



Listening After September 11

by Judith Andre, PhD

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On September 11, 2001, I took a small private vow. I promised myself to speak up against false absolutes. Sitting in front of the television, unable to move, unable almost to think or feel, I nevertheless understood one thing. The perpetrators of the destruction lived in a world of absolutes. They had created, with encouragement from others, a picture of themselves as good and others—us—as evil. During the day I heard various world leaders keep the image and reverse the polarity: "This is a moment of moral clarity," said one. "This is good versus evil."

I do believe that what was done was evil, and I have no interest in explaining it away, condoning it, justifying it, or mitigating it. But the horror of the attack does not insure that we, the victims, will automatically be forces of good. That it does is such an easy mistake to make; the self-induced blindness of the attackers tempts every human being, at some time, to some degree. Fanaticism is, to use a medical metaphor, the hypertrophy of something quite ordinary and often good: the human attraction to clarity. Uncomplicated worldviews supply emotional and often intellectual satisfaction. When Newton formulated the laws that explained the motions of the heavenly bodies - when he captured thousands of observed facts in three simple principles - he transformed our mental worlds in a deeply satisfying way. The moral world does not admit of such a reduction, but most of us would be comforted if it did. There is where the danger lies.

Trying to comprehend what was happening on September 11, my first reaction was that we had been sucked into a river of hatred and blood, from whose current we could never escape. I knew that our foreign policy was part of the context for the attacks. I also knew that we had to respond to them, but I could imagine no response that did not feed the river until it became a torrent. I ended the day and the week in despair.

In retrospect, I think that my image of an inescapable torrent depended on an assumption of high, steep banks. However, between the attackers' pathology and Newton's brilliance is a vast graduated landscape. Even a thesaurus suggests how varied it is: synonyms for "simple" (as in oversimplify) include crude, graceful, callow, rudimentary, and tasteful. Simplicity can be ugly, it can be beautiful, it can corrupt, it can redeem.

What haunted me on September 11 were memories of the too many simplistic and angry conversations to which I had listened over the years. As it happens, the people I love span a wide spectrum of political, religious, and ethnic identities: Byzantine Catholic, Shiite Muslim, atheist; right-wing and left-wing; Jew and Arab. I remembered an Arab woman widowed by the Gulf War chanting rage to her grandchildren; a Christian pastor who told his congregation that Muslims believed they would go to heaven if they killed a Christian; a cousin who suggested that the United States government had bombed the federal building in Oklahoma City; left-wing friends who believe that everyone on the right is stupid or pathological. On that Tuesday I remembered all this, and my own frequent silence in the face of it.

I had recently been writing on the virtue of intellectual honesty, a virtue upon which medicine, the life sciences, and the humanities depend. An honest person, philosopher Linda

Zagzebski reminds us, does more than avoid telling lies. She "is *careful* with the truth. She respects it and does her best to find it out, to preserve it, and to communicate it," choosing ways to communicate that permit hearers not only to understand and accept it, but also to be justified in accepting it.¹ This is much more demanding than avoiding falsehood, but it is what academia is all about. It is part of what the best clinical encounters are about.

On the Tuesday of the attacks I was revising a manuscript in which I argue that the medical humanities, as a professional field, can be understood as a participation in moral development: deepening, in ourselves and in clinicians, scientists, and the public, an ability to see the moral dimensions of health care, health policy, and health science; the ability to reflect upon what we see, to reason about it, and to act (that is, to help make things correspondingly better). Progress in seeing, reflecting, and reasoning, I believe, necessarily includes progress toward cognitive complexity. Cognitive complexity is not what the Queen in Alice in Wonderland achieves (believing impossible things "for half an hour a day," sometimes managing to believe "as many as six impossible things before breakfast.") Nor is it the nihilism of some forms of post-modernism. It is a recognition that understanding is always limited, perspectival, contingent - and capable of growing.

Hence, on September 11, my small vow to speak up. To complicate, or at least resist, oversimplifications, especially political ones and those entangled with anger.

