

## “The Trouble of Others”: Solidarity, Social Bonds, and Visibility

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*Can we “share the trouble of others”? Andree Chedid’s novel, *The Sixth Day* – our point of departure here – poses and suggests a provocative response to this question, to how we might see one another as cohabitants, to how we might engage in a “politics of deep solidarity” (Alexander 2020). More than empathy or compassion, this sharing or solidarity demands we take on our portion of the trouble of others; it makes clear the need for “political friendship” (Allen 2004) or “political solidarity” (Scholz 2008) or “solidarity with strangers” (Dean 1996). And if we can see and hear the demand for sharing the trouble of others, can we imagine putting it into practice (the story Chedid’s novel tells), recognizing that the alternatives are, literally, deadly? In reflecting on our initial question, we arrived at another: what happens to the possibility of solidarity with those whom we do not, or refuse, to see? Drawing on our personal, intellectual, and political experiences, we reflect on these questions, following the lead of material-world clinical cases and of imaginative fiction to point to a radically inclusive sharing that, we argue, our historical moment demands.*

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### “Who Shares (*Partager*) The Troubles/Misfortune (*Malheur*) of Others?”

Though the solidarity in our title might seem to signal something ever more impossible to imagine, let alone put into practice, we frame this essay with Andree Chedid’s 1960 novel, *Le Sixième Jour*<sup>1</sup> and its question of – and response to – a radically inclusive vision of solidarity as ‘sharing the trouble of others.’ In the context of what is and is not possible or imaginable or practicable, the novel opens with a passage from Plato’s *Gorgias* on what appears to be fiction or truth.

Ecoute... Toi, tu penses que c'est une fable, mais selon moi c'est un récit. Je te dirai comme une vérité ce que je vais te dire.

Listen . . . you may think it a story, but I tell you it’s a fact. I’ll tell you what I have to say as though it were the truth. (8/9).

Neither the French nor the English translation can quite capture the distinction in the classical Greek between logos and myth – λόγος as a marker for the true or

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<sup>1</sup>Translations here and throughout slightly modified. Page number citations refer to the French edition/English translation.

actual, μῦθος for fiction. Under the mantle offered by Chedid's novel and its citation of Socrates' statement in Plato's *Gorgias*,<sup>2</sup> we locate our effort here to point to the (im)possibility and the (im)practicality of 'sharing the trouble of others.'

Set in the 1947-48 cholera epidemic in Egypt,<sup>3</sup> "Who shares the trouble of others?"<sup>4</sup> is, in its first iteration in *Le Sixième Jour*, a bitter challenge by Saleh to his aunt, Um Hassan.<sup>5</sup> She has returned to her natal village from Cairo, where she supports her invalid husband and young grandson as a washerwoman. Her sister, Saleh's mother, has recently died of cholera. Um Hassan arrives to the charred remains of the village and its few surviving and frightened inhabitants.<sup>6</sup>

- "You can leave again," continued Saleh, in a sullen voice. "You've arrived too late."  
-- "Too late?"  
-- "There are only the dead left here to welcome you. . . . It's many years since you were one of us."  
-- "Half of my heart remained with you."  
...  
-- "You live too far away; you don't know anything about us" (Chedid 1960/1987, pp. 11/13).

Despite this harsh greeting, Saleh asks about his Uncle Said and the child, Hassan, in Cairo. But on Um Hassan's reply that the child is in the care of his schoolteacher and Said looked after by a neighbor, Saleh returns to his bitter questions.

- "What was the good of leaving them?" His voice grated like a file. "They need you, and we don't!"  
-- "You must forgive me if I can't do anything to help you. I suffered from not sharing your trouble."  
-- "Who shares the trouble of others?" (14/17)

Saleh's challenge to his aunt amid illness, death, and distrust echoes throughout the novel, challenging others as well as Um Hassan. And, simultaneously, *The Sixth*

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<sup>2</sup>The entire passage in classical Greek reads,

ἄκουε δὴ, φασί, μάλα καλοῦ λόγου, ὃν σὺ μὲν ἠγήση μῦθον, ὡς ἐγὼ οἶμαι, ἐγὼ δὲ λόγον: ὡς ἀληθῆ γὰρ ὄντα σοι λέξω ἃ μέλλω λέγειν (523a).

Listen, then, to a very fine [true] story (μάλα καλοῦ λόγου), which you may be inclined to consider a myth (μῦθον), while I consider it true (λόγον), for it is as truth (ὡς ἀληθῆ), that I say that which I am about to tell you.

In the distinction between logos and myth in the ancient world, then, Socrates points at the truth of the logos, though it may appear to be – or was conventionally seen as – fiction.

<sup>3</sup>For an insightful account of the likely origins and spread of cholera in Egypt, see Smallman-Raynor and Cliff (2016). For a report on the epidemic at the time, see Shousha (1948).

