Dr. King Appointed Director of Institute

Dr. Matthew F. McNulty, Jr.

Ten months after the untimely death of Dr. Andre E. Hellegers, the first director of Georgetown University’s Kennedy Institute of Ethics, the search for a successor was successfully completed. From a pool of several hundred nominees, Dr. Thomas J. King was selected to be the second Director of the Institute at an important turning-point in its history.

The Georgetown University Medical Center celebrates the appointment of Dr. King, for we are proud to have as the Director of the Kennedy Institute a prominent humanistic scientist who, at the height of his career, has made a commitment to strengthening and directing the research and teaching activities of a transdisciplinary Institute that is internationally renowned.

Dr. King is equipped by experience, intellectual interest and commitment to establishing a moral agenda and an ethical framework in which bioethical reflections and analyses can take place. He is motivated to continuing the leadership of the Kennedy Institute as a prominent forum in which the power of Judeo-Christian thought can be brought to bear on the burgeoning technological advances of biology and medicine that affect human values.

Dr. King is well suited for his new position. He is a prominent research scientist whose classical work on nuclear transplantation helped usher in the study of cell genetics at the molecular level. Throughout his career as a research scientist, university professor, and health scientist administrator, Dr. King has developed a keen awareness of the social dimension of biology and medicine. In his most recent position as Director of the Division of Cancer Research Resources and Centers of the National Cancer Institute, he also manifested outstanding administrative skills.

Dr. King brings to us an additional asset in that he is well acquainted with Georgetown University. He was, from 1967 to 1972, a professor in our Biology Department, Professorial Lecturer in the Department of Obstetrics and Gynecology, and Senior Research Scholar in the Kennedy Institute during the first year of its existence.

With Dr. King’s return to Georgetown, we anticipate a strengthening of links between the Kennedy Institute and the University’s Medical Center in three important areas: (1) the teaching of bioethics and value-related humanities to our medical, dental, and nursing students and health professionals in conjunction with the Medical Center’s Division of Health and Humanities; (2) joint research

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Fr. McCormick Lauded for Achievements

Dr. LeRoy Walters

In another section of this issue Fr. Richard McCormick, who served as Acting Director of the Kennedy Institute from May 1979 through July 1980, outlines his dreams for the future of the Kennedy Institute. Fr. McCormick is far too modest to provide a similar review of the significant progress made by the Institute during his directorship. Thus, it falls to his colleagues to signal his achievements.

First and foremost, Fr. McCormick held us all together during the fifteen months of his directorship. Stunned as we all were by the unexpected death of our charismatic founder and leader, we at the Institute relied heavily on the wisdom and mature judgment of Fr. McCormick as we began planning for a future without Dr. Andre Hellegers.

The specific achievements of the Institute during Fr. McCormick’s tenure as Director are no less impressive. Within fifteen months the following events occurred:

- With the aid of new commitments by the Kennedy Foundation and Georgetown University, Dr. Robert M. Veatch was recruited to the Institute as Professor of Medical Ethics.
- Professor William F. May accepted the University’s invitation to become the Joseph P. Kennedy, Sr., Professor of Christian Ethics.
- The Institute received a $750,000 Challenge Grant from the National Endowment for the Humanities.
- Fr. McCormick opened the way for the Center for Bioethics to apply successfully for a $300,000 grant from the National Library of Medicine.
- Plans for establishing a Department of Demography within the Center for Population Research were approved by the Area Council for the Humanities, Business and Social Sciences, and the Executive Committee of the Graduate School.
- Fr. McCormick personally raised $100,000 in new contributions by the Anderson Partners in Toledo, Ohio.
- The Institute’s search for a new Director concluded successfully with the appointment of Dr. Thomas J. King.

Frequently institutions founded by a charismatic leader enter a period of disarray and decline when the leader passes from the scene. Thanks to Fr. McCormick, the Institute not only did not lose ground; in fact, it made substantial progress during the fifteen-month interregnum. We, his colleagues at the institute, all owe Dick an immense debt of gratitude for his tireless and eminently successful labors on our behalf.

New Director Welcomed

(continued from page 1)

projects in bioethics and in medical demography involving both Medical Center faculty and scholars of the Kennedy Institute’s Center for Population Research; and (3) the development of new programs for the Kennedy Institute Laboratories for Reproductive Biology, under the direction of Dr. John T. Queenan, Chairman of the Department of Obstetrics and Gynecology.

It is with confidence and eager anticipation that the Georgetown University Medical Center welcomes Dr. King as Director of the Joseph and Rose Kennedy Institute of Ethics.
It has been nearly five months since I returned to Georgetown University after having spent eight years as a health scientist administrator at the National Institutes of Health. In renewing old friendships, and making new acquaintances, I have found a sincere sense of camaraderie, collegiality and good will toward the Kennedy Institute and its staff. I have had the opportunity to discuss a series of issues and concerns with Father Healy, the Vice Presidents for the Main Campus, the Medical Center and the Law Center, professional staff members of the Institute and representatives of the private foundations and public agencies from which we obtain support. All of those with whom I have talked have been both gracious and generous in their advice and counsel. Although I have not yet grasped the nuances of all of the changes that have occurred since the early 1970s when Dr. Andre Hellegers, my predecessor, first discussed with me the idea of an Institute of Ethics, I have listened and learned enough to share with you my impressions of where we are and where we might be.

WHERE WE ARE

In the spring of 1971, the Kennedy Foundation, by an initial grant to Georgetown University of $1.35 million and subsequent sustained support, breathed life into Andre Hellegers' idea of establishing a university-based institute of biomedical ethics; and the Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics came into being. The Institute was to have three components: an already-existing Center for Population Research, to gather and analyze demographic data on important social and economic issues that affect individuals, families and society; a Center for Bioethics to reflect on advances in biology and medicine that affect human values; and a group of Laboratories for Reproductive Biology, housed in the University's Medical Center, which had as their goal the reduction of hazards of conception and birth to mothers and fetuses at risk. All three of the Institute's components were to engage in research, teaching and community services.

The original goals of the Institute were: to coordinate research in ethics and human reproduction and development; to establish an information center for literature in the field of bioethics; and to develop curricula for instruction in ethics, reproductive biology and population dynamics. Later, it became apparent that the resources available to the University and to the Institute did not permit the simultaneous development of all three components to the same extent; consequently, the decision was made to emphasize ethics as the primary focus of the Institute.

CENTER FOR BIOETHICS

Some of the major achievements of the Center for Bioethics include: the appointment of permanent and visiting members to its staff, the establishment of a bioethics library, the development of university curricula in the field, and service to health care professionals, government agencies and the wider community.

Since its beginning in 1971, with but four Visiting Scholars — Charles E. Curran, S.T.D., Richard A. McCormick, S.J., S.T.D., Warren T. Reich, S.T.D., and LeRoy Walters, Ph.D. — the Center for Bioethics has flourished. It has become the largest university-based research center of applied and professional ethics in the United States, and has attracted to Georgetown an outstanding group of professionally trained philosophers and theologians with expertise in bioethics and the philosophy of medicine. Two endowed chairs in Christian ethics have been established, and two lifetime professorial appointments have been made. It is a tribute to the vitality of the Institute that it could attract, in the fifteen months after Dr. Hellegers' death, scholars of the caliber...
of Dr. William May and Dr. Robert Veatch. The endowed chairs and the lifetime professorships have given the individuals who hold them the opportunity to pursue long-term projects of investigative scholarship without having to bear the vagaries of limited project research support. These permanent staff appointments have been complemented by a Visiting Scholars Program which has, since its inception in 1971, attracted forty-seven scholars from thirty-five colleges and universities.