Not surprisingly, I soon heard some oversimplifications, as well as the pure fabrications that narrow worldviews permit. I heard of emails circulating within a Jewish community to the effect that patrons in a local Middle Eastern restaurant cheered as they watched the World Trade Center collapse. I heard of Arabs who believed that Israel was behind the attacks, and 4,000 Jews having been warned left the twin towers early. Some on the left attributed ultimate responsibility for the attacks to U.S. foreign policy; some on the right found any criticism of U.S. foreign policy treasonous. Among the militant there was joyful anger: surfing radio stations one morning I heard "What's the difference between Christmas and Afghanistan? Come December, Christmas will be here."

Extreme reactions to extreme events are not surprising. Sometimes I kept my small vow, sometimes not. Much more important than what I said was what I heard. For soon, in fact almost immediately, I began to hear other voices. They were voices not only of intellectual responsibility but of compassion; for the problem is not just oversimplification but an accompanying hardness of heart.

Already on the 12th I heard Norma Baptista describe a group of students who groped their way through pain toward a renewed commitment to medicine. Almost abashedly, they affirmed the nobility of their chosen profession. (Dr. Baptista tells her own story in "InkLinks", p. 5.) My own profession is of less immediate and physical use, but the health of the mind matters as much as the health of the body. I was able to use my own professional setting - a bioethics classroom - to deal with the moral dimensions both of what had happened and the United States' response to it.

In the week after the 11th I heard from friends as well. To my description of a river of hatred and blood one replied immediately, "There's a far wider river of compassion." And of course she was right. There is nothing sentimental about her observation; we would not survive as a species unless this was true. The evidence was every-where, from my student late for class because he was giving blood, to the memorials on campus that Friday, to the national outpouring of help for victims on the East Coast. Within hours of the attacks email went out: we must protect our American Muslim neighbors.

So I rather quickly became convinced that love and compassion are far more widespread than hatred; they are also more fundamental than intellectual complexity. Yet I was soon becoming

aware that the latter was also clearly evident. On September 11th itself, for instance, the media was careful not to attribute responsibility prematurely; it even refrained from estimating casualties. (Not so one national figure, who thought the day was probably the bloodiest in American history. Someone reminded him of Antietam.) From the beginning political leaders distinguished between the Islamic mainstream and the fanatic hatred of particular men. The Jewish community I mentioned called itself to task: Arab-Americans in that restaurant had of course *not* rejoiced, and some of those who received the electronic rumor made sure the truth was published (literally: a newspaper story covered both the rumor and its halting). The grandson of the Gulf War widow I mentioned earlier resisted her rage: he flooded me one evening with stories of mercy and love from the Islamic canon, and especially of compassion toward one's oppressors.

As I listened, the complexity grew. People became able to say that while this was not Islam versus Christianity, or Islam versus the West, nevertheless religion is part of the story. We are dealing with religious, not just political, extremism, and religion deepens the intensity of whatever it touches. As for the role and responsibility of the West, it is becoming common knowledge that our Middle Eastern policy has often been disastrous, morally as well as practically, yet most people understand that what began on September 11th has other roots as well: a crisis of modernity in the Middle East (see the columns of Karen Armstrong in Britain's *The Guardian*, October 13); political expediency among leaders there; individual psychopathology (see the personal history of Osama bin Laden). Dealing with these tangled roots while in no way absolving the perpetrators of full responsibility is a complex task. It resembles in some ways the recent attention to error in medicine: emphasis on systemic causes (i.e., non-standardized equipment; overworked residents and nurses; foolish reliance on short-term memory, a faculty we know to be highly fallible) has to be juxtaposed with continuing high standards of individual accountability. The two kinds of causes are not mutually exclusive, but understanding their compatibility demands a certain degree of sophistication.

