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REVIEWING THE HEALTH & HUMAN SERVICES MANDATE ON CONTRACEPTION

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GUEST CONTRIBUTOR

After more than sixty federal lawsuits, hundreds of thousands of public comments on the Notice of Proposed Rulemaking on Preventive Services from the Department of Health and Human Services (HHS), and much public debate, the controversy surrounding the "HHS contraceptive mandate" continues unabated. Opponents of the mandate call it a "conscience problem mediated through an insurance problem," an assault on religious freedom, and "the first exception to our national commitment to protect religious conscience in the abortion context."[1] Those in favor of the mandate accuse conservative churches of trying to impose their religious views on others, warning that those opposing the mandate "are on the losing side of the sexual revolution . . . [and] are taking a risk of turning large chunks of the population against the idea of religious exemptions altogether."[2] This article will examine what the mandate is, why it matters, and some of the bioethical issues it raises.

At the center of this debate is the mandate issued by HHS in August 2011, that women's "preventive care" under the Affordable Care Act (ACA) must cover "[a]ll [FDA]-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity."[3] The FDA list includes the "emergency contraceptives" levonorgestrel (Plan B) and ulipristal acetate (*ella*).[4] There is ongoing debate about the potential of such drugs, as well as some IUDs, to have an abortifacient effect by preventing implantation of a fertilized egg.[5] As a result of the mandate, virtually all employer-sponsored health insurance plans must provide these drugs, devices, and procedures at no cost to plan participants and beneficiaries. An employer that does not provide coverage for the mandated contraceptives faces crippling fines of $100 per employee per day (26 U.S.C. § 4980D(b)) and $2,000 per employee per year if health insurance is dropped entirely (26 U.S.C. § 4980H (a), (c)(1)).

Concerns about Regulatory Process

A preliminary concern is the allegedly rushed and less than transparent manner in which HHS made its controversial determination that contraceptives (including abortifacients) constitute necessary "preventive care" for women. According to lawsuits filed in opposition to the mandate:[6]

- HHS delegated the responsibility of determining what constitutes "preventive care" to a non-governmental organization, the Institute of Medicine (IOM). Furthermore, this involved an alleged violation of the Administrative Procedure Act, which requires HHS to engage in a more formal rule-making process involving a notice and comment period as prescribed by federal law.[7]
- Critics charge the IOM with bias in excluding from the invited presenters groups that oppose government-mandated coverage of contraception and abortifacients. The IOM's own report contains a dissenting opinion suggesting that the organization's recommendations were dictated by political considerations and the result of a process conducted in a very short time frame, lacking transparency, and subject to the preferences of the committee.
- HHS announced in a press release (rather than in the Code of Federal Regulations or Federal Register), within just two weeks of IOM issuing its guidelines, that the IOM's guidelines on preventive care were required under the ACA.
- HHS's unilateral determination that *ella* and certain IUDs with potential abortifacient effects are "contraceptives" necessary for a woman's "preventive care" runs afoul of language in the ACA that the health plan issuer (and not the government) has the right to "determine whether or not the plan provides coverage of [abortion]" 42 U.S.C. §§ 18023(b)(1)(A)(ii).
- Essential to the passage of the ACA was Executive Order 13535 that purported to affirm "longstanding Federal Laws to protect conscience," and language in the Act itself reconfirms Federal laws regarding conscience protection in the abortion context and specifically provides that the Act "shall not be construed to require a qualified

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from the director's desk

BY PAIGE COMSTOCK CUNNINGHAM, JD, MA
EXECUTIVE DIRECTOR

I have a "junk drawer." It may be a mystery to everyone else, but I know where to find things in it, and I know their purpose. When the finial for the top of the gazebo went missing, the family knew whom to ask. My "junk" just might turn out to be a treasure.

This is a bit like the story of "junk DNA." The phrase was coined thirty years ago to describe DNA sequences that seemingly had no biochemical function. It was picked up by the popular press, cementing the perception that junk DNA is useless.

The ENCODE project has exploded that notion. In "Epigenetics and ENCODE" (*Dignitas*, Fall 2012), Heather Zeiger explained the new findings. As it turns out, these sequences do a lot more than sit in a drawer. Surprisingly, they are responsible for functions such as turning genes on and off and giving directions for gene activity. Acting like dimmer switches for lights, these non-coding regions of DNA may affect disease manifestation more directly than the genes themselves.[1]

As a non-scientist, I am amazed and perplexed. Amazed at the complexity and beauty of creation that science regularly uncovers. Perplexed by the histones, Exons, and transcription factors. As Christians, we are not fundamentally opposed to science and technology, although the necessity of frequent ethical critique may make it appear that way at times. It is easier—and perhaps more gratifying—to criticize than to affirm, as any review of the 'comments' on a blog or news story demonstrates. But there is ample cause to affirm this significant advance in decoding DNA, and we have every reason to do so with enthusiasm and ever-increasing curiosity.

The ENCODE findings also underscore the necessity of avoiding hasty conclusions. Genuine scientific and medical research is always fluid, and today's pronouncement is tomorrow's passé opinion. When the first synthetic cell was announced in May 2010, the Center hesitated to either affirm or condemn. The ethical issues are more intricate than one might think at first blush. A rush to judgment would have served no one. (Although I did agree to a radio interview, I took a neutral stance, pointing out possible benefits and concerns.)

The pursuit of science in the service of human flourishing is a noble task. Whenever I have the opportunity, I encourage Christian undergrads to consider research careers in science, engineering, and technology. Medicine is also a noble vocation, but pre-med has been the pampered queen of pre-professional programs at Christian institutions of higher education for decades. (I compare that with the anemic support for pre-law students when I was an undergrad and as a pre-law advisor.)

This view of science in the service of human flourishing contrasts with scient*ism*. Scientism applies the scientific method to *all* inquiries about human knowledge and regards empirical science as the only source of true knowledge about human beings and human flourishing. If "knowledge" about a phenomenon is not amenable to verification or falsification by the scientific method, it is not genuine knowledge, but idiosyncratic, subjective belief. One danger of scientism is arrogance, especially toward religion, but I believe epistemic humility should be a cardinal virtue even in scientific pursuits.

The debate between science and scientism is quite lively. Adam Frank's recent blog on "The Power of Science and the Danger of Scientism" on NPR's *13.7: Cosmos and Culture* generated a string of comments. Frank points out that science gets misappropriated:

> Part of this misappropriation comes from thinking that, since science is so good at providing explanations, explanations are all that matter. It's an approach that levels human experience in ways that are both dangerous and sad . . . Missing are the varieties of reasons people feel "spiritual" longing that have nothing to do with asking how the moon got there.[2]

The Center for Bioethics & Human Dignity (CBHD) is a Christian bioethics research center at Trinity International University.

"Exploring the nexus of biomedicine, biotechnology, and our common humanity."

Dignitas is the quarterly publication of the Center and is a vehicle for the scholarly discussion of bioethical issues from a Judeo-Christian Hippocratic worldview, updates in the fields of bioethics, medicine, and technology, and information regarding the Center's ongoing activities.

