three quick points is that commissions, and especially presidential or executive branch commissions, have a unique political currency that they are given at the moment of their establishment. And to continue the metaphor of currency, they have to be very careful how they spend it. Some of those components of this political currency are their convening power – having the seal of the White House on your letterhead carries a lot of weight. Calling someone and saying, “I'm calling from the President's Bioethics Commission” almost guarantees that someone will return your phone call that day. Convening power by the commission itself is a very powerful piece of political currency. The authority and expertise of that commission is a second component of that currency, and there's much debate about whether commissions are fully expert in the areas that they're going to be discussing. The usual political and psychological problems of how many people can you put on a committee and how representative can the committee be is part of this metric.

And a third component of that currency is relevance. Great debates about whether commissions are established in response to particular problems. ACHRE was a great example, in fact I believe one of the best examples of how to use public bioethics commissions in the service of a particular aim. They had a problem, they were asked to deal with it, they were given a really big budget to work on it, and they did an outstanding job, but they had one focused problem.

Now, those three quick points about which an awful lot has been written and really about which I think there is still an awful lot of controversy leads to what I really want to focus on in my remaining couple of minutes, and that's to talk about how commissions themselves, and in my case the experience with NBAC, can be used as an illustrative case example for how there is political action any time you convene and spend public money on a federal advisory group. There have been five, six, seven, eight – depending on, again, how you define these bodies – national bioethics commissions in this country beginning with the national commission and continuing on to the current president's council.

I'm probably attempting to be a little to NBAC-focused, but my feeling is that NBAC was the first U.S. bioethics commission to really carry out its work in a very public environment, not simple because of FACA which of course applied to other

commissions, but really the 24-hour news cycle and blogs and the internet and all that goes with the internet created a very fluid environment for this commission. And other commissions and committees of course had access to and were around at the time of the internet, but this is a crucial piece of context because it prevents any kind of collective holding of your breath to deliberate when everything that you've said is in a transcript that within 24, 48, or 72 hours is out on the web, and where the media is grappling for a story.

In addition, unlike other prior commissions to some extent, NBAC operated at a time that coincidentally coincided with some of the things that Dan was mentioning, a very interesting and heightened increase in international awareness of bioethics issues. Virtually every other prior commission focused on domestic U.S. policy and not on international issues. And in some ways that was a challenge because the U.S. bioethics movement is sometimes seen as a domestic invention when all it takes is for you to go to other countries and see that there is plenty of bioethics and plenty of history that we have to learn from.

We also had a very engaged NIH director, Harold Varmus, the educator-in-chief in science policy in some ways, who not only took an awful lot of heat, but shed an awful lot of light on science in a way that I don't think we had seen before. This of course was happening coincident with the genome project and with the process of doubling the NIH budget, which I think we should not in any way forget, that certainly inside the beltway when you're talking about science or science policy or health or health policy, budget carries a tremendous weight.

So let me close with a couple of largely cathartic examples of how NBAC was both politicized and was acted upon. NBAC produced six reports, two of which were given to the commission by the president. When Dolly was cloned, the president asked NBAC to respond in 90 days – the country's most interesting homework assignment to respond to the ethical and legal issues arising from that announcement. Its second required report not anticipated in the executive order or charter was the stem cell report. It conducted four other studies, all of which are on the web and archived at Georgetown.

But I want to mention a couple of sort of interesting points that don't get written about and don't really occur in our analytic assessment of politicization. One of the reports that Dr. Shanu knows quite well was a report on research involving persons with mental disorders that may affect decision-making capacity; a very controversial topic, one that in fact had been discussed for many years going back again – we're putting a lot of weight on Pat King's shoulders – but went back to the national commission and its report on research involving those institutionalized as mentally infirm, a debate about whether we should have a separate subpart in federal regulations. That report shed an awful lot of light and an awful lot of heat, but the evidence for that heat and light is captured in this very quick 13-second vignette.

Jim Childress and I – Jim, one of the commissioners of NBAC – were asked to come to a meeting at the NIH late one evening at which sat the director of the National

Institute of Mental Health and other senior NIH officials, and those from outside the NIH who essentially wagged a big finger at us and said, “We’ve been watching your transcripts and your commission deliberations, and we’re very concerned that you might be making recommendations that would slow the speed of research on mental disorders, and we want you to be aware of our concern.” It wasn’t a threat. It wasn’t – it was, we were invited to dinner – box lunch. (Laughter.) I wasn’t very hungry at the end of it. And Childress and I walked out and sort of scratched our heads. It wasn’t part of the public deliberation component. But on the other hand, if anyone invited us to come to their shop we would be happy to do so. This happened when the commission worked on a report looking at international clinical trials when we were invited by a public citizen to come to their shop and talk to Sid Wolfe and Peter Lurry where they had the luxury of expressing their view. So the fact that we have FACA requirements for public deliberation does not guarantee that the public will have complete access to commission activities.

The only other example, which I think is my most favorite, is the stem cell report on which two particular sort of items of politicization occurred. The first of course was during the momentous week of November the 8th, 1998, when following the announcement by Thomson and Gearhart, a little-known biotech company in Worcester, Massachusetts, announced in a press release followed up by a Nick Wade above-the-fold, front-page of the *New York Times* article that a cowboy had been created, a cow-egg-human-cheek-cell commingled entity had been created, without the benefit of a scientific publication. In the course of two days, there was a press release from BIO – Biotechnology Industry Organization – the Nick Wade *New York Times* piece, and then within 36 hours a letter from the president of the United States asking the commission to engage in this issue – a phenomenal turnaround time to see that kind of activity put on the agenda.

