

Excavating (e)urochristian Colonial Themes in Bioethics - Locating Liberative Spaces

A Dissertation Proposal by Jennifer McCurdy

Statement of the Problem

Bioethics is “the systematic study of the moral dimensions—including moral vision, decisions, conduct and policies—of the life sciences and health care, employing a variety of ethical methodologies in an interdisciplinary setting.”¹ The subset of bioethics called health care ethics² is a field of practice that aims at moral decision-making in health care, particularly decisions affecting patients such as reproductive issues, boundaries of life-sustaining technology, genetic science, end-of-life options, and access to health care. The intent of practitioners of health care ethics is to act in virtuous ways by upholding moral values such as dignity, equity, and beneficence for patients and communities. Within local medical establishments, in universities, and in national and global politics, bioethics is tasked with providing a framework for balancing and upholding human values under the precepts of rationality and fairness.

While many approaches to moral decision-making exist, the two dominant approaches for the practice of bioethics are the long-standing tradition of virtue-based physician-centered ethics, superseded in the 1960s by Principlism, a method of common morality based in Western Anglo Saxon analytic philosophy.³ These approaches, and the field of bioethics generally, originate in the two Western traditions of Christianity and moral philosophy in their critique and opposition to medical science and technology. And herein lies the problem. Both theology and moral philosophy privilege

¹ Group Gale and Stephen Garrard Post, *Encyclopedia of Bioethics*, 3rd ed. ed. (New York, N.Y. : Macmillan Reference USA, 2004).

² Bioethics is an umbrella term that includes areas of study and practice in human health, animal treatment, and environmental issues. When I use the term *bioethics*, I am not intending to cover the entire field, but as shorthand to denote theory and practice of ethics specifically in health care. The term *health care ethics* is used in the field intentionally to replace *medical ethics*, a term locating bioethics squarely in the province of physicians, not including the health care team or the patient and family.

³ Alasdair C. MacIntyre, *After Virtue : A Study in Moral Theory*, 3rd ed. ed. (Notre Dame, Ind.: Notre Dame, Ind. : University of Notre Dame Press, 2007). Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics (7th Edition)*.

dehistoricized eurochristian⁴ universal norms. And while the intentions of bioethics are respectable, disparities in access to health care continue to expand for people of color; overt and covert racism are still ubiquitous in medicine, and the health care professionals and leadership who dominate Western medicine are still primarily White⁵. Many histories written of bioethics have placed its origins in the United States in the 1960s, coinciding with the post-Holocaust Nuremburg Trials and the US Civil Rights Movement, as a secular moral framework to replace the perceived loss of religion in society. The field of bioethics is steeped in this moral veneer of a liberal secularized language, while deeply embedded in the eurochristian colonial apparatus. When bioethics is recognized for its situatedness within the colonial-racial dialectic as this dissertation aims to do, these oppressive eurochristian colonial structures are found to be continuous and pervasive. What this means is that, like many other contemporary Western sociopolitical institutions, the principles and values of bioethics are extensions of liberal humanism and Christian values which do not serve equitably the lives and livelihoods of those who are colonized and racialized in matters of health, illness, and death. Antithetical to the claims and aspirations of bioethics, exposing eurochristian structures underlying bioethics reveals the *complicity* of bioethics in the continued oppression of people of color in Western medicine.

⁴ My use of the lower case for adjectives such as "euro-christian," is intentional, and adopted from Dr. George Tinker's use of this form. The lower-case euro and christian are used to identify them as adjectival sociological categories, and disallows any universalizing or essentializing of those categories.

⁵ The term "White", while denoting the color of one's skin, can also be used to describe those who hold more power and privilege in society based on western eurochristian structures. I capitalize White to call attention to the latter expanded description. Whiteness is descriptive of an historical phenomenon in which primarily white male eurochristian subjects drove the conquest and exploitation of people of color. But as Karen Anijar writes, "whiteness is a myriad of complex, contradictory, competing discourses and discursive practices that are always contested and in formation." (Karen Anijar, "Into the Heart of Whiteness," *The American Journal of Bioethics* 3, no. 2 (2003).) And while referring solely to skin color is to simplify and essentialize a complex phenomenon, the possession of white skin still holds power and privilege.

Thesis and Scope

The very aims of bioethics are thwarted by the worldview⁶ and ideologies within which it was produced, including Western theology, philosophy, and medical science. Bioethics is primarily steeped in the promises of modern liberalism, those of “human freedom, rational progress, and social equality.”⁷ It is also built upon a 2,000-year history of Christianity. Both Christianity and modern liberalism are heavily “implicated in colonialism, slavery, capitalism, and empire,”⁸ and both are equally implicated in the current features of racism and inequality that continue to plague health care in the United States.

