

## “Vaccination”

By Barry Jenkins

The laboratory is papered in a multicoloured representation of the human genome. Different colours represent each nucleotide, with various shadings and grades for related genes and proteins. From this distance, it looks more like a cubist mural than anything biological.

“You can't appreciate it, the majesty, the *art* of it all, on a computer monitor,” Dr. Ovid Perkins explains, sweeping his hands over the image. “You have to see it in its entirety. *Alfresco*, as it were.”

“I don't think that's the word...”

“Think of it,” he says, sliding his hand over the length of the mural, “this is the blueprint, the map of human life, the paint-by-numbers that God himself used to create man.”

“You definitely lost it there,” I say.

“I did, didn't I?” Dr. Perkins giggles, then immediately gets serious again. “Why talk of God anymore when we have *this*? Imagine,” he points to a particular block, green-blue at shoulder height, “take this sequence and alter it slightly and it reduces the human cranial capacity to that of Australopithecus. Or this one,” he rushes to the corner of the room to indicate a pinkish square, almost out of reach, “and we'd sprout gills.”

“Why would you want to?” I ask him. He's difficult to keep up with, but I have to admire his enthusiasm.

“Because we can, son, because we can.”

“But the practical applications...”

“Yes, plenty. We can systematic erase genetic diseases and mutations. Even beyond testing for abnormalities and birth defects, we can do gene therapy – injecting stem cells with genetic vaccines to overwrite a patient's DNA and correct for Downs Syndrome, tendencies to cancers, obesity, addiction, homosexuality--”

“Stop. Right there,” I interrupt. “Homosexuality is not a disease.”

“That's not the opinion of my funders. Like everything else, it's a simple matter of turning off,” he walks to the middle of the mural, and crouches down, and indicates a yellowy-brown block, “this gene sequence. It's possible and elegant, and, in fact, not necessarily an *in utero* treatment. We could potentially correct for it at the first sign of improper attraction or when the patient wants a cure.”

“It's not a disease, Dr. Perkins,” I reiterate, forcefully, towering over his crouching frame, “in the view of this administration. We must be clear on this. We will not supply you with materials, computers, printing,” pointing out the garish mural again, “or graduate students for this line of research.”

“I have tenure,” he protests.

“*You* have a disciplinary hearing on Monday morning.”

“You can't stop me. I'll go somewhere else.”

“It won't matter,” I say, to cut the conversation off. “Anne's not coming back.”

“She will.”

“She has a restraining order against you.”

“She doesn't know better. She's *sick*.”

“No,” I explain patiently. “She's *happy*. There'll be some grad students in this afternoon to archive your work and dismantle the lab. Enjoy your retirement, Dr. Perkins.”

I leave him harmlessly, lifelessly staring at his mural.