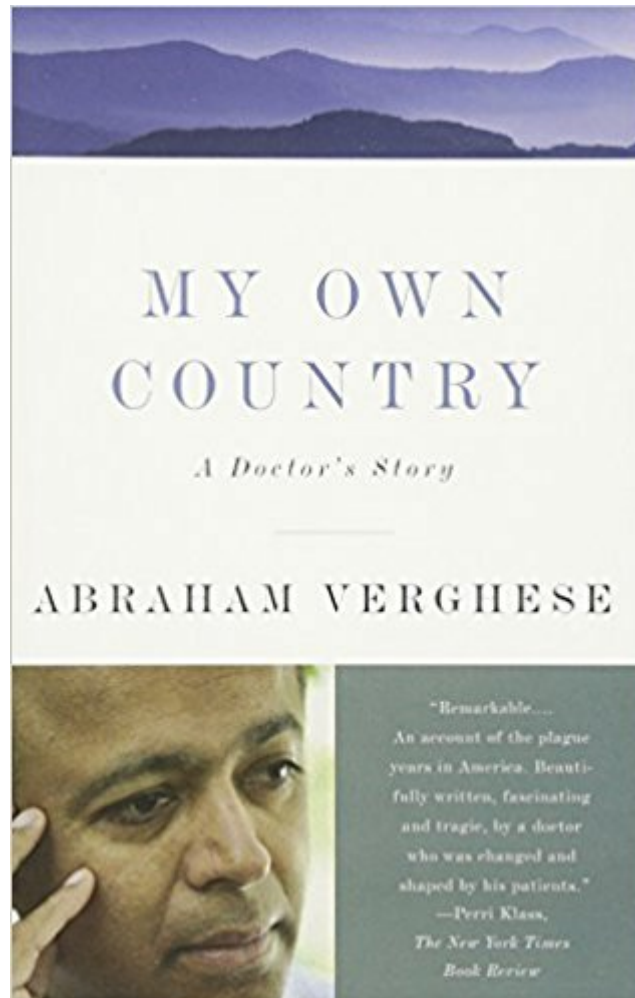




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My Own Country: A Doctor's Story



Synopsis

By the bestselling author of *Cutting for Stone*, a story of medicine in the American heartland, and confronting one's deepest prejudices and fears. Nestled in the Smoky Mountains of eastern Tennessee, the town of Johnson City had always seemed exempt from the anxieties of modern American life. But when the local hospital treated its first AIDS patient, a crisis that had once seemed an "urban problem" had arrived in the town to stay. Working in Johnson City was Abraham Verghese, a young Indian doctor specializing in infectious diseases. Dr. Verghese became by necessity the local AIDS expert, soon besieged by a shocking number of male and female patients whose stories came to occupy his mind, and even take over his life. Verghese brought a singular perspective to Johnson City: as a doctor unique in his abilities; as an outsider who could talk to people suspicious of local practitioners; above all, as a writer of grace and compassion who saw that what was happening in this conservative community was both a medical and a spiritual emergency.

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Customer Reviews

Indian physician Verghese recalls his experience practicing in the remote, conservative town of Johnson City, Tenn., when HIV first emerged there in 1985. Copyright 1995 Reed Business Information, Inc.

In fall 1985 Verghese--who was born in Ethiopia of Indian parents--returned with his wife and newborn son to Johnson City, Tennessee, where he had done his internship and residence. As he

watched AIDS infect the small town, he and the community learned many things from one another, including the power of compassion. An AIDS expert who initially had no patients, Verghese describes meeting gay men and then eventually others struggling with this new disease. Verghese's patients include a factory worker confronting her husband's AIDS, bisexuality, and her own HIV status and a religious couple infected via a blood transfusion attempting to keep their disease secret from their church and their children. This novelistic account, occasionally overly detailed, provides a heartfelt perspective on the American response to the spread of AIDS. Previewed in Prepub Alert, LJ 1/94.- James E. Van Buskirk, San Francisco P . L . Copyright 1994 Reed Business Information, Inc. --This text refers to an out of print or unavailable edition of this title.