As I was listening through late September and October, I paid attention above all to the way the Bush administration approached its terrible new responsibility: to respond, to take action, to bring about death. I have not appreciated the metaphor of war. In health care our efforts have often been undercut by such language: the "war on drugs" did more to put people in prison than to cut down drug abuse; the war on cancer arguably diverted huge sums from riper lines of research. In spite of the administration's language, however, I noticed the nuanced and careful steps with which it prepared before taking action: its search for alliances, its constant distinguishing between Muslims in general and the terrorists in particular, its differentiation between the people of Afghanistan and the terrorist network, its provision of humanitarian aid. The day I finally put aside my despair was the day I heard that "Operation Infinite Justice" had been renamed, *because Islamic scholars pointed out that infinite justice is the province of Allah*. This administration understands that more is at stake than eliminating Al Qaeda; that what comes next in Afghanistan will have implications for our children's children. I tried mightily not to give credit for any of this to George W. Bush until finally someone reminded me that his was the final word, and that he chose from competing advice given by advisors he had himself chosen. One of my own comfortable simplifications of the world has gone, and I am glad to find this unexpected opening of my own heart.

It is still early days, of course, and the situation treacherous. This morning's paper spoke of the frustrating silence of the suspects who have been arrested. We will not turn to torture - but perhaps we could export them temporarily to countries that do? No. Please, no. Another article describes Afghans as savage and deceitful during war. On the other hand, still another article

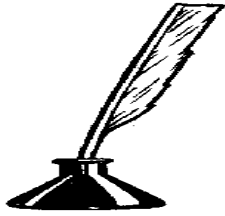
struggles for rationality and sense in the face of possible biological weapons. "Cures" and "prevention" might well be worse than the diseases.

Perhaps my listening has been selective, but the compassion and complexity I have heard are really not uncommon. I am convinced that our country has matured. Playwright and novelist Arthur Miller agrees; he finds parallels today with the America of 1940, but "this time around . . . silence is out of fashion, and a lot of us find ourselves struggling very consciously with our fears."²

A shared public struggle is far better than a private reinforcement of rigid minds and hardened hearts. September 11th did not, as I feared it would, harden us still further. Or if it did in some cases, it also greatly increased its opposite in others. If I may shift my metaphor from listening to looking, let me close by quoting novelist Dorothy Sayers. In *Gaudy Night* she offers the following prayer: "Lord, teach us to take our hearts and look them in the face, however difficult it may be." Listening to my friends, family, and country after September 11th, I believe we are learning to do just that.

REFERENCES

1. Zagzebski, 158.
2. "Shattering the Silence, Illuminating the Hatred," *Writers on Writing*, The New York Times on the Web, October 22, 2001.



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Helplessness, Perplexity, and Hope

Linda J. Keilman

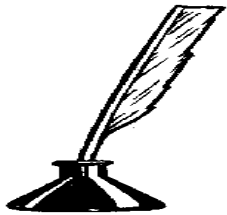
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The still photographs, speaking volumes, reach within my soul and unleash a torrent of feelings. The photographs capture the horror of destruction, the agony of loss and fear, deep sadness and grief and yet ... pride, patriotism, human kindness and hope shine forth from them also. I become emotionally overwhelmed and drained through the simple experience of viewing photos and yet wonder about the immense fortitude of the individuals working every day at Ground Zero. We heard stories of health care workers ready and able to help but eventually becoming dejected and powerless because there were too few remaining alive to receive help. This helplessness goes against what we are taught to believe in health care - that if we are prepared enough, that if we train enough, that if we care enough, armed with today's technology, we can work miracles and save lives. On September 11, 2001, we saw that while there were many miracles, they were not orchestrated by those in green scrubs or white lab coats but from those in the uniforms of firefighters, police officers, FEMA workers and volunteers.