The 60-year history of bioethics has been marked by arguments between secular and religious theories and approaches to moral decision-making. And while notable differences exist and these differences are worth debating, both are complicit in a much larger historical trajectory - one that has and continues to dominate and exploit people of color. Sylvia Wynter has skillfully demonstrated the continuity of this larger trajectory of eurochristian thought in her essay *Unsettling the Coloniality of Being/Power/Truth/Freedom*.⁹ Wynter argues that pre-Enlightenment Man was the theologically-minded Christian who marginalized those who were enemies of Christ. The theological Man was superseded during the Enlightenment period by scientific rational Man, who also marginalized/s racial

⁶ The concept of worldview as used here indicates a deep linguistic-conceptual structure of the brain. Worldview according to Mark Freeland is an “interrelated set of cultural logics that fundamentally orient a culture to space, time, the rest of life, and provides a prescription for relating to that life.” Worldview is pre-cognitive, and can hold within it various communal norms, rules, and ideologies. For instance, persons from Western Europe and the U.S. generally share the same worldview, which is oriented to time as linear and redemptive; which views land as property; and moves in the world according to similar rules. Within this eurochristian worldview are more conscious ideologies such as Catholicism, Marxism, and evangelical Christianity. It is this same worldview that centers bioethics and medicine: a linear and progressive view of time, a use of place that is fundamentally separate from the environment and foreign to patients; and rules of logic that follow Anglo-Saxon analytic philosophy based on human rationality. Worldview is essentially pre-cognitive, resistant to change (except over millennia), and can help explain significant cultural differences. Mark Freeland, "Conceptual Decolonization of Space: Worldview and Language in Anishinaabe Akiing," ed. George Tink Tinker, et al. (ProQuest Dissertations Publishing, 2015).

⁷ Lisa Lowe, *The Intimacies of Four Continents* (Durham: Durham : Duke University Press, 2015), 2.

⁸ Ibid.

⁹ Sylvia Wynter, "Unsettling the Coloniality of Being/Power/Truth/Freedom: Towards the Human, after Man, Its Overrepresentation--an Argument," *CR: The New Centennial Review* 3, no. 3 (2003).

others, but based on irrationality and sub-human status. The overall schema of the gendered Man as sovereign and in judgment over others, whether sinner or the irrational, does not change. For bioethics, the arguments between christian Man and rational Man are just that – an overarching schema that leaves others at the margins.

When Eurochristian thought is examined through a critical anticolonial lens, specifically from the views of the colonized, the continued violence of the seemingly virtuous language and intentions of liberal bioethics is exposed. As James Baldwin wrote in 1962, white people “have destroyed and are destroying hundreds of thousands of lives and do not know it and do not want to know it...But it is not permissible that the authors of devastation should also be innocent.”¹⁰ How can bioethics be sure it’s agenda, with a set of values imbued by an encompassing eurochristian worldview, does not function at the expense of the racialized lives of diverse populations in the U.S.? *In this project I argue that both religious and secular bioethics in the U.S. are complicit in continued oppression and racism based on their shared roots in the evolving trajectory of a eurochristian worldview. Hence, I am proposing an anti-colonial critique and rethinking of bioethics to initiate a conversation both within bioethics and peripheral to it, in colonized and racialized communities that are disproportionately affected.*

Theory

My use of theory is interdisciplinary, but is primarily grounded in anti-colonialism addressing the colonial-racial discourse, which provides the context for my work. All colonialisms are co-constituted with, and served by, the racialization of people, creating the colonial-racial discourse. According to Jodi Byrd, “racialization and colonization have worked simultaneously to other and abject entire peoples so they can be enslaved, excluded, removed, and killed in the name of progress and capitalism.”¹¹ The

¹⁰ James Baldwin, *The Fire Next Time* (New York: Dell, 1988).

¹¹ Jodi A. Byrd, *The Transit of Empire Indigenous Critiques of Colonialism*, ed. ProQuest (Minneapolis: Minneapolis : University of Minnesota Press, 2011), xxiii.

fields of settler-colonialism and critical race studies are also important in the analysis of a colonial-racial discourse, and will be used throughout my analysis.

