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We want everything which has a value to be eternal. Now everything which has a value is the product of a meeting, lasts throughout this meeting and ceases when those things which met are separated.

—Simone Weil
F**rst, there’s the smell** of hardworking detergent straining to keep the cornucopia of rancid odors at bay. Then there are the women’s nails, blood red and carefully manicured. Looking down at my own bitten fingers, I wonder what I would do if some day I found myself in a similar place with no nails to paint.

It is fair to say I’m the reluctant visitor. I am on my way to Mrs. Fuchs, my friend’s mother, whom I have known since middle school. Mrs. Fuchs has Alzheimer’s. She also suffers from a weak heart and renovascular disease. Now that she can no longer manage alone, Mrs. Fuchs has been moved to a nursing home. In the last two weeks her condition has taken a turn for the worst and my friend isn’t sure how long her mother has left. I live in London, they in Tel Aviv, and I am flying over to see them. The low grunt of the engines relaxes me, or maybe it’s the shot of gin in the plastic cup. We’re pushing through in mid-air, belted into our economy seats, spared the innocuous risk of breaking glass.

A tall woman with high cheekbones and a thick mane of black hair, striking without being imposing, Mrs. Fuchs is a woman of many depths and an eye for the macabre. In her long summer tunics, she always reminded me of the biblical matriarchs. As kids, my friend and I acquired a number of sayings from Mrs. Fuchs, whose turn of phrase was cryptic, but got to the heart of things. They became the mantras of our childhood’s circle of two. Mrs. Fuchs, in other words, was an original. In her “dream book,” discovered in a drawer after she had gone into care, we found many elegant passages reminiscent of the works of Agnon or the poems of Rachel. Why had she never mentioned the notebook? Was writing itself her dream of dreams?

The medicinal kick of the gin rekindles the tingling dread at the Hematology Ward where years ago my grandfather died from Myelodysplastic Syndrome. Since his passing, I have spent time, as little as possible, in hospitals and nursing homes. If I’m honest, they give me the creeps.

On a hot day in my twenties my father and I drove out of town to visit his mother at the nursing home. There it stood, a bungalow at the end of a gravel road, adjacent to a military base. Wheelchairs dotted the common room, and a Spice Girls song, I don’t recall which, was on too loud. A lone member of staff quietly jigged in the corner by the mandatory institutional cheese plant. Where was my grandmother? I couldn’t see her amidst the strange faces, the bent figures scattered in the hall. How did she of all people, a proud, irksome woman, end up here? In the unadulterated presence of so much humiliation, I was angry at the place, angry with my father, with my grandmother. I counted the moments before we could leave, and I never returned.
Mrs. Fuchs is in a geriatric unit on the upper floor of a private nursing home that shall remain nameless. It is a standard home for the elderly in one of Tel Aviv’s northern suburbs. On the ground floor are the home’s assisted living units and on the second is the care ward, which resembles a hospital.

Although they are everywhere and among us, nursing homes are a world apart. They beckon like alien planets even when close by. This time I vow to combat my faint-heartedness by tuning into the mundane and the commonplace. After all, I tell myself, aging is the great ordinary. When exactly did old age become the calamitous disruption it is made out to be? The physician and author Atul Gawande attributes modern attitudes toward old age to shifting economic and social patterns and the breakup of multigenerational families.\(^2\) Gawande’s grandfather lived in the family home in Maharashtra for nearly eleven decades. He was cared for by (occasionally frustrated) relatives, and carried on much as he had always done until he fell off a bus and died. “Had he lived in the west,” says Gawande, “this would have seemed absurd. It isn’t safe, his doctor would say.”\(^3\)

The losses incurred in old age are real, but their repression suggests that they are also deeply embarrassing. Unsightly, they stand for all that we fail to command and to cure. Weakness is like an itch we must scratch, an irritation we want to get rid of. But try as we might, frailties persist until we can fight them no longer. The weak scare and unnerve us, and their numbers are growing. I think about this for a while, then scribble a note on the little square napkin: *colonies of the banished in the age of indefinite longevity.*

I read somewhere that our most meaningful experiences take place before the age of twenty-five. I’ve always maintained that the rest was a poor knockoff, a half-assed compromise, essentially a waiting around, and was naturally pleased to have stumbled across official confirmation of what I felt in my bones to be true. And now this: condemned to an ever-longer post-high school stretch where everything that happens is a shadow of what has already come to pass. Clearly, my view of old age is neither broadminded nor hopeful. At my twentieth high school reunion people looked the same, only droopier. The old classrooms were also the same and, like us, unable to hide the cracks behind a fresh coat of paint. Former classmates and a couple of teachers remembered: “Are you still into animal rights?” “Yes,” I smiled, “still at it.”

It is somewhat of a paradox that advances in the medical understanding of dementia have turned old age into an even more frightening bogeyman. But although they transform people in exceptional ways, old age and illness aren’t the least bit exceptional. On the nursing ward are people from all walks of life, poor and well-off, the more and less likeable, each with their own story, dependent and in need...
of support. To the reluctant visitor, this is a place of slow percolating anguish, bewildering in the routineness of its anomalies. Whatever my rational mind ascribes to the experience, I treat with secret disdain the idea that if I live long enough I am likely to die in a place much like this.

To assess elderly patients, the “Get Up and Go Test” is commonly used. Its objective is to identify potential fallers. The patient is asked to rise unassisted from a sitting position, walk, turn around, and sit down again. Assessors look out for deviations from healthy mobility such as poor postural control, signs of staggering, or hesitation. Aging is a major risk factor for falling. An unlucky fall can herald the end of autonomy for even the most vigorous elderly. “Each year,” writes Gawande, “about 350,000 Americans fall and break a hip. Of those, 40 percent end up in a nursing home, and 20 percent are never able to walk again.” Fear of falling runs deep in our collective psyche. Anxious parents chase after their young to stop them from slipping. Old people are often prevented from moving in case they fall. Biblically, we are all fallers from the start, and I often think that attitudes to falling, to being fallen and fallible, determine how we treat others, especially once they are down.

My time spent wondering about vulnerability and its curious bedfellow, violence, has not been focused on humans, but on our relationship with animals. But vulnerability cuts across species. The nursing home is a place that insists in no uncertain terms on our fragility and dependency. It’s a reminder, not simply of our animal nature and our mortality, but of the prejudices that we—the able-bodied and free-ranging—entertain about others whose lives have been stripped of such privileges, curtailed by disease, old age, or confinement. The particulars are different, but there are common themes: millions of nursing home residents and billions of animals share the conditions of institutionalization, marginalization, and extreme vulnerability. Despite being marginal, both populations are numerous, and rising. Our current way of life is shaped by this marginality and this abundance.

My visit to the nursing home conjured crossovers and overlaps, divergences and continuities between humans and animals, between the institutional management of life and death, between the practices of caring and killing, between good intentions and the dereliction of duty, between attitudes to beings who are sometimes beloved and sometimes reviled, and frequently both. In the months that followed, I considered the ways in which humans and other animals are caught up in the institutional webs that “take care” of their bodies and minds, and of the conflicting feelings that reinforce our moral judgments about them.

The nursing home illuminates the ordinary with its strange light. Though out of sight, the nursing home is business as usual when it comes to serving animals as food, dispensing pharmaceuticals that have
been tested on animals, or making use of domestic animals as therapeutic companions. Why should it be any different?

Food is many things on the ward: a necessity and a comfort, a managerial tool, and a means of resistance. Eating is important because there is little else to do. Some residents eat heartily, others lose interest in food. Some turn fussy in old age, others eat what they are given. But there is no discussion with patients of what they’d like to eat, how food might make life pleasurable, or assist in rehabilitation. Meals follow in close succession—breakfast, a late morning snack, lunch at one, four o’clock coffee and cake, and dinner—yet people complain the food is bad. For the bored, the confined, or the unhappy, eating can be a consolation and a distraction. Food is an instant reminder of home. But the limp, tasteless morsels the nursing home serves cause only frustration. The nursing home serves kosher, but what of vegan or vegetarian residents? No one bothers asking. What would it mean to consider plant-based living in the context of the nursing home, where individual needs meet institutional needs, and the ideological needs, as it were, of an entire society?