The titles of some of the books that have been authored or edited by members of the Center for Bioethics staff are indicative of the breadth of subject matter that is considered: *Abortion: The Development of The Roman Catholic Perspective; Contemporary Issues in Bioethics; Ethical Issues in Death and Dying; Ethics and Public Policy; The Patient as Person; Morals, Science and Society; Doing Evil to Achieve Good: Ethics in Health Policy; How Brave a New World? Dilemmas in Bioethics.*

With the aid of a special grant from the Kennedy Foundation, the Center has also developed the most complete library of biomedical ethics in the world. Its current holdings include 7,000 books, 20,000 articles and 120 serial publications in the field.

The most substantial publication produced by the Center to date is the four-volume *Encyclopedia of Bioethics* published in 1978. It contains 15 articles on biomedical topics, written by 285 contributors. Support for this work came from the National Endowment for the Humanities in the form of a challenge grant; matching funds were received from the Kennedy, Raskob, Loyola and David J. Greene Foundations, and the Commonwealth Fund. The editor and associate editors of the *Encyclopedia* have been widely commended for the quality and significance of its interdisciplinary and international approach.

Associated with the library is a cross-disciplinary information retrieval system for the field of bioethics developed with the aid of grants from the National Library of Medicine (NLM). The system identifies and indexes 2,000 new English-language documents on bioethics each year and produces tapes containing the resulting bibliographic data for the National Library of Medicine. The NLM in turn disseminates these data to 900 U.S. Medlar centers and nine foreign countries for on-line searching. This unique data base gives cohesiveness and completeness to an ever expanding body of information in such fields as philosophy, science, medicine, law, religion and public policy. It is available in printed form in the annual volumes of the *Bibliography of Bioethics*.

The establishment of this national resource realized one of the original goals of the Center for Bioethics to a degree that could not have been anticipated in 1971. Its outreach to health professionals, research scholars, the medical professions, students and the media has been widely appreciated and broadly praised.

Another literary venture has been the sponsorship, or co-sponsorship, by the Center of two major scholarly journals — the *Journal of Medicine and Philosophy*, and the *Journal of Religious Ethics*, respectively.

In the area of curriculum development we also have made progress. In cooperation with the Department of Philosophy, the Center has developed Master of Arts and Doctor of Philosophy programs with a special concentration in bioethics and the philosophy of medicine. Forty-three graduate students are currently enrolled in this program.

As a group, the Center for Bioethics faculty members teach an average of six courses per semester at the University. The courses are offered through the Philosophy, Theology, or Community and Family Medicine Departments and are open to graduate
students; undergraduate, including nursing students; and medical students.

Two of the Center's nine full-time faculty members have primary appointments in the Department of Community and Family Medicine at the Georgetown University Medical School. They have developed a required course in Medical Ethics for second year medical students, a 1981 spring semester course in Ethical Issues in Mental Retardation and a recently inaugurated series of Faculty Seminars in Bioethics.

Members of the Kennedy Institute Center for Bioethics staff also offer courses in ethics to the general public, through Georgetown's School of Summer and Continuing Education.

The commitment of the Center for Bioethics to community service has generated specialized lecture programs and consultative services. For the past six years, the Center has sponsored an annual six-day Intensive Bioethics Course for fifty to sixty health professionals. The course orients participants to ethical theories and explores the application of moral principles to the practice of medicine and to an assessment of the health care delivery system. The course has been highly acclaimed by participants from this country and several foreign countries, and has led to the further involvement of Center faculty in the development of educational programs on the national and international scene.

The Center for Bioethics has also established a Washington Area Seminar on Science, Technology and Ethics. It consists of monthly evening meetings, regularly attended by Congressional staff members, members of Executive Branch departments, academicians and interested members of the public concerned with topical issues of science and ethics. The seminar has a current membership of one hundred and twenty-five.

The Rose F. Kennedy Lecture Series, established in 1976, sponsors more general lectures encouraging reflection, study and action on problems of ethics and contemporary life. Under the auspices of this series, Georgetown University has had the opportunity to hear some of the most distinguished theologians, physician-scientists and academicians in the world.

In addition to these accomplishments, faculty members of the Ethics Center have served as advisors and consultants to private organizations and Federal policy-making bodies such as the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, the NIH Recombinant DNA Advisory Committee, the DH E W Ethics Advisory Board, the Advisory Council to the National Center of Health Care Technology and the President's Commission for the Study of Ethical Problems in Health Care and Biomedical and Behavioral Research.

**CENTER FOR POPULATION RESEARCH**

The accomplishments of the Center for Population Research have been similarly noteworthy. Andre Hellegers believed, as I do, that the Institute's work in the field of human values should be balanced by an appreciation for, and understanding of, underlying social and economic issues that affect populations.

The Center began in 1963 with a grant from the Ford Foundation, and became a part of the Kennedy Institute when the latter was founded in 1971. It is the statistical and social science arm of the Institute.

One of the Center's major achievements has been its Master of Arts degree Program in Demography. This program has achieved national and international recognition for its excellence in the education of professional demographers. Since the first student
There exists a close complementarity between the Center's educational programs and its research activities.

graduated from the program in 1969, more than 100 have completed their degrees and many have gone on to responsible research and/or administrative posts with private and governmental organizations in the United States and abroad. More than twenty of our graduates have matriculated as doctoral candidates in some of the most prestigious universities in this country. In addition to educating demographers, the program contributes to a variety of other graduate and undergraduate programs at George-town through its course offerings in economic-demographic relations, the demography of aging, area studies in Latin America, the Soviet Union, and the Middle East as well as courses in demographic techniques and research methodology.

There exists a close complementarity between the Center's educational programs and its research activities. Faculty members make a conscious effort to involve students in research projects in order to supplement classroom experience with exposure to the complex realities of the research process.

Although the Center is the "statistical arm" of the Institute, it shares fully in the Institute's fundamental concern for human values. Its current areas of active research reflect this humanistic orientation. Scholars are engaged in a retrospective study of the low fertility rate of women born between 1901-1910, a study which is reported more extensively in an accompanying article in this issue; a study of the factors which contribute to the unusually high incidence of immature births in the District of Columbia; the psycho-

logical and economic impact of institutionalization on our ever-increasing aged population; and, the effects of fluctuating population rates on the integrity of the family unit in developing countries.

The unique geographic location of the Center in the nation's capital and the personal ties that staff members have with the Federal government and private and international agencies have led to a wide range of activities that contribute technical and expert guidance in demography and related fields. The Director of the Center is the Secretary-Treasurer of the Population Association of America, another faculty member serves on the Association's Public Affairs Committee which provides the Congress and the Administration with hard data on population research as a basis for setting public policy and legislative priorities. One faculty member is a scientific advisor to the National Foundation for Women's Health and a member of the Federal Interagency Task Force on Long-term Care. Congressional committees regularly call upon our most senior staff member to testify on a wide range of population issues. Other Center members serve as advisors to the National Academy of Sciences, the World Bank, the Ford Foundation, the Agency for International Development and the United Nations.

