Things we can learn from Albert Camus, children, vaccination and disease.

In a pandemic, we are all reminded of pressing issues that nonetheless continue unresolved, due to the ideological distancing of biological fate spun as politics. Americans tend to live in denial of our bodily vulnerability, even amongst pestilence. But for many of us awareness is dawning, unfortunately more slowly than this coronavirus is spreading, that the future protection of our loved ones, ourselves, and our communities, depends in part on basic decisions we are making today.

The symbolic resonance of "protection" goes far beyond our avoidance of speaking too openly about suffering and possible death. "Protection" is rarely as straight-forward as its utilitarian cousin, "safety." Instead it involves speculation about consequences further down the road. Will interventions now prevent trauma's after-effects later? In matters of preventive medicine, protection is, at least in the public imagination, open to great variance in interpretation. Eula Biss writes,

> When I search now for a synonym for *protect*, my thesaurus suggests, after *shield* and *shelter* and *secure*, one final option: *inoculate*. This was the question, when my son was born—would I inoculate him? (7)

Biss recalls fairy tales she was read as a child, like "Tom Thumb" and even "The Maiden with No Hands," in which parents "have a maddening habit of getting tricked into making bad gambles with their children's lives" (4). But she took away quite a different moral as a parent than she did as a child: "Immunity is a myth, these stories suggest, and no mortal can ever be made invulnerable. The truth of this was much easier for me to grasp before I became a mother" (5). The gambles we take are that much greater when we feel solely responsible for their impact

on one who depends almost entirely upon us. And even worse when we don't support each other as a community in which we can interdependently take some responsibility for other people's children. Biss reports her sister's philosophical deduction of the quandary, "You don't own your body—that's not what we are, our bodies aren't independent. The health of our bodies always depends on choices other people are making" (124). In this equation, children should grow into reciprocal interdependence, not just able to rely on those outside of the nuclear family, but also be expected to in turn be responsible to them.

My home-state, Kansas, was the first state to implement polio vaccination in 1957. Why, other than the fact that we are super friendly, centrally located, good Midwestern "hearty stock," medically open-minded, trend-setters in all things scientific? Ok, you probably know that's not all true. Our state was chosen for a town's name: Protection. Beccy Tanner writes, "As part of the campaign, people soon found themselves doing quirky things like having an aerial photo taken of them standing in such a way that they spelled out the phrase, '100% Protection, Kansas.' They launched 400 weather balloons imprinted with 'We're all protected, are you?'" More consequentially, "In the years after Protection became the first town in America to be immunized against polio, the number of cases reported in Kansas dropped from a high of 1,718 in 1952 to zero by 1962." But "herd immunity" can't happen when we increasingly close off the private worlds of family making decisions based only upon what's best for the nucleus.

Often the trope of "the child" is used to sentimentally nudge us towards a protective acceptance of necessary sacrifice. The Physician's Oath, or Declaration of Geneva, drafted in 1924 following WWI and the 1918 influenza pandemic, "was the first official document to propose that children should be the first to receive relief in emergencies. After the Declaration of

Geneva, ‘children first’ became a fundamental tenet in the struggle for children’s rights” (Walker et al, 22). It would be adopted after WWII and echoes one of the most deeply held sentiments surrounding minors. Prioritizing children as first to be rescued and first to be treated make sense if followed in an emergency, meaning “before adults.” But it becomes muddled in speculating about future isolated cases in which you might not agree on what the ‘best interests’ of a child are, especially within the skewed gloss of exceptionalism. From the perspective of children as a protected group (or basic math), it is clear not all can be first. When we look at minors as what Charlotte Perkins Gilman called a “permanent class,” we can see that some children will be first, others last. And putting your own child always before others can be disastrous.

For an example that affects all children as part of this rotating class, not just those presently facing terminal illness, research may be needed to participate in finding safe and effective medical treatments. Consider this anti-vivisection league message from 1915: “Would you like to have your baby inoculated with consumption germs? Would you like to have your daughter given the most awful and vile disease known? Would you like your son to be inoculated with scarlet fever or poisonous pus? Would you like to have cancer grafted into your well breast so that it took root there?” (shown in Lederer 80). Surprisingly, this Anti-Vivisection Society poster reveals the extent to how much our civil disagreements today with reemerging preventable disease due to under-vaccination are not so new at all.

The threat of contagion is powerful, not only because of the threat of fatality but also because, even where treatment is successful, we know that it can brutalize the body, just as small pox and plague once did. The pediatrician poet William Carlos Williams reminded his students (and reminds his readers) of this less romanticized but necessary dimension of medical treatment

in *The Doctor Stories* (written from 1932-1962). His former student, Robert Coles, remembers Williams advising him in his choice of pediatric specialization: "I know you'll like the kids. They'll keep your spirits high. But can you go after them—grab them and hold them down and stick needles in them and be deaf to their noise?" (viii). Our sentimentalized culture outside of the profession keeps such conversations semi-secret, but in fact all of us, whether as former children or as parents, understand the restraint and/or temporary pain in certain medical procedures that a child must learn to tolerate before becoming completely socialized as a patient. In "The Use of Force," the good doctor recounts a particularly stubborn and frightened child who wouldn't submit to a throat culture:

> I have seen at least two children lying dead in bed of neglect in such cases, and feeling that I must get a diagnosis now or never I went at it again. But the worst of it was that I too had got beyond reason. I could have torn the child apart in my own fury and enjoyed it. It was a pleasure to attack her. My face was burning with it. The damned little brat must be protected against her own idiocy, one says to one's self at such times. Others must be protected against her. It is social necessity. (59)

Even the most everyday medical arts can insult our reticence about necessary pains in hopes of healing gains. But what we melodramatically disguise with sentimentality as a way of placating fear is that on a much smaller scale, medicine can hurt. Procedures and drugs can require suffering, side effects, gambles, and risks for the sake of safety and potential survival. William Carlos Williams documents the pediatric prerogative that hurting children is often necessary to heal them.