The study of Alzheimer’s and other neurodegenerative diseases involves, fairly centrally, animal research. The search for cures entails the harming and killing of laboratory animals, mainly mice, whose value as individual beings is duly dispensed with. While we think of nursing home residents as beneficiaries of such research, there is ample evidence to suggest that they also suffer harm and death as the result of overmedication. The vulnerabilities of old age, including memory loss, impaired reasoning, and behavioral problems are perceived as something to be eliminated, controlled, and contained, and nursing homes have become a boon for drug companies. In the US and the UK, systemic unnecessary or overmedication of patients in nursing homes is rife. Concerns have been raised about the widespread prescribing of atypical antipsychotic drugs to the elderly to treat “off-label” conditions, excluding schizophrenia or bipolar disorder, sometimes ignoring FDA warnings on the use of these drugs for those with dementia.

It is possible to imagine animals in a benign therapeutic companionship with vulnerable humans. At present, however, the use of animals in nursing homes and other institutions raises questions: who are the animals, how are they “sourced,” housed, and trained? What constraints are placed on them in their interaction with humans, and what are the consequences should they refuse contact, are hurt by, or show aggression toward, their owners or “clients?” Though animal welfare is a cited concern, the property status of animals renders the project deeply problematic. “When the time comes for a family member to move into a nursing home or retirement community,” states the Veterinary Medicine & Biomedical Sciences webpage of Texas A&M University, “many worry that their loved ones will
begin to feel lonely and unneeded as time goes by.” Organizations like Aggieland Pets With A Purpose provide elderly residents with a “chance to experience the unconditional love of a pet.”\(^8\) No myth deprives animals, especially dogs, of their ability to give or withhold their affections more than the fiction of unconditional love. Dogs coevolved with humans and share a strong bond with us, but their love is not unreservedly given. What worldly love is? Dogs love transparently. They don’t play hard to get. But sometimes what looks unconditional is the absence of choice, the reality of most domesticated animals. It’s nice to imagine that our dog adores us as freely as perhaps no one else does. But dog love, no leashes attached, helps us forget that even our most benign contact with animals leaves them exposed to our life and death-dealing powers. Many dogs are affectionate, others less so, some not at all. I have seen dogs go about their business with scant attention to the humans around them, and others stay by their owner’s side. These are conditions. Therapeutic animals and guide dogs embark on a rigorous training program that many do not graduate. These doggy drop-outs suggest that animals don’t always comply with our imposed regimens. They do not offer their services universally to love-hungry humans.

In the nursing home, then, animals are present as food, scientific sacrifices, or slave labor. With few exceptions, former companion or street animals (Israel has a large population of free-living cats) are kept out of nursing homes. As visitors accompanied by their human relatives, dogs are often barred from entering.

I stare down at my scribbled napkin. Aren’t nursing homes also like factory farms? Both are seen and unseen. They are here, serving us and out there, like the old penal colony or the contemporary Supermax. The carceral and the medical intersect in the institutional landscape where criminality-as-illness and criminality-as-animal call for administrative and pharmacological fixes whose violence remains obscured.

Like other commercial facilities that involve demanding physical or menial tasks, from agricultural work to cleaning, caring, or killing, nursing homes and slaughterhouses are dependent on the flow of cheap, disposable labor and subject to efficiency measures devised by consultants.\(^9\) As nursing homes, like hospitals, prisons, and factory farms, become profit driven, those inside them mutate into statistical data. Rationalization isn’t simply sinister. It’s a way of coping with growing demand. The numbers are impressive. In the UK, there are around 5,200 nursing homes and 12,500 residential homes, in which over 405,000 people aged 65 years and over reside. The care market is set to grow
as the population ages, though growth has been relatively slow. The charity Age UK reports that there are currently 11 million over 65s living in the UK, and more than a third of the country’s population (nearly 23 million) are 50 years or older.\textsuperscript{10} Nursing and residential homes are one component of a social care system struggling to support people who are living longer but whose needs are more complex. Nursing homes face low staffing levels, rotating ownership, pressure to take in more and more residents, inadequate training of staff, and vital equipment and supplies shortages.\textsuperscript{11} While operating within intricate regulatory and funding structures, nursing homes raise some big existential questions: How best to approach vulnerability and aging? Where do they fit into our scheme of life (and death)? Are our current perceptions adequate? The Residential Nursing Care market, as one market research report calls it, is also an investment opportunity in a sector of potentially limitless growth. Caring and costing are presented as compatible by a shrinking state, but the financialization of care casts serious doubts on the way we envision supporting the weakest among us, and, one day, us.

At the nursing home the fragility of life is on display. Though, in all honesty, something in me refuses this knowledge, I can recite the truism that we all age, falter, and die. I notice other things too: how the bodies of both workers and patients are rendered powerless, remade in the image of the institution. I see the occasional glimmers of kindness, courteous acts that are not simply a matter of policy. I see the incessant toil of the caring assistants. Still, institutionalized bodies, whether they are human or not, do not simply suffer the effects of physical and psychological hardship. Regulated and monitored, institutionalized bodies are necessarily construed as vulnerable by the institutions that handle them.

Factory farmed and laboratory animals are created vulnerable to enhance their usefulness and maximize yield. For-profit vulnerability is difficult to wrap your head around. It runs counter to the principles of fairness, compassion, and good health. It takes true entrepreneurial spirit to realize that vulnerability can be lucratively coaxed and harvested out of living bodies. In animal agriculture, selective breeding and genetic modification insure that animals are congenitally fragile. Human populations are also rendered vulnerable through unequal distribution of life chances. The poor, the racialized, the sick and the old are often marginalized in ways that make them even more vulnerable than their circumstances dictate. And you can be sure that someone, somewhere, is making a profit.

Not just money but power too is always at play. The flurry of news stories about acts of abuse committed in nursing homes (and on farms, in laboratories, prisons, black sites, meatpacking plants, hatcheries, special needs schools, juvenile correctional facilities, puppy mills, mental health wards,
in the home and hotel rooms—the list goes on) call out particular culprits. They are less likely to
tackle the mechanisms that enable and encourage such cruelty. In focusing on what is often labeled
“egregious,” we look away from the standard practice of cruelty, whose presence is less obvious
because it is socially acceptable. When individuals are singled out for blame, the structures of
exploitation in which individuals operate and to which they themselves are often subjected go
unexamined.

Our penchant for the exceptionally gruesome assures us that the world we live in is basically decent.
Other people’s egregious behavior not only exonerates us but condones as normal the violence from
which the blameworthy have deviated. Lately it feels as if the “bad apple” theory of the lone
perpetrator is showing signs of strain. From the Senate report on the CIA torture program to police
shootings of unarmed civilians or revelations about child abuse by political and religious elites,
what’s emerging is a story about unchecked power that makes possible even the most extreme
violations. Could we admit that our relations with animals are really not so different? From the harsh
to the laudable, our contact with other species is underlined by the power we unrelentingly wield. If
the case of animals teaches us nothing else, it is that brute force precedes its justifications.

On my visits to the nursing home, I witnessed no overt cruelty or callousness. But I noticed the subtle
corrosion of more pervasive infractions. I haven’t set out to write a hard-hitting exposé. There have
been plenty of those, and more will undoubtedly follow. It’s the minor details that caught my attention,
and a meeting whose reverberations were precisely the effects of its brevity. And although this is not
a story about animals, animals can’t help but be a part of it. Because there isn’t a story we tell in
which animals are not in some way entangled.

The Ward

The ward is small. It is spread across a single floor made up of two corridors that convene halfway
in a large hall, bright and airy, with tables and a TV mounted on the wall. At one end, across from the
elevator, is the reception desk, and behind it is a small staff room. At the counter Irina the Head Nurse
is eating goulash. Next to her plate, from which she energetically forks drippy chunks of meat, is an
open can of Red Bull. Irina has been working here since 2009 and acts in charge. She has short brown
hair and a tomboyish swagger some nurses have on account of the Crocs on their feet. Her
brusqueness might mask a deeper kindness, but it’s my first visit to the ward and there’s no way of
knowing.
The communal space is a dining hall, activities and recreation area in one. The patients—formerly known as "residents," who are located on the ground floor of the building in the assisted living section—are assigned specific tables, so that on my subsequent visit I learn who sits where. There's the man who is mostly silent, who occasionally calls out "fuse box!" petitioning staff to fix an undetectable electrical fault. Mrs. Fuchs sits next to him and is annoyed. Conversation is slow, and two days later she is upgraded to the other end of the hall. It's at this table that I notice Maureen.

