Good morning, everyone and welcome to our 2019 Public Health Ethics Forum, Ethical Dilemmas in Child and Adolescent Health, which is being co-sponsored by the Office of Minority Health and Health Equity and the National Center for Bio-Ethics in Research and Healthcare at Tuskegee University in Alabama.

I'm Craig Wilkins, Senior Advisor within the Office and I'll be serving as your Master of Ceremonies. It's an honor to welcome each of our special guests, our speakers and our students from the Tuskegee Bridge Builder's Program, the Fox Team Communications Program and the Latino Youth Leadership Academy.

And to each of you, for joining us this morning and for those of you who are joining us by live stream in IPTV. I'd also like to welcome our participants and students from the Puerto Rico Department of Education and from the Georgia Department of Education.

As noted on the agenda, the purpose of today's forum is to consider factors that affect healthy development among children and adolescents, particularly youth of color and how to identify and address ethical implications for public health interventions.

I had the pleasure of being a part of a very small planning committee -- well, actually not small, quite large -- that put this forum together.

My sincere appreciation and gratitude extends to each of them for all of their hard efforts in the planning of this year's events.

The names are on the program and also on the screen. But I would also like them to stand as I quickly read off their names and to recognize them with a round of applause: Dr. Liburd, Dr. Leandris Liburd, Dr. Rueben Warren, Dr. David Hodge, April Bankston, Kathy and Dr Barrett, Dr. Karen Bouye, Dr. Denise Carty, Kayla Johnson, Sonia Jones-Croft, Yoonjae Kang, Dr. Melissa Merrick, Nma Ohaeri, Desireé Robinson, Dr. Ross, Dr. Stokley, Dr. Michael Underwood and Jo Valentine. Let's give them a round of applause please.

[ Applause ]

So again, on behalf of this Committee and our office in Tuskegee University, we appreciate your attendance and participation.

I also want to welcome our two sign language interpreters, Aaron Powell and Christie Wilton.

On today’s agenda, we will have opening remarks and an open plenary presentation. We will then have a youth panel that will be discussing the social and physical determinants of adolescent health, moderated by Dr. Warren.

A poster session will be occurring right after the panel discussion.

You will note the time for our lunch break. In the afternoon, beginning at 1:00,
we have five concurrent break-out sessions
that will be occurring here in this auditorium
and in the break-out rooms noted on your agenda.
This break-out sessions will be repeated.
After the break-out sessions conclude,
we will reconvene back here in the auditorium
for the poster recognition and our closing plenary presentation
and concluding remarks.

For those of you watching the IPTV or live stream,
you could email your questions to omhhe@cdc.gov
or submit questions
on our Twitter via the hashtag #PHEF2019.
Before we begin, a couple of quick housekeeping issues.
If you didn't register before you came in,
please do so at the registration table.
On the agenda, you know we'll have two official breaks.
We would appreciate you being respectful of the time.
We do have a full agenda today.
So we'd like to stay on schedule as much as possible
and this will also help lessen distractions for our presenters.

On behalf of the Office, we appreciate you completing
and returning a brief evaluation that's designed
to provide feedback about this forum.
If you registered for the conference,
you will receive a link to an evaluation survey
in your email box -- email inbox at the close of this session.
For participants, doing a form on IPTV or on the internet,
we may not have your registration information,
so please go to one of the following websites
to access the evaluation, as noted on the slide.
We really appreciate --
invite your feedback and your responses will be
completely anonymous.
For those of you interested in Continuing Education credits,
please note on the back of your agenda or here on the slide
that where the link would be available at.
The activity and the passcode is noted there as well.
And finally, out of common courtesy,
if you haven't already done so,
please silence your electronic devices.
Throughout this morning,
I'm here to answer any questions that you might have.
Now, I have the distinct honor and privilege in introducing you
to Dr. Leandra Liburd.
Dr. Leandra Liburd currently serves as the Associate Director
for the Office of Minority Health
and Health Equity here at the CDC.
Dr. Liburd.
[ Applause ]

>> Thank you, Captain Wilkins and good morning, everybody.
It is my pleasure to welcome you
to the fifth Public Health Ethics Forum,
which is an annual collaboration between CDC's Office
of Minority Health and Health Equity, the Division
of Sexually Transmitted Diseases,
the Office of Public Health Ethics and the National Center for Bio-Ethics in Research and Healthcare at Tuskegee University. Since 2015, we have worked together to examine ethical issues in our programs that address the health of African-Americans, Hispanics and Latinx, women and girls and older adults. Over 1,200 persons have participated in these forums, in person and virtually, including people in other countries. And hundreds more have viewed the video recording of the forums after the event, to receive Continuing Education credits.

So why have we continued to host these forums? As the nation's leading public health agency, CDC is dedicated to saving lives and protecting the health of all Americans across the life course. From preconception health, infancy, early childhood and adolescence, adulthood and beyond, there are threats to health and many are preventable. We do our work through a wide range of services, interventions, policies, community education and data. And we use the best available science and evidence to guide our work, that will ultimately impact the health and safety of people who live in communities. To be effective and to earn the public's trust, our public health practice must be ethical. To do this, we must ask ourselves questions like, "Who will receive available public health interventions?" And, "How will we know that our public health strategies fit within the cultural beliefs and practices of communities at high risk for particular illnesses and diseases?" And, "How do we overcome historical distrust of governmental systems of public health in order to save lives and prevent the spread of disease?"

Whether we are addressing chronic illnesses, like high blood pressure or disease prevention through immunizations or health promotion through physical activity and nutrition, there are ethical implications to our work. Community engagement is a cornerstone of good public health practice. But as a federal agency, it's challenging for us to get feedback from communities across all states and jurisdictions of the U.S. However, the Public Health Ethics Forum allows us to bring together colleagues from across CDC, academic partners, public health practitioners from state and local governments and community representatives, to spend their day grappling with how we can improve the work we do to reduce health disparities and achieve health equity in a population group that some or all of our programs serve. The goal of the 2019 forum is to consider factors that affect healthy development among children and adolescents, particularly youth of color and how to identify and address ethical implications for public health interventions.
Today, we are also privileged to have several ethicists participating and co-leading the break-out sessions. I want to thank Dr. Warren and Dr. Hodge for their passion and commitment to this forum. And you will be hearing from both of them shortly. I also want to thank Captain Wilkins for his leadership of the Planning Committee and I also want to thank the Planning Committee and ask you to stand, so that we can applaud you.

Where are our Planning Committee members?

[ Applause ]
They have full commitments within their own programs but they regularly and have annually taken time to engage with us in this opportunity. We are especially honored today by the participation of students from the Booker T. Washington High School in Tuskegee, Alabama, who are members of the Bridge Builders Program.

[ Applause ]
They were up early this morning to travel to Atlanta. So please stand, Bridge Builders, and let us welcome you.
We want to see you.

[ Applause ]
I think they are more coming in, as we are -- have like small groups that we're getting through the security system. We also have students participating via live stream from Puerto Rico, as well as students from around the state of Georgia. So let's welcome them, virtually.

