"I love this book—a harrowing and somehow also charming account by a brilliant doctor of how she healed her body, mind, spirit, and soul from a debilitating autoimmune disease. After her doctors had given up on her, with a husband and two little children at home, she broke out of the constraints of Western medicine and found her way home to health, renewal, and her own true self. This beautifully written, prescriptive book is going to change—and even save—people's lives."

—**Anne Lamott**, *New York Times* bestselling author of *Bird by Bird* and *Almost Everything*

"*Eat, Pray, Love* meets *Anatomy of an Illness* meets a Deepak Chopra workshop in this engaging, exquisitely written doctor-as-patient memoir. Cynthia Li humbly, humorously, and honestly unearths the roots of her debilitating illness, but the gifts don't stop there. With 15 practical, grounded tips for how to heal, this book also serves as an unconventional, whole health prescription, sure to facilitate the healing journey of others. With raw transparency and the kind of courage we need among both doctors and patients, *Brave New Medicine* charts a new terrain, bridging conventional medicine with functional medicine, nutrition, environmental health, intuition, and spirituality—all in a highly entertaining, hard-earned miracle story."

—**Lissa Rankin, MD**, *New York Times* bestselling author of *Mind Over Medicine* and *The Daily Flame*, and founder of the Whole Health Medicine Institute

Publisher's Note

The events described in this book are based on the author's memory of real-world situations, as well as oral histories, journals, and personal videos. In some instances, the chronology of events has been changed. To protect privacy, the names and identifying characteristics of the patients and some of the doctors have been changed. Any resemblance to persons living or dead is unintentional and entirely coincidental.

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Part Three: How to Heal

FOREWORD

In this extraordinary book, Cynthia Li invites us on an odyssey shared by millions: an active life interrupted by a baffling illness. Vibrantly healthy, she was a devoted doctor to underserved patients, a wife, and a mother, living her life to the fullest. But then a physical collapse left her sleepless, dizzy, and housebound for years, even as test after test showed everything as "normal." Halted in midlife by illness, with fear, rage, and despondency threatening her very will to live, Cynthia surrendered her classical training as an internist, and set about rebuilding her medical knowledge from the bottom up.

She illuminates for the reader how doctors are classically trained to think—and why this needs to change. She was taught that health and disease are black-and-white states of being: on one side of a line you're well, and on the other, you're sick. Learning instead that chronic disease is a deeply dynamic and layered process, she stops ignoring her symptoms and, instead, begins a conversation with them. Instead of taking drugs to silence her body, when her heart flutters, she asks, What is it trying to say? Hypersensitivity to light and sounds—What is *that* saying? This intimate conversation with her body sparks the discoveries that lie at the heart of this book.

While we work in different fields—I'm a sociologist and she's a medical doctor—I recognize a common thread in how we work. In the course of researching my last book, on the bitter political divide in our nation, I ventured from my home in liberal Berkeley, California, to deeply conservative towns in the Deep South, to climb an empathy wall dividing people like me from people like them. Cynthia ventures to another unfamiliar territory—the No Man's Land where conventional medicine doesn't go. She creates a bridge between mainstream medicine, time-tested "alternative" practices (many ancient, and in the end, foundational), and cutting-edge science, aiming to personalize medicine even as she broadens it. In a sense, we both start by listening to untold stories, revealing their paradoxes, then looking for answers.

I've witnessed this journey firsthand: the author, I'm honored to say, is my daughter-in-law. Poetically written and bracingly honest, this book highlights new answers—ones that were invisible to me even up close to this agonizing process—and also raises new questions. Why are more and more patients branded as "difficult" even as more and more doctors feel burned out? Are we more estranged from an understanding of health than we realize? Does illness extend beyond the individual to a larger social context, and across generations? What *really* causes disease? And how do we heal? It is through Cynthia's capacity for deep, empathic listening that she reimagines the science and art of healing and gives us a brave new medicine.

—Arlie Russell Hochschild

PROLOGUE: The Difficult Patient

2016

On the ground floor of a major medical center, I was in the bathroom, chanting out loud to myself. *Zhonggg...zhonggg...* These sounds were part of my longstanding qigong practice, but at the moment, I was using them to steady my dizziness. The achiness in my chest wasn't too bad today; neither was the soreness in my muscles. *Linggg...linggg...* As my equilibrium steadied, I looked in the mirror, stood a little taller, and practiced a professional smile. Now I just felt nervous. In fifteen minutes, I would be the guest speaker at Grand Rounds, a conference for doctors across all specialties. The subject of my talk: a new paradigm of medicine.

The auditorium was an icebox, and the chill compounded my nervousness. The lights were dimmed, and doctors lined the lunch buffet in the back. Someone offered me a plate of lasagna, but I declined. Instead, I took a few bites of a honey nut bar and walked toward the podium. The organizer greeted me, and a tech hooked me up with a headset. I rubbed my hands to warm myself. As the doctors seated themselves, I scanned the room. A wall of eyes glared at me like animals in the wild, ready to pounce if I made any false moves—if any of my points were too "alternative."

