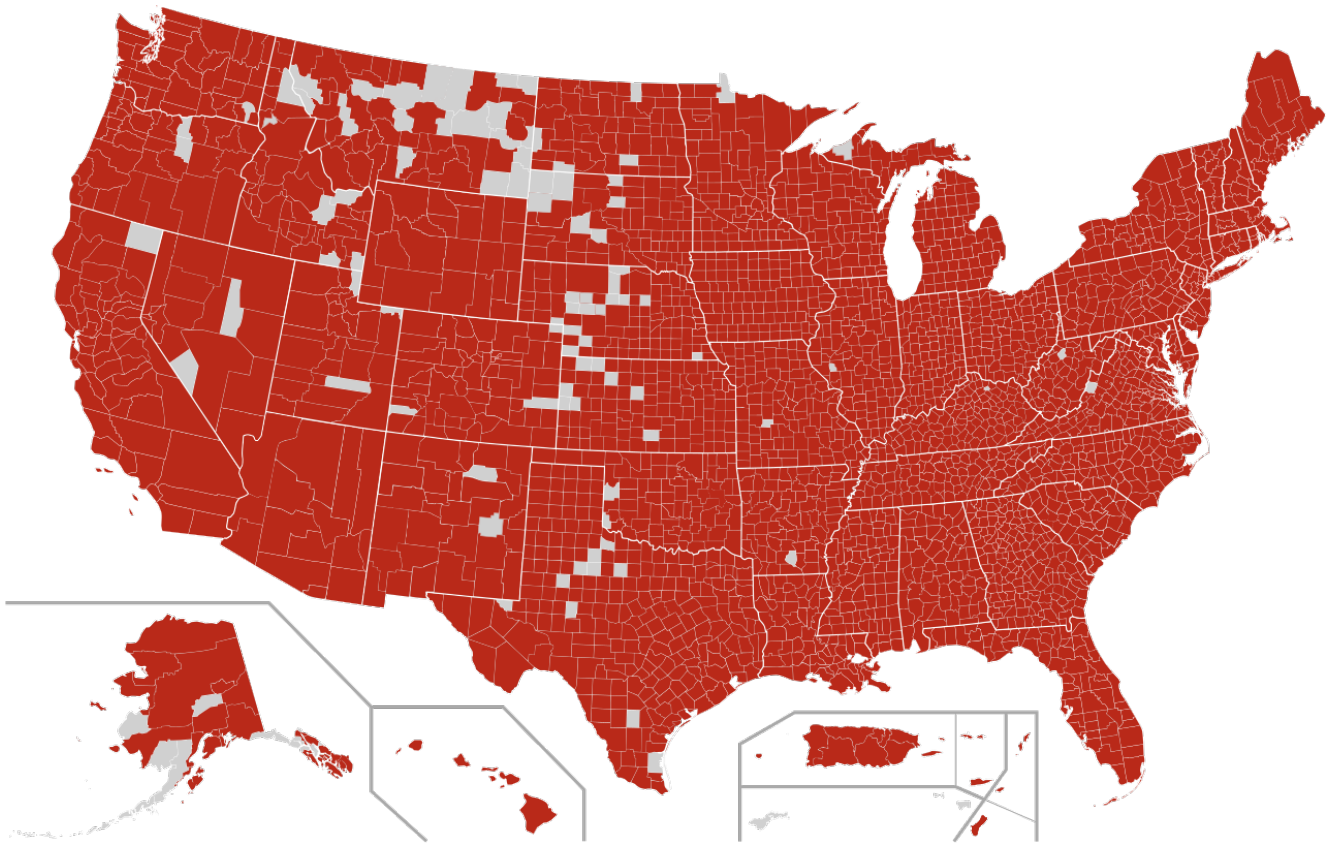


American Exceptionalism: Quo Vadis?



In view of the failures of the COVID-19 pandemic in the USA, which has seen over 2 million cases and more than 115,000 deaths as of this writing, the very idea of American exceptionalism has unraveled. The expected arrival of the pandemic in the USA was met with overwhelming failures. A country with unmatched military and economic power came up with a shortfall of equipment to deal with the crisis, as well as a lack of leadership from the Federal Government, leaving states and hospitals to fend for themselves and even compete with each other. One nurse taking care of a doctor severely ill with COVID-19 stepped out of the ER weeping and cursing: "I felt incredible anger," she said – at America's lack of preparation, at shortages of protective equipment, at official dithering that had left the doctor and other medical workers at risk."¹ According to an unofficial list kept by Medscape, at

least 145 health care professionals died of Covid-19 in the USA,² and the pandemic is far from over.

A Brief Overview of American Exceptionalism

In 1630, even before there was a USA, John Winthrop delivered a sermon in which he called the Puritan community, “a city on a hill.” This city upon a hill is a phrase from the [parable of Salt and Light](#) in [Jesus’s Sermon on the Mount](#). In Matthew 5:15, he tells his listeners, “You are the light of the world. A city that is set on a hill cannot be hidden.”

The reference to this city on a hill was mentioned both by President Kennedy and Ronald Reagan. During an address delivered to the General Court of Massachusetts, President elect Kennedy said: “I have been guided by the standard John Winthrop set before his shipmates on the flagship *Arbella* three hundred and thirty-one years ago, as they, too, faced the task of building a new government on a perilous frontier. We must always consider that we shall be as a city upon a hill—the eyes of all people are upon us.”⁴ On the eve of his election in 1980, Ronald Reagan said: “I have quoted John Winthrop’s words more than once on the campaign trail this year—for I believe that Americans in 1980 are every bit as committed to that vision of a shining *city on a hill*, as were those long-ago settlers.”⁵

The term American exceptionalism gained considerable traction in the 1950s after World War II, when American historians hotly debated why their country escaped the violent disruptions that occurred in Europe, such as revolutions, dethroning of monarchies, class uprisings, two world wars and genocide over the previous two centuries. Since none of this happened in the US, they attributed it to our exceptional qualities. Historian Joshua Zeitz notes: “They conveniently

glossed over the violently repressive regimes of chattel slavery, redemption (the return of white supremacy and the removal of rights for blacks – instead of Reconstruction), war on Indian nations, and Jim Crow, which, of course, most historians writing in these years blithely did.”⁶

During the colonial period from the 16-20th Century, the world was Eurocentric. The end of World War II saw the rise of an American-dominated world. While European powers in-particular Great Britain and France–had used both their hard and soft power to dominate, colonize, and control the countries of the Far East, Middle East and Africa, the American approach of projecting global power has been different, tailored for a divergent time in history, as a consequence to the end of colonialism in the latter part of the 20th Century.

However, as US power accumulated in many countries including those of South and Central America and the Middle East, a double standard prevailed, supporting dictators and despots who did our bidding, and overthrowing democratically-elected governments that refused to abide by an American dictated economic agenda. Today, most young Americans, perhaps frustrated with the Iraq War and the lengthy engagement in Afghanistan, are less likely to endorse an all-encompassing global role for the USA. Similar views are held by the libertarian senator, Rand Paul. The recent polls showing a lack of interest in the US direct involvement in Syria and in the Ukrainian crisis, as well as Trump’s ‘presumed’ isolationist views, are a fallout of our long engagement in Afghanistan and the Iraq War championed by conservatives and neo-cons.

The 2016 Presidential election saw Trump’s trademark slogans: “Make America Great Again,” and “America First.” Referring to American exceptionalism, he said: “I don’t think it’s a very nice term. I think you’re insulting the world.” That doesn’t necessarily mean that Trump shied away from the exceptional

principle. He has replaced it with a different yet familiar tag line that conveys the same sense of national power and entitlement—America First, itself a term that was associated with opponents of the US entering World War II.⁷

The other single most important feature of American exceptionalism is that at one time, the U.S. was a classless society with considerable upward mobility—or, at least, for white Americans, though it did not apply to African Americans or Native Americans. Furthermore, in view of our capitalist economy—a presumed hallmark of exceptionalism—most Americans were not tempted by socialism, unlike their European counterparts. The fall of Communism, the acceptance of capitalist economies in such socialist countries like Sweden and government-sponsored capitalism in China, the opening up of India to foreign capital, all implied the ascent and the universal triumph of American capitalism over socialism.

The Exposé of American Exceptionalism: The Coronavirus Pandemic

Perhaps no other event in modern American history unraveled the very idea of American exceptionalism as has the Coronavirus pandemic. Its crushing arrival in the US—despite substantial warning—was met with failures in organization, lack of materials to handle the crisis, denial, and empty bravado. A country with unmatched hard and soft power failed to come up with enough cotton swabs, N95 masks, gloves, face shields, ventilators, special lab chemicals and enough ICU beds.