I watched that with great interest because following the commission’s deliberations, events equally interesting occurred, one of which is the commission responding to this report per the president’s request, who if you think the Dolly homework assignment was tough, the president having seen this announcement asked the commission to report back to him as soon as possible following a meeting that had been convened the next week. As soon as possible was 48 hours after that meeting. We wrote that letter and the letter was returned to our office. The letter of November the 20th that is in the public record is missing three words that the commission wrote to the president. Essentially the commission wrote and said, this report, if true, is very worrisome, for all of the reasons that it was worried about cloning, but it had put the words – and Rachel Levinson and I share these stories – “at this time,” in the letter. We think it’s unsafe and shouldn’t be done at this time. And we were asked to take those words out of the letter. So the letter that you see in the public docket does not contain the words “at this time.” And there’s a long story as to why that occurred, but I’m just relating to you that in the world inside the tent of commissions there is a public politicization that occurs by the mere fact that commissions exist and the public has access to them, and there are the *realpolitik* influential political activities that occur by those who stand to gain or lose by those activities.

Thanks very much.

(Applause.)

MR. HALPIN: Thank you very much.

MR. JOHN EVANS: Well, thanks. I should probably start with some of the metaphors to describe our orientation to the field. I've always been outside of the tent as sort of an outside analyst. I don't have any ability to do a memoir. However, I was alive when Dan started the Hastings Center, and I'll leave it to you to guess how old I was at the time. But then as a scholar of analyzing bioethics in a broader sense, I'm going to try to reach back to the 1920s.

Now, when Jonathan asked me to do this he said, well, since you're also trained as a sociologist of religion why don't you sort of focus on the religion angle here, which is what I'm going to do. I want to start by saying though I think that progressives should rejoice at the growth of conservative bioethics. And the reason I think this is the progressives should always be in favor of more democracy, of bringing more people to the table, and I think the rise of a distinct conservative bioethics is the result of more people being allowed into bioethics discussions than had currently been the case. Good liberals should always been in favor of bringing people in, even the people they don't agree with. So instead, progressives should allow people in the discussion and then try to change their mind. I see progressive bioethics as the organized attempt to change people's mind, which is a good thing in a democracy.

But now let's ask, how do we get to the point where we're talking about the emergence of a conservative bioethics and progressive bioethics? Now, despite some ostensibly secular leaders, I would argue that conservative bioethics is by and large supported by conservative religious voices. We have to go back to U.S. history, particular to the '20s to understand this. In the '20s, as most of you are probably aware, there was a culture war within Protestantism, which was the only religion that had any influence on the public's fear at that time due to the official and unofficial discrimination against everybody else. The war was between people who were called at the time the modernists and the fundamentalists. And they clashed over things like biblical interpretation, with the modernists using modern literary methods to show, for example, that when Isaiah said that a virgin will bear a son, that actually what was that a young woman shall bear a son, or – see, we could go on endlessly about this. There's not actually one Isaiah. There are three Isaiahs that were glued together, and so on and so forth.

What is more familiar to most people is the willingness of modernists to engage the science at the time, particular Darwinism and geology, to say that Genesis' account is not literally true. Now, the key here for us is that the modernists were the people who were in power. They were the elected officials, the heads of colleges, the professionals, the journalists, and so on. And the theological descendants of the modernists are the

people we would now call mainline Protestants. And to get a little bit ahead of myself, these mainline Protestants are the people who in the 1960s help found what we call bioethics – now getting to the point where Dan started here.

Now, this fundamentalist/modernist split was rough in the '20s. To continue with American religious history, and obviously I'm going to gloss a bit with my 30-second version of American religious history – you can get your Ph.D. in this if you'd like – in the 1940s there was another split, and it was a split within fundamentalism. I know that those of you who are not from this world will think this is splitting hairs, but there's a group of people, the most famous of which is named Billy Graham, thought that the fundamentalists at the time were too rigid and separatists and the modernists were too wishy-washy, and he created a movement called evangelicalism as a halfway stop between fundamentalist and mainline Protestantism. We can call them liberal fundamentalists, we can call them conservative mainline Protestants, whatever you want, but just to give you some characters to associate here, Jerry Falwell is a fundamentalist, George Bush the current president is an evangelical, his father is a mainliner. (Laughter.)

The point is that both the fundamentalists and the evangelicals took one lesson from this split, from the modernists in 1920, and that was that the mainline establishment was opposed to them and they would retreat from public life and focus on saving souls. The mainline continued to be the one religion to dominate the public sphere up until the 1960s.

Now, key to our understanding here is the '60s there was a lessening of discrimination against Catholics and Jews in public life. It meant that these groups were involved in the conversation, but only to the extent that their form of argumentation was similar to the way that mainline Protestants talked about things. Much has been said about the Protestantization of Catholicism and so on, but let's just say at this point – I could talk about this more if someone wants – but that the liberal Catholics were the ones who were invited to the conversation. This was a time of the birth of bioethics. And I would argue that what was considered to be important at the time reflected a liberal religious sensibility.

So a few years ago I wrote a book that explained the emergence of bioethics as a field, and the way I put it is that in this early debate what concerned people was the debate about ends, like Dan has said. What should we pursue with this new technology? Should we pursue health, should we pursue species perfectionism, scientific knowledge, justice, et cetera, et cetera? This was about what does it mean to be human, what is the purpose of science, what is medical progress, which Dan has written a lot about.

During the early years, I would argue that there were no fundamentalists, there were no evangelicals or traditionalist Catholics involved in bioethics. Why no fundamentalists or evangelicals? They were still in full retreat from the world. Why no traditionalist Catholics? I would argue that bioethics drew upon primarily academics and public intellectuals who were primarily the liberals during this period of time.

But starting in the mid-'70s, bioethics began to exclude even the more liberal religious voices from the discussion. This is not by design, this is not by conspiracy; rather, what came to be seen as an important topic in bioethics changed. What happened was that the consumer of all this ethical argument shifted from the public that was broadly construed to the bureaucratic state. For example, the director of NIH was a consumer of these ethical discussions, and the director of NIH does not want to hear a discussion about the purpose of humanity or the purpose of science. The director of NIH wants to know whether or not experimental acts are ethical. So the debate slowly shifted away from the substantive questions about ends to pursue that these early bioethics discussions were about to questions where your ends are fixed on a few things and the discussion was about the most efficacious means to achieve these limited ends. So the religious voices were not so much driven out as they no longer became interested in the topic of conversation. These were, I should reiterate, the religious liberals, not the conservatives, who were not in the conversation at all.