[ Applause ]
The 2019 Public Health Ethics Forum promises to be thought provoking, educational and empowering. And we hope that you are as excited to be here as we are. We believe that this day will be one that you will never forget. So thank you and welcome.

[ Applause ]

>> To provide some opening remarks this morning for this year's forum, I'm honored to present to you Dr. Anne Schuchat. Dr. Anne Schuchat currently serves as Principal Deputy Director here at the Center for Disease Control and Prevention. Please join me in welcoming Dr. Schuchat.
[ Applause ]

>> Good morning and welcome to this year's forum. Thank you so much for waking up really, really early in the morning and coming over from Tuskegee and all those who are participating live stream from Puerto Rico and elsewhere. It's just a pleasure to be part of this. I wanted to just thank you for the work that you do and the expertise that you bring to this really important area and make a few comments about the past, the present and the future.

About 30 years ago in America, the measles virus took off.
Over a two year period, we had 55,000 cases of measles and on further investigation, they were occurring in inner city areas, in low income children who did not have health insurance. They were taken to the doctors by their parents, but they were referred from the doctors to someplace else, the Health Departments, to get their measles vaccines. It was pretty common to blame the parents for kids not being immunized, but this was a system failure. The good news about the story 30 years ago is that a remedy was made. The Vaccines for Children Program was implemented and this provides free vaccine to children who do not have insurance or who are eligible for Medicaid or who are American Indian or Alaska native. And about 50 percent of children under two in the U.S. are now receiving vaccines through the Vaccines for Children Program. That led to a great increase in immunization coverage and a prevention and actually elimination of home grown measles in the United States by the year 2000. But that story started with inequity, stigma, misunderstanding and huge disparities. Fast forward to today, last week I believe, we were fortunate to have a tour of the South by pediatric residents visiting from the University of San Francisco. They were studying the current situation of inequity, stigma, disparity and the factors that lead to that in 2019. And as pediatric residents who will be forging the future of the healthcare system that they're part of, what they could do to understand the community context and potentially make a difference. Fast forward to this week, tragically, vaccinators in Pakistan and police protecting the vaccinators were attacked and tragically some killed by people who don't want vaccine for that community or people who don't trust their government or don't trust the program or want to make a statement. The ethical dilemma of trying to provide life saving care for ebola patients in the Democratic Republic of Congo versus the many factions that are concerned or fighting the current context in Eastern DRC. Every single day here in the United States and around the world, ethical dilemmas in health are featured. We just yesterday announced records broken for measles since the year 2000 here in the U.S. It's not a function of low income, inner city youth who are -- don't have access to vaccine. It's a question of close-knit communities where distrust and misinformation is probably driving the problem. The individual rights about whether or not your child should be immunized and the public good about protecting others against a contagious disease that your child could be spreading are with us every single day. Looking at the agenda that you have for today, it's a very challenging set of issues and a rich set
of discussions that I hope you'll be part of. I'm particularly pleased that when we're going to devote a forum to youth, to the ethical dilemmas in children and adolescents, that the average age of the participants is a little lower than usual, that we actually have teens participating in today's efforts. I hope you'll speak up and be part of the proceedings. We need to hear from you. The issues that become normative for those of us at the older end of the spectrum really need to be questioned. So I'm really looking forward to hearing how the discussions go and want you to know how seriously CDC takes our responsibilities in bio-ethics and our commitment to eliminating health disparities here in the United States. Thank you so much to all of you who planned the meeting and to those of you who will make sure that it's a day to remember. Thank you.

[Applause]

>> Thank you, Dr. Schuchat. And to provide his opening welcome remarks, it's a pleasure to introduce to you Dr. Rueben Warren. Dr. Warren currently serves as Professor and Director of the National Center for Bio-Ethics in Research and Healthcare at Tuskegee University, as well as the Adjunct Professor of Public Health, Medicine and Ethics and Director of the Institute for Faith-Health Leadership at the Interdenominational Theological Center in Atlanta, Georgia. Please join me in welcoming Dr. Warren.

[Applause]

>> Good morning. Just as a starter, we have some folks from Tuskegee, students from Tuskegee that need to be in the front. So all the young folks, come to the front. This forum is for you. It's not for those of us who are not real young. So come on down. Come on down. I want you to get in the habit of sitting in the front. So come on down and come on down quickly. We got a lot to do. I'm going to make my comments very short because we got a long day. And the other thing is that you all been up since 4:00. So we want to be able to nudge you, to keep you awake. These chairs are special and you need to be in them. As you gather down in front, I also want to thank you very much for getting up. This was not extra credit for students. There's no extra grade for the students have come down. There's no money that we're giving them. It's a commitment that they're making early
on in their lives and their careers.
So it's real special.
In additional to the high school students,
we have a very honored group
of Tuskegee University students called the Bio-Ethics Honors
Program students and I want them to stand and be recognized too,
because they're given the guys -- the younger folks.
All the Honors Program students, please stand as well.
[ Applause ]

There's a bridge between all of us and we need to have steps
to make those bridges safe, stepping from high school
to a career sometimes it's too broad and you'll trip
and fall and stumble and sink.
So we need some steps.
So we have steps from our TIMS Middle School, which is seventh
and eighth graders to our BTW High School,
which is our high school students to our college students
to our graduate students.
So we have some graduate students here from Tuskegee too.
Will you please stand to be recognized?
[ Applause ]

And from our graduate students who are professional students
and our professional colleagues.
So we got a bridge.
Those steps are really hard to make and sometimes you stumble
and go back and fall back.
But when you fall back,
we got somebody behind you to catch you.
So somebody's still catching me,
because I fall back all the time.
So I get caught when I fall.
A couple of important things about this forum.
First and foremost, Dr. Liburd has been gracious and wise
and thoughtful in promoting a program in the government.
And, you know, government changes all the time
but important programs don't change.
So I want to thank her for her continual courage
and commitment to this forum.
So thank you again, Dr. Liburd.
In -- yeah, let's do that.
[ Applause ]

