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Providing Public Care: The Role of Sympathetic Concern*

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In contemporary American society – and perhaps also in contemporary Australian society – it seems to be generally assumed that the question of how we take care of one another in society is a matter of one person's self-interest competing with the self-interest of other individuals, or of one group's self-interest competing with the self-interest of other groups; and increasingly, group interests are reducible to political alignment and to the constantly manipulated political sentiment that, in the end, determines the shape of programs of assistance. The result is that the question of how we take care of one another in society is, much too frequently, a question of competition among clusters of shifting and fickle political sentiments and allegiances. If that is how a society decides on taking care of its needy – and I think it often is – then I would suggest that we adopt a different approach that starts with taking a direct and attentive glance at vulnerable and needy populations such as children.

The Question of Public Care

The modern liberal society seems to have difficulty taking a seriously responsive look at its most vulnerable groups, chiefly because our political philosophy is so pervasively based on ideals of autonomy and negotiation

among polarities of power. For example, when the American society was trying to discuss, in late 2002 and early 2003, whether a war in Iraq would be justified, there was virtually no discussion of the number of children who would be killed, wounded, and rendered homeless by a war, even though the ethics of war requires for the justification of war the reasonable conviction of minimal loss of innocent life. And now in the so-called post-war period, when there are extensive and frequent discussions of whether the war *was* justified, the pattern continues: government officials and the press argue about the threat of weapons and avoid any discussion of how children have suffered or benefitted by the war. I give this example as a current indication that, as a society, we rarely show an interest, much less a preference for, the welfare of children. This is largely traceable to the fact that children themselves are generally not able to compete with powerful groups and their interests and, unfortunately, are insufficiently represented by the major political parties and the most powerful social organizations. We say that we care about children, but we are not, on the whole, sympathetically attentive to them, their situations, and their needs. The result is that other groups get more attention while the needs of children are often neglected.

So I would make the appeal that we begin an inquiry into public care not with abstract principles of justice but with some questions that need to be asked over and over again: What and whom do we really care about as a society? Whose plight evokes our sympathetic concern? How can we suitably respond to the plight, the suffering, and the need of the other? (I use the term "public care" to indicate the sort of care that is offered by society in a public forum to fill some of the needs of fellow-citizens, those needs having been determined through a dialogue in the public square. I use the term public care, partly because the term welfare care has become so restricted in scope and has taken on the negative connotation of an impersonal bureaucracy offering the dole, reluctantly and temporarily, to people who may or may not be "deserving." As Eva Feder Kittay remarks, the term welfare "reeks...of indigence, indignity, and social anomie."¹)

It is difficult to even get started with serious questions about public care because the contemporary political climate produces so much powerlessness, discouragement, and apathy when it comes to the possibility of public care for the most vulnerable and needy in our midst. The cause of apathy regarding public care in the United States is traceable to the battle now being waged between a greedy competitiveness and systematically organized care (which includes education and care of dependent children) that requires stability of resources. In the U.S., the Bush administration's recent budget update shows a budget deficit of \$475 billion for fiscal year 2004. The deficit is traceable to the wars being conducted by the United States notably in Iraq and Afghanistan, which cost about \$5 billion a month, and recent tax cuts that will provide \$900 billion to the wealthiest one per cent of the population. What is equally alarming is that the current approach to the national budget entails a deliberate decision to risk deficits through the coming decade;² one consequence could well be a deficit of \$8.6 trillion by 2008.³ As a result, "large numbers of old, sick, or very young people, mainly among the poor, will be deprived of financial assistance as the result of administration policies." Additional threats to public care are found in the same administration's

"relentless war against the state's welfare functions," its preference for private over state-supported systems of health care, and the way it gives pride of place to military power "among all the kinds of power it has at its disposal" including its power to provide and promote care for the vulnerable and powerless in our society.⁴ One very vivid symbol of how a profit mentality has entered into government is the U.S. Defense Department's "terrorism futures market," a program that was revealed in July of this year and was terminated shortly thereafter due to public objections. This market scheme was designed to make a profitable game out of the deaths of military fellow-citizens and foreign heads of state as well as the likelihood of finding weapons of mass destruction in Iraq; and by being willing to lose money in this market, the Defense Department thought it would be able to get useful information.⁵