Beloved children's author Roald Dahl, whose seven-year-old daughter Olivia died from measles-encephalitis, put such measures in perspective in the 1980s, before the U.S. regressed in immunization success: "Apparently, you can't force a parent to stick their child with a needle, or even take the oral polio. But what the Americans did was absolutely delicious. They said that no child could go to school without a certificate of measles immunisation. A beautiful sort of blackmail. No immunisation, no school." Decisions based on protectionist emotions (from sentimentality to fear) must be held in check by reason, collective debate, and public action. And sometimes this process will stab a bit.

In the nineteenth century aggressive treatment was called "heroic" medicine, capturing the idea of healing through hurting but also of serving the greater good rather than personal interests. This is one reason why *The Plague* (1947) by Albert Camus is sometimes used in ethics courses for medical students, and has reemerged as a #1 bestseller in the wake of COVID-19. Though many have perished by the height of conflict in the novel, ethical quandaries intensify around the painful death of one child that causes a crisis in doctrine for the priest and brings about many emotional and philosophical changes for those witnessing it: "nothing was more important on earth than a child's suffering, the horror it inspires in us, and the reasons we must find to account for it" (201). One character, Tarrou, expresses his own code of ethics, sounding a bit like the Hippocratic Oath: "What's natural is the microbe. All the rest—health, integrity, purity (if you like)—is a product of the human will, of a vigilance that must never falter. The good man, the man who infects hardly anyone, is the man who has the fewest lapses of attention. And it needs tremendous will-power, a never ending tension of the mind, to avoid such lapses" (229). The child's dramatic death is also relevant here for prompting discussions about the role of heroism in medical treatment. In the novel there are several penetrating

conversations between the journalist Rambert, who has been quarantined in exile from his lover, and Dr. Rieux, whose impossible responsibility is to battle the plague, save as many as he can, and alleviate suffering.

Like our current politicians and pundits, Rieux and other characters are aware of the figurative connections between war and disease. Under quarantine, confined with multitudes dying from bubonic plague, they even use war as a somehow less frightening code for fighting disease. Rambert reflects on his experience in the Spanish Civil War, claiming, "I know now that man is capable of great deeds. But if he isn't capable of a great emotion, well, he leaves me cold" (149). As the pining lover in the piece, representing "love's egoism," Rambert is the emotional thinker, which leaves him skeptical of heroism: "personally, I've seen enough of people who die for an idea. I don't believe in heroism; I know it's easy and I've learned it can be murderous. What interests me is living and dying for what one loves" (67, 149). Dr. Rieux counters with the simple but winning point of the argument, "Man isn't an idea, Rambert" (149).

Dr. Rieux understands that "the Man" of discourse and "our fellow man" are *different* constructs—one of abstract philosophy, the other nearer to our living, breathing neighbor who is as vulnerable to disease, oppression, and the cruelty of chance as we are ourselves. Camus does not let his reader forget that living, breathing person, no matter how imperfectly he relies upon language to do so. So I'm stealing his line: children are not an idea, either. They are worth fighting for. And that doesn't just mean defending vulnerable bodies. Children are material persons who require protections, but these must be balanced with participation that gives them opportunities for experience, competence, independence, accountability, and debate towards representing themselves where capable. The more these negotiations can take place in a public

sphere the better, as private political expression remains just that, private. To grow up within a full, supportive community with interdependent commitments will require open awareness, not just in the family or home, but in public spheres where all who care can have a voice. And we should all care.

Slavoj Žižek fittingly argued that none of the problems that plague us will be solved by private charity or individual efforts, instead requiring major systemic change. I passionately agree—we need cultural, community-level, and legal changes to reinforce protective *and* participatory rights wherever appropriate and necessary. And yet, this point seems to me to overlook the more immediate urgency we face in child advocacy. As Dr. Rieux says, "a man can't cure and know at the same time. So let's cure as quickly as we can. That's the more urgent job." (189). When you are looking at a 9-year old who has constant tremors from past trauma, you aren't worrying about the system but him; when you look at a child who has experienced so much hunger that she cannot stop shoveling the food she gets into her mouth until she vomits, you aren't going to wait for the revolution to help. Where children die of preventable disease, you can't simply hope that the world economy will shift towards fairer distribution of wealth.

"The child" of rights-discourse is certainly an abstraction, but an actual child in crisis doesn't have time to wait for slow, deliberate, structural change. This child is not an idea but a person—a person with great potential if granted recourse to social justice. By committing to our communities and to other people's children, we might not just help individuals, but also build solidarity and forge public methods for effecting more lasting change. We need to protect each other from ourselves. Sometimes the health of the herd hurts individuals, even if at first it is just the prick of a needle.