<sup>4</sup>« – Qui partage le malheur des autres ? » (Chedid 1960/1987, pp. 14/17).

<sup>5</sup>She is referred to throughout the novel either as Um Hassan, mother of Hassan, or as Saddika, her given name.

<sup>6</sup>Saleh recounts the devastation to Um Hassan, "The ambulance arrived, the [male] nurses forced their way into the houses, burnt our belongings, carried off the sick. . . . They never tell us [to where]" (Chedid 1960/1987, pp. 11/14).

*Day* tells a story of, prompts us to imagine, what affirmative responses to that echoing question might look like.

Our effort here, then, is to think through Chedid's novel and its fictional responses to the distrust and fear, the pain and anger, generated by a deadly cholera epidemic as well as what the novel might suggest about responses to the distrust and fear, the pain and anger, generated by other more contemporary catastrophes such as the global COVID (SARS-CoV-2) pandemic that appeared in December 2019. What can thinking with *The Sixth Day* allow us to see and understand about sharing the trouble of others in – and beyond – a pandemic? For, if COVID made already terribly frayed social bonds brutally apparent, it also makes apparent a fierce need for what political philosophers such as Danielle Allen and Sally Scholz and Jodi Dean have called “political friendship” (Allen 2004) or “political solidarity” (Scholz 2008) or “solidarity with strangers” (Dean 1996). We focus here on how we can imagine – and imagine putting into practice – sharing/political friendship/political solidarity, recognizing that the alternatives are not just metaphorically, but literally, deadly.

#### « – Qui Partage Le Malheur Des Autres ? »

What, then, might “sharing the trouble of others” be?: To share or – the etymological sense of *partage* or *partager* – to accept one's allocation of the trouble of others is not exactly compassion or empathy. Though it may sometimes *look like* those sentiments, to share the trouble of others is nearer Sally Scholz' theory of “political solidarity.”<sup>7</sup> It is nearer Danielle Allen's concept – after Aristotle and Ralph Ellison's *Invisible Man* – of non-affective “political friendship.” That is, we act towards one another, towards strangers, *as if* we were friends; we accept our share or allocation of the trouble of others – however divergent the circumstances of our shared time and place. It is nearer Jodi Dean's “reflective solidarity,” which she defines as,

the mutual expectation of a responsible orientation to relationship. . . . Rather than basing the strength of our association on our common experiences of pain and oppression, or tradition and affection, it anchors it in our ability to recognize each other as mysterious, inviolate, and worthy of respect, a recognition that allows us to assert and contest the claims each raises as we attempt to come to understanding” (1996, pp. 3, 177).

For Chedid's novel, such sharing is clearly not simply the provenance of the familial relations between Um Hassan and her sister or her nephew or of the social relations in her natal village. From her nephew Saleh's point of view, that sharing

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<sup>7</sup>For Scholz, explicitly *political* solidarity is a deliberate choice, a conscious commitment of collective responsibility, from which social bonds emerge. A “response to human suffering (2008, p. 54),” it “rests on a commitment and not [necessarily] on the experience of oppression. . . . as a form of collective responsibility, [it] is unique in asserting that those who make the commitment to solidarity make a commitment that forces them to address issues that may not directly affect them” (2008, p. 57).

is impossible in any event. And as Um Hassan returns to Cairo and navigates the various districts of the city with her cholera-stricken young grandson, her trouble is, on the one hand, that of all of Egypt. For an epidemic is indiscriminate in its victims. Yet, Um Hassan's trouble is at least initially unseen. She moves about the city under cover of night, hiding her beloved grandson in the roof-top washroom of an apartment building where she's done laundry for a wealthy family. She lives in fear of anyone discovering that Hassan has cholera, as she lives in fear of what might happen to him as the result of cholera. It is only once she arrives with Hassan to the banks of the Nile and the felucca of Abu Nuwas that her misfortune is seen and recognized by others. As they travel up the Nile to the sea, Abu Nuwas and his Nubian deckhand, Dessouki, recognize the trouble of others, of strangers – of Um Hassan and her grandson. And in contrast to the hysterics of the other passenger on the felucca, Okkasionne the busker,<sup>8</sup> when he realizes that Hassan is dying of cholera, Dessouki and Abu Nuwas each model a response neither hysterical nor fatalistic but deliberate. They recognize the situation and acknowledge their 'share' of it, abiding with Um Hassan as she and her grandson die of cholera. Even the opportunistic Okkasionne recognizes, finally, that he shares something with the woman whose illness he fears. And he, too, supports her as she dies.