During the 1980s the nation will be looking to demographers for direction in the approach to such issues as immigration, provision of medical care and other services to the growing proportion of elderly in our population. In the international area, the economic, political and social implications of declining birth rates in less developed countries emphasize the importance of our maintaining a variety of research skills in our Center for Population Research.

LABORATORIES FOR REPRODUCTIVE BIOLOGY

The Laboratories for Reproductive Biology can provide a natural linkage between the ethical and social values being explored in the Institute's Bioethics and Population Centers and their application to clinical medicine. In the past, many of the investigators of the Laboratories have made noteworthy contributions to studies in reproductive biology. Circumstances, however, did not permit the expansion of their efforts to the extent we had once hoped. Nonetheless, substantive contributions have been made, and continue to be made, in prenatal diagnosis and genetic counselling. Clinical facilities have been expanded by strengthening extant hospital affiliations and by developing new ones. We now have the needed clinical outlets to develop active laboratory and clinical research programs designed to improve maternal, fetal and infant health.

The appointment of Dr. John Queenan as Chairman, Department of Obstetrics and Gynecology, and Director, Kennedy Institute's Laboratories for Reproductive Biology, and the support which both he and I have received from Dr. John Henry, Dean of the Medical School, present us with an unprecedented opportunity to activate the laboratories and make
them a more integrated part of the Kennedy Institute.

The focus of Obstetrics today is chiefly on the diagnosis and prevention of birth defects. Dr. Queenan has strengthened the staff resources of the Laboratory in these two areas. Trained investigators are engaged in the studies of fetal and maternal antigens, fetoscopic examination of the fetus' physiological condition, ultrasound scanning to determine gestational age and normal and abnormal fetal growth, studies of fetal oxygenation during labor, and intrauterine transfusion. If we generate the funds to accelerate some of these studies, we hope the findings they are likely to yield will translate into better clinical care of mothers and their offspring.

SUMMARY

In any scholarly endeavor, publication is the coin of the realm. Original articles published in leading professional journals are the most reliable barometers of the esteem in which scholars are held by their professional peers and of the influence they have on the disciplines in which they work. The full-time and part-time faculty members of the Institute, and the visiting scholars who have joined them, have published more than four hundred scholarly articles in philosophy, theology, demography, medicine and public health and have authored or some fifty books in these.

In short, the Institute has in many ways exceeded the goals and expectations it set forth a decade ago. Since its founding, much has changed in the biomedical and social sciences and in the broader social context in which ethicists carry out their work. Time, and the changes it brought, presented opportunities that could not have been envisioned then. It is to Andre Hellegers' credit that he had the perspicacity, talent and energy to seize new opportunities without losing sight of the goals for which the Institute was founded. The Kennedy Foundation, as its initial benefactor, can be justly proud of having launched such a pioneering effort. The small cadre of scholars who first came here, and those who followed, also can take pride in having contributed significantly to the establishment of an interdisciplinary and multidisciplinary model of a university-based institute with ethics as its cohesive force.

Where We Might Be . . . .

The Institute signalled the end of the first phase of its development when it changed its name from the Kennedy Institute for the Study of Human Reproduction and Bioethics to the Kennedy Institute of Ethics. This change of name at once calls for a greater consolidation and coherence in the inner life of the Institute and a more extensive outreach toward the fundamental purposes of Georgetown University. I concur in the spirit of these moves for the future.

The Institute needs first to bring together into a more coherent program the three components of the Institute which heretofore have been somewhat loosely associated: studies in Bioethics and Population Research, and research in Human Reproduction. The links between these areas of study must be made stronger and more enduring. Ethics, in my judgment, provides precisely the right bridge for connecting the three components of the Institute; the name-change rightly marks this bridge. Meanwhile, the existence of the three units permits the Institute to explore a range of specific issues (e.g., the care of the aging, the retarded, the status of the family, public policy issues), which other research centers in ethics simply have not addressed in a coherent fashion. Dr. Merrick, Dr. Queenan, Dr. Walters, and I have already begun to explore potential avenues of cooperative research among the Centers' programs that would more effectively contribute to the overall mission of the Institute and yet complement the independent contributions of each.

It is time to consolidate the strengths that have already been assembled, build upon the significant successes that have been achieved, and maximize their effectiveness. We cannot, of course, be all things to all people, nor should we even try. We should concentrate on those things we can do well. We must choose our priorities with deliberate care; they should be based primarily on their intrinsic worth and our ability to carry them out. We can ill afford to dissipate our...
energies on ephemeral things. Neither can we contemplate expansions and expenditures without some reasonable expectation for their long term support.

At the same time, the change of name looks outward to the role of the Institute within Georgetown University, a university with close ties to the rich philosophical and religious traditions of the West.

Clearly, Georgetown University has a sense of mission that gives unity to its life; ethics is central to that mission. Georgetown University exists to cultivate critical intelligence, not merely to train operational intelligence. The word “critical” has its roots in the Greek verb meaning to judge or to decide. Accordingly, the University’s task of criticism includes making judgments as to worth and value in the spheres of politics, art, economics, religion, philosophy, the professions, and morals. Operational intelligence tells one how to get from here to there; critical intelligence raises questions as to whether the there is worth getting to. It asks what recently and incessantly has been called the question of values. We need, as Father Healy once put it, to “restore to the helping professions that catholicity of spirit that extends beyond the boundaries of technical knowledge.”

The Kennedy Institute of Ethics has a wider responsibility to the University as it presses toward the fulfillment of this common mission. The Institute should not be merely a department within the University, but should have a leavening effect on the whole of its life. It can have this effect partly through the appointments it makes to its own staff and, in part, by seeking to develop cooperative programs with various departments and professional schools at Georgetown. The Institute should help to promote an intellectual atmosphere of interdisciplinary scholarship that can attract the talents that already exist within the University — in the humanities, the life sciences, as well as law and public policy — to collaborate with us in exploring the significant value questions of our time.

These are general principles, governing, as I see it, the future of the Institute, as it consolidates its own inner life and supports the fundamental mission of the University. There follow in detail some of the specific priorities to which the Institute must hold as it makes good on these commitments for the future.

First, the Institute must retain a primary research orientation that is nourished and enhanced by quality teaching. As is true of all graduate schools, Georgetown’s reputation as a graduate institution is very much dependent on the original research scholarship of its faculty. The esteem in which faculty members are held by their professional peers, and the innovative courses they offer, give an added dimension to both our graduate and undergraduate programs.

An important step in this direction was taken when the Georgetown University Board of Directors, at its meeting of December 5, 1980, approved the establishment of a Department of Demography within the Kennedy Institute’s Center for Population Research. This is a new venture for the University and a distinct change in the organizational structure of the Kennedy Institute. It challenges us to strengthen and broaden our areas of research interest and accords us the privilege to serve the University better by developing selective course offerings at the graduate and advanced undergraduate levels.

Secondly, a concerted effort must be made to match fully the National Endowment for the Humanities challenge grant of $700,000 in support of the Bioethics Library and Information Retrieval System. It is the single most essential research resource that our ethics scholars and students have for their academic work.