What was most distressing was that our paramedical and medical personnel had to work with inadequate protection at the very risk of their own lives despite wartime manufacturing and supply powers assumed by the President. I saw doctors in New

York City turned into beggars for ponchos because they couldn't get proper medical gowns. I have seen fear, anxiety, and trepidation on the faces of doctors and nurses as they surged ahead to care for COVID patients and when they had to keep away from their spouses and children following their shifts. Several dedicated doctors, my friends and colleagues, lived in their apartments in New York City caring for COVID patients while their wives and children stayed for weeks on end with in-laws or relatives away from the city and even left for other states. This was the norm of the day for medical personnel, rather than the exception.

It is deplorable that for effective diagnostic testing of COVID-19, the US was far behind many other countries, such as Germany, New Zealand, and South Korea. Indeed, Maryland's Republican governor, Larry Hogan, accepted a planeload of 500,000 testing kits from Seoul to make up for the U.S. shortfall. The aid was dubbed Operation Enduring Friendship and annoyed Trump, the "America First" president.⁹

There is no question that the pandemic has laid bare and ripped apart our patchwork health care system, even though it is the most expensive in the world, accounting for 27% of the Federal Budget. Indeed, in their latest report, The Commonwealth Fund ranked the US last among the most developed countries of Europe including Canada and Australia, whereas we were first in expenditure.⁸ Undoubtedly, the US possesses high-end health care of exceptional quality that has been the envy of the world; however, the Census Bureau estimated that a total of 27.5 million people in the U.S. were uninsured in 2018. The controversial Affordable Health Care Act, popularly known as "Obamacare," was on the verge of remedying some of these inadequacies in our health care system; however, the recent Republican administration under Donald J. Trump has ramped up its attack on the Affordable Care Act by backing a federal judge's decision to declare the entire law unconstitutional without an alternative plan.

The effects of COVID-19 have also exposed striking inequality within our health care system. Current data suggests a disproportionate burden of illness and death among racial and ethnic minorities. In New York, the epicenter of the epidemic in the US, wealthy private hospitals, primarily in Manhattan, were able to increase bed capacity, ramp up testing and acquire protective gear due to their political and financial clout. The Mount Sinai Health System, the institution where I work, was able to get the N95 masks from China delivered by Warren Buffett's private planes.¹⁰ On the other hand, a Brooklyn hospital which is publicly funded and part of SUNY Downstate Health Sciences University tried to raise money for protective gear through a [GoFundMe page](#) started by a resident physician. The patients attending the hospital are poor and people of color; furthermore, the hospital gets most of its revenue from Medicare and Medicaid.

The US had advanced warning of the possibility of a pandemic 15 years ago and still wasn't prepared. "If a pandemic strikes, our country must have a surge capacity in place that will allow us to bring a new vaccine online quickly and manufacture enough to immunize every American against the pandemic strain," President George W. Bush said in a call for readiness in 2005.¹¹ Nearly 10 years later, President Obama sounded the alarm: "There may and likely will come a time in which we have likely both an airborne disease that is deadly. And in order for us to deal with that effectively, we have to put in place an infrastructure—not just here at home, but globally—that allows us to see it quickly, isolate it quickly, respond to it quickly. So that, if and when a new strain of flu like the Spanish flu crops up five years from now, or a decade from now, we've made the investment, and we are further along to be able to catch it. It is a smart investment for us to make."¹² Similarly, Bill Gates warned us of a COVID-19-like pandemic in 2015.¹³

The Future of American Exceptionalism

American exceptionalism should not be defined or viewed as global political dominance different from Eurocentrism, as if we are superior to the rest of the world, nor should it be a rhetorical political slogan. Although Trump expressed the view that the word 'exceptional' is offensive, 'America First' implies a degree of arrogance irrespective of right or wrong—the interests of the US come First, rupturing the central pillars of multilateralism. In this regard, Trump's 'America First' more likely implies an isolationist view, a slogan to make his base feel good, even in this, our multipolar world.

In my opinion, American exceptionalism should be viewed as our immense contributions in science and technology in the 20th century to today, which have benefited and uplifted the lives of ordinary people the world over. For example, since its founding by President John F. Kennedy more than five decades ago, the Peace Corps has contributed to solving critical challenges alongside local community leaders in 140 countries. Similarly, the Ford Foundation—and more recently the Bill and Melinda Gates Foundation—aim to improve health and reduce poverty and could be considered forms of exceptionalism. And it's arguable that the American system of free enterprise and venture capitalism has fostered companies with a great positive impact on the modern world.

Most countries acknowledge that the USA is a nation with vast economic and military power, and its leadership role is widely accepted. The world needs America's global engagement and its stand on human rights by the force of example, not by rhetoric and double standards.

The killing of unarmed African-Americans in liberal as well conservative cities and states—reaching a boiling point with

the murder of George Floyd at the hands of Minneapolis police—has gone on far too long without accountability. This violence further exposes the lie of American exceptionalism. Protestors are now taking to the streets in the U.S. and worldwide. One transformational event has intersected with yet another—a once-in-a-century public health crisis overlapping with a nationwide anti-racism movement. As stated previously, these two elements are connected. Health outcomes across the US are linked to race and socioeconomic status, and are strong predictors of life expectancy.

Rather than engage in political slogans, the US needs to realize that the economic and technological command it has on a global scale cannot be sustained with the rise of other economies in Asia and Europe. It needs to pare down the economic divide in our country: the rich getting richer, the middle class getting poorer, and the working class losing jobs to globalization. This divide needs to be addressed, not necessarily by over-taxing the rich, but by the rich and multi-billion dollar corporations paying their fair share in taxes, by creating greater opportunity with a focus on education, by bringing back manufacturing, by rebuilding our crumbling infrastructure, and by creating new sources of energy to safeguard the planet from climate change. Globalization over the last several decades has shifted the country from a manufacturing to a service economy. Corporations and government officials who lobbied for tax loopholes and higher profits bear significant responsibility for these changes.

Our disorganized health care system has to be addressed seriously, devoid of political underpinnings and patchwork solutions. A bipartisan Task Force inclusive of scientists and health care professionals must be created to deal with future pandemics.

The events of the last few months, the previous Iraq War and its consequences, our lengthy engagement in Afghanistan, gun

violence, economic inequality and racism, all beg the questions: 1) Whether American exceptionalism currently conveys the concept originally proposed by Alexis de Tocqueville nearly two centuries ago, and extolled by politicians of both parties; and 2) whether the seeming end of exceptionalism discussed in this article might be a chance for a new awakening, allowing a path forward to a kinder, gentler, and more inclusive America.

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New Op Ed from Teresa Fazio: This Memorial Day, Let's Honor Essential Workers

In the first weeks of lockdown, I paced my two-room Harlem apartment, feeling trapped while an unpredictable threat loomed. After a few days, it clicked— the collective need for vigilance and protective gear had stoked memories of my

deployment to Iraq as a Marine Corps officer. There, rocket and mortar attacks had punctuated long periods of boring routine for my communications company colleagues and I. In the early evenings, our company's evening brief provided solace and companionship.

In the midst of the pandemic, that version of nightly comfort became the Twitter feed of Columbia's Department of Surgery—a daily summary of pragmatic encouragement, written by its eloquent chair, Dr. Craig Smith. He used familiar military jargon of staff [“redeployments”](#) and [“battlefield promotions”](#) for emerging medical leaders. He wrote about colleagues [infected with COVID](#), and [one who committed suicide](#).

This Memorial Day, as Dr. Smith and other first responders lose colleagues on a scale not seen since 9/11, and supply chain personnel from meatpackers to grocery clerks risk infection to keep America fed, we should extend honors to all of the essential workers who've given their lives. Doing so would help unify the nation and bridge the military-civilian divide.



Healthcare workers watch U.S. Air Force C-130s from Little Rock Air Force Base fly over Arkansas, May 8, 2020.

Only about 1% of US workers currently serve in the military, but according to the [Bureau of Labor Statistics](#), an equal number serve as firefighters and law enforcement. A whopping ten times that number— more than ten million people— work in healthcare professions as doctors, nurses, EMTs, and hospital personnel. Transportation and delivery workers— warehousemen and truckers who transport everything from asparagus to zucchini— make up another 10% of American workforce. And that's not even counting agricultural, food, and maintenance workers. A mid-April CDC report listed at least [27 US healthcare workers dead](#) of COVID, a number that has undoubtedly grown, and the Washington Post reported [over 40 grocery store worker fatalities](#) in the same time frame. As of early May, [about 30 firefighters nationwide](#) have died of the virus, too. The NYPD alone lost over 30 personnel to the pandemic, and national police casualties count [dozens more](#). Like troops in a war zone, those essential healthcare, public

safety, and logistics workers now face a wily, invisible enemy every day. Paying respects to their fallen just as we veterans honor our own would mean acknowledging that it takes **everyone's** service to help us get through this crisis.

