

DEATH: A MANIFESTO

Working Title

*“The dying have not fallen silent.
We have arranged the world so that their last speech cannot
be heard.”*



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1. Why We Are Forced to Write

1. There are subjects a culture avoids not because they are obscure, but because they are too central. Death is one of these. We hide it not because it is rare, but because it reveals too much: what sort of creatures we are when control fails, when productivity stops, when the body ceases to answer to schedule and demand, when the language of treatment begins to separate from the language of meaning. Under such conditions a civilization is compelled to show its actual face. Ours, at present, is efficient, frightened, overlit, and thin.

2. The Soviet does not favor protest. Protest is usually a thinning of language, an appeal to those already convinced, a theatre of denunciation mounted for readers who wish above all to feel clean. This document is issued under different conditions. A basic human function has been neglected. The dying are managed. They are comforted. They are processed. They are not accompanied.

3. This document did not arise from doctrine. It began when a living voice stated plainly what the culture had ceased to remember: that whole peoples once sat with their dying because the dying saw those who had gone before them. A simple sentence, spoken without theatricality, can shame a civilization more effectively than a shelf of policy.

4. We have reached a point at which silence would be complicity. If we cannot yet build the full manual, then let us at least issue the warning. Let us say that something precious has been abandoned, and that the abandonment has been mistaken for maturity.

2. Against the Thin Death

5. We are told that the modern handling of death is humane because it is orderly, because pain can be reduced, because the

body can be supervised, because distress can be managed by trained personnel under acceptable conditions. Some of this is true. Some of it is even merciful. But none of it touches the deeper disgrace, which is that the dying are increasingly treated as logistical events surrounded by therapeutic language.

6. They are monitored, adjusted, translated, reassured, and quietly removed from the common life of the living. Their final days are made cleaner, and at the same time less legible. It is possible now to die in relative comfort and near-total symbolic abandonment. The room is calm. The paperwork is correct. The body is subdued. The passage has gone unattended.

7. A thin death is one from which too much has been removed: noise, unpredictability, awkwardness, the speech that does not obey the room, the old stories, the family uncertainty, the objects that matter, the sense that something larger than a medical event is underway. The thinning is praised because it lowers the burden on institutions. It also lowers the amount of human meaning permitted to gather at the bedside.

8. This is not a small error. It is a civilizational humiliation. A culture that can optimize the last week of a life while making that life less understandable at its point of ending has not solved death. It has merely streamlined its own discomfort.

3. What the Dying Still Say

9. For the reports persist. They persist in hospitals, in side rooms, in houses, in Catholic wards, in nursing homes, in the apartments of the poor, in whispered family recollection, in the embarrassed testimony of nurses, in the stunned memory of sons and daughters who did not expect the room to change

and then found that it had. They persist under many theologies and under none.

10. The dying continue to greet their dead. They continue to look toward people no one else in the room can see. They speak of parents, brothers, children, old homes, crossings, trains, doors, boats, preparation, arrival. Sometimes they seem to be taking instructions. Sometimes they are reporting company. Sometimes they are already speaking from a place whose grammar does not quite match ours.

11. Older cultures knew better than to waste such moments. They did not treat them as embarrassing irregularities or chemical side effects to be managed out of view. They understood that the threshold between life and death was also, at times, a threshold between generations. The dying did not merely depart; they connected. Their final speech linked the room to a longer human order.

12. What we have lost is not only reverence, but access to one of the oldest social functions of death: its power to rebind the living to the dead. A people that allows its dying to speak and listens without panic receives more than comfort. It receives continuity.

13. These reports are not ornamental. They are not campfire embellishments added later by the sentimental. They are part of the durable human record. A culture may interpret them one way or another; what it may not do, without cost, is pretend that they are beneath notice.

4. How a Civilization Forgets How to Die

14. This incapacity did not arise by accident. A civilization forgets how to die when it forgets how to sit still. When generations cease to live together, when the old are sequestered, when the dying are transferred out of sight, when

grief is privatized and ritual becomes embarrassing, the whole culture loses its bedside intelligence.

15. Death ceases to be a passage in which the community has competence and becomes instead an emergency subcontracted to specialists. The result is not only fear but illiteracy. People no longer know what to do in the room. They do not know how to listen, how to wait, how to refrain from correction, how to let symbolic speech stand without either dismissing it as nonsense or embalming it as revelation.

16. The household death, once ordinary, becomes unthinkable. Children are removed. Neighbors are informed only after the fact. The body is handed over quickly and returns cosmetically, if at all. The final hours are described in retrospect using softened abstractions, as though the raw event itself were unfit for civic memory.

