

Why We Write

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I always arrived at the tuberculosis (TB) office early in the morning — a futile attempt to beat the heat. I would set up my laptop in a dark, windowless room, with only a single ceiling fan and countless hours of NPR reruns as refuge. I was collecting data on TB treatment in Mysore, India, and the records were stored in towering, musty stacks. Each page was covered in a barrage of numbers, lab values, and dense medical descriptions that I would decode as diligently as possible. The amount of information I collected over the course of that spring was overwhelming, but one theme continually stood out to me above the heaps of data: a huge percentage of people never finished their six-month course of free, government-provided antibiotics. The final columns of the medical records would simply be left blank. In the world of TB epidemiology, these people are known as “defaulters.”

I could not believe what I was seeing. How could *anyone* default on a simple treatment course that would ultimately save his or her life? Didn't they know that tuberculosis was an infectious disease, and that by failing to cure themselves they were effectively dooming others to a horrible death by suffocation? Didn't anyone

explain to them that failure to complete treatment could lead to drug resistant bacteria? Or that drug resistance would require much more expensive treatment, and ultimately cause many more deaths?

As a public health major fresh out of college, I found this situation infuriating. I had been quite content with my idealistic worldview up to that point and did not need tedious things like “reality”—that notorious pest of the self-righteous—undermining my wisdom. After all, I had read at least three different books by Paul Farmer, so I was pretty sure I understood the way the world worked. I expressed my frustration on a daily basis to anyone who would listen. One morning in late spring, that person was a staff member who worked in the TB office. I told him all the reasons that I could not understand defaulters, and he proceeded to tell me a story that permanently changed the way I view healthcare. The story was about a man who had been coming in to the office regularly to receive his antibiotic regimen until his brother died suddenly due to complications of AIDS. The man had then been forced to start raising his brother's four children and take on a third job, in addition to the two manual labor jobs he already worked. Suddenly, it did not seem so strange that such a man would fail to drive thirty minutes, three times per week, to receive his medications.

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trajectories, and forces us to reaffirm our deepest values. I had been telling myself a false narrative about defaulters. A single account was able to divorce me of my delusions and allow me to appreciate a much more nuanced narrative, in this case about the institutionalized obstacles to healthcare that face our world's poor. I realized that *this* was the story of reality, and it was much more interesting than the naïve tales I had concocted in college.

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Doctors have a responsibility to understand pathology, pharmacology, and physiology, but they also have a responsibility to understand that illness is never isolated. The stories of our

patients can infiltrate the human body as insidiously as any virus. If the defaulter passed on his tuberculosis to a neighbor or a family member, then that is a story transformed into a disease, embodied in flesh. Rudolf Virchow, often considered the father of modern public health, claimed that, "physicians are the natural attorneys of the poor." I take this to mean that the medical profession has both the privilege and the obligation to listen to such stories, and to relate them to the world as respectfully and compassionately as possible. Indeed, there will be times when a healthcare professional is the only one listening. A story set to page becomes more than just a story: it becomes advocacy. Advocacy, in turn, can ignite progress.

I never met the anonymous man from my story. I don't even know which of the hundreds of treatment records was his. Yet his story briefly converged with mine and indelibly changed it. That miraculous confluence—the ability of one story to change another—must never be taken for granted, and that is why we write.

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