

Minimizing the Moral Remainder

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Received: Aug 13, 2018 Accepted: Sep 1, 2018 Online published: Sep 11, 2018

doi:10.5296/jpag.v8i3.13495 URL: <https://doi.org/10.5296/jpag.v8i3.13495>

Abstract

Public health issues can have devastating consequences on sub-groups of societies. But larger moral issues that face the entire society frequently frame these issues. Our deepest held moral values are frequently in conflict, and cannot withstand careful scrutiny, so we shield them by making them moral imperatives. This is how humans find themselves in moral dilemmas; torn regarding the right thing to do because we are unable to sacrifice sacred values that are in conflict (Tessman 2017).

In this paper, we examine the ethical issues that have been inserted into the funding efforts taken to combat Zika in 2016, with some of the ethical dilemmas scientists and physicians have found themselves in through recent history serving as a comparison. We then examine the parallels (and inconsistencies) of public judgment passed on the choices made by these individuals and how these same stark judgments may be influencing public health outcomes today. The primary tool we use throughout this analysis is the “Ethics Triangle” as described by James Svara (2015). The goal of the paper is to examine how our sacred values can become ethical traps (or dilemmas) in moral decision-making. Basically, how do we minimize the moral remainder?

Keywords: public health, moral decision-making, ethical dilemmas

1. Introduction

Throughout the history of humanity, the incidence of infectious diseases became a harbinger of destruction and inspired fear into the hearts of millions. Through lack of global communication and an ignorance regarding disease prevention, pandemics such as the Black Death spread swiftly, leaving millions dead in their wake (Wyman, 1897). However, the fear caused by pandemics is not purely an ancient one as the 2014 Ebola crises and 2016 Zika

crises have proven; while the face of modern medicine has drastically changed, the struggle between scientists and disease continues to be a contentious battle of wits (Seppa, 2014).

Though typically seen as a field devoid of emotion and free from political maneuvering, the ethical and moral complexities in the natural sciences don't exist in a vacuum. For every discovery or innovation, the philosophical question of 'should' competes with the scientific 'can.' These conflicting imperatives can be seen in the field of global health, where innovative solutions for the complex problems that arise in the field typically undergo rigorous questioning and testing. While the ethical issues surrounding what specific interventions should or should not be used in global health is beyond the scope of this paper, we will address the multifaceted moral issues that are inserted into international health pandemics, where conflicting paradigms cause continuous tension.

Compounding these struggles is the frequent inability to come to an optimum solution that satisfies all stakeholders. Tessman (2017) describes the concept of a moral remainder as the guilt or regret that we feel when forced to choose between two or more dearly held beliefs or sacred values. This can be the straightforward guilt a single parent feels when forced to miss their child's recital due to a work obligation. The choice to continue to provide for the child's ongoing material needs is an obvious one, but the guilt of disappointing the child by not attending the event is still present. Logic would hold that the parent cannot be in two places at once, but sacred values do not answer to logic. This leaves the moral remainder.

The rise of political partisanship within the United States has led to multiple issues, such as the protection of global health funding becoming more and more polarized. Though Kingdon's (1995) "streams" model for policymaking can be seen as the impetus for forcing policies to be passed, the storm of political motivation, public outcry, and scientific discovery can sometimes be detrimental to the cause. But why? Why do humans engage in bitter disputes surrounding issues with profound implications on human health, based upon differing moral viewpoints? How can policy makers address specific health threats within the context of larger moral issues?

Public health issues can have devastating consequences on sub-groups of societies. But larger moral issues that face the entire society frequently frame these issues. The root of the issue is the lack of a unified moral construct from which to make moral judgments that are internally and externally consistent. Our deepest held moral values are frequently in conflict, and cannot withstand careful scrutiny, so we shield them by making them moral imperatives—non-negotiable, even within ourselves. This is how humans find themselves in moral dilemmas; unable to acknowledge the right thing to do because we are unable to sacrifice sacred values that are in conflict (Tessman 2017).