Another effort of high priority is to activate laboratory and clinical research programs in obstetrics designed to explore new and better ways to detect, treat and prevent disorders in the perinatal period. A critical need here is to train new clinical investigators in maternal, fetal and perinatal medicine. A beginning has been made in this direction by the combined institutional fellowship program in reproductive endocrinology which the Department of Obstetrics and Gynecology will inaugurate next July in collaboration with the Pregnancy Branch, National Institute of Child Health and Human Development. Our proximity to the National Institutes of Health provides us the opportunity to expand this effort into...
Kennedy Foundation, as its (the Kennedy Institute) initial benefactor, can be justly proud of having launched such a pioneering effort.

A collaborative and cooperative program that might also include members of the Center for Bioethics to help clarify some of the ethical considerations that abound in this type of clinical investigation.

If such an endowment becomes too difficult to realize, an alternative would be to develop a closer working relationship between the Institute and the Woodstock Theological Center which already has several prominent Jesuit philosophers and theologians in residence.

A final priority item is space. We would benefit significantly if all three components of the Institute were centrally located either on the Main Campus or in the Medical Center complex. Such a location would permit the more effective development of our joint research and teaching programs and give us more ready access to our colleagues in other parts of the University.

It is no more visionary to expect that all of these goals can be achieved than it was to have gotten the Institute off the ground in the first place. It is, however, too early for us to rank them in any firm priority order and set a time frame for their accomplishment. Most of them will require a considerable amount of thoughtful planning and hard work. Not the least of our concerns is how new ventures are to be financed.

SUPPORT, FUND-RAISING AND ACCOUNTABILITY

The high level of public respect and confidence which the Institute enjoys is due in no small measure to a number of far-sighted individuals, from both the private and public sectors, who are willing to support it. As I indicated earlier, the expansion of our faculty, and the interests they brought...
with them, have moved us beyond biomedical ethics. Recognition of this change presents us the opportunity and the need to seek new and different sources of support.

If we are to preserve the ideals of the Institute, and have them endure, we must reduce our dependence on our present limited number of private donors and develop a broader base of support that will allow us to build deliberately and imaginatively for the long-range future. Given the value of private funding, and the usual flexibility of its use, we should use it sparingly as seed money for new projects and as leverage capital to generate additional funds from other sources. One major effort will be to develop plans to include the Institute in the University's upcoming capital campaign.

CONCLUDING REMARKS

In closing I wish to say that I find the Kennedy Institute to be unique. It stands for something both in the field of ethics and in the life of the University. In ethics, the ideas that have emerged from this place have piqued the consciousness of biomedical and social scientists, the clergy, educators, legislators and policy makers in this country and elsewhere. The Institute has reached out to transform complacent social attitudes into an awareness of each human being's worth as a person and has drawn attention to the need for compassion in our dealings with the handicapped and the disadvantaged. In the life of the University community, the Institute holds an important and privileged position. Its course offerings and research are in continuity with the rich Jesuit and Catholic tradition of Georgetown and impart to our graduates a sense of values that transcends their technical skills.

Our growth has not been without pain, but our future is brighter for having experienced it. The same vision and industry that brought us this far will stand us in good stead in moving forward. We will, no doubt, encounter some difficult times but we will also experience some uncommon opportunities. If we can seize but a few of these opportunities, the University, the nation, and perhaps even the world, will be the beneficiaries of our efforts.

Kennedy Institute
Sponsors
Two Journals

With the September 1980 issue (Volume 5, #3) The Journal of Medicine and Philosophy officially came under the sponsorship of the Kennedy Institute of Ethics. With this sponsorship, the Kennedy Institute becomes formally associated with the major scholarly journal in the philosophy of medicine.

With the appearance of the first issue of Volume 6, which will also mark the transfer of the Journal from the University of Chicago Press to the Reidel Publishing Company, the Journal will be able to recognize officially this close association with the addition of Professors Robert M. Veatch and LeRoy Walters to the Editorial Board, and Professors Tom L. Beauchamp and Laurence B. McCullough to the Advisory Board. Jane L. Backlund joins as the Managing Editor, replacing Ronald McNeur of the Society for Health and Human Values, which previously sponsored the Journal.

The Kennedy Institute also is co-sponsor of the Journal of Religious Ethics along with the University of Tennessee at Knoxville.
The first phase of a major study of the reproductive behavior of white American women born between July 1, 1900, and June 30, 1910, has been completed. Individuals born in the same year are referred to by demographers as a birth cohort. Thus, these women belong to the birth cohorts of 1901-1910. They are distinctive in that they experienced the lowest fertility of any group of American women in the demographic history of the United States.

By age 50, approximately 42 percent of the women had had fewer than two children, 20 percent were childless and 22 percent had only one child. This low fertility was achieved without the availability of the now widely used modern means of contraception—the pill and the intrauterine contraceptive device. Also, the period in which these women were bearing their children, the 1920's and 1930's, was an era in which attitudes toward sterilization, contraception and abortion were more restrictive than at present. Of additional interest is the rural background of these women. In 1920, almost one third were living on farms and another 19 percent lived in rural areas. By today’s standards these women were not highly educated. Only five percent completed college while, in contrast, 62 percent had less than four years of high school.

How these women restricted their fertility so severely is a central question of the study. An understanding of the processes of fertility control in such a group of women should lead to a better understanding of the transition to low fertility in the developing world. Surprisingly, policymakers in developing countries have paid little attention to the means by which fertility control was achieved in the developed countries of the world.

Another purpose of the study is to determine the extent to which the fertility of these women was affected by the Great Depression of the 1930’s. While it has been long assumed that the low fertility of these cohorts was the result of the poor economic circumstances of the 1930’s, very few studies have even attempted to measure directly the extent to which the Depression did affect the number of children borne by these women. The study should also provide a better appreciation of and sensitivity to the factors currently affecting the childbearing of young women today. At present, women in their twenties and early thirties appear to be heading toward low fertility similar to the levels of their grandmothers.

After several years of planning and developing a questionnaire, a nationwide sample of 1049 white ever-married women of the 1901-10 cohorts was interviewed in the spring and summer of 1978. The interviews focused on the marital and fertility histories of these women and their experiences during the years of the Great Depression.

The analysis of the data to date indicates that although the average fertility of these women was quite low, for some subgroups it was well below replacement. Generally an average of 2.1 children is defined by demographers as needed for replacement in the next generation. For example,
high school graduates in the sample of these women just replaced themselves by having an average of 2.1 children, while women completing one or more years of college education had an average of only 1.7 children, and were therefore below replacement. Moreover, women whose husbands held white collar occupations had an average of 1.9 children, and were also below replacement.

Despite the low fertility of some groups of women, other groups had remarkably high fertility. The highest was observed for women whose husbands had less than eight years of schooling—an average of 3.8 children—and for women whose husbands were farmers—an average of 4.0 children. Surprisingly, the difference in average family size between Catholics and non-Catholics was not large. Nor did frequency of receiving communion among Catholics indicate much of a difference in average family size. Women who reported receiving communion at least once a month or more often had approximately the same average number of children, 2.8, as those who received communion less than once a month, 2.9. Why the differences in the fertility of Catholics and non-Catholics were not larger is still being explored.

