

The Idea of Moral Progress: Bush versus Posner versus Berlin

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This essay is about the idea of moral progress. I plan to discuss the idea as an object of moral theory (hence, the comparison of the views of George W. Bush, Richard Posner, and Isaiah Berlin).¹ I trust that my sympathies for Berlin's theory of value-pluralism will become apparent; nevertheless, the contrast of Bush, Posner, and Berlin is instructive. I then plan to be upsetting (or at least a little bit unsettling), by moving from the abstract to the concrete, by suggesting that the aims of "identity politics" are in tension with the Socratic educational ideals of the academy, and by contesting two particular, popular, and politically charged claims about how moral progress can be, or has already been, achieved in two areas of life. I will begin, however, with a few other caveats, and a couple of confessions.

It is said of Thucydides that his recording of human events during the Peloponnesian War is "marked by accuracy and a studied impartiality" and "for its eloquent speeches, particularly the funeral oration of Pericles." This essay certainly will not be that eloquent; although I will quote from some vivid, imaginative and, in some cases, astonishing speeches by others. And although this essay is certainly not a funeral oration, I will attempt to expose some of the inaccuracies and political bias (even if "politically correct" bias) in two very public representations of cultural and historical reality. I suppose that my critique does imply that those popular (and "politically correct") representations ought to be laid to rest.

I am also going to suggest that some of the intellectual virtues we associate with a Thucydides (namely, accuracy, impartiality and a decent respect for the native point of view — those eloquent speeches), or with a Socrates (namely, a principled commitment to explore the other side and to corrosively cross-examine each and every dogmatic pronouncement) are at risk of being sacrificed in our contemporary public policy forums. All too often these days one witnesses the triumph of identity politics over critical reason. All too often in our public policy forums a powerful rhetoric of darkness, horror, and moral idiocy demanding "enlightened" and protective public interventions for the sake of promoting moral progress has produced a rush to judgment about matters of great consequence. Later, I examine two such cases, in which strident, sensational and consequential public policy judgments and confident claims about how to achieve moral progress have been made without the benefit of robust debate. In both cases prominent people (scholars, politicians, journalists, social activists, celebrities, even one's friends) — people you may admire or consider benevolent, justice-minded "good guys" — have embraced conclusions and judgments that are likely to dissolve, evaporate, or at the very least require major revision, when and if they are ever openly exposed to either informed or skeptical cross-examination.

The two cases I have in mind are provocative, politically charged, and fraught with moral concerns. The first is a public policy judgment about African parents. It

concludes that African parents from those many ethnic groups in West and East Africa for whom cosmetic genital surgeries for both boys and girls are customary have for hundreds of years been routinely maiming, murdering, and “mutilating” their daughters, depriving them of a capacity to experience sexual pleasure. Hence, it has been argued, African parents should be criminalized, fined, or thrown in prison if they continue to perpetuate their cultural traditions. A rhetoric of moral horror (oppression, victimization) and moral idiocy (ignorance) associated with the “dark continent” (in relation to which the “First World” congratulates itself on being right, true, and “enlightened”) provides the language for formulating this conclusion.

The second case concerns a very particular judgment associated with the current Institutional Review Board (IRB) system of ethical surveillance and control federally mandated for all government grants involving research with human subjects (a system that is now applied by most universities to all research with human beings regardless of funding source and research topic). The particular judgment I have in mind asserts that the formation of the IRB system is morally (and rationally) justified by the facts of the “Tuskegee Study” of “untreated syphilis in the Negro male.”

The “Tuskegee Study,” as you may well know, was conducted in Macon County, Alabama between 1932 and 1972. It is now commonly portrayed as: racist science; “a program of controlled genocide” (whites against blacks); “America’s dirty little secret”; a violation of basic human rights; a study by the government of the United States (the Public Health Service) in which effective treatment for a fatal disease was withheld from a poor, uneducated, vulnerable minority group in disregard of their health and safety; a callous scientific pursuit that ignored human values and was “almost beyond belief and human compassion”; “an outrage to our commitment to integrity and equality for all our citizens”; a research project in which the government gave syphilis to black prisoners (or was it sharecroppers?) so as to scientifically document the natural course of the illness; and an “experiment” in which human beings were treated like guinea pigs or laboratory rats. It is quite possible, even likely, that most or all of those descriptive and moral judgments seem entirely right and true and uncontroversial to you. My aims are to unsettle those judgments, to suggest that the “received wisdom” of the day deserves to be carefully re-examined, and to caution liberal pluralists to have a hard second look before righteously embracing a discourse of moral horror. I believe that at least in these two cases the world may be far more morally complex than one imagines.

Before directly addressing the idea of moral progress, allow me to shift for a moment from those provocative caveats to a couple of confessions. This is a philosophy of education publication and I am not a philosopher of education. I am a cultural anthropologist and a moral pluralist, who believes that the knowable world is incomplete if seen from any one point of view, incoherent if seen from all points of view at once, and empty if seen from nowhere in particular. Given that fateful and unavoidable choice between incompleteness, incoherence, and emptiness I always opt for incompleteness, while staying on the move between alternative points of view. In trying to understand the way the worlds of fact and value actually are, I strive for what might be called “the view from manywheres.”²

The intellectual virtues associated with “the view from manywheres” contrast with the fixity and surety (some might say the “closed mindedness”) of the view from only here (the ethnocentric perspective). Those intellectual virtues also contrast with the abstractness, emptiness, and dehumanizing distance of the view from nowhere in particular (Thomas Nagel’s famous visual metaphor for the ideal of perfect objectivity). They contrast as well with the incoherence, chaos, and nihilism that arises when one holds firmly to no view at all (the perspective of the radical postmodern skeptic).

The intellectual virtues I associate with the view from manywheres have to do with a willingness to be astonished by what Clifford Geertz calls the “thick description” of an alternative way of life or a different way of comprehending the world. They have something to do with an eagerness for debate, so as to be able to distinguish those differences in judgment that arise from error, ignorance, or confusion (in such cases one might reasonably hope for “differences” in judgment to go away, and for convergence to take place, over time, with education) from those differences in judgment that are rationally insurmountable because they arise from sources that are beyond reason and evidence or strict rational criteria. The values I associate with the view from manywheres have to do as well with an openness to be fascinated (rather than distressed) by the possibility that some of the disagreements among human beings cannot be settled by strictly rational or objective procedures.

Finally, those values have something to do with the desire to figure out precisely how to reconcile the inherent diversity of cultural practices and the cognitive inconclusiveness of many trans-cultural debates about beliefs and values with a particular political ideal. It is the ideal of liberal pluralism (I am a liberal pluralist) — that multiple and diverse groups should be able live together or co-exist in a safe and morally decent society (or world). So, epistemologically speaking, I acknowledge that while I am not a philosopher of education, I am a somewhat philosophically inclined anthropologist.

Since I have already begun this essay with one confession, let me also own up that while I am not a licensed philosopher of education, I do have a philosophy of education which can be boiled down to a single maxim: “If someone asserts it, deny it; if someone denies it, assert it.” That rather Socratic sounding principle has been given substantial institutional character at the place where I have taught for the past thirty years. One thing that makes me feel proud to be a Professor at the University of Chicago is a document, an extant and influential policy statement, about the role of the University in political and social action, and about the institution’s conception of academic freedom. The document, known as the “Kalven Committee Report,” was prepared by a faculty committee that included my former colleague Jacob Getzels, as well as historian John Hope Franklin, economist George Stigler, and several faculty from various academic divisions in the university. The committee was chaired by Harry Kalven, Jr. The “Kalven Committee Report” was endorsed in 1967 by both the University of Chicago faculty governing council and by the administration, and has been upheld and defended ever since.

Institutional neutrality and faculty and student autonomy are the key principles expressed in the report. The University as an institution is cautioned against taking

any collective stance on the hot button social and political issues of the day. Rather the mission of the University is described as follows:

The mission of the university is the discovery, improvement, and dissemination of knowledge. Its domain of inquiry and scrutiny includes all aspects and all values of society. A university faithful to its mission will provide enduring challenges to social values, policies, practices, and institutions. By design and by effect, it is the institution which creates discontent with the existing social arrangements and proposes new ones. In brief, a good university, like Socrates, will be upsetting.

The instrument of dissent and criticism is the individual faculty member or the individual student. The university is the home and sponsor of critics; it is not itself the critic. It is, to go once again to the classic phrase, a community of scholars. To perform its mission in the society, a university must sustain an extraordinary environment of freedom of inquiry and maintain an independence from political fashions, passions, and pressures. A university, if it is to be true to its faith in intellectual inquiry, must embrace, be hospitable to, and encourage the widest diversity of points of view within its own community. It is a community but only for the limited, albeit great, purposes of teaching and research. It is not a club. It is not a trade association. It is not a lobby.

One of the reasons I have developed an interest in learning more about the “Tuskegee Syphilis Study” is that it is often brought forward as an example of why we need the current IRB system for reviewing and regulating academic research for the purpose of protecting human subjects. One reason I have developed an interest in the ever expanding reach of that federally mandated IRB system into the life of the University is that it threatens to run up against the principles of the Kalven Committee Report. So, after all those caveats and confessions I am now fully unmasked — and can finally turn to the substance of my essay.