But at the same time that bioethics is becoming more secular, evangelicals and fundamentalists decided to reenter public life. In roughly 1979, these conservative Protestants formed what we now call the religious right, joining traditionalist Catholics who were already active in the public sphere on issues like abortion. And we're all familiar with that story, so I'll just move on.

I've written how mainline Protestants have influence on public life not through the ballot box, not through political activism, although they try to do these things to some extent, not through grassroots organizing, but the influence of mainline Protestantism is through elite channels. Mainline Protestants, to put it as a bumper sticker, have influence by being the establishment. Bioethics during this era was an establishment game. There were some academics and few grievance commissions to make recommendations about what is ethical. It's these elites setting the tone for the culture. Political scientists call it agenda setting and so on.

Now, it should be no surprise that conservative Protestants in this newly-emerging religious right decided that they could not influence this world through this establishment game, but instead they would influence the world by political organizing, grassroots efforts, and influencing elections. Not only was this an accurate assessment in my mind, it fits quite well with one of the core beliefs of evangelicals from day one of the existence of the movement, which is that they are a beleaguered minority oppressed by the powers that be. Contemporary studies in evangelicalism point this out. This is one of the core beliefs of evangelicals and fundamentalism. Empirical evidence aside, there's this central belief that they're a beleaguered minority.

Religious conservatives come to learn that the one way you influence the world is through direct political influence because the other more subtle avenues to power aren't going to be open. So let's just forward a few decades. The religious right more or less ignores bioethics during Reagan and first Bush administrations because – here I'm merging with something Ruth has said – these issues were not of particular concern about – to them. There were some early skirmishes about embryos, but this was all sort of

minor. Clinton comes to power, and there was nothing they could really do. Then Bush comes to power at the same time that a bunch of issues that religious conservatives really care about actually come to the fore. Dolly the sheep had been cloned a few years earlier. Embryo research now is increasingly wanting to be done by more and more scientists.

So did religious conservatives say to themselves, hey, now that our issues are on the table let's get our young people to get Ph.D.s in bioethics, let them get involved with the next meeting at the Hastings Center, let's get involved with the mainstream bioethics? No, they did not. Bioethics as an institution was so closed to these perspectives. If it wasn't going to be open to mainline Protestants, it's not going to be open to evangelicals because what the religious conservatives want to talk about, these deep issues, aren't in favor. They knew that they could not win through these reasoned arguments with the head of the NIH because the people in the bureaucratic state and especially the scientific establishment don't accept this reasoning. So if you have to have influence, you start a social movement. But there's no need to start one because you've already got one, which on many of these issues would be the right-to-life movement.

Then religious conservatives were able to have influence on the elite debate from the mainstream bioethics community by taking control of this federal bioethics commission, which we've talked about. This is the contemporary commission. How? Well, I would argue that the religious right had grown strong enough that they now have a say on most domestic issues, including bioethics. This is again merging with something Ruth has said. I'm not saying that all the people on this council are religious conservatives. What I'm saying is the type of thinking reflects this deep-issue orientation. Leon Kass is not obviously religious in his writing, but his writing is exactly the sort of conversation that religious conservatives want to have. So mainstream bioethics doesn't want to have this conversation, and it's now in the hands of people who do. And this conversation that Bush's bioethics council is having is quite different from the ones they had before, I would argue. So if you look – I get these books, you know, the giant book I got from the president's commission about these deep issues, it's an entirely different thing.

So to return to my first statement, progressives should rejoice that a group formerly excluded from discussions has been given a voice at the table. I'm echoing something Cornel West said somewhere (laughter) – I didn't have time to look it up, but that democracy will eventually result in more liberal policies, which is obviously a statement of faith, but I tend to agree with it.

But irony of ironies, the conservatives seem not to be sharing the elite discussion but are now trying to exclude the liberals as they were once excluded. While this sort of overreaction is perhaps understandable, it's not fair to the progressives. So what do we do? What is to be done? I should digress to say that this moment in public bioethics was probably sociologically inevitable, and I have to bring on my disciplinary hat here that the discipline police should up and take away my Ph.D. (Laughter.) But it was in my mind inevitable due to the increasing democratization of public life.

From the '50s to the present the story of the American public sphere's decline and the massive over-influence of mainline Protestants and the increasing influence of Catholics and conservative Protestants. Scholars have done things to look at like the religion of everyone in *Who's Who in America* or the religion of everyone in the professional society, members of Congress, government elites, people getting college degrees. However you do this the story is the same: the elites in society are increasingly looking like the society, religiously speaking. It was probably only a matter of time before the more conservative religious traditions demanded their place at the table.

So here they are, and we are, facing, to my mind, two divides. A divide on the elite level between liberals and conservatives, and a divide on this activist level between the liberals and the conservatives. So that's what I was supposed to talk about, which is where we've been, but I'm going to steal the opportunity to talk about where we should go in a very general, abstract sense like I've been talking about.

I'm sympathetic to Dan Callahan's lament for what has been lost in bioethics in this divide, he's written about other places. However, I think it's time to strategically cut the losses. I think I would divide Bioethics into two levels. The first level is a debate among academics and public intellectuals about these deep questions: the ends that we should pursue. It was a debate that existed 20, 30 years ago that asked these foundational questions. You could debate here the person or the embryo and so on. This debate would have liberals and conservatives, it would be more calm given the stakes would be lower, given its distance from actual policymaking. We would have to give this a different name than bioethics because the current combatants are all going to want to use that term. I suggested to Dan earlier that we revert to the original name of the Hastings Center which was the Center for the Study of Society, Ethics and the Life Sciences.