The data collected in the interviews indicate that the use of contraceptives was widespread. Seventy-one percent reported they had used some method of contraception. The data on contraceptive methods are based on a series of questions asked each woman concerning use of eleven specific contraceptive methods. The methods included rhythm, abstinence, and infrequent intercourse as well as the use of various devices such as the diaphragm and condom. The condom, douche for contraception and withdrawal were by far the most popular methods reported. Fifty-four percent of the contraceptive users reported use of the condom at some time, and the douche and withdrawal were each reported by about 45 percent. Although demographers have long known that withdrawal was an important method of contraception in 19th and 20th century Europe, the data from this study provide the first documentation of the extent to which it was practiced in the United States in the 1920's and 1930's. Other frequently reported methods were rhythm (24 percent) and the diaphragm (17 percent). Fourteen percent reported that had used abstinence or infrequent intercourse at some time to regulate their fertility. Only four percent (29 women) reported having had a sterilizing operation to prevent additional pregnancies, and twelve of these women reported a contraceptive sterilizing operation as the only method used.

The reliance on male methods of contraception such as the condom and withdrawal is striking. While very few reported exclusive use of male methods (22 percent), 74 percent reported use of male methods of contraception at some time. If such methods as rhythm, abstinence, or infrequent intercourse requiring a great deal of cooperation by the husband are considered in addition to male methods, the proportion increases to 80 percent. Given the emphasis today on female contraceptive methods of family planning programs in developing countries, this finding raises important questions as to whether female methods are the most appropriate in largely rural populations characterized by low levels of education.

The large number of various methods reported by these women suggests that there was a great deal of trial and error in their attempts to control their fertility. Indeed, many women indicated in the interviews that they had found some methods very unreliable. Thus, only thirty-two percent of the women reported reliance on a single method. Twenty-five percent reported use of two methods, 22 percent three methods and 17 percent used four or more methods.

In addition to the 71 percent reporting having used contraception, an additional 16 percent—over six in ten of the non-users—reported using a douche for purposes of feminine hygiene. A well-known fact is that regular use of some douching preparations reduces the chances of a woman conceiving. Only eleven percent of the women in the sample reported
was expected, the women most likely to use contraception were highly educated, non-Catholic and urban.”

never using any of the methods known to reduce fertility, with two percent refusing to answer the questions regarding contraceptive use.

As was expected, the women most likely to use contraception were highly educated (one or more years of college), non-Catholic and urban. Only 60 percent of Catholic women reported contraceptive use. In contrast, 74 percent of non-Catholic women reported such use. Thirty-seven percent of the Catholics reported use of rhythm but only slightly more than ten percent of them reported rhythm as the only method used.

Not only was use of contraceptives extensive among these women but use was begun early in married life. Of users of contraception reporting when they began use, forty-three percent having one or more children began use before the birth of their first child. Use before the birth of a first child was found to be particularly high among women having only one or two children. For those having only one child 55 percent reported use, and among those having only two children 51 percent reported use before the birth of the first child. This early use contrasts sharply with timing of use reported by baby boom mothers. Of white, currently married women born between 1926 and 1930 only 38 percent used some method before their first pregnancy.

Once use of contraception was begun, these women were remarkably persistent in its use, with 77 percent of contraceptive users continuing use throughout their reproductive periods. Of those who began use before the birth of the first child almost 82 percent continued use.

One of the big surprises encountered in the data for women of the 1901-1910 cohorts was the extent to which these women had sterilizing operations before reaching age 50. Although only four percent reported having a sterilizing operation for the purposes of preventing future pregnancies, a total of 27 percent of the women in the sample had a sterilizing operation before age 50, with 9 percent having had such an operation by age 35 and almost 20 percent by age 40. Since sterilization was a more risky procedure in these years before the availability of antibiotics, this suggests that some of the reported sterilizations may have been carried out for other than medical reasons. Indeed, the proportion sterilized among those who reported their last birth as unwanted was markedly higher than among those whose last birth was reported as wanted. Accordingly, many of the reported non-contraceptive sterilizations may actually have been undertaken to terminate childbearing.

Another type of fertility control is induced abortion. The interview contained direct questions asking women whether they had any induced abortions and if so how many. As was the case with other fertility surveys in this country, the attempt in this study to obtain data on induced abortions was remarkably unsuccessful. Only 35 women in the sample reported they had experienced an induced abortion. Examination of the demographic and social characteristics of these women revealed that most had married relatively late (25 years of age or older), had only one child, were contraceptive users, non-Catholics, had 12 or more years of education, had husbands with white collar occupations, and were residents of urban areas.

In a separate part of the interview, women were asked if they had experienced any pregnancies that did not result in live births. The data indicated that, as observed in other fertility studies, fetal deaths were considerably underreported. Despite this underreporting by women in the sample, variation in fetal death rates were observed by demographic and socioeconomic characteristics of the woman. The pattern of variation, however, is somewhat puzzling in that fetal death rates were observed to be consistently highest among subgroups characterized by their low fertility, e.g., women marrying or having a first birth at age 25 years or older, the more highly educated, non-Catholics, urban women, wives whose husbands had white collar occupations, and contraceptive users. These differentials are inconsistent with the presumed higher incidence
of spontaneous abortion among women of low socioeconomic status, and are exactly the reverse of relationships reported in a number of other studies.

The differentials may reflect only differentials in memory loss in that more highly educated women with low fertility may be more likely than women with several births to remember pregnancies not resulting in a live birth. It is also plausible that women who had an induced abortion would be more likely to remember it than an early miscarriage. Some support for this speculation is observed in the very high fetal death rates reported by some groups. For example, the reported rate of fetal deaths for the total sample was 128.8 per 1000 pregnancies, yet for those women who had 12 years of education the rate was 165.9 and for those whose husbands had white collar occupations the rate was 149.6.

Subsequent analysis will focus on the effects of social change on the fertility patterns of these women. Specifically, the effects of the Great Depression, of rural-urban migration, social mobility and changes in the roles of husbands and wives will be investigated.

Two Kennedy Institute scholars gave papers on bioethical issues in mental retardation October 23 and 24 at an international symposium held in Caracas, Venezuela. Sponsor of the two-week seminar was "Avepane" Association Venezolana de Padres y Amigos de Ninos Excepcionales (Venezuelan Association of Parents and Friends of Exceptional Children). The intensive course had three themes: Genetics and Perinatology; Bioethics; and Special Education.

Warren Reich, Professor of Bioethics at the Kennedy Institute of Ethics, lectured on "In Vitro Fertilization" and "Care of the Defective Newborn Infant," while H. Tristram Engelhardt, Jr., Rosemary Kennedy Professor of the Philosophy of Medicine, spoke on "Biomedical Research in Fetuses, Newborns, and Infants" and "Distribution of Medical Resources."

Dr. Augusto Leon, a leading Venezuelan physician and medical ethicist, gave the keynote address for the Bioethics portion of the program. Dr. Leon was a contributor to the *Encyclopedia of Bioethics*, which was produced at Georgetown's Kennedy Institute of Ethics.

Avepane was established in 1963 as an association for the education and habilitation of the mentally retarded in Venezuela. Its principal activity has been an institute for the training of teachers in special education for the mentally regarded. Additionally, it conducts conferences to extend the quantity and quality of services to the retarded.

Executive Vice President of Avepane is Sra. Reyna Benzecry de Benmergui who started Avepane as a private organization in 1963 when no special services existed for the retarded in Venezuela.

Dr. Josefina Rondon, a Caracas pediatrician who was the principal scientific organizer of the intensive course, had attended the Kennedy Institute's Intensive Bioethics Course in Washington in June, 1979.
Visiting Scholars Contribute Fresh Perspective

A most gratifying and rewarding activity of the Kennedy Institute is the Visiting Scholars Program.