Coronavirus is forcing businesses and governments to acknowledge the dignity of the blue-collar and service-industry workers who make our vast supply chain possible, similar to the physical work we honor in common servicemembers. In April, the United Food and Commercial Workers International Union (UFCW) issued a [joint statement](#) with Stop and Shop calling on the government to classify grocery workers as “extended first responders” or “emergency personnel.” Moreover, in Passaic, New Jersey, a [firefighter's coronavirus death](#) prompted a mayor to ask for state legislation to classify it as a death in the line of duty, which would entitle his family to additional benefits. We can't bring these workers back, but we can honor them by helping their families recover, and funding their children's educations—just as we do for fallen service members. If, as Fed chair Jerome Powell said, we are facing an economic downturn “[without modern precedent](#),” one piece of recovery will be financial remuneration for those who have sacrificed in the name of keeping the country running.

Emotional support is necessary, as well. Medical professionals who triage an avalanche of patients decide who lives and who dies. We don't yet know how many of them will suffer PTSD or moral injury from scenes like overflowing emergency rooms. In the past month, New York Presbyterian emergency room physician [Dr. Lorna Breen](#) and FDNY EMT [John Mondello](#) committed suicide in the wake of treating an overwhelming number of coronavirus patients. Military veterans who have rendered first aid at the scene of IED blasts, rocket attacks, and similar catastrophic mass casualties know these emotional scenarios all too well. Losing colleagues with whom one has served side by side— and perhaps blaming oneself for failing to protect the sick and

wounded, even in an impossible situation—are experiences many troops know intimately.

Whenever well-meaning civilians called me or former comrades heroes, we often told them, “The heroes are the ones who didn’t come back.” I suspect some of the medical professionals I now call heroes would say the same thing. Which is why we must honor the fallen without putting all those who serve on a holy pedestal. Veneration of the dead without practical follow-up care for the living only alienates trauma survivors; it doesn’t help them reintegrate into society. Military veterans have learned this the hard way; recent Memorial Days have included remembrances for troops who have died by suicide. So in addition to honoring essential workers who have died from coronavirus, we must treat the burnout and PTSD from those who survive, especially in the medical professions, so we are not remembering them as tragic statistics in future years.

Columbia’s Dr. Smith wrote a total of 59 nightly missives, each offering comfort and guidance to my anxious-veteran mind. In the meantime, the United States has lost over 83,000 people to coronavirus. In memory of them— 83,000 parents, first responders, warehouse workers, delivery persons, doctors, nurses and counting— let’s expand this Memorial Day to honor essential personnel, with the aim of creating a more united America.

Editor’s note: Teresa Fazio’s memoir, [FIDELIS](#), is forthcoming in September 2020 from Potomac Books.

Reading Camus' 'The Plague' in 2020: A Dispatch from Lyon, France, by Jennifer Orth-Veillon and John Tyrrell

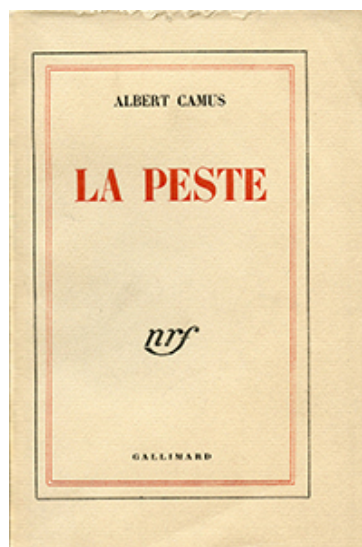
"It is as reasonable to represent one kind of imprisonment by another as it is to represent anything that really exists by that which exists not."

20th-century French writer Albert Camus chose these lines penned by Daniel Defoe as the epigraph for his novel, *The Plague*. It may come as a surprise that they hail from Defoe's 1719 fictional work *Robinson Crusoe*, about a slave trader who escaped after, in an ironic turn of events, he was taken prisoner and became stranded on a remote island for 28 years. Defoe's 1722 book, *A Journal of the Plague Year*, which is based on real historical events and a family member's diary kept during the 1665 Great Plague of London, would seem the more logical choice. Camus studied Defoe's *A Journal of the Plague Year* along with other pandemic narratives as he conducted research for *The Plague*, but he decided ultimately that his plague story should be introduced by a statement emphasizing imprisonment rather than illness.



Albert Camus

When Camus began writing *The Plague* in 1942, he planned on calling the germinating novel, “The Prisoners.”^[1] The Germans had begun their invasion of southern France and the Allies had landed on the coast of North Africa. At the time, Camus was convalescing in southeastern France after another bout of tuberculosis, an illness he had battled since childhood.^[2] He was blocked from returning home to Algiers and his wife, Francine. While most consider Camus a French author, he saw himself as Algerian and the forced separation from his terra mater undoubtedly stoked the novel’s dominant themes of isolation, exile, and separation. “The Separated” was also among the working titles.



Original 1947 The
Plague edition by
Gallimard.
Editions Gallimard

The struggle of individual imprisonment was nothing new to Camus. In 1942, he published his absurdist story *The Stranger*, which chronicles the downfall of Meursault, a man who is convicted and sentenced to death not because he killed an innocent Arab on the beach but for not crying at his own mother's funeral. In that same year, his philosophical essay "The Myth of Sisyphus" appeared, which lays out his basic theory of the absurd. Like Sisyphus who continues to push the rock up the mountain despite its inevitable fall, humans will always search for meaning. What counts is not so much the struggle to push the rock up, but the walk back down the mountain while contemplating renewal.

The Plague marks Camus' shift in focus from the individual and the absurd to the collective and what he calls the literature of "revolt." Around the beginning of 1943, he wrote:

I want to use the plague to express the way we have all suffered from suffocation and the atmosphere of threat and exile we've all experienced. At the same time. I want to extend this interpretation to the notion of existence in general. The plague will give an image of those who shared the reflection, the silence of moral suffering.^[3]



Cover of the French 1947 special edition of *The Plague*. Cover design by Mario Prassinós. Editions Gallimard.

The Plague tells the story of a bubonic plague outbreak that strikes the French-Algerian town of Oran, decimating the population. It begins with sick rats coming out to die in the streets. When the rats disappear, the disease moves on to infect humans. At first, most of the inhabitants, with the exception of the character of Dr. Bernard Rieux, refuse to believe that the disease is dangerous. Rieux works tirelessly not only to save sick victims, but also to mobilize a movement against the plague by calling on others to help in the fight against it. As the city closes its gates, Tarrou, Grand, le Père Paneloux, Rambert, Castel, and Othon are among the characters who risk their lives to care for the victims of the unrelenting epidemic.

In 1943, Camus joined the French Resistance as an editorial writer for one of the most influential underground publications, *Combat*, and became its editor-in-chief at Liberation. He wrote moving articles inciting citizens to resist and then detailed the shock of the painful return of

Jews and political prisoners who had been deported to concentration camps. Despite the fact that, in aiming for universality, Camus erased the most explicit references to the Second World War, the French recognized themselves in *The Plague*. As such, in 1947 the book became known as *the* novel about Nazi occupation, the Holocaust, the Resistance, and Liberation.^[4] When Camus signed a copy of *The Plague* for his friend and fellow resistor, Madame Jacqueline Bernard, he wrote "To J., survivor of the plague."^[5] She was deported to Ravensbrück concentration camp in 1944 and that same year her husband died on the way from Paris to Auschwitz.



Cover of underground French Resistance publication that Camus edited, *Combat*.

Almost 75 years later, it could be said that Camus' vision of *The Plague* gaining a more universal significance has found renewed focus with COVID-19. For Camus, the pandemic virus symbolized not just Nazism but was supposed to serve as an allegory for any omnipotent force that imprisons people and

inflicts human deaths in arbitrary ways. Since February of 2020, *The Plague* has made the bestseller list in countries such as South Korea, Italy, and France, and, in some places, has sold out on Amazon. When reading it, it's impossible not to wonder how someone writing in 1942 could have foreseen so accurately how things would play out in 2020. The general disbelief and denial of the severity of the virus, the unwillingness of government authorities to enforce prophylactic measures, the hoarding of goods, profiteering, quarantine, lack of medical supplies—these themes play out in *The Plague* as they do today.



Albert Camus

While these comparisons are striking, some of the less-sensational parallels of today's crisis with *The Plague* delve into the heart of the book's deceptively simple message – it is a story about acquiring a sense of love and duty for all humankind that functions outside of personal, moral, religious, or ideological motivation. It's about breaking out of a certain kind of individual imprisonment and isolation to combat a collective imprisonment and isolation.