The question becomes, "should serious, preventable harm be visited on a vulnerable sub-group to further a sacred moral cause affecting society as a whole?" In this paper, we examine the ethical issues that have been inserted into funding the efforts to combat Zika, with some of the ethical dilemmas scientists and physicians have found themselves in through recent history serving as a comparison. We then examine the parallels (and inconsistencies) of public judgment passed on the choices made by these individuals and how

these same stark judgments may be influencing public health outcomes today. The historic examples used are the efforts of Drs. Wiegell and Fleck, in occupied Poland during World War II, to develop a typhus vaccine on behalf of the German Army. We continue with more recent examples such as the Ebola crisis of 2014 and the emergence of Zika in 2015. From the common issues that present themselves through these examples, we address the parallels apparent in the Zika health crisis and the debate over funding to address the public health emergency. The primary tool we use throughout this analysis is the “Ethics Triangle” as described by James Svara (2015). The goal of the paper is to examine how our sacred values can become ethical traps (or dilemmas) in moral decision-making. Basically, how do we minimize the moral remainder?

2. Historical Context

Like the Black Death before it, typhus—a rapidly infectious disease with an abnormally high mortality rate (McGraw, 1970)—has incited fear and left devastation in its wake. While not as expansive in scope, typhus was particularly feared for its effect on those afflicted; common symptoms of individuals with typhus include chills, fever, rashes, and debilitating pain (Mazmumder et al., 2009). This combined with terrifying hallucinations caused many of its victims to lapse into comas where they eventually succumbed to their illness. For those unlucky enough to stay prescient, many turned to suicide as a means of ending their suffering (Allen, 2014). Typhus contributed to the fall of Napoleon’s armies in Russia, as part of the destruction left by the Great Irish Famine, and was particularly terrifying during the Russian Revolution following World War I (Crocker et al., 1950). This last epidemic, during the Russian revolution, discriminated against no one—like the Black Death before it—and while the revolution raged on, historians have noted that over 20% of casualties from the conflict were due to the spread of typhus (Allen, 2014).

Following the creation of the world-famous smallpox vaccine by Edward Jenner (Henderson, 1997), vaccine development became a primary driver for research for biologists, chemists, and physicians alike. While much advancement had been made in scientific research, the prevailing issue with typhus was a direct result of its vectors, the most common being the body louse. The complex pathology of typhus shows a mutually destructive relationship to both the vector and the host. While the symptoms of typhus are devastating to the humans, *R. Rickettsia*, the species of louse responsible for typhus, dies from the pathogen as well (Weindling, 1995). While the pathogen isn’t transmitted to the eggs of lice, the survivability of the bacteria is remarkable causing latent infections in survivors of typhus years following their first infection (Weindling, 1995). The pathogen itself was notoriously difficult to maintain in labs due to lice’s swift life cycle and delicate anatomical structure. Along with all of its other survival techniques, the primary way to maintain a steady supply of disease-infected lice was to infect sick individuals with lice in the hopes of studying the typhus bacteria alive (Allen, 2014).

Charismatic, detail-oriented, and singularly passionate about his work, Dr. Rudolf Weigl – a biologist in Lwow, Poland – was the first scientist to successfully develop a means of culturing *R. Rickettsia* in a laboratory and published his findings to international acclaim

(Allen, 2014).

A man who was well acquainted with the horrors of war, Dr. Weigl reluctantly agreed to work in conjunction with the Nazi army towards the development of a typhus vaccine, though it is now considered to have been less of a choice and more of a mandate between life and death (Allen, 2014). However, it was through this association that he was able to personally facilitate the safety of over one thousand Polish individuals. It quickly became apparent in underground circles that anyone in particular danger of death or deportation could save themselves by becoming a part of the vaccine development system. Similar to that of Weigl, once Dr. Ludwick Fleck—a Jewish immunologist who had previously worked with Weigl—was sent to Auschwitz, he was offered an opportunity to work with the Nazis on vaccine development. In Fleck's case however, both the physical and ethical costs were more severe than those of Weigl. Not mistreated or abused as severely as he would have been had he had not been considered 'valuable' to the Nazi cause, Fleck was able to maintain a small vaccine laboratory, from which he was witness to some of the horrendous medical experiments that were conducted, as well as firing squads, and the bodies of those placed in the crematorium (Allen, 2014). To avoid the suspicion of his captors regarding his actions, Fleck devised a plan in which he and his colleagues would produce two vaccines, one of which was completely useless and another which had some viability as a vaccine. This allowed for Fleck to preserve his survival—and the survival of those with whom we worked with—while still appeasing his Nazi overseers without suspicion.