Anti-colonial thought and practice began as the resistance and revolution of European colonies against their oppressors that took place in the global space and time of formal decolonization (more accurately flag independence). Early anticolonial thinkers include Franz Fanon, CLR James, Walter Rodney, Fernando Ortiz, and WEB DuBois. If anti-colonialism began as a revolutionary fight for national sovereignty and freedom, anti-colonial thought and practice have adapted and expanded to fit the current forms of colonization, racialization, and oppression. Contemporary anti-colonialism in the global, diasporic, and neoliberal/capitalist sense has shifted to political and theoretical activities that center race and indigeneity in a multiplicity of sites of oppressive structures. A revival of a new form of anti-colonialism can be seen in the contemporary works of Ngũgĩ wa Thiongo, Audre Lorde, Leopold Senghor, and Arlo Kempf, which have assisted the navigation of anti-colonialism in the current geopolitical climate. While anti-colonialism centers race and indigeneity as enduring constructs, it also mines the rich intersectionality of gender, sexuality, disability, age, and socioeconomic status for understanding the complexity and diversity of colonial experience. And fundamentally, anti-colonialism is about the centering of oppressed and racialized persons and the imagining of different futures. If there is a place for the “dominant/colonizer/oppressor in the anti-colonial struggle,” it is because “it provides [them] with an avenue for asking and insisting upon accountability and addressing responsibilities”.¹²

An anti-colonial approach differs from a decolonizing approach in several significant ways. Decolonization is often considered the practice of the oppressed in post-colonial space and time. Where decolonization is often cultural, psychological, and spiritual in nature (as in decolonizing one’s

¹² Marlon Simmons and George Dei, "Reframing Anti-Colonial Theory for the Diasporic Context," *Postcolonial directions in education* 1, no. 1 (2012).

mind), anti-colonialism is also interested in social and political change, and the praxis of the quotidian through the application of local knowledge. Decolonization focuses on cultural ideology and “epistemic disobedience”¹³ and has often been criticized by anti-colonial thinkers as representing the Western scholarly elite to the detriment of the marginalized. In this sense, decolonization may not be radical enough, and in fact can be complicit in reproducing certain aspects of capitalism and liberalism.

Critical religious studies will be employed for identifying the Christian currents throughout the field of bioethics as rooted in the Christian justification of the killing, enslavement, racialization, and theft of non-Christian, non-white people globally. First, I will engage critical scholars of religion including Vine Deloria, Miguel De La Torre, Steven Newcomb, and George Tinker to argue that justification of colonial violence was driven in large part by Christianity. Second, I will critique the Christian social ethicists Walter Rauschenbusch, Reinhold Niebuhr, and Joseph Fletcher, who have bridged Christianity and liberalism in the history of bioethics. And finally, I will critically analyze the christian influences that still dominate in bioethics today. A Foucauldian genealogy will be used in the second chapter to trace the eurochristian foundations of bioethics from European colonialism to the present. This genealogy will investigate those concepts we “tend to feel are without history”, things that are accepted as givens in bioethics. The genealogy looks at the history of bioethics in terms of its episteme, its relationship with power, and its discourse.

Methodology:

The approach I take to this project is multidisciplinary and scaffolded. My primary goal is to demonstrate how the field of bioethics (in its many variations of religion and secularism) is in fact rooted in the still-colonial and racial structures of eurochristian thought. I will do this through a series of

¹³ Walter D. Mignolo, "Epistemic Disobedience, Independent Thought and Decolonial Freedom," *Theory, Culture & Society* 26, no. 7-8 (2009).

moves. First, I will demonstrate how eurochristian thought has driven and justified colonialism writ large by engaging the writings of scholars such as Miguel De La Torre, George Tinker, Steven Newcomb, and Vine Deloria. By subjecting the language and practice of bioethics (particularly the concepts of dignity, equity, and beneficence) to anti-colonial and anti-racial analyses, bioethics can be understood as operating through eurochristian colonial tropes of the savage/degenerate, the missionary, and the civilizing project that began roughly in 1492.¹⁴

Next, I will provide a genealogy of bioethics, tracing its *theological* foundations through the liberal christian social ethics traditions of Reinhold Niebuhr, Walter Rauschenbusch, and Joseph Fletcher, and the *philosophical* foundations through Immanuel Kant and John Stuart Mill. The writings of these scholars include the moral/ethical language of eurochristian thought, while underlying the writings and practices of these scholars is continued racial and colonizing techniques. I have chosen these five scholars based on their extensive contributions to what is now called bioethics; and limited my analysis to these five scholars based on the limits of this project. Critical to my argument is that eurochristian language as a reflection of thought continues to be the basis for colonial-racial discourse and violence, and hence, the continued oppression of people of color. The eurochristian concepts of freedom, equity, conscience, and human dignity have been in relationship with oppression, slavery, exploitation, and genocide since the beginning of European colonialism.

Third, I will examine the violence incurred on racialized and colonized subjects in bioethics through the examination of three contemporary cases, all sites of contact and invasion of the dominant eurochristian schema on lives of real people. To be expanded upon in the chapter section, the cases I examine are 1) the court case *Havasupai Tribe of the Havasupai Reservation v. Arizona Board of Regents and Therese Ann Markow 2004*, about the abuse of Native American DNA by researchers; 2) Jahi

¹⁴ Sylvia Wynter, "1492: A New World View," *Race, discourse, and the origin of the Americas: A new world view* (1995).