Like nearly everyone here, Maureen is confined to a wheelchair. Though placed by the window, she faces the hall and stares darkly ahead. As I approach, our eyes briefly meet, and I think I read something in them like pleading. I tell myself it is wrong to assume everyone here is a victim, and this means not seeking refuge in pity. In any case, I am not here to see Maureen. She is a stranger to me.

The ward is instantly visual. Quirky details manifest themselves at every turn. Most prominent is the decrepit array of creatures, hunched in their mobile contraptions. Tubes and drips sprout among the folds of loose pajamas. A woman is stretched out on a hospital bed with a badly mangled leg above the left ankle, the bandages pooling with blood. She groans at regular intervals, ignored by the others, who are reading the paper or watching TV. It's early evening and there is nothing to do but wait for bed.

Regular physical exercise of one hour twice a week has been shown to improve the performance of activities of daily living (ADLs) in Alzheimer's patients. Very little physical exercise is offered on the ward, and what I saw involved no walking. Personal music has also been shown to help dementia patients communicate and regain a sense of self. But the keyboard player who comes in once a week plays silly tunes while talking on her cell phone.

It's after dinner and the dining hall is slowly emptying. Next to Mrs. Fuchs, a woman lays her trembling hands flat on the table and looks intently ahead. The paper-thin skin on her hands is translucent, but the red nails shine bright and solid. Three care assistants in green uniforms, David, Almaz and Senait, wheel patients out of the hall. It is nearly the end of their eight-hour shift, and they want patients back in their rooms by 8pm.

The assistants on duty are in their mid-twenties and black. They have been in the country for three or four or five years now, working as care assistants for the elderly. Between themselves Almaz and Senait speak Tigrinya, one of several languages spoken in Eritrea. With us they speak a basic, accented Hebrew. Recommended staffing levels range between 5 and 10 patients to 1 member of staff, with fewer staff present during the night shift. This evening there are only three care assistants,
and Irina, attending to about sixty patients. “Why aren’t there more staff?” I am told, unofficially, that an immigration inspection was due and those without proper papers stayed away. It’s an open secret that some employees do not have work permits. “But they’ll be back tomorrow, don’t worry.”

The home adheres to a rigid hierarchy. Doctors, nurses, and the care assistants, who do the bulk of frontline cleaning and feeding, are the primary tier. The relatives another. It’s to relatives that homes cater and direct their marketing efforts, and why, as Gawande explains, safety takes precedence over patient autonomy; nursing homes promise freedom for relatives and safety for patients. Management (the nursing home Director, Head of Nursing, and the Director of Human Resources, as well as the marketing representative, and various administrators) is not often around, and hard to get hold of. Many homes belong to large healthcare providers, whose chief executives oversee operations from central HQ. At the very bottom of the hierarchy are the residents and patients, and all around them are the animals, whose body parts and derivatives fill the kitchens and medicine cabinets.

At the nursing home residents are doubly marginalized. First, they are removed from their home. Then they are transformed into a case to be managed. The nursing home is often the last resort for families and it is nearly always traumatic for patients. It entails finding oneself in unfamiliar and often scary surroundings. But the move also involves a loss of privacy, control, and, all too often, a severing of close ties and the taking away of personal choices: the food one likes at the time one wants to eat it, when to get up or go to bed, freedom of movement—all the fixtures of home.

Despite the names on the doors, anonymity is the price of the organized management of life and death. Turnover is quick: survival is averaged at 462 days from the point of admission, but many die sooner. The names on the door are like vital signs, reminders of the presence of individual persons. But there is something ludicrous, riling even, about the array of names in a place that all but erases personal preference. The names change every so often, the beds made and unmade, the family pictures taken off the wall and the bedside drawers emptied, relatives come and go, the next patient arrives, and the next, in an interminable ghostly procession.

Similarly, farmed animals cease to exist as unique beings in conditions of mass management. Instead of names, they have numbers. Their voices go unheard. In the nursing home and the factory farm every aspect of behavior is tightly controlled by professional experts and the use of pharmaceuticals. When patient or animal advocates put forward their case, they speak for them. Yet in all the facilities for handling the living, individuals constantly speak, something I witnessed for myself on the ward.
Maureen

At 4pm Mrs. Fuchs wants to go out but falls silent as we stroll through the small park toward the cluster of shops. “Mom, how are you? Tell me what you have been doing.” Mrs. Fuchs replies promptly, mechanically, dropping the first person pronoun: “alright” and “nothing.” The conversation stalls and I picture the insides of Mrs. Fuchs’s head a busy kaleidoscope from which she pulls out intact the occasional sentence as, with every twist of the brain, words cascade and collapse in a dazzling show of color and shape. We eat fruit on the park bench, a seasonal mismatch of cherries and watermelon. Eating requires no explanation. Just now, fruit is better than words. Before heading back, we stop at the kiosk to buy chocolate. Mrs. Fuchs’s sweet tooth has hardly diminished.

There are three beds in Mrs. Fuchs’s room. The one directly across from Mrs. Fuchs is empty, but I’m surprised to discover Maureen in the bed by the door. Her hair is white, short, and soft. Her long, sullen face is still beautiful. The eyes are set deep in their sockets, eclipsing the blue of the pupils. Even when seated, Maureen is tall and wiry, like one of those bronze figures by Giacometti. Perhaps she wasn’t upset in the hall, it could be the deeply set eyes, but no, her expression is stricken.

Mrs. Fuchs’s husband and children visit her daily. In the weeks they have been coming here, they’ve not seen anyone visit Maureen. What can they do? It’s hard enough keeping up with one’s own relative. This week, for example, Mrs. Fuchs had a catheter fitted. But the catheter hurts and Mrs. Fuchs keeps pulling it out. Every day brings fresh difficulties, life-threatening malfunctions and small irritations. Mrs. Fuchs has made progress since she arrived, she has even managed to stand up and walk. But she repeatedly asks to go home. “I don’t like this place. Get me out of this prison.”

Everyone asks about home. Sophia signals us over. “Girls, tell me, do I really need to stay at school?” She complains that there are no teachers and that she hasn’t learned anything. “I need to know,” she insists, “Do they need me to stay, or can I go home now? Girls, would you please call me a cab?”

No one knows what is wrong with Maureen. The fallback assumption is that she is just very old. Each night, Maureen calls out. She sits up as best she can in her bed and shouts. The nurses do not understand what she is saying, so they leave her alone. Is she in pain? They don’t think so. There’s nothing in her care plan and chart to suggest she is suffering. What is it, then? She doesn’t know where she is, that’s all.
Down the corridor a voice in Yiddish cries, “Oy-Yoy-Yoy!” I follow the sound until I find Mrs. Glick by the window overlooking the Tel Aviv stock exchange repeating over and over: “Oy-Yoy-Yoy!” The caring assistants have little time to do more than is necessary and Mrs. Glick’s cries are background noise, like traffic or birdsong. Who knows what Mrs. Glick is lamenting; perhaps she doesn’t know herself. Spend long enough on the ward and I too might get accustomed to its mysterious soundtrack.

When we say that animals are silent, we mean that we’re tired of listening, that we’ve had enough of all that squawking and squealing. We say animals can’t talk but I have always felt we understand what animals say all too well. To really listen to animals is to hear clearly their judgment of us. It risks taking note of their colossal indictment. What choice have we got but to turn their voice into noise, like Mrs. Glick’s cries?

Not listening to animals relates directly to the practice of human entitlement. We talk about male privilege and white privilege, but rarely about species privilege, which is structurally similar. Often this comes down to the issue of speaking—of who gets to speak and be heard. Cloaking the animals in mythical silence is both romantic and practical since it enshrines the abyss between them and us. And yet animals are rarely quiet. It is we who fall silent in their presence, precisely in the face of what they persistently, unendingly tell us.

Animals communicate in many ways that look and sound a lot like language. My cat lets me know when she wants food, or affection, or decides that I’ve slept in too late. My friends joke that she is my familiar, but there is plenty about her that is utterly strange. Much ink has been spilt on the evils of anthropomorphism, but what’s truly interesting is our investment in the silence of the beasts. If anthropomorphizing fashions animals in our own self-image, claiming that animals lack the powers of speech projects onto them our own dumbness and speechlessness, our willful misunderstandings of them. We confuse the noun and the verb: we talk about animal silence when we actively silence them. It has less to do with language, and everything to do with power.