And the second level we will call bioethics. And whereas I envision a unified discussion at level one, I envision at least two groups at the second level. Each side can claim the mantle of bioethics if they want. At this level, people and their different communities have decided the ends that they will pursue and there's no reason to debate it further, the people are going to – you're never going to be able to convert the people to your side.

To massively oversimplify, progressives want to first promote medical advance and individual freedom. Conservatives want to, for example, be involved with the protection of embryonic life. That's fine. Note that the deep issues have been solved through consensus within each side. They don't directly need the level one debate, although I would hope that there would be a conversation there. There would still be plenty of lively debate within each side, working out all of the various machinations of how you would integrate the concern with autonomy and justice, for example, which is not an easy task. So one side would be called progressive bioethics, one conservative bioethics – something like that.

And before you laugh at me about this, I should add that this exists extensively in public life already. There is a field called macroeconomics where liberals and

conservatives discuss these big questions, but still keep talking to each other about, for example, whether supply-side economics actually does anything. And there's a second level, which the Heritage Foundation is one end and right here in this building is probably the other end, which is try to apply the ideas from your respective side out into the real world. Or closer to my own field, family sociology, there are conservative family sociologists, there liberal family sociologists. They argue among themselves about what's going on, and they speak out to the progressive and conservative more policy-oriented worlds.

So in conclusion, I've argued that religious conservatives have been excluded from the conversation. That can't be done anymore, nor should it be done anymore, but it's equally unjust for religious conservatives to dominate things. The situation where the liberal bioethicists control the elite debate and the conservative bioethicists control the on-the-ground advocacy is also not tenable. I fully expect that progressives will start more on-the-ground sort of operations, as obviously the Center for American Progress is doing.

My hope is that for the upper level, so removed from policy, we can retain the bioethics debate that society needs. And here I think you can take the best ideas from liberals and conservatives: liberals should be partially skeptical of the science, conservatives should be partially skeptical about absolutist claims about embryonic life. And as Dan has said in other contexts, this needs to happen before the public concludes that all bioethics is fraudulent.

So thank you for your time.

(Applause.)

MR. HALPIN: Thank you very much to all our panelists. We have about half-hour or so for Q & A. We want to have some discussion between panelists and with the audience.

Just two brief words and I promise to shut up. I was fascinated by some of the strands in the discussion. One about this question of should progressives organized ideologically to push back against the right's bioethics agenda, or should they seek to sort of depoliticize it in terms of issues and players? It's a fundamental strategic question that may be related. I think that's a very interesting one. The other one is ideological, and that from the public's perspective, which is where I've spent most of my time, people see the right as overly religious, dogmatic, intrusive, invasive in any science in some of these issues, but they see the left as overly secular, autonomous, too focused on choice and incapable of making moral judgments. So is there some kind of way to either make our side sound a little better or find something – something I've been personally work on recently – to finding something new around the common good in the area of bioethics that would protect individuals, promote science, and also ensure human dignity and decency and respect for life? Just something I'll throw out there.

But I would like to ask the panelists if they have any questions for one another, quickly, and then I'd be happy to turn it over for audience questions. Yeah.

MR. CALLAHAN: Just first a comment on John's thesis. I would say my hardest struggle at the Hastings Center – I ran the place for 27 years; my hardest struggle was getting the secular philosophers to even allow a theologian, liberal or conservative, to even come to our meetings. Again and again I would say, what about so-and-so? No, no theologians. And the thing that was very striking, how many of the secular philosophers, particularly analytically trained, were extraordinarily hostile to religion. And I just fought year after year saying, let's get some in and they just wouldn't – I mean, I did it because I ran the place, but they were usually unhappy. (Laughter.)

But I have a question for Eric. This is an interesting political question. As many of you know, one of the sharper criticisms of Leon Kass's council was that it did not take up questions of health policy and the whole problem of the uninsured. Now, interestingly enough, neither did NBAC take those up, but nobody dumped on them for not taking it up. But I was told that NBAC was told – instructed not to take up those issues, which if true was a gratuitously political command.

MR. MESLIN: I never received an instruction not to take up an issue, and the commissioners certainly didn't as far as I know. Rachel might want to have a comment. But I can maybe add a little bit to what you've said. The executive order and the charter made it clear that among the things that it was most interested in following from ACHRE were issues arising from medical research and from the genome project. But quite frankly, one of the things that I think NBAC did well, and you won't be surprised to hear me say that, is that it engaged in a fairly robust priority-setting exercise where it identified topics that it thought were important and would have the greatest reach. In fact, the executive order and the charter include criteria for how topics would be addressed. There is nothing in those criteria that precluded discussions of health policy. And in fact if you read carefully not only between the lines, but in other areas, you will see lots of discussion about questions like access to healthcare as very topical. So, no, there was no forbidden topic at all and why people didn't dump on NBAC is probably open for discussion, although they dumped quite a bit on lots of things.

MR. CALLAHAN: But you weren't specifically attacked for not having it as a formal –

(Cross talk.)

MR. MESLIN: We were – as you would expect, there were lots of issues that people wanted to see on the agenda and they were saddened by the fact that they weren't. That was raised in public conversation and public discussion.

MR. HALPIN: Any other questions from the panelists? I'd like to turn to the audience. If you could just raise your hand, Michael will bring around a microphone here. And if you could say your name, who you're affiliated with, that would be great.

Thank you.

Q: Hi. My name is Melissa Goldstein. Currently I'm affiliated with the Markle Foundation working on healthcare information technology policy, but at various points in my past I've been affiliated with most of the people here. My question is actually about actual involvement in politics by people who could call themselves bioethicists or have been trained in bioethics, participation on campaigns, participation with campaigns. Some of you might know that this is a self-serving comment on my own part, as I have been involved in campaigns in the past, but I'm interested in your opinions about the actual politicization of people and outside involvement or inside involvement in campaigns.