17. When a society no longer permits the dying to remain inside ordinary life, it also loses the inherited practices by which ordinary people once learned what dying sounds like, how long it takes, what it asks of posture, what it does to time, what kinds of speech appear near the end. In such a world even love becomes clumsy, because love without training panics at the first sign of strangeness.

18. The culture then flatters itself with euphemism. It says that expertise has replaced superstition. Often expertise has merely replaced participation. The price is paid by the dying first, and by the living later.

5. Cruelty in the Name of Calm

19. And what do we do when threshold speech appears? We correct it. Gently, yes. Tenderly, yes. With practiced voices and good intentions and exhausted smiles. We say: no, Mother, no one is there. No, Dad, you are confused. No,

sweetheart, that was a dream. We reintroduce the room. We restore the sanctioned coordinates. We enforce consensus reality on those who are leaving it.

20. This is called calming them down. This is called keeping them oriented. This is called care. But there are forms of cruelty so normalized that they pass for kindness. There are injuries administered softly enough that no one in the room thinks of them as injuries at all.

21. To deny a dying person the texture of their final experience because it disturbs the living is one such cruelty. To flatten strange speech into symptom because one lacks the courage to hear it is another. To use pharmacological peace as a substitute for witness may sometimes be necessary, but it is not innocent.

22. A sedated death may be merciful. A flattened death is not. There is a difference between relieving pain and erasing the threshold. We have become skilled at the first and nearly incapable of recognizing the second.

23. The atmosphere of calm, so prized by institutions, often protects the living more than the dying. It protects staff from interruption, families from panic, systems from unpredictable meaning. It produces rooms in which very little can happen except the sanctioned sequence of decline. The room remains manageable. The person inside it becomes progressively less heard.

6. Oakland Notes: The Poor Die Publicly

24. The poor, it should be said, have often been spared certain refinements of this stupidity. Not because poverty ennobles, which it does not, but because it leaves less room for concealment. In Oakland, in certain neighborhoods, death does not disappear behind polished language so easily. The

walls are thinner. The life of the block remains in contact with the room.

25. Children know someone is dying. Neighbors know. Meals arrive in reused containers. Voices carry from the sidewalk. The body remains closer to the environment, and the environment does not always permit the fantasy that this event belongs only to doctors, or only to private conscience, or only to pastoral specialists.

26. There are disadvantages to such publicness, many of them severe. The dying are not romanticized by lack of privacy; they are often burdened by it. Yet something remains visible there that the polished suburbs and antiseptic institutions have nearly succeeded in deleting: death is still part of the social field. It can still rearrange the house, the stoop, the hallway, the traffic of speech.

27. In such conditions people sometimes retain rough practical knowledge. They know when someone is near the end. They know what kind of chair to bring into the room. They know that the final days may produce speech no one expected. They may not have a theory. Theory is not the issue. Competence often survives longer in poor neighborhoods than in enlightened discourse.

28. Visibility is not dignity, but invisibility is not dignity either. We should be careful before calling removal humane merely because it is clean. The poor die publicly; the rich often die decoratively. Neither arrangement is sufficient. Only one of them still leaves a chance for the living to learn.

7. Berkeley Notes: Right Instinct, Weak Form

29. Berkeley, for its part, sensed some of this and then failed nobly and predictably. The counterculture knew, or nearly knew, that death was not merely biological shutdown but a

crisis of meaning, relation, image, and collective presence. It intuited that the dying required something beyond management: ritual, song, altered time, gathered witness, forms of attention unrecognized by the white fluorescent order.

30. This was not foolish. It was one of the few sane intuitions available. But the forms were weak. Too much drift. Too much feeling without architecture. Too much improvisation elevated into principle. The instinct was correct; the institutions were vapor.

31. Where a hard culture forgot the soul, Berkeley often forgot the file cabinet. It recognized that death had to be held communally, then trusted weather, charisma, and sincerity to do the holding. Such things cannot bear much weight for long. Beautiful people sitting on the floor with candles and conviction are not yet a durable civilization.

32. Still, one should not mock the experiment too quickly. Those rooms sometimes contained more living knowledge than the official corridors outside them. They were wrong in excess, but they were wrong in the direction of reality. The hospital believed it had solved death by brightness and schedule. Berkeley knew that no such victory had occurred.

33. One cannot rebuild the public art of dying on vibes, incense, and beautiful collapse. But one also cannot rebuild it under buzzing lights, laminated procedures, and the frightened authority of people who cannot bear to hear a dying woman say that her mother has entered the room. Between sentimentality and procedural terror there remains another possibility. This pamphlet is written in search of it.