THE IDEA OF MORAL PROGRESS

GEORGE W. BUSH’S UNIVERSAL MORAL REALISM

Jesus Christ is George W. Bush’s favorite political philosopher (or so he said in a televised primary debate leading up to his nomination) and the President of the United States’ sense of progressive moral purpose runs deep. This is how he spoke during his first post-September 11 “State of the Union Address to Congress and the Nation” on January 29, 2002. “America will lead by defending liberty and justice because they are right and true and unchanging for all people everywhere. No nation owns these aspirations and no nation is exempt from them. We have no intention of imposing our culture, but America will always stand firm for the non-negotiable demands of human dignity, the rule of law, limits on the power of the state, respect for women, private property, free speech, equal justice, and religious tolerance.” These words seem incontestable and perhaps even inspiring to some; for others they cry out for analysis, specification, and critique. I will focus on three of his central assertions. First, that there are “non-negotiable demands” for the design of any decent society. Second, that those demands are non-negotiable precisely because they are grounded on matters of fact concerning universal moral truths; and not simply because the President or the people of the most powerful nation in the world happen to like them or embrace them as their ideals. Third, that it is actually possible to define those non-negotiable ideals in ways that are substantial enough to allow the United States to lead the world in the direction of progressive social and cultural reform and also universally valid enough to avoid the hazards of ethnocentrism.

The intellectual stance might be called universalistic (or perhaps missionary) moral realism, and it has three features. First, the stance is prescriptive or normative in intent. It tells people how they ought to behave, with regard to the management and development of the self, with regard to other members of society, and with regard to nature (including the world of imagined spirits and gods). Second, it tries to derive its prescriptions from either “reason” or “facts about what is right and good.” For President Bush (and for some, but not all, other universalistic moral realists) the inference to what is right and good might include reference to imagined facts about the divine or scripturally revealed (and hence, if truly divine, reasonable) nature of things. Third, the stance implies or presupposes that in some meaningful way the world of human beings (and perhaps the universe in general) is governed by a transcendental moral force. The moral force is thought to be transcendental in the sense that its moral principles are authoritative and binding whether or not they happen to be cognized and understood by the contingent (and merely human mind) of particular living beings or leaders of particular nations. Stating that no nation is exempt from the moral law is President Bush’s way of making that point.

It is imperative that I note at this point that the universalistic moral realist stance of which I speak is not a descriptive claim about what people here or there happen to believe, value, desire, or do. It is a claim about what they ought to believe, value, desire, and do, in order to be moral human beings. Thus a universalistic moral realist might readily grant that the existence of objective (right and true) and hence universal moral ideals (for example, putatively, a right to privacy in decisions about childbirth, or a right to educate one’s children in a religion of one’s choice) is no guarantee that everyone will discover them, although conceivably everyone might. The existence of universal moral goods, the sensible universalistic moral realist will readily grant, is no guarantee that such moral goods have in fact played a part in the life of any particular person or people.

Sir William Blackstone, the eighteenth-century English jurist, depicts quite beautifully the intellectual stance of the universalistic moral realist. He argues that the only difference between the laws of gravity and the Ten Commandments is “the relatively minor one that men, alone of created things, were endowed with reason and free will; and so unlike things, could discover and disobey the divine prescriptions.” Any sensible universalistic moral realist would have a ready and powerful response to any positivist, empiricist, or anthropological fieldworker who thinks that the core truths of a universalistic moral realism turn on ethnographic or cultural evidence or on facts about what people in faraway places happen to believe, value, or do. That ready and powerful response is this.

First, the doctrine of universalistic moral realism is a theory about what is desirable not what is desired. In other words, universalistic moral realism does not claim that everywhere one goes in the world one will discover that all (or any) objective moral principles have in fact been cognized, understood or put into practice. Second, having preferences and desires per se, even pan human preferences and desires, for example lust, envy, and greed, does not make them preference-worthy or desirable. Which is why, if there are right and true moral universals, their

desirability or positive value must be derived from either reason or from facts about the divine (and hence) reasonable origins of one's ideas about what is right and/or good. Finally, it is not the case that moral judgments become more right and true or authoritative by virtue of the sheer number of people who share those judgments or put them into practice. Simply declaring that something is right does not make it right. Consensus does not produce either mathematical or moral truth, no matter how many people, nations, or powerful institutions or elite members of society say it is true. It is not a majority vote but rather some justification by reference to reason or divine origin that a genuine universalistic moral realist stance demands and that a universalistic moral realist seeks.

Thus in the context of scholarship in the normative moral arena the idea of universalistic moral realism (or indeed the very idea of a moral "universal") does not imply "uniformly acknowledged or discovered everywhere." The idea has far more to do with the idea of universally binding standards or ideals for dignified or righteous behavior (the objectively desirable) and rather less to do with the empirical distribution of human practices, beliefs, aversions, preferences, and desires.

One rather appealing reason for being interested in the discovery of universally binding moral ideals is that those ideals might define a uniform or objective standard for assessing moral progress. If there are non-negotiable demands of the political or social order (derived from right and true moral ideals) this makes it possible for "outsiders" to evaluate (criticize, condemn or justify) the cultural practices of "insiders." It makes it possible for "minority" groups to evaluate (criticize, condemn or justify) the behavior of "majority" groups (and one might add, vice versa, it makes it possible for majority groups to evaluate the conduct of minority groups). The existence of universal values places everyone within a single frame of reference for judging right and wrong and doing something right and good about it. All that critique, cast in all those directions, becomes justifiable if it can be done in the name of what is right and true (or to borrow a line from Bob Dylan, "with God on one's side").

Given the potential for social critique and the righteous moral progressivism made possible by a credible universalistic moral realism, one particular skeptical question arises with full and troubling force. Is it really possible to formulate a meaningful statement about moral rights, goods, duties, and values that is free of ethnocentrism, political self-interest or the projection of one's own subjective point of view? Those who have skeptical doubts or fears about righteous crusades justified in the name of "moral progress" harbor such anxieties because they suspect that the whole enterprise is a form of high-minded imperial domination by those who are powerful or well-connected enough to mandate that everyone should see and value the world in only one way, namely according to the dominant group's culturally preferred (and hence ethnocentric) set of terms? Controversially (but remarkably) that skeptical anxiety was made quite explicit in 1948 when the Executive Board of the American Anthropological Association refused to endorse the United Nations Declaration on the Rights of Man on the grounds that it was an ethnocentric document projecting "First World" values on everyone, everywhere.³

One way to get a sense of the problem (and the anxiety) is to consider more closely the third proposition in the President's State of the Union Address. What precisely does he really mean by stating "we have no intention of imposing our culture"? How does he plan to exercise progressive moral leadership (using America's wealth and military power to build new nations) without being ethnocentric? It is certainly quite possible that he sincerely hopes to do so. In general, American neo-conservatives such as Mr. Bush have been ideologically opposed to monopoly control and are committed to such values as individual liberty, the decentralization of authority, a balance of power, deregulation, local control, and the expansion of private enterprise over projects financed by the government. Facially, those values would appear to be incompatible with monistic imperial visions of moral progress or of a single best way of life to be enforced or promoted by well-financed, powerful or coercive national (or global) institutions.

So it is possible that Mr. Bush does not believe that currently occupied or soon to be occupied nations of the world should be encouraged or reshaped to be just like the United States of America in their social, political, family, and gender norms. It is quite possible that he fully recognizes that the ideals of free speech, equal justice, religious tolerance, respect for women (and so forth) may take very different forms in different historical traditions. It is possible that he would readily acknowledge (as does the liberal pluralist Isaiah Berlin) that those values or moral ideals are often in conflict with each other, and might be weighed and balanced differently and valued in different degrees by rational and morally decent people in other societies.

For example, it is not entirely clear whether Mr. Bush really believes current interpretations of the right to freedom of expression in the United States should be universally binding, where the right to freedom of speech allows public expressions of hatred or loathing for ethnic, racial, and religious groups. That is not true in India or many other parts of the world where ethnic conflict is a potential threat to social order, and hence communal "hate speech" is against the law. Perhaps President Bush would accept that other nations might legitimately interpret the right to free speech more restrictively. Perhaps he might tolerate the government of China's population control policies and laws restricting the number of children allowed per family, rather than condemn that country to overpopulation in the name of a non-negotiable constitutional right to family privacy in decisions about reproduction. Perhaps he might accept that the ideal of respect for women is compatible with Islamic and Hindu traditions and "family values" in which women are guardians of the home and in which public displays of sexually suggestive or "immodest" modes of dress are disapproved of or socially prohibited.

In other words it is possible that Mr. Bush is more of an Isaiah Berlin-like liberal pluralist than I have supposed. It is conceivable that he is far less eager to give any specific face (for example, the face of bourgeois liberal feminism or the face of middle-class Judeo-Christian family life in the United States of today) to his moral vision than I have imagined. Nevertheless, whatever the precise implication of Mr. Bush's expressed disinclination to impose his culture on others (an ambiguous hedge at best) his comments were surely designed to join politics and power with

some image of a supposed universal moral truth, and his speech raises the following critical questions. Is it really possible to enforce the universal demands of morality without imposing one's own cultural conception of things on others, and precisely how is that to be done? Are there in fact universally binding moral ideals, such that it would be intellectually defensible for the United States of America (or any other nation state or international organization) to use their power (should they have it) to uphold those ideals everywhere in the world?