In this morally-tinged political environment the issue is whether there can be hope for the fashioning of a society in which mutual care is the rule rather than economic competitiveness in search of financial advantage over the other – a competitiveness in which a few will win the reward of educational, health, and subsistence care while the many will simply be deprived. In the meantime, the burial of care beneath the weight of economic competitiveness produces discouragement and apathy in society, negatively affecting the ability of the public to engage seriously in dialogue on how to create a society in which care is the glue that holds it together.⁶

The principal claim that I would like to make regarding public care is the following. Whether and how a society will care for its members, as well as for some non-members, depends on a thoroughly fragile premise. The fragility of a society's way of caring for the needs of its constituents is not traceable principally to the limitations of resources, which is an entirely secondary issue. The endeavor itself is fragile, I believe, because it requires, first of all, constantly learning and re-learning – over and over again in each generation – a sympathetic concern for others. We also need to learn – repeatedly in each period of history – the demands of

human vulnerability and the surprising resources that are to be found in social solidarity. The fragility of the entire moral structure of care in the public sphere is also traceable to the culturally-shaped and eventually deceptive categories of those who are deserving of public care – such as those who have been the truly productive members of society. Indeed, the very creation of the category of “deserving” citizens can have the effect of blinding our sense of sympathetic concern for the very groups who may be most in need of help in society.

These, then, are my claims: that the entire enterprise of social and public care is fragile; and if we are to have a responsible, credible, and praiseworthy system of care, we need to affirm and foster sentiments of sympathetic concern for those who are vulnerable and most in need – whether they be the sick, the desperately poor, those with mental weakness, the youngest who lack parents and caretakers, the poorly educated, asylum seekers, and other homeless people.

Sympathy, Proximity, and the Symbol of the Face

An example from the micro-level of medical ethics exemplifies the importance of sympathy for the situation of suffering and needy groups at the macro-level of the social ethics of public care. Studies show that the amount of sympathy felt for patients and groups of patients has often determined the level of care given and can significantly affect resource allocation, even to the point of outweighing the objective standards, such as likelihood of success and cost-effectiveness. For example, in an interview study of nurses, responses indicated that nurses’ and nursing students’ sense of service to patients was influenced by their own feelings of sympathy.⁷ One nurse said: “I have far more concern, sympathy, empathy in a case where I don’t hold a person responsible for their predicament than when I do.” When the nurse judges the patient to be responsible for his/her condition – the example given is alcoholic cirrhosis – the nurse judges the patient to be less deserving of care. When, on

the other hand, the nurse judges the patient to be “innocent” of any guilt for his/her condition, the nurse decides that the patient deserves care. Similarly, studies have shown that patients for whom physicians have more sympathy receive a greater amount of resources, particularly in the case of liver transplant. In one opinion poll, specialists rated the patient with the poorest prognosis as more suitable than patients with alcoholic liver disease or a criminal record.⁸ The fact that, in these cases, sentiments of sympathy distorted both physicians’ and nurses’ clinical judgment illustrate the inadequacy of judgments based only on an abstract principle of medical beneficence.

These examples illustrate the importance of the sentiment and virtue of sympathy for moral judgments and the significance of the role played by culturally-determined standards of deservingness as criteria for whether individuals and an entire society will have a sympathetic moral concern for those in need of assistance. My argument is that, prior to any consideration of social entitlement or human or welfare rights, *sympathetic concern* plays a basic role for the ethics of the social provision of health care, education, public health measures, asylum for refugees, etc. I do not use the term *sympathy* for the ethics of social provision, because “sympathy for the poor and sick” connotes an element of condescension. Rather, I believe that emphasis should be placed on the way in which the starting-point for social ethics is *sympathetic concern* for others and self as human beings, and not simply as a member of a class or as a type.⁹ Nonetheless, to understand sympathetic concern properly it is important to examine the role played by sympathy in determining how we *regard* the needy other.

In his book on sympathy, the Australian philosopher Craig Taylor argues that “it is only by understanding the nature of sympathy that we can understand how it is possible that we might live anything that deserves the title of a moral life. If we are not moved by the suffering of another in certain ways, if sympathy is not for us a primitive, natural, response to the suffering of another, then we cannot even sustain the conception of what it is to be a human being, or indeed

the human relationships, on which any such life depends."¹⁰ I am extending Taylor's argument to the world of social policy, but the starting-point is the same: the spontaneous, mostly pre-reflective, sympathetic response to the suffering of another which precedes any ethical rule that has been rationally "proven" to be justified and binding. Thus, sympathy is a principle in the original sense of the term: it is that from which something arises as from a spring - in this case, what arises is moral reflection and action.