Le métier d'homme, le devoir d'aimer, and abstraction

Two major terms from Camus' lexicon give shape to this concept: *le métier d'homme* and *le devoir d'aimer*. *Le métier d'homme*, loosely translated as "humankind's profession," means that all humans have a job, tailored to each individual, that involves combating misfortune in the world to reduce suffering. What drives *le métier d'homme* is *le devoir*

d'aimer, the “duty of love” not just to one’s partner or family but also to humankind. Camus said, “love is the right and duty of each human” and “the only duty” he knows is “that of love.”^[6] It is only this conception of love and duty without moral or material motivation or compensation that can heal plagues, imagined or real.

At first glance, *Le métier d’homme* and *le devoir d’aimer* appear to be simple concepts that any decent human being should be able to enact humbly. However, throughout *The Plague*, Camus demonstrates that this becomes nearly impossible in times of massive catastrophe due to the third major term from Camus’ lexicon—*abstraction*. Different abstractions allow the citizens of Oran to avoid confronting the horrible reality of the plague’s spread and impact. At its most simple, abstraction means turning the concrete into the immaterial or ideal, and it’s the different forms of abstraction that individuals employ—both wittingly and unwittingly—that become obstacles to the city’s efforts in countering the plague. As long as they create abstractions, humans cannot love or do their duty in preventing the suffering of humankind.

*

The rest of this article will be devoted to dissecting the different ways the characters of *The Plague* generate abstraction while comparing these with a few ways different, real actors in today’s world have avoided confronting the most severe impacts of COVID-19. The authors—Jennifer Orth-Veillon and John Tyrrell—both residents of Lyon, France, who can’t go further than one kilometer from our homes for more than one hour a day, are seeking to resist the abstraction of this pandemic in textbooks (years from now), or on social media (minutes from now). To that end we have interviewed two real people close to us who have, against the odds, won their own personal battle with abstraction and helped, or rather loved, humankind during this crisis.^[1]

Abstraction and *The Plague*

In 1955, eight years after the publication of *The Plague*, the French journal *L'Express* published an article by Camus entitled "Le métier d'homme" in which he presents his recurring idea of "humankind's profession." He speaks of the human need for meaningful work, without which "life suffocates and dies," a theme he explored in *The Plague* through the actions of Doctor Rieux. In the article, he also addresses humankind's "duty to love" ("devoir d'aimer"), which drives Rieux, and undoubtedly motivates today's health care professionals as they work tirelessly and selflessly to protect lives against the onslaught of an invisible and deadly adversary. As a nurse in Lombardy, Italy, expressed to New York emergency-room doctor Helen Ouyang in early April when the city registered 47,440 cases, the merits of the profession can't be understated. "Please, don't give up," she wrote. "Our jobs are difficult but are the most beautiful ones."^[2]

As with this nurse, Dr. Rieux's task – performing his "duty to love" – gives meaning to his existence. However, no lofty aspirations brought him to his calling. By his own admission, he entered his profession "abstractedly," as it was a desirable career "that young men often aspire to." Subsequently, as a young doctor, he was exposed to the hard realities of human suffering and death. The injustices he witnessed outraged him, challenging his capacity to see his patients abstractedly. Indeed, it was his inability "to get used to seeing people die" that spurred him on. But later, faced with plague in Oran, he found a new purpose for the abstraction of reality in allowing him to take on an unprecedented number of critical patients. He observes that "an element of abstraction, of a divorce from reality, entered into such calamities." However, he finally comes to the conclusion that he can never completely let down his guard and give way to abstraction, as he proclaims, "when abstraction sets to killing you, you've got to get busy with it." For

Rieux, fighting his own abstract view of the plague becomes almost as difficult as fighting the plague itself.

Somewhat like Sisyphus, Rieux rarely wins the uphill battle with the plague. While a few make what he views as miraculous recoveries, most succumb to a violent end as the plague attacks in horrific ways. Their buboes ooze, their fevers soar. As the plague continues its rout, a group of men let go of their abstractions and join Rieux in helping the communal effort. The journalist character, Rambert, decides to stop illegally planning his escape from Oran to join his lover in Paris. Since the outbreak, he has tried bribing officials and finally resorted to engaging the services of some shady characters to smuggle him out. For him, the plague was not about the arbitrary deaths of thousands of humans, but about his individual sadness. When he abandons the quest to escape and instead joins the rescue teams, he admits to Rieux "I belong here whether I want it or not. This business is everybody's business." Rieux tells Rambert that he didn't blame him for wanting to pursue happiness with his lover. At this moment, it's easy to forget that Rieux has been separated from his wife too. "But it may be shameful to be happy by oneself," Rambert confesses.

Rieux and his friends fight the plague—and their abstractions of it—until cases diminish and an effective serum is found. About a year after the first case appeared, the gates of Oran reopened and the citizens flooded the streets and cafés to celebrate. It is just then that Rieux is shattered by the sickness and death of his friend Tarrou, who has contributed greatly to the efforts. As Tarrou dies, Camus resists imposing an emotional reaction on his readers, yet the impact of the episode on Rieux is clear. Unable to be of any use to his friend, the doctor nonetheless remains steadfastly at his side, recording the details of their interactions during Tarrou's final hours. The tragedy of this death, all the more poignant for having occurred as the plague was receding from

the town, finally forces back the protective shield of abstraction which had permitted Rieux to carry out his duty so assiduously and for so long. It is the first moment since the onset of the epidemic in the town that he puts aside the others who are sick to stay with his friend. And it is the moment where the reader is presented with the real human cost of the ravages of the plague, free from all abstraction.

The next day, when Rieux receives the telegram informing him of his wife's death, it is hard not to wonder how he will carry on. Yet we know he will, as will the suffering. Rieux admits that "He'd been expecting it, but it was hard all the same. And he knew, in saying this, that this suffering was nothing new. For many months, and for the last two days, it was the selfsame suffering going on and on."

Abstraction and COVID-19

In the context of the COVID-19 pandemic, abstraction has also been an important coping mechanism. For the general public, abstraction comes in the form of harsh realities in hospital wards reduced to news headlines and data points on graphs.. For front line medical professionals, it's the daily struggle to manage the waves of emotion resulting from unprecedented sickness, death, and deprivation of contact with loved ones. Like Rieux, some of those doctors and nurses have found that allowing the mask of abstraction to slip can be desirable in the face of such monumental difficulties. Italian E.R. doctor Andrea Duca said, "I realize now that keeping the emotions outside of me can help to manage the shift and the stress, but I need to be human to keep working."^[3]

However, opening the floodgates to those emotional realities can also have devastating consequences. New York E.R. Doctor Laura Breen tragically took her own life following weeks of fighting the virus in others, and had even recovered from it herself. According to her father's account in *The New York Times*, "She had described to him an onslaught of patients who

were dying before they could even be taken out of ambulances.” He said, “She tried to do her job, and it killed her.”^[4]

If ongoing mitigation measures are successful, it’s likely that the vast majority of the global population won’t contract COVID-19, or even have direct experience of it via immediate family and friends. This means that for most of us our experience will remain an abstraction, limited to what we see and hear on TV, radio, websites and social media in the form of soundbites, statistics, graphs, and their various interpretations through each channel’s unique prism. As Camus suggests in *The Plague*, “we tell ourselves that pestilence is a mere bogey of the mind, a bad dream that will pass away.”

Today, the bad dream plays out on screens at home and on mobile phones, adding a further stage of disconnection with reality. Many are looking hopefully towards a better future post-pandemic, in terms of improved health systems, sustained reductions in urban pollution, or more flexibility in remote working for example. The mass-scale abstraction of the pandemic, however, could prove to be a hindrance to such positive outcomes. If COVID-19 doesn’t directly touch a person’s life, it’s easy to ignore its reality, deny its impact and believe that there’s nothing that needs fixing.

In *The Plague*, Camus says that discussing humans as being good or bad citizens in times of crisis misses the point. Rather “they are more or less ignorant.” He suggests that “the evil that is in the world always comes of ignorance, and good intentions may do as much harm as malevolence, if they lack understanding.” It follows that to counter ignorance and gain this all-important understanding, people require information. But it needs to be correct information. This is challenging when facts depend on the way they are collected, and truth is subjective depending on the channel through which it is transmitted. In his story, Camus describes the “epical or prize-speech verbiage” employed by the media beyond the walls

of Oran when describing the situation within. This grates on Dr. Rieux because it fails to capture the reality of the “small daily effort” made by so many to sustain the lives of the afflicted.