Danielle Allen argues that structural social change follows change in individual behavior, deliberately placing the weight of political friendship on individuals – and it is clearly as such that political friendship or solidarity is exercised in Chedid's novel. A political friend is one that we recognize as a cohabitant, as one whose fate is connected to ours. And we act in accordance with that recognition – not simply affectively, though affect there may be.<sup>9</sup> As climate change and wars and pandemics ever more urgently press into our field of vision and lives, political friendship demands that we recognize, and act on the recognition, that we are in this together. Your trouble is also our trouble – sooner or later, however differentially. Sharing the trouble of others as a kind of political friendship is based on a recognition of the networks in which we live that can't be simply uncoupled – regardless of whether we acknowledge or *feel* those networks as social relations. Such "sharing" evokes Judith Butler's call to rethink "...the complex and fragile character of the social bond and to consider what conditions might make violence less possible, lives more equally grievable, and, hence, more livable. . . ." (2009, p. viii). Butler's "social bond," "complex and fragile," is materially grounded in a shared habitat. The fraying or rupture of that social bond is equally grounded in a shared material habitat. And that rupture or fraying creates fear and promotes ignorance or ignorral of those around us. Bracketing for the moment what might seem a chicken and

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<sup>8</sup>Okkasionne performs with his pet monkey for money in the streets of Cairo.

<sup>9</sup>The political solidarity to which we point is not simply affective feeling. Allen's political friendship is the deliberate citizenly habit of behaving *as if* others are our friends. They don't have to be and most often are not. Whether we like or are moved by or sympathize with others or not, whether we're immediately effected by what happens to others or not, we coexist with one another. Political solidarity is the same kind of deliberate stance, based on the same kinds of recognition that underpin political friendship.

egg situation,<sup>10</sup> Chedid's *The Sixth Day* unfolds amid a cholera epidemic and the fear, distrust, and resentment in the Egyptian countryside towards the state and its representatives -- hospitals and doctors and nurses, the military. And it traces that configuration back to Cairo where fear and distrust flourish as well. Yet the three men on the felucca traveling up the Nile to the sea with Um Hassan and her grandson recognize that, in the face of fear and distrust, there is nevertheless a social bond which they honor. And from the honoring of that shared circumstance and shared allocation, something else emerges. As Abu Nuwas calls out to Um Hassan that her grandson lives, he adds, "His cheeks are warming up . . . Hassan just grabbed my finger in his little hand. . . and he squeezed! If you only knew how tightly he squeezes, Um Hassan." The narrator continues, "Never has Abu Nuwas felt so intensely what a child was."<sup>11</sup> A few moments later, as he tells Um Hassan that the child will see the sea, will enter the sea, the narrator further comments on both the affect and effect of Abu Nuwas' exercise of political friendship. "Never has the boatman so understood, so desired the sea."<sup>12</sup> And the narrator observes that Dessouki shares the older boatman's understanding. "The young Nubian who's never even glimpsed the child's face, who doesn't know how tall he was when he stood up, suddenly begins to see him. Never has he been so alive!"<sup>13</sup> In *The Sixth Day*, the exercise of political friendship, of solidarity also allows a new understanding, a new vision, of ourselves in relation to others.

Saleh's "Who shares the trouble of others?" is not simply a rhetorical question in a fictional narrative. Deliberately standing with those in need and doing something about their need, as Farmer (2017) has said, or "bearing witness" (*témoignage*) as in the Chantilly Principles of Médecins sans Frontières (1995), point to something very like sharing the trouble of others. In recognizing our share of, and in, the trouble of others, we stand with them – not least of all because, in them, we recognize our common present and future. We bear witness to the differential "trouble" that our coexistence, our cohabitation, creates. We are *not* one. We do *not* "feel your pain."<sup>14</sup> We *do* recognize that we are implicated with and ultimately bound to one another. It doesn't *have* to be brotherly or sisterly love or some other affective bond that binds us. For the climate binds us. The planet binds us, as the air we breathe and the water we drink. Our profligate pollution binds us. What we do here has terrible if differential consequences there *and* here. The profligate wars we fight there have terrible – if differential -- repercussions

<sup>10</sup>That is, do frayed social bonds create fear and ignoral or do fear and ignoral create frayed social bonds? More likely, material inequality and inequity create frayed social bonds and fear and ignoral.

<sup>11</sup>« Ses joues se réchauffent, continue le batelier. Hassan vient d'attraper mon doigt dans sa petite main... et il serre ! Si tu savais comme il serre bien, Om Hassan. *Jamais Abou Nawass n'a senti si intensément ce qu'était un enfant*» (128/168, emphasis added).

<sup>12</sup>« L'enfant verra la mer, Om Hassan!» insiste Abou Nawass, les mains en cornet devant sa bouche. «Par Dieu, il entrera dans la mer!» *Jamais le batelier n'a tant compris, tant désiré la mer*» (129/169-170 emphasis added).

<sup>13</sup>«Et le jeune Nubien qui n'a même pas entrevu le visage de l'enfant, qui ignore la taille qu'il avait quand il se tenait debout, se met soudain à le voir. Jamais il n'a été aussi vivant!» (128/169).