In 2015, we had a conversation
about what I thought was health equity and minority health.
And we've had a cooperative agreement with the Centers
for Disease Control and Prevention and Tuskegee
for many, many years that was the result
of the 1997 Presidential Apology
for the U.S. Public Health Service Syphilis Study
at Tuskegee.
And we have been cooperating --
it's called a cooperative agreement but it really --
what it is, is a cooperative agreement.
We sit and talk and we discuss, we debate
and we agree upon agenda
and that agenda's been moving forward for some years
and it's getting better and better every year.
And so I had a conversation with the Project Officer
about that cooperative agreement,
what do we cooperate on to do better.
It's Jo Valentine.
We agreed upon honoring the 100 year legacy
of Booker T. Washington and Tuskegee decided
to do something every month honoring Booker T. Washington,
a phenomenal human being.
And so, in talking with Ms. Valentine, I said, "Well,
let's partner and do this forum."
And in her wisdom, she said, "No, let's make it bigger
than my division, bigger than my center.
Let's make it a CDC effort."
And she recommended that we talk with Dr. Liburd about doing this
as a Center-wide engagement,
because it was a University-wide engagement.
And that engagement has blown up in really phenomenal ways,
so I want to recognize and thank Ms. Valentine
for her energy and her thoughts.
[Applause]
Now, I've done all the thank you's,
I think at this point in time.
But what I want to really pose to you as a way of thinking --
a different way of thinking -- in a wonderful, well recognized,
globally recognized, scientific enterprise called the Centers
for Disease Control and Prevention
that does the best science, I think, in the world,
public health science.
The dilemmas really was that we've got the science down pat,
but the challenge is getting folks to understand,
even not understand, but accept the science,
which is a different dynamic.
How do you accept something that we know is scientifically valid?
So we wrestle with that.
The science is validated.
It's published.
It's spread broadly and widely.
But the folk who need to know it the most don't believe us.
They don't trust us.
So we can bring some folk that look like us, look like you
and act like you and talk like you,
but they still don't trust you.
And is that trust because they don't know better?
Or is that trust because they're paranoid?
Or is that trust founded in a history of distrust?
And if you go back and read --
not only the scientific literature
but the humanity's literature, then you will find
that that trust has been violated over and over
and over again, over the years.
So the lack of trust is legitimate.
It's warranted, particularly in 2019, particularly
for people of African descent.
400 years ago, 400 years ago, there was a ship,
a boat or something that came from the continent
of Africa to North America.
And that launched the most unethical engagement in U.S. history. And it's called the African slave trade. Misnamed -- they wasn't African slave trade. Some say it was the Middle East, the Middle Passage. Some say it's the European slave trade. But that was an energy and I have a pen that says 400 years. 1619 to 2019. The ethics of reparations and reconciliation --

do better before you are forgiven. Do better. And ironically, in this country, 1932 was another unethical engagement. And it's recorded as the most unethical, non-therapeutic -- non-therapeutic means no treatment so-called study in the history of the United States. They called it the Tuskegee Syphilis Study. That's what they called it. But in fact, it was the Tuskegee Study of Untreated Syphilis in the Negro Male in Macon County.

Untreated Syphilis in the Negro Male in Macon County, which said, in fact, we won't intend to treat those folk. Period. No intention. Not going to treat them. Who are those folk? They call them the negro male. Where? Macon County. Somehow, that got distorted when it was exposed to name the Tuskegee Syphilis Study. So that's what you heard. But just be clear, that was not what happened. And they also said in years later, "Well, CDC did it." Not true. The U.S. Public Health Service Syphilis Study. Just be clear and that doesn't mean that we lament over it. But it does mean we acknowledge and correct. And that's what the issue is about. It's about a forum of ethical conversation, which translates into, hopefully, ethical behavior. You hear the issue of public health theory and public health practice. That's a mantra that I learned while I worked here, at CDC. Theory and practice. Well, I would suggest that we go from theory to practice, which means practice and reflection. More than just doing different, but think about what you've done and then improve it. So what we have done over the last several years with this forum on public health ethics is to think about what we've done the last year and improve it for the next year. And I'm particularly pleased about last year, because we listened to the elders. There's a notion to listen to the elders. They know more because they've been there, done that.
And we listened and we're --
some were surprised about the wisdom
of those folk that were here.
But what came out clear is that they know what to do,
because they've done it.
But the question is who needs to hear it.
Who needs to hear it?
And what came from that conversation was young folk need
to hear it.
And that's what we've done.
We've brought you here to hear and to talk.
So this is really not a talking session.
This is a listening session.
And we want the youth to tell us what you think,
tell us what you think.
So don't sit here and act like you don't know what you think.
We're not asking you what you know.
We're asking you what you think.
Feel comfortable.
That's why I asked you to come down here,
because this is about you.
This is about you.
And at one level it's about public health, but more broadly,
it's about public health ethics.
It's about public health ethics and last year, what we heard is
that what is this thing called ethics
and what book did you read on ethics.
And I'm suggesting that you don't need
to read a book on ethics.
You just look around.
And at your gut level,
that quiet voice will say simply, "This ain't right.
This ain't right."
And that language is okay.
And sometimes, we don't know what the right thing is,
as readily as we know what the wrong thing is.
So we don't have to know what's right.
But you know what's wrong and we need to hear that.
So this session is to listen to you.
So feel free to talk.
You've come a mighty long way to tell us something.
Don't leave without us hearing it.
So again, welcome and I look forward
to a full and exciting day.
And on top of that, we're going to have some fun.
Thank you so much.
[ Applause ]
>> Thank you, Dr. Warren.

For our open plenary this morning, it's a pleasure for me
to introduce our speaker, Dr. David Hodge.
Dr. David Hodge currently serves as the Associate Director
for Education and Associate Professor at the National Center
for Bio-Ethics in Research and Healthcare
at Tuskegee University.
He also serves as a Senior Associate Editor for the Journal
of Healthcare, Science and Humanities and the Director
of the Bio-Ethics Honors Program. He has authored -- he's an author of three books and he's currently working -- it's my understanding, the writing of two books, Pragmatic Bio-Ethics, Public Health Ethics, Bio-Ethics and Marginalization and a Physiological Theology of Trustworthiness.

Dr. Warren came to Atlanta in 2016, where he served as part-time Professor in Philosophy at Georgia State University and as a guest lecturer in philosophy, theology and ethics at the Interdenominational Theological Center. From 2011 to 2016, he taught Moral Theory and Bio-Ethics at Nova Southeastern University and has taught logic, philosophy, ethics and religion at St. Thomas University, Barry University, Miami-Dade College and Broward College. His University of Miami dissertation -- focused on the Virtue Ethicist: A Metaethical Anticipation of Moral Sentimentalism, Empathy and Care -- has had a significant amount of readership worldwide. Dr. Hodges worked with [inaudible] to intersect the role of virtue, empathy and care in our [inaudible] concerns.

For our opening plenary speaker this morning, please join me in welcoming Dr. David Hodge.

>> Good morning, everyone.

It is such an honor to be here among this august group, just to have a conversation, as Dr. Warren just put it, talking back, listening and talking back and engaging. This is an exciting moment for me, because I've never done anything like this before. So, therefore, if I slip up, trip up, fall over myself, then you shall be forgiving.

I have the wonderful honor of working with a group of students at Tuskegee University, the Bio-Ethics Honors students and Dr. Warren just asked them to stand so I would not embarrass them any further. But they're here today and I want to know that I thank you and appreciate you for being here for your presence at this very moment.

Also, I want to thank Dr. Rueben Warren because he invited me a year and a half ago to be his partner at the National Center for Bio-Ethics in Research and Healthcare at Tuskegee University. And it has been an amazing ride so far. So I don't want to give another handclap, because of his presentation just now, but just what he is doing in an effort to increase awareness in public health and bio-ethical issues. Let's give a handclap for Dr. Rueben Warren.