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Subscriptions to *Dignitas* are available to members of CBHD. For student membership, the rate is $30/calendar year; regular member is $75/calendar year. CBHD membership also includes a subscription to *Ethics & Medicine: An International Journal of Bioethics*, as well as several other benefits.

Submissions & Correspondence
Inquiries about permissions for use, as well as any editorial correspondence and manuscript proposals should be directed to Michael Sleasman by email (msleasman@cbhd.org). Manuscript proposals should be in MS Word, use endnotes for all references, and follow *The Chicago Manual of Style.*

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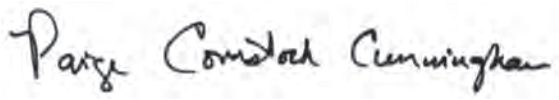
Science cannot prove why it is wrong to torture a person, or that my husband loves me, or even that Julius Caesar was a real person. The proper goals of science—to acquire useful knowledge about the created world for the benefit of human beings and human flourishing—are best understood when premised on a proper theological anthropology. That human beings are made in the image of God explains *why* they matter. That human beings are made to exist in relationship with God, others and the natural world explains *why* human flourishing matters. God's instructions in Genesis are the foundation of our care for the earth and all that is in it, not only because we are told to do so, but because creation is good and by protecting and preserving it, we share in the joy and beauty of that goodness.

Our theological anthropology ought to generate ethical boundaries. Within those parameters, scientific research can flourish and confidently generate dramatic discoveries and inventions for the good of all. Today's "junk DNA" may be tomorrow's treasure trove.

1 Gina Kolata, "Bits of Mystery DNA, Far From 'Junk,' Play Crucial Role," *New York Times,* September 5, 2012, https://www.nytimes.com/2012/09/06/science/far-from-junk-dna-dark-matter-proves-crucial-to-health.html?pagewanted=all.

2 Adam Frank, "The Power of Science and the Danger of Scientism," 13.7: *Cosmos and Culture*, August 13, 2013, http://www.npr.org/blogs/13.7/2013/08/13/211613954/the-power-of-science-and-the-danger-of-scientism.



QUESTIONS?

Would you like to offer comments or responses to articles and commentaries that appear in *Dignitas*? As we strive to publish material that highlights cutting-edge bioethical reflection from a distinctly Christian perspective, we acknowledge that in many areas there are genuine disagreements about bioethical conclusions. To demonstrate that bioethics is a conversation, we invite you to send your thoughtful reflections to us at info@cbhd.org with a reference to the original piece that appeared in *Dignitas*. Our hope is to inspire charitable dialogue between our readers and those who contribute material to this publication.

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We continue to work to increase the value of membership with The Center for Bioethics & Human Dignity. In addition to the one-year subscription to both ***Dignitas*** and ***Ethics & Medicine: An International Journal of Bioethics*** and discounts on our annual conference, we are pleased to offer the following discounts. If you would like to redeem any of these discounts, please contact us at 847.317.8180.

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> health plan to provide coverage of [abortion] services . . . as part of its essential benefits."[8]

Religious Objectors to the Mandate: Exemption or Accommodation

For those organizations or individuals with religious or moral objections to some or all of the mandated "contraceptives" – including those with pregnancy-terminating mechanisms – there is almost no way to opt out of the requirement to provide coverage for these objectionable drugs, devices, and procedures in their employee health plans. Nor can individual employees/beneficiaries decline *to receive* the mandated contraceptive coverage for themselves or their minor daughters.[9] Only houses of worship and their closely integrated auxiliaries are exempt from the mandate.[10] No other organizations, including Catholic and Christian universities, schools, hospitals, nonprofit organizations, and businesses, have a recognized religious or moral exemption to the mandate.

HHS' final accommodation for some religious objectors raised more religious freedom issues than it resolved. This accommodation[11] applies only to certain "religious" nonprofit organizations.[12] For-profit businesses are specifically excluded from the accommodation, and no provision is made for individuals in those contexts with a moral or conscience-based objection to the mandated contraceptives, abortifacients, and sterilization procedures.

To qualify for the accommodation, an organization must self-certify that it is a nonprofit that holds itself out as a "religious institution" and objects to some or all of the mandated contraceptives on "religious grounds." The self-certification must specify which contraceptive services the organization objects to on religious grounds. Consequently, any organization desiring to be eligible for HHS's proposed accommodation must articulate and document the specific drugs, devices, and procedures to which it objects, and, likely, the "religious" basis for those objections.

Under the accommodation, the insurance company, upon receipt of the organization's self-certification, will automatically issue—at no cost to the objecting organization or plan participants and beneficiaries—contraceptive coverage separate from the organization's plan to participants and beneficiaries. Setting aside the economic question of whether or not the insurance company will pass the cost of this separate contraceptive policy back to the objecting non-profit in the form of higher premiums (thus effectively requiring the objecting organizations to "pay" for this coverage after all), the accommodation does not satisfy the religious freedom concerns of many organizations. For these organizations, the proposed accommodation does not alter the fact that the organization's health insurance policy remains the conduit or gateway "in the process of facilitating access to what it believes are gravely immoral products and services."[13] And even HHS links the insurance company's ability to "pay" for the supposedly separate contraceptive policies to purported "lower costs" under the objector's health insurance plan:

> Issuers generally would find that providing such contraceptive coverage is cost neutral because they would be insuring the same set of individuals under both policies and would experience lower costs from improvements in women's health and fewer childbirths.[14]

According to HHS, objecting religious non-profits should be adequately shielded from the delivery of contraceptives and abortifacients to which they object on religious grounds if the insurance company automatically issues and pays for separate contraceptive policies for the non-profit's participants and beneficiaries. Employers argue that the accommodation is inadequate; additionally, concerns of employees and insurers are not addressed. The HHS interpretation of what constitutes an "adequate shield" is the kind of line-drawing that arguably falls outside the province of the government. It is also one of many reasons that the HHS mandate will remain a source of controversy for those who value religious freedom and the sanctity of human life.

1 Julia Polese, "Becket Fund: HHS Makes a 'Theological Judgment' with Mandate," *Juicy Ecumenism: The Institute on Religion & Democracy's Blog*, February 22, 2013, http://juicyecumenism.com/2013/02/22/becket-fund-hhs-makes-a-theological-judgment-with-mandate (accessed June 6, 2013).

2 Bill Keller, "The Conscience of a Corporation," *The New York Times,* February 10, 2013, http://www.nytimes.com/2013/02/11/opinion/keller-the-conscience-of-a-corporation.html?pagewanted=all&_r=0 (accessed June 6, 2013).

3 76 Fed. Reg. 46621, 46626 (Aug. 3, 2011).

4 "Women's Preventive Services: Required Health Plan Coverage Guidelines," *Health Resources and Services Administration*, August 1, 2011, http://www.hrsa.gov/womensguidelines/ (accessed June 6, 2013).