<sup>14</sup>And "pain" is, in any event, too easy to personalize and individualize. We insist here on the literal terms of Saleh's question.

there *and* here. To share the trouble of others *is* a conscious and deliberate decision in our relations with others and with their -- and our -- "trouble." And from that recognition and deliberate decision, Danielle Allen's "habit" of political friendship develops.

### **'You Deal with this; I'm not . . .'**

The fictional truth of Chedid's novel – following from its opening citation of Plato's *Gorgias* – reverberates in several stories from our clinical practice that inform our reflections here. The first story is from the beginning of the HIV/AIDS pandemic.

"We must speak with all the humility that is appropriate to our limited vision, but we must speak" (King 1967).

At a distance of 40 years, what can one say about the HIV/AIDS pandemic? A disease that is now – as long as one has the money to obtain the drugs – essentially a chronic illness that can be controlled, that one can "live with." Yet, at the beginning of this at-the-time frightening and not-understood disease, it was a death sentence. As a junior, and then a senior, resident in Internal Medicine, too many faculty teachers and supervisors walked away in fear, essentially telling us, their subordinate health care colleagues, 'YOU deal with this.' Too many surgical colleagues refused to perform operative procedures on patients who 'looked gay,' used IV drugs, were Haitian, "could have" HIV/AIDS. Often, too often, fear of a then poorly understood disease, as well as fear of the people who appeared to have it, overtook health care workers whose job it was to treat the ill.

What made some senior colleagues take a position that seemed to say: "You are not us. You and your body can kill us. I therefore do not recognize you; I will not see you." Was it fear of a then unknown disease? Or disdain for the communities the disease appeared to target? Or ignorance of the extent to which HIV/AIDS would ultimately impact us all? At the distance of nearly a half century (and even at the time), it seems to have been all of these. As we can understand and tell the story of it now, this was the reality and whispered or unspoken fears of that horribly challenging period. As health care providers, these senior physicians sidestepped their professional responsibility. But more to our point here, they sidestepped their responsibility as fellow human beings – the antithesis of sharing the trouble of others.

### **'No Compañero, We Care for Everyone . . .'**

In approximately the same historical moment, but in a very different location, there is another story – rather different than that of the beginnings of AIDS in the U.S. – but deeply connected to the configuration we trace here.

1980 in the city of Esteli, Nicaragua. As an internationalist physician working for the new, revolutionary Sandinista Government of Nicaragua, I was one of several doctors providing medical services in a Regional Hospital: Hospital Dávila Bolaños and part of a physician and nursing team that included Chileans, Argentinians, Mexicans, Cubans, and Nicaraguans. Leading the group was a young Afro-Cuban physician and Cuban Communist Party member, Ricardo Morales Laramendi. Ricardo described himself to me as one who, without the Cuban Revolution, would have ended up on the streets. He was then, though, the Chief of Critical Care Medicine at the University Hospital in the city of Santiago de Cuba.<sup>15</sup>

Our days were filled with the provision of in-patient hospital care, then segueing to an outdoor clinic where we treated as many as 150-200 patients each day. It wasn't fancy and the care we provided in the clinic left much to be desired. But for most of our patients, this was the first time they'd had access to any health care. Under the Somoza dictatorship – then just overthrown by the Sandinistas – the provision of healthcare to the Nicaraguan population was not a priority.

One evening, after a long day in the hospital and then in clinic, the nurses and physicians gathered around an outdoor fire, drinking beer and rum, smoking cigars and cigarettes, and chatting about the political realities of “our time and destiny/*cuestiones de este tiempo y destino*” (Jara 1973), as well as the day-to-day events in our lives. At some point that evening, one of the young Nicaraguan physicians – perhaps a little drunk – looked at me and took aim with his index finger.

It's all your fault! If you had just allowed Somoza to die when he had his heart attack [in 1973] instead of caring for him at the University of Miami, we would not have had to have had this revolution . . . So many would still be alive.<sup>16</sup>

Not knowing quite what to say, I stood there, mouth agape. Doctor Morales, though, turned to the young Nicaraguan physician.

No compañero. No. First, Joseph wasn't even a physician in 1973. And he was never at the University of Miami. But more importantly, we are physicians. We care for anybody who needs our help. We turn nobody away. If Adolf Hitler himself came to us in need of our skills, we would help him; we would not turn him away.

Ricardo continued:

Now it's true that after we had cured him, we would turn him over to the appropriate authorities! But we would take care of him no matter what.

I don't remember much of that evening after this exchange. But Doctor Morales' response was a lesson to us all. It has stayed with me to this day. And we recall it now as a powerful illustration of the “as if” of political friendship. The

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<sup>15</sup>Ricardo subsequently volunteered in Angola as a physician to the Cuban and Angolan forces battling South African apartheid. He returned home to Cuba where he recently died – though he, like Chedid's Hassan, lives on in our hearts.