It is hard to know in advance exactly what the demands of the sympathetic response are going to be, for what it creates is a connection with other human beings that "makes human life something that we share"; and establishes that element of human life whereby "we do not suffer alone." (p. 134.)

When we ask the question, to whom *should we* be more sympathetic, we encounter the importance of proximity or closeness for ethics - a notion that has been highlighted and explained by Norwegian philosopher Arne Johan Vetlesen.¹¹ While much of modern ethics is concerned with rational justification of universal norms, the "principle" of proximity is based on the notion that the "pull" of being with and for the Other leads us to discover and disclose normativity instead of inventing it. (pp. 7-8) A major source of our knowledge of the duty of care in the secular western world has been the narrative of the Good Samaritan,¹² which links the injunction to care with internal sympathy and external proximity. In that narrative, whose purpose was to explain who is our neighbor whom we should love, a Samaritan, who would have been regarded by Jews as a despised religious outcast, chanced upon a wounded Jew lying at the roadside. The Samaritan first experienced feelings of compassion or sympathetic concern for the wounded man and then acted on this sentiment by helping him, binding his wounds, and taking him to an inn where he could be taken care of overnight. By doing this he proved he was a good neighbor.

This narrative, which has both taught and shaped social ethics over the ages, makes it clear that closeness to - actually looking upon - the vulnerable and suffering person leads to a response of care, for it would be a disgrace

to human neighbourliness to ignore the one whose suffering face we see. Thus, it becomes extremely problematic, from a moral perspective, to push out into the dangerous seas a sick, dark-skinned child who somehow had made it to our shores and whose face we have seen. On the other hand, proximity is the determining factor in our responsibilities to blood relatives, who make a prior claim on our sense of care when it comes to immigration. Mexicans, Greeks and Vietnamese who have relatives in our country have a stronger claim than others on our hospitality, though not to the exclusion of needy citizens from other parts of the world.¹³

In a now-famous statement made by the French Jewish philosopher Emmanuel Lévinas, the face of the other calls upon me to respond; the face expresses the ethical injunction to care for the other.¹⁴ When I see the face of the other I become vulnerable to his or her vulnerability, for I become - at least to some extent - receptive to the ethical appeal from the other.¹⁵ There is within us a certain openness to take responsibility for the other, which is epitomized by the moral law "Thou shalt not kill." Levinas claims, further, that vulnerability establishes a non-symmetrical relation between the weak and the powerful; it requires the ethical engagement of the powerful to protect the weak without any condition. Even if we do not accept all of Levinas's philosophy, the demands of the face of the suffering other is a very instructive symbol of the moral requirements of sympathetic concern.¹⁶

Gabriela Mistral, a great poet from the first half of the twentieth century, provides us with the imagery of one who shows sympathetic concern for children by searching for the face of the suffering child. It is appropriate to turn to poetry for the confirmation of what we take to be the overriding imagery of social ethics, because poetry offers the most intensely focused of all moral language. Mistral, who was the first Latin American to win the Nobel Prize for Literature, was a self-taught Chilean woman who became ambassador to several countries and to the United Nations; but she is most famous throughout Latin America as the symbol of mothering, caring for and educating children. In her poem "Dulzura" ("Sweetness") we see an image of a woman whose preparedness to care is embodied in

the way she searches the faces of children:

Now my eyes search faces for the sorrow deep inside, so that the others may look and understand the reason for my pale cheeks. With fear born of tenderness, I search through the grasses where the quail make their nests. And I go through the field silently, cautiously: I believe trees and all things have sleeping children whom they hover over, keeping watch.¹⁷

Children Asylum Seekers

This brings me to the first of three extended examples of those who deserve public care, children who are asylum seekers. Approximately 2500 years ago Euripides wrote a play called "The Children of Heracles" that dealt with children who were asylum seekers, a drama that is remarkably relevant to some of the most urgent of today's moral issues of public care.¹⁸ The moral question that drove this drama was whether a foreign city-state would, and indeed should, offer them asylum.