[ Applause ]

You know, when we're walking down the hallway, we came in together and walking in the hallway and we had to stop so many times, because he seems to be a legend in this place. You know -- matter of fact,
I was just having a lunch somewhere with my wife somewhere in Atlanta and someone asked me, "Where do you work?"

I said, "Tuskegee."

"Do you know Rueben Warren?"

So he gets around.

So don't be surprised if you see him in Madagascar somewhere, you know, he gets around.

And he also have that prophetic look that those dreadlocks really kind of show him as a prophet and a seer.

So with deep respect and thank you, Dr. Warren.

Thank you, Dr. Liburd and, you know, Liburd, that's a Virgin Islands name, so they're actually "Lie-bird," so I try to make sure --

I say "Lie-bird" because I'm more comfortable with it as "Lie-bird," but is Dr. Liburd, I want to thank you for how you're being so welcoming to me as we continue to have this collaboration and collaboration.

My wife is here and she's a teacher, so that means she had to take a day off to come be with us today.

That's my wife, Teresa Paula Hodge sitting there.

[ Applause ]

My son is here.

Now, he didn't get a day off.

He's playing hooky.

But that's Jonathan David Hodge and I'll say something else about him later.

Jonathan, raise your hand.

[ Applause ]

But I also have someone else that's extremely special to me here and that is Dr. Marcia Riggs.

She'll be in a session later on today.

Dr. Riggs was my advisor dissertation and Committee Chair and coverage of motivator for my first doctor degree at Columbia Theological Seminary.

When things got tough, I ran and hid in her office.

Because, those of you who are going to do graduate studies, find someone's office who you can hide with, where you can hide.

Right? It's -- the [inaudible] graduate work that they're pledging a fraternity or sorority.

Right? So you need to find someplace where you can hide.

Dr. Marcia Riggs represented that for me.

So I want to thank you,

Dr. Riggs for how you've been in my life.

I went to her office -- this is extremely important, especially for this moment -- I went to her office one day and she said something that no one else had ever told me, because I was hiding it so well.

She asked me, "Do you have a learning disability?"

And I was saying, "Are you saying I'm stupid? What is this?"

I'm in grad school.

And she said, "No, no, no. That's all it is."

She said, "Your mind interprets things in a different way."

She said, "Go to the testing center."
So I went to this -- I think Dr. Ruth something or Elizabeth. But I went to see her and she said, "You know, it's been so long that you might have rewired itself to figure things out. So, you know, just keep doing what you're doing."

But it was in grad school, a professor asked me the question that perhaps should have been diagnosed many years earlier. I used to wonder what's wrong with me. Why can't I understand difficult -- it's people flying through things, and I couldn't get it. I thought there was really something wrong. And it was something wrong. But the mind has a way of correcting, of self-correcting. So I was able to pull out of that. So when I figured that out, I said, "I need to go do another PhD to see if my mind has actually figured it out."

So, amen. Thank you, Dr. Riggs.

We want to have a conversation today about ethics. And my first thought was, given the context for today, that's the content of our material for today that is about how to understand ethics and issues for children and youth. But I wanted to give some attention to the overall broader category of what ethics is and what it entails. Because many of us are -- have a kind of pedestrian view of ethics. You know, we kind of roll with the punches. But it's not easy. Trying to do the kind of work that we do on a daily basis, trying to figure out, not just as Dr. Warren said a moment ago, that something is right or wrong, but why is it right and why is it wrong. That last gate can be extremely tedious. So I'm going to take us through a session and I'm going to move kind of quickly, but I'm going to try to be as explanatory as I can. Because I want all the old people in the room -- now, given last year's conversation about elders and Dr. Denise Carty and Dr. Warren had this major conversation and fight between you're old -- no, I'm not old, I'm an elder. She said, "Well, that means you're old." "No, I'm not old, I'm an elder." It was a beautiful thing to watch. But even with that knowledge, the old people in this room, I want you to eavesdrop on this conversation and this presentation, really to the young people in this room. So that's why I named -- I'm looking for kind of what metaphor would work for young people and I came up with theme parks, rap and moral dilemmas. Ethics and the least of these. Well, this is the way Jonathan comes into play. Because a few years ago,
I decided to take my first rollercoaster ride. So we went to Space Mountain in Disney World. And ladies and gentlemen, I do not know why these people make money scaring the lights of other people. The idea about going on a rollercoaster, paying to be scared makes no sense to me. This was my first rollercoaster ride and I did tell you it was also my last rollercoaster ride. Last year, my brother and his children took Jonathan to Six Flags and they said, "You want to come?" "Why, to watch? I am not going on to that place, because it makes no sense to me. When we saw Space Mountain, I actually thought it was a haunted house. So we're going up the staircase and going, going, going and I'm hearing this loud sound. It sounded a whole lot like a tornado in the building. And I'm -- I'm climbing, "So what is that noise? That doesn't sound like fun." Hearing people scream just didn't sound healthy. But I continued to go and go and we got to the top and while we were at the Space -- looking out where the work is, they line you up like cattle and you have to walk into this little space to get into something that looks like a coffin. They buckle you and strap you in. This should be an indication that you should leave. And I asked my son, David, by the way, I said, "David, you know, we are Hodges. We are proud Virgin Islanders and petitioners. We don't need to do this." He said, "Daddy, I want to do it." I said, "We don't have to." He said, "Well, Daddy, this looks like fun." "No, it does not, son. We could walk down these stairs the same way we came up and we will do it with our heads held high." He said, "No." I said, "All right. You sit in front and I will sit behind you and I will hold you." So I held him. He said, "Daddy, you're holding me too tight." I said, "Hush, son, just accept Daddy's love right here." If you've ever been to [inaudible] Space Mountain, the ride takes off in this casket device. You know, people will talk about near death experiences. They'll talk about going through a kind of corridor of light, a tunnel of light. That's what it take you through. So there's lights all around and you're going through this tunnel of light and as you're going through, you're hearing this clack, clack, clack, clack. That clack, clack, clack noise is very ominous. The point of it is to terrify you more. They don't have to have it. So we're going through clack, clack,
clack, clack, clack, clack.
I'm holding him tightly and it starts going up.
Scariest thing in the world.
Not because of your ascension
but because you know there will be a descension.
When it got to the top, they pause,
just to terrify you even more.
And then it takes off.
Now, the idea is, I guess, that you're supposed to hold
on as tightly as you can and enjoy the ride.
How can you enjoy the ride when you're yelling the entire time?
And then it gave you a break and then it'd do it again.
Now, we got to the very end
and this cute little girl, she was so nice.
She came to me, she said, "Sir, let me help you out."
I said, "Go get some help."
She said, "No, I could do it."
I said, "Look, go get some big people
to life me out of this thing."
She said, "No," and I said, "Please,
go get some big people."
So they went and got some big people, lifted me up,
my little feet dangling as they took me, sat me down next
to a booth, looked like Lucy's booth on Charlie Brown.
And what they didn't tell me --
they never asked for permission -- these young people today,
we got permission to photograph you.
They didn't ask you for permission.
Honest, they had pictures of me on over, screaming, my eyes wide
and my mouth -- they asked me not for permission.
A little boy sat there and said, "Hey, look at..."
and pointed and laughed.
And I'm like, "What's he laughing about?"
And that's when I saw he was laughing at me.
Why was he laughing at me?
Because this is how I looked.
I looked the part of someone who is sick.
Why? Because this is what rollercoasters do to you.
This is what theme parks do to you.
So now, I stick to what I can handle.
When I go to Disney World, I go to It's a Small World After All.
And so you got the little Asian deck babies
and you got the little Indian babies and you --
and they're all dancing.
And I love to just go nice and slow.
And here's the thing: I'll ride that ride 15 times.
And it never stresses me.
Ladies and gentlemen, [inaudible] theme parks all
around this country and they're making a whole lot of money.
And I think -- and you kind of pick and choose
which one you want to terrify you the most
or which one you want to utilize.
And ladies and gentleman,
that's what this conversation is all about.
That's what ethics is all about.
It's a matter of picking and choosing which one
of the various theories you want to utilize.
to terrify you the most. 
Now, in this field, we call ethics --
ethics is a subset of philosophy.
There are six major areas of philosophy.
One is epistemology.
By the way, I'm going to be speaking --
like I said, I'm keeping it kind of fast,
because I know we're a little bit behind time.
But I want to make sure
that when we start the next session, we're right on time.
So I'm going to move through quickly but I'll try
to be as clear as I can.
So in the -- of philosophy is epistemology,
which is the nature of knowledge.
Then there's logic, which is like one of the --
that's like doing calculus, you know, you have some little thing
that doesn't even look like letters,
trying to figure what things are.
I didn't do calculus, because it had some funny looking things.
I was doing algebra, and that's some funny looking things.
I like something simple -- a, b, c and 1, 2, 3.
When they start having funny looking things,
I didn't like it.
But logic is one of those areas in philosophy
that is extremely helpful to understand how it works,
because the essential part of logic is premises must add
up to a particular conclusion for the argument to be valid.
If the premises are false or in some way undetermined
to be false, then we cannot have a valid argument.
That is a lot of what we do in ethics.
Then there's metaphysics
and metaphysics asks questions about what is real.
Do I exist?
Am I here now?
Are you here now?
How do I know I'm here?
When does time end?
When does time begin?
Is there such a thing as time?
Right? These are questions about metaphysics and it will take us
into conversations about questions about God.
You know, is there a God?
You know, how can you know that there's a God?
These are metaphysical questions,
questions that have nothing to do with the physical reality,
questions that are -- move beyond the physical reality.
Then there's esthetics and esthetics has to do with beauty
and the nature of beauty and so on.
Now, I picked some beautiful people -- now, I get a lot of --
at Tuskegee University, I'm just saying this publically
because you all need to know the kind of stress I'm under.
At Tuskegee University, there are some people in my office
who say that I should not be using
that picture of me in the middle.
They say I no longer look like that.
I need for you to write letters and say, "Dr. Hodge, yes,
you still have the gift."
But that's esthetics. What does it mean to be beautiful? And let's pause for a moment. But there's another area in philosophy, known as ethics.