Each year, scholars from the United States and from many foreign countries explore the possibility of coming to Washington to conduct research at the Kennedy Institute. Their fields of research interest are carefully evaluated and their requests considered by the resident scholars. When the proposals are congruent with the goals of the Institute, the scholars are accommodated with all the resources that are available—library use; study space; office space, if possible; and access to the facilities of sol University.

Both visiting and resident scholars are enriched. Visitors bring a fresh perspective, an approach from another discipline, and a background of practical experience. They receive access to excellent research tools, the most up-to-date thinking on biomedical or population subjects, help and advice on their individual research projects.

The Kennedy Institute is proud of its program, and of the distinguished scholars which it attracts.

Dr. Hadley Arkes

Dr. Hadley Arkes, Professor of Political Science at Amherst University, has been appointed a Visiting Scholar at the Kennedy Institute’s Center for Bioethics this academic year to work on the manuscript of his book, First Things, An Inquiry into the Principles of Morals and Justice. The book is concerned with the thesis that there are principles of morals and justice; that they are knowable; and that they hold true as a matter of necessity.

Dr. Arkes was born, raised and educated in Chicago. He received his Ph.D. in Political Science from the University of Chicago. Following a year as a Fellow with the Brookings Institution in 1965-66, he joined the Department of Political Science at Armherst College where he is now a full Professor. He has twice served as Chairman of the Department. In 1966-67, Dr. Arkes was a Fellow of the National Endowment for the Humanities and simultaneously a Fellow of the Woodrow Wilson International Center at the Smithsonian Institution.


The central issue which Dr. Arkes will examine in his book is whether there are in fact moral principles in the strictest sense—propositions about the nature of right and wrong that hold true universally and categorically—propositions that must hold their truth as a matter of necessity, and which are therefore indifferent to variations in culture, time, or place.
Bartholomew J. Collopy, S.J., has received a faculty fellowship from Fordham University, where he is Assistant Professor of Religious Studies. Father Collopy received master’s and doctoral degrees in Religious Studies from Yale University, and subsequently taught at Fairfield University and Woodstock College before joining the faculty of Fordham in 1971.

Professor Collopy will be pursuing research directed at his own teaching of ethics and value issues (particularly bioethics) in the undergraduate liberal arts curriculum at Fordham, Lincoln Center. In addition, he will be doing research and writing on ethical methodology (its conceptual tools and linguistic strata-gems, as well as its variegated relationship with theology).

The bioethical focus for these considerations will be the areas of aging and “death and dying”. Here he plans to concentrate on issues involving the institutionalized elderly, terminal care and euthanasia, the primacy of intelligence as a decisive norm in ethical problems involving fetal life, the confused and senile elderly, and the retarded and comatose.

Bartholomew J. Collopy, S.J.

Dr. Alice Taylor Day

A husband and wife scholar team from Australia has joined the Kennedy Institute on a three-month leave of absence to conduct research in their respective special fields of interest.

Alice Taylor Day, Ph.D., Consultant, Special Programs, Education for Women and girls, Schools Commission, Australian Federal Government,

Canberra, is investigating research and action programs related to employment, schooling, marital status, childcare, and the health of women. Dr. Day’s particular interests relate to the development of new, more appropriate indicators of equity and the social status of women.

Lincoln H. Day, Ph.D., Senior Fellow, Department of Demography, Research School of Social Sciences, Australian National University, Canberra, will investigate joint research interests, particularly relating to fertility, with the staff and students at the Center for Population Research. Dr. Day’s research interests, in addition to fertility, include certain aspects of mortality in industrialized countries, and the social and economic consequences of different rates of population increase.

Dr. Lincoln H. Day
Dr. Barbara Jones

Dr. Barbara Jones is a physician certified in the specialty of pediatrics and in the subspecialties of hematology and oncology. She is currently on sabbatical from the West Virginia University School of Medicine in Morgantown, where she is Professor of Pediatrics and Associate Chairman of the department.

Dr. Jones became familiar with the Kennedy Institute during her participation in the Sixth Annual Intensive Bioethics Course, held in June, 1980. She has several items on her agenda during her year of study here. She intends to acquire an understanding of ethical reasoning; to explore ethical issues that arise in pediatric practice, such as the use of experimental treatment programs; and to examine teaching of medical ethics at Georgetown for possible use as a model for her own institution.

Dr. Sanford L. Leikin

Dr. Sanford L. Leikin has been awarded a Joseph P. Kennedy, Jr. Foundation Fellowship in Medical Ethics for this academic year. His program for the year involves frequent dialogues with bioethicists of the Institute as an expert-in-residence in pediatrics and oncology. He is also involved in planning a program on human values issues for senior medical students in the four Washington, D.C. area medical schools (Georgetown, George Washington, Howard and Uniformed Services University for the Health Sciences) and directs a monthly ethics conference at the Children's Hospital National Medical Center centered on ethical issues in mental retardation.

Dr. Leikin has been Director of Hematology/Oncology at the Children's Hospital National Medical Center since 1957. Trained in pediatrics as well as hematology/oncology, he has been active on the medical advisory committees of such organizations as the Leukemia Society of America, the National Hemophilia Foundation, the D.C. Chapter of the American Red Cross and others. He has prepared over one hundred publications, principally focused on blood and cancer-related scientific investigations which are closely intertwined with bioethical issues such as informed consent in cancer treatment and research involving children, prolongation of life in the terminally ill child, and issues of genetic counseling in families with hereditary diseases.

During the academic year, Dr. Leikin is collaborating with Dr. Daniel Wiker, a Kennedy Institute Visiting Research Scholar, and Dr. Laurence McCullough in developing a seminar on mental retardation and ethics, which will be given at the Georgetown University Medical Center in the spring. A specific aspect of the program will be a seminar on the cancer treatment of the mentally retarded, which will be particularly pertinent to activities of Georgetown University's Child Development Center. The Child Development Center provides total care recommendations and support for newborns, and children with acute neurological and physical problems.
Mr. Rihito Kimura

Mr. Rihito Kimura is a Japanese lawyer who is spending a year at the Kennedy Institute writing a book on bioethics which will be the first on this subject to be published in Japan. Tentatively titled *Human Right and Human Life*, the book will use cases such as DNA research and *in vitro* fertilization, comparing the process of social policy making in the U.S. with that in Japan.

Mr. Kimura has received LL.B., LL.M. and J.D. degrees from Waseda University in Tokyo. He taught in Bangkok, Thailand, Saigon, Vietnam and Geneva, Switzerland before returning to teach at Waseda University. His particular field of expertise is comparative law.

Mr. Kimura spent the previous academic year at Harvard Divinity School, doing research in the areas of human rights and ethics. While there, he learned of the Kennedy Institute, and decided to use its resources to study bioethics.

As a Christian lawyer, Mr. Kimura feels he has a responsibility to initiate more discussion of bioethical issues in Japan. He has been instrumental in the planning of the Japan Bioethics Center sponsored by Osaka Medical Association, to which he serves as a consultant. He also is acting as advisor to the publisher of the Japanese edition of the *Encyclopedia of Bioethics*.