What is now to be considered a feat of immense bravery was then an act of incalculable risk. Both Weigl and Fleck contributed their time and efforts toward typhus vaccine development in a way that both helped and harmed the German forces, at no small cost to themselves. However, their association with the Nazi armed forces was filled with controversy in the years following the war, and for each man their personal and professional lives were tarnished as a result (Allen, 2014). Their struggles and the ethical quandaries serve as relevant comparisons for the ethical struggles scientists and policymakers find themselves in today. Though there are arguments regarding the ethicality of the decisions Weigl and Fleck made, the events that led to their ultimate decision-making process could only be described as a perfect storm.

3. Zika

The 2016 Zika Crisis is another example of a 'political perfect storm,' where the collateral damage is not bruised egos or a mistrusting public, but rather the devastating consequences of microcephaly and Guillian-Barre syndrome. Discovered in the late 1940's with minor outbreaks in the years since, the 2016 Zika crises began in early March of 2015 in Brazil (WHO, 2016). Though typically transmitted through the bite of the *Aedes* mosquito, Zika can also be transmitted through sexual activity and maternally, with pregnant women able to pass the virus to their unborn children. Though the most severe symptoms can cause disastrous results, the majority of individuals infected with the Zika virus suffer mild flu-like symptoms, if anything at all (CDC, 2016). It's these mild symptoms along with Zika's low mortality rate that the outbreak was noted with caution but little global alarm. It was not until November of

2015 that Brazil issued a public health emergency after numerous accounts of babies born with microcephaly being attributed to mothers who had been infected (Reuters, 2016). The months that followed showed such a sharp rise of infections in countries within South America and the Caribbean that when the virus was declared a global threat in February of 2016, over 30 countries were affected. A day after the World Health Organization (WHO) announced an international public health emergency, the United States reported its first case of Zika transmission, with health officials noting that it had likely been contracted through sexual activity, not a mosquito. Considering the events that unfolded in the following months, this revelation is now almost ironic.

Before the controversy of what happened can be explored, context is necessary. Though Zika was slow to spread and the symptoms were relatively mild, the potential severity of impact that the virus carried may have warranted further cause for concern, had it occurred at another time. As it was, the 2014 Ebola crises – whose symptoms were severe, lethal, and had caused international panic (Adler, 2014) – had started to wind down just as Zika emerged. The Ebola outbreak spread over the Western coast of Africa and was declared an international health emergency in July of 2014. Though the issues and criticisms of the global health response to the Ebola crisis are beyond the scope of this paper, it was this mismanagement that set the stage for the social and political drama of the Zika virus. While Ebola was largely contained to countries in the West Africa region, the four reported cases of Ebola within the United States caused widespread panic and outrage at the lack of vaccinations, treatment, and foresight on behalf of health officials who—in the general public’s view—could have prevented it (Grodan, 2016). While the panic is now seen as an overreaction (Ahmed, 2014), the terror of what some Americans believed to be a massive threat to their safety and livelihood is understandable.