5 Amicus Curiae Brief of The Association of American Physicians & Surgeons, et al., at 6-14, *Hobby Lobby Stores, Inc. v. Sebelius,* No.12-6294 (10th Cir., Feb. 19, 2013), http://www.aul.org/wp-content/uploads/2013/02/12-6294-Hobby-Lobby-v.-Sebelius-amicus-brief-of-AAPS-et-al..pdf (accessed August 15, 2013).

6 Complaint at ¶¶ 129-30, 270, 271, Count VII, *The Roman Catholic Diocese of New York v. Sebelius* (E.D.N.Y., filed May 21, 2012), http://www.archny.org/media/links/FreedomofReligion_Lawsuit2012.pdf (accessed August 15, 2013).

7 Ibid.

8 75 Fed. Reg. 15599 (Mar. 29, 2010) http://www.gpo.gov/fdsys/pkg/FR-2010-03-29/pdf/2010-7154.pdf; Brief of the Association of Gospel Rescue Missions, et al. as Amici Curiae in Support of Appellants and Reversal at 19-20, *Hobby Lobby Stores, Inc. v. Sebelius*, No. 12-6294 (10th Cir., Feb. 19, 2013) https://www.clsnet.org/document.doc?id=449&erid=366527 (accessed June 6, 2013).

9 See Letter to Centers for Medicare and Medicaid Services from Anthony R. Picarello, Jr., Associate General Secretary and General Counsel, et al., United States Conference of Catholic Bishops, May 15, 2012, http://www.usccb.org/about/general-counsel/rulemaking/upload/comments-on-advance-notice-of-proposed-rulemaking-on-preventive-services-12-05-15.pdf (accessed June 6, 2013).

10 As originally proposed, the "religious employer" exemption exempted only a church or integrated auxiliary as described in Sections 6033(a)(1) and 6033(a)(3)(A)(i) or (ii) of the Internal Revenue Code and that (1) has the inculcation of religious values as its purpose; (2) primarily employs persons who share its religious tenets; and (3) primarily serves persons who share its religious tenets. 76 Fed. Reg. 46621, 46626 (Aug. 3, 2011), codified at 45 C.F.R. § 147.130(a)(1)(iv)(B). In its final form, HHS eliminated these last three prongs of the "religious employer" definition in order to avoid any inquiry into the religious employer's purposes or the religious beliefs of those it employs or serves. When proposing this rule, HHS expressly excluded any organization

from the exemption "if its assets or income accrue to the benefit of private individuals or shareholders" and reasserted the department's intent to only "exempt the group health plans of houses of worship." 78 Fed. Reg. 8456, 8461 (Feb. 6, 2013).

11 The final rule, which was announced on June 28, 2013, and took effect on August 1, 2013, was adopted, without change, and included the department's proposed "accommodation" for certain "nonprofit religious organizations with religious objections to contraceptive coverage." 78 Fed. Reg. 39870, 39875 (July 2, 2013), available at http://www.gpo.gov/fdsys/pkg/FR-2013-07-02/pdf/2013-15866.pdf (last accessed August 28, 2013). In so doing, the department expressly stated that it "decline[s] to expand the definition of eligible organizations to include for-profit organizations. 78 Fed. Reg. 39875.

12 "Coverage of Certain Preventive Services Under the Affordable Care Act," Notice of Proposed Rulemaking, 78 Fed. Reg. 8456, 8462 (Feb. 6, 2013).

13 Letter to Centers for Medicare and Medicaid Services from Nikolas T. Nikas, President, CEO and General Counsel, et al., Bioethics Defense Fund, June 15, 2012, http://bdfund.org/wordpress/wp-content/uploads/2012/06/FINAL.Berg_.Capretta.Condic-HHS-ANPR-Comment.6.15.2012.pdf (accessed August 15, 2013). See also May 15, 2012 USCCB Comment Letter.

14 78 Fed. Reg. 8456, 8463 (Feb. 6, 2013); "Women's Preventive Services Coverage and Religious Organizations," The Center for Consumer Information and Insurance Oversight, Centers for Medicaid and Medicare Services, http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/womens-preven-02012013.html (accessed May 29, 2013).

Editor's Note:

Trinity International University filed a comment letter pointing out that the proposed "accommodation" did not adequately resolve the religious freedom concerns originally created by the mandated coverage. The Center for Bioethics & Human Dignity, the bioethics center at Trinity International University, flagged the ethical concerns, provided background research, briefed executive leadership of the University, and provided guidance to the comments submitted by our parent institution. The letter is available at http://cbhd.org/content/trinity-international-university-comments-on-HHS-contraceptives-mandate.

A TRIBUTE TO EDMUND D. PELLEGRINO, MD, MACP

It was with great sadness that we learned in June of the passing of long-time CBHD friend and fellow Edmund D. Pellegrino, MD, MACP. Dr. Pellegrino was a frequent plenary speaker at the Center's annual summer conference, and more recently served as a Distinguished Fellow in the Center's Academy of Fellows. For more information on his life and work, please visit his complete bio on our website. In 2011, CBHD installed the Edmund D. Pellegrino Special Collection in Medical Ethics and Philosophy as part of the Center's Research Library in appreciation for his work in advancing Christian bioethics and, specifically his work with the Center. More information is available at **http://cbhd.org/Pellegrino-Special-Collection.**

In memory of Dr. Pellegrino's numerous contributions to medical ethics, the foundations of bioethics, and the advancement of a distinctly Christian bioethics rooted in Judeo-Christian Hippocratism, members of the Center's Academy of Fellows offered Tributes in his honor. For a complete listing of all of the Tributes in honor of Dr. Pellegrino, please visit **http://cbhd.org/Pellegrino-Tribute-Academy-Fellows.**

Ed Pellegrino was a gentleman, a scholar, a teacher, and a committed Christian. He had a clear understanding of professionalism and virtue. I learned so much from him and used that learning in my teaching of others. I do not have a long list of 'heroes,' but Dr. Pellegrino was clearly at the top. - **ROBERT D. ORR, MD, SENIOR FELLOW**

Ed Pellegrino has been my friend, mentor, colleague, inspiration, and hero since I first had the pleasure and honor of learning from him 21 years ago. His graciousness, clear-thinking, skilled communication, love of medicine and the physician-patient covenant, insight into the critical importance of virtue, and fierce defense of life are an amazing legacy to us. We have a substantial challenge and obligation to carry on this work and witness. **- C. CHRISTOPHER HOOK, MD, SENIOR FELLOW**

It is hard to imagine bioethics without him; it is even harder to imagine Christian bioethics without him. **- DANIEL SULMASY, MD, PHD, SENIOR FELLOW**

Ed Pellegrino held together Christian principles and virtues in his teaching and writing, but more importantly he embodied them in his life. **- DENNIS P. HOLLINGER, PHD, DISTINGUISHED FELLOW**

Ed Pellegrino engaged and inspired a wide range of people in bioethics and beyond with his passion for virtuous medicine and his gracious character. His teaching at Trinity International University and participation in the work of The Center for Bioethics & Human Dignity have left a lasting mark on countless numbers of people, including myself. We celebrate his life and legacy. Medicine, ethics, the church, and the world have sustained a substantial loss with his passing. **- JOHN F. KILNER, PHD, SENIOR FELLOW**