MR. HALPIN: Anybody want to tackle that one?

MR. CALLAHAN: My impression is not very much. At least the people I know in bioethics have not been politically – they may have political opinions, but I don't – they're not out there signing up voters and the like. That's my flavor.

MR. MESLIN: I will state what is probably known to certainly some people in the room. There have been efforts by folks in our field to actually participate in the political process by seeking election for public office. That's occurred on a number of occasions in my state of Indiana. David Orentlicher, a colleague of mine, a member of my Center for Bioethics, is a state representative. He in fact was so influential in the previous – he's now been reelected, but in his first run for office his seat changed the Indiana House of Representatives from a Republican-controlled House to a Democrat. It was 51/49 as a result of his election. And we know of Steve Miles and we know of other folks who have run for political office. I know that's not right on your point, Melissa, but it's I think in the – under the penumbra of put your money where your mouth is. If you want to effect change, then don't just talk about it; why don't you do something about it? And one of the ways people can do something about it is to throw their hat in the ring.

MS. FADEN: I'm not sure how to address your comment, Melissa. I mean, if we looked we could count heads, and there were certainly people who write and work in bioethics who were involved in the last campaign on both sides, not many of them as involved as you were, but involved. I think this goes to the distinction that I was making that I think sounds a lot like the distinction that John was making. We can call them different – we have to figure out whether we want to have a common nomenclature –

MR. EVANS: Yeah, right.

MS. FADEN: – for these things. But insofar as there is going to be an organized, politicized bioethics in the strong sense of progressive bioethics and conservative bioethics and people essentially functioning as advocates for particular agendas, then people who want to line up on both sides presumably are going to get engaged every way they can. And other people are just going to want to stay in the academy and may line up politically in terms of the research that they do, but the extent to which they become

activists, as it would be in macroeconomics or it would be in constitutional law, you know, it varies tremendously.

Q: (Off mike.)

MR. CALLAHAN: Well, just one comment. It seems to me most people who get very actively involved in politics are reform-minded, and I don't think the field of bioethics has seen its – I mean, certain issues certainly warrant reform, but I don't think it's – most of us drawn to the field. We were drawn because the issues seem very interesting and important, as distinguished from wanting to change something. All of us will have some change ideas, but if you say, are you a reformer? Ask me, I'd say, "Well, yeah, I guess so," but that's not main identity as a bioethicist.

MR. HALPIN: Yeah. Up front here. Michael. Oh, I'm sorry. We've already got a mike up there. We'll get to you next. Sorry.

Q: Hi. My name is Enita Williams. I'm with the American Association for the Advancement of Science. I had a question more to Dr. Faden and a little to Dr. Callahan as well. My question is actually about your hypotheses. I just wanted to put forward a possible concept and maybe you could comment about whether or not you feel it's relevant or might play into the sort of timing of politicized bioethics. And so my sort of tentative hypothesis would be something along the lines that fact that a lot of these biotechnologies seem to be moving towards human experimentation – like they have been proven in animal models, like the cloning of Dolly and human genome – the sequencing of the human genome. It seems as if more and more biotechnology was actually working towards the human models. Do you think that might play into the whole politicization of bioethics?

MR. FADEN: It's an interesting – it's a very interesting hypothesis and I think again, you'd have to sort of sub-hypothesis. I'm going to reflect a little bit about which kinds of technology is going where. Some technologies are flashpoints are others are not. One of the most interesting areas I think we could have a conversation about is organ transplantation. And there you have a very interesting sort of landscape of positions that cross conservative and liberal ideologies in weird sorts of ways; not that weird when you think about it for a second. But when we move from solid organs to artificial organs and regenerative organs, I'm not sure how that'll shake up people's perceptions in terms of whether there should be markets in these things or not be markets in these things; whether they're gifts or whether they're commodities and so on. So I don't know. I'd like to think about that some more.

MR. EVANS: If I could add, your hypothesis is that the distance between conversation and application has grown as time has gone on. I would argue that the distance between conversation and application is a constant from the beginning of bioethics for two reasons. One, the issues change, so if you were talking about organ transplants and then organ transplants happened. It's the issues have changed as we've gone. And the other is the actual, what's really going to happen in terms of the

application is actually irrelevant. It's just what people think, and how fast people think things are going to happen is all that matters for these conversations. And so a lot of these things were thought to be imminent, but then it turns out that in actuality you can't do it for, you know, 30 years.

Q: Aram Schvey from Americans United for Separation of Church and State. Thank you all very much for a wonderful presentation. Dr. Evans mentioned that the – increasingly in today's society the religious right is driving the conservative ideology in terms of bioethics and Dr. Callahan mentioned that the left is in many cases stridently secular. I'm wondering if the panelists could discuss, where should bioethics be getting its cues from, from the secular left, from the religious right? And if it's one or the other, how do we deal with the exclusion of the other side? And if it's some kind of a synthesis of both, how do we deal with the fact that one-half of the conversation – the religious right – is coming from the basis of faith and a holy book, and the other side is coming from secular ideology or philosophy? Thank you.

MS. FADEN: Some great questions. No, those are – you want to go?

MR. CALLAHAN: No, you go first.

MS. FADEN: Well, I was going to say that I think that's a question that a lot of us have been thinking about for a long time without any happy resolution about how to come at it and the whole question of how you do public policy and how you ought to think about public conversations in areas where some people get their core moral commitments from a series of faith assumptions and others don't, and within the faith community there are different faith assumptions, is sort of a mind-boggling issue.

That said, I think it is correct that people have tended to be – people – that there has been a theme in which it's just presumed that if you come to the conversation and you happen to be a religious person that, well, we can't talk to you because we don't think like you do and we don't start with your faith assumptions, so there's no point in even beginning the dialogue because we know where you're coming from and we can't go there with you. So there are all these attempts to understand things like public reasons and public discourse, and can we have a conversation where people can use arguments that everybody can accept as relevant without having to dig deeper to look for the justifications for those arguments, which may be for some people based on scripture or in a way that others would not accept.