The Ebola crisis’ severity caused a massive blow to the already poor infrastructure of health systems within West Africa. As a result, clinical health professionals from around the world volunteered to aid in the treatment and prevention of the spread of the disease. One of the four cases of Ebola within the United States had come from an American physician who had just returned from a stint with Doctors without Borders (CDC, 2014). The day this was announced, a completely healthy nurse who showed no signs of infection and who had also volunteered in the region, was quarantined against her will for three days in a tent inside Newark hospital (Wallace-Wells, 2014). The reasoning for this was a result of a policy enacted by Governor Christie in which he had mandated for a 21-day confinement for any health practitioner that arrived from an Ebola-zone (Marchione & Stobbe, 2014). This was immediately viewed as an overreaction from public health officials and political actors alike, though this form of political theater was not uncommon among the politically ambitious as Senators Rand Paul and Ted Cruz—both then-hopeful presidential candidates—were outspoken critics of the perceived mismanagement of the Ebola crisis, with Paul accusing ‘political correctness’ causing experts to downplay the crisis in the United States (Adler, 2014) and Cruz criticizing President Obama for listening to public health experts, rather than ‘common sense’ regarding travel bans (Garver, 2014).

It was this hurricane of bad timing, wrong information, and mistrust of governmental figures

that the Zika virus reemerged. Skepticism of the threat of a Zika pandemic was rampant as many likened the warnings issued from the scientific community to be as overblown as the erroneous fear-mongering seen about the spread of Ebola in the United States (Wenham, 2016). However, unlike Ebola, Zika spreading within the United States was not only seen as possible, but as stated above, it had already begun to spread in coastal states like Texas and Florida (Mukherjee, 2017). A week after the global warning released from the WHO, President Obama requested \$1.9 billion from Congress to allocate towards combating the Zika virus (Rhodan, 2016). With this request, the months that followed tell a story of vicious disagreement, political backbiting, and a conclusion that appears to have allowed a nonnegotiable sacred value to override an effort to safeguard the health interests of many in the same subgroup.

Though the bill that came out of the Senate was for \$1.1 billion, less than the amount requested by President Obama, Senators agreed to the compromise and showed that even in a year marred by political inflexibility, global health efforts appeared to still be protected against political partisanship (Herszenhorn, 2016). However, this bill failed once it arrived in the House. A new bill was drafted in the House negotiations, which according to *New York Times* writer David M. Herszenhorn, were “strictly controlled by Republicans” (2016b). The new legislation emerged with \$750 million in cuts and added provisions that were later labeled ‘poison-pills’ (although the supporters of these provisions would arguably label them as sacred values) (Ferris, 2016). These bill amendments – which held language that would remove funding for Planned Parenthood clinics and lightened regulations on pesticides used to combat the mosquitos that spread Zika – were met with outrage from members of both political parties, many citing political motivation as overriding the public health issue at hand (Herszenhorn, 2016b; Snell & DeBonis, 2016). Senators Roy Blunt, Patty Murray and Marco Rubio – all proponents of the original compromised Senate bill – called for the political infighting to be stopped, but their pleas were ignored. Though the initial hope for global health issues overriding the partisanship of politics seemed bright, with each bill failing to pass and the political fighting reaching its breaking point, Congress was adjourned in the early fall and no funding was provided (Drabold, 2016).

Popularized by James Svara, the ethics triangle provides a useful tool for individuals who wish to explore the ethically questionable situations through a metric that incorporates three distinct, yet at times complimentary points of view (Svara, 2015). Using these three elements as a means of interpreting the moral calculus behind Weigl and Fleck’s actions, an argument can be made that helps understand the philosophical implications behind their moral decisions. We will also examine the moral decisions of those lawmakers seeking to provide funding to fight the Zika virus while becoming embroiled in the effort to defund Planned Parenthood at all costs.

4. Ethical Constructs

The Svara triangle utilizes three philosophical elements – deontology, teleology, and virtue ethics – to evaluate how decisions are made in reference to their overall purpose in working towards the public good. From a deontological perspective, the key for an ethically sound

decision lies in evaluating whether something was done through a sense of principle or duty; an individual who utilizes deontological thinking for their ethical decisions believes and chooses to do something because it is considered to be ‘the right thing to do’ (Brook, 2007). Contrasted with this, the teleological view does not necessarily consider the action of what an individual chooses to do but rather determines whether something has been done ethically through the consequences of the decision that has been made. Most commonly associated with utilitarianism, a teleological thinker will validate a decision under the assumption that if an action’s consequences brought about greater good than bad, then whatever cost, the action is justified by the benefits gained (Barnes, 1971). Standing aside from each point, virtue ethics is interested in neither the action nor the consequences behind a decision but rather what virtue would require a person of good moral character to do; something can be evaluated to be ethically right if the individual who made the decision is considered to be a morally sound person (Kupperman, 2009). But what do we do when values we hold sacred, clash with values that others hold sacred? As is demonstrated through this brief examination of human interactions, when we refuse to even consider sacrificing our sacred values, they can go horribly wrong (Tessman, 2017). But when brave souls, such as Weigl and Fleck, dare to make a critical examination of those values and set others above them, great good can be accomplished.