It’s possible to imagine that some Italians reacted in a similar way to the sensationalist reporting in British media in early March when COVID-19 began to exert its deadly grip on Northern Italy.^[5] Fast forward to April, when the infectious tide rose to similar levels in the UK, and the tone of reporting in popular newspapers was muted in comparison. At times, it leveraged the distraction of Prime Minister Boris Johnson’s own battle with the virus to keep the worst domestic horrors from the front pages.^[6] It appears that it’s only a sensation when it’s happening to someone else.

Meanwhile, one debate currently raging in our communities and news media concerns the medical efficacy of wearing masks to protect ourselves and others from COVID-19. This might be missing the point, however. Camus goes straight to the heart of the matter, recording an exchange in which Tarrou hands a mask to Rambert the journalist, who immediately asks if it is really any use: “Tarrou said no, but it inspired confidence in others.” Our leaders frequently speak of community responsibility and the vital role that everyone has to play in mitigating the worst impacts of COVID-19. Staying at home and following social distancing guidelines is vital, but for any who share Camus’ view, the action of wearing masks is equally of value. It requires investment in modifying behavior to extend greater respect and understanding to those who share this world, its streets, and places of work and play. How people behave – whether or not they wear a mask, for example – has a very real impact on the level of safety or anxiety felt by others.



In Lyon, a sign reads "Stay home, that's all." Photo by Jennifer Orth-Veillon

In the high-score, high-stakes world of COVID-19 statistics, the relative differences of individual country's approaches are laid bare. Every commentator has a different take, but it's hard to claim that a country like South Korea has a lower infection rate because it lacks the freedoms of western liberal democracies. Sweden, for example, has achieved remarkable results. Some observers credit this to the heightened sense of social responsibility that saw Stockholm city centre foot traffic reduced by 70% without any enforced lockdown.^[7] As COVID-19 takes its permanent place in the world's ongoing reality, time will tell whether people are willing to invest in their communities through the wearing of masks and other perhaps inconvenient new behaviours as we seek to, as Camus suggests, "inspire confidence in others." Such communal social responsibility is the manifestation of Camus'

“duty to love,” and its value should be embraced more than ever in trying times.

For individuals to grasp the importance of behavioral change and their wider social duty, it’s vital to break through abstraction and connect meaningfully with them. It’s here that the power of personal stories is paramount. The story that Camus told in *The Plague* is a fiction, but there are many narratives today that mirror its events, and it is those that must be elevated. By doing so, we can reveal the truth of Camus’ words when he says of the contagion, “it doesn’t always pass away and, from one bad dream to another, it is men who pass away.” And we can begin to better understand our shared duty of love.

We have come to know two individuals whose stories are relevant and valuable in the context of Camus’ discussion of abstraction in *The Plague* and our city’s experience with COVID-19. Yasmina Bouafia and Walid Feda are two French citizens who, against great odds, demonstrate “le métier d’homme” and “le devoir d’aimer.”

Yasmina Bouafia, 6eme Arrondissement, Lyon

“With *The Plague*, Camus has given us the copy that we have cut and pasted into today’s Covid-19 France,” claims Yasmina Bouafia, a 38-year-old French-Algerian woman living in the Charpennes neighborhood in the southeastern city of Lyon. Yasmina’s parents are Algerian, but she and four of her nine siblings were born in France. “It’s hard to find an Algerian of my generation who hasn’t read *The Plague*.”



Yasmina Bouafia serves Algerian mint tea.
Courtesy of Yasmina Bouafia.

The pandemic has shed light on an aspect of Camus that she hadn't previously grasped in his work. Camus, although he became known as a French writer, had always considered himself Algerian, despite having joined the French Resistance, and eventually settling in France after Algeria won its independence in 1954.. Almost all of his writings spring from his place of birth, and when he was forced to relocate to France after the Algerian War, he chose to live in the south of France because the intensity of the sunlight there most resembled that in Algeria. Yasmina, born in France, to a family steeped in Algerian tradition, has always considered herself French.

It has been from her position as an outsider that she has been able to help women in Algeria improve their health. Two years after giving birth to her twins, she divorced her husband and found herself almost exclusively responsible for raising her five children under the age of 11. Uncertainty and stress about her family's future caused Yasmina to reach a weight that threatened her well-being. Through a combination of meditation, nutrition, and exercise, she regained her health, and went on to create a foundation co-sponsored by French and Algerian organizations, to help women in Algeria combat the rise in obesity and its related problems. Gyms, yoga studios, and nutritionists are easy to find in France, but in Algeria, they are rare and inaccessible to most women. Even though she is unable to go to Algeria now, she stays in contact with the women in her program, who have, Yasmina admits, struggled since being confined to their homes due to COVID-19. She tells them they have to hold out at least until September when she will be able to help them again in person.

Reading books like *The Plague* in the time of COVID-19 have allowed us to believe more in fiction than in reality, she

says. She's taken to watching the British series, "Black Mirror," and sees parallels in the way technology has taken over during the pandemic. Technology, she intimates, has made an abstraction out of the world and replaced real experience: "There's no more kissing, no more hugging, no more face-to-face meetings." Reality happens through the "black mirror" of our phones and screens.

Yasmina, worried about technology's influence over reality, believes the screens and the media are masking stories many don't want to be told. "I feel like the media is in competition for whoever tells the most sensational story, even if it has to do with pseudoscience." For example, it's rare to hear stated a truth that she believes most politicians don't want to admit: months ago, President Macron's government consistently crushed and criticized the Gilets Jaunes (Yellow Vest) Movement that involved working and middle class citizens protesting what they saw as the unfair decline in their standards of living. These people included nurses, farmers, truck drivers, and grocery store employees. They are the same people who, despite the dangers of contracting COVID-19, have been asked by the French government to continue working as they are considered "essential" to the nation. Their weekly protests throughout France have been forbidden, which probably "suits the government." "The values have reversed," she says.

She cites another underrecognized issue in Algeria. Many people in Algeria work, as she describes, "day to day," meaning they leave for work in the morning in order to make enough money to eat in the evening. With the stay-at-home order, they can't leave their houses. This is especially difficult during Ramadan. In one particularly hard hit commune, Blida, military service members have been delivering meals to struggling families at night to break the fast, a response made possible by donations of food from over 1,000 households.^[1]



Algerian Ramadan specialties prepared by Yasmina Bouafia.
Courtesy of Yasmina Bouafia.

In France, Yasmina has managed her family's food budget by dipping into her savings. As a single mother of five children, she benefits from a reduced lunch fee at the school cafeteria. Even if her children don't eat much at night, she is reassured that they had at least one good meal with meat and vegetables during the day. With the children at home, her food budget has more than doubled and she worries about providing proper nutrition on a daily basis. In addition, she is limited from buying the necessary quantity of food since it is impossible for her to go out each day with all of her children and she doesn't own a car. In France, it's not permitted to go outside without a government-issued justification citing for example exercise, shopping for necessities, or seeing a doctor. There is also a one-parent-to-child obligation. Each time Yasmina went for a walk with her children, the police stopped her and ordered her home. Her older sister decided to move in with her to help ensure the children's outings could continue.

Instead of taking her sister's help as a cue to let down her guard, Yasmina decided that the extra pair of hands at home would finally allow her to do what she felt was her "human duty." While her sister watched her children, Yasmina went to the local chapters of the Salvation Army to prepare meals for the poor and homeless. She wore gloves, a mask, and protective clothing and declined to help distribute due to risk of infection. However, she reported each day to the centers until she severely sprained her ankle, forcing her to walk with crutches and stay home until the injury healed.

The task of fasting has become a greater challenge during Covid-19 due to the fact that Muslim families and friends can't visit each other during the day. This is especially painful in the early evening as the fasting draws to a close and they prepare to eat for the first time in over twelve

hours. Yasmina explains, “In the Maghreb culture, we are used to taking a walk to visit family and friends after eating the evening meal and we talk late into the night. It’s a time to reunite with people. Now I have to eat alone.” Most of Yasmina’s children are too young to fast during the day and her evening Ramadan ritual has felt less celebratory as she eats in isolation.

A few days ago, her children surprised her. As if they had inherited their mother’s selfless, benevolent impulse, they surprised her as she prepared their breakfast – they announced that they had all decided to join her in fasting for the day. And, in spite of a few grumbles, they made it to sundown. Instead of the traditional Ramadan soup, *chorba*, or orange-flower blossom pastries, her youngest begged to go to McDonald’s, which is one of the restaurants that hasn’t stayed open for take-out or delivery. “If McDonald’s were open, I would have definitely taken him,” said Yasmina, still flabbergasted by her children’s resolve.

For Yasmina, Camus’ novel is valuable because it isn’t about Algeria. It’s not about France either. “It’s a novel about humankind.” As she explains, this is what Camus meant by “*métier d’homme*.” Yasmina isn’t helping Algerians or French. She’s helping humans.