It is one thing to assert that there are universal objective truths about the physical world, for example, that force equals mass times acceleration everywhere you go on the globe. It is quite another to assert that one's moral judgments about what is good or bad, or right or wrong, and the existing social norms of one's own group, are not just matters of local preference or taste but accurate representations of universal moral facts. Or that what one morally desires is desired primarily because it is objectively "desirable," and thus is the kind of thing that any morally decent and fully rational human being, whether a Hottentot, an Hasidic Jew or the President of the United States ought to "desire."

JUDGE RICHARD POSNER'S ANTI-REALIST RELATIVISM

Not everyone is a universal moral realist. Not everyone believes that conquest can be, ought to be, or even needs to be, justified by reference to transcendental ideals or the good fortune of having God on your side. When it comes to claims about moral ideals that are "right and true," and universally binding, consider for example the views expressed by United States Appellate Judge and University of Chicago Senior Lecturer Richard Posner, who is also the most widely cited contemporary American legal scholar. The remarks quoted below come from Posner's 1997 Oliver Wendell Holmes Lectures at Harvard University entitled "The Problematic of Moral and Legal Theory." He states,

I shall be arguing first of all that morality is local, and that there are no interesting moral universals. There are tautological ones, such as "murder is wrong" where "murder" means "wrongful killing," or "bribery is wrong," where bribery means "wrongful paying." But what counts as murder, or as bribery, varies enormously from society to society. There are a handful of rudimentary principles of social cooperation— such as don't lie all the time or don't break promises without any reason or kill your relatives or neighbors indiscriminately — that may be common to all human societies, and if one wants to call these rudimentary principles the universal moral law, that is fine with me. But they are too abstract to be criterial. Meaningful moral realism is therefore out, and a form (not every form) of moral relativism is in. Relativism in turn invites an adaptationist conception of morality, in which morality is judged — nonmorally, in the way that a hammer might be judged well or poorly adapted to its goal of hammering nails into wood or plaster — by its contribution to the survival, or other ultimate goals, of a society or some group within it. Moral relativism implies that the expression "moral progress" must be used with great caution, because it is perspectival rather than objective; moral progress is in the eye of the beholder.⁴

In his Harvard University lectures Judge Posner offered a sustained attack on moral realism, a critique of precisely the type of intellectual stance whose validity is presupposed in President Bush's State of the Union Address. The Judge, who is a relativist and an anti-realist, is quite distrustful of the idea that there are right and true universal moral facts that can be usefully applied by leaders to resolve moral disputes between groups. He not only suggests that "many moral claims are just the

gift wrapping of theoretically ungrounded (and ungroundable) preferences and aversions.” He also argues that if any nonlocal moral facts exist at all they are completely useless for resolving any actual real world moral issue.

Judge Posner continues:

Every society, every subculture within a society, past or present, has had a moral code but a code shaped by the exigencies of life in that society or that subculture rather than by a glimpse of some overarching source of moral obligations. To the extent it is adaptive to those exigencies, the code cannot be criticized convincingly by outsiders. Infanticide is abhorred in our culture, but routine in societies that lack the resources to feed all children that are born. Slavery was routine when the victors in war could not afford to feed or free their captives, so that the alternative to enslaving them was killing them. Are infanticide and slavery “wrong” in these circumstances? It is provincial to say that “we are right about slavery, for example, and the Greeks wrong,” so different was slavery in the ancient world from racial enslavement, as practiced, for example, in the United States until the end of the Civil War, and so different were the material conditions that nurtured these different forms of slavery. To call infanticide or slavery presumptively bad would be almost as provincial as unqualified condemnation. The inhabitants of an infanticidal or slave society would say with equal plausibility that infanticide or slavery is presumptively good, though they might allow that the presumption could be rebutted in peaceable, wealthy, technologically complex societies.⁵

And just in case your eyes are not already wide-open, the Judge (who, I remind you, is from the University of Chicago where it is still believed that a good university, like Socrates, may well be upsetting, or at least unsettling) offers the following illustration of the limits of universalistic moral realism.

A contemporary example of a practice that outrages most Americans is female genital mutilation, which is common among African (including Egyptian) Muslims. Defenders of the practice claim that it is indispensable to maintaining the integrity of the family in those communities. The claim is arguable, though I do not know whether it is correct. If it is correct, the moral critic is disarmed, for there is no lever for exalting individual choice or sexual pleasure over family values. It is vacuous to complain that the mutilated girls are often too young to be able to make a responsible choice (assuming they are even given a choice) whether to undergo the procedure, for the moral code of their communities is not founded on principles of freedom or autonomy. It is equally beside the point to show that many people in these societies are opposed to female genital mutilation. That just means there are competing moralities within these societies, as there are within our society. As there is no basis for choosing on moral grounds between a dominant and a dissenting morality, moral pluralism provides no leverage for moral critique; indeed it tends to reinforce the lesson of relativism. Yet we should not think it a disaster that moral pluralism renders some moral issues indeterminate, for we shall see that moral diversity can be a source of social strength.

I will have more to say about the socially endorsed practice of cosmetic genital modifications in East and West Africa. Here let me simply note three features of Posner’s position with regard to this and other cases. First, he describes himself as a moral relativist. He believes

that the criteria for pronouncing a moral claim valid are local... are relative to the moral code of the particular culture in which the claim is advanced, so that we cannot call another “immoral” or judge that the elimination of some social practice is an example of moral “progress” unless we add ‘by our light.

Second, he also allows that he is a moral subjectivist in the sense that he believes that there are no “reasonably concrete transcultural moral truths.” In effect he argues that there is no independent or transcendent or objective domain of the right and the

true (no “objective order of goodness”) to which one might appeal, as the legitimate source for one’s particular judgments about what is right or wrong, good or bad.

Third, he claims that he is not a strong moral skeptic. There are moral truths worth knowing, he argues. But they are facts about what is right and wrong in one’s own society, for example, the existing social norms and laws of one’s own land. These local norms and laws are knowable, he argues, and he is quite prepared to make parochial judgments about what is right and wrong for members of his parish, temple or sub-community. In that “weak” sense he labels himself a “local moral realist.”

Of course it should be noted that Posner’s concept of “realism” in his description of himself as a “weak local moral realist” is not the kind of “realism” that “moral realists” have in mind when they speak of “non-negotiable demands,” or of inalienable rights, or of natural moral laws. Posner’s “weak local moral realism” is the “realism” of a descriptivist or positivist. He uses the term mainly to acknowledge the reality or existence of consequential social norms, social control processes and systems of punishment within groups.

What the Judge is not prepared to do is pretend that his judgments about the practices of other societies are anything more than reactions based on feelings of personal disgust. Perhaps as a result of personal temperament or cultural taste he might feel revolted by some practice (such as infanticide or suttee) and even inclined to intervene to stop the practice with the power at his command. Nevertheless he argues, in keeping with his positivistic approach, “moral emotions” (shame, guilt, disgust, indignation) have no universal concrete moral content or objective foundation or source in some transcendental domain of the moral good.

Not surprisingly he also rejects that idea that there is a universal moral obligation to tolerate cultures that have social norms different from one’s own. He comes close to saying that the experience of a negative feeling state may result in the exercise of power to eradicate the practices of others, and that it is misguided to even ask whether such an intervention is justifiable or not. The moral domain by Posner’s account is simply a natural scene in which different groups, each with their own distinctive social norms and equipped (in varying degrees) with powers and resources to dominate the local or global scene, compete with each other to perpetuate their own way of life. Some will succeed better than others do. Some will adapt or surrender their social norms under pressure to do so. But none of this social norm competition or social norm replacement represents moral progress, and there are no rational discussions or arguments to be had about what the outcome of the competition or conflict ought to be. Why? Because, according to Posner, there is no objective moral standard against which divergent claims about what is right and good can be assessed. All that matters is power and the struggle to carry forward one’s way of life efficiently, and to survive in the competition with other groups.

Some of the features of everyday moral norms and judgments emphasized by Posner — that they are not only non-convergent but possess a strong aesthetic or emotive component — are profound facts of life. And they are facts of life that play a part in what the philosopher Stuart Hampshire (writing ten years prior to

September 11, 2001) has described as “the outstanding political problem of our time.”⁶ The political problem, as Hampshire perceives it, is the relation between “self-consciously traditional societies” and “liberal democratic societies.” In self-consciously traditional societies, he suggests, “priests of the church, or rabbis or imams or mullahs, and other experts in the will of God maintain a single conception of the good which determines the way of life of the society as a whole.” Liberal democratic societies, in contrast, “permit, or encourage, a plurality of conceptions of the good.” Hampshire notes that,

The severity of this problem was for a long time concealed by the belief in a positivist theory of modernization, a theory that is traceable to the French Enlightenment. The positivists believed that all societies across the globe will gradually discard their traditional attachments to supernatural forces because of the need for rational, scientific and experimental methods of thought which a modern industrial economy involves. This is the old faith, widespread in the 19th Century, that there must be a step-by-step convergence on liberal values, on “our values.” We now know that there is no “must” about it and that all such theories of human history have a predictive value of zero.