Dr. Daniel Wikler

Daniel Wikler has a two-fold purpose in spending this academic year in Washington: he holds a position as staff philosopher for the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, and he is a visiting scholar at the Kennedy Institute. During his second semester, he will co-teach a seminar course in Ethical Issues in Mental Retardation with Dr. Larry McCullough.

Dr. Wikler is on leave of absence from his position as Associate Professor in the Program in Medical Ethics, University of Wisconsin School of Medicine. His first acquaintance with the Kennedy Institute was in 1975, when he attended the first Intensive Bioethics Course. In 1978, he was invited to participate in teaching the course, and he has returned to the task for the two subsequent years.

Dr. Wikler's competence was spotted early in his career by the Kennedy Foundation, which chose him to receive a Career Development Award in 1976. Dr. Wikler's concern for the rights of the disadvantaged, particularly the mentally retarded, has been evident in the topics which have provided the focus for his career. He is currently working on a book, *Ethical Issues in Mental Deficiency*, to be published in 1981.
Dr. Ernest E. Wallwork

Ernest E. Wallwork, Ph.D., has joined the Kennedy Institute as a visiting scholar in the Center for Bioethics. During his stay with the Institute, Dr. Wallwork will pursue work on the manuscript for a book dealing with psychoanalysis and ethics.

The new Kennedy scholar is an Associate Professor in the Department of Religious Studies at Yale University in New Haven, Connecticut. His fields of interest include religious ethics; philosophical ethics; and the sociology and psychology of religion.

Wallwork is a graduate of Bucknell University, Yale University, and Harvard University, having received his Ph.D. from Harvard in 1971. He has also attended the University of Exeter, England, the University of Edinburgh, Scotland, and Serampore Theological College in India.

A Phi Beta Kappa scholar, Dr. Wallwork, has taught at Harvard University, Wellesley College and Union Theological Seminary.

Dr. McCullough
Appointed to School of Medicine

Laurence B. McCullough, Ph.D., has been appointed Assistant Professor and Associate Director of the Division of Health and Humanities in Georgetown's School of Medicine. Located in the Department of Community and Family Medicine, the Health and Humanities program is an interdisciplinary educational program aimed at bringing discussion of and sensitivity to ethics and other humanities to nursing, dental and medical students. Directed by Dr. Warren Reich, this program has been in place at Georgetown for the past two-and-a-half years. Its expansion over this period has made it necessary to appoint an Associate Director in order to keep up with demand for new courses, special seminars and colloquia.

Dr. McCullough, in addition to his teaching and administrative duties in the Health and Humanities program, holds a research position in the Kennedy Institute Center for Bioethics. In this capacity, he has been investigating three areas of interest: the history of medical ethics, ethics and health policy, and the ethical dimensions of the patient-provider relationship.

Dr. McCullough can be considered a member of the "Texas" contingent of the Kennedy Institute, having received his Ph.D. in Philosophy from the University of Texas at Austin in 1975 (other Texans being Drs. Engelhardt, Beauchamp and Pinkard). From 1976 to 1979 he served as Assistant Professor in the Department of Philosophy at Texas A&M University, arriving at Georgetown in the fall of 1979. From 1976 to 1978 he headed the Department of Humanities in Medicine in the College of Medicine at Texas A&M.
Andrew Mellon Visiting Professors Lead Seminars

In the current academic year several professors of law are visiting the Georgetown University campus to enrich its programs in bioethics and medical humanities.

The Andrew W. Mellon Visiting Professorship in Humanities (Law) and Medicine, made possible by a grant from the Andrew W. Mellon Foundation, brings three distinguished law professors to Georgetown University in the Fall 1980 semester: Alan Derschowitz of Harvard University; John Robertson of the University of Wisconsin; and Alexander Morgan Capron of the University of Pennsylvania.

At the Kennedy Institute of Ethics, Professor Derschowitz conducted a scholar's seminar on the conceptual basis of criminal commitment; and Professor Robertson led a discussion on deferred consent in human research.

The two scholars also conducted seminars at the Georgetown University Law School and the Georgetown Medical Center.

The principal objective of the Mellon Professorship is the development of the legal dimensions of bioethics education in the Georgetown School of Medicine. Secondary objectives are to stimulate dialogue in the same areas among members in the School of Medicine and to build bridges among the programs in the Medical School, the Kennedy Institute of Ethics, and the Law School.

The Georgetown University Program in Health and Humanities will appoint a full-time Visiting Mellon Professor of Law and Medicine in the Fall of 1981.

Dr. Merrick Attends Conference In Brazil

Dr. Thomas W. Merrick is the Director of the Kennedy Institute’s Center for Population Research. His extensive work as an economic demographer and his particular interest in population studies in Brazil led to his association with the Ford Foundation in sponsoring development of a demographic capability in that country.

In mid-October, Dr. Thomas W. Merrick travelled to Brazil to participate in the Second National Meeting of the Associano Brasileira de Estudos Populacionais, which is Brazil's national association of professional demographers. Over the past decade Dr. Merrick has been working with the Ford Foundation to build up Brazil's capacity of demographic study, and the establishment of the Association marks an important step in insuring the long-run continuity of that effort under Brazilian leadership.

The meetings, which were held in Aguas de Sao Pedro in the state of Sao Paulo, focused on four themes that relate population dynamics in Brazil to important national policy issues.

The first theme concerned the Brazilian agricultural frontier and present studies on topics that ranged from how components of population change in the region relate to land availability, to an assessment of demographic carrying capacity in sub regions of the Amazon that were cross classified by soil types and other characteristics.

A second theme, one that was continued in a panel on population policy, related to recent changes in population growth trends in Brazil. The invited paper session focused on more technical issues of management and interpretation while the policy panel addressed broader questions about their determinants and consequences. There is convincing though still incomplete evidence that a decline in fertility of substantial proportions is occurring in Brazil. Brazilian demographers are beginning to piece the story together in terms of
how factors such as migration, changes in the age at marriage, infant mortality, access to contraceptives, abortion, nutrition and its physiological influence, as well as regional and class differentials in these factors are contributing to these shifts.

The focus of the discussions was not limited to the birth rate, and both the technical and policy sessions included other topics and disciplinary focuses, including mortality and public health, migration and employment, and the family.

The third theme reflected the growing recognition among Brazilian and other demographers of the importance of understanding the dynamics of the family cycle in relating demographic variables to broader social and economic processes. Again, the papers and discussion in the session ranged from historical analysis (a field in which important methodological and substantive contributions to the understanding of current issues have been made), to questions raised in the policy roundtable about birth spacing strategies and how they vary in different socio-economic contexts.

The fourth thematic area, on migration and urbanization, echoed for urban areas many of the political-economic questions on links between capital flows, labor displacement, and resource utilization.

The Kennedy Institute's Center for Population Research achieved an important goal on December 5 when Georgetown University's Board of Directors approved its proposal to establish a Department of Demography in the Kennedy Institute. This is the culmination of a long effort that was begun under the leadership of Dr. Andre Hellegers and Dean Donald Herzberg.

The step is significant in that it puts the Center's degree program in Demography on a sound administrative footing and makes it possible to ensure long term continuity in staff and program development. Since August of this year, Dr. Thomas J. King and Thomas W. Merrick have been working closely with Graduate School Dean T. Stephen Cheston and other University officials in the final effort to secure approval for the move.