On the morning of September 11th, I believe our nation was thrust into the depth of a moral dilemma. A moral dilemma generally involves a situation in which there are two courses of action, and only one can be chosen. Here there are many different courses of actions, and many hard choices must be made. We are obliged to act yet struggle with making the choice that will most honor what matters most. The good must be valued for itself and not sacrificed in pursuit of other goods. Is our freedom the highest good? Is the sanctity of innocent human life the highest good? Is terrorism, as an act of evil, the opposite of the highest good and if so, are we morally obligated to do something about that evil act? How shall we fight terrorist acts when they sneak up on us and blind side us in our innocence? How can we appeal to the highest good when the good is defined in opposite terms by our opponents? If we believe in the sanctity of innocent human life, how can we protect those whose lives may be lost as we seek to attain our highest good? Can we feel that the acts of the nation are right regardless of the harm that is done in so doing the act? If we stand together in opposition to terrorism, regardless of the consequences, do we create a moral victory? These are just a few of the ethical and moral questions that we all should be contemplating since our lives changed on September 11th.

Are there concrete and abiding answers? I believe that moral dilemmas can be better understood if we have studied ethics and the medical humanities. I would surmise that each of us must struggle with our own moral dilemmas in order to begin to understand the acts and long-

term consequences of September 11th. I would ask that we do not become entangled in the web and fear of terrorism and uncertainty. I would suggest we all look at the incredible photographs and let the images speak to our souls. I would pray that we do not lose hope as Martin Luther King, Jr. said, "We must accept finite disappointment, but we must never lose infinite hope."



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Gathering Courage

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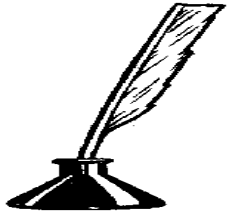
It was just a few weeks ago when a student stopped by my office and asked if I had heard the news. I said I had not. She then began, "You are not going to believe this, but an airplane has crushed against one of the towers of The World Trade Center!" I reached across my desk and turned on the radio. There we sat listening to the broadcast. I asked myself what had gone wrong. As time passed on, we heard of two other airplane crashes. A sinking feeling told us that these events were not isolated or coincidental, but the result of a well engineered plan. As the drama unfolded and the day progressed, it was clear that there was no turning back. Life as we knew it wasn't the same anymore. From that moment, safety was replaced by fear, trust by suspicion and laughter by sadness. Out in the hallway, there were people expressing disbelief. I walked into the students' lounge. Twenty-five students watched the repetitive images of the towers collapsing. Our eyes were fixed on the TV. Silence conveyed our feelings.

Through the day, I tried to remain calm and began putting things into perspective. As I walked through the building, I looked around and noticed how students, faculty and staff were carrying on as best as they could. Faces were grim and eyes were wet. I desperately wanted to scream and ask them what was in their minds. I remember walking into a lecture and seeing the instructor hiding behind medical concepts while the students took notes and avoided looking at each other.

Later on, as I reviewed my notes for another lecture, I put my notes aside and asked passing students how they were holding on. In minutes, a group of ten formed around me. Our conversation included comments of surprise and concern for the many who lost their lives. We tried to imagine how the medical personnel were covering the affected areas. Over and over again I heard students saying that they wished they were there. We discussed possible and impossible scenarios in which major disasters could leave behind a great number of victims. Somebody asked if we did believe that the U.S. and other countries around the world were prepared to meet the rescue and treatment demands of such events. At the end, we all agreed that the magnitude of the attacks and their end results was something nobody could have been prepared for.

That night, I went home thinking about how an ordinary day was transformed by the horrific acts of few mad men, and how while searching for some answers to my anguish and despair I reached out to the very same students who until then, saw in me their source of comfort and

support. Instead, together we shared our emotions without embarrassment or shame. And in doing so, we renewed and strengthened their medical career dreams.



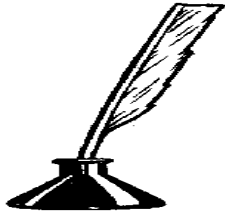
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Looking Outward

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I will gloss over my initial reactions. I'm sure they were very similar to millions of Americans across the country - shock, anger, frustration, grief, etc. However, as the enormity of it all settles in, I ask myself: What next? In the aftermath, after hearing so many stories of grief and loss as well as beautiful stories of heroism and outpourings of community support, I am touched by the way ordinary people can do great things in extraordinary circumstances. While various acts of compassion make me proud of our country and its citizens, I am also uncomfortable about the fact that I don't feel a similar sense of loss and tragedy about other tragedies around the world. After all, I have heard of atrocities against women in Afghanistan for years, and, while they make me angry, I manage to go on about my normal daily routine with little trouble. Why?