Hampshire goes on to say:

In fact, it is not only possible but, on the present evidence, probable that most conceptions of the good, and most ways of life, which are typical of commercial, liberal, industrialized, societies will often seem altogether hateful to substantial minorities within these societies and even more hateful to most of the populations within traditional societies in other continents. As a liberal by philosophical conviction, I think I ought to expect to be hated, and to be found to be superficial and contemptible, by a large part of mankind. In looking for principles of minimum justice, one needs to see that one’s way of life and habits of speech and of thought, not only seem wrong to large populations [but] can be repugnant in very much the same way in which alien habits of eating, or alien sexual customs, can be repugnant.

If Hampshire is right, that sense of repugnance is likely to be mutual. Witness, for example, the utter contempt with which human rights activists — mostly hailing from liberal commercial industrialized societies and from descendents of Westernized elite populations in former colonies — react to the beliefs and practices concerning gender, discipline, sexuality, modesty, dress, reproduction, and family life of majority populations in Africa or Asia.

Given such conditions, under which censorious judgments (often based on misunderstandings) of cultural differences are readily disseminated, wisdom urges caution in arriving at moral judgments about other people’s socially endorsed practices. One hopes, at the very least, that the social science disciplines such as anthropology will supply us with a much fuller exegesis of local meanings and indigenous points of view. One looks for the development of a critical moral theory that might enable us to see validity and virtue in the beliefs and practices of others, who may disagree with us about what is right and wrong. But how can a sympathetic understanding of those who differ from us actually be achieved? And why should we even try to perceive validity and virtue in the beliefs and practices of others?

ISAIAH BERLIN’S VALUE PLURALISM AND THE DEVELOPMENT OF A
NORMATIVE LOCAL MORAL REALISM

One approach to answering such questions can be found in Berlin’s theory of “value pluralism,” as described and systematized in an important book by John Gray.⁷ Berlin’s moral theory is associated with the idea that “human values are

objective but irreducibly diverse.” And it is linked to an intellectual stance which affirms the “reality, validity and human intelligibility of values and forms of life very different from our own.” One basic claim of the theory is that “fundamental human values are many, that they are often in conflict and rarely, if ever, necessarily harmonious, and that some at least of these conflicts are among incommensurables — conflicts among values for which there is no single, common standard of measurement or arbitration.”⁸ In other words some moral conflicts are insolvable or undecidable by rational reflection — to which one might comment “just as Richard Posner has argued.”

Posner and Berlin are both critical of universalized moral realism, and their critiques are similar in several ways. Both reject the idea that it is possible to rationally settle all moral disputes. Both argue that people around the world do not universally agree on what behaviors in particular are right or wrong. Both argue that moral judgments depend on circumstances. One can easily imagine Berlin accepting Posner’s argument that even the presumption that infanticide is immoral is too presumptive and provincial to count as a moral universal. Both would agree that most of the universal maxims of morality (for example, the injunction to be fair minded in the sense of treating like cases alike and different cases differently) cannot in and of themselves resolve real world moral disputes. Both are eager to point out that there is no determinate or universal way to choose between various alternative moral claims, for example claims of autonomy versus community, or liberty versus equality. Nevertheless, in contrast to Judge Posner, I believe Berlin’s version of value-pluralism would hold that fundamental human values are not just empty truisms and that they play an essential part in the reasonable construction and intelligibility of any moral system. But what part? In trying to answer that question I can only speak for myself.

Let us consider one of the findings of research on everyday moral reasoning, for example the kind of finding that appears in much of my own work on comparative ethics and moral reasoning in India and the United States.⁹ I have suggested that it can be argued that within human moral psychology there is a base-set of “terminal goods,” which appear to function almost like “revealed truths.” Once someone truly understands the moral good or worthy end (for example, self-defense, reduction of physical harm, fair distribution of burdens) served by a particular behavior he or she does not go on to say “so who cares about the reduction of harm or about self-defense or about the reasonable distribution of costs”? This type of revelatory recognition of ultimate moral validity — the argumentative equivalent of a revealed moral truth — can even be witnessed in Posner’s exposition of his anti-realist critique, where at least three examples can be found in the quoted sections of his original Oliver Wendell Holmes Lectures. The first occurs in his illustration of “female genital mutilation” — why should or would a moral critic be (as Posner puts it) “disarmed” at all by the invocation of “family values” over “individual choice,” unless it were the case that both types of values were already universally recognized as valid or objective goods? Second, Posner constructs and interprets both infanticide and slavery (in ancient Greece, but not in the nineteenth century United States) as cases that are intelligible as morally valid practices. He does this by representing each

practice as a means to a universally recognized moral good — namely the value of life and the reduction of physical harm (to already born children, and to the slaves themselves, respectively). His argument succeeds precisely to the extent that he can count on us all sharing in the revelation of a base set of objective goods, of which one of those goods flows from the application of the moral maxim “do less harm rather than more.” Third, he distinguishes “racial enslavement” (in the United States) from slavery in the ancient world. In doing so, he implies that “racial enslavement” (as it existed for some time in the United States) is not as easily connected to a recognizable moral end, and thus, unlike slavery in ancient Greece, ought to be viewed as a contemptible social norm. In all three cases Posner’s argument is potentially persuasive because he is able to direct our attention to the moral integrity of local contexts; and those local contexts become morally intelligible precisely because he can presuppose and thus trade on our common-sense revelation of a base-set of moral truths. In other words in all three instances Posner is in fact normatively evaluating the practices of “others” in universally recognizable terms. When it comes to human moral psychology it appears that some lights are not just “our lights” but are “everyone’s lights.”

In citing these three examples I am simply drawing attention to the implicit normative moral structure to some of Posner’s arguments about the diversity of social norms. He implies that if we knew enough about the local context of cultures in which infanticide or slavery is permissible, any rational person would conclude that there are good reasons for the practices. And what are the reasons that would convince any rational person not to condemn infanticide or slavery outright in such cases? Well, in the examples given, infanticide and slavery are represented as ways to save lives, in particular the lives of either children who are older or of the slaves themselves. And what makes saving those lives a good reason for the practices? Does the argument not count on us recognizing aggregate harm reduction as a worthy end, as an objective moral good, or as a potential virtue? The correctness of a moral judgment may well be relative to circumstances. Nevertheless, implicit in Posner’s argument is the idea that under certain correct descriptions of the circumstances there are certain moral judgments that are universally true. Thus, if infanticide or slavery ought to be judged acceptable at some time and in some place (even if the moral reason is nothing other than collective self-defense) it ought to be judged so by any fully informed rational human being, and not just “by our lights.” And it will be judged so because with an informed understanding of the local scene any rational person should be able to recognize those practices, in those instances and under those circumstances, as local instantiations of some universal moral ideal (for example, “value life,” “do less harm rather than more”).

In sum, the study of comparative ethics and moral psychology teaches us that “normal” human beings respond to situations as if there are universally binding objective values, just too many of them (for example, justice, beneficence, autonomy, sacrifice, liberty, loyalty, sanctity, duty, and so forth). Those taken-for-objective and universally valued ends of life are diverse, heterogeneous, irreducible to some common denominator such as “utility” or “pleasure,” and inherently in conflict with each other. That means that all the things thought to be good in life

cannot be simultaneously maximized. When it comes to implementing such values there are always tradeoffs, which is why there are different traditions of values (that is, cultures) and why no one cultural tradition has ever been able to honor everything that is good. That fact alone is reason enough to place some value on “tolerance” as an objective virtue, because “tolerance” can be justified as a way of acknowledging a truth about the inherent incompleteness or partiality of one’s own way of life. If the theory of value-pluralism is correct, there are inevitably both losses and gains associated with one’s commitments to any one way of life. Hence there is good reason to be interested in achieving the view from manywheres.

Value-pluralism of the type proposed implies that it should be possible, from a strictly moral point of view, to be a moral realist while acknowledging the legitimacy of different ways of life. A normative local moral realism based on an Berlin-like theory of value does not imply that social norms must be the same wherever you go. Such an approach might ground itself, as I have tried to do, on the discovery of universally acknowledged abstract values. Such an approach might be prepared to apply those abstract values as the psychological equivalents of “revealed truths.” It might hold that having access to those “revealed truths” (the abstract virtues or goods of morality) is partly definitive of what it means to be a “normal” human being or to have a “conscience.” It might hold that having access to those “revealed truths” is what makes the very different social norms of “others” morally intelligible. The list of “revealed truths” or universally binding values is likely to include diverse concepts, related to formal or structural aspects of human sociality, such as the notion that cruelty is evil (one should not hurt others without a reason), that one should treat like cases alike and different cases differently, that highly vulnerable members of one’s group are entitled to protection from harm, and so forth.