McMath, a 13-year-old African American girl who was declared brain-dead after a medical mistake following a tonsillectomy; and 3) Purvi Patel, a South Asian woman who became the first person under a new law in Indiana to be charged with feticide. These cases share certain transhistorical features of colonialism such as social and political oppression and racism, yet are also examples of the differential racializations of Native Americans, African-Americans, and Indian-Americans. The purpose of comparing these three racialized groups is not to essentialize within groups, but to provide examples of how the moralizing language of bioethics affects the groups differently based on their historical colonial contingencies. All three cases represent colonial and racial history, and yet their colonialisms and racisms diverge dramatically depending on the special and temporal localities within which they function(ed). The cases are also intended to demonstrate the continuity of the colonial-racist discourse to contemporary bioethics practice by problematizing the moral language of *dignity, equity, and beneficence* which serve to distract bioethicists from the underlying oppressive structures of that language.

And finally, I propose anti-colonial praxis both within bioethics and within racialized and colonized communities. What would an anti-colonial bioethics look like? Is this even possible? In the spirit of this question, I recommend that 1) the field of bioethics confront this issue by moving from a focus on “virtuous character and action” to the acceptance of the privilege of Whiteness; by risking one’s position and reputation to change institutional racism; by resisting White victimhood; by taking distributive justice seriously; and by acknowledging there is no “post-racial”.¹⁵ And 2) that colonized and racialized communities begin to imagine ways of resisting and creating more meaningful and independent discourses and practices that avoid the violence and imposition of eurochristian morality. As someone who is eurochristian, I cannot participate in the imagining of traditional anti-colonial

¹⁵ R Wiegman, "The Political Conscious: Whiteness Studies and the Paradox of Particularity," *R. Wiegman Object lessons* (2012).

communities; but I will share some of the theories and practices of anti-colonial and ethnically diverse scholars and community members who are successfully engaging in this work.

To be sure, I am not calling out specific individuals, male, white, Christian, or otherwise, for purposeful malicious intent. eurochristian thought is a worldview¹⁶, deeply imbedded and not usually conscious to the bearer of that worldview. I am also not recommending superficial White correctives in order to assuage White guilt. I take seriously the responsibility of my scholarship from a cisgendered, heterosexual, eurochristian position who practices within the fields of bioethics and medicine. I am a settler on Native American land, am embedded in a eurochristian worldview, and benefit from the privilege of Whiteness. My analysis is in part an excavation of the field of bioethics, and concomitantly a challenge to my own assumptions, biases, and worldviews. I am aware that my positionality comes at a cost, both as a white person talking with and about persons of color, and for critiquing my own field of study and practice, bioethics. My wish is to open up new ways of thinking through multidisciplinary dialogue, challenge assumptions of bioethicists, and ultimately create space for removing racializations and colonizations within my field, and the violence that accompanies them.

Contribution to the Field of Bioethics

Bioethics formally began as a field of study roughly in the 1950s and 1960s, during the era of the UN Declaration of Human Rights, the Nuremburg trials, and the Civil Rights Movement. Bioethics

¹⁶ The concept of worldview as used here indicates a deep linguistic-conceptual structure of the brain. Worldview according to Mark Freeland is an “interrelated set of cultural logics that fundamentally orient a culture to space, time, the rest of life, and provides a prescription for relating to that life.” Worldview is pre-cognitive, and can hold within it various communal norms, rules, and ideologies. For instance, persons from Western Europe and the U.S. generally share the same worldview, which is oriented to time as linear and redemptive; which views land as property; and moves in the world according to similar rules. Within this eurochristian worldview are more conscious ideologies such as Catholicism, Marxism, and evangelical Christianity. It is this same worldview that centers bioethics and medicine: a linear and progressive view of time, a use of place that is fundamentally separate from the environment and foreign to patients; and rules of logic that follow Anglo-Saxon analytic philosophy based on human rationality. Worldview is essentially pre-cognitive, resistant to change (except over millennia), and can help explain significant cultural differences. Freeland, "Conceptual Decolonization of Space: Worldview and Language in Anishinaabe Akiing."