Abraham Verghese is a physician, a specialist in internal medicine and infectious diseases. His medical training was in Ethiopia and India. He came to the United States as an FMG (foreign medical graduate). After finishing his residency and a fellowship, he settled in Johnson City, Tennessee in 1985. Because of his work in Boston, he was the most knowledgeable doctor in the Johnson City area about AIDS, but AIDS was not yet present when he arrived. Four years later, when he left Johnson City, there had been dozens of deaths from AIDS and he had over eighty HIV-infected persons under his care. Johnson City, with its 50,000 residents, had a hundred-fold more cases than the CDC would have predicted for it. MY OWN COUNTRY is Verghese's account of his four years in Johnson City, Tennessee, fighting an ever-mushrooming battle with AIDS and coming to love a corner of Appalachia. Two subjects predominate. One, of course, is AIDS. The book is studded with case studies, as Verghese sees a wide array of the insidious ways in which AIDS manifests itself and kills. Most of his patients had obtained HIV elsewhere and had moved back to the Johnson City area once they became ill. Acquisition for most was via unprotected homosexual contact, but for a few it was through tainted blood or plasma or via heterosexual intercourse. The disease was hellish in and of itself, but often the social ripple effects were also dreadful -- from contempt and rejection on the part of family members and community, to refusals to treat by doctors and dentists, to boycotting by undertakers. As Verghese writes, "I was improvising constantly to deal with the moral, ethical and social subtleties that were so much a part of this disease." The second principal subject involves medical practice in general in this country. When Verghese chose to specialize in infectious diseases, he relegated himself to second-tier status among his physician colleagues, especially financially. Medicine was transforming itself into a get-rich business, and the big money was in conducting processes and performing procedures, as opposed to diagnosing patients and being their primary care physician. As Verghese came to

realize, proper treatment often required a holistic approach, which in turn required an understanding of the dynamics of the patient's relationships with family, friends, and community. In the thirty years since, the economics of medicine has gotten more out-of-control, and the quality of medical care has decreased. Even in 1985, many of the doctors and medical staff in rural hospitals and in urban public hospitals were foreign-trained, working in the U.S. with visas. If the U.S. continues to insulate itself from the world at large, how will these roles be filled in the future? Verghese, however, does not harp on these and other social/medical policy issues or become preachy. Foremost, *MY OWN COUNTRY* contains umpteen different tales of human suffering and endurance, surprisingly often heroic and dignified in nature. For every incident of contempt and rejection, there is one of care and compassion. Two heroes in particular stand out -- Essie Vines, who cared and advocated for her brother Gordon, and Fred Goodson, who did likewise for his partner Otis Jackson and also was the principal organizer and force behind the local AIDS-support group. Anecdotally, there are a handful of intriguing "human interest" stories, such as "John Doe", a debilitated old man with a stroke, diabetes and pneumonia who had been left at the emergency room entrance while the family went to "park the car" and were never seen again; or Vickie McCray, who got HIV from her husband, who unbeknownst to her often had had sex with a male friend from his youth and then went on to give the virus to Vickie's sister as well (Vickie told Verghese that "ever since I found out he has AIDS, I've been feeling too sorry for him to be angry with him. No one deserves to be sick lik'at. No one deserves to lose their mind lik'at."). *MY OWN COUNTRY* is not a perfect book. At times, Verghese goes too far down rabbit trails of marginal relevancy (especially when he describes geography and the routes from one place to another); the book is a tad manipulative; occasionally Verghese, although a truly remarkable person, comes across as a little holier-than-thou; and the sentimental reference to "my own country" seems a wee bit hypocritical given that Verghese left the Johnson City area after four years, never to live there again. That said, and even though the book now is over twenty years old, *MY OWN COUNTRY* deserves to be read. It is interesting throughout, it is very readable, and reading it will surely broaden almost everyone's horizons of humanity.