And that is our focus. Literally, each of those other areas play a part somehow in the ethical conversation. And how you construct ethical theory and ideas. And this little statement by Dr. Martin Luther King: the time is always right to do what is right. It's kind of ambiguous, with the word right. The time is always right to do what is right, but can we always know what right is? Sometimes, as Dr. Warren said a little while ago, we may not always know the right answers. So he said in those cases -- and this is why I will end later, so he was anti-climactic. He kind of stole my thunder. In the cases in which we don't know, he said, go with what is visceral. Go with your gut. But if you have a bad gut and you know you have a bad gut, don't trust your gut, because bad gut people -- I'll talk about them in a moment. They could cause some problems, because ladies and gentlemen, in our world, we see some massive tragedies. This is the Sudan a few years ago. This little boy had just walked several kilometers, just trying to get food and water.

The vulture or buzzard sitting behind him is waiting for him to die so that he can be a meal. The gentleman who took this picture, Dr. Warren, Dr. Liburd, committed suicide 30 days later. Because it seems to me -- back to the visceral, back to the gut -- that anyone who could take this kind of picture, anyone who could be in this kind of environment is having some -- or would have some major wrestles with the fundamental questions of what does it mean to be human. What does it mean to be empathic, caring, altruistic? What does it mean to feel, to have some sensibility? What does it mean to say this is wrong? What does it mean to have ethical judgments? Ethical theory, that is the work that those of us, Dr. Drew Barrett, myself, Dr. Warren, Dr. Liburd, those of us who work in this field, who have conversations in this field, understand and must understand ethical theory differs from the sciences because it is normative or prescriptive. In other words, when we're dealing with ethical theory, the question is what should we do. What ought we do? Given what we see, given what we use our minds to reason and to understand, what should we do?
What is the next step?
What is the next step for the conversation?
You know, when Captain Wilkins,
Craig Wilkins gave the introduction a moment ago
and he was talking about, he said there's a large group --
well, really, I mean there's a small group of us
that get together and wrestle.
He's on the skating edge.
It's really a wrestle.
It's really a struggle.
Sometimes, I remember Dr. Warren missed a meeting
and when he came back to the third meeting,
he said, "Wait a minute." Didn't we discuss this three meetings ago?"
It's a wrestle trying to figure out
and identify the precise kinds of conversations we need
to have, because it's about judgments.
It's about doing our best to do what we ought to do,
as opposed to the sciences.
See, the sciences are descriptive.
They're describing things as they are, where there's things
in the natural world or society.
But the ethicist is prescriptive.
Ladies and gentlemen, they're saying --
the ethicist is saying, "These are the kinds of things
that we ought to do if we're going to function
in a good environment."
Years ago, a fellow by the name of Charles Darwin --
I'm sure you've heard of Mr. Darwin.
He had a thing called Social Darwinism.
And Social Darwinism says, "You know,
we're better off being kinder."
And fuse, Mr. President, George Bush the First language,
"And we in a better world when we are kinder
and gentler to one another."
As a matter of fact, you know, Charles Darwin and evolution,
we evolve better as people who are anarchists
but people who are altruistic.
One of the beautiful things of this world is if you break
don on the highway, young people, if your car break down,
you could rest assured --
simply wait and somebody is going to stop to help you.
It doesn't matter how you look, because if we go back
to the picture with the, you know, the aesthetics part,
if you have a sweeter disposition,
people are going to stop sooner.
Right? Because people have other motives.
But if you break down
or if you're having some harsh experience, typically,
somebody is going to help, because the world is better off
with people who help others over against people who do not.
There are areas of emphases in our moral judgment,
and I will -- in each of these areas of emphases,
they actually speak to a particular moral theory.
For example, purposes or motives.
Acts, rules and maxim.
Consequences, character, caring relationships.
All of these terms that we use in our everyday language, they actually speak to a particular kind of moral theory. Motives, acts, consequences. Motives speak to virtue ethics. Acts and rules speak to what's called the ontology or [inaudible]. Consequences speak to what's called utilitarianism. Character, back to virtue ethics. Caring relationships, back to care ethics. So these kinds of -- look at those words. Look at these words. These are the kinds of words or terms that we -- if these are our motivations or inclinations, then we ought to develop them and see where they lead us, in terms of developing a constructive view of what ethics is. So to answer the question about goodness and rightness and what makes for good and what makes for right gives us several different theme parks of ethical theories. This is the kind of stuff that could drive you crazy. Because when you look at them, it's like ethical relativism. "Well, that kind of sounds like me." You know, I do what I want to do. Culture activism, I'm from the Virgin Islands. I'm very proud to be from the Virgin Islands. Ladies and gentlemen, I eat fish every day of the week if I can. [inaudible] do fish. Flies fish. I'm supposed to be a vegan, so I'm working on it, Dr. Cardi. Right now, I'm going to call myself a quasi-vegan. My son has some major issues with that. He said, "Daddy, you're not a vegan." I said, "No, I'm not. I'm a quasi-vegan." "Well, if you're a quasi-vegan, you're not a vegan." I said, "I said that. I'm a quasi-vegan." "Well what's a quasi-vegan?" "I'm not a vegan." But I'm working in the direction, you see. But my culture put some things on me in a certain way that helps me to make some decisions about what I'm going to do, how I'm going to believe, how I'm going to act, what I'm going to eat. Then there's the Divine Command Theory. What does God have to say about this thing? Is something right or wrong because God says it's wrong, if something's right or wrong? So some other reason? And then Utilitarianism. I mentioned that before, but it's about the greatest happiness for the greatest amount of people. It's more than that, but that's just a simple way of saying -- the ontology, I mentioned that before, commitment to duties, obligations, virtual ethics, commitment to character
and caring relationships. So let's take a moment to talk about these theme park of ideas. I went to Universal Studios. There's a ride there called the Incredible Hulk in a place, a thing called Island of Adventure. Some genius sat down and said, "I'm going to make a ride that's going to make people very unhappy." When you look at the faces of these people, about two or three of them look like they're excited or anxious. But notice the fellow next to the young lady in the red. He doesn't look happy. He looks like someone forced him to being there. They locked him in and there's something wrong with this. Ethical theories, ladies and gentlemen, is like a theme park. There's a whole lot of them and you have to figure about which one of these rides you want to take. You know. It's sort of like rap music for those of you who like rap. Listen, not all rap -- you know, see, I like Tupac. But not all of Tupac. When Tupac talking about changes, I'm down with Tupac. When he talking about dear momma, I'm down with Tupac. When he's talking about some other stuff that he said -- no, Tupac, you're a little crazy. I'm not down with that, you see. So you have to find conversations that will work for you ethically and morally. Because, Ladies and Gentlemen, there are two sides to this conversation. One is ethics. Ethics is derived from the word ethos, which is simply about character. What is my character? For example, when a doctor says, "I am qualified to tell you that the course of treatment will likely generate the best results," then that doctor is speaking from a kind of ethos. In other words, he's saying that I am in position -- my credibility's in position to share something with you. My character is in position. The word ethics was -- the word ethical or ethics or ethos, these are terms that would be fine by the ancient Greeks. As a matter of fact, excuse me. In the ancient world, the only kind of ethics they really employed was something we will discuss that's called virtue ethics. Then there's morals. Morals differ from ethics. And don't stress yourself with this. This is a fun talk right now. But morals differ from ethics and that ethics are more philosophical or tends to be more philosophical. And morals tend to be more personal. I derive from my morals and customs and values and so on. So it tends to be more personal.