Not only was Ed Pellegrino a formative influence in contemporary medical ethics, he possessed an all too rare combination of fidelity to his faith, brilliance in his thinking, and deep concern for humanity, especially those who called him their physician. **- C. BEN MITCHELL, PHD, SENIOR FELLOW**

Among the many scholars I have come to know, Ed Pellegrino was a rare gem. Though accomplished and much published, he was sincerely humble. He was always truly respectful of, and gracious towards, others, including those of differing views. No one would mistake him for being anything but a faithful Christian**. -ARTHUR DYCK, PHD, DISTINGUISHED FELLOW**

Dr. Pellegrino spoke at the first medical ethics conferences I attended in 1994. I am so thankful I became aware of him early in my career. His compassion for patients, passion for learning, and humble faith touch me deeply. They were always visible on the few occasions I had the pleasure of meeting him. His scholarship will have a lasting impact, but it is the person that he was that most impacted me. He lived out what it means to be virtuous. **- DÓNAL O'MATHÚNA, PHD, CHAIR OF THE ACADEMY OF FELLOWS**

HER DIGNITY NETWORK LAUNCH THE HERITAGE CENTER - WASHINGTON, DC

BY: JENNIFER MCVEY, MDIV

EVENT & EDUCATION MANAGER

There are moments in the life of the Center where a sense of God's orchestration amidst our plans is particularly evident. The launch of Her Dignity Network on International Women's Day, March 8, 2013, was one such moment. Throughout the morning we experienced unity in the message from the speakers: whatever little you can do to bring dignity to a person will have a ripple effect and change the world.

In choosing International Women's Day for the launch we desired to offer an alternative message to much of what is touted in relation to global women's health: a message that women are more than radically autonomous beings whose only health needs and concerns are related to her reproductive system and rights. Rather, women are part of their familial, local, and national communities and face health challenges and disparities across their lifespan. A woman's status as an equal bearer of the *imago Dei* is her source of dignity beyond the reach of any government or international organization.

With that in mind our executive director, Paige Cunningham, JD, addressed the questions: Why this network? Why one more voice in the milieu of global women's health? and, What makes this Network distinct? Her Dignity Network is a global network of women and men, united around the dignity of every woman and girl for her entire lifetime, from conception through death. A network mobilized to make a tangible difference through credible research, transformative education, and hands-on help, and motivated by the love of the one who made us all in his image and gave us dignity.

Jameela George, MBBS, MIRB, a doctor and executive director of the Centre for Bioethics, India, as well as a 2009 CBHD Global Bioethics Education Initiative scholar, discussed the landscape for global women's health for the Indian context and beyond. India presents most of the discrimination and health issues that women and girls face around the globe, and Dr. George has firsthand experience with many of these issues in her context and work. After her sobering report, she reminded us that we are not without hope, as those of us who care and work in this area can bring hope and dignity to whatever we do.

At the launch, the Center also debuted the Network's online presence, www.herdignity.net. The website features upcoming activities and events, key resources based on credible data-driven research, issue based campaigns and special project opportunities. Our hope is that this website will be the hub for a global network of individuals and organizations committed to changing the lives of women and girls around the world.

A key value of Her Dignity Network and the website is connecting people who desire to get involved with projects and organizations that are already on the ground working to uphold women's dignity. At the March launch, we featured three such organizations via a panel of experts: Debbie Dortzbach, MA, World Relief; Brenda Royden, Foundation for Social & Cultural Advancement; and Shannon Senefeld, PsyD, Catholic Relief Services. All presented the work their organizations are doing in the area of global women's health, all emphasized the importance of the dignity of every woman and girl, and how showing an individual dignity can transform a family, which can begin to transform a community, and then the world.

The launch of Her Dignity Network was the culmination of more than two years of strategic planning meetings, discussions, hard work, and a lot of networking. When this day finally arrived there was a palpable sense of celebration. It was Her Dignity Network's birthday…and we are just getting started.

Keep watch for the start of the first issue campaign for Her Dignity Network to begin this fall on the Her Dignity website: herdignity.net. All of the videos from the March launch event are now available on our YouTube channel (http://youtube.com/bioethicscenter).

GLOBAL WOMEN'S HEALTH, COMMODIFICATION, AND THE ABORTION DEBATE

MICHELLE CROTWELL KIRTLEY, PHD
CBHD BIOETHICS & PUBLIC POLICY ASSOCIATE

In 2012 CBHD's annual conference explored the theological roots of human dignity and the various ways in which our culture—both domestically and globally—subverts human dignity, particularly the dignity of women and girls. In the first plenary address at the conference, Executive Director Paige Cunningham related several heart-wrenching stories of women who have experienced gender-specific mistreatment.

In one story, Paige described how a 30-year-old mother of two boys in Gujarat, India died giving birth to a child an American woman was paying her to carry as a surrogate.[1] As Paige said, "This was a woman who died having a child that others very much wanted." Another woman, also from India, was beaten to force her to abort her baby—her sixth pregnancy—because the baby was not a boy. This "woman died because she was carrying a baby nobody wanted." [2]

International surrogacy, coerced abortion—these are just a few of the ways in which women around the world are treated as less than human, as objects, a means to another's end.

The numbers alone are startling. Every day, 1600 women die of preventable complications from pregnancy and childbirth.[3] More than half of the 33.3 million people living with HIV around the world are women, and over 75% of these women live in sub-Saharan Africa, where their children are at risk of contracting HIV as well.[4] Violence against women remains pervasive. And we are all familiar with the tragedy of sex-selective abortion, which has recently drawn attention from the mainstream media—perhaps most notably in 2010, when the *Economist* devoted its cover to the issue of "gendercide," calling attention to the 100 million girls missing worldwide, now estimated at more than 400 million.[5]

Behind each of these statistics is a suffering woman or girl, made in the image of God, who is worthy of our compassion and our action. To be sure, there are also many men who suffer horrific indignities throughout the world. But women and girls remain particularly vulnerable to injustice, due in part to the commodification of their reproductive capacity and in part to cultural discrimination that has been entrenched for centuries.

Women are worth more than their wombs. Women and girls have inherent dignity that both encompasses and goes beyond their reproductive capacity.

At first glance, global women's health may not seem to be a bioethics issue, but a fundamental ethical concern—the subverted dignity of women and girls—is at the root of many of the health challenges they face. In 2011, Paige traveled to India to co-teach a workshop in basic bioethics for a group of 20 Indian doctors, nurses and chaplains. One of the obstetricians she met told Paige about a pregnant woman who faced an aggressive form of cancer. Situations like these pose challenging ethical dilemmas for any physician: Do you treat the cancer with chemotherapy, putting the baby at risk, or do you try to save the baby and risk losing the mother? Unfortunately, the answer was quite simple for the patient's husband: he wanted an ultrasound for his wife. If the baby was a boy, he wanted to save the boy. If a girl, then he wanted to save his wife.