<sup>16</sup>Separated from these events by over forty years, this is a paraphrase.

elder Somoza was a brutal dictator, not a “friend.” Quite the opposite. But, as Ricardo insisted, ‘We care for all, no matter what.’ That is, we treat others “as if” they were a friend. Although Doctor Morales didn't use the words of Danielle Allen, his counsel was similar. As health care workers, we are bound to care for all, even a dictator, not only because of our medical responsibility but also, and in the present context more to the point, because of our “shared life.” Whatever else it was, saving Somoza’s life in 1973 at the University of Miami was also a testament to that shared life. Somoza was a dictator. But he was treated – medically and otherwise -- as a “political friend.” He was cared for. He survived. And he was overthrown by the Nicaraguan people. But he was cared for.

Dr. Morales’ intervention that evening was not only a testament to the responsibility of medical workers to care for whomever comes to them for help. It was also a testament to our shared responsibility for each other. Of medical workers for patients. Of cohabitants for one another, including for the stranger. For sharing the trouble of others cannot be parsed. It is not to bear witness, to stand with others only in situations that are convenient or acceptable or only for others with whom we identify.<sup>17</sup> In Allen’s provocative formulation, political friendship – “a set of hard-won, complicated habits that are used to bridge trouble, difficulty, and differences of personality, experience, and aspiration” – doesn’t require identification.

Not an emotion. . . [it] begins in the recognition that friends have a shared life – not a “common” nor an identical life — only one with common events, climates, built-environments, fixations of the imagination, and social structures (2004, p. xxi).

The practice of political friendship is grounded in the acknowledgement of mutually occupied literal and conceptual spaces – even though *how* we occupy those spaces, that landscape, can be radically different. Allen locates her configuration of political friendship specifically in the United States – with its particular history of rights and possibilities, as well as its history of political, economic, and social failures. She cites alternate locations – Rwanda, Palestine, Israel, Northern Ireland – as places where political friendship is a much more vexed possibility. Nicaragua might also be considered one of those locations. Nonetheless, recognizing the crucial importance of the specific possibilities and impossibilities at a given historical moment in a specific place, Allen’s “political friendship” is a suggestive way to think about how we live with the cohabitants of our polities. And Ricardo Morales’ astute defense of “political friendship” in the case of the dictator Somoza’s medical treatment and his *enactment* of political solidarity with a young American doctor is a compelling and pragmatic example of the solidarity toward which we point. Morales’ astute response to the young Nicaraguan doctor’s accusation wasn’t only a stand with the American doctor but also with the entire

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<sup>17</sup>Jodi Dean’s *Solidarity with Strangers* opens and concludes with a particularly astute analysis of the problems of such “identification.” And the pitfalls of citing current events notwithstanding, European and U.S. responses to Ukrainian refugees – as compared, for example, to refugees from other wars in Afghanistan or Syria or Iraq or Sudan or Yemen – are a sad illustration of selective, parsed identification. So too is the story of the misidentified video and photographs with which we conclude. See also Aljamal (2022) and Khamaiseh (2022).



group gathered around the campfire that evening in a teachable moment of political solidarity.

And if the story of Doctor Morales is a material example of what political friendship and political solidarity might look like, the creative fiction of Chedid's novel offers an imaginary rendition. As Abu Nuwas guides his boat, bearing Um Hassan and her grandson, down the Nile, the busker Okkasionne realizes that the old woman's grandson has cholera. He jumps up shrieking at Abu Nuwas.

"Death is with us, boatman. Let's go back quickly."

"Death is always with us," said Abu Nuwas.

"Quick, boatman, this is no time for philosophizing.

"Stop fussing and leave this woman to her child," replied the other.

"You're crazy!... You're crazy too!" (101/134)

"Death is always with us." More immediately so than for many of us, death is always with health care workers. But the implications of this passage from Chedid's novel point far beyond health care workers. If the busker has profited from the cholera epidemic by turning in to the state authorities for a reward the living or dead bodies of the ill, he will accrue a very different benefit from his initially unwilling proximity to the cholera-stricken on the boat. Okkasionne is equally confronted with Saleh's question of who shares the trouble of others. The busker's response shifts over the course of the novel from utter refusal to acknowledge his cohabitants other than as a source of income (Chedid 1960/1987, pp. 53-54/71-2, 70-71/94) to the most poignant of recognitions of shared life and "common events." In Um Hassan's deep love for her grandson and commitment to saving him, Okkasionne ultimately recognizes his own love for his pet monkey (120/159). And in that only apparently unlikely parallel, Okkasionne begins to see Um Hassan differently. As she falls dying on the boat deck,

Okkasionne went up to the old woman, fallen full-length on her back . . . The busker knelt behind Um Hassan, slid forward, supported her head, raised her up, rested her on his folded knees. He stroked her moist temples, gently patted her wrinkled cheeks . . . never had the busker felt so much grief. One day you fall off your rope, you lose your balance. You find yourself back among the others, amidst other people's suffering . . . (127/167).