À Á summer, fall, and winter. The four seasons. Attune to all, because one has decided to pause long enough in life À Á „s journeys to call one small piece of the earth À Á “home, À Á as in, À Á “my own country. À Á The proverbial butterfly wings of the chaos theory launched two vectors whose paths were so highly improbable. A man leaves his home in Galilee, whom the world would call St. Thomas, and convinces many in a coastal part of India known as Kerala to become adherents of a new religion.

As a result, that area would always have a much higher literacy rate, the initial prerequisite to become a teacher, even an expat one in Africa. Abraham Verghese's parents were teachers in Ethiopia, where he was born, and given his Christian name. The overthrow of Haile Selassie in Verghese's birthplace required him to flee. He came to America, worked as an orderly in a big city hospital, would finish his medical training to become a doctor in Madras (now Chennai). A sliver of the American medical leadership convinced itself it would be best NOT to be self-sufficient in medical manpower; rather foreign labor should be imported, and hence what Verghese calls the "cowpath" was created: Indians, but also other nationals would become "the drones," as he calls them, of the medical establishment, initially working in the inner city big city hospitals. After "bootcamp," the "drones" were free to disperse across America, with many going to small towns in the rural areas. Many Indians praised the natural beauty and small town life around Johnson City, Tennessee; Verghese was primarily attracted to the area because he liked the people. He obtained a post, and would live on the bucolic campus of the Veterans Administration Home there. The second vector commenced in Central Africa sometime shortly after the First World War, when, based on genetic studies, it appears that the virus known as HIV would cross the species barrier from monkeys and/or gorillas and enter a human. For 4-5 decades, the virus never gained enough traction to become an epidemic; people simply would die of unknown "tropical diseases." Shortly after independence from Belgium, the Congo would be forced to import teachers since their former colonial masters never trained enough. The government of the Congo brought them from Haiti. (See *The Origins of AIDS*). As Verghese notes: gays watched from the sidelines while heterosexuals enjoyed their "sexual revolution" in the 1960s. They decided to commence their own in the 1970s, and the warmth of Haiti made it a gay resort destination. Very Bad timing. The two vectors would cross in the summer of 1985, when a very sick man tried to make it back to his own country of birth and upbringing from his home in New York City. He made it to the Emergency Room instead, and became Patient #1 of the AIDS epidemic hitting Johnson City. Verghese is in the ER with his parents. The father, always having been in denial, and now enraged, asks: "Is my son a queer?" Verghese reports the mother's reaction: "She gazed at the floor, nodding slowly, confirming what she had always known." And that is one of the many strengths of this seminal account of the early days of the AIDS epidemic. The author has the very keen eye of an internist, a clinician who is

trained to carefully observe the human body for signs of anomalies. He uses that keen eye on the human spirit, at the time it is under duress, as in life-and-death matters. He says that he is: *“A doctor, a scientist, trained in professional detachment, but all the usual postures seemed satirical in the face of AIDS. I felt these deaths. And he cried more than once, the proper reaction in the face of this devastating epidemic, to lose one’s professional detachment.”* The author’s primary work is as a doctor at the Veterans Administration, treating, mainly old soldiers, who wear their lung cancer from smoking as a badge of honor. From this basic pedestrian clinical practice, Verghese becomes the *“AIDS doctor in Johnson City since he is the only internist. The 3x5 index cards on his patients are in his pocket, growing one by one. At the beginning, they are only male homosexuals. There are also two females who have been their partners. Then there is one couple, ‘pillars of the community’ who contracted HIV/AIDS at Duke Medical Center, from blood transfusions, weeks before the blood supply would be routinely tested. Awful timing, yet again. Likewise, there was a hemophiliac who contracted it from a batch of Factor VIII, which was so often produced from Haitian blood donors. After five years, Verghese will have more than 80 such cards, more than 80 heart-rending stories. The author describes the medicine involved, and the reactions of medical personnel. He told the very human stories behind 10-20 of his patients. He relates the varying reactions of relatives, and other members of the community. He describes his own fears of catching the disease, and the increased tensions with his wife (and other members of the Indian community) because of his work. He sits with one of the patients at her single-wide trailer, and enjoys a smoke. He is introspective enough to wonder if he had treated the ‘pillars of the community’ differently, because it was ‘not really their fault,’ unlike the others, that segments of the community condemned for bringing down the wrath of god on their ‘lifestyle choices.’* The author only lightly touches on the slow acknowledgment of this epidemic by President Reagan, the FDA, and other leading members of the medical and financial establishments. After five years he was obviously burnt-out and decided to leave the place he previously had described as: *“I suppose this is when you know that a town has become your town: where others see brick, a broken window, a boarded up storefront, you feel either moved to tears or to joy. The map of the town becomes the map of your memories, the grid on which you play out your obsessions.”* His country, the heart of Appalachia. At the end of 1989 Verghese picked up his temporary roots, and moved, with his family, to Iowa. I had started life in the Appalachian Mountains, and had followed