But the commodification of human life, the human body, and women's reproductive capacity is not just a problem "over there." In this country, and in the church, we need to have a serious conversation about the ways in which we have been complicit in the "the culture of commodification." As Paige mentioned in her talk, even the language we use about children suggests possession and objectification: we "have" children. We feel entitled to them. Evangelicals in particular have been so eager to embrace life as the antidote to the evil of abortion that we have not given adequate reflection to the ethical implications of many assisted reproductive practices, including gestational surrogacy and IVF.

We must also examine the ways in which we may have allowed the cultural values of individualism and autonomy to seep into the church and distort our own views of human dignity.

Even in the absence of active mistreatment by other humans, the effects of the Fall place women and girls in circumstances that challenge their dignity. Obstetric fistula, maternal mortality and other health challenges plague women in developing countries. Around the world, children miss weeks of school due to malaria, and girls miss school due to a lack of sanitary products that would enable them to attend during their menstrual cycles. Missed educational opportunities translate into missed economic opportunities, perpetuating cycles of poverty.

Women are worth more than their wombs. Women and girls have inherent dignity that both encompasses and goes beyond their reproductive capacity.

In much of our domestic political conversation about abortion, reproductive technologies and biotechnology, we have focused attention on the life and worth of the unborn child. As the argument goes, abortion is wrong because it kills nascent human life; embryonic stem cell research is wrong because, again, human life is destroyed in the process.

In many of these conversations—despite the intentions and

efforts of those behind the political scenes—the "rights" of the unborn child or the embryo are pitted against the "rights" of the woman, the mother, or the patient. There are several disturbing consequences to this reductionistic debate, one of which is that the pro-life movement has been quite effectively branded as "anti-woman." And despite a concerted effort to challenge this stereotype, it persists, as evidenced most recently by the somewhat successful efforts to label opposition to the so-called Health and Human Services (HHS) contraception mandate as a "war on women."

One key reason these efforts have been successful is that the church does, in fact, have a mottled history when it comes to defending the dignity of women. But, cultural and historical misappropriations aside, Scripture powerfully – and often counter-culturally – witnesses to God's very personal love for women and their role in his story of cosmic redemption. Throughout history, God has used women to expand his kingdom and provide justice for the oppressed. And God directly and repeatedly commands his people to care for vulnerable women and children.

Efforts to advance human dignity on behalf of women are indeed being pursued around the world, by Christians and non-Christians alike. But these efforts are often undercut by lack of regard for the unborn and the dignity of motherhood. Many of the leading advocates for global women's health are also advocates for increased access to abortion in the developing world. In fact, many women's health activists insist on expanding access to abortion as a means of lowering maternal mortality, despite evidence that other factors appear to be of more relevant significance.[6] Abortion rights advocates have participated so prominently and vocally in the work of promoting child and maternal health globally that when Christians hear the words "global women's health," many immediately become suspicious that legalizing abortion is part of the agenda.

Yet it is not enough for Christians simply to fight the export of abortion to the developing world, important as that is. We must also demonstrate our care for women and girls around the world by taking action to rectify the many injustices they suffer. This may mean a more concentrated mobilization of resources to deliver needed public health interventions, such as skilled birth attendants and insecticide-treated bed nets. It also means investing in research to ensure that our efforts are evidence-based, credible, and strategic.

Global women's health issues are bioethical issues. Our efforts to prevent maternal mortality must be grounded in the same ethical framework as our efforts to halt genetic selection or the production of "designer babies."

For this reason, as part of CBHD's initiative on global women's health, Her Dignity Network is a cooperative endeavor whose mission is to promote the full dignity of women and girls around the world by eradicating exploitation and gender-based health disparities. Our goal is to connect individuals, organizations, funding sources and policymakers together around discrete issues of vital importance to this mission.

Focusing attention and resources on women's health issues around the world is critical for several reasons. First and most importantly, upholding the dignity of women and girls is part of displaying an authentic witness of the heart of God to the world.

Second, it lends credibility to our efforts to stop abortion and guide biotechnology away from utilitarian, commodifying applications. We have the opportunity to engage in a virtuous cycle, where consistent application of the principles of human dignity leads Christians to fight injustice in all its various—sometimes subtle—manifestations. Our efforts to fight these injustices lend greater credibility to our defense of human dignity in other areas such as abortion, stem cell research, and euthanasia.

Third, it provides a bridge to reach younger Christians who are concerned about social justice and human dignity but are disaffected, for a variety of reasons, with the "culture wars" of their parents' generation. Many young believers are working for organizations to promote women's health without realizing they may be inadvertently supporting a pro-abortion agenda.

Global women's health issues are bioethical issues. Our efforts to prevent maternal mortality must be grounded in the same ethical framework as our efforts to halt genetic selection or the production of "designer babies." This framework enables us to evaluate how advances in technology may further increase the risk of global gender-specific discrimination. Ultrasound, for instance, appears to facilitate sex selective abortion in cultures where male children are preferred to female, and IVF has ushered in both the selection of embryos based on sex, and the global business of gestational surrogacy.

The fundamental, unifying principle that enables us to navigate these complex issues is human dignity, grounded not in human choice or autonomy but in the compassionate, caring heart of God for the people he created.

1 Times News Network, "Surrogate Mother Dies of Complications," *The Times of India*, May 17, 2012, http://articles.timesofindia.indiatimes.com/2012-05-17/ahmedabad/31748277_1_surrogate-mother-surrogacy-couples (accessed January 28, 2013) and "Surrogate Mom Sees Her Premature Son, Dies Soon After," Daily News & Analysis, http://www.dnaindia.com/india/report_surrogate-mom-sees-her-premature-son-dies-soon-after_1690532 (accessed January 28, 2013).

2 Ashok Das, "Man Beats Wife to Force Abortion," *Hindustan Times*, April 3, 2012, http://www.hindustantimes.com/India-news/Andhra-Pradesh/Man-beats-wife-to-force-abortion/Article1-834804.aspx (accessed January 28, 2013).

3 "Fact File: 10 Facts about Women's Health," *World Health Organization*, http://www.who.int/features/factfiles/women_health/en/index6.html (accessed January 28, 2013).

4 "Gender Inequalities and HIV," *World Health Organization*, http://www.who.int/gender/hiv_aids/en/ (accessed January 28, 2013); "Aids Worldwide," Womenshealth.gov, http://www.womenshealth.gov/hiv-aids/aids-worldwide/ (accessed January 28, 2013).

5 "Gendercide: The Worldwide War on Baby Girls," *The Economist*, March 4, 2010, http://www.economist.com/node/15636231?story_id=15636231 (accessed April 4, 2011).

6 Elard Koch, John Thorp, Miguel Bravo, Sebastián Gatica, Camila Romero, Hernán Aguilera, and Ivonne Ahlers, "Women's Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: A Natural Experiment in Chile from 1957 to 2007." PLoS ONE 7(5): e36613. doi:10.1371/journal.pone.0036613 http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0036613 (accessed April 30, 2013).