This particular type of moral realism can alternatively be labeled “value-pluralism” (following Berlin), or “normative local moral realism” (adapting Posner) or “moral universalism without the uniformity.” That last phrase expresses the way I prefer to conceptualize pluralism, by showing due respect for both the universal and the local. One implication of the approach is that any cultural system or system of social norms that is entitled to respect should be capable of being represented as a moral order recognizable to all human beings. (Earlier I have argued that that is precisely what Posner succeeds at doing with his examples of infanticide and ancient Greek slavery). Indeed, one might argue that any cultural system entitled to respect should, if pressed to justify itself, be able to provide its members with “good reasons” for their practices, such that those practices can be understood and experienced as a concrete instance of some abstract moral standard. It is worth noting that one of the ways a cultural anthropologist tries to achieve a charitable and impartial understanding of unfamiliar or even alien “others” is to try to reconstruct and make explicit the connections between a concrete instance of some customary behavior and some universally recognizable “terminal good.”

The kind of exercise Berlin’s theory of value pluralism invites us to undertake is based on the claim that there are many terminal goods and they are inherently in conflict; and that, as a result, there should be no general expectation of historical

changes producing something like overall moral progress. Inevitably, given the plural nature of objective values, progress on one moral front will interfere with progress on some other moral front, and there will be moral losses and moral gains associated with any particular relatively stable or customary form of social life. According to this view no one way of life is the very best way of life, and one of the aims of moral theory is to help us understand why. Another aim of moral theory is to get us to realize how all-too-easy it is to conflate the idea of general moral progress with the achievement of only one subset of goods, our own set of culturally selected and privileged goods.

Nevertheless if Berlin is correct it should be possible (at least in principle) to achieve a non-ethnocentric or at least less biased understanding of the moral quality of other ways of life that are very different from ones own. To the extent there are initially unnoticed moral goods at play or to the extent we have reacted to others with moral opprobrium because of insufficient knowledge of the local scene (time, place, resources, goals) it should be possible to overcome our initial judgment and perhaps even come to appreciate the moral integrity of the initially misunderstood “others.” In principle it is possible. In practice it is just very hard to do, and for a number reasons, including the ethnocentric inclination to automatically assess the world from one’s own culturally socialized point of view and the temptation to construct pictures of the world that seems to confirm or lend support to various political agendas. The difficulty in overcoming ethnocentric reactions and identity politics will become apparent as I raise some questions and engage in critical reasoning, first about the pervasive “First World” representations of genital surgeries in East and West Africa as “mutilations,” and then with regard to “Tuskegee” and the study of syphilis in Alabama, which I shall suggest is not a black and white issue.

TOWARD AN INFORMED AND IMPARTIAL UNDERSTANDING OF THE LOCAL SCENE

Where are Socrates and Thucydides when you really need them? In this final part of my essay I am going to try to be accurate, impartial, and honor the “native point of view.” I am going to see if it is possible to make the practice of female genital surgeries in Africa and the Tuskegee syphilis study intelligible without relying on a discourse of horror, and without viewing others as either moral monsters or moral idiots. I believe those two representations — the first the picture of African parents as “mutilators” of children, the second the picture of the Tuskegee study as racist science inflicting avoidable illness and death on defenseless members of a minority group — deserve to be cross-examined and critiqued. Both representations have been constructed under the influence of a rhetoric of moral horror (including popular discourses about sexism, racism, victimization, and devastating health outcomes), and both need to be deconstructed out of a decent respect for the process of critical reasoning, and as a potential antidote to ethnocentrism and the anti-intellectual impulse of identity politics.

Of course I cannot discuss either case in detail. I will have to leave most of my comments for later discussion. But I am at least going to raise the possibility that what most Americans (including politicians and journalists) think they know about cosmetic genital surgeries in Africa and about the study of “bad blood” in Macon

Country, Alabama is as ill-informed and intellectually beguiling as it is emotionally and morally disturbing. And if that is true, we as researchers, academics and educators need to understand why.

COSMETIC GENITAL SURGERIES IN AFRICA: A NOT SO “DARK CONTINENT”

A recent article in the *New York Times* quotes the first lady of the West African country of Burkina Faso as stating that female genital cutting is “the most widespread and deadly of all violence victimizing women and girls in Africa.”¹⁰ The article is one of a series of sensational, lurid, and horrifying pieces that the *Times* has printed over the past decade or so covering the topic, all giving expression to a representation of the practice that has been widely circulated by feminist and First World human rights activist groups. A typical example of this type of representation (sometimes referred to as “the global discourse”) is a 1995 *Times* Op-Ed piece, written by former columnist A.M. Rosenthal. Rosenthal got his information from the activist organizations and wrote:

Here is a dream for Americans, worthy of their country and what they would like it to be...that the U.S. could bring about the end of a system of torture that has crippled 100 million people now living upon this earth and every year takes at least two million more into an existence of suffering, deprivation and disease...female genital mutilation.¹¹

Two other quotes, written by “anti-fgm” activists and consultants in the political campaign to ban the practice, capture the essence of the global discourse, with all its supposed horror. Susan Rich and Stephanie Joyce write:

Female genital mutilation (FGM, also known as female circumcision) has been practiced traditionally for centuries in sub-Saharan Africa. Customs, rituals, myths, and taboos have perpetuated the practice even though it has maimed or killed untold numbers of women and girls...FGM’s disastrous health effects, combined with the social injustices it perpetuates, constitute a serious barrier to overall African development.¹²

Olayinka Koso-Thomas writes: “Early societies in Africa established strong controls over the sexual behavior of their women and devised the brutal means of circumcision to curb female sexual desire and response.”¹³

I first became aware of the custom while in graduate school at Harvard University in late 1960s. My thesis advisor was John Whiting, one of anthropology’s great positivists and perhaps the world’s leading expert on adolescent initiation ceremonies for both boys and girls. Positivists do not make moral judgments about social norms. Rather they report what they observe about the regularities in social life and try to explain them. In any case when you learned about African male and female “circumcision ceremonies” in an anthropology course in the 1960s the representations were free of moral judgment, except perhaps for the implied disapproval of the colonial anti-circumcision interventions of the 1920s. For we also learned that British missionaries and colonialists were horrified by the female ceremonies, thought they had a “white man’s burden (or “white women’s burden”) to wipe out the practice, and failed miserably in their misguided (or so it was implied) attempt to do so. In any case my first job after graduate school (in 1972-1973) was with a Whiting research project in Kenya, where I taught for a year at the University of Nairobi. In Kenya genital surgeries for males are customary in almost all ethnic groups and in about half of those groups the practice was customary for girls as well.

Back in 1972 no one made much of fuss about the practice. In the last twenty years all that has changed and a discourse of horror similar in many ways to the missionary and colonial discourse of the 1920s is very much back on the scene. I do not think this represents moral progress, and I will now try to explain why.

Having been exposed to the global discourse, unless one is an anthropologist who knows a good deal about East and West African gender identity and coming of age ceremonies, you may find this example very difficult to think about in an open-minded way. But I believe this is largely because of the way the practice has been (mis)represented in a global discourse that bears little relationship to informed anthropological accounts. Consider for example, the reaction of dominant groups in the United States to families such as the Somali refugees who arrived in Seattle in the early 1990s. These families wanted to continue doing what they do in Somalia. Namely they wanted (by their own moral lights) to improve the bodies and further the normal social development of both their sons and their daughters by means of a cosmetic genital surgery.

When a doctor at the Harbor View Medical Center in Seattle asked a pregnant Somali woman if she would like to have her child circumcised, if it is a boy, the woman replied, “yes, and if it is a girl, too.”¹⁴ The hospital just happened to be one that is sensitive to cultural issues and has a significant inner city minority group clientele. They formed a committee to look into the possibility of a minor medically safe female circumcision procedure that might be made available to immigrants from cultures where both male and female circumcision is the cultural ideal and viewed as an essential ingredient of normal growth and gender development. The Harbor View committee proposed to do the procedure with the informed consent of both the parents and the child, at around age twelve, under hygienic conditions and with a local anesthesia. From a medical point of view the proposed procedure was less intrusive than a typical male circumcision performed in the United States. Nevertheless, when news was leaked that Harbor View, a respected medical institution affiliated with the University of Washington, was contemplating this step, the local mainstream non-immigrant community went ballistic. Congresswoman Patricia Schroeder warned the medical center that they might be prosecuted under a Federal Law, which she herself had sponsored.

The relevant law was passed by Congress in September 1996 and went into effect in March 1997. The law criminalizes “female genital mutilation” and penalizes with fines and/or prison sentence (up to five years) anyone who knowingly engages in surgery on any parts of the genitals of a female who is under eighteen years of age. The law explicitly states that in punishing offenders no account shall be taken of their belief that the surgery is required as a matter of custom or ritual. Such wording suggests a law written with the explicit aim of suppressing a cultural practice associated with African immigrants. It is noteworthy that the law was passed without any public hearings and without seeking expert testimony from any anthropologist who had studied female initiation or gender identity issues in East and West Africa, or from anyone else. Absolutely no attempt was made to represent or understand the point of view of the many African peoples for whom a cosmetic

genital surgery (for males and females) is as central to their cultural identities and sense of well-being as a (male) circumcision is for Jews and for Muslims. Faced with a potential law suit, nightly negative publicity on the local news channels, and many expressions of intolerance toward African peoples who “mutilate” their own children, the Harbor View Medical Center withdrew from their tentative proposal for a genital surgery option for the female children of African immigrants.