other vectors. In 1989 I also picked up my temporary roots of ten years duration, in the deserts of Saudi Arabia. Three months before Verghese crossed into Iowa for the first time, I was in a one-month immersion French class in Villfranche-sur-mer, France. A small class of ten. The teacher was gay, and it became increasingly clear that he had AIDS, as did some of his friends. Utilizing his discretion, we had a one-hour class on AIDS ÃƒÂ¢Ã¢â€šÂ¿Ã¢â€šÂ¿ Ã¢â€šÂ¿Ã¢â€šÂ¿ in French. He concluded the class by asking each of us the very pointed question. If this was a disease that impacted only the ÃƒÂ¢Ã¢â€šÂ¿Ã¢â€šÂ¿ Ã¢â€šÂ¿Ã¢â€šÂ¿ "haute bourgeoisie,ÃƒÂ¢Ã¢â€šÂ¿Ã¢â€šÂ¿ Ã¢â€šÂ¿Ã¢â€šÂ¿ Ã¢â€šÂ¿ would we already have a cure? My answer was a straightforward: ÃƒÂ¢Ã¢â€šÂ¿Ã¢â€šÂ¿ Ã¢â€šÂ¿Ã¢â€šÂ¿ "Oui.ÃƒÂ¢Ã¢â€šÂ¿Ã¢â€šÂ¿ Ã¢â€šÂ¿Ã¢â€šÂ¿ 6-stars for VergheseÃƒÂ¢Ã¢â€šÂ¿Ã¢â€šÂ¿ Ã¢â€šÂ¿Ã¢â€šÂ¿,cs heart-rending and evocative account.

Abraham Verghese's story perfectly illustrates a variety of aspects of society ranging from Tennessee suburban culture to medical hierarchy. The cover story is the spread of HIV and AIDS from the cities. He meets a diverse array of patients that help to highlight the different victims of the HIV and AIDS epidemic. First there was Gordon, a young gay man returning back home to Tennessee after catching HIV from one of his partners in the big city of Atlanta. Then there were Ed and Bobby, a gay couple that had previously tried to remain heterosexual. Next was Vickie and Clyde, a married couple that got HIV from the husband's homosexual activities. A perfect example of "innocent" victims, were Will and Bess. Will was a successful businessman that got HIV through blood transfusions. He spread the infection to his wife through sexual intercourse. Another unfortunate victim was Norman, a hemophiliac that got HIV through one of his factor VIII injections. The personal story of each of these individuals help to show the true tragedy of the HIV and AIDS epidemic. In the foreground of the HIV and AIDS story is Verghese's own battle against the medical establishment. The dire reality of the situation and lack of medical treatment brings up issues of euthanasia and DNR. In addition, Verghese's position as an infectious disease specialist reimburses him at a lower rate than the other specialists in his field. His role as almost a primary care giver leaves him dealing with the most stressful aspects of patient care. My professor stated that this book could be viewed as a primary source document of the US HIV and AIDS epidemic. I agree 100%, Verghese's book with its colorful descriptions is a on-the-grounds narrative suited for the those looking into the HIV and AIDS fear years.

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