originated primarily through the work of theologians, and was later joined by moral philosophers. The “trinity of theologians” in bioethics were the Methodist professor Paul Ramsey, the Jesuit scholar Richard McCormick, and the Episcopalian minister-turned-humanist Joseph Fletcher, building on the works of James Gustafson, Reinhold and Richard Niebuhr, Joseph Fletcher, and Helmut Thielicke.¹⁷ Much of the moral theorizing in Catholic bioethics relied heavily on natural law and rationality of man based on early Church fathers, philosopher-theologians such as St. Augustine of Hippo and Thomas Aquinas, and the magisterium; while Protestant theologians relied on Biblical text and individual belief which often centered White middleclass Americans (until challenged by the Social Gospel movement). The first two official centers of bioethics to open their doors in the early 1970s were the Hastings Center and the Kennedy Institute. The Hastings Center, funded by the Rockefeller and Ford Foundations, started as a multidisciplinary group of scholars who wrestled with issues of death and dying, reproductive issues, and genetic engineering.¹⁸ The Kennedy Institute, according to Tristram Engelhardt, began as a liberal Catholic think tank by the Shriver and Helleger families, who personally knew members of the Vatican in Rome.¹⁹ The first scholars of bioethics at the Kennedy Center have been noted to have taken on the spirit of Vatican II, as the Church began to address problems and issues of the modern world. In addition, the current professional organization *The American Society for Bioethics and Humanities (ASBH)* began as the *Committee on Education and Theology*, run by Methodist and Presbyterian Ministers.

Moral philosophers, following Kant, Mill, Locke, Rousseau and Montesquieu, and in the American traditions of James and Dewey, also struggled to find relevance in the growing bioethics discourse most often by contributing methods of logic and analysis to medical questions. Philosophical

¹⁷ Albert R. Jonsen, *The Birth of Bioethics*, ed. ProQuest (New York: New York : Oxford University Press, 1998).

¹⁸ Ibid.

¹⁹ H. Tristram Engelhardt, "The Recent History of Christian Bioethics Critically Reassessed 1," *Christian Bioethics* (2014).

bioethics has also been marked from the beginning as a search for universal theories to elucidate the biological and health-related decisions being made at the bedside and the policy level in the United States. Common theories rest on an a priori assumption such as the existence of God, duty, rationality, relationship, utility, and the common good. Eventually philosophy found its way into medical schools, and bioethics became required for health care students.

Bioethics provides some insight into the larger “religious/secular” dialogue engulfing the last several centuries. The histories of religion and secularism are co-constituted and impossible to cleanly disentangle. Both philosophy and theology universalize morality to some degree, sharing concepts such as rationality, Christian values, and the American concepts of freedom, responsibility, and dignity. Liberal theologians leaned into the principle of double effect and the pluralism of society, while many philosophers abandoned relativism for some form of normative ethics; both in response to the practical needs of real people and real ethics cases. Unfortunately, alternative epistemologies, those other than rationality and logic were considered immoral, ignorant, and primitive, and were often attributed to racialized people. Throughout the last 500 years, theologians and moral philosophers have talked about humanity, human dignity, and freedom while acting in ways that continue to omit the colonized, indigenous, and racialized from these categories.

After attending the most recent ASBH conference in Kansas City, a close reading of the program led me to conclude that approximately 8% of the hundreds of presentations delivered used the words “equity,” “ethnicity,” or “race”. Based on the content of the conference presentations, it appears that ASBH has either acquired a post-racial stance, or has prioritized issues of technology, research, clinical consultation methods, and protecting patients from the unintended consequences of new science such as genome research and genetic modification. The presentations that dealt specifically with race were confined mostly to research issues with minority populations and immigrant/refugee health care. What

occurred to me is the distance bioethics has traveled from its origin stories involving civil rights and the Nuremburg trials of the Nazi physician researchers.

The aim of this paper is in locating the colonial-racial discourse within the field of bioethics in its religio-secular nature. A literature search in *bioethics and colonialism* turns up a paucity of material, and nothing that directly and deeply examines the field of bioethics in terms of a colonial-racial discourse in the United States. In a 2008 publication, Christy Rentmeester employs postcolonial theory to the racial and ethnic inequalities in mental health in the U.S., specifically drawing attention to the psychological effects of epistemic violence, infiltrated consciousness, and historical and transgenerational trauma.²⁰ Catherine Myser discusses “the normativity of whiteness” and suggests bioethicists decolonize their minds, but does not engage the complexity of decolonization.²¹

Several articles in the literature apply postcolonial theory to health in (post)colonized countries internationally, including indigenous populations in Brazil²², medicalization of life in Pakistan²³, and the decolonizing of bioethics in Africa.²⁴ Canadian scholars have done some important work on postcolonialism and the inequities of the health of Aboriginal people, with MacDonald and Steenbeek using a postcolonial feminist approach to uncover the historical root causes of health inequities,²⁵ and Beavis proposing a postcolonial approach to health care student education.²⁶ McPhail-Bell et al. cite

²⁰ C. A. Rentmeester, "Postcolonial Bioethics -- a Lens for Considering the Historical Roots of Racial and Ethnic Inequalities in Mental Health," *Camb Q Healthc Ethics* 21, no. 3 (2012).e

²¹ C. Myser, "Differences from Somewhere: The Normativity of Whiteness in Bioethics in the United States," *Am J Bioeth* 3, no. 2 (2003).