The reasons for the intolerance are fairly obvious, and can be directly related to the types of horrifying representations of the practice of female genital surgeries that have dominated the press in the First World and have been widely disseminated by anti-FGM activist organization and lobbying groups. If you read and believe the literature put out by anti-FGM activists then what African peoples are said to do is indeed horrifying and you must think that Africa is indeed a “Dark Continent,” where for hundreds, if not thousands of years, African parents have been murdering and maiming their daughters and depriving them of the capacity for a sexual response. You must believe that African parents are either monsters (“mutilators” of their children) or fools (who are incredibly ignorant of the health consequences of their own child rearing practices and the best interests of their children); or else that African women are weak and passive and live under the thumb of cruel, loathsome, barbaric African men. This is the identity politics discourse of moral horror, moral idiocy, and victimization that I alluded to earlier and that I believe has too frequently triumphed over critical reason in our public policy forums.

There is a powerful impulse within a liberal democracy such as the United States to leave people free to live their lives according to their own views of what is good, true, beautiful, or effective. But not if what they choose to do does great harm to those who are innocent, vulnerable, and not in a position to make choices for themselves. If such representations were accurate who would not want to “save the children” and bring the practice of cosmetic genital surgeries to an end. But are they accurate? Compare such horrifying representations of the African “other” in our midst with the accounts of several anthropologists and medical researchers who know something about Africa, the practice female circumcision, or both.¹⁵

This is what Robert Edgerton, an expert on East African history and contemporary society, says about the practice of female circumcision in Kenya in the 1920s and 1930s, at a time under British colonial rule when Christian missionaries and colonial administrators tried unsuccessfully to wipe it out.¹⁶ Then as now, about half of all Kenyan ethnic groups circumcised both girls and boys. In Kenya in the 1920s and 1930s the surgery typically occurred around adolescence. It should be noted that across and within African ethnic groups there is variability in the age at which cosmetic genital surgeries for boys and girls are performed (any time from birth to the late teenage years) and in the style and degree of surgery (varying in the case of girls from a cut in the prepuce covering the clitoris to the complete “smoothing out” of the genital area by removing all visible parts of the clitoris and all external labia). In general, and at a minimum, any form of African genital surgery leaves intact at least fifty percent of the total tissue structure of the clitoris. This is because much of the tissue structure of the clitoris (at least fifty percent) is internal or below the

surface, and hence not readily visible, and is thus not removed during the surgery, which may help to explain how it is possible for circumcised women to experience sexual pleasure and have orgasms.

Assessing the consequences of female genital surgeries, Edgerton remarked that the operation was performed without anesthesia and hence was very painful “yet most girls bore it bravely and few suffered serious infection or injury as a result. Circumcised women did not lose their ability to enjoy sexual relations, nor was their child-bearing capacity diminished. Nevertheless the practice offended Christian sensibilities.” Edgerton’s is but one of several anthropological statements that call into question the accuracy of the nightmarish discourse of the current global anti-FGM campaigns.

Sandra Lane and Robert Rubinstein comment on the practice in Egypt today, where approximately eighty-five to ninety percent of females and males are circumcised.¹⁷ They remark,

An important caveat, however, is that many members of societies that practice traditional female genital surgeries do not view the result as mutilation. Among these groups, in fact, the resulting appearance is considered an improvement over female genitalia in their natural state. Indeed, to call a woman uncircumcised, or to call a man the son of an uncircumcised mother, is a terrible insult and noncircumcised adult female genitalia are often considered disgusting. In interviews we conducted in rural and urban Egypt and in studies conducted by faculty of the High Institute of Nursing, Zagazig University, Egypt, the overwhelming majority of circumcised women planned to have the procedure performed on their daughters. In discussions with some fifty women we found only two who resent and are angry at having been circumcised. Even these women do not think that female circumcision is one of the most critical problems facing Egyptian women and girls. In the rural Egyptian hamlet where we have conducted fieldwork some women were not familiar with groups that did not circumcise their girls. When they learned that the female researcher was not circumcised their response was disgust mixed with joking laughter. They wondered how she could have thus gotten married and questioned how her mother could have neglected such an important part of her preparation for womanhood.

This is what Carla Obermeyer an epidemiologist and medical anthropologist at Harvard University, says after a recent massive review of the medical and demographic literature on the health consequences of the cultural practice.

On the basis of the vast literature on the harmful effects of genital surgeries, one might have anticipated finding a wealth of studies that document considerable increases in mortality and morbidity. This review could find no incontrovertible evidence on mortality, and the rate of medical complications suggest that they are the exception rather than the rule....In fact, studies that systematically investigate the sexual feelings of women and men in societies where genital surgeries are found are rare, and the scant information that is available calls into question the assertion that female genital surgeries are fundamentally antithetical to women’s sexuality and incompatible with sexual enjoyment.¹⁸

Arguably the most systematic, large-scale, and scientifically rigorous study of the medical consequences of female genital surgeries in African is the Medical Research Council investigation of the reproductive health consequences of the practice.¹⁹ The study was published after Obermeyer’s literature review, and its findings are consistent with her conclusions. The study, conducted in the Gambia, where the surgery most typically involves an excision of the visible part of the clitoris and either a partial or complete excision of the labia minora, compared circumcised with uncircumcised women. More than 1,100 women (ages fifteen to

fifty-four) from three ethnic groups (Mandinka, Wolof, and Fula) were interviewed and given gynecological examinations and laboratory tests. This is rare data in the annals of the literature on the consequences of female genital operations.

Overall, very few differences were discovered in the reproductive health status of circumcised versus uncircumcised women. Forty-three percent of women who were uncircumcised reported menstrual problems compared to thirty-three percent for circumcised women but the difference was not statistically significant. Fifty-six percent of women who were uncircumcised had a damaged perineum compared to sixty-two percent for circumcised women, again not statistically significant. There were a small number of statistically significant differences — for example, more syphilis among uncircumcised women, and a higher level of one particular kind of bacterial infection among women who were circumcised. But in general, from the point of view of reproductive health consequences there were not many differences. As noted in the research report, the supposed morbidities (such as infertility, painful sex, vulval tumors, menstrual problems, incontinence, and most endogenous infections) often cited by anti-FGM advocacy groups as common long-term problems of female circumcision did not distinguish women who had the surgery from those who had not. Yes, ten percent of circumcised Gambian women in the study were infertile, but the level of infertility was exactly the same for the uncircumcised Gambian women in the study. The authors caution anti-FGM activists against exaggerating the morbidity and mortality risks of the practice. In addition, circumcised Gambian women expressed high levels of support for the practice; and the authors of the study write: “When women in our study were asked about the most recent circumcision operation undergone by a daughter, none reported any problems.”²⁰

Finally, Fuambai Ahmadu, an anthropologist at the London School of Economics and Political Science, says this about her own ritual initiation in Sierra Leone:

It is difficult for me — considering the number of ceremonies I have observed, including my own — to accept that what appears to be expressions of joy and ecstatic celebrations of womanhood in actuality disguise hidden experiences of coercion and subjugation. Indeed, I offer that the bulk of Kono women who uphold these rituals do so because they want to — they relish in the supernatural powers of their ritual leaders over against men in society, and they embrace the legitimacy of female authority and particularly, the authority of their mothers and grandmothers.²¹

Ms. Ahmadu grew up in the United States, after her parents immigrated there when she was five years old. As a young adult, at age twenty-two, she returned to Sierra Leone to be initiated just like all other Kono women. Speaking at the American Anthropology Association meetings in Chicago four years ago she remarked:

I also share with feminist scholars and activists campaigning against the practice a concern for women’s physical, psychological, and sexual well-being, as well as with the implications of these traditional rituals for women’s status and power in society. Coming from an ethnic group [the Kono of Eastern Sierra Leone] in which female (and male) initiation and circumcision are institutionalized and a central feature of culture and society and having myself undergone this traditional process of becoming a “woman,” I find it increasingly challenging to reconcile my own experiences with prevailing global discourses on female circumcision.²²

I myself now find it increasingly difficult to reconcile the best evidence available on the topic with the global discourse.²³

TUSKEGEE: IT IS NOT A BLACK AND WHITE ISSUE

My interest in learning more about the Tuskegee syphilis study of 1932-1972 began at a dinner when I discovered that several of the things I thought I knew about the study were wrong. I was having dinner with a doctor friend who participates in a Center for Clinical Medical Ethics. Earlier that day I received a communication from the head of an IRB committee explaining that we needed to have all research at the University of Chicago approved by an IRB because of the horror of Tuskegee. Tuskegee is often invoked in discussions about the origins and rationale for the IRB system. It was perhaps the frequent association of Tuskegee with horror that had led me to somehow connect the word “Tuskegee” with the image of government researchers infecting black prisoners with syphilis so as to document the natural course of the disease. That image is a fairly common one among members of the American population. But I was wrong. No one was given syphilis my friend told me; all the people in the study (black sharecroppers in Macon County, Alabama) already had syphilis, but they were not treated for the disease. I then asked him how syphilis was treated in 1932 when the study started. He said, there were some horrible, painful, expensive long term treatments around but they did not work — there was no effective therapy at the time. Had there been an IRB system in place in 1932 would they have approved the project, I asked my medical friend? He indicated that it was possible they would have. It was at that moment I began to suspect that there is both less and more to Tuskegee than has met the public eye.