Important work is undoubtedly done in the animal protection movement that speaks in the name of animals. But we must go further, listen to what animals are already saying, and let others hear.

In this place expression outlives words. Some patients repeat the same word over and over again. Others jumble their sentences. Some sit quite still, not saying a word. The particulars are incidental. Sophia called the nursing home a school. She may not have known where she was, but she knew very well where she wasn’t. She wasn’t at home. On subsequent visits, Sophia doggedly searched for her
sweater or keys, and she always asked for a cab. The school, the sweater, the keys are symbols of loss, the loss of home, including the intimate home of oneself.

It takes time and effort to figure out what others are saying. We assume out of habit that we understand the expressions of those we know best, and misunderstand the expressions of unfamiliar ones. But even with those who are closest, there is a leap of faith, just as with those who are far, there’s the opposite faithless assumption. Communication is the slow art of translation.

A woman in a long white ponytail approaches. It’s unusual for patients to wear their hair long, but hers reaches down past the shoulders. She stops and faces us, and after a short, dramatic pause, she declares with great conviction: “the earth is burning, and the grandmother is combing her hair.” I know exactly what she means.

* * *

Oedema is fluid retention caused by the malfunctioning kidneys and heart, and makes walking difficult. Mrs. Fuchs’s ankles are sore and puffy. She asks to be taken to the restroom, but the one in the room is blocked. We wait for an available member of staff but no one is coming. My friend massages her mother’s swollen feet, and Maureen calls out. I’m unsure what to do, and Maureen continues with the same inarticulate pattern; it sounds something like “caawdadaawcweerrr.” I walk over and hover nervously by her bedside.

“Are you OK?”

Maureen replies, but though I lean in intently the sounds refuse to cohere. Like a bunch of scrabble tiles that ought to make up a top-scoring word but add up to nothing. In my awkwardness, I proceed to explain, and my words ring as hollow to me as Maureen’s mumbo-jumbo.

“I’m visiting with my friend. Her mother is over there. You’re unwell…. They brought you here because you’ve been ill. You are here so that they can help you.”

Patronizing, patronizing, patronizing. I am clearly not a natural.

“Caaawdadaawcweerrr.”

“I’m sorry, I can’t understand what you are saying.”
Maureen is undeterred. “Caaa daa dawwcteer.”

Now I hear it! She is speaking in English, not Hebrew: “Call the doctor.”

There is no doctor, so I find Irina. No, no, she assures me, Maureen isn’t all there. There’s nothing wrong, she adds with a short illustrative wave of the hand. She cannot speak and doesn’t understand what is happening. “You don’t have to worry, she isn’t in pain.” “What about the slurred speech?” I say, “If Maureen had a stroke, this would explain....” But Irina gives me a look that says “not now,” and in any case, she cannot impart information to non-relatives.

Maureen is an unusual name in these parts. There are Israeli names, Russian, German and Polish, Sephardi names, too, and the usual Rachels and Esthers and Abrahams. Maureen is Irish and English. Maureen, Anglicized from Máirín, the Irish diminutive of Mary, harks back to the Hebrew Miriam only circuitously. Is it Maureen or Maurine? Both versions exist and I have only heard her name spoken, or written in Hebrew. Maureen—by my arbitrary spelling choice—does not speak Hebrew, only English, I’m told. So she can speak? Irina shoots me that look again. Don’t get too smart. Her mother tongue, what she might understand in the fog of dementia, is English. Most of the ward’s residents are non-natives. Established in 1948, Israel is a settler state and people in their eighties and nineties have come here from far-flung corners. Nearly everyone at the nursing home speaks Hebrew. Has Maureen arrived recently? Has she never learned Hebrew, or has she simply forgotten it, reverting to her original English as sometimes happens after a stroke? I don’t know. The nurses and care assistant have also come here from somewhere else. They speak Russian and Tigrinya, but, on tonight’s shift, no English. Some members of staff speak Arabic. They are local, sons and daughters of families that have lived here for centuries, yet made strangers in their own land.

I return to Maureen’s bedside.

“I’m sorry but the doctor isn’t here tonight. Can I get you anything? Are you in pain?”

“Noah”

“What is your name?” I ask, though I’ve seen it on the door of the room. It seems rude to just walk away, so I try to make conversation.

“Maureen,” she says.

I tell her mine, and ask, “Where are you from? Are you from the States?”
She answers with great difficulty, the words tangled like old bark. I ask again.

“Where have you come from? From America?”

She looks at me patiently and replies, and I can make out the word: “England.”


“I’m from London,” she says.

“Whereabouts?”

“Shaawsee.”

“I’m sorry?—”

“Shawsee.”

I can’t disentangle the word. I ask Maureen to repeat it until it takes shape in my ear:

“Chel-sea. Chelsea.”

“That’s a nice part of town,” I say. “I live in the East—not as posh—Hackney.”

Maureen lifts her chin and arches her neck, unsuccessfully mimicking a sitting position. They tied a sheet across the bed rails, restricting her movement to prevent her from falling. She looks at me and asks, several times, until I can hear it:

“What do you do?”

“I teach. I teach film.”

Maureen says something, just one word, which I don’t understand. It rolls out of her mouth garbled and round.

“I’m sorry to keep asking, but could you please repeat?”

Again, she obliges: “Wonderful.”
For a moment the room is illuminated and the concerns about doctors and feeding and toileting evaporate. A charge of unwarranted pleasure triggered by a single word. Maureen must know something about the movies, or have something to do with the arts (I later hear a rumor that she worked as a music teacher, though details are not forthcoming). At last, I’m relieved, there’s no need for small talk. I’d like to find out more, ask what films she likes and who are her favorite actors. But it’s past visiting hours. The thought of leaving Maureen is confusing. I know nothing about her, but I don’t want to go.

“Naawaaan waaaans tawtawlk tamaaaaw.”

“I’m sorry, Maureen, could you please say that again?”

“No one wants to talk to me.”

I dislike hospitals and nurse secret prejudices against the old, I am healthy and mobile and here to see someone else, and I am unprepared for tears. Embarrassed, I rest my head against the rails of Maureen’s hospital bed and sob. She touches the back of my hand, “there, there.”

I can’t tell what, if anything, is wrong with Maureen. And the point is, it doesn’t much matter. Loneliness can’t be treated in the same way as high blood pressure. There is no medical cure. It comes down to paying attention: taking the time to notice and listen.

Veganism is one such seeing and hearing device, an instrument for improving attention. There are no absolute principles for what to eat or not eat, and I know better than to try and spell out immutable laws that we will all indisputably share. Veganism is not merely a dietary proscription, a lifestyle choice, or even a moral imperative. It is an aid to perception that opens our eyes, ears, and minds to the reality of others. It generates new possibilities of living together with those who aren’t us, and aren’t necessarily like us.

**Not Waving but Drowning**

I remember, years ago, Mrs. Fuchs sitting in the cool, sparsely furnished living room behind the drawn shades, asking what we wanted for lunch as we came in from school. Often the TV was on, but sometimes Mrs. Fuchs would just sit there reading a book with a box of milk chocolate pralines. Grabbing handfuls of chocolate, we’d join her and put on a Marx Brothers tape. At thirteen, I had been vegetarian for three years. I did not consider veganism, though I vaguely knew what it was.
aunt avoided both meat and dairy and was reputed to eat nothing but oats and seeds. My parents affectionately agreed that my aunt was irrational, a little kooky, the way some women are. So I happily partook of the chocolate pralines. Looking back, Mrs. Fuchs eating chocolates in the air-conditioned room for two decades straight should have alarmed us. She surrendered to the almost bottomless give of the sofa. She stopped going out. Something inside her cowered and cracked as she battled her reluctances in the role of a mother and wife. Perhaps she was depressed or lacking in life force. Perhaps it was laziness or low self-esteem, or an existential confusion about what she wanted and what was expected of her. What opportunities were there for a woman born at the end of the thirties who married young and raised a family? My friend says: *If my mother found herself in the middle of the ocean, she would not wave, but drown.* But Mrs. Fuchs’s dream book was filled with clairvoyant, lively passages, and we never knew. We didn’t know then, and will never know, in the face of such contradictions, what held her back.