Following the death of Heracles, a hero and noble citizen of Argos, his trusted friend and helper Iolaus took responsibility for the care of Heracles' young children, regarding them as virtually his own. When Eurystheus, king of Mycenae, threatened to kill the children, they and their protector Iolaus were driven into exile, wandering from city to city seeking asylum. The children were also accompanied by their brave and very forceful grandmother Alcmene, the mother of Heracles, who guarded the young girls. Eurystheus, who regarded them as fugitives, repeatedly sent his representatives to places where they were seeking asylum, to get them extradited back to Argos so they could be stoned to death. Iolaus shows his new identity of sympathetic advocate for the cause of these children in the following compassionate statement he made regarding their plight:

"Oh, children! We are like seafarers who have escaped

The violent cruelty of the storm, whose clutching hands

Reach for the shore - and then the strong wind drives them back

To the open sea. Now we are pushed out of Attica

Just when we thought at last we had come safe to land.

O bitter Hope! Why did you come to cheer me, when

You had no mind to carry your fair promise through?" (118)

In the opening discourse of the play, Iolaus sets the tone for the role that sympathetic concern for the plight of the children themselves will play, when he says: "I take his children under my wing, / To seek for them the safety I need no less myself." (105) With these words Euripides is telling us that the Golden Rule - seeking for the children the safety that he equally needs for himself - is basic to political moral argument precisely because it establishes the experience of mutual sympathy as the basis for right action.

Driven "hopeless and helpless through the length and breadth of Hellas," (106) they end up seeking asylum in Athens. There they pray for help at the altars of the gods and are hopeful for asylum because they are standing on the soil of a land that is free, the land of Athens.

The moral turning-point in this poignant but very brief drama occurs when Demophon, king of Attica, appears for a public hearing of the arguments for and against the granting of asylum by Athens to the children and their protectors. What is most striking about those arguments, aside from their remarkable similarity to arguments used today, are two factors that are not well accepted in today's public discourse: first, the way in which several of these arguments are explicitly based in emotions, which have generally been avoided in modern, rationalist, post-Enlightenment arguments; and second, the way in which the most forceful of the Greek arguments unabashedly link the best of human sentiments with Athenian religion.

The most forceful argument in favor of asylum was one that involved a strong element of sympathy for the plight of the children, linked with religiously inspired respect and the threat of national disgrace. The starting-point of the argument was the principle of sanctuary. Having prayed at the

altars of the gods in Attica, the children and their protectors "...were suppliants seeking sanctuary." (111) The Greek drama's Chorus spoke in favor of the cause of Iolaus, saying: "Stranger, respect is due to suppliants of the gods. / No violent hand must drag them / Away from altar or statue. / Justice is holy, and will not allow this." (108) The Chorus then adds, as a sort of logical conclusion: "They are suppliants and strangers / Who look to our city for help. / To reject them is to defy the gods." Later, Iolaus takes the argument offered by the Chorus and presents it as his own argument to the king: If refuge were to be denied, it would be "in defiance of your gods." And then, Iolaus continues, your city would "bear the dire effects" of shame if you turn away these "homeless suppliants." (111)

I find it striking that, immediately after Iolaus offered his dramatic arguments in favour of offering asylum to the children and him as protector, he asked the king and all the onlookers to be attentive to the faces of those children who, by the way, were apparently always present when their case was being pleaded. As though pointing to the children, Iolaus says: "Look at them now, but look!" if and when you allow them to be dragged off. (112) Iolaus's final appeal made powerful use of role-images that would be suitable to the king himself in his situation as such, when he said to the king: "...[B]e their kinsman, be their friend, / Their father, brother - even their master..." (112) But just don't let them fall into Argive hands. Those role-images, which were most likely to elicit the king's sympathetic concern for the situation of the children, powerfully instructed the king regarding role-related responsibility for the children's needs and in this way served the cause of justice.

When King Demophon ruled in favor of asylum, he indicated which part of Iolaus's argument he found most persuasive, which was, he said, "...my fear of shame. / If I allow this altar to be violated / By a foreign hand, to Hellas it will seem that my / Country is no free country, and that I betray / Suppliants through fear of Argos. I'd sooner hang myself / Than hear that said..." (112) In fact, the final two-thirds of the play deals with events and political issues surrounding a war that

was carried out between Athens and Argos in order to sustain Athens' right to offer asylum to the homeless children, and a dramatic confrontation between the grandmother Alcemene and the enemy king Eurystheus, in which Alcemene meted out justice to the enemy.