So I began to read the now standard literature on the topic,²⁴ the various research publications of the study,²⁵ a sociological study of Macon County conducted in the early 1930s,²⁶ and web sites of various kinds. And the more I read the more suspicious I became about the standard horror story account commonly containing accusations of racism, egregious harm, and betrayal (lack of informed consent). A sober representation in the horror story genre might state that the Tuskegee Syphilis study was “a United States Public Health Service experiment that allowed four hundred black males of Tuskegee to go unknowingly without syphilis medication for forty years simply to satisfy the medical profession’s curiosity about what happens to people when they are not cured of venereal disease.”²⁷ The implication of that statement, of course, is that the syphilis infections could have easily been cured yet vulnerable black men were kept ignorant of their condition and left to suffer because they were black and because of the racist attitudes at the Public Health Service — all done in the name of callous science. The first research publication that I accessed from the study itself states:

The original study population selected during the winter months of 1931-32 and 1932-33 consisted of 410 syphilitics, all of whom were 25 years of age or older. The presence or absence of syphilitic infection was based on history, physical examination, and qualitative serologic tests on the blood. Of the syphilitic groups, 178 were given some treatment for their infection during the period of this first examination. Most of these individuals were among the younger age groups, and were given amounts of treatment varying from 1 to 15 injections of neoarsphenamine. Patients who were given treatment were dropped from consideration in the present paper. A second complete physical examination was performed in 1938-39 when 140 untreated syphilitics and 156 controls were examined.²⁸

So the plot thickened. Not everyone went without attempted therapy. I also learned other things. I learned that using the therapies of the day very few people

were ever cured of syphilis. I learned that the study emerged out of a liberal progressive health movement concerned about the well-being of the African-American population. I learned that the study was done with the full knowledge, endorsement, and participation of African-American medical professionals, hospitals, and research institutes. I learned that in Macon County in the early 1930s there was a thirty-six percent infection rate for syphilis. I learned that the general mortality rate for the local white population of Macon County at that time was the same as the mortality rate for blacks.²⁹ I learned that Eunice Rivers, an African American nurse, whose voice seems informed, authoritative, and compassionate, was the key personnel for the project for nearly four decades, and remained unwavering in her support for the study, even after it was labeled racist science and a program of controlled genocide. And most importantly I learned that there is a plausible counter narrative about the Tuskegee study that has received rather little press coverage and (perhaps because it does not fit with the discourse of horror) has not surfaced in current discussions about the evolution of the IRB system.

This counter-narrative expressed by some of those who were closest to the study, has the following themes: (1) The Tuskegee research project was neither racist, secretive, nor the cause of any of the harms suffered by those in the study who had syphilis; (2) Had there been an IRB system in place in 1932 the project would most certainly have been approved and for good reason; and (3) the current horror associated with the name “Tuskegee” is both ironic (for nearly forty years the study was admired by both the participants and by members of the medical establishment, both black and white) and undeserved, because the moral opprobrium now associated with the “Tuskegee Syphilis Experiments” is based on a misunderstanding of some basic facts about syphilis and about the nature and potential efficacy of the various “cures” or treatments available during the four decades of the study.

In effect the counter-narrative suggests that the proper title of the project should not have been the misleading title “Untreated Syphilis in the Negro Male.” Within the terms of the counter narrative the more accurate title for the project should have been “Incurable (and hence untreated) syphilis: A Study of the Natural Course of the Disease for Negro Men in Macon County, Alabama.” The central truth claims of this counter-narrative are that in 1932 when the study began there was no effective treatment for the disease; and that in the 1950s, when an effective penicillin treatment for syphilis finally did become available, the men who were still alive had acquired the infection at least twenty years earlier; it was too late to do anything that would make a difference for the biological conditions related to health outcomes. (In 1932-33 only those who already had the infection for five years or more — long past the point at which the infection is contagious or can be given to others — qualified for selection into the study).

A central truth claim of the counter-narrative is that there is no reason to believe that at that late date penicillin treatment would have any real effect on the mortality or morbidity rates of the men in the study. Indeed for those men in the study who had lived with syphilis for twenty or more years, and hence were still alive, their life expectancy rates compared favorably with men without syphilis.

So which is it: Curable but untreated syphilis (the horror story) or incurable (and hence untreated) syphilis (the counter-narrative in which we can understand those who were committed to the study, including the progressive public health workers, black and white, and the remarkable Eunice Rivers, as rational and morally decent human beings)? And by reference to what standards should we choose one story over the other? I cannot answer that last question here. I think it deserves to be answered. What I can do is end my essay by posing a series of questions for those who are willing to approach the Tuskegee story with some degree of impartiality. It is certainly not a complete list and the answers offered below are tentative at best.

SOME QUESTIONS AND TENTATIVE ANSWERS CONCERNING TUSKEGEE

Question: Is it unfair or unreasonable to study syphilis among poor rural African-Americans in the South?

Answer: It is not unfair or unreasonable. Most cases of syphilis in the United States (approximately eighty percent) occur in the African-American population, and most of those are concentrated in a relatively small number of counties in the South. In 1932 Macon, County had perhaps the highest infection rate in the country.

Question: Was the study racist, and why or why not?

Answer: The study was not racist. The person most dedicated and involved in organizing and running the study over the longest period of time was Eunice Rivers, an African American nurse. The study of syphilis in Alabama was initiated by a Chicago Foundation with a history of concern for the welfare of African Americans and with a commitment to the involvement of African-Americans in research. The project was fully endorsed by the local African-American elite, at the Tuskegee Institute. As late as 1969 the study was endorsed by local, largely black, medical institutions, including the Macon Country Medical Society. The only other previous study of this sort was done by white researchers on white subjects (in Scandinavia), where it is whites who are the local sub-population with syphilis. Moreover, those in the study received free medical examinations and far more medical attention than those not in the study, and they were treated with respect and long term concern by the central figure in the study, Eunice Rivers, although they were not specifically and explicitly told that they had a medical disease call "syphilis." They were recruited for tests with advertisements asking people with "bad blood" to come for testing and possible treatment. The expression "bad blood" was a local non-stigmatizing way of talking about a variety of symptoms, including those that are caused by syphilis. The study participants went back regularly for checkups and exams, and of their own free will, and were fully aware that the government had a file of information on them about the condition of their body and their "bad blood."

Of course here we come face to face with some obvious unanswered questions. Did the men in the study know they had "syphilis" (or that disease by some other name or conceptualized in some other terms) anyhow? With infection rates of thirty-six percent infected in the county is it really conceivable that no one knew about the disease or that the men did not notice the sores during the first stages? (The sores disappear after the initial acute stage). What do we know about what the men actually knew about themselves but never said; or perhaps did not want to talk about, for fear

of stigmatization or of the effects of disclosure on their sexual relationships? One source suggests that in Macon County at the time the sexual origin of the disease was not recognized, but that the symptoms of the disease were known.³⁰ “Bad blood” was apparently a local expression that could be used to refer to those symptoms.

Question: Was the study done secretly and without public knowledge?

Answer: No. A large number of people, black and white, in Macon County knew that there was a public health interest in the diagnosis of syphilis. The results of the study were published and it was not a secret study.

Question: Was the study reviewed by leading scientists of the day?

Answer: Yes. Massive amounts of peer review went on from 1932 up until 1969.

Question: If there had been a mandated IRB process at the time would the research have been approved?

Answer: The likely answer is “yes,” using the ethical standards of that age. It is also noteworthy that the study participants permitted autopsies to be done and that they voluntarily joined a “burial society” known as “The Eunice Rivers Lodge.” Such burial societies were customary in Macon County before the 1930s and provided both financial support at the time of death and social support throughout life. Eunice Rivers was meticulous in explaining the nature of an autopsy to the participants and their families and in guaranteeing confidentiality.

Question: If there were no IRB review process, would the Tuskegee research be done in the same way today?

Answer: Probably not, given that penicillin is widely available, the disease is more likely to be caught in its early stages, and norms for informed consent have changed.

Question: Did the researchers give syphilis to the research population?

Answer: No.

Question: At the time of the study began was there an effective cure or treatment available for the disease?

Answer: No. Very few people were cured of syphilis with treatments available prior to penicillin, and there were bad side effects of the treatment. The “treatment” of the day was expensive, dangerous, long-term, and ineffectual.

Question: Is penicillin effective in curing syphilis in a person who has had the disease for at least twenty years? (That was the minimum length of the infection time for subjects in the study at the time penicillin became available. Most of the men in the study had the infection for far more than twenty years by the 1950s).