In the case of the typhus vaccine scientists, Weigl’s personal and professional reputation was tarnished from his association with the Nazi army due to his neglect in outwardly denouncing the moral implications behind the work that he completed. However, in Weigl’s reported viewpoint, the work that he and his colleagues completed played a role in saving the lives of those who took the vaccine and in those who assisted in creating it (Allen, 2014), yet to many this was considered to be an inadequate excuse for his participation. Weigl’s view implies a teleological view in regards to his action though there are signs that he held a deontological perspective as well. This can be seen through Weigl’s insistence on increasing the level of individuals who participated in his vaccine development system in the days immediately following the Nazi occupation of Lwow. From a virtue ethics standpoint, the moral character of Weigl could be considered questionable dependent upon which values are considered to be of more moral importance; attempting to save as many lives as possible given the circumstances, or resisting any action that would give aid to the great evil of the Nazi war machine. Two sacred values came into direct conflict.

While Weigl’s lab was able to subvert the evil propagated during the Nazi occupation through the illegal distribution of the typhus vaccine towards Jewish ghettos, much of this was orchestrated through the work of Weigl’s lab mates and mistress without his direct association (Allen, 2014). It is unknown the level of personal involvement Weigl had in these acts of interference and while it is doubtful that anything was completed without his knowledge, this along with his later refusal to denounce that his actions did in effect help the Nazi armed forces ultimately led to his reputation being tarnished for nearly fifty years following his death (Allen, 2014). Additionally, while Weigl had successfully saved the lives of those who went on to become celebrated individuals in their respective fields, those who were not deemed valuable enough to ‘save’ were thus sentenced to almost certain death (Allen, 2014).

While it would have been impossible to procure the safety of each individual in Lwow, Weigl's preference for the brilliant in his decision-making could be seen simultaneously as ethically problematic from a deontological aspect and ethically moral from a teleological view. This is an example of one non-negotiable requirement coming into conflict with another. In this case, morality became impossibly demanding.

Through his actions of sabotage in Aushwitz, Fleck showed a keen sense of survival and ingenuity in how he could work with the regime that murdered millions of his contemporaries; yet finding ways to combat their agenda through providing care for the sick of the Jewish ghettos, and his eventual sabotage in vaccine production. Evaluating his actions considering the ethics triangle, Fleck also provides a moral conundrum. Like Weigl, an evaluation of whether he would be considered a virtuous man would rely on the individual's interpretation of what is most valued. Fleck however, was at once in a more ominous, yet ethically straightforward position. If he completely refused cooperation, the Nazis would kill him. If he cooperated, at least in the minimal degree that he did, he would not only survive but had the opportunity to do damage to the Nazi war machine. With the latter exemplifying the golden mean of virtue ethics, the ethical choice he made was valid.

It could be argued that Fleck's persistence in finding ways to aid the Jewish people despite outward aggression from the Nazi forces could be viewed as a deontological reasoning; by valuing the principle of doing good towards his fellow Jews because it was the right thing to do, Fleck shows an understanding of doing things because they are right, even when they are not easy. However, as Fleck was a Jewish man himself, it can become difficult to associate that his motivations were based on a sense of duty but rather as a sense of solidarity. While he was unable to change the situation that his Jewish counterparts found themselves in, he was in a position in which he could provide aid, even if it was ultimately short-lived (Allen, 2014). His later writings explain how he viewed his participating in creating typhus vaccines during his time at Buchenwald, which also show a blending of teleological reasoning behind his actions. Although his actions did result in saving the lives of hundreds of Nazi soldiers, in his view, this was worth it as it also provided him the opportunity to provide fake vaccines, which eventually led to hundreds more soldiers' deaths that in turn, hindered the Nazi army's ability to advance—the greater good.