But then it's against all corruptive when you start talking -- in 1958, we started talking about moral philosophy. Right? So now we -- we don't really -- we don't really have to hold on to those kind of descriptives any more. But one of the things that we need to understand is that ethics is part of what it means to be human, what it means to develop as a human personality. What should I do? What is mankind? And additive theory must take into account human nature and human behavior. In other words, ladies and gentlemen, it doesn't make sense to talk about ethics if we can't do it. You know? We are, as human beings, we have certain constraints. There's some things that we cannot do. There's some places our mind cannot go. And then there's places that a mind absolutely will go. For example, I don't have the time to tell you about when I gave a kidney to a student. I don't have the time to talk about that. A student needed a kidney. I gave a kidney. Student called me, years later and said -- every year, give me a card. It says, "Thank you, Dr. Hodge, for giving me another opportunity at life." Then a few years later he sent me a card that says -- with a little picture, he had a son and he named his son David and on the back of the picture, it says, "Thank you, Uncle David. Without you, I couldn't be here." That's called supererogatory. That's when you go over and above the call of duty, when you do more than is morally expected of you. Now, if I told you I gave a kidney to my son, Jonathan, you would say, "And?" That's what you're supposed to do. Until you give a kidney to a student. Look at you. You look all teary-eyed. You look like, "Oh my God, wow. That's such a nice thing." Well, here's the problem. I really didn't give a kidney to a student. Right? That didn't happen. But it's a good story. Right? Which leads to some of the problems in ethics, because how do we know when something is true or false? Because when I just told that story, it sounded true, didn't it? As a matter of fact, as I'm up here talking about it,
I started believing it. Dr. Liburd, she was looking at me like, "Oh, David, I love you." And when I said it was false, she looked away from me. She no longer my friend. She's saying, "You are giving a lecture on ethical and you're unethical yourself." Ladies and gentlemen, we're constrained in certain ways, such that we would say that some things make sense to us and other things do not. It's part of how we develop, how we -- we have embedded codes to behave in a certain way. Part of that development is our conscience. Because conscience guides our moral lives. Our conscience dictates what to do and what we shouldn't do. And sometimes, if you could do something bad and it doesn't bother you, what do people say? You have no conscience. My mother used to tell my brother -- not me, my brother -- and mom, if you're watching now, not me. She used to tell my brother, when he eat too much food or he ate more than his share, "Boy, you're not going to conscience it up." You don't have any conscience. In other words, you don't know when to stop. Dr. Warren's word, it's a kind of gut thing. We all should have a conscience. And such that a person doesn't have a conscience, then we have to raise questions about whether or not they can be moral, whether or not they can be ethical. So I'm not going to go through this long dissertation, but suffice to say that our conscience governs our critical thinking. It governs our rational capacity. It gives -- it puts parameters on our emotions and how we should feel about certain things. Immanuel Kant, the great philosopher, says, "The good will is good in itself." And he went on to say that, "We should be governed by this good will." He said, "Two things excite me. The starry skies above and the moral law within." Because it seems to be something that we could always look -- when we see something that is universally wrong, we admit it. We say, hey, it's universally wrong to harm children. It's really universally wrong to hurt anybody, but for some reason, it seems like even more wrong. We were driving in today and we heard about some athlete, a football player I think, and they recorded how he talked about punching his three year old. That thing just shut me down. Because it's wrong -- the moral law would end. It governs us. It governs us rationally, even if you're an atheist or have no God concern, you're still governed by rationality or sentimentalism, emotions, you see. So no one is without excuse.
In our modern world, ethics is about the philosophy of right or wrong. Moral is about my personal views of right and wrong and ethics, like I said, is more philosophical. So back to the themes that we said, this culture of relativism. I'm going to flash through them very quickly, very quickly, so catch up -- keep up. Here we go. Ethical relativism -- people can never be mistaken about what is morally right or wrong because there's no objective or universal moral statements of truth. Instead, they're only opinions. In other words, you know, there is -- it would have been so easy -- if there was like in the clouds written, "These things are wrong," so anytime there's an issue, we just look to the clouds and say, "Hey, that's wrong." But we don't have that. That kind of objective, universal thing. But somehow, on the inside, we feel like we do have something of that sort. Ethical subjective will say, "No. I do want to do. What is right is what I say is right." Opinions express what a person believe. It doesn't have to be backed up by reason or facts. An ethical subjectivism is I do whatever I want to do. I interpret the life through I want to interpret it, because you only get just a piece of elephant. You don't get the whole thing. And you interpret the part that you have as what's exceptional for you. But the danger is, is that the only requirement for ethical subjectivists is that they do what they believe is right to do. So if you believe that giving money to the poor is right, then that's right. But also, if you believe discriminatory practices is right, it is right. If you believe the right to discriminate against Jews, black, women, gays, lesbians or whomever, then it's right. So ethical subjectivism has its fun parts, but also has its danger. Cultural relativism, it, too has its fun point, because cultural -- I love this cartoon. On one side, she says -- everything covered but her eyes, "What a cool, male dominated culture." On the other side, nothing covered but her eyes, "What a cool, male dominated culture." You change -- the only thing you do is change the universal affirmation to universal negation and the whole thing changes and that's what cultural relativism is. You know, based upon your culture,
you define what is right for you and what is wrong for you. 
And then back to the thing about God.
What if you don't believe in God?
Or if you believe in God, uh oh -- which one?
Are we talking about Jehovah, Allah or are we talking
to something more eastern, like Buddhism
or [inaudible] or Sectism?
How are we supposed to understand it?
But maybe we should just make ethics be a part of our ego.
I'm not going to ask -- the ego done says
that I do what's in my best interest.
I'm not going to go through with that,
because it's just too much fun stuff.
But the major part that I wanted to start closing it
down on is three things.
Number one, the ontology.
The reason I want these three things --
and I want to slow down, so I can say them just about right.
So in the work that we do primarily, ladies and gentlemen,