Walid Feda, 1er arrondissement, Lyon

“The most negative word of 2020 is positive,” pronounced Walid Feda, owner of the Lyon neighborhood convenience store, Panier Sympa (The Friendly Basket).



Walid Feda, owner of Panier Sympa convenience store in Lyon, waits for customers. Photo by Jennifer Orth-Veillon.

Since high school, Walid has read *The Plague* several times, reflecting his lifelong interest in major global pandemics in history. Every 100-400 years, he reports, the world faces something like COVID-19, be it Bubonic plague, cholera, or the Spanish flu. Still, he never thought such a thing would affect him at all, either positively or negatively.

In his shop, Walid sells the basics— fresh fruits and vegetables, canned goods, sodas, chips, candy, cold beer, bleach, toilet paper. He also sells more high-end goods like expensive champagne, aged cheeses, vintage wines, and cured meats. In normal times, both the bourgeois and working-class flock to Panier Sympa on Sunday afternoons or as the sun goes down, when regular supermarkets are closed. His store is never overcrowded, but there's always at least one person purchasing

something and a few others hanging around the fruit and vegetable stand at the entrance as permanent fixtures. On summer nights, the smell of exotic spices wafts through the neighborhood and we know that Walid is not only cooking things to sell – he is also preparing meals for his friends and neighbors, free of charge.



Walid's storefront in Lyon. Photo by Jennifer Orth-Veillon.

Walid was born in Kabul, Afghanistan. His mother was a schoolteacher and his father civil engineer and well-known intellectual. They were both outspoken community leaders against the regime and, as such, their lives were threatened. When he was 10, Walid and his parents were granted asylum in France and settled in Lyon. Walid was educated in international schools in Lyon and Dubai, and after gaining a degree in computer science in Lyon, he returned to Dubai where he led several technological and commercial enterprises. When

he met his wife in India, his business was doing well, and together, they had three children—two boys and a girl, and lived between India and Dubai. When his wife fell ill with breast cancer in December 2007, they made the decision that she should pursue her treatment in Lyon, where cancer treatment facilities were cutting-edge. In 2008-9 the subprime crisis and the Arab Spring hit his businesses hard and they folded in Dubai, Bahrain, and China. With his children, he moved back to Lyon. His wife still sick, he used his remaining money to open the convenience store because, as he told himself, “people always need to eat.” The store limped to modest success until 2014 when his wife’s cancer returned and she died, leaving Walid alone with his three children. He floundered economically and emotionally. Luckily, his parents agreed to help with the children and he found himself back on his feet again in late 2018.

Things were starting to look up until March of this year when the rapid spread of COVID-19 imposed a lockdown of citizens. Considered by French law as an “essential” business for the health of the nation, Walid has been allowed to remain open. However, he knows that his sales of foodstuffs are anything but essential. “The seniors in our neighborhood see me as security,” he says. “They come here once or twice a week to buy a few things but really they come to talk. For some, I bring them their groceries. If I close, I’m scared they will fear the worse and succumb to their isolation. I look after them.” Walid explains that he orchestrated placing a local woman in an assisted-living facility just before the pandemic because no one could take care of her. He calls and checks on her each day to make sure that the new Coronavirus hasn’t invaded the facility and that she remains in good health.

Finally, he’s remained open not because he offers essential food, but because he offers a service for those who are in danger in falling outside of what the French nation considers legal. For some time, Walid has helped asylum seekers,

refugees, and immigrants process governmental documents related to obtaining French legal status. Among the bleach bottles and disposable hand wipes stacked in the back of his shop, he's set up a card table and chairs. A pot of hot tea and cups sit among the scattered papers along with a few empty beer cans. Prior to Covid-19, he had cases that helped fill the occasional monotony of afternoons before the shop's business picked up in the evening. Today, however, he has a steady string of customers. The French government has decided to extend visas to all immigrants awaiting decisions regarding their permanent status. While this may appear to be good news, it presents a lot of unknowns—not only on the part of the immigrants, but also on the part of those who are sometimes unaware of the new rules. For example, if a pharmacist is not aware of the visa-extension law, they may not understand that the client still has the right to a lower price for medicine. This gets especially complicated when the immigrant in question doesn't speak French or English.



In the back of his shop, Walid helps two men from Afghanistan with their papers. Photo by Jennifer Orth-Veillon.

Nowadays, Walid accompanies these people to pharmacies to argue in their favor, and helps them fill out paperwork that guarantees the extension of their rights on French territory. "They have legal status that not everyone knows about. That's why I have to be there," Walid explains. "My religion is my humanity. So, no matter where they are from, I help them. It's more important to do something good for humanity."

Walid charges no fee for this service. "It's my heart, my humanity that does this."

Walid has remained open for business and, no doubt, he has helped many, but his business has paid an enormous price. "My debit and credit cards are maxed out," he reports. "My bank has blocked me. I use the cash I make from shop purchases to buy stuff to replenish stock. I let my oldest son work here so

he can have some pocket money and feel independent.” The French government has promised to help struggling businesses during COVID-19, but only those who were doing well before the crisis will get immediate and substantial aid. Walid was just getting back on his feet after recovering from his wife’s death when the pandemic exploded. He fears the worst. With three children who will all encounter the rising costs of French higher education in the next few years, he hopes he and his family will be spared. His oldest son has his eye on an aeronautical engineering school and, besides his work in the shop, fixes smartphones for pocket money.

When we asked Walid if he would respond to a few interview questions, he requested a few days to reflect. After this time, he produced a narrative of eleven handwritten pages. Here is, fittingly, the abstracted version of some of his most pertinent reflections on Camus:

Today, we are living in a historical moment of our lives. In the world, we are observing certain ideological and political discriminations within our own communities and even families. The virus is forcing us to come back to a notion of family again by enclosing parents with their kids. Are we seeing that our relationships have become more virtual, making us express even our gratitude to the ones we love only on screens? When I come home from work, I want nothing more than to hug my kids, but I have to take off my clothes and shower first. My clients come into the shop – we have always been friendly, shaking hands or giving the French “bise” – a kiss on each cheek. Now, behind masks, we nod heads coldly. But, at the same time, my actions for others come from my solidarity and my responsibility is to my humanity.

The Rats Will Rise Up Again

French writer Roland Barthes took issue with *La Peste* in 1955,

claiming that Camus' use of allegory muted rather than exposed the catastrophic reality of the Holocaust.^[8] But only reading *The Plague* as an allegorical mirror of the COVID-19 masks its fundamental message about humans helping humans. By not speaking directly about real events, *The Plague* allows for this more universal meaning, which is especially relevant for today's COVID-19 world.



Outside of Lyon, France, quarantined Yellow Vest protestors hang their symbols outside their windows. Photo by Jennifer Orth-Veillon.

If we believe that *The Plague* can only stand for political totalitarianism or health crises, we will have too quickly dismissed one of the essential functions of the book, which is to provide a blueprint for both identifying and overcoming

the kind of abstraction that prevents us from performing our “métier d’homme” and our “devoir d’aimer.” With *The Plague*, Camus has created a neutral space from which the rise of catastrophe and collective resistance against it can be staged. Walid and Yasmina are but two of thousands of individuals who have played their part and we can only hope that more faces and names like theirs are revealed as the COVID-19 crisis marches on, and indeed the next one lies in wait. Because Rieux, in the last lines of *The Plague* warns that these kinds of fights are far from over:

And, indeed, as he listened to the cries of joy rising from the town, Rieux remembered that such joy is always imperiled. He knew what those jubilant crowds did not know but could have learned from books: that the plague bacillus never dies or disappears for good; that it can lie dormant for years and years in furniture and linen-chests; that it bides its time in bedrooms, cellars, trunks, and bookshelves; and that perhaps the day would come when, for the bane and the enlightening of men, it would rouse up its rats again and send them forth to die in a happy city.

Notes:

[1]

<http://www.aps.dz/regions/104503-association-kafil-al-yatime-d-e-blida-distribution-de-30-000-aides-alimentaires-a-la-fin-du-mois-sacre>

[1]

<http://www.gallimard.fr/Footer/Ressources/Entretiens-et-documents/Histoire-d-un-livre-La-Peste-d-Albert-Camus>

[2] For an explanation of the way France had been divided into the northern zone and the southern zone during WWII, see <https://encyclopedia.ushmm.org/content/en/article/france>

[3] Camus, Albert. *Carnets*.1942-1943

[4] Agnès Spiquel, <https://www.livreshebdo.fr/article/une-relecture-de-la-peste-par-agnes-spiquel>

[5] Jacqueline Bernard. "The Background of *The Plague*: Albert Camus' Experience in the French Resistance." Volume 14, 1967 *Kentucky Romance Quarterly*, Issue 2.