The reason I feel solidarity and grief about this particular tragedy is fairly obvious. This was an attack on "my" country. It was directed at citizens of the United States as citizens of the United States. In addition, the media and political response reinforce these feelings of solidarity and grief. We are bombarded over and over with the horrific images of buildings crumbling. I have heard numerous first-hand accounts of hardship and heroism. Yet, the question remains: how can I still react so blithely to other tragedies of a similar scale? Is it because we manage to so easily compartmentalize our emotional reactions to what happens to "us" versus "them"? Why are other hardships allowed to go unseen? Why doesn't the media bombard me with images of others' suffering? While I struggle with the issue of what is a just response and wait anxiously for the next stages to unfold, I am hoping that - in the end - some good will come of all this grief. Perhaps Americans will become more compassionate global citizens. Perhaps in the future we will remember how others rallied to our aid and we will not be so quick to dismiss others' grief and tragedy as "not our problem." Maybe, as many have said before me, we will finally re-think what obligations we have toward other people.



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Looking from Outside, In

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As someone who lives and works abroad for six months each year, I think that the events of September 11th will have positive ramifications. One of the most interesting experiences for an expatriate (someone living and working in a country not their own) is to suddenly realize that the impression the "locals" hold is totally different from the impression the expatriate assumed they held. For instance, one of the African-American medical students who came to Malawi on an elective was surprised to realize that the Malawians saw her as an "American" first and foremost -and really did not consider her to be "black like them."

Now, in the aftermath of the events of September 11th, Americans who've never left home have experienced this same jolt. Contrary to our assumptions, not everyone in the world would move to America, if given the opportunity. In fact, our way of life is reviled in many quarters.

It is important to recognize the disparities between "their" actual opinions of us, and "our" version of their opinions. Without that, we can't address the basic breach between "us" and "them". The terrorist attacks of September 11 created an opportunity for Americans to see themselves as others see us, and that vision could help generate healthier international relationships in the future.



Center News and Announcements

The MHR congratulates **Tom Tomlinson**, who was honored with a Distinguished Service Award at the 4th annual American Society for Bioethics and Humanities, Nashville, TN.

Judith Andre spoke at the University of Caen, France, on "The Human Genome Project: Beachhead or Promontory?" (June 6, 2001).

There was the release of the final report of the Michigan Commission on End-of-Life Care on August 30. As Chair of the Commission, **Clayton Thomason** has testified before the state House and Senate Subcommittees on Health Care Policy to encourage legislative efforts to enact the Commission's recommendations, and bills have been introduced. More information and the full text of the Report is available at the Office of the Governor's web site at <http://www.michigan.gov/gov/1,1431,7-103--3179--,00.html>.

Leonard Fleck presented "The Future of Bioethics: Health Reform and the Public Role of Philosophers," for 13th Annual Summer Bioethics Conference at Jiminy Peak, MA (June 2001).

Libby Bogdan-Lovis and **Aron Sousa** had their paper "Certified Nurse-Midwives' Knowledge of and Reliance on Evidence-based Practice" read at the 9th International Cochrane Colloquium plenary session titled "Why Evidence Is Not Used in Practice," in Lyon, France (October 12, 2001).

This past May, **Judith Andre** gave keynote address for Advocate Health System Dimensions of Excellence Conference: "The Moral and Ethical Dimensions of Mistakes."

Leonard Fleck presented a lecture and workshop entitled "Ethical Issues in Caring for AIDS Patients" for the AIDS Health and Social Service Professionals Conference, Crystal Mountain MI (Aug. 2001).

Libby Bogdan-Lovis spoke as part of on a panel titled "Evidence-Based Medicine: The Promise and the Tyranny" at the Fourth Annual meeting of the American Society of Bioethics and Humanities, Nashville (Oct. 25, 2001).