That's it. I think the kind of distinction that I was going for that I think John was going for is an important one here. If you've got – if you're at the politicized level of bioethics where you're really trying to push an agenda, you're not trying to persuade people at the other end, you're maybe trying to persuade folks in the middle, but you've got a clear agenda and your arguments are straightforward as to how you want to get there, you don't need to have this conversation. But if you're trying to figure out how to move an issue in a way that creates common ground, then I think you do have this issue.

And I was very taken with John's comment about the challenge. I mean, do you want to go for a politicized bioethics or do you want to – in the progressive community is the idea that we want to find a way to depoliticize and include folks in who currently disagree. Or do we want to say, no, we're going for folks who are already polarized and that's our constituency.

MR. CALLAHAN: I guess –

MR. MESLIN: I think everybody does.

MR. HALPIN: I think everybody has comments on this one, so –

MR. CALLAHAN: Okay.

MR. HALPIN: We have about 15 minutes or so.

MR. CALLAHAN: I would just add at a very basic level the necessity of bringing people together to meet each other and talked. I'm endlessly struck that these people never encounter each other. These circles are so distinct. And I've ran a little ecumenical movement for the past year to attempt to do this, and I think it's been quite (healthy?) because there are some issues where people do have convictions and they have an agenda, but there are other issues where one is interested in the future of the field and how we're to conduct this discussion. And religion is a wonderful topic. My wife happens to be pro-life. She's a pro-life feminist, a little subgroup, and a lot of people think – and religiously motivated – and a lot of people think this is terrible, that's she's religiously motivated, but she also once a week is out picketing against the war in Iraq from religious motives, and nobody seems to have a problem with that motivation. And Martin Luther King was not attacked for having a religious motivation in civil rights.

So I think we need a serious discussion of what we even mean by the religious participation in a lot of these issues. And it much depends on whose ox is being gored, so far as I can see. You love them if they're on your team; you hate them if they're not on your team.

MR. MESLIN: I want to follow up on Dan and Ruth. I think they made some excellent points. And I thank you for the question because it's obviously stimulated some hot-button issues both for the field, which it may have been assumed, but let me state it clearly, I think in many ways the field has been uncomfortable with being political because one of the ways that it gained access – the social contract that bioethics signed with healthcare and with hospitals and with research institutions is that we will come in and be helpful. We will not take political action. That is our promise to you. Whether it's a hospital ethics committee or an IRB or creating a center, we will not take political action, and that was the deal that we struck. The benefit is you get all of our great thinking and you don't have to worry about us taking positions.

Well, we've seen what has happened in that arena. And I think part of the

challenge that John has raised is whether we're prepared to rip up that contract and start again. And what will it take – what deal will we have to make with others in order to redo that contract?

A quick comment though about what Dan has just raised, and I think it's terribly important to distinguish between the value of getting people to come into a room together – who gets to come in and who gets to decide who gets to come in – versus what happens when you get there. I mean again, I'm starting to feel like a broken record, but NBAC took a lot of heat when it convened a meeting of a dozen religious scholars during the course of its stem cell debate. We met in the Riggs Library at Georgetown, a delightful and historic place. We took a lot of heat. In fact, Ron Green took me to – a colleague of ours, Ron Green from Dartmouth, took me to task: why did you invite people with faith perspectives into a public bioethics commission meeting? That was inappropriate. And he's written about this in his book, and we've gone back and forth on it. But it's an extremely important issue. It's sort of – I'm reminded of what Dan said when he was Hastings Center director. I thought it was quite valuable to do, and most commissioners in the public will report that that was one of the most enlightened meetings that they ever attended. But it was, we're all speaking about things. It was not a meeting of political organizing and it was not a meeting of how to politicize bioethics.

MR. EVANS: Yeah. I've actually written a bit about this, so I have strong opinions. Basically I'm in favor of current Supreme Court jurisprudence on this issue, which I think is very easily characterized. The public debate is like three big concentric circles like a bull's-eye. Right in the middle is actually policymaking. And I think by current Supreme Court jurisprudence, you cannot justify public law based on theological arguments – only religious arguments, right? Then there's this outermost zone which is you and I debating over the fencepost about cloning. Then there's middle zone where bioethics would fit, I would argue, which is like a mediating institution in the public sphere. These commissions are closer to policymaking, but not quite there that. And I would argue that that could be as religious as you possibly want, but it feeds into this middle center. And at that point, you know, the current separation of church and state doctrine in liberal societies takes over.

So I would argue that bioethics writ large should be as religious as anyone can understand each other. If I'm Hindu and you're evangelical or whatever, maybe we don't understand each other but we can try. But we when we get to the very center, you can't have essentially explicitly theological justifications for public laws, you know, when there's only theological justification for public laws.

MR. HALPIN: Thank you for the question and the responses. Could I get a quick show of hands of how many questions we have remaining? Okay. Let's start in the front and we're go in the back and do a round back there. We have about 13 minutes or so, but I assume some of this can bleed over into lunch, but we will have to cut it off around 11:45.

Q: A lot of what I wanted to bring up was just touched upon, so this may shorten

it a bit. But it seems that a lot of discussion of bioethics especially when it's brought up in politics and especially when it's brought up by the right, bioethics is a proxy for religious morality and is used as a way to insert religious morality into public policy – into that middle circle you just referred to.

Abortion is a proxy for promiscuity and the people who are against promiscuity as a religious or moral precept are against abortion because they feel that there should be punishment for sin or having fun or whatever. The Terry Schiavo case was a proxy for divorce because he should stay married to her as long as she's still ticking. Experimenting on kids is a proxy for parenting issues. Cloning is a proxy for false idols and so forth.