Pages 165-173 | Published online: 09 Jul 2010 Taylor and Francis

[6] Albert Camus. *Les carnets*. 1942-1951

[1] For a description of France's restrictions see this article in [The Local](#)

[2] Read more of Helen Ouyang's harrowing article about her experience in her *The New York Times* article, ["I'm an E.R. Doctor in New York. None of Us Will Ever Be the Same."](#)

[3] Quoted in Ouyang's article, listed in footnote 2

[4] See article on Dr. Breen, ["Top E.R. Doctor Who Treated Virus Patients Dies by Suicide"](#) in *The New York Times*

[5] For more on the UK coverage of Italy, see the article published on itv, ["Italy's soaring coronavirus death toll and Covid-19 panic buying in the UK dominate Monday's headlines"](#)

[6] For more on the coverage of Johnson's illness see the article ["How the newspaper front pages reacted to Boris Johnson in intensive care"](#) published on *Yahoo News*.

[7] For more on Sweden, see ["Sweden disputes accusations of lack of coronavirus action"](#) in *The Local*.

[8] Barthes, Roland. "La Peste: Annales d'une épidémie ou roman de la solitude." *Œuvres complètes*. Ed. Eric Marty. Vol.1. Paris : Editions du Seuil, 1999, p. 540.

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**New Essay by Anthony Gomes:
Is There Finality in Death?**



All beings in this world, all bodies must break up: Even the Teacher, peerless in the human world. The mighty Lord and perfect Buddha has passed away. – The joy of renunciation in The Radical Buddhist.

Of all the wonders that I yet have heard, It seems to me most strange that men should fear, Seeing that death, a necessary end, Will come when it will come.– Julius Caesar, Act 2, Scene 2. William Shakespeare

With the sudden appearance of COVID-19 that has been killing the elderly at an alarming rate, doctors may be forced to make life and death decisions based on age, underlying medical condition and the need for respirators, something unthinkable in the near past. Emergency Medical Service (EMS) teams who cannot find or restart a pulse while administering CPR on adult cardiac arrest patients have been instructed not to bring those patients to hospitals. How the COVID-19 epidemic will change our approach to death remains unclear as of this writing. In this regard it is noteworthy remembering what the Roman Seneca commented some 2000 years ago: *death is sometimes a punishment, often a gift, and for many a favor.*

Death is a dreaded word no living human being wants to hear. But ultimately, all of us have to face our own death or that of our loved ones. For only one thing is certain in our lives: the fact that one day we will die.

Medically, death is declared when an individual sustains either an irreversible cessation of circulatory and respiratory functions or an irreversible cessation of all functions of the entire brain, including the brain stem. On the other hand, if a person experiences the "irreversible cessation of all functions of the brain," he or she is considered legally dead. With the availability of life-support measures, a legally brain dead subject with a beating heart may be kept "going" until the decision is made to remove all life-support measures.

The process of dying, of how, when, and where, has changed over the last century. In the US, nearly two-thirds of deaths occur in a hospital environment, in the intensive care-units where patients often undergo all sorts of complex procedures, including surgery and other life-extension measures. Some of these patients are transfers or admits from nursing homes, and many are oblivious of their life-expectancy. Their relatives not uncommonly plead with the doctor: "Please doc, do all you can," and often the doctor obliges seeking consultations for

each failing organ from a host of specialists: cardiologists, pulmonologists, gastroenterologists, kidney specialists and surgeons, all doing their thing, as if to maintain each “organ” disregarding that they are human beings, whole entities rather than parts of an unraveling body. Yes indeed, modern medicine can prolong life, but ultimately cannot avoid death. These so called “medicalized deaths” are not exactly what people desire. Polls conducted by the Kaiser Family Foundation and *The Economist* report that most healthy people hope that they will die at home peacefully, free from pain and surrounded by loved ones. However, that doesn’t mean that their wishes will hold when they are faced with a catastrophic illness such as COVID-19. In the past, I have encountered patients and their relatives rescind DNR (do not resuscitate) instructions to insert a pacemaker in a terminal patient.



The insecurities associated with death, and the much argued presence or absence of an afterlife compound our anxieties and add to the fear of dying. One can argue that death is preferred to severe disability or suffering with its devastating effect on quality of life. However, some would strongly hold a counter position that life is sacred, ordained by God, and, nobody has the right, the subject or his doctor to end life prematurely, no matter how miserable the existence. Indeed, few people if any will celebrate death with champagne as Anton Chekhov did. Chekhov’s wife, Olga was with him when he passed away. She writes that they had ordered champagne; he took a glass, and turning his face towards her, he smiled at her and said: “It’s a long time since I drank champagne.” He calmly drained his glass, lay down quietly on his left side, and shortly afterward, fell silent forever.

In the US, in contrast to some European and Canadian cultures, we prefer to let life ebb away and ultimately extinguish itself. I have been following a patient for several years on whom, years ago, I had performed a successful ablation of a

rapid heart-beat. Recently however, she was going downhill with severe limitation due to a lung condition, weight loss, and a previous cancer that left her with a single lung, now diseased as well. She was in a nursing home barely able to breathe. She said to me: "I am waiting to die a miserable death...I wish I would go quickly." Her feelings are entirely honest. If ethicists and psychologists confirm those wishes are genuine, then one might ask whether society, cultural norms or "religious righteousness" can or should deny them. With the sudden appearance of COVID-19 doctors may be forced to make life and death decisions without the input of the patient or his/her spouse or relative.



As much as death is abhorred in our society, even in the setting of terminal cancer, heart failure, and old age, the recognition and understanding of the importance of quality of life and of death itself, a subject little talked about, let alone discussed, assumes considerable import. Unlike Asian societies, Western culture, more so the American, hold in disfavor old age and death. In other societies, particularly in the Eastern, old age is revered, and in some, death has no absolute finality.

One might argue that in affluent western societies there is much to live for. And so, nobody in his/her sound mind wants to die even if the ravages of age or illness are evident. Undoubtedly, a healthy mind irrespective of age and disability can amply enjoy the fruits of living, particularly if one has a caring, loving family or one has "purpose" to keep on living. It is pleasurable for an older person, a matriarch or patriarch of the family, even if disabled by disease, to be surrounded by children and grandchildren and great-grandchildren for some or all festive occasions. Furthermore, not uncommonly, in terminal medical conditions, the will to live or the "will to die" is highly personal. Even in the most desperate of situations, death may not be a welcome

alternative. A patient of mine who survived the holocaust and is now over 90 years of age and disabled, but with decent mental faculties, told me that in the Nazi concentration camp she had the option to get electrocuted on the fence while trying to escape, and some did just that. She was afraid of death and rather preferred to live a tortured existence. She survived, came to America, and raised a family. Even now, this courageous woman desperately wants to go on living, and even today, having witnessed the ravages of history, and having made a life for herself and her family, she still fears death.



OUT-OF- BODY EXPERIENCES

Some of my patients who survived an episode of sudden cardiac death, and lived to recount the experience, describe seeing their long-gone ancestors around them, perceiving detachment from their own almost lifeless bodies, and looking down at them. Immediately, thereafter, they passed through tunnels into another universe of scintillating lights, and subsequently were pulled back into their bodies at the very time of successful resuscitation. Obviously, we do not have clear scientific explanations for these perceptions. But I do believe, after questioning my patients at some length that these are true and rather repetitive perceptions in people who survived an episode of sudden cardiac death, and not a fancy of their imaginations, nor perhaps dream-like states. Quite astounding is the fact that these experiences have, most of the time, been positive and not frightening. Whether they occur during activity at some cortical level due to an alteration of neurotransmitters as a result of the cessation of blood supply to the brain, or they reflect the detachment of the living energy from the body, perhaps can only be determined by scientific experiments such a functional-Magnetic Resonance Imaging (fMRI) or Positron Emission Tomography (PET) scanning during a cardiac arrest, something that is practically impossible to accomplish in the setting of

a non-beating heart and no blood circulation.