bio-ethics is characterized or is best -- let me start again.
I'm sorry.

Where there's bio-ethics or public health ethics,
there has to be a theory that undergirds that system.
Once you have a buy-in on the theory,
then you can have conversation with partners.
Are you with me?
Are we on the same page?
Let me say that again.
I'm going to keep saying it until you say, "Yes,
sir, we on the same page."
If we're going to talk about, say, bio-ethics, then we have
to have a theory -- one of those many theories I talked
about -- that undergirds it.
And once you develop the principles or understand how
that undergirding theory works,
then you will know how it will function in the operating theory
that you want to use, sort of like software and hardware.
If you have the correct software, it can run --
do some major work
on a particular hardware, computer system.
But if you have a software that's not going to fit,
it may not fit accurately.
It may not take you to where you want to go.
So undergirding bio-ethics is typically what we mentioned
earlier, this thing called the ontology,
this notion that rules govern behavior.
Obligations, duty governs.
And that means bio-ethics has a tremendous regard
for respectful persons, for benevolence, for justice.
On the other hand, the other argument, Utilitarianism,

which argues that what is right
or wrong is based upon what the consequences are.
In other words, imagine this situation.
What if you're in a scenario where you have
to kill one person to save 50 lives?
What do you do?
What do you do?
Utilitarianism, the greatest good for the greatest --
the most happiness for the most people,
what that which would bring about the best consequences?
Publical ethics typically is grounded in Utilitarianism,
because what is public health about?
It's about population.
It's about social ethics and social regard.
We have situations, right, where we have scarce resources.
But we have to do the best with the resources we have,
to reach the most people we can.
So Utilitarianism governs.
I stole those words from Dr. Drew Barrett --
that's your words.
I stole them on the right hand side from you.
This is what public health ethics is, is identifying
and clarifying ethical dilemmas.
That's what these sessions are about.
That's why you have to talk -- especially on people --
that's why, when you present shortly,
that's why you have to give your best.
We don't know -- I have to go to my son,
Jonathan, to figure stuff out.
And he will let me know if we still say word up.
Oh, that's down, yo.
You know, he lets me know what kind
of language I should be using
in this particular part of the century.
Right? So he lets me know which kind of dances I can do.
He said, "Daddy, don't do that dance publically."
And that's what you have to do.
You have to let us know what kind of dancing we can do,
because, see, we're not coming to your theme park.
We're scared.
I guarantee you, Dr. Warren.
I don't know -- I never asked him
but he doesn't get on a rollercoaster.
They're scary.
So you have to tell us because if we're going to get
to identify what the dilemmas are, what we propose
to do is the stuff that we thought would be best,
given our training and education and so on.
But you have to now, shortly, get up and say, "You're right."
"You're wrong."
"Here's what's really happening.
"We had a young man come to --
one of my former students, actually.
He lectured last week
at the Public Health Ethics Intensive we had at Tuskegee
for the [inaudible] ETN and what I want to know
about young people, I go to him.
Because I had no idea, a couple years ago,
that there was a drug problem in the inner city --
and I mean in the suburbs.
Before I heard about opioids and [inaudible], he was the one
who told me, "Dr. Hodges, "it's coming and its coming fast."
Finally, in closing, how do I ground public health ethics?
How do I ground bio-ethics?
I ground them in virtue and care ethics.
And I have a reason for doing that, as Captain Wilkins read.
The last sentence of my dossier, he said, my dissertation was
on Jesus and Virtue Ethics.
Jesus gave us something in virtual ethics
that Aristotle didn't give and that was a notion of love,
the notion of compassion.
Those kind of conversations late
in the 18th century became very prominent with the words
like empathy and in the 20th century, words like care.
So I tend to ground the work that I do
in public health ethics, not in Utilitarianism,
not in the ontology and those kind of things, but I ground it,
and as Dr. Warren was said, what is closest to my stomach
and what is closest to my stomach is my faith.
And so regardless of your faith, right,
what cause of your belief, your tradition,
there are some principles in your tradition
that are very similar to what you see here.
Benevolence, being kind.
But benevolence -- doing good.
Don't just be kind, but do good.
See, empathy is to feel what you're feeling,
but compassion is going beyond that and demonstrating it.