The three men on the felucca with Um Hassan and her grandson – the young boy already dead, the old woman near death – all call out the same thing to her in a gesture of what we call here solidarity. "The boy is alive. Tomorrow is alive."

A smile appeared on her lips. She heard their voices. Great rivers were flowing. Um Hassan let herself be carried gently along. . . . The child was everywhere, the child existed; near her, before her, *in the voices, in the hearts of these men. He was not dead, he could no longer die. It seemed as though the voices were singing* (129/170, emphasis added).

## **The Unvaccinated Former Submariner**

We can learn from these dreadful days that stupidity and injustice are lethal; that, in a democracy, being a citizen is essential work; that the alternative to solidarity is death (Packer 2020).

In the US alone there are over one million deaths – many preventable -- due to the COVID 19 pandemic.<sup>18</sup> That is 1,479 deaths per day, every day, over the 2 years of five disease surges. At the height of the fourth surge, in August of 2021, our ICU patient list included up to 43 patients daily – in a hospital with *only 18* ICU beds, all of which were occupied by critically ill patients with COVID19 infection and resultant pneumonia. They were all invasively mechanically ventilated; another five or six were in the Cardiac Catheterization Post-Procedure area, also mechanically ventilated. The remaining 19 to 20 patients were in rooms housing 2 patients, each receiving high flow oxygen or non-invasive mechanical ventilation.<sup>19</sup> Some of this latter group of patients recovered. Some progressed from mild viral pneumonia – treated with antiviral agents, steroids, and oxygen – to acute respiratory distress syndrome (ARDS) requiring invasive mechanical ventilation; most COVID19 ARDS patients, despite everything we could do, died prolonged – and for their families if not for the patients themselves – painful deaths.

One ICU physician team – two to three resident physicians, a post-residency clinical fellow, and a senior physician – can optimally care for between 12 and 18 critically ill ICU patients. For patients this sick – requiring extremely intensive nursing and medical care – there are often one to two bedside nurses for each patient. We had no residents and no fellows; we were two senior physicians and we cared for 43 dreadfully ill patients as best we could. Each bedside nurse had one or two patients – not one or two nurses per patient, but one or two terribly ill patients per nurse.

Despite the best efforts of our administrative leadership attempting to obtain the human and material resources we needed, we were overwhelmed. Despite attempting to transfer patients to larger centers when this was possible – and it often was not possible because other institutions had no beds and/or the patients were too sick to transfer – we were overwhelmed. Thus, we physicians would often see the “not-in-the-ICU-but-sick-enough-to-be-in-the-ICU” patients every other day even though they needed to be seen – optimally should have been seen – multiple times throughout the day. We would perform a very brief examination, talk with the bedside nurse and make a plan of care, write a brief note, and move

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<sup>18</sup>As of 2 November 2023, there were 1,138,309 deaths in the US due to SARS-CoV-2. <https://covid19.who.int/region/amro/country/us>. Last accessed 10 November 2023. This is recognized as a 30% - 40% undercount. [https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess\\_deaths.htm](https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm) and <https://www.bu.edu/sph/news/articles/2023/covid-19-deaths-in-the-us-continue-to-be-undercounted-research-shows-despite-claims-of-overcounts/>. Both last accessed 10 November 2023.

<sup>19</sup>That is, positive pressure ventilation delivered with a tight-fitting mask in contrast to invasive mechanical ventilation, delivered with a breathing tube through the vocal cords and into the trachea.

on. It was on one of those days, in one of those non-ICU rooms housing a very ill man, that I met the submariner.

Mr. S appeared on my Patient List one morning as “COVID19, on Oxygen.” After making rounds and carrying out procedures the ICU patients needed, I made my way, late in the afternoon, to Mr. S’ room. I introduced myself, asked him some questions about his illness – including his SARS-CoV-2 vaccine status – and let him know what he might expect as/if the disease progressed. He informed me he wasn’t immunized and wouldn’t be. He wasn’t so sure what he had was COVID19 and he would be just fine, he said, if I would just leave him alone. As gracefully and with as much equanimity as possible, I explained that, notwithstanding his disbelief, COVID19 was precisely what he had. I again laid out the course his disease might take – if things went wrong – and asked about his end-of-life preferences. Waving me away, he said he would decide later.

Weeks passed, the pandemic worsened. One morning a Rapid Response – called when a patient is thought by nursing staff to be suffering from a medical emergency – was called for Mr. S. After the Rapid Response Team arrived, I was summoned by the senior nurse to Mr. S’ room. He was severely short of breath, with an elevated respiratory rate and poor oxygenation despite noninvasive mechanical ventilation. It was clear that he was going to require invasive mechanical ventilation if there was any chance of survival. Mr. S., breathing with difficulty, stated he did not want invasive mechanical ventilation. “Enough,” he said. “Enough.”