8. Big Sur Fragment: On Sitting with the Dying

34. Then there is the quieter coastward knowledge, learned less from argument than from staying put. Sit down. Lower your voice. Do not arrange your face. Do not lean forward too quickly as though meaning were a rabbit to be caught. Let the room widen before you try to understand it.

35. The dying remain persons. Not cases. Not family events. Not managed descents. Not pre-corpses requiring only chemical moderation and administrative grace. Persons. It should not be necessary to say this with emphasis, yet apparently it is.

36. One must learn not to interrupt the dying with the exhausted tyranny of practical reassurance. If a woman says her mother is in the room, one need not convert on the spot to any doctrine of spirits in order to answer with dignity. One may simply ask: Is she near you? Does she seem peaceful? What do you want to say to her?

37. In Big Sur the lesson presents itself with fewer words. Wind in the cypress. A porch chair that creaks only when someone shifts. The body in the back room. Tea going cool in the kitchen. Someone choosing not to fill the silence. Much of the real training is no more glamorous than that.

38. The room changes when one person in it agrees not to dominate. Time slows. Speech, when it comes, often clarifies. The dying do not always require explanation. Frequently they require permission: permission not to pretend, permission not to reassure us, permission to attend to what has begun arriving.

9. On the Room

39. The dying do not die in abstraction. They die in rooms. The room is therefore not incidental. Light matters. Sound matters. Who keeps entering matters. The stack of forms on the side table matters. The machine that alarms every eleven minutes matters. The radio left on by habit matters. The flowers matter. The photographs matter. The face of the person nearest the bed matters more than all of it.

40. A room can be arranged to encourage threshold speech or to suppress it. Harsh light, continual interruption, brisk correction, and endless procedural chatter produce one kind of dying. Quiet, steadiness, a limited number of voices, and a refusal to over-direct produce another. Even those who deny any symbolic dimension to death usually understand this instinctively. They just do not extend the insight far enough.

41. Many families, when frightened, turn the room into a workshop of reassurance. They narrate. They explain. They call names. They smooth blankets every thirty seconds. They ask whether the dying person is comfortable when what they mean is: please come back into ordinary language and relieve us of the burden of not knowing how to accompany you.

42. The room should not be theatrical. The opposite error to hospital sterility is not mystical décor. No one needs a pageant. The room needs seriousness, breathable air, and enough symbolic honesty that the person leaving this life does not have to spend their last hours protecting everyone else from the fact that they are leaving it.

43. To attend to the room is not superstition. It is respect for the conditions under which final meaning is either permitted to gather or forced to scatter.

10. The Dying Are Not Delirium Machines

44. Not all speech at the edge of death is meaningful. Not all speech is noise. The reflex to reduce all strangeness to error is a failure of attention. The reflex to elevate all strangeness to revelation is a failure of discipline. A third position is required.

45. That third position is difficult because it withholds the pleasures available to both camps. It offers no easy debunking and no guaranteed mysticism. It asks the listener to remain in form: sober, permeable, unhurried, willing to hear more than can be explained and less than can be canonized.

46. The dying may be metabolically compromised, medicated, frightened, lucid, symbolic, fragmented, exact, and somewhere between worlds all at once. Human beings near the end are not elegant enough to satisfy our categories. Any theory that requires them to be elegant will end by violating them.

47. This is the point on which the whole matter turns: not belief, but form. The disciplined listener does not demand a conclusion before the speech has finished occurring. The disciplined listener does not panic when two kinds of truth appear in the same sentence.

48. To call the dying delirium machines is not merely rude. It is a confession of incapacity. It means the listener has no instrument delicate enough for the event and therefore blames the event for exceeding the instrument.

11. The Rights of the Dying

49. And because the dying remain persons, they retain standing. They retain the right to strange speech. They retain the right to silence. They retain the right not to be corrected every time their words cease to obey the room.

50. They retain the right to be accompanied by someone capable of remaining steady when meaning changes shape. They retain the right not to be treated as though their interior world had already become irrelevant simply because their body is failing. They retain the right not to be hurried for the convenience of the living.

51. They retain the right to a room that is not arranged exclusively for institutional ease. They retain the right to familiar objects, to names spoken correctly, to songs if songs help, to quiet if quiet helps, to a face that does not perform optimism for lack of courage.

52. They retain the right to final speech that is received without immediate confiscation by doctrine, diagnostics, or family panic. If the dying are still among us, then their speech, however compressed, symbolic, erratic, or luminous, still belongs to the human record.