And it seems that a lot of the antagonism towards religious players coming in is when they want to come in as dogmatists as opposed to as thinkers; that is, they want to come in not opening discussion to new ways of looking at things, but closing it down and saying, this is the truth with a capital T. And I just wondered if Dan Callahan in particular, but any of you, can address this use of bioethics as a proxy for an effort to legislate morality.

MR. CALLAHAN: Well, let me say two things. First of all, I think one has to be very careful, but even in thinking that way in effect is a kind of ad hominem argument; namely, what are their real motives? What's behind their opposition to such and such? But it seems to me most people have a position on something because it's part of a general worldview, and every – in one sense, all of our views are a proxy for some other deeper views, so there's nothing unusual about this. And the question – then the practical question is, to what extent is it legitimate to reject what somebody says because A is a proxy for B, or whether that's simply the way a lot of us think. And I guess I would say that's the way a lot of us think, and it's not necessarily objectionable.

I might say that – I consider myself for some atheist for some years now, and I must say the great shock to me with hanging around other atheists is that they're just as dogmatic as any – I know both sides. (Laughter.) I know plenty of liberals. And in fact the thing I found most distressing when I knew some Marxists at one point, and which I see in the right as well; namely, if they don't like your positions they don't like you. They consider that your position – objectionable position betrays a bad character.

In any case, I know as many secular dogmatic liberals as dogmatic conservatives, and most liberals think they got the truth, too. They just may not sort of announce it quite so. But what's the truth on segregation, slavery? I mean they don't shilly-shally on things like that. They'll tell you right up front what's right and wrong, and they'll sure tell you what the hell is wrong with George Bush and his policies.

MR. HALPIN: We're going to do a few in the back. If you could just keep your questions short we can try and move through as many people as possible in the next ten minutes or so.

Q: I'll try to be fast. My name is Sabel Bjorklund and I'm a democratic staff director on the Hill. I'm here more for personal indulgence today on these issues. But one thing, I just wanted to pick up on the answers that had come to the woman from the Markle Foundation and about whether the field – you know, whether and how the field should be more engaged politically in at least those who identify themselves as progressive bioethicists. Because I think that the problem, which is I guess why this is happening today, is the field has – the terrain has shifted underneath us, and as more conservatives have sort of claimed this mantle and gotten active on their issues, it's like so many other things that progressives end up doing, is we think we're still playing fair and that we're being neutral and following whatever it is our discipline is and arguing that way while there's a sort of proselytizing right marching forward.

And I guess it's mostly just a plea that obviously you can disrespectfully disagree with folks, religious or otherwise, who have different beliefs but are consistent, at least that's how I feel. You know, I'm pro-choice. People who are pro-life who are truly pro-life and against the death penalty and, you know, I can agree, against the war, you know that's something I understand. I disagree with them on the other side of the spectrum but I see where they are at least being consistent.

I'm just wondering how – I guess I'm worried a little bit about the answers where we're all still sort of wringing our hands saying, "Well, we're not really political, we're in this because of the ideas and the interests," which is absolutely where we should be, but using a progressive angle on it if it's something you believe in, in light of all of the things that I think are happening today that are so contrary to an ethical way. And, I mean, you can take that across. I work mostly in insurance issues and the equity injustice issues out here right now facing us in healthcare, and yet people aren't talking about that from a religious angle or from an ethical angle.

MS. FADEN: Well, in the interest of time, I'm really wanting to respond, just I think that's the subject of the afternoon panel, or at least in part. Can you hang around for the afternoon? If you can indulge yourself a little bit longer, but I think that you put a challenge out to all of us, right, and it's a long – I do think it's a reformulation of John's question in some respect, but you've already staked out a view and I think that's part of what needs to be debated. But I take your challenge and I take it to heart, especially on health policy issues.

MR. HALPIN: Thank you.

Q: Richard Doerflinger. I'm from a progressive organization known as the U.S. Conference of Catholic Bishops. I go to Republican meetings and say amnesty for all. But sort of my question. Figuring out who the progressive is is difficult enough in politics. We're against death penalty. We criticize the war in Iraq. Daniel Patrick Moynihan said during the welfare reform debate in the Clinton administration we were the only people still opposing the welfare reform package because of what it would do to the poor. And we're outside of the Democratic mainstream at least on abortion.

But it's hard enough in politics when you get into bio – my impression is that progressive means something different in bioethics than it does when you're talking about politics. Progressive in bioethics nowadays seems to mean a commitment to a more utilitarian mode of moral analysis. In practice, because the utilitarian mode ends up giving you more emphasis on ends and a little more ability to submerge the means, it tends to get appreciated by for-profit biotech companies, who I see as part of the military industrial complex. And in short, the sort of end-justifies-the-means thinking that in politics I've associated with, say, sleazy conservatives like Richard Nixon. Even the list of progressive bioethics organizations in the back of the packet here has the Transhumanist Association and the Council for Responsible Genetics, who I think are more opposed on a number of issues than I am to an atheist.

So I'm wondering if the word progressive even has a meaning in bioethics and if so, does it have anything to do with progressive in politics?

MR. HALPIN: Thank you.

MS. FADEN: You want a shot?

MR. MESLIN: Yeah.

MS. FADEN: Anybody else want to try this one?

MR. CALLAHAN: No.

MS. FADEN: Again, I think – I hope there'll be some conversation in response to your, I think, important comments this afternoon. I don't know what a progressive bioethics is or looks like necessarily, and I would agree with your characterization of some of those associations you list as ones that I guess I wouldn't think of that way. But in fairness, when I think about conservative bioethics, there are lots of people who seem to fit under that – not lots – people who fit under this heading that seem to have different views and disagreements. So in fairness, whatever progressive bioethics is, if it exists, I don't think you can expect it any more than you can expect it of any other sort of labeled group of committed folks to agree about even a lot of things. And I hope this afternoon we'll have a conversation about whether you could even stake out a territory and call it progressive bioethics.