While this could be viewed as morally acceptable in light of the atrocities those enlisted into the Nazi army committed, by sending the fake vaccine towards the troops he acted as executioner to hundreds of Nazi soldiers, a questionable act for any who exclusively values human life, which makes the deontological perspective for him problematic. He also lied to carry out his plan. From a teleological perspective, the good that Fleck engineered by hindering the Nazi army justifies the means by which he completed it, yet the question of 'to what end' this was accomplished remains questionable. While there is no question that the crimes the Nazi regime committed showed the personification of evil, the intentional destruction Fleck sought to extend towards his captors, via a biological agent, could be perceived to be ethically questionable. Nevertheless, Fleck was also criticized for his involvement with the Nazi army and his assistance in producing sometimes-viable vaccine. Again, he had transgressed in the minds of many by even considering violating the sacred

value of never giving aid to the enemy (a particularly vile enemy at that). To others, he transgressed by violating the sacred value of forgoing the use of biological warfare.

So in these two cases, individuals worked with the perpetrators of great evil toward what they saw as the greater good of saving as many lives as they could. In the end, the balance of evidence from the ethics triangle analysis supports the decisions these two men made. So even though analysis would show the ethical decisions to be sound, the lingering questions and damaged reputations the two men suffered are evidence of a moral remainder; the leftovers of a clash of sacred values (Tessman, 2017).

The outcome in the U.S. Congress took a distinctly different turn. Those that wished to defund Planned Parenthood, which in many eyes are the perpetrators of the great evils of abortion and governmentally sponsored birth control, decided that an opportunity to defund Planned Parenthood was worth the price of perhaps hundreds of children being born with a horrific, yet preventable, birth defect. This line of thinking could be seen as a teleological framework; though the immediate (and potentially long-term) effects of refusing to support the previous Zika bill could result in the deaths or deformations of thousands of the unborn, the overall and continuous evil committed by Planned Parenthood—in this framework—justified the additions to the previous bill. It could be argued that those who were in favor of the Zika funding bill with Planned Parenthood restrictions could have had a priori beliefs regarding defunding the organization and as the situation unfolded, an opportunity presented itself to act on these beliefs. It could also be argued that the obstruction of the new bill from opponents could also be viewed through a teleological lens; in a political climate that had become increasingly polarized, each “side”—which typically though not exclusively held to party line affiliations—argued towards ‘the greater good.’

Deontologically, opponents of the Planned Parenthood restrictions argued that these additions not only hindered much-needed funds towards Zika prevention but could also be considered as an obstruction of human rights (Deckman, 2017). Similarly, proponents of the Planned Parenthood additions also argued using the perspective of human rights though from the perspective of the unborn (Enriquez, 2017). The devolution from supporting Zika funding to supporting/not supporting Planned Parenthood and abortion illuminates a larger issue within the political sphere today. What was originally a bipartisan agreement to aid in solving the needs of those most in need from the Zika outbreak—the unborn—in what can be ascribed to as a virtue ethics/Aristotelian view, dissolved into a game of political calculus from competing moral perspectives, where each decision or comment made is based on a nonnegotiable moral framework. Thus, while the competition amongst political parties moved the issue away from combating a disease outbreak and toward an argument of the greater ideological differences in a polarized political sphere, the bill went unfunded, and the true victims—the unborn, who all involved that they claimed to be working for—went without aid, a result of the actions taken by each side. In this case, our morality becomes horribly messy and hard to live with. Each side of the argument cannot compromise on their position due to the values they are holding sacred having total authority and being beyond critical reflection. On balance, the analysis via the ethics triangle does not support a lack of compromise. While the deontological arguments are powerful and girded by sacred values,

the greatest good was not achieved (funding the battle against Zika), nor was Planned Parenthood defunded. In this case, the sacred values overruled the golden mean as well. Virtue did not appear to have a place at the table.