Then I came across a pair of familiar sea-blue eyes in the front row. My husband, David, had come for moral support. I smiled, took a deep breath, and gave my opening remarks.

"Years ago, I practiced at a hospital like this one. Now, I practice in a very different way. How did I get from there to here? As with most changes in medicine, it began with a patient."

I clicked on the first slide.

"The patient was a thirty-four-year-old female, three months postpartum, who complained of heart palpitations. 'An innocent flutter,' she called it. But the innocence faded when she developed insomnia and rapid weight loss. Her moods became labile, and she grew intolerant of heat. Past medical history—unremarkable. Family history—unremarkable. Social history—no tobacco, alcohol, or drugs." The next slide summarized the patient's labs and imaging studies. "This was a textbook case of postpartum thyroiditis."

The eyes in the audience continued to track me.

"The story didn't end there," I said. "The patient went through a typical course of thyroiditis, but returned a year later, complaining of persistent symptoms. I checked her thyroid numbers, which were normal. I ran some additional labs, which were also normal. She complained that her symptoms were so erratic they frightened her, and at some point, the exhaustion and dizziness kept her housebound. I ran some more tests, which were normal—so I reassured her that she was fine. Numbers don't lie."

My next slide had but one question:

If the tests are normal, does a disease exist?

With that as my backdrop, I stepped away from the podium. “I’d like to see a show of hands. Who here might have run some more tests?”

No response.

“Who might think she was depressed?”

Some rumblings of recognition.

“I screened her for depression, but her test was unremarkable. At this point, who here might refer her to a psychiatrist anyway?”

I nodded and raised my hand. Some hands in the audience went up, too.

“She continued to challenge what I believed to be true, even though it was based on expert guidelines and years of clinical experience. So who here thinks it should have been time to pass her on to another doctor?”

The rumblings increased. I felt like I was standing at a pulpit, my congregation responding with amens.

“There was just one problem.”

The room quieted.

“This patient was me.”

* * *

More than a decade has passed, and I can still feel the ominous flutter. It feels even clearer now than the day it started, because at the time, I had no idea what it meant. The quality was deceptively gentle, like a baby chick ruffling its feathers beneath my breastbone. But in the coming years, this ruffle would escalate into a storm of unimaginable symptoms—dizziness, exhaustion, and profound weakness—making me my own most difficult patient. This difficult patient would break me down, then break me open to new ways of understanding health and disease. She would reveal to me just how layered and dynamic the human body was.

The journey toward optimal health isn't a simple one. It's a mystery embedded in the personal ecosystem of mind, body, and spirit.

Part One

ONE

As a little girl, I never dreamed of becoming a doctor. I'm not sure I dreamed of becoming anything at all, unless princesses and fairies count. I was an "orchid child," a term used in psychology to describe a child who is emotionally and socially sensitive to her environment, in contrast to a "dandelion child," who readily adapts wherever she lands. This meant I would be plugging my nose against foul odors before others even got a whiff. Noises that were average or subtle for others might startle me, including the volume at which people spoke. Sometimes I felt I could even hear their thoughts, and the chatter of their minds was too much.

I preferred to be in quieter spaces, with my Fisher-Price "Little People," and have real people somewhere in the background. Inside a closet or outside under a tree, I would spend entire Saturdays alone creating different scenes, mixing and matching Little People with my crayon drawings, usually of magical kingdoms. The drawings weren't all that special—my princesses wore standard shiny crowns and pink, fluffy dresses—but in my imagination, they came alive. Their wands helped find lost puppies, and the hearts on their capes made sad children smile.

Around the time I was six, I woke from my imaginary world to the real one. Here, living things got hurt, and they wouldn't just get better with magic. My two younger brothers were chasing each other down the hall one day, and the younger one ran into a door and slit his pinky toe, making a bloody mess all over the beige carpet. My brothers were screaming, my mother and older sister were frantic, and I ran back into my room, paralyzed by the noise and tension. Another time, the black stray cat that lived near our house came meowing up our driveway. Her cry sounded frailer than usual, so I gave her what I was eating, a Milk Dud. She chomped it down, but started to choke and gag and writhe until, finally, the chocolate-caramel goo dislodged from her throat.

And then there were the roly-polies. One day when I was hanging out under the cedar tree, I spotted a pill bug whose shell was crushed. Wanting to create a sanctuary for “Roly,” I grabbed an empty pickle jar from the house. In went twigs, soil, and a few leaves for a bed. Roly looked lonely, so I collected several other pill bugs, dropped them in, then closed the lid tight, lest anything try to harm them. Three days passed. Or perhaps it was a week. *The roly-polies!* I raced to say hello to them, picking a handful of leaves along the way. The jar released a stench. The bugs were curled up and unmoving.

“How come they won’t wake up?” I asked my parents. They peeked inside. “Oh, they’re dead.