It might be interesting, for purposes of discussion, to compare the situation of asylum seekers in Athens 2500 years ago with recent asylum seekers aboard the *Tampa* and other ships carrying boat people who sought aid on free soil where they thought they might have a chance of survival. Whereas children seeking asylum in Athens were visible and one could see their plight in their faces, the faces of the children of the *Tampa* were kept invisible, for it was mendaciously claimed by the politicians that the children did not deserve to be seen because their parents had deceptively thrown them overboard. So who could plead their case if they could not be seen? In Athens, thousands of soldiers risked their lives, including Iolaus himself, in spite of being beyond a fighting age, to defend Athens' right to offer asylum to the children, while on the other hand, according to David Marr and Marian Wilkinson in their book *Dark Victory*, the Howard government probably spent about \$500 million to drive away from Australian shores hundreds of legitimate refugees, along with a larger number who did not have legitimate claim to asylum.¹⁹

The objection could be raised that the comparison is invalid because the circumstances are so dissimilar, which may be true. Whether Athens was besieged by several thousand refugees per year is unknown, at least to me. But I am really just pressing one point: that the face (and circumstances) of every refugee seeking asylum deserves to be seen, with respect. For if that is not permitted, then the possibility of sympathetic concern for the desperate asylum seekers will have been snuffed out, by concealing them in the category of international pawns. Sympathetic concern is the essential starting-point but does not suffice for answering the question: who deserves asylum. Arguments can be made on the basis of institutionally-supported human rights and long-standing religious traditions of social

justice and solidarity.²⁰ There are perennial and abiding principles of justice, including distributive justice, that might have the effect of restricting the number of asylum seekers that a state is obliged to take. But the stance taken in this article places us at the front lines of care, where we can perceive that, if we do not have sympathetic concern, especially for the most vulnerable, there will be no public care, or the public care that does exist will be subject to corruption by a bureaucracy that has no values beyond its own efficiency. For the Greeks, individual virtue was very closely aligned with civic virtue,²¹ which is why it was shameful for individuals as well as for Athens to turn the wandering children away – a holistic approach that is quite possible for modern democracies. But the starting-point must be sympathetic concern for the suffering, which makes it possible for us to begin to speak about justice and to make the arguments about human rights more believable.

Public Care: The Stolen Generations of Aboriginal Children

My second extended example of the role of sympathetic concern in determining responsibilities for public care deals with the stolen generations of Aboriginal children. The comment is sometimes made that Aboriginals absorb too large a proportion of the welfare care resources in Australia. I want to make just one point here, which is to explain the role of memory and reconciliation in sympathetic concern and in the determination of the requirements of public care.

By the 1990s many anecdotes had been related by Aboriginals as well as non-Aboriginals regarding the disastrous effects of the forcible removal of Aboriginal children from their families. For the Aboriginal children in these stories, the price that was paid was their own identity; for Aboriginal parents it was a lifetime of painful loss; and for whites, such as policemen who were obliged to collect Aboriginal children and often to tear them from their mothers' arms, the price was guilt and despair.

The first widely-disseminated information on the calamity which successive Australian

governments inflicted on Aboriginal families came in 1981 with the publication of Peter Read's *The Stolen Generations: The Removal of Aboriginal Children in New South Wales, 1883-1969*, the title of which quickly entered into the Australian language.²² A subsequent account of the removal of children was published in 1988: Anna Haebich's *For Their Own Good: Aborigines and Government in the Southwest of Western Australia, 1900-1940*.²³ The real awakening of the Australian public came in April 1997, when the so-called *Bringing Them Home Report*²⁴ was printed and tabled in the Australian Parliament. It was the result of a national inquiry²⁵ into the removal of part-Aboriginal children from their families, a policy that operated for more than seventy-five years and affected most Aboriginal families by the removal of a large number – the estimate has been placed as high as 100,000 – of Aboriginal children to be raised in a variety of institutions and in the homes of white families.²⁶

It should be kept in mind that the removal of Aboriginal children took place not only in Australia but in other countries as well. U.S. government agencies removed Native American children from their families and placed them in schools for the purpose of changing their culture. In Canada, due to a persistent government and church policy that began with federation in 1867, native children were forced into residential schools to "civilize" them through the suppression of indigenous language and culture. These U.S. and Canadian policies have turned out to be pervasively damaging policies. A major distinctiveness in the Australian experience has been the Australian willingness to hold up a public mirror to its own history.