²² Luiza Garnelo, "Bioethics and Indigenous Worlds: Where Do We Situate Ourselves?," (CADERNOS SAUDE PUBLICA RUA LEOPOLDO BUHOES 1480, RIO DE JANIERO, RJ 210410210, BRAZIL, 2010).

²³ Abdul Wahab Suri, *Right without Choice and the Future of Bioethics Discourse in Post-Colonial Society*.

²⁴ A. K. Fayemi and O. C. Macaulay-Adeyelu, "Decolonizing Bioethics in Africa," *BEOnline* 3, no. 4 (2016).

²⁵ Cathy MacDonald and Audrey Steenbeek, "The Impact of Colonization and Western Assimilation on Health and Wellbeing of Canadian Aboriginal People," *International Journal of Regional and Local History* 10, no. 1 (2015).

²⁶ Allana Beavis et al., "What All Students in Healthcare Training Programs Should Learn to Increase Health Equity: Perspectives on Postcolonialism and the Health of Aboriginal Peoples in Canada," *BMC Medical Education* 15 (2015).

Australia's colonialism as a need for "systematic ethical reflection in order to redress health promotion's general failure to reduce health inequalities experienced by Indigenous Australians".²⁷

Another line of scholarly inquiry somewhat related to the colonial-racial discourse has occurred around race and medicine in the works of Camisha Russell²⁸, Zinzi Bailey²⁹, Alicia Lukachko, Mark Hatzenbuehler, Katherine Keyes³⁰, Joe Feagin, and Zinobia Bennefield³¹, citing inequalities and differential treatment due to implicit bias, systemic and institutional racism, and to a lesser extent colonial and historical features.

And last, a few scholars have applied a historical approach to bioethics. Duncan Wilson argues that historians should collaborate with bioethics in order to contextualize the ahistorical analytical approaches of bioethics, as well as to "shift bioethics away from its focus on new and emerging technologies, which may not impact the day-to-day lives of patients, to a broader consideration of the role politics plays in shaping medical services."³² And Roger Cooter, in a clever and critical review of the 876-page *Cambridge World History of Medical Ethics*, cites the opportunistic nature of a gold-embossed volume of unreflective "history" dedicated to a field that is the pinnacle of epistemological colonizing.³³

In sum, although contemporary critiques of the field of bioethics encompass certain components of a colonial-racial discourse such as race, history, and Whiteness, this paper will be the first robust analysis of bioethics using a eurochristian worldview to frame the underlying colonial-racial discourse connecting present with past. My approach to bioethics is one that a priori centers the

²⁷ K. McPhail-Bell et al., "'We Don't Tell People What to Do': Ethical Practice and Indigenous Health Promotion," *Health Promot J Austr* 26, no. 3 (2015).

²⁸ Camisha A. Russell, "Questions of Race in Bioethics: Deceit, Disregard, Disparity, and the Work of Decentering," *Philosophy Compass* 11, no. 1 (2016).

²⁹ Zinzi D. Bailey et al., "Structural Racism and Health Inequities in the USA: Evidence and Interventions," *The Lancet* 389, no. 10077 (2017).

³⁰ Alicia Lukachko, Mark L. Hatzenbuehler, and Katherine M. Keyes, "Structural Racism and Myocardial Infarction in the United States," *Social Science & Medicine* 103 (2014).

³¹ Joe Feagin and Zinobia Bennefield, "Systemic Racism and U.S. Health Care," *ibid.*

³² Duncan Wilson, "What Can History Do for Bioethics?," *Bioethics* 27, no. 4 (2013): 223.

³³ Roger Cooter, "Inside the Whale: Bioethics in History and Discourse," (2010).

subaltern, centers justice, and begins to expose the eurochristian nature of bioethics. Bioethics tends to focus on science, technology, and health provider skills and moral distress all too often at the expense of the marginalized. Also, I hope to convey the importance of history(ies) as a tool for understanding modern institutions as situated in a larger narrative, one that is universalizing and dominating, and at the same time self-centered and oppressive. And last, I strive to prioritize scholars of color within my analysis and in the framing of an anti-colonial bioethics.

Chapter Outline

Chapter 1: Introduction: This chapter will outline the problem, define key fields and terminology, and will locate the thesis of this dissertation in the current bioethics literature. The project I engage in to demonstrate that eurochristian thought, including elements of both Christianity writ large and liberal Enlightenment conceptions both contribute to the continued oppression of racialized others in the field of bioethics. Eurochristian thought is entangled with the colonial-racial discourse. Also, it will be crucial in the introduction to set up three arguments: 1) that the colonial-racial discourse is a living continuous structure that significantly helps to explain the current racism and inequalities in health; and 2) that bioethics is seated squarely in the colonial-racial discourse; and 3) the moral language of bioethics is complicit with current racism and inequalities in health.