HER DIGNITY NETWORK

A project of the Global Women's health Initiative
The Center for Bioethics & Human Dignity

WHAT IS UNIQUE ABOUT THIS PROJECT:

Within the church, inadequate attention has been paid to the implications of a theological grounding of women's dignity as rooted in her creation in the image of God. **Women's Dignity is Human Dignity**. The intersection of bioethical concerns with female bodies and health are essential aspects of both dignity and our common humanity. While energies are appropriately being directed to issues of abortion and sex trafficking, the broader needs of girls and women are often overlooked or neglected.

Girls and women are human beings, to be welcomed in life and protected in law from conception through death.

JOIN THE NETWORK AND SUPPORT GLOBAL WOMEN'S HEALTH!

GO TO:
HERDIGNITY.NET/GET-INVOLVED

AND CLICK ON SUPPORT THE NETWORK

BIOENGAGEMENT
BIOETHICS
IN FICTION, FILM, AND TELELVISION

The promise and perils of advances in technology, science, and medicine have long been fodder for creative works in literature and cinema. Consequently, a variety of resources exist exploring the realm of medical humanities as well as those providing in-depth analysis of a given cultural medium or particular artifact. This column seeks to offer a more expansive listing of contemporary expressions of bioethical issues in the popular media (fiction, film, and television)—with minimal commentary—to encompass a wider spectrum of popular culture. It will be of value to educators and others for conversations in the classroom, over a cup of coffee, at a book club, or around the dinner table. Readers are cautioned that these resources represent a wide spectrum of genres and content, and thus may not be appropriate for all audiences. For more comprehensive databases of the various cultural media, please visit our website at cbhd.org/resources/reviews. If you have a suggestion for us to include in the future, send us a note at msleasman@cbhd.org.

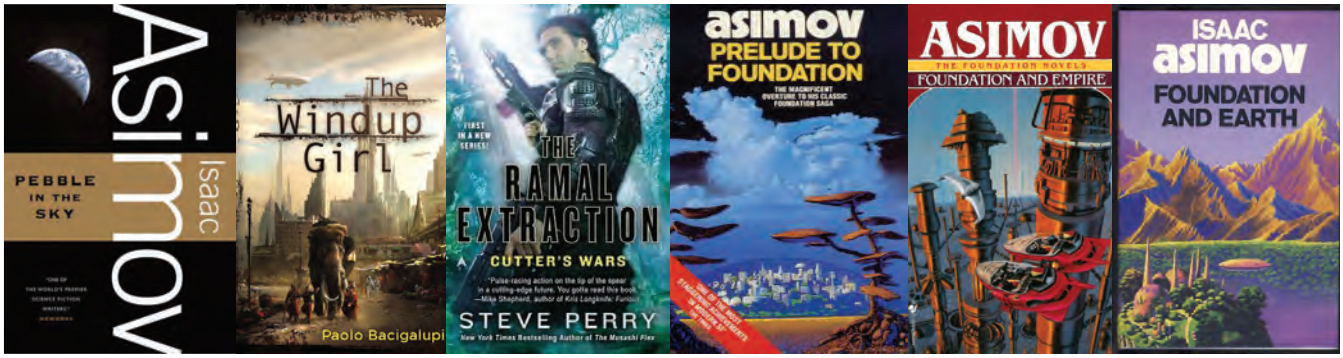
BIOETHICS AT THE BOX OFFICE

Maybe Baby (2000, R for sexual content and language). Reproductive Technology.

Real Steel (2011, PG-13 for some violence, intense action, and brief language). Artificial Intelligence, Personhood, Robotics.

Total Recall (2012, PG-13 for intense sequences of sci-fi violence and action, some sexual content, brief nudity, and language). Neuroethics, Robotics. Remake of the 1990 film of the same title.

BIO-FICTION



Asimov, Isaac.
***Foundation and Empire* (1952; repr., Bantam Spectra, 2004)**
***Second Foundation* (1953; repr., Bantam Spectra, 2004)**
***Foundation's Edge* (1982; repr., Bantam Spectra, 1991)**
***Foundation and Earth* (1986; repr., Bantam Spectra, 2004)**
***Prelude to Foundation* (1988; repr., Bantam, 1989)**

Artifiicial Intelligence, Human Enhancement, Neuroethics, Personhood, Robotics.

Asimov continues his famed Foundations Series, charting the emergence of the Mule, a human mutant with enhanced mental capabilities, who wreaks havoc with the carefully scripted Seldon Plan in his pursuit of galactic domination. The Second Foundation is forced to actively intervene in the galactic affairs of the First Foundation, threatening to expose its secretive existence. While the First Foundation emphasized the advances of the physical sciences, the Second Foundation has focused its energies on cultivating the cognitive and psychological sciences. With the fate of the galaxy at stake, the series climactically turns to a search for the mythical origin of planet "Earth" and the future of the human species.

Asimov, Isaac. *Pebble in the Sky*
(1950; repr., Tor Book, 2008)

Biotechnology, Bioterrorism, Euthanasia, Human Enhancement, Neuroethics, Research Ethics.

The first novel from the sci-fi legend lays the groundwork for what Asimov later developed into the Empire Series and the subsequent Foundation Series. *Pebble in the Sky* follows Joseph Schwartz, a 20th century retired tailor who inexplicably finds himself living some 50,000 years in the future. Schwartz becomes the unwitting subject of a neuroenhancement research trial and is embroiled in an intra-galactic bioterrorism plot to bring an end to the reign of the Galactic Empire.

Baciagalupi, Paolo. *The Windup Girl* (Night Shade Books, 2010).

Genetic Engineering, Human-Animal Hybrids, Human Enhancement/Remaking Humanity, Personhood, Transhumanism.

In the wake of environmental disasters and industrial bioterrorism, Thailand has survived as a refuge from the global influence of multinational bioengineering firms in high stakes pursuit of gene patents. Culturally resistant to genetically reengineered material, the streets of Bangkok are the home to Emiko, a discarded Windup Girl, the product of Japanese genetic engineering to create New People.

Perry, Steve. *The Ramal Extraction: Cutter's Wars* (Ace, 2012).

Cybernetic Augmentation, Human Enhancement, Neuroethics.

A sci-fi action novel chronicling the hostage rescue of the captured daughter of one of New Mumbai's most important leaders. The mercenary extraction team sport a wealth of biological enhancement and technological augmentation, demonstrating the prospects and challenges of military deployment of human enhancement technologies.