To "see the face of today's Aboriginal" it is essential to retrieve the memory of what occurred and why. The following were the ideas and purposes behind the removal practices. (1) *The 'useful citizen' and 'labour force' reasons for the policies.* Beginning in the 19th century, Aboriginal children were often kidnaped to boost the notoriously short labor supply especially among pastoralists. The earliest recommendation of a systematic policy towards half-caste children was made in 1900 by Dr. F. Goldsmith, Protector of Aborigines in Palmerston (later Darwin) in

the Northern Territory. He recommended "their early removal from the aboriginal camps and the erection of a school ... where they can be kept away from their old associations...."²⁷ The assumption was that half-caste children were considerably more intelligent than full bloods and could be trained to become useful and productive members of Australian society, usually as domestic servants. (2) *Removal as an act of charity.* Half-caste children were removed 'for their own good' as was repeated time and again. With few exceptions, Australians saw child removal as an act of charity; and in fact some of these children were orphans in need of help. (3) *Racial reasons for the policies.* As early as 1893 the South Australian State Children's Council saw its own role as assisting to "prevent the growth of a race that would rapidly increase in numbers, attain a maturity without education or religion and become a menace to the morals and health of the community."²⁸ However, by 1900 most Australians found the sight of a near-white child running with Aborigines highly offensive and plans for their rescue were devised everywhere. Half castes were perceived as a menace to the white settler community because of their greater intelligence; but officials also feared the threat of a "wild race of half-castes."²⁹ (4) *Eugenic reasons for the policies.* The goal of the assimilation of the Aboriginal race soon became one of elimination through absorption. At a time when evolutionary theories and social Darwinism had enormous influence, the Protector of Aborigines in Darwin finished his 1909 Annual Report with the remark: "The extinction of the rapidly decreasing aborigines is perhaps not yet within measurable distance, but in my opinion civilisation will ultimately draw it to a close."³⁰ A.O.Neville, the Chief Protector of Aborigines in Western Australia between 1915 and 1940 — who was depicted in the film *Rabbit Proof Fence* by Kenneth Branagh — was entranced by the idea and made it the base of the largest biological engineering project ever undertaken in Australia. Neville said, in 1933, that "the half-caste...is merely a passing phase...in what we call 'progress.' He will...disappear.... On the ground that he is a nuisance to us, we should hurry on his disappearance."³¹ Elimination of the

race through biological assimilation was the "final solution" of "the Aboriginal problem."

What were the consequences of these child-removal policies? They destroyed families and the traditional kinship system. From accounts of life in homes for the half-castes compiled by victims and from other documentary sources, one gets a sense of the harmful consequences of the removal policies: the often brutal tearing of children away from their mothers; a life of agony on the part of mothers over the loss of their children; the indifference or brutality of staff; and economic exploitation achieved by forcing parents to pay for the upkeep of their removed children who in turn were used as unpaid labor to run the institutions on a shoestring budget. The *Bringing Them Home* Report of 1997 contained lists and descriptions of services available to present-day Aboriginal people, a painstaking effort to reunite removed children with their Aboriginal families and thus try to repair the damage done to the traditional Aboriginal kinship system. The sheer magnitude of the healing services that have been made available is testimony to the damage done by the policies of child removal. The destruction of lives by ongoing trauma, alcoholism, depression, dislocation, suicide, loss of identity, and, most importantly, the destruction of parenting skills will affect the whole community for a long time to come. In addition, the removal policies were genocidal. The United Nations' 1948 Convention on the Prevention and Punishment of the Crime of Genocide stated that genocide is committed by "forcibly transferring children of the group to another group."³²

These experiences, including the experience of the unfolding of Australian history vis-a-vis Aboriginal children, have had a strong social and political impact. The *Bringing Them Home* Report of 1997 caused shock and consternation in Parliament, as well as outrage among those who clearly perceived that, when made public, it would damage Australia's reputation as a humane and egalitarian society. Perhaps the most divisive political and social issue regarding the "stolen generations" arose when the Prime Minister John Howard refused the victims a public apology in the name of the Commonwealth of Australia after every State had offered an

apology. His argument was that the present generation is not responsible for the actions of past generations. Although 250,000 Australians took to the streets of Sydney in 2000 to demonstrate for Reconciliation, the Prime Minister stonewalled the issue; but the goal of reconciliation is still being pursued by a number of groups.

How does this history relate to the foundations of public care in Australian society? A sympathetic concern for the needs of present-day Aboriginals, both those who were stolen from their homes and those who were not, requires a measure of respect and trust between the races which cannot be achieved unless the issue of genocide and other serious offences against Aboriginals are responded to with an attitude of reconciliation. The poignant term "Sorry Day" articulates well the need for public repentance. And while a national apology of some sort on the part of non-Aboriginals seems essential – and has been carried out, at least partially – perhaps more attention needs to be given to the kind of reconciliation without which an apology will never be effective.