Alzheimer’s can only be confirmed after death, but Mrs. Fuchs’s symptoms are standard. Her conversation seems normal at first, but things are a bit odd, just slightly off. Some days are better than others, and days are better than nights. On my second visit, we stand by a large table in the communal hall. We have just arrived and Mrs. Fuchs is in high spirits. She smiles and introduces us to the other residents. “This is my daughter,” she tells Moses Manheim. Mr. Manheim is impeccably dressed, an unusual sight on the ward. He is reading the paper with great concentration. His room is different to the others. Most rooms have three occupants, but Mr. Manheim lives alone. A large bookcase with a glass vitrine covers the length of the wall. I wonder if Mr. Manheim has read all those books. “And this,” Mrs. Fuchs points to me, “is—”; she stops and looks up at me, “I’m sorry, I’ve forgotten your name.”

Moses Manheim does not look up from his paper. With a wink and smile, Mrs. Fuchs spreads out her arms as if addressing the room: “Well, I can see you all can hardly contain your excitement!” She rolls her eyes as if to say: See what I have to put up with in this place? and the three of us burst into giggles.

Lunch is served. Grated carrots, chicken soup, sponge cake, and yogurt. There’s also fruit—slices of apple and pear—sugary juice, and tea. For the main course, beef stew and mashed potatoes. The hall fills with the clunking of forks against plastic plates. The nursing home residents are consuming animal bodies purchased from the cheapest suppliers whose meat and dairy come from the likes of
Tnuva Food Industries, Israel’s largest dairy producer, over 50% of which is now owned by the Chinese conglomerate Bright Food (Group) Co., Ltd. Israelis have big appetites, and love their milk and cheese. Per capita milk consumption stands at 180 liters a year. Milk and dairy account for 10% of the country’s agricultural production, and 80% of dairy consumption is provided for locally. Dairy cows in Israel are zero-grazing and intensively farmed. They are fed on total mixed ration (TMR), a blend of forages (such as wheat silage), concentrates (grain and meals), and by-products. From insemination to slaughter, cows are subject to advanced feeding, milking, and monitoring systems, which collect and transmit data on each cow’s activity, measuring everything from milk flow to daily ruminating and lying duration, detecting mastitis and other efficiency threatening conditions. The Israel Dairy Board states that “average milk yield per cow has increased two and half times since the 1950s, from 3,900 kg annually to 11,448 kg in 2010. The percentage of fat and protein rose sharply over the years to 3.66% fat content and 3.24% protein content by 2010. The annual fat and protein yield per cow in Israel is the highest in the world (over 765 kg).” No actual cows feature in the official reports. Gone is the mass of flatulent flesh, the wet nostrils and oversized udders, the long-lashes and peaceable eyes; all have merged with the machine.

I look around at the dining hall and see the weak consuming the weaker.

Like others here, Mrs. Fuchs dislikes the food. In the past week, she has, more than once, visited the falafel stand in the square and ordered hummus and pickles on tab. The fried eggplant salad is not as nice as the one she makes herself, but it beats the mushy concoctions upstairs. I don’t know what Maureen thinks of the food, or what she ate before she came here. Today she looks skinny and gaunt.

Shortly after trying to hurl herself out of the second floor window, Mrs. Fuchs took up writing. She purchased a notebook and pen and began to take down various details. The “testimonial” was necessary, she explained, lest she forget, and so that there is proof. “Proof of what?”

“Proof of what goes on in this place. The nasty things I have seen.”

Mrs. Fuchs notes down the names of patients and staff and lists the ward’s daily routines. “P. Physiotherapist. American accent.” “M.F. nurse. He is wicked, and I told him so.” “M. Manheim. Neighbor.” The longer passage is missing some punctuation, and the handwriting is a little unsteady. But it is clearly dated at the top left, followed by Mrs. Fuchs’s name and I.D. number. The first two paragraphs of Mrs. Fuchs’s testimonial are as follows:

9. 3. 2014
I, B. Fuchs, resident of the White Institution have been brought back to my room by my lovely companion, name of Sultan, a king, and I hope to succeed recording the terrible things I have endured.

I am unable to write as well as I used to in days gone by.

As my hand trembles I wish to transcribe but a small part of what is happening here so that I might leave this place by legal and proper means. Let it be so.

I arrived at the white place while in a state of unconsciousness. Today I am conscious but for reasons unknown, am forbidden to leave for my home—and I do not know where the right exit is. I try in ways good and proper to leave here please help me help myself and my family.

Dinner is served. Mrs. Fuchs pushes the notebook under Mr. Manheim’s nose and gestures him to read. He is still reading the newspaper and does not welcome the interruption. Finally, he fiddles with the edge of the handwritten sheet and inspects it with great absorption. His lips move silently as he reads. At the bottom of the page, he comes across his own name. He stops and speaks the words aloud: “Moses Manheim.” Looking up at Mrs. Fuchs, Mr. Manheim is agitated: “But your name is not Moses Manheim!” “Who is Moses Manheim?” replies Mrs. Fuchs.

Memory Deluge

“It wasn’t the gray hairs on my head that got me,” the poet Charles Simic writes about growing old, “but the deluge of memories.” In dementia and Alzheimer’s sufferers the deluge is said to reduce to a trickle. Connections are messy and fleeting, setting their owners adrift. People with Alzheimer’s are often thought of not just as lost, but as emptied of their former humanity. But if the human person we knew is no longer there, who is there before us?

More recently, the discourse on Alzheimer’s has changed. Moving away from viewing dementia, and by extension old age, as nothing less than the demolition of self, researchers, writers, and activists, as well as those diagnosed with Alzheimer’s, provide alternative versions of the subjective experience of living with Alzheimer’s that are not simply impoverished. Alzheimer’s disease, disability activism, and animal liberation meet at the point at which experiences we can neither fully share nor
understand ask to be recognized. Yet in the face of this otherness and this loss we risk resorting to stereotype, or to an inflated view of ourselves as free and reasoning creatures. Measured against such independence and prowess, not only animals fall short, but a host—even most—of humans too, not least those with dementia.

Amidst assumptions about animals’ diminished capacities, memory and anticipation play a key role. Contemplation of past and future, the story goes, is absent from, or severely curtailed in animals’ experience. Unlike us, animals occupy an immediate present. Their bodies remember, but do not reflect. Animals can think, but they can’t think about thinking.

In its erosion of the cognitive functions of memory and anticipation, Alzheimer’s endangers not only identity but also humanity. Who we are as human beings persists over time across different experiences that we claim as our own. In owning our past, we become, and sustain, ourselves—individuals who change, yet remain the same. The seventeenth century philosopher John Locke believed that psychological continuity guaranteed identity. But what happens in the absence of such continuity? What remains of the human experience, so bound up with being a person, if we no longer possess the definitive functions of consciousness? The rising tide of Alzheimer’s carries deep anxieties about human identity. In dementia, deeply buried memories are repeatedly, even obsessively accessible, while recent or more immediate ones are not. My fondest memories are inevitably also reminders of loss, but my feet are firmly planted in the present. What if the present too was lost? Where would I be? In a ghost world, reduced to a few elementary functions, stripped of connections between past and present—a world without me.

Rosa and Alma are inseparable. They look like old friends, co-conspirators sharing a secret knowledge. They also don’t know each other’s names. All day they cling together, consorting in whispers, as if life itself depended on it. When Alma’s son came to visit, he sat in Alma’s room and left Rosa outside. Inconsolable, she shook and wept. “Where is she? Where is she?” she cried. “She will be back very soon,” said the nursing assistant. Rosa took no notice. “Where is she? When will that woman come back?”

People with Alzheimer’s respond deeply to those around them. They may not precisely remember their child, spouse, or friend, but they feel the attachments regardless.

There are more ways than one of being alive to the world. “Initially I refused to accept it,” my friend says, “but I soon realized that my mother, the mother I knew, was gone for good. I used to call her and ask her advice, and I went on calling even after she could no longer offer any. It was difficult to stop.
It’s a kind of mourning.” There is no consolation in the face of such loss. But Mrs. Fuchs isn’t dead. Instead of retreating into herself, it’s as if she has strayed further out, splintering into a thousand tiny pieces.

