Crafting a Cloning Policy: From Dolly to Stem Cells

Andrea L. Bonnicksen
Georgetown University Press, Washington, DC, 2002, 232 pp., $39.95, $21.95 (paperback)

In the final paragraphs of Crafting a Cloning Policy: From Dolly to Stem Cells, Andrea L. Bonnicksen employs two different metaphors for the present moment vis-à-vis cloning and cloning policy. On one hand, the moment is like a trolley car perched on a hill in San Francisco: Because cloning policy will soon be gathering great speed as it hurtles into the future, whoever guides that policy had better be prepared to make split-second policy decisions, because those decisions will shape much of the biological science to come. In the author’s alternative vision, cloning policy is like an Amtrak train chugging across Illinois: The engine, powered by both science and wise policy, moves confidently over the flat land, giving its passengers a clear view of the sights and developments that lie ahead.

Bonnicksen, a political science professor at Northern Illinois University, DeKalb, IL, finds truth in both metaphors, but she also finds both a little lacking. This is her strength in this book—a kind of analytical criticism coupled with a salvaging optimism. Fortunately, the optimism prevails and makes Crafting a Cloning Policy a contribution to the field—and a pleasant read.

The focus of the book is helpfully provided by Bonnicksen’s self-imposed limits. First, she focuses her work on the policy efforts (both in the United States and in other nations) regarding one aspect of the field of reproductive and genetic technologies: somatic cell nuclear transfer (SCNT). This choice seems to have been made partly for convenience and partly because of the attention SCNT received after the effective cloning of the lamb Dolly in Scotland in mid-1996. Second, again taking a cue from the attention given to SCNT after Dolly, Bonnicksen limits her analysis of policy changes (and attempted changes) to the period 1997-1999. These are helpful limits that give the book a framework from which Bonnicksen makes frequent in-depth forays into policy changes and possibilities.

Bonnicksen is motivated, she says, by the imminent “intersecting reproductive and genetic technologies still on the horizon,” and her examination of cloning policy is therefore an attempt to shed light on resources with which society might address this future. It is this future to which she often refers—that which lies around the next bend (or, rather, in the decade just ahead). It is a future that should give policymakers pause and, one hopes, thereby ward off the kind of policy arrogance that Bonnicksen sees creeping into policy debates. Her attention to the issues is straightforward and direct. And because she has paid close attention to the issues, she writes with prose that is clear and a vocabulary that is uncluttered; an audience of lawmakers or experienced scientists could find satisfaction in her writing and analysis.

After two excellent introductory chapters describing the landscape of cloning policy, Bonnicksen, in chapters 3 through 5 (addressing the years 1997, 1998, and 1999 respectively) demonstrates her familiarity with the recent history of federal legislation in clear, crisp analysis. In particular, chapter 5 (1998) is dense with descriptions of various attempts to develop policy in Congress, at the National Institutes of Health, and through the National Bioethics Advisory Commission. Chapter 6—“Administrative Oversight: Food and Drug Administration”—is particularly interesting; in it Bonnicksen shows that the Food and Drug Administration’s regulatory scheme operates as a certain type of cloning policy; in the absence of legislative enactments, it is an effective if uneven policy. In chapter 7, “Oversight through Federal Research Funding,” Bonnicksen catalogues the influence of federal funding in policymaking. She concludes rightly (if less strongly than she might have) that this kind of “oversight” is sometimes ineffective, driven too often by dollars rather than principles. However, it is also true that if cloning received fewer dollars and more private ones, it would be less accessible to regulation.

Two later chapters survey efforts at cloning policy in state legislatures, state and federal courts (chapter 8) and some international cloning policies (chapter 9). These chapters are a sort of “flyover” that precedes the concluding chapter—perhaps Bonnicksen’s best—“Toward Responsible Policymaking.” Here, the book is summarized and certain trends are noted. The author describes four legislative approaches and debates their various merits. Although certain tentative conclusions are drawn—one of which is: “[If] the United States bows out of SCNT technology altogether by making it illegal, the nation has denied itself a leadership role in policy development”—Bonnicksen leaves lots of questions asked but unanswered.

Ultimately, Bonnicksen is not offering the solution—or even a solution—to the cloning policy problem. At times, the reader may wish to hear more editorial comment from her: to learn what she thinks and why. However, as a result of her careful description, the reader does come to see what seems to work and what the future might hold. In this practical sense, her book is helpful because it gives a complete tour d’horizon, as far as cloning policy choices are concerned, and encourages efforts to shape informed policy. If we are fortunate, Bonnicksen will continue employing her talents in the explication of such issues—and cloning policies will develop a clarity like that shown by the analysis in this book.

Edward R. Martin
Bryan Cave, LLP
Washington, DC

Mr. Martin is the former director, Human Rights Office, Archdiocese of St. Louis, and former clerk, United States Court of Appeals of the Eighth Circuit.
Community Care Notebook: A Practical Guide to Health Partnerships

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When we look these days at the holistic health of our society, we realize that the approaches of the past have not worked. The gap between the rich and poor continues to widen, and in almost every community the incidence of substance abuse, violence, preventable disease, and infant mortality continues to increase. Understanding that fragmented services focused on isolated needs have done little to help the poor and marginalized, innovative health care leaders have formed community health partnerships throughout the United States.

Community Care Notebook: A Practical Guide to Health Partnerships documents the experiences of and the lessons learned by people involved in the partnerships that have been part of the National Community Care Network Demonstration Program (CCN). Since 1995 when it was founded, CCN has provided technical and financial support to the efforts of 25 partnerships working to reform the local health care delivery system—working, that is, to transform the capacity for health and well-being of individuals and the overall community.

The Community Care Network is sponsored by the Health Research and Education Trust in collaboration with the American Hospital Association, Catholic Health Association, and the VHA Health Foundation, with funding from the W. K. Kellogg Foundation and the Duke Endowment.

The CCN's vision is to: "(1) return the community to the center of health care delivery; (2) include those populations who are now outside the system of care by virtue of poverty, culture, or language barriers; (3) emphasize prevention and minimize illness; (4) make the health system more user-friendly; (5) continually improve the continuity and quality of health services; (6) ensure that resources are allocated to maximize health and cost effectiveness."

The CCN's Community Care Notebook documents the ways that its vision is being pursued through profiles of the participating partnerships, information about the communities involved, and descriptions of partnership accomplishments. More importantly, the book articulates the common elements needed for success, all of which have emerged from the experiences of the partnerships. The book offers a "how-to" guide for developing and sustaining a community health partnership. Guidelines for practical application of the elements for success are woven through its five chapters.

What is particularly striking about the common elements of success illustrated and promoted in the Community Care Notebook is the fact that they mirror the foundations of Catholic social teaching. Catholic social tradition teaches us that a healthy community respects the innate dignity and rights of each human being. A healthy community understands that personal betterment is interdependent with the development of the common good.

Anyone involved in a community-based partnership will find the Community Care Notebook a useful tool. CCN participants are focused on improving the local health care delivery system through partnerships among hospitals/health systems, health departments, businesses, local organizations, and members of the community. However, the collaborative style and the capacity-building emphasis of the partnerships described in this book offer guidelines for a systemic change process applicable to any community.

Joeann Karibo
Director, Community Commitment
Bon Secours Health System
Marriottsville, MD