Answer: It appears that penicillin will get rid of the infecting organism in many cases, but the biological damage (for example to a heart valve) that would make a difference for mortality and morbidity would have already occurred (if it was going to occur at all) and cannot be reversed by penicillin.

Question: What percent of the infected men in the Tuskegee study died *because* they were in the study?

Answer: In general about seventy percent of men infected with syphilis never enter the last and devastating phase of the illness — in most cases the infection remains latent. It appears that between seven and thirty men in the study died because of the

illness per se (based on comparisons to death rates in a control group of uninfected men). It is also appears that almost all of them had died before the 1950s, which is when penicillin became available and was standardly used to treat a syphilis infection.

Question: If the men in the study population had never been involved in the study would their health outcomes and mortality have been better? In other words, would they have been better off if the study had never been done?

Answer: Eunice Rivers, believed that the men in the study were better off than other infected men in Macon County who were not in the study, and that there were other types of medical benefits from participation. It seems highly unlikely that had the men not been in the study they would have had a greater life expectancy, given that residents of Macon County in the 1930s had no contact with doctors at all. A comparison study needs to be done of the infected men in the study compared to comparable infected men, both black and white, from Macon County at the time, who were not in the study. What if the results show that the infected men in the study lived longer than infected men, black and white, not in the study?

Question: What happened to the still surviving infected men after 1972 when the study was stopped? Many must have sought or received penicillin. Did the penicillin make a difference for their health and life-expectancy?

Answer: No one has come forward with that information, but what if the results show that life expectancy was not altered by taking penicillin twenty or more years after contracting the infection?

Question: Was the confidentiality of human subjects and of the research information respected?

Answer: It would appear so.

Question: Were the men contagious? Were other people put at great risk because the study subjects were not explicitly told that they had a sexually transmitted disease called “syphilis”?

Answer: All the infected men in the study had had the infection for at least five years, which is long past the point when the disease is contagious (it is contagious for roughly the first two years after infection). Moreover, there is no obvious reason to suppose that had the men in the study been told they had syphilis they would have automatically ceased having sex? Here one seems to be faced with a situation of moral complexity. Would it have been ethical to inform the community of their infection, so as to protect others? That seems pretty dubious, a violation of privacy rights and confidentiality. Or do people surrender their privacy rights if they have a contagious sexually transmitted disease and continue to have sex?!

Question: The men in the study were never directly and explicitly told the full medical meaning and significance of “bad blood.” Would they have wanted to know that they were infected with a sexually transmitted disease?

Answer: The answer is less obvious than it may seem. At the time of recruitment there was no cure for the disease, and a diagnosis and explanation of “syphilis” would have left them thinking of themselves as infected and sick, and may have stigmatized them in their community. It seems arguable whether it is right or

compassionate to inform a person who may well remain asymptomatic all their life in a situation where there is no cure for a stigmatizing disease that they are infected. On this issue don't medical and local cultural norms vary across countries and populations even today?

There are of course many other questions. For example, what were the local community standards for talking about sex in 1932? Would men have come forward if they were told that the study was looking for people who had a sexually transmitted disease? And why precisely did the black and white personnel and field workers in the study decide not to explicitly tell the study participants they were infected with a sexually transmitted disease?

It remains to be seen whether an impartial assessment of these questions will continue to lend support to the now popular horror story version of Tuskegee, or whether, alternatively, the horror story will have to be discarded because it is based more on the identity politics than on critical reason. But at the very least the accusations of racism and genocidal harm seem far less credible to me than I would have thought before thinking critically about the topic. Perhaps it goes without saying that norms for informed consent are different today than in 1932, or even 1960, which makes it even more important for us to remind ourselves that viewing the past through the lens of current times is just another form of ethnocentrism.

CONCLUSION

A global convergence in moral judgments about particular social norms is unlikely to occur, if the theory of value-pluralism is true. Of course it is quite possible, as Hampshire implies, that morally decent and fully rational peoples, each feeling at home in their own way of life (or in their own current historical moment) will reciprocally feel disgusted by the social norms of the "other." But feelings of astonishment, interest, fascination, and appreciation are possible as well in a world populated by diverse cultures. I would also suggest that in many instances (certainly not in all instances, but in many instances) our initial feelings of disgust or disapproval are lacking in validity. They may lack validity because we initially or automatically react to unfamiliar things as if they were familiar; or because, with considerable distortion, we assimilate or fit the meaning of other peoples' practices to the terms of our own contemporary political agendas. If and when such feelings of disgust or disapproval are in fact invalid they are likely to become attenuated or held in abeyance once the connection of the practice of the "other" to some recognizable abstract universal moral ideal can be demonstrated in a convincing way. Indeed, one of the main reasons for engaging in critical reasoning and doing cultural anthropology is to see whether it is possible to provide the necessary exegesis of local context and "native point of view," so as to render "others" intelligible, not as monsters, innocents or fools but as recognizably reasonable and moral human beings. This may not always be possible, but it often is, despite initial impressions to the contrary.

1. My discussion of Bush, Posner and Berlin in this essay draws heavily on and recapitulates formulations in Richard A. Shweder, "Moral Realism Without the Ethnocentrism: Is It Just A List of

- Empty Truisms?," in *Universalism In Law: Human Rights and the Rule of Law*, ed. A. Sajo. My discussion of genital surgeries draws heavily on and recapitulates formulations in Richard A. Shweder, "What About "Female Genital Mutilation"? And Why Culture Matters in the First Place," in *Engaging Cultural Differences: The Multicultural Challenge in Liberal Democracies*, ed. Richard A. Shweder, Martha Minow and Hazel Markus, 2002; Richard A. Shweder, *Why Do Men Barbecue? Recipes for Cultural Psychology* (Cambridge: Harvard University Press, 2003), and Richard A. Shweder, "The Moral Challenge in Cultural Migration," in *Anthropology and the New Arrivals*, ed. N. Foner (Santa Fe, N.M.: SAR Press, 2003).
2. Richard A. Shweder, "The View from Manywheres," *Anthropology Newsletter*. American Anthropological Association, December 1996 and Shweder, *Why Do Men Barbecue?*
3. K. Engle, "From Skepticism to Embrace: Human Rights and the American Anthropological Association from 1947-1999," in *Engaging Cultural Differences*.
4. Richard A. Posner, "Lecture: The Oliver Wendell Holmes Lectures: The Problematics of Moral and Legal Theory," *Harvard Law Review* 111 (1998):1637.
5. Richard A. Posner, *The Problematics of Moral and Legal Theory* (Cambridge: Harvard University Press, 1999), 19. Also Posner, "Lecture."
6. Stuart Hampshire, "Nationalism," In *Isaiah Berlin: A Celebration*, ed. E. Margalit and A. Margalit (Chicago: University of Chicago Press, 1991), also Hampshire, "1991 Presidential Address," *American Philosophical Association Proceedings* 65 (1992):19-27.
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8. *Ibid.*, 1, 3, 6, 8.
9. Shweder, *Why Do Men Barbecue?*
10. *New York Times* (6 February 2003)
- 11 Rosenthal, *New York Times*, 1995, p. A25
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13. O. Koso-Thomas, *The Circumcision of Women: A Strategy for Eradication* (London: Zed Books, Ltd, 1987), 37.
14. D.L. Coleman, "The Seattle Compromise: Multicultural Sensitivity and Americanization," *Duke Law Review* 47 (1998): 717.
15. See also Shweder, "What About "Female Genital Mutilation"? and *Why Do Men Barbecue?*
16. R.B. Edgerton, *Mau Mau: An African Crucible* (New York: The Free Press, 1989).
17. Sandra D. Lane, and Robert A. Rubinstein, "Judging the Other: Responding to Traditional Female Genital Surgeries," *Hastings Center Report* 26 (1996): 31-40.
18. C.M. Obermeyer, "Female Genital Surgeries: The Known, the Unknown, and the Unknowable," *Medical Anthropology Quarterly* 13 (1999): 79-106, especially, 92-95
19. Linda Morison, Caroline Scherf, Gloria Ekpo, Katie Pain, Beryl West, Roseland Coleman, and Gijs Walraven, "The Long-Term Reproductive Health Consequences of Female Genital Cutting in Rural Gambia: A Community-Based Survey," *Tropical Medicine and International Health* 6 (2001): 643-53.
20. *Ibid.*, 651.
21. Fuambai Ahmadu, "Rites and Wrongs: Excision and Power among Kono Women of Sierra Leone," in *Female "Circumcision" in Africa: Culture, Change and Controversy*, ed. B. Shell-Duncan and Y. Hernlund (Boulder, Colo.: Lynne Rienner, 2000). Also presented as "Female Genital Cutting: Local Dynamics of a Global Debate," 18 November 1999, 98th Annual Meeting of the American Anthropological Association, Chicago, Illinois.
22. Ahmadu, "Female Genital Cutting."
23. See Shweder, *Why Do Men Barbecue? Recipes for Cultural Psychology* and "What About "Female Genital Mutilation"?: And Why Culture Matters in the First Place."

24. J. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1993); S.M. Reverby, *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study* (Chapel Hill, N.C.: University of North Carolina Press, 2000).
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29. Johnson, *Shadow of the Plantation*, 186.
30. Ibid.