Chapter 2: Genealogy of Bioethics: This chapter will take a deeper dive into the genealogy of bioethics. My main questions here are, how does eurochristian thought in social ethics influence bioethics, and how do both religious and secular bioethics reflect continued colonial and racial domination based on historical factors. First, colonial medicine will be explored. Second, I will problematize three eurochristian social ethicists Rauschenbusch, Niebuhr, and Fletcher whose writings exemplify precursors to Christian influences in ethics. And last, I will examine current methods and practices of bioethics, specifically of those ethical theories and methods that dominate today, including their ties to eurochristian thought and the colonial-racial apparatus.

Chapter 3: Native Americans, Equity, and the Civilizing Project: This chapter is the first of three case studies, focusing on the court case *Havasupai Tribe of the Havasupai Reservation v. Arizona Board of Regents and Therese Ann Markow 2004*. The two questions I will answer in this chapter are 1) in what ways does the language of equity in bioethics continue to oppress indigenous peoples in pursuing health and sovereignty? And 2) How does the Western medical research agenda continue to categorize Native Americans and frame indigenous peoples as uncivilized? This case highlights not only the high incidence of diabetes in the Native American population in the U.S., but also the abuse of biological materials of Native Americans by medical researchers. The bioethics concept of equity is problematized from the perspective of Native American worldview and experience of colonial violence and genocide. The trope of the colonial “civilizing project” is used to connect past to present. Highlights of this chapter will include Eve Tuck and Wayne K. Yang’s concept of inclusion as enclosure; Patrick Wolfe’s work on the elimination of the Native; Talal Asad’s comments on the nature of the oppressed as statistical information; and Jodi Byrd’s rejection of sovereignty.

Chapter 4: African Americans, Human Dignity, and the Savage/Degenerate: This chapter uses the case of Jahi McMath, an African American teenager diagnosed with brain death after complications following a tonsillectomy. Her mother was the first person to challenge and win in court over the unilateral removal of life support by doctors after a brain-death diagnosis. In this chapter I will ask why the defining of what is “human” continues to be the activity of bioethicists. I will also seek to attach the continued label of “degenerate” to the racism and inequalities in the health of African-Americans. This case will problematize the bioethical concept of human dignity through the colonial-racial trope of hierarchical human status with savages (Native Americans) and degenerates (Africans) at the nadir. Highlights of this chapter include Sylvia Wynter’s discussion on the classification of humans; Lisa Marie Cacho’s discussion of biopower; and on the gendered aspects of the colonial-racial discourse by Ann McClintock.

Chapter 5: South Asian American, Conscientious Objection, and the Missionary: This chapter analyzes the case of Purvi Patel, a young Indian woman who was the first person to be accused of feticide under a new Indiana law. In this chapter the conscience of bioethicists (and politicians) to make decisions and judgments affecting women's reproductive freedom is problematized. And here, the colonial trope of the missionary, the gendered moralizing christian, can be directly linked to the pious universalizing based on the conscience of the eurochristian. Highlights to this chapter will include Lisa Lowe and Desai's discussion of the objectification of Indian women, and Sylvia Wynter and Lisa Marie Cacho's discussions on conscience.

Chapter 6: Liberative Bioethics: The final chapter is about locating liberative spaces for the preceding three chapters, and thinking about a different future. Here I will heavily draw upon ethicists and other scholars of color including Emilie Townes³⁴, George "Tink" Tinker³⁵, Miguel De La Torre³⁶, Ada María Isasi-Díaz³⁷, Eva Tuck and Wane Yang³⁸, Cathy Cohen³⁹, Manu Vimalassery, Juliana Hu Pegues and Alyosha Goldstein⁴⁰, and Sylvia Chan-Malik⁴¹, among others. And finally, I suggest a *liberative and*

³⁴ Emilie Maureen Townes, *Womanist Ethics and the Cultural Production of Evil*, ed. Inc ebrary (New York: New York : Palgrave Macmillan, 2006).

³⁵ George E. Tinker, *Missionary Conquest : The Gospel and Native American Cultural Genocide* (Minneapolis: Minneapolis : Fortress Press, 1993); *American Indian Liberation : A Theology of Sovereignty* (Maryknoll, N.Y.: Maryknoll, N.Y. : Orbis Books, 2008).

³⁶ Miguel De La Torre, *Doing Christian Ethics from the Margins* (Maryknoll, N.Y: Maryknoll, N.Y. Orbis Books, 2014); Miguel A. De La Torre, *Latina/O Social Ethics : Moving Beyond Eurocentric Moral Thinking*, ed. Inc ebrary, *Latina Latino Social Ethics* (Waco, Tex.: Waco, Tex. : Baylor University Press, 2010); Miguel A. De La Torre et al., *Ethics : A Liberative Approach* (Minneapolis, MN: Minneapolis, MN : Fortress Press, 2013).