TOP BIOETHICS STORIES: MARCH - MAY 2013

COMPILED BY HEATHER ZEIGER, MS, MA
RESEARCH ANALYST

"Philadelphia Abortion Doctor Guilty of Murder in Late-Term Procedures" by Jon Hurdle and Trip Gabriel, *New York Times,* May 13, 2013

> A doctor who was responsible for cutting the spines of babies after botched abortions was convicted Monday of three counts of first-degree murder in a case that became a sharp rallying cry for anti-abortion activists. (http://tinyurl.com/mlz3ua8)

The trial of Pennsylvania abortion doctor Kermit Gosnell lasted several weeks as testimony revealed that Dr. Gosnell not only conducted illegal late-term abortions, but also cut the spinal cords of several live infants. Authorities found fetal parts in various containers throughout the abortion clinic, along with other unsanitary conditions. On May 14, Kermit Gosnell was found guilty of three counts of first-degree murder, 24 counts of performing an abortion beyond the 24-week limit in Pennsylvania, involuntary manslaughter for the death of a woman who died from a sedative overdose, and 211 counts of not waiting 24 hours after consulting with a patient before performing an abortion.

"Three-Person IVF Moves Closer in UK" by James Gallagher, *BBC*, March 20, 2013

> If the techniques were approved it could help a handful of families each year. Around one in 6,500 children develop serious "mitochondrial disorders" which are debilitating and fatal. Research suggests that using mitochondria from a donor egg can prevent the diseases. However, it would result in babies having DNA from two parents and a tiny amount from a third donor. (http://tinyurl.com/cllvr7g)

Last October, human embryos containing the nuclear DNA of one woman and one man and the mitochondrial DNA of another woman were successfully created in a laboratory. This March, the Human Fertilisation and Embryology Authority, finding no evidence that the procedure would be unsafe, gave three-person IVF the go-ahead. The health ministers have yet to decide whether this procedure can be used in the clinic.

"U.S. Judge Widens 'Morning-After' Pill Access for Young Girls" by Jessica Dye, *Chicago Tribune,* April 5, 2013

> A federal judge on [April 5] ordered the U.S. Food and Drug Administration to make 'morning-after' emergency contraception pills available without a prescription to all girls of reproductive age and criticized the Obama administration for interfering with the process for political purposes. (http://tinyurl.com/kc4zg5l)

"Drug Agency Lowers Age for Next-Day Birth Control" by Pam Belluck, *New York Times,* April 30, 2013

> The Food and Drug Administration said Tuesday that it would make the most widely known morning-after pill available without a prescription to girls and women ages 15 and older, and also make the pill available on drugstore shelves, instead of keeping it locked up behind pharmacy counters. (http://tinyurl.com/m84xzxc)

A confusing tussle ensued when U.S. District Judge Edward Korman gave the Food and Drug Administration 30 days to lift the age restriction on the "morning after" pill, which is available over-the-counter to women 17 and older. On May 10, the FDA appealed the decision, stating that based on its findings it will maintain the age limit on the 2-pill pack. In a decision that the Department of Health and Human Services says is unrelated to the lawsuit, it will allow 15-year-old girls to buy the one-pill version, "Plan B," over-the-counter, as long as they have proper ID.

"Supreme Court Hears Arguments In Human Gene Patent Case" by Lawrence Hurley, *The Huffington Post*, April 15, 2013

> U.S. Supreme Court justices on Monday raised tough questions about patents on human genes held by Myriad Genetics Inc. The nine justices signaled reluctance to issue a broad ruling, indicating that some were looking for a compromise that might distinguish between types of genetic material. (http://tinyurl.com/mfy8j7w)

The U.S. Supreme Court heard arguments on April 15 over whether Myriad Genetics should be allowed to patent the BRCA genetic markers, which are known to indicate a higher probability of developing breast and ovarian cancer. The prosecution argued that genes are a "product of nature" and therefore cannot be patented, while Myriad maintains that the isolated genes in question have a different chemical structure from DNA. The plaintiffs accuse Myriad of being a gatekeeper for key genetic testing, preventing the development of potentially superior alternatives to Myriad's $3,000 test, while Myriad maintains that the patent allows compensation for its research investment and discovery of these genes.

"Mental Health: On the Spectrum" by David Adam, *Nature*, April 24, 2013

> The stark fact is that no one has yet agreed on how best to define and diagnose mental illnesses. DSM-5, like the two preceding editions, will place disorders in discrete categories such as major-depressive disorder, bipolar disorder, schizophrenia

> and obsessive–compulsive disorder (OCD). These categories, which have guided psychiatry since the early 1980s, are based largely on decades-old theory and subjective symptoms . . . . The problem is that biologists have been unable to find any genetic or neuroscientific evidence to support the breakdown of complex mental disorders into separate categories. (http://tinyurl.com/bqven42)

The Diagnostic and Statistical Manual of Mental Disorders is known as the "bible" of the psychiatric field. This manual has been revised only four times since its publication in 1952. Its fifth edition was released in May. The third, fourth, and now, fifth, editions base mental disorder diagnosis on Emil Kraepelin's model of unique symptoms pointing to distinct causes, what is referred to as the category approach. However, clinicians often observe a range of symptoms that overlap several mental illness categories. Some psychiatrists have proposed that mental illnesses occur on a spectrum, and certain illnesses tend to overlap more often than others. This dimensional approach has raised questions about how doctors diagnose and treat mental illness.

"Five Doctors Jailed for Kosovo Organ Trafficking" by Ismet Hajdari, *Associated Press*, April 29, 2013

> An EU-led court in Kosovo on [April 29] jailed five doctors for organ trafficking at a Pristina clinic in the first such case in the breakaway territory which has already faced allegations of similar crimes during and after its 1998-99 war. (http://tinyurl.com/mb8mztz)

On the global front, an organized crime ring in Kosovo was prosecuted for conducting illegal kidney transplants and organ trafficking. The clinic was exposed when a man collapsed at an airport after having donated a kidney. Investigators found that donors had been recruited from poor Eastern and Central Asian countries. They were promised $20,000 for their organs, even though recipients were charged about $100,000.

"My Medical Choice" by Angelina Jolie, *New York Times,* May 14, 2013

> My doctors estimated that I had an 87 percent risk of breast cancer and a 50 percent risk of ovarian cancer, although the risk is different in the case of each woman. (http://tinyurl.com/m5cmn2a)

Actress Angelina Jolie announced that she underwent a double mastectomy to reduce her chances of getting breast cancer. Her mother died of ovarian cancer at age 56, and her aunt recently died of breast cancer at age 61. Jolie tested positive for a BRCA1 gene mutation, known to be a marker for risk of these diseases. Her decision has not only heightened awareness of genetic factors in breast and ovarian cancer, but also increased demand for the genetic test that detects BRCA1 and BRCA2 mutations. Jolie's announcement comes on the heels of the Supreme Court's beginning deliberations about whether Myriad Genetics can claim patent rights to the BRCA genes.