In his late work *The Fundamental Concepts of Metaphysics*, Martin Heidegger says animals are “poor in world.” The senile, the severely disabled, and the elderly are often described as poor in world too. For Heidegger, animals’ relation to the things around them is instinctual and unreflective. Animals are absorbed in their environment, what Heidegger unwittingly calls “captivation,” ironic in light of the many forms of actual captivity that so many animals suffer. In contrast, humans are creative and “world-forming.” What of the environment of the nursing home, then? Can residents fashion their worlds within the confines of the institution? At present, most nursing homes offer patients impoverished environments. Food is ingested, beds are slept in, nothing but the basic routines. The bed, the food, even the ritual of the manicured nails, fail to furnish a world that the residents can richly inhabit.

That night with Maureen I wondered what sort of a world is possible here. Is it the residents who are “poor,” or is the ward a forsaken and derelict hinterland?

**Exit Ghost**

By Maureen’s bedside is a small pile of paperbacks. Another surprise: all are by Philip Roth. *Portnoy’s Complaint* sits on top of *American Pastoral*, and beneath them *The Ghost Writer* and *Exit Ghost*. Another clue to Maureen’s story, perhaps, but I am missing too many details. I realize that there are no books on the ward. It makes sense in a place devoid of illusions. They stare at the TV and glance at the paper. Moses Manheim’s bookcase gathers dust, a monument, I assume, to a lifetime of reading. But Maureen’s books are crinkled and dog-eared. Within reach of her bed, they look thoroughly read and consistently chosen. What are they doing here? Did Maureen refuse to leave them behind? Did the son I’d heard of but whom no one has seen remember to pack them? Is Maureen a Roth fan, fond of irreverence and just a hint of smut? How come she prefers Roth to Bellow? Are these even her books?

“You have quite a few Philip Roth novels,” I say. Maureen extends her scrawny arm, and I hand her the copy of *American Pastoral*. She opens the book and looks inside, caressing the pages with her fingers. The room is in semi-darkness now. The little lamp above the bed is still on, but too faintly to read. Maureen’s glasses, if she has them, are nowhere to be seen. I would like to read to her, but a
hush is creeping over the ward. A care assistant pops his head in to declare lights out. Mrs. Fuchs is already sleeping. My friend hovers nervously outside, she needs to pick up her daughters and drive home to Jerusalem. Tomorrow I leave, and tonight I am due at my parents for dinner. Resigned, I reach to put the book back on the pile, but Maureen clasps it tightly and turns her head to the wall.

“Goodbye, Maureen. It was good to meet you. I’m sorry I can’t come by tomorrow. My flight leaves at 10. Goodbye, take care.”

She is still clutching the book as I exit. The lamp has been switched off and the room is dark now. Did she hear my goodbye? Whether the small kindness I showed her made the least bit of difference I have no idea, but the kindness she showed me is still on my mind.

In this regimented, medicated camp for the dying, a book, even unread, means the world. I don’t know for sure whether Maureen read *American Pastoral*, but the book disturbed the ward’s sameness and dullness. “Ecology,” from the Greek *oikos* for house or home, reminds us that all creatures need to be at home in their world. We can usually tell when a home is unfit for living. The nursing ward is a wasteland. It is barely a world at all.

Since the release of *Blackfish* in 2013, Tilikum, the killer whale at the center of the film, captured aged two off the Icelandic coast, has become somewhat of a *cause célèbre*. Less well known is the French film *Nenètte* (2010) about an ageing orangutan in the Paris *Jardin des Plantes*. *Nenètte* contains no voiceover or interviews. Image and sound aren’t aligned, so that we see Nenètte in her cage but hear only the voices of the zoo’s human visitors. Some observe that she’s bored, others that she is depressed, or missing her homeland. Like the animal trainers in *Blackfish*, people are generally kind. We are mostly gentle, mostly well-meaning jailers, acting out our confused if deeply entrenched preconceptions.

“Enrichment” in zoos and theme parks is supposed to absolve us from the guilt of detention. But enrichment merely serves to reveal the environmental and mental suffering that captivity inflicts. Sentient social animals like Nenètte and Tilikum inhabit worlds that are not so much around them as an extension of their being, outside of which they cannot thrive. In their glass cage and concrete pool, Nenètte and Tilikum are capable only of an imitation of life.

Tilikum and Nenètte are old, a point that discussions of the films tend to neglect. Whereas farmed animals are killed exceptionally young—virtually all food animals are killed while still in their infancy—some captive animals can reach old age. *Zoo animals are purveyors of truths that honest*
zoo-goers intuitively sense: zoo animals are our prisoners and our mirrors. In the modern, affluent west we too are captive performers in zoos of our own making. More of us than ever before will live well into our eighties and nineties, propped up by gadgets and pills, pricked, prodded, and prised.

What does it mean to live alongside, and profit off, legions of captive wild and domesticated animals? What do they require to live fuller lives, and how might we grow old together? We have hardly begun to consider these questions in any serious way.

If aging zoo creatures now resemble our own versions of assisted living (what else should we make of the many devices, the apps, iPhones, and tablets, through which we endure an increasingly sedentary life?), other captive animals meet a fate we can hardly imagine. By far the most ubiquitous case of beings robbed of their world are industrially farmed animals—the billions, not millions, of battery hens, oversized broiler chickens and turkeys, dairy cows, impregnated sows, piglets, live export sheep, fish, and all those who end up in the mass killing complexes around the globe. Dead before they are born, farmed animals do not belong; alive only by name, they are utterly worldless.

**Mr. Cohen**

Despite this, vulnerable humans and nonhumans resist. Maureen calls out and grabs her book. Sophia asks for a taxi. Rosa and Alma form a secret alliance. Mrs. Fuchs takes notes. Though easy to miss, defiance is as common as air.

It is nighttime and the ward has gone to bed. The last patients are returned to their rooms. Those who can walk make their way from the hall. But Mr. Cohen, baldheaded with glasses, heads in the other direction. His slippers make a shuffling noise as he paces gingerly across the floor. Twice he is intercepted by members of staff and escorted back to his room. And twice he returns, single-mindedly marching toward the emptying hall. I am outside Maureen’s room when Mr. Cohen is stopped for the third time. He stays close to the wall, one arm slightly distended. Sandwiched between two caring assistants whom he cannot shake off, Mr. Cohen is adamant:

“I am telling you I want to go *there*. I don’t want to stay *here*. What is this? I don’t want… you cannot make me….”

The assistants apply a little more pressure, trying to turn Mr. Cohen around. “It’s time to sleep, Mr. Cohen, you can’t go there now.” Mr. Cohen is not listening. He wants to keep moving. “No, I… don’t
The assistants cup his elbow at each side. Does he remember yesterday, when he tripped and almost fell? He cannot remember. It’s time to rest, not walk.

Animal displays of noncooperation are systematically ignored by more powerful humans. But resistance is evident in all facilities where animals are found, from the lab to the slaughterhouse. It is tacitly acknowledged in the guns that pierce the flesh, the nets and traps that ensnare, or the cages that confine. All indicate that animals don’t want to be killed. “Humane” methods of experimentation and slaughter may benefit victims, but their primary aim is to lessen resistance that slows down production or risks human injury. Welfare concerns and the heavy use of pharmaceuticals on the nursing ward similarly insure docility. This is the dark side of “caring.”

Failure to recognize resistance as resistance (“no means no,” anyone?) is sometimes real and sometimes pretend; it lends legitimacy, or manufactures consent, to practices of exploitation by implying that victims lack the urge or the will to refuse, so deserve nothing better.

Shuli

Shuli died in September 2013. We had found the wandering pup fourteen years earlier, dehydrated and sun-struck by the university campus. We watched aghast the near miss of a car crash and hurried him off to the side of the road. He lay exhausted, licking water out of a plastic container, unable to lift his head off the sidewalk. His name was Shuli, short for “shu’al,” Hebrew for fox. As the result of a previous accident, Shuli had lost half of his front leg. With an unmistakable wobble, he would go on to live beloved and adored for his delicate tastes and princely demeanor. In old age, Shuli’s kidneys gave out. Never a voracious eater, in his final year he lost interest in food and had to be handfed. He received fluids on drip twice a week, and grew quiet and pensive. His hazelnut eyes glazed over with cataract and his once flaming fur was matted and faded.