As much as was possible, we discussed the outcome of refusing invasive mechanical ventilation. He would most likely die. “Just talk to me,” he asked. Until that moment, the physician-patient relationship was conventional. But now, realizing that he was dying, he asked me to stay with him, to talk to him as he died. I stayed.

Mr. S had been on a submarine in the 1950s. We talked about the U.S. Navy and his job on the submarine. We talked about my father who had been on the USS Yorktown during the Battle of Coral Sea. We talked about his wife – ‘Tell her’, he asked before losing consciousness, ‘three things: I love her; she is the most beautiful woman I have ever seen; get vaccinated.’

These were the last words he spoke. I stayed with him until he died. And then, as a physician is obliged to do, I certified the time of his death.

When his wife, who hadn’t been able to arrive in time to be with him as he died, reached the hospital, I sat with her, told her how he had died, and that he’d asked me to tell her three things.

“He loves you.” She smiled.

“You are the most beautiful woman he has ever seen.” She beamed.

“You should get vaccinated.” She looked at me in harsh disbelief. “He said what?!”

Sharing the trouble of others – either writ large or intimately and personally – is not to necessarily support everything that others support or do or have done. It is a deliberate habit of response to others *as if* they were a friend. As scandalous as this could seem, political friendship is also supporting the unvaccinated and those

who oppose vaccination, even though we disagree with their choice to put themselves, and others – including health care workers – at risk of illness and death. That political friendship, again, doesn't necessitate support for their choices. In fact, support – sharing the trouble of others – may well be to engage with them rather than turning away or, if engagement isn't possible, to *not* denigrate them for their choices. It is to hear them out, recognizing our coequality, extending the same 'benefit of the doubt' we would extend to a friend – even one with whom we fervently disagree.

The story of the submariner illustrates how the COVID pandemic has revealed (though certainly not *created*) the terribly frayed social bonds of the present moment. And two of the stories we recount here are, simultaneously, illustrations of the *absence* of solidarity with strangers or of political friendship. We understand these stories of absence as illustrative of a broader social condition, as symptomatic of the diminished presence or occlusion of what *The Sixth Day* calls "sharing the trouble of others." But, as Chedid's novel reminds us, there is no magical time and space in which death and devastation are not with us and in which time we can then set to miraculously building or mending the social bond. To the contrary. It may be precisely in times of social crisis that such construction can occur – because the alternatives are so brutally apparent. And so, stories of absence tell a truth of their own.

### **Visibility and Invisibility, Seeing and Not Seeing**

Our signposts on the landscape where these stories of clinical medical practice are located are literary. For literature can imagine and tell stories of what is still unthinkable in the material world. And so, we began with the provocative imagining of Andree Chedid's *The Sixth Day* as it tells stories of "solidarity with strangers," of political friendship during a deadly epidemic. And we frame our last story with Ralph Ellison's *Invisible Man* – that eloquent, beautifully wrought and painfully ironic novel of how the narrator comes to realize he is invisible as a Black man in the U.S. and of his response to that realization. In the novel's opening, the narrator defines the condition of his invisibility.

I am invisible, understand, simply because people refuse to see me. . . .When they approach me they see only my surroundings, themselves, or figments of their imagination – indeed, everything and anything except me. . . . That invisibility to which I refer occurs because of a peculiar disposition of the eyes of those with whom I come in contact. A matter of the construction of their *inner* eyes, those eyes with which they look through their physical eyes upon reality (1995, p. 3).

And in the novel's epilogue, as he decides to emerge from his underground "hibernation" he reflects, "there's a possibility that even an invisible man has a socially responsible role to play" (581). The novel concludes, in its continuing direct address to the reader.

. . . you'll fail to see how any principle that applies to you could apply to me. You'll fail to see it even though death waits for both of us if you don't.

In Chedid's *The Sixth Day*, Abu Nuwas calmly responds to Okkasionne's fearful hysterics. "Death is always with us." And death runs through the clinical stories we've recounted here.<sup>20</sup> Nonetheless – or maybe precisely because of what "waits for both [and all] of us" – Ellison's narrator concludes on a note of coevality and, yes, solidarity with strangers.

Who knows but that, on the lower frequencies, I speak for you? (581).

"A politics of deep solidarity . . . the only form of politics that holds any hope for our collective liberation." (Alexander 2020)

On February 24, 2022, Russian armed forces extended a simmering war with Ukraine by invading beyond the borders of the contested provinces of Luhansk and Donetsk (Sangal 2022, Zinets and Vasovic 2022, Abelow 2022). Rapidly, much of the world took the side of one or the other country, the United States and NATO countries siding with Ukraine while many of the countries of the global south and the east were more studied in their responses and positions (Storey and Choong 2022, Al Jazeera 2022a, b, Lynch 2022). In the first days after the Russian invasion, stories, photos, and videos of Ukrainian civilians confronting Russian soldiers circulated widely in the mass media and on social media, often eliciting vociferous support (particularly but not exclusively in the U.S. and western Europe) for the Ukrainian people and their government.