MR. MESLIN: I just wanted to make a really fast comment and thank Richard for his question because it relates to that question that came up earlier about the language that we're using, and your phrase I think was whether bioethics is a proxy for other things. And in fact, I think that's the wrong construction. Bioethics is actually for some people code language for activities, in much the same way that human dignity has become code language for certain positions. They have become short-circuited and shorthand expressions.

So when Richard asks us what do we mean by progressive, I think it's not just a

challenge, it's actually a legitimate question about the function of naming things as political activities, and that worries me a lot. It worries me because we have seen in areas like human dignity that those can play that as a trump card to end debate. This act is violative of human dignity and therefore it serves as a trump card. I worry that we do this, and I just remind you that in the country of my birth, Canada, for 70 years the major two political parties were the liberal party and the progressive conservatives. (Laughter.) That second party does not exist anymore; it's the conservative party, but there was for many, many years a progressive conservative party and there may be a lesson there.

MR. HALPIN: Just quickly, it seems like we have a fair number of questions, discussion, around what exactly we mean by progressive, what the strategy is, the role of faith. Do we have any other questions that aren't in that realm? Because we're going to deal with a fair amount of these issues this afternoon. And I have time for one more, so Shira.

Q: Shira Saperstein from the Moriah Fund and the Center for American Progress. This may be a question too long for you to answer right now, but I wanted to put it on the table. Most of what we've talked about this morning has all been focused on the United States and I wondered whether similar bioethics debates are happening in other countries and if so, what they are, and if they're different, why, and what the issues are there. And secondly, to the extent that increasingly we're living in a globalized economy, research-setting world, et cetera, what are the impacts on bioethics discourse because of globalization and the new issues arising from that?

(Cross talk.)

MR. CALLAHAN: Well, I've spent a lot of time in Europe. I think the first thing that you would note is that European bioethics has been enormously influenced by American bioethics. We supplied a lot of the concepts and a lot of the initial thoughts where there was basically no literature other than the American literature, so if you spend time in these other countries you'll hear things that sound – debates that sound very familiar.

Secondly though, I don't see any signs of politicized bioethics over there. They all seem to be pretty genial in talking. They don't seem to make sharp distinctions between liberals and conservatives even. That's my impression. And so the atmosphere is a rather different atmosphere. And as I say, they're much more interested in questions of ends than they are just in regulatory issues, although they all have national commissions and do a lot of regulatory things, but they are drawn to some of these ancient, older questions, if you will.

MS. FADEN: Can I? Just a quick response. I've started to do a fair amount of work in the poor parts of the world. And there, of course, the kinds of issues that obsess or capture a part of bioethics have no place. People are really not worried about cloning in Uganda. It's not a concern. And most of the considerations there have to do with foundational questions of social justice. So if there's a focus in bioethics, it's basically

around questions of social justice, human dignity, and what do we do when we have nothing and people are – and a small, limited amount of resources? And then some questions that intersect with contemporary sort of hot topics in the West having to do with the pharmaceutical industry in terms of the conditions under which we should or should not be conducting research in the developing world, but by and large the focus is very different, understandably.

MR. MESLIN: I would only add that the moment you step offshore, immediately see the nature of the debate change from one in this country where we talk about bioethics within the context of domestic health and science and technology policy, and it's captured only by those agencies of the government that have an interest in science and technology and health.

In other countries that kind of sharp distinction doesn't exist as comfortably, so you will see labor policy, employment policy; you will see national security policy; you will see any number of areas that we use in our cabinet level nomenclature. Bioethics is not captured only by one group. It is a topic of social and political interest. Go to most of the major parliaments in Europe and you will see many, many, many parliamentarians with science and medicine backgrounds; many more than here. We tend to say, look, there is the transplant surgeon who happens to be the leader of the Senate, and that's seen as an interesting artifact of U.S. public policy. Maybe it gets back to Melissa's point. But in many, many capitals of the world, the parliaments are littered with what we might be calling the academic elite, but also with those who are interested in and trained in these issues.

MR. EVANS: I'd just like to add to that. The European debate at least is, as Dan said, much more focused on the big questions: the ends that we should pursue and the like. And this I think very clearly has to do with the political culture of a more corporate-oriented Europe and an individualistically-oriented United States. Historian of science Ted Porter has a phrase that goes something like this: in Europe the bureaucrats are allowed to set values, but in America it is part of the political culture to not trust anyone, not to trust bureaucrats in particular, with setting your values. And so therefore in America we focus on this regulatory sort of state that Dan is talking about, whereas in France it's completely legitimate to think that the minister of health in France could actually say, well, our purpose as a society is to do X, and therefore we're going to do X, whereas in the United States an unelected official could never conceive of doing such a thing. So it's got to do with the sort of various – the political culture of these different places.

MR. HALPIN: Thank you very much. Thanks to the audience for the questions. And let's – another round of applause for the panelists, please.

(Applause.)

MR. HALPIN: Jonathan is going to tell you about the rest of the day.

MR. MORENO: And thanks to John Halpin for moderating so efficiently and fairly. Efficiency and fairness: two qualities that are not often found in the real world – a philosophical observation. So I'm all that stands between you and lunch. However, I do have one announcement I've been asked to make. A wonderful conference is going to take place in Albany, New York, July 13th and 14th, sponsored by the Alden March Bioethics Institute at Albany Medical College and Glenn McGee, who is here, can tell you more about that, but this is a conference at which self-identified neoconservative, conservative, liberal, progressive – I don't know who else is going to be there – will be talking about bioethics and I think the singularity will not happen even though they're going to be on the same panels, so it'll be, I think, a fascinating conference and these little flyers are outside. You can take one to learn more about it or talk to Glenn.

We have now about 40 minutes for our lunch and then we'll reassemble at 12:30 for our keynote speaker, so – and the lavatories, I should say, are in the parallel hallway here. Anything you need, anything we can do for you in the next 40 minutes, please let me know or Sam Berger know and we'll do what we can.

Thank you. See you in a few minutes.

(END)