On the other hand, electroencephalographic (EEG) studies that determine brain activity have been recorded during blackout spells (in the condition known as vasovagal syncope) induced by head-up Tilt Testing, where the bed is tilted to a 70, or 80-degree angle, for a period of 20 to 30 minutes. These studies reported by Ammirati F and coworkers [1] showed that in patients who blacked out because of temporary cessation of heart rhythm, there was a *sudden reduction and disappearance of brain wave activity (i.e. a flat EEG)* seen at the onset of blackout spells. The EEG normalized immediately after recovery. This study obviously proves that loss of consciousness even over a short time span is accompanied by loss of brain activity. Moss and Rockoff [2] reported on a 62-year-old woman who had simultaneous EEG and ECG during emergent carotid artery surgery. While the surgeon was closing the incision, the patient developed cardiac arrest. There was loss of EEG activity within 15 seconds of heart stoppage and activity returned almost instantly after resuscitation. In animal models of cardiac arrest produced by rapid injection of potassium chloride, a flat EEG occurred within 25 seconds of cardiac standstill. These studies do show that the occurrence of cardiac arrest with resultant loss of blood flow to the brain is associated with a loss of brain electrical activity. *Does this then imply that extrasensory perceptions during cardiac arrest are not related to brain activity, but rather to the release of another form of energy from the body?*

THE CONCEPT OF AFTERLIFE

Not uncommonly, fear of death, or lack thereof, and the idea of an afterlife are strongly rooted in religious beliefs. The teachings of world religions: Christianity, Islam, Hinduism, Buddhism, and Judaism have different philosophical viewpoints on these matters. In Judaism, the Torah is silent on the presence of an afterlife. Instead, it entirely focuses on *Olam Ha Ze*, meaning this world. This view is contrary to that held

in the Christian and Muslim faiths, where Heaven is the eternal realm for chaste people, and damnation into Hell for evil ones. I have met dying people of the Christian faith who expressed certain contentment that soon they would attain the Kingdom of Heaven and perpetual life in the presence of Christ. Yet, despite their belief in a better eternal kingdom ahead, these believers were eager to delay dying. In the far eastern religions of Hinduism, Buddhism, Jainism and Sikhism, and even in Kabbalistic Judaism, an afterlife is grounded in the theology of reincarnation, in which life is reordered after death as another earthly life in the physical world. The transmigration of souls, or *samsara*, results in the passage of a soul from body to body as determined by the force of one's actions, or Karma, in the recent past. Successive reincarnations attempt to achieve a superior grade of consciousness, which ultimately leads to liberation from the cycle or rebirth, and the attainment of *Moksha*. In Tibetan Buddhism, Bodhisattvas are not reborn through the force of *karma* and destructive emotions, but rather due to the power of their compassion. Thus, the Hindu and Buddhist do not view death as an end in and of itself.

Death, on the other hand might be more difficult to accept for a Jew, in contrast to a Christian or Muslim, who has the promise of Heaven. I have witnessed prolonged and futile resuscitative codes on Rabbis sometimes for over an hour, when the doctors in attendance well knew that the effort was useless.



Reconnecting in the After-Life

A single person is missing for you, and the whole world is empty.— [Joan Didion, *The Year of Magical Thinking*](#).

There is a strong desire for a loved one, particularly for a spouse or a parent to communicate with the dead person, and

this is often achieved through mediums. One of my patients, whom I shall call Mary, related her story in search of her dead child, whom I shall call Mallory. Mary together with her husband and her teenage son had a meeting with a psychic. She said to me: "Immediately the psychic said there was a little girl present and she would not stop talking. The psychic's voice changed to that of a little girl, and, looking directly at me, said, "'Mommy, you are crying too much. Please stop. I don't throw up anymore and I can run and dance. I am so happy here. Those doctors can't hurt me or call me names anymore. Please stop crying. I am okay.'" To her father, she asked that he should not be so sad. To her brother, she said she loved him and made reference to a tattoo he talked about. She also said that what happened to her was supposed to happen, and none of them could have changed it.

"The tears were flowing heavily," said Mary. "We heard a lot from Mallory that day. We all left there with a new peace in our hearts, and I felt a huge weight had been lifted off my shoulders. I often think back to that reading and how it played a major role in my being able to move on."

After my wife died of cancer at a young age of 40, I searched for her wherever I went, in whatever I saw. I expressed these feelings in a poem I wrote:

*"Amid flowers: I searched her face;
in the ocean wind: I heard her cry;
in the falling star: I saw her leap;
in the snowflakes: I felt her breath."*

Recently, a friend of mine whose wife died of cancer claimed that he felt her presence at home in the form of shifting light. Undoubtedly each encounter, whether real or a figment of one's imagination, provides relief and closure to overwhelming grief. Needless to say, it's not the objective of

this essay to refute or confirm these extra-sensory perceptions; after all, the existence of anything only occurs when we perceive it, and so if one perceives and believes that the person felt the presence of the dead person in a parallel universe, so be it. Something that we do not perceive for all practical purposes does not exist *for us, but might exist for others*. Undoubtedly, the lonely deaths due to COVID-19 without the presence of loved ones will leave families grieving and empty for a long time with a strong desire to connect in the afterlife.



The Concept of Mass/Energy Applied to the Afterlife

The much acclaimed, Portuguese poet Fernando Pessoa, through his heteronym, Bernardo Soares, said of death: *When I see a dead body, death seems to me a departure. The corpse looks to me like a suit that was left behind...*

In death, all the physical, biochemical, and mental energy within us, the very idea in our brains of who we are and what we are, is energy that dissipates slowly as the body cools down. The French philosopher Rene Descartes said: "I think, therefore I am." One can therefore pose the questions: Where does the energy spent on thinking of who we are, and other mental functions disappear? *One of the fundamentals of physics is that energy does not die, that it cannot be created nor destroyed—it simply gets converted into other forms of energy.* And so, the body ultimately reverts to dust, intermingling with the soil of the earth, passing on its mass/energy, or rather converting into other forms of energy, such as biochemical energy into plants and all living beings—providing nourishment to mother earth, the continuum cycle of death and rebirth. An important common belief in native American culture is profound respect for Mother Nature—the earth, the sky, the trees and the animals, and that we humans are a part of nature. Our suffering, our illnesses are not different from

those of the animals around us, and when we die we become part of that from which we came: from dust to dust. Our biological material is recycled and re-distributed; and even if we do not believe in an afterlife we live on as biological matter in mother earth in the cycle of life and rebirth.

But of the soul or the spirit of man—where does that energy go?

I am incapable of conceiving infinity, and yet I do not accept finity. I want this adventure that is the context of my life to go on without end. – Simone de Beauvoir.

I depart as air—I shake my white locks at the runaway sun, I effuse my flesh in eddies, and drift it in lacy jags. I bequeath myself to the dirt to grow from the grass I love...Walt Whitman

In $E = mc^2$ Einstein reached the conclusion that mass and kinetic energy are equivalent, and can be converted into each other since the speed of light (c^2) is constant. Thus, a small amount of mass can generate a large amount of energy and vice versa. Who is to say that this energy within us does not transcend from one universe into another? Or pass on to the closest of kin? Indeed, do we not feel the energy, the life of the dead person, within us? I believe that after the death of my young wife, I was no longer the person I was before. I became a different person incorporating within me her energy. In my view, this was not a concerted effort on my part, but rather a spontaneous phenomenon without thought or intention. Thus, I believe that the very thought, the idea of a dead loved one: a wife, to a husband, or vice-versa, a parent to a child, lives within our minds as the very source of our own new amalgamated energy.

One can plausibly argue that there is no such thing as a soul or spirit as separate entities; that the very soul or spirit resides in our brain as a conglomeration of a host of neuro-

hormones and neural transmitters that makes us feel and appreciate beauty, spirituality, a sense of transcendence through chemical interactions.

However, any such chemical interactions are, after all, a source of mass and energy.

There are possibly an infinite number of universes, and everything that can possibly happen occurs in some universe. All possible universes exist at the same time, regardless of what really happens in any of them. In this regard, space and time are limitless. In Einstein's theory of relativity, there is no such thing as time in the singular. Time passes differently for different observers depending on motion. Time slows down substantially, and with it the aging process when travelling into space and at the speed of light. When Einstein's old friend Besso died, he lamented that Besso had departed from this world a little ahead of him. That means nothing, he thought. "People like us...know that the distinction between past, present, and future is only a stubbornly persistent illusion." Thus, immortality does not mean a perpetual existence in time without end, but rather resides outside of time altogether. This spiritual energy within us, the soul, the atman, whatever you may want to call it, exists within us, around us, since the past, present and future, or what we call space and time, could be but timeless illusions.

Undoubtedly, science has come a long way in understanding the physical nature of the human body, but our understanding of the human brain, the thinking process, such lofty and abstract attributes like spirituality, clairvoyance, the soul, and the presence or recognition of alternate parallel universes is lacking profoundly. It is possible that life continues as forms of energy in a parallel universe—some solace to the living and dying in these tragic times.

[\[1\]](#) Ammirati F, Colivicchi F, Di Battista G et al: Electroencephalographic Correlates of Vasovagal Syncope

Induced by Head-Up Tilt Testing. *Stroke*, 1998; 29: 2347-2351.

[\[2\]](#) Moss J, Rockoff M: EEG Monitoring During Cardiac Arrest and Resuscitation. *Journal of American Medical Association*. 1980; 244: 2750-2751.