The Center for Population Research has offered an MA in Demography for thirteen years. When the program was established, it was located in the Sociology Department at Georgetown. Since then Sociology has developed a broad undergraduate major in Sociology, and the graduate Demography program has moved into such fields as economics, gerontology and anthropology; and in the process became a multidisciplinary field. The initial administrative arrangements made it awkward to manage the graduate program, and to achieve further staff and program development outside of Sociology. After considerable study, the new Department was proposed. Following internal review by University committees, it was submitted to the full Board.

More than one hundred students have earned Masters Degrees in Demography at Georgetown. More than twenty have gone on to doctoral studies in demography and other fields. One of the major achievements of the program is that almost all of its graduates are working in jobs that require demographic skills, something of a rarity in U.S. graduate education today. When a Georgetown demography graduate is
promoted or moves to a new position, it is not unusual for his or her employer to call the Center and ask if there is another Georgetown graduate available.

The degree program is one of the most important ways in which the Center for Population Research contributes to Georgetown's educational goals. Achievement of excellence in graduate education is closely tied to the Center's research activities and its various roles in community service. Many students gain valuable experience and enrich their education by participating in the Center's research program.

With the establishment of a graduate department, the Center is well equipped to meet the challenges that the 1980s bring to the field of population study. More than 100 federal statutes require accounting for demographic characteristics, and the demand for competence in working with demographic data has increased rapidly at the federal, state, and local government levels, as well as in business. The 1980 census is creating additional demands.

Slowing population growth in developing as well as industrialized countries has generated needs for better understanding of how demographic factors affect plans for provision of education, housing, health care, and social benefits, particularly among the aging. Other concerns relate to immigration and urban problems.

The Center for Population Research is seeking new ways to be responsive to all of these needs in both its teaching and research activities, and to do so in a way that reflects the broader concern for values that is distinctive of the Kennedy Institute.

Dr. King Appears on TV Network Programs

Dr. Thomas J. King has appeared on the ABC-TV network program, “The Good Morning Show”, and was also a guest on the NBC-TV network program, “The Charlie Rose Show”. Dr. King appeared as an expert on “cloning” and was asked to comment on the recent announcement of the first cloning of a mammal using nuclei of embryonic cells of the mouse.

The report authored by Dr. Karl Illmensee of the University of Geneva and Dr. Peter Hoppe of Jackson Laboratory, Bar Harbor, Maine, is the first report of the cloning of a mammal to be accepted for publication by a leading scientific journal. The article will appear in the January issue of Cell, published by the Massachusetts Institute of Technology press. Previous reports that mammals, and even a human being, have been cloned have never been substantiated or taken seriously by professional biologists.

Dr. King and his colleague, Dr. Robert W. Briggs, were awarded the prestigious Charles-Leopold Prix of the French Academy of Sciences in 1972 for devising the technique of nuclear transplantation which has made the cloning of amphibia, and now mammals, possible.

In addition to commenting on the scientific aspects of the cloning process, Dr. King was asked if he thought it possible to clone a human being and, if so, what ethical considerations would be involved. He commented that it is theoretically possible to extend the technique to humans, but that it is unlikely. To do so, he added would require the transplantation of nuclei from adult cells, a fact that has not been accomplished in either amphibia or the mouse.

Further, Dr. King emphasized, given the wealth of information on cellular differentiation (cell specialization) that can be gained using inbred mouse strains, there is no scientific need to use human material. Finally, he added, the ethical and moral issues that human experimentation of this type would generate are enormous: the very nature of the experiment requires that many of the artificially constructed embryos would not be implanted into foster mothers, and would be allowed to die or be destroyed.
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BETH J. SOLD0, PH.D.

Laboratories for Reproductive Biology

JOHN T. QUEENAN, M.D.
Director

(continued from back page)

Since the death of Dr. Hellegers, with others in the Kennedy Institute I have dreamed of the possibility of another center within the Institute—one in Ethics, Law and Public Policy. So many of the ethical problems of the world have legal and economic dimensions that it seems essential for an institute of ethics to expand into this area.

To achieve some of these goals the Institute would be vastly helped by a group of friends interested in our work, and positioned to broker us to the corporate and foundation world. In one's more fragile dreams, such a group just drops out of the sky and volunteers.

In the next decade the Laboratories for Reproductive Biology should take new shape under the guidance of Dr. John Queenan. My dreams in this area have been fuzzy because there is so much potential. It is a matter of carving out an area where Georgetown and the Institute can achieve excellence: e.g., fetal research and therapy.

These are just a few of the things possible to the Kennedy Institute of Ethics. Behind them all stands the conviction of the President of Georgetown, Timothy S. Healy, S.J., that the Institute should function within the university as its value-glue, pointing ethical and religious dimensions of contemporary life where they are easily overlooked, and challenging all of us at all levels to a serious grappling with these problems.
A Note from the Former Director

Richard A. McCormick, S.J.

From the untimely death of our beloved founder and director, Dr. Andre E. Hellegers, I have been the Acting Director of the Kennedy Institute of Ethics. In addition to the ordinary details and distractions of management, the insecurities of fund raising, the minor irritations of the unexpected, and the enormous rewards of cooperation and warm friendship with a superb group of scholars and staff, it was a time of dreaming and planning.

How should the Institute develop in its second decade? Where should its priorities be? How can it best serve Georgetown University and the nation in the years ahead? And not least, how can it further develop the funding necessary to continue its work?

Here I want to share with friends of the Institute some of the dreams I have had. It is, after all, the prerogative of an acting director to fill his few moments of repose with scenarios of his own making, and of an ex-director to bequeath these fictions to his successor as a possible agenda for the decade ahead. Dreams sometimes come true; often they do not. But without them there is predictably paralysis.

In that spirit I have hoped that we could endow our library-retrieval system. This is surely one of the finest bioethical research tools in the world and a major attraction to scholars. It will cost 2.8 million to endow the facility. Impossible dream? I think not. Not only was endowment of this facility a major priority of Dr. Hellegers; it was also a major headache. Therefore, it would be a fitting memorial to our founder to endow the library-retrieval system in his name. The Kennedy Institute has received a $700,000 challenge grant from the National Endowment for the Humanities toward this goal. It must be matched three to one. Volunteers welcomed!

Personnel constitute the life-blood of a research institute, first-rate personnel who are freed up to do their thing—to research, write, teach, consult. To get established first-rate scholars requires money. Therefore I have dreamed of endowed chairs in the names of distinguished persons friendly to and supportive of the Kennedy Institute. These chairs would enable us to attract even more top-notch scholars to an already splendid group. For instance, I have hoped that we could establish a chair in Jewish Ethics. The Jewish tradition has already enriched us so profoundly that an ethics institute without constant nourishment from that tradition seems inconceivable.

Endowed chairs are established not simply to honor their holders. They exist to insure continuing scholars by freeing their holders of the continuing burden of seeking salary support for short periods of time. Their presence enhances the Kennedy Institute and Georgetown University by guaranteeing that the best legal, medical, economic and demographic thought will inform ethical deliberation and be brought to those areas of concern for which we exist—especially the elderly, helpless, handicapped and retarded.

In the very near future I believe it will be very important to expand the cultural basis of ethical reflection within the Kennedy Institute. There are hundreds of millions of people in the world whose ethical problems do not coincide with those of the developed world of the West. The United States has responsibilities toward the developing world. American scholars who help shape the discharge of those responsibilities must be exposed to and influenced by the richest of cultures and other views.

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