There are three levels of reconciliation that need to be pursued as a precondition for Australian society to experience a sympathetic concern for Aboriginals as they are really situated. First, there is a need on the part of present-day white and other non-Aboriginal citizens to reconcile themselves with Australia's white population of the past. For it seems to me that only by studying this history and seeking to understand the profound fear of and biases against the Aboriginals that flooded the lives of the hard-working people who built this nation can present-day non-Aboriginals reconcile themselves with their white forebears' offences. That kind of inter-generational reconciliation can have the effect of enabling a second level of reconciliation, in which present-day whites and Aboriginals discover a history that they can share. Third, having retrieved a lost memory of Australian society and experienced a reconciliation on the basis of that retrieval, an honest and respectful face-to-face dialogue can achieve an effective reconciliation that will make possible a new kind of sympathetic concern, on the basis of

which a new approach can be taken to public care.

Today's undeserving poor: health care clients in a system of managed care

Sympathetic concern for the sick – that is, for all of the sick in modern societies – is a complex question because of all the political and economic overlays that prevent or condition our view of "the face of the sick poor." One of those overlays in contemporary health care systems is the profit-oriented system of managed care which is widespread in the United States and is spreading to Australia, Europe, and elsewhere.

One example of the profit-orientation of U.S. managed care – and the ways in which this approach "manages" public sympathies – is found in a current event involving the largest health insurer in the Washington, DC area. CareFirst BlueCross BlueShield is currently the target of a federal criminal investigation that appears to centre on the company's attempt to sell itself to a California-based insurance carrier for \$1.37 million in an effort to enrich its top officials.³³

On a broader scale affecting the entire welfare system for the aged, the current administration is advocating interest-bearing "personal accounts" in the Social Security system, thus placing at risk the entire structure of societal care for the elderly. In addition, the Bush administration and large segments of the U.S. Congress are trying to carve out a larger role for private medical care companies in providing health care and medications for older patients. The elderly would be required to sign up for preferred-provider networks, health maintenance organizations or other private alternatives to the traditional fee-for-service program supported in part by public funds. The issue is often misleadingly described as a conflict between two schools of political thought: the "government controls all choices" or "competition." Beneficiaries who choose private plans for all their benefits risk unexpected benefit cuts, premium increases and cancellation of entire plans. Tragedies have already been experienced in this area

by elderly Americans who were enrolled in health organizations supported financially by Medicare public funds. In some instances, millions of the elderly suddenly lost all benefits when the health maintenance organization to which they belonged cancelled participation by the elderly in these joint programs because the plan turned out not to be financially advantageous for the corporation.

In this context the following questions arise: Who are the "deserving sick" for whom we would rightly have a sympathetic concern? How does the (proposed) private or private-public health care system categorize them as worthy? How does this process affect public sentiments of sympathetic concern for the sick and the development of a system of public care based on those sentiments?

The undeserving poor have a very old history; they represent the enduring attempt to classify poor people by merit when resources are limited and neither the state nor private charity can assist all those who might claim a need. Classifying people as either deserving or undeserving poor is a classification system that, directly or indirectly, still survives, with the result that we can regard socially constructed categories as natural distinctions. In the process, we reinforce inequality and stigmatize those we set out to help.³⁴ For example, in the colonial social order of early America, limited resources and severe labor shortages, reinforced by Calvinist ideas about the virtues of hard work and the sins of idleness, left the colonies with little sympathy for the able-bodied poor. In that context it was difficult to have a sympathetic concern for an elderly able-bodied male who was poor, for it was assumed that his poverty must be traceable to excessive drinking or some other "moral" fault.

It seems to me that the pattern of "undeserving poor" is still affecting the way our society directs its sympathies, in this sense – that today's "deserving poor" are judged deserving of health care to the extent that they generate profit for health care corporations, and they are "undeserving poor" to the extent that they fail to generate profit for those corporations. The social effect is the same today as it was in colonial days: the elderly

are stigmatized for an aspect of their lives over which they have no control, and on that basis society urges that sympathetic concern – and the subsequent responsibility for public care – be withheld from them.