53. These rights are not exotic. They are minimal. That they now sound radical is itself an indictment.

12. The Duties of the Living

54. The living also have obligations. They are not neutral because they are frightened. Their fear excuses little. One must learn to sit. One must learn to lower the voice. One must learn not to correct too quickly. One must learn not to over-interpret.

55. One must learn to manage one's own desire for resolution. The dying do not exist to reassure the living that everything is coherent. They do not owe us a smooth narrative, a dramatic revelation, a pious final statement, or a medically legible sequence of decline. They owe us nothing except the reality of their condition, which is burden enough.

56. One must also learn not to colonize the room with sentiment. Tears may be honest, but tears can also become a demand. The living often ask, without knowing it, that the dying delay their own passage long enough to stabilize everyone else's mood. This request is understandable. It is also indecent.

57. The duty of the living is practical and symbolic at once: keep the body tended, the room breathable, the interruptions limited, the voice low, the questions simple, the atmosphere unforced. Remain. Return. Do not make the dying educate you while they are already crossing a difficult threshold.

58. These are not metaphysical endorsements. They are acts of civilized restraint. A society that had not entirely forgotten itself would teach such things before they were needed.

13. Against the Professional Monopoly on Death

59. It is possible to accompany the dying without doctrinal certainty. It is possible to make room for threshold experience without canonizing every utterance. It is possible to insist on pain relief while rejecting the complete professional monopoly on death.

60. Medicine is indispensable, but it is not sufficient. Clergy are sometimes useful, but they are not sufficient. Therapists are not sufficient. Families, left without language, are not sufficient. Death exceeds all single custodianships. To hand it over entirely is to diminish it.

61. The professional monopoly on death produces a peculiar deformity in the living. It teaches them that the most universal human event is one for which they are structurally unqualified. It relieves them of responsibility and then leaves them ashamed of their own helplessness.

62. This monopoly is reinforced by architecture, law, custom, and fear. We move the dying into designated spaces. We submit them to designated authorities. We tell ourselves that competence requires distance. Sometimes it does. More often distance simply protects professionals from inheriting the symbolic burden of the work they have agreed to perform.

63. The answer is not to abolish expertise. The answer is to refuse exclusivity. A humane society would permit medicine its place while restoring to ordinary people the practices by which they can accompany one another without either pretending to expertise or surrendering everything to it.

14. Toward a Public Art of Dying

64. Something public must be rebuilt. Not an old religion in costume. Not a fog of consoling slogans. Not a narcotic mysticism for frightened liberals. Something more difficult: a public art of dying. A bedside literacy. A way of sitting that can survive skepticism.

65. This means a language that can receive threshold speech without immediate correction. It means rituals that do not require dogma, only seriousness. It means training families to hear without theatricalizing. It means teaching children that death belongs to life, not to hidden machinery.

66. It also means recovering the older social truth that death once did work for the community. The dying were not merely disappearing. They were, at times, returning the room to its lineage. Their speech made the dead briefly relevant again. Their passage reminded the living that they belonged to a chain and not merely to a calendar.

67. A threshold culture would not force a single interpretation onto such events. It would simply know how to honor them. It would know that one can preserve ambiguity without

behaving as though the event were meaningless. It would know that reverence and restraint are compatible.

68. This work will not be glamorous. It will not flatter our intelligence. But a society that cannot accompany its dying has failed one of the simplest tests of human continuity. It has confused management with care, sedation with mercy, and silence with peace.

15. Declaration

69. We reject the reduction of death to procedure, however polished the procedure.

70. We reject the silencing of strange end-of-life speech in the name of atmosphere, calm, or institutional smoothness.

71. We reject the notion that a good death is merely one that creates the least disturbance for the living.

72. We reject the moral vanity of a civilization that can sedate, invoice, and professionally narrate the dying while possessing no common discipline of witness.

73. We reject the increasingly absurd belief that what cannot be standardized cannot be honored.

74. We affirm that the dying remain persons. We affirm that their speech, however strange, belongs to the human record. We affirm that the room around them is part of the event and not merely its container.

75. We affirm that older cultures preserved, however imperfectly, a knowledge modern life has squandered: that death can bind the generations as well as separate them, and that the dying sometimes stand in that bond with unusual visibility.

76. The dying have not abandoned us. We have abandoned them in precisely the moment when they become most difficult to hear. Let that be named. Let that failure end.

Appendix: Minimal Protocol for Sitting with the Dying

77. Sit down. Lower your voice. Do not correct too quickly. Do not over-interpret. Ask simple questions. Allow silence to develop its own weather. Attend to the room. Keep unnecessary people out. Leave familiar objects within sight. Remain until you are no longer needed.

Colophon

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