³⁷ Ada María Isasi-Díaz, Eduardo Mendieta, and ProQuest, *Decolonizing Epistemologies Latina/O Theology and Philosophy*, 1st ed. ed. (New York: New York : Fordham University Press, 2012).

³⁸ Eve and Yang Tuck, K. Wayne, "Decolonization Is Not a Metaphor," *Decolonization: Indigeneity, Education & Society* 1, no. 1 (2012).

³⁹ Cathy J. Cohen, "Deviance as Resistance: A New Research Agenda for the Study of Black Politics," *Du Bois Review* 1, no. 1 (2004).

⁴⁰ Manu Vimalassery, Juliana Pegues, and Alyosha Goldstein, "Introduction: On Colonial Unknowing," *Theory & Event* 19, no. 4 (2016).

⁴¹ Sylvia Chan-Malik, "'Common Cause': On the Black-Immigrant Debate and Constructing the Muslim American," *Journal of Race, Ethnicity, and Religion* 2, no. 8 (2011).

anticolonial approach to bioethics that incorporates concepts such as restorative justice, resistance, and the centering of those marginalized by eurochristian thought.

Bibliographic Methods

My bibliography is wholly interdisciplinary. It started as a list of readings from courses and comprehensive exams in the Joint PhD in Religious Studies at DU/Iliff. My comprehensive exams drew from three main disciplines: social ethics, postcolonial studies, and religious studies. I have also read considerably in the areas of Native American studies, liberation theology, and critical ethnic studies. For a genealogy of bioethics, I use Foucauldian concepts specifically from three works, including *Nietzsche, Genealogy, History; The Birth of the Clinic*; and Dreyfus and Rabinow's *Michel Foucault: Beyond Structuralism and Hermeneutics*. In the realm of bioethics, I have read many of the classic texts in my past career in bioethics. In addition, I have sought advice from my dissertation committee member, bioethicist Fabrice Jotterand on imperative readings relevant to this paper. For the history of bioethics, I am using David Rothman⁴²; Albert Jonsen⁴³; Jeremy Garrett, Fabrice Jotterand, and Christopher Ralston⁴⁴; and Robert Baker⁴⁵. I am also reviewing the classical virtue ethics and Principlism texts, including Richard Taylor⁴⁶; Alasdair MacIntyre⁴⁷; and Tom Beauchamp and James Childress⁴⁸.

Over the last year I met with Peggy Keeran and Micah Saxton on multiple occasions to learn better library research methods, bibliographic database collection, and techniques for keeping track of all citations, articles, and books. Through the DU library search engine Summon, now Compass, I did

⁴² David J. Rothman, *Strangers at the Bedside : A History of How Law and Bioethics Transformed Medical Decision Making* (New York, NY: New York, NY : Basic Books, 1991).

⁴³ Albert R. Jonsen, *The New Medicine and the Old Ethics* (Cambridge, Mass. : Harvard University Press, 1990).

⁴⁴ Jeremy R. Garrett, Fabrice Jotterand, and D. Christopher Ralston, *The Development of Bioethics in the United States* (Dordrecht ; New York: Dordrecht ; New York : Springer Science + Business Media, 2013).

⁴⁵ Robert Baker, *Before Bioethics a History of American Medical Ethics from the Colonial Period to the Bioethics Revolution*, *Before Bioethics* (New York : Oxford University Press, 2013).

⁴⁶ Richard Taylor, *Virtue Ethics: An Introduction* (Interlaken, NY: Linden Bks, 1991).

⁴⁷ MacIntyre, *After Virtue : A Study in Moral Theory*.

⁴⁸ Beauchamp and Childress, *Principles of Biomedical Ethics (7th Edition)*.

multiple searches for various combinations of **colonial**, *settler-colonial*, *history and bioethics*, *race/racism*, *inequality*, *Native American*, *African American*, *conscientious objection*, and *christian bioethics*. I accessed the research guides to find common databases for my areas of study. Commonly used data bases were EBSCO, Project MUSE, and JSTOR. I learned the JSOR text-analyzer function and Hubmed Citation Finder.

I have also spent time scanning the bibliographies of articles and books for further relevant authors and articles. I spent time on the ProQuest Dissertations and Theses database to search for any potentially similar works from other students, of which none were found. I also used Prospector and Interlibrary Loan extensively to access the required resources.

For cases, I looked on bioethics websites such as *Bioethics.net* and *Bioethics.org*, looked through bioethics journals including the *Hastings Center Report* and *The Journal of Clinical Ethics*, and googled for news articles searching for Native American, African American, bioethics, and health equity/inequity.

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