Thank you very much for indulging me
for the last 40 minutes.
And young people, this day is yours.
Take this opportunity to say the things that you always wanted
to say and felt you couldn't.
Let it go.
And if it's deeply personal, there's enough adults
around here who you can find trustworthy.
You can trust those who are trustworthy.
Thank you very much.
Allow me to give you these words, rest them upon you.
Take care.
[ Applause ]

>> Thank you, Dr. Hodge.
We're just a few minutes behind schedule, but I do want
to save a minute or two for any questions
that we have for Dr. Hodge.
We have two standing mics in the back.
Or you can also ask a question
on your table there in front of you.
Or you can send a question to our mailbox
and through Twitter feed.
So, any questions for Dr. Hodge?

>> Yes.
>> I can actually just talk loud, right?
Oh, got it.
Okay. Thank you.
I was interested in what you were saying about the greatest happiness for the most people and that concept. I work for Feeding America and the food banking world and programs that are intended to help people get enough food. And I find that a conundrum that we think about frequently is this concept of sort of scale versus specificity. So is it quantity, serving a lot of people and doing the best we can there versus knowing that, as we have these deeper programs or interventions, we can actually probably make a bigger difference, but it's to a smaller number of people. So I was just wondering if you had any sort of thoughts on that?

>> Thank you and I appreciate the question. There you go.
Thank you very much. I appreciate the question.

The dilemma that that question motivates is precisely why I am not a Utilitarian, though there's some good work to be done in Utilitarianism, stuff like xenotransplantation are usually an Utilitarianism argument to demonstrate why we should have respect for animal lives and so on and so forth. But what -- the constraints that you just put forth, the dilemma that you're offering is why I go with virtue ethics and care ethics, because Aristotle said it this way. He said, "Find the virtuous person and follow them. And then habituate virtues." In other words, we can't be wrong when we're operating out of good motives and gracious character. So your safeguard is that you know you've actually done your best.

So where there's quality or quantity, you know in the end, you can sleep well at night, because I did do my best in this situation. But if we put it to a purely Utilitarian situation, then we fall into some other kinds of discriminatory behaviors. For example if, when we start talking about Utilitarianism and start balancing the many versus the minority, then we'd have a problem, who would the minority typically tends to be -- the minorities. And so, that's why we have to have some kind of caution.

But if you're operating out of a sense of character, then you're not constrained to operating by numbers, but by what is the right thing to do. So I would say, that's why I ground my ethical theory in virtual ethics over against the opposite.

>> Thank you, Dr. Hodge, for your talk. It was -- I think it was very -- your use of narrative and story really brought these concepts to life. And as you know, we're trying to look more at how we can use narrative ethics approaches,
to better have people learn about ethical. 
And I think scientists often have a hard time 
with that, there. 
They just want to express the facts. 
They don't -- it's more difficult, I think, 
to sort of understand their approaches. 
So I'm wondering if you could talk some 
about like what you see -- you know, you're obviously an expert 
in telling, you know, bringing the stories to life 
and presenting a narrative. 
And I wonder if you have any tips for scientists 
and how they can do a better job in that area. 
>> That's a good question, tips for scientists. 
I, of course, I don't mess with you people. 
Part of the work that we do often is to critique the work 
of the scientists to kind of hold them up to a standard 
and a level because for example, 
back to the statement I just read was xenotransplantation, 
scientists give an opportunity, they're running very fast 
into taking animal organs and putting them into human beings. 
And just to speak slowly here, we need to ensure 
that we involve -- and this is 
where relational ethics come into play. 
Right? Now, relational ethics 
and virtue ethics are not the same. 
Relational ethics came out of the feminist conversation, 
not the radical feminists, but the more relational feminists. 
And their conversation is about getting to know people, 
being in conversation with people, to use your word, 
Dr. Barrett, to understand their narratives. 
The work that Dr. Warren and I do, in terms of the research 
in clinical trials, has to do with going into the community, 
getting to know the people. 
Because the good part, the good part of, say, 
xenotransplantation against translating animal organs 
with a human, the good class -- 
the good part is that there's a whole lot of benefits. 
You know, if there's a 110,000 people each year 
on the waiting list for a kidney or heart or some kind of organ, 
but only 30,000 surgeries can be done. 
So what if you can give someone a pig kidney 
that could give them five more years of sustained life 
until a kidney become available? 
So there are some -- there's some good there. 
However, you can't just walk into a Muslim community 
and give somebody a pig kidney. 
You know? There has to be some conversation and that is 
where the narrative, the relationships come in. 
Now, part of what the -- 
the scientist is on a very purposeful trajectory. 
We have to get it done by a certain time. 
Right? They have these constraints. 
But the human beings that we're dealing with, 
they kind of move very slowly. 
Dr. Warren pointed out the notion -- 
the contract between trust 
and trustworthiness in the larger scheme.
And we don't have to go into those conversations, but we know what they are. And so there are communities that do not trust. So therefore, it takes more and more time. My endocrinologist goes into the Seminole county, into the Seminole community to offer free clinics. And that's from a Seminole community in South Florida where the Hard Rock Cafe is and the other casinos. So it's an extremely wealthy community. And he tried to go in and have a conversation, but the problem is, they're saying, "Wait a minute. We don't trust you." Now, the [inaudible], who has a few several years ago. "We still don't trust you." So relational ethics, Dr. Barrett, will be extremely helpful in building conversation and community. So one of the things I foster, in terms of the public health conversation, how do we define public can be quite misleading or misunderstood. Because public could be numerical. Public could be political. But public can also be community. So that is where I think public health ethics need to try to do mostly -- that is, to understand that the people we're dealing with, regardless of the science, and though the scientists be starting to understand, that the people we're dealing with are real people with real stories and real tragedies. And there must be a conversation, not a kind of patriarchal pushing on oneself into a person's community.

>> Dr. Hodge, thank you so much for your talk. I have a question. This is something that we're grappling with right now, in the Office. So we have a series of definitions that define our work -- health disparities, health equity, health inequity, social determinates of health. There and others. And we're finding that the more we engage in this work, the more nuanced our understanding of it is, particularly from a standpoint of wanting to take action. And so in our definition of health equity, we talk about things that have three characteristics. They're avoidable, they're systematic and they're unfair. And some I'm interested in how you think about what is fair, particularly in a cultural context of the U.S., of what I'm going to just describe as rugged individualism.

>> Thank you, Dr. Liburd. You love me again? Thank you very much for that question. Back in 1972, one of our great academics, John Rawls, wrote a book called Justice as -- a Theory of Justice.
And in there, the major argument was one called justice as fairness. So there is no fairness that is dissociated from justice. And one of the -- part of the problem, going into these conversations, that the word justice seems so abstract. As a matter of fact, relational ethicists have struggled for a minute about how to understand the word justice because they're relational. They're not abstract. They're not talking about something in the sky somewhere. They're talking about what's right in front of us. So John Rawls' conception of justice as fairness is one that would do, as the other part of my definition is, it's kind of reach out to the least, the lost and the left out, to prioritize those who simply do not have access. The other people can hold their own. If we are not doing for the least, the lost and the left out, then we're not being fair. And if we are purposefully blinding ourselves to the least, the lost and the left out, then there's something extremely egregious about what we call our ethical philosophy.