I was out on my run when my sister called. I remember feeling unsure I’d absorbed the full force of the blow. On my phone were his final photos—a small red dog with bashful eyes and a silvery snout, the breeze gently ruffling his coat. I wandered around for an hour in my breathable activewear concerned my feelings weren’t the right ones for the occasion.

We think about animals’ aging even less than we think about their dying, and this, it strikes me, reflects our ambivalent relation to our nonhuman companions who are legal property but who are also, as everyone (including the law) knows full well, persons of sorts. The question of aging animals is circumvented by the regularity of euthanasia in a way it can’t be—or not yet—with humans. The
loss of loved ones, of whatever species, is disorienting. Loss is dramatic, yet ordinary. Mourning mitigates between these two extremes: overcoming the awful rupturing of our everyday from which we fear we will not recover, and fending off the mundane from reasserting itself prematurely. It’s difficult to reconcile the extraordinary and the ordinary—the searing irrevocability of loss, and the humdrumness of routine. Mourning is meant to accommodate us to the realities of loss, though I’m not sure it ever does. There’s a circuitous argument that says that because animals are unaware of death, they cannot be lost, and so are unworthy of mourning. And still we mourn them. Our own old and dying are deemed worthy of mourning, yet we often treat them with cold indifference. But as mounting evidence suggests, animals mourn each other, both within and across species. This should make us think twice about the uniqueness of our social and filial bonds. Our families and communities include, and to an extent have always included, human and nonhuman animals. Coming home this time to see Mrs. Fuchs for what I knew could be the last time, I also bid farewell to Shuli.

“Dignity, always dignity”

I didn’t ask Maureen whether she liked musicals, but on leaving the nursing home a scene from Singin’ in the Rain replayed itself in my head. In the scene, the Hollywood star Don Lockwood, played by Gene Kelly, recalls the years of struggle before he was famous. In a comic disjunction of image and sound, Lockwood recounts how “dignity, always dignity” has been his motto. He waxes lyrical about training in the world’s finest music and dancing academies, while, in a series of flashbacks that contrast with his voiceover, we see Lockwood’s decidedly undignified past: sticking it out on dingy vaudeville stages and in pool halls, booed by the crowd, or performing stunts as a lowly film extra. We humans, the self-proclaimed stars of creation, practice Lockwood’s revisionist history when we insist on dignity as the distinctive mark of our species.

That’s why the indignities of old age, among the other indignities of our bodily functions and deeds, are a source of repression and comedy. As a response to the onslaught of existential ignominies, dignity has assumed a place of honor, a dignified place, if you will, in our sanitized pantheon.

In the recent annals of our species, “human dignity,” that double-headed idiom, is bandied about in the midst of repeated atrocities. Salvaging dignity from the wreckage of war, disease, or old age is presented as a moral imperative. But as in Singin’ in the Rain, appeals to human dignity yield contradictions. If the pursuit of dignity disavows what is weak, failing, even ugly in us, dignity becomes a mask, becomes persecutory.
A dignified existence is, as everyone secretly knows, an illusion. When we are sick, or old, need help with eating, bathing, or getting around, it isn’t loftiness we seek but a shared sense of lowliness.

But in the human imaginary, high is best. Dignity’s link to the notions of status and rank (from the Latin *dignitatem*, “merit” or “worthiness”) depicts humans as singularly excellent. “The common sense version of dignity,” writes Lori Gruen, “is meant to capture the inherent worth of human individuals.” But Gruen argues that dignity is better conceived not as an intrinsic individual quality but as a “relational concept,” in the thickness of social relations. Dignity is compromised once someone is denied the conditions that enable her flourishing. When Choppers, a chimpanzee from Twycross Zoo in Leicestershire, England, was dressed up and trained to perform household chores in a series of popular tea adverts, she not only suffered the effects of captivity but was made to look silly. The zoo now admits it was wrong to use apes in the PG Tips company ads, but only because years of performing undermined their ability to integrate with their kind. Beyond this quantifiable damage, there is something deeply demeaning in Choppers’ clumsy renditions of a suburban tea-drinking housewife. Whether or not Choppers realized this is beside the point. Or perhaps her not knowing makes the offence even greater.

Humiliation and ridicule are not the byproducts of domination but integral and necessary. Wherever power is arbitrarily exercised, indignity follows.

Whereas dignity has become a marketing slogan (and nothing indicates more clearly that we are living through a “dignity deficit” than the need to advertise dignity), there’s little evidence that dignity levels are on the rise. Increased privatization and deepening cuts to social care, including care for the elderly, threaten the wellbeing of both patients and staff.

Small scale producers have been touting the dignified lives of their farmed animals, and even the largest, most notorious companies, like Butterball, purport welfare for the creatures they hatch and slay.

Last year care workers at the private company Care UK went on strike to stop proposed wage cuts. Since 2010, Care UK has been largely owned by Bridgepoint Capital, a private equity firm with an investment portfolio valued at €13 billion (over $15 billion). In 2012, Mike Parish, Care UK’s chief executive, earned the dignified sum of £800,000 ($1,212,839.728) while his company set out to slash up to 35% in workers’ wages in the northeastern city of Doncaster. At the end of a prolonged 90-day strike, Care UK offered its workforce a 2% pay rise, with new staff receiving a salary just under the Living Wage rate (£7.85 per hour).
The Doncaster workers had the support of the trade union Unison, a privilege not shared by their US counterparts in either nursing homes or slaughterhouses. Describing the pressures and discrimination she faces, Jennifer, an American nursing home caring assistant explains:

Ours is a labor confined to the bathroom, to the involuntary, lower functions of the body. Rather than people of color in uniformed scrubs, nice white ladies with pretty clothes are paid more to care for the leisurely activities of the old white people. The monotony and stress of our tasks are ours to bear alone.²³

Yet, even here, the language of humanism is deployed as a salve: “despite this alienation, residents and workers alike struggle to interact as human beings.”²⁴ In the face of brutal efficiency measures, Jennifer writes: “I try to hold myself to high standards of care, while maintaining my dignity and self-respect. I try to embrace the challenges of empathetic caring, while rejecting the pressure to work like a machine. Mine is a difficult but rewarding struggle toward an expansion of my humanity.”²⁵

Appeals to humanity are there for good reason. Labeled “‘selfish, lazy, immigrant workers’ who somehow share different care and hygiene standards from this superior white society,”²⁶ poor people of color who carry the burden of care work have long suffered dehumanization. But what happens once workers and residents view their predicament—biologically, politically, and morally—as more than the claim for human inclusion? What alliances could be forged in this way, beyond the monikers of humanity and humanness?

Relegating caring (and killing) to a beleaguered, poorly paid workforce precludes treating those cared for (or killed) with the dignity we say they deserve. Real dignity—not the kind parodied in marketing brochures and company mission statements—resides in conceding fragility and failure, because, in the end, living beings don’t endure.

Despite the best intentions, words like dignity and humaneness do not fare well when they enter managerial lingo, or are attached to violent practices that absolve them of ethical scrutiny. On the ward, humanity and dignity only obfuscate the injurious state of low-pay, cost-cutting measures, and the disavowal of frailty that intensifies vulnerability as it also conceals it from view. Jennifer calls this “institutionalized ableism,” but it is also institutional anthropocentrism.

Maureen’s care should not be a matter of abstract dignity, but a concrete response to her desires, choices, and needs. The antidote to degradation, indifference, and violence, I can’t help thinking, is not more humanity, but less.
Singin’ in the Rain replaces individual dignity with collaborative excellence. In 1952, the year of its release, the film’s scriptwriters Betty Comden and Adolph Green, as well as Gene Kelly, its co-director and lead, fended off the threats of McCarthyism (Kelly’s wife, Betsy Blair, had already been blacklisted). The moment of crisis in Singin’ in the Rain is overcome, not by one man’s genius, but through teamwork and mutual effort, when Lockwood, his old friend Cosmo Brown (Donald O’Connor), and Kathy the chorus girl (Debbie Reynolds) come together in an all-singing, all-dancing brainstorming session. Singin’ in the Rain’s critical and box-office triumph speaks to the joys of cooperative labor, which no amount of McCarthyist brainwashing could stifle.