This creates an alienation from the society that has the potential to offer public care – an alienation that is further compounded by another aspect of the for-profit health care system. For while all developed countries of the world with the exception of the United States offers a national program of public care for provision of health services to the general population, the United States has experienced a major shift, whereby the object of care is a corporately-defined population group which receives health care under the condition that the system provide financial profit to its stockholders and managers. Thus, in addition to the elderly person being regarded as deserving of health care to the extent that he/she generates profit, even when the system provides care, the real object of care is not the individual patient but the corporate group of patients whose welfare is more highly regarded than that of the individual.³⁵

The current health-care systems crisis being experienced in many parts of the world is one in which the face of the individual is invisible: the economic manipulation of health-care goals and services conceals the suffering and needs, as well as the prosperity, of the individual sick person. Philosophers of medicine have long argued for preservation of the traditional commitment to the primacy of the interests of the individual patient.³⁶ It is now urgent to extend that same principle to the social sphere, where there is need to see the face of the individual patient in need of health services offered by or with the assistance of society and its resources. For otherwise, sympathetic concern for human beings as human, which is the starting-point for the social process of care, cannot be mobilized.

Conclusion

Whether the issue is the care of refugees, the care of a disadvantaged native population, or the health care of elderly poor, the starting-point for framing our understanding of public responsibilities should be a sympathetic

concern for the individual and particular groups. Thus, care (concern) is both the beginning and the programmatic conclusion of the process of understanding what public care should be about. This entire process becomes very difficult in modern society for two reasons. First, since the Enlightenment, the modern era has taught us that we do not need to be attentive to vulnerability, because vulnerability is passing away; its demise depends on rationality, science, and progress. At the present moment our society is beginning to recapture the importance of human vulnerability in our reflections on the meaning and requirements of social ethics; but we have only begun the process. Our entire philosophical and theological underpinning, as well as our political assumptions, will have to be re-thought as a result of taking seriously the situation of human dependency and vulnerability. Second, another modern illusion – the one created by the perception that wealth and privilege should be within the reach of all – generates an accompanying illusion: that we are on our own, for who else will promote our wealth except ourselves? And if we are truly on our own, a certitude assured for us by modernity, then we have no fundamental need to be sympathetic for others who, after all, are our competitors.

This article's appeal for sympathetic concern for individuals as the basis of public care is a modest attempt to struggle against those two powerful assumptions.

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Endnotes

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25. *The Bringing Them Home Report* was not based on a Royal Commission which would have given the investigators power to subpoena witnesses. As it is, the Report is based on voluntary contributions by individuals, victims as well as investigators, organisations, State governments, legal bodies and communities. The written evidence submitted amounts to thousands of pages and the oral evidence contains many hours of taped interviews. These interviews have not been released but locked away under privacy legislation.

26. The 100,000 total was offered by historian Peter Read at the British Library in London, 6 November 2002: see <http://www.culturewars.org.uk/2002-12/stolengeneration.htm>. For a realistic discussion of the numbers see Robert Manne, 'In Denial: The Stolen Generations and the Right,' *Quarterly Essays*, 1 (2001), pp.24-28.

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29. New South Wales Parliament, *Parliamentary Debates*, 1914-5, p.1353. Comment made by Mr. Flowers.

30. *Annual Report*, 1909, 47. Public Record Office, South Australia, CRS1/308/1910.

31. Quoted in Kim Scott, 'Australia's Continuing Neurosis: Identity, Race and History,' in *The Alfred Deakin Lectures*, Sydney, ABC Books, 2001, p. 259.

32. Quoted in *Parliamentary Debates of the Commonwealth of Australia*, 203 (1949), p.1869. The text of the Genocide Convention is as follows:

"Article II. In the present Convention, genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: 1. Killing members of the group; 2. Causing serious bodily or mental harm to members of the group; 3. Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; 4. Imposing measures intended to prevent births within the group; 5. Forcibly transferring children of the group to another group." The treatment of Aboriginal Australians would fall under points 1, 2, 3, and 5. Only one of the five criteria need be met in order for an act to be considered genocide. The text of the Convention is available online at: www.preventgenocide.org/genocide/officialtext.htm.

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Errata In the last issue of *Bioethics Outlook*, there were two typographical mistakes. On page 3, column 2, line 8, of the article entitled "The withdrawal of life-sustaining treatment", the word "not" should be inserted after the word "would". On page 6, column 1, paragraph 3, line 8, of the same article, the word "progress" should have read "prognosis".

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