It is with one of those videos and still photos from it in the first days of the fighting that we conclude. The initially egregiously misidentified images – and social media responses to those images – are a striking illustration of differential identification, of non-solidarity. That is, in our definition here, they are not instances of solidarity at all. As Ralph Ellison's *Invisible Man* observes, "they see only my surroundings, *themselves*, or *figments of their imagination* – indeed, everything and anything except me."

The video and photos in question – of a young, purportedly Ukrainian girl, confronting a purportedly Russian soldier, telling him to go home – quickly went viral on social media, in numerous February 27, 2022 Facebook posts,<sup>21</sup> on Twitter, and on TikTok.

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<sup>20</sup>"Death is the sanction of everything he [the storyteller] can tell. He borrows his authority from death," Walter Benjamin sagely reminds us in his "The Storyteller" (XI). See our 2021 "Are You Alright?"

<sup>21</sup>With few exceptions, such as this one (<https://archive.ph/64V4u> which was saved to the Internet Archive, Retrieved May 2, 2023), most of these pages have been deleted from Facebook and Twitter (now X) where they originally proliferated.



But – obvious to anyone who actually paid attention to the image or the video – the setting is hardly Ukraine in February. And the young girl in the video soundtrack is not speaking either Ukrainian or Russian. The young, curly haired, blonde girl bravely confronting a soldier is not a Ukrainian girl confronting an invading Russian soldier. Rather, she is a *Palestinian* girl, 11-year-old Ahed Al-Tamimi, bravely confronting an invading *Israeli* soldier in 2012 (Raya Media Network 2012) and demanding the release of her brother, arrested moments before (Reuters News 2022).

BBC's "Reality Check" of February 28, 2022 noted that the mis-identified video garnered millions of views within hours of its February 27, 2022 posting to Twitter, TikTok, and Facebook. Though Twitter labeled the video "Out of context" by the next day, it continued to attract views on Tik Tok. If the misidentified images and videos still circulate, they are usually now either correctly identified or marked as "false" or "out of context." When she was a "Ukrainian girl," Ahed Al-Tamimi's bravery was widely and forcefully applauded. As a Palestinian girl, she was no less brave, her actions no less laudable. Yet, while, on the one hand, the governments and the peoples of the U.S. and the European Union were quick to comfort the Ukrainian victims of war and occupation, to offer asylum to Ukrainian refugees – a righteous response – on the other hand, there has been no such rush to respond to other victims of war and occupation – to Palestinians or Yemenis or Iraqis or countless others in their "trouble."

To bring up this example of egregious misidentification and no less egregious mis-taken [non]solidarity is not to parse invasions and the suffering of war and occupation. Rather, almost regardless of the specific and complex circumstances of both the original images and their 2022 misidentification and circulation – which here unequivocally include not only patently differential “solidarity” and racism (Ahed Al-Tamimi’s bloneness makes her a non-Palestinian “light-skinned actor” for the Israeli state<sup>22</sup> and a Ukrainian girl for social media) – the misidentified images and the responses they solicit are symptomatic of the urgent need to re-think and re-practice what it means to cohabit with one another. “Who shares the trouble of others” might seem an almost frivolous question in the face of another ongoing war that marks the shifting forces of global economic, political, and military power. And yet, mindful of the openings for seeing, thinking, and engaging differently in moments of crisis, we reiterate Saleh’s question.

“Death is always with us,” Abu Nuwas reminds Okkasionne in Chedid’s novel – as death is present in each of the stories we’ve gathered here. Yet Abu Nuwas’ observation is not dismissive but rather predicated on seeing those around him as cohabitants in the world. And that seeing, *The Sixth Day* suggests, is notwithstanding our agreement or disagreement on specific issues, however important. This is the complex and hard-won habit of seeing, a “politics of deep solidarity,” that we are called to develop.

Who shares the trouble of others? It must be us. Now. For as Eric Hobsbawm reminds us in his summary assessment of “the Short Twentieth Century . . . that has not ended well . . . a society consisting of an otherwise unconnected assemblage of self-centered individuals pursuing only their own gratification (whether this is called profit, pleasure or by some other name) was always implicit in the theory of the capitalist economy” (1996, p. 16). If this has become only too apparent, so too has the certainty that either we care for one another and our world, or we will be left with nothing.

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<sup>22</sup>Bruton and Jabari’s (2018) article on the Tamimi family notes, “Israeli Deputy Minister Michael Oren sparked outrage in January after admitting that the Tamimis had been the subject of a classified investigation into whether they were actually ‘light-skinned’ actors and not a real family.”

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