The threat of dismissal and blacklisting is very real in nursing homes and slaughterhouses. Management does not take kindly to organizers or whistleblowers. “What got me through management’s attempts to isolate me from my coworkers,” says Jennifer, “were the relationships we had built with one another prior to organizing.” The dignity we’re after we must fight for and commonly share.

The End

Recently, housing developments in New York and London have introduced the use of “poor doors.” Separate entrances for rich and less affluent residents prevent unwarranted mixing and lets in affordable housing tenants by the back door. Segregation is not only a matter of separate entrances; bike sheds, mailboxes, and even trash collection are divided. Poverty is no longer only a moral flaw, but a potential “design inefficiency.”

At the home for the elderly, the “independents,” as the assisted living residents on the ground floor are known, have their own entrance, from which the nursing home’s patients are barred. Patients are also prohibited from the downstairs lobby and sitting area, and are designated the back entrance, “for easy ambulance access,” in the words of the home’s marketing rep. Internal segregation separates the merely assisted from the severely dependent. Dependence, it seems, is infectious.

Rehabilitation on the ward is nonexistent. The activities, such as they are, are few, limited to morning hours, and sorely inadequate. As staff numbers are low, free movement is restricted, and residents are often strapped into their wheelchairs for safety reasons. The parlor that stood at the end of the corridor has been converted into bedrooms to cram in more residents, with no matching increase in the number of staff. The regular afternoon film screening was inexplicably canceled. There is more: accounts of some of the overworked, underpaid and unqualified staff subjecting residents to freezing
or scorching showers, brusque drying, leaving residents wet and cold, reproaching residents for sullying themselves, and even the occasional smacking. Because institutions believe residents, and even relatives, won’t talk for fear of worsening treatment, because of the institution’s quarantined nature, and because residents cannot always express themselves clearly—because of these vulnerabilities, standards of care remain low and are frequently violated.

Degrading the weak is the easiest trick in the world. Once degraded, in a brilliant tautology, vulnerable beings appear as already debased. If personality, or self, or what J. M. Coetzee called “fullness of being,” is not only biologically but also socially and environmentally determined, then the nursing home, the factory farm, the zoo, and the slaughterhouse debase and destroy human and nonhuman beings long before death itself comes along.

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Outside my bedroom window the street lights flicker and buzz in municipal orange. Nights here, in this city by the sea, are unlike any other (but perhaps all those who leave feel this way about home). The air sags, and the heat, past 100 degrees, spills over the blackness like ink.

The night before I leave Tel Aviv is a wager: I would like to write down the words, not for Maureen’s sake alone, but for mine, for ours, as well. Fifteen minutes drive from my bed, the same bed that used to be mine when I lived here, the nursing home in restless slumber prepares for another day, and another. Mrs. Fuchs tosses and turns, and Maureen, the book finally slipped from her hand, is also awake, her eyes to the ceiling. Forty minutes from here are the sheds of the factory farms, and further away is a meat packing plant, fenced off at the end of a side road, its opulent death stench permanently billowing. Back in the city, delivery trucks carry milk, eggs, and meat to the ward. Almaz and Senait will shortly be making their way out the door. A coffee, a slice of bread and jam in the kitchen, then a brisk walk to the bus stop in the still merciful sunlight. If I want to catch that plane I’d better get some sleep. Tomorrow at noon Tamara returns to paint the women’s nails red.
Notes

1 The Hebrew writer S. Y. Agnon (1887-1970) and poet Rachel Bluwstein (1890-1931). [Return to text]


3 Gawande, *Being Mortal*, p. 16. [Return to text]

4 Gawande, *Being Mortal*, p. 40. [Return to text]

5 AnimalResearch.Info, dedicated to promoting the use of animals in research, provides information on the use of animals in Alzheimer’s research, http://www.animalresearch.info/en/medical-advances/18/alzheimers-disease/, accessed 12 January 2015. [Return to text]


9 On the influence of independent consultants in the running of hospitals, see Victoria Sweet’s moving account in *God’s Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine*. New York: Penguin, 2012. [Return to text]

10 “Later in Life in the United Kingdom” a factsheet produced by Age UK in November 2014


11 The Royal College of Nursing report, “Care Homes Under Pressure—an England Report,” April 2010,

https://www2.rcn.org.uk/__data/assets/pdf_file/0006/314547/Policy_Report-Care_Homes_under_pressure_final_web.pdf, accessed 29 December 2014. [Return to text]

12 “Staffing Guidelines for Nursing Homes,” published in 2009 by the Regulation and Quality Improvement Authority recommends a 1: 5 ratio of patients to staff for 8am-2pm, and 1: 6, and 1:10 from 2-8pm, and 8pm-8am respectively. “Within this ratio framework there is a minimum requirement for skill mix of 35% registered nurses to 65% care assistants over the 24 hour period.”


13 Alzheimer’s disease remains a disputed category, whose history is far from straightforward. The medicalization of aging and the rise and rise of Alzheimer’s in the last two decades has resulted in a new “Alzheimer’s industry” researching the disease and looking for cures. The work heavily involves animals. See for example, Jean Marx’s “New “Alzheimer’s Mouse’ Produced,” *Science*, 274.5285 (Oct. 11, 1996), pp. 177-178, which describes the “breakthrough” manufacturing of an animal model that simultaneously
displays both features of the disease (memory impairment and plaques). Success is partly attributed to the use of a specific FVB/N strain of laboratory mice. Researchers can order these, and other knockout varieties online, See for instance, http://jaxmice.jax.org/strain/001800.html, accessed 13 January 2015. [Return to text]

14 Israel's Agriculture, published by The Israel Export & International Cooperation Institute, http://www.moag.gov.il/agri/files/Israel's_Agriculture_Booklet.pdf, accessed 6 January 2015. [Return to text]


16 Blackfish argues that SeaWorld regularly misleads the public by claiming that captive whales survive longer in captivity. The film’s experts, as well as sources critical of whale entertainment, indicate that “Orcas in the wild have an average life expectancy of 30 to 50 years—their estimated maximum life span is 60 to 70 years for males and 80 to more than 100 for females. The median age of orcas in captivity is only 9,” http://www.seaworldofhurt.com/features/ten-things-didnt-know-seaworld/, accessed June 1, 2014. [Return to text]

17 Both euthanasia and assisted suicide are illegal under English law. In the United States, assisted suicide (or physician-assisted dying) is legal in Oregon, Washington, Vermont, Montana, and New Mexico. [Return to text]


19 Gruen, “Dignity, Captivity, and an Ethics of Sight,” p. 234. [Return to text]


21 See James McWilliams’ critique of the humane meat food movement, “Loving Animals to Death,” The American Scholar, https://theamericanscholar.org/loving-animals-to-death/#.VLKQD1r9M0s, accessed 8 January 2015. In September 2014, Butterball announced on its website the launch of a new corporate citizenship initiative. The program, “Traditions with Purpose, comprises the focus areas of People, Plate, Planet and Philanthropy, and includes a signature commitment to animal care and well-being as well as commitments to protecting associates, preserving the environment and investing in local communities.” http://www.butterballcorp.com/press-releases/butterball-announces-expanded-corporate-citizenship-program/, accessed 8 January 2015. [Return to text]


24 Jomo, “Caring: A Labor of Stolen Time,” p. 73. [Return to text]

25 Jomo, “Caring: A Labor of Stolen Time,” p. 84. [Return to text]
26 Jomo, “Caring: A Labor of Stolen Time,” p. 84. [Return to text]

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Our Hen House (www.ourhenhouse.org), “a place to find our way to change the world for animals,” encompasses a popular weekly podcast, an online magazine (producing new content daily – including columns, features, reviews, and interactive components), a video production unit, and a bustling social media presence. Since its founding in 2010, by Jasmin Singer and Mariann Sullivan, Our Hen House has quickly become the go-to place for finding out about ideas and opportunities for changemaking; current events from the world of animal rights; and the latest from the quickly-growing vegan scene, including food and fashion. Jasmin and Mariann regularly travel around the country (and beyond) giving talks on veganism, activism, animal law, and the intersections between the arts and animal advocacy. In 2015 and 2013, the Our Hen House podcast was named a Webby Award Honoree and, in 2011, Our Hen House was named by VegNews Magazine as the Indie Media Powerhouse. Our Hen House is a 501(c)(3) nonprofit charitable organization.