"Human Stem Cells Created by Cloning" by David Cyranoski, *Nature,* May 15, 2013

> It was hailed some 15 years ago as the great hope for a biomedical revolution: the use of cloning techniques to create perfectly matched tissues that would someday cure ailments ranging from diabetes to Parkinson's disease. Since then, the approach has been enveloped in ethical debate, tainted by fraud and, in recent years, overshadowed by a competing technology. Most groups gave up long ago on the finicky core method — production of patient-specific embryonic stem cells (ESCs) from cloning. A quieter debate followed: do we still need 'therapeutic' cloning? (http://tinyurl.com/brxkojq)

"Stem-Cell Cloner Acknowledges Errors in Groundbreaking Paper" by David Cyranoski & Erika Check Hayden, *Nature,* May 23, 2013

> A blockbuster paper that reported the creation of human stem-cell lines through cloning has come under fire. An anonymous online commenter found four problems in the paper, which was published online on 15 May in the journal Cell. (http://tinyurl.com/q259xh5)

This spring human cloning made a comeback. Shoukhrat Mitalipov and his team were able to obtain embryonic stem cells through human cloning. The embryos, which reached the blastocyst stage prior to harvesting, were made from donor oocytes whose nuclei were replaced with genetic material from other donors' skin cells, a technique known as somatic cell nuclear transfer (SCNT). However, a week after the paper was published, a commenter observed that some of the images were duplicated. Mitalipov says that the results are real and the data is real. The errors were minor and do not affect the results of the study.

"Vermont Becomes Third US State to Legalize Assisted Suicide" *AFP*, May 20, 2013

> Peter Shumlin, the Democratic Governor of the small progressive-leaning state, signed into law a bill that lawmakers adopted last week. Vermont follows the states of Oregon and Washington in legalizing the practice. (http://tinyurl.com/le2tznl)

Vermont, Oregon, and Washington are now the three U.S. states that permit physician-assisted suicide. The Vermont law allows terminally ill patients estimated to have less than six months to live to request a lethal dose of drugs to hasten their death. In order for a patient to qualify, he or she must receive two medical opinions, be given the option for psychiatric examination, and wait seventeen days before the prescription can be filled.

updates & activities

EVENTS

Fearfully and Wonderfully Made

CBHD hosted two events in mid-April with Megan Best, BMed, MAAE, promoting her recently published book, *Fearfully and Wonderfully Made: Ethics and the Beginning of Human Life* (Matthias Media, 2012). Dr. Best was a 2009 GBEI Scholar with the Center and received a modest grant from CBHD that assisted in the background research for the volume. CBHD celebrated the publication of the volume by hosting a morning session with Dr. Best geared toward equipping pastors, and an evening event that was live-streamed and featured a lecture by Dr. Best with a response by Stephen Greggo, PsyD, professor of counseling at Trintiy Evangelical Divinity School. Audio and video of the evening lecture will be made available on cbhd.org.

RESEARCH

Multi-National Study on Assisted Reproductive Technologies

In April and early May, CBHD sponsored and facilitated the U.S. portion of a multi-national study on the Attitudes and Practices of Assisted Reproductive Technologies within the Church. Dr. Megan Best was the lead investigator on a research team that included Elizabeth Hegedus, PhD, and Michael Sleasman, PhD. The study is the culmination of a portion of a 2009-2013 GBEI grant awarded to Dr. Best. Results of the study will be published on cbhd.org as they become available.

MEDIA RESOURCES

CBHD.org on Twitter: @bioethicscenter

Bioethics.com on Twitter: @bioethicsdotcom

The Bioethics Podcast at thebioethicspodcast.com

Facebook Cause at causes.com/cbhd

Facebook Page at facebook.com/bioethicscenter

Linked-In Group at linkd.in/thecbhd

YouTube at youtube.com/bioethicscenter

The Christian BioWiki christianbiowiki.org

STAFF

PAIGE CUNNINGHAM, JD

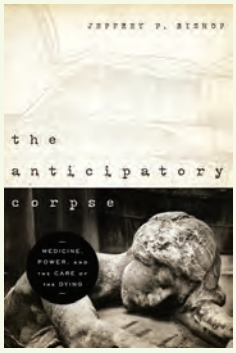
- Led a weekend women's retreat for Cornerstone Church in April on loving God with all our heart, soul, mind, and strength.
- Interviewed for BreakPoint This Week on "Making Good Decisions about the End of Life."
- Authored "Family Trees & Family Threes" in the Spring 2013 issue of *Salvo* magazine

MICHAEL SLEASMAN, PHD

- Interviewed in late April by Don Rupp, KTIS, Northwestern Media Radio about the study CBHD sponsored on ART and the Church.
- Interviewed in late June for an article on "3D Printing and Biotechnology" for *Relevant Magazine*.
- Collaborator with Megan Best on a multi-national empirical research study examining attitudes and practices within the Christian church on ART issues.

JESSICA WILSON, MDIV, THM

- Facilitated the final theological bioethics roundtable discussion with graduate students and CBHD staff on Jeffrey P. Bishop's recent book, *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying* (University of Notre Dame, 2011).



ON THE CBHD BOOKSHELF

ARTICLES OF NOTE: For those interested in knowing what books and articles the Center staff have been reading

Bohannon, John. "Genius," *Wired* 21, no. 8 (2013): 116-123.

Gutmann, Amy, and James Wagner. "Found Your DNA on the Web: Reconciling Privacy and Progress," *Hastings Center Report* 43, no. 3 (2013): 15-18.

Hurlbut, William. "St. Francis, Christian Love, and the Biotechnological Future." *The New Atlantis* 38, Winter/Spring 2013: 92-99.

Iglehart, John. "Expanding the Role of Advanced Nurse Practitioners – Risks and Rewards." *New England Journal of Medicine* 368, no. 20 (2013): 1935-1941.

Mongoven, Ann, and Harry McGee. "IRB Review and Public Health Biobanking: A Case Study of the Michigan BioTrust for Health." *IRB: Ethics & Human Research* 34, no. 3 (2012): 11-16.

Morain, Stephanie, Michael Greene, and Michelle Mello. "A New Era of Noninvasive Prenatal Testing." *New England Journal of Medicine* 369, no. 6 (2013): 499-501.

Murray, Christopher, and Alan Lopez. "Measuring the Global Burden of Disease." *New England Journal of Medicine* 369, no. 5 (2013): 448-457.

Neumann, Peter. "Communicating and Promoting Comparative-Effectiveness Research Findings." *New England Journal of Medicine* 369, no. 3 (2013): 209-211.

Nichols, Arland. "Pope Benedict XVI on Authentic Human Progress and Bioethics." *The National Catholic Bioethics Quarterly* 11, no. 4 (2011): 669-678.

Nuila, Ricardo. "Home: Palliation for Dying Undocumented Immigrants." *New England Journal of Medicine* 366, no. 22 (2012): 2047-2048.

Oberlander, Jonathan, and Marisa Morrison. "Failure to Launch? The Independent Payment Advisory Board's Uncertain Prospects." *New England Journal of Medicine* 369, no. 2 (2013): 105-107.

Quill, Timothy, and Amy Abernethy. "Generalist plus Specialist Palliative Care – Creating a More Sustainable Model." *New England Journal of Medicine* 368, no. 13 (2013):1173-1175.

Rulli, Tina, Ezekiel Emanuel, and David Wendler. "The Moral Duty to Buy Health Insurance." *The Journal of the American Medical Association* 308, no. 2 (2012): 137-138.

COMING SOON: SUMMER CONFERENCE RECAP