5. Concluding Remarks

The way humans have constructed morality sets us up for failure (Tessman, 2017). It is inconsistent, messy and frequently sets non-negotiable values in direct conflict with each other. The importance of Svava's ethics triangle lies in its ability to provide a cohesive foundation for individuals to evaluate the moral implications and reasoning behind why and how a decision is made. The case of Dr. Weigl and Dr. Fleck, two men considered now to be heroes of their time, provide an interesting case in how an individual can perform small acts of rebellion with regard to sacred values to accomplish good. Evaluating their work from multiple perspectives given from the ethics triangle allows for an understanding and justification of actions they committed, the consequences they lived with, and the effect this had on the men they were. They are now celebrated for their accomplishments, but at the time, the clash of sacred values caused them immense grief from the principle perspective. Similarly, from a strictly teleological perspective, both Weigl and Fleck were justified in actions they took during their involvement with the Nazi armies for the positive balance of good consequences that were brought about as a result. However, this reasoning can be problematic when shown in context of the lives still sentenced to death – regardless of their affiliation. Finally, the virtue of these men could be called into question dependent upon which values are considered to be most honorable for an individual in their position. While each of these strict interpretations for their actions could be seen as a means of understanding the decision making process for each man, it becomes obvious that such an endeavor wildly misses the point. While no definite conclusions can truly be made regarding the rightness or wrongness of Weigl and Fleck's actions, the ethics triangle reveals a multidimensional approach in evaluating human behavior even when faced with unimaginable evil.

In a similar way, the debate on Zika funding in the U.S. Congress brought multiple facets of moral positions and individual actions to light. Many of the lawmakers in the House that insisted on inserting language in the Zika funding bill that would defund Planned Parenthood, did so from the deontological perspective that the organization is fundamentally evil and should be fought at any cost, making compromise impossible (a sacred value). Others on the same side of the argument may have taken a more teleological approach and used the political calculus that they could set up the other side to look like evil people, choosing to support an organization that provides abortions over funding to protect the health of the unborn if the opposing lawmakers would not submit to their demand to defund Planned Parenthood. Both of these arguments become problematic in the context of virtue. Were these arguments coming from a position of serving the public interest or were they a cynical exploitation of issues surrounding the unborn to further a quest for power? While only the individual actors can fully answer this question, the conflict brings to light the struggle policy makers must deal with on a day to day basis: is ideology a powerful enough reason to allow potential human suffering and death, or should we compromise some of our ideals for the greater good? Perhaps more to the point, should some internal sacred values be renegotiated in an effort to

find external consistency? Writing on the partisanship issues of addressing climate change, Dr. Michelle Pautz argues that the United States may benefit from encouraging civil servants and governmental organizations such as the EPA to have more of a voice in serving the public interest as their positions are not given based on political positions, but their expertise in their fields (2016). In situations such as the Zika crisis, would the United States benefit from having experts having more authority in the decision-making process, especially in a time of such extreme political partisanship? It is ill advised to assume that extending this authority to unelected officials would ameliorate the issues surrounding governance for controversial issues? Yet the question remains, what can we, both the elected and electorate, do in situations of crisis, particularly in times where an ideological battleground's collateral damage is not hurt feelings, but hurt people? Though Americans deeply value individualism and their identity in exercising their ability to argue their beliefs, the issue remains: how do we attempt to solve issues in times of crisis when there are many competing sacred values? We can begin by using the ethics triangle to determine which alternative minimizes the moral remainder, and using that knowledge when entering into the negotiation to resolve our clashing sacred values. Tessman (2017) brings an interesting perspective to this discussion when she concludes:

But a morality that makes impossible demands, demands that we'll unavoidably fail to meet, is the only kind of morality that fits what actual human beings are like. Knowing this, we might even forgive ourselves, and others, a bit more (165).

Perhaps this is how we can begin to balance our moral ledgers; by accepting that there may be no way to avoid a moral reminder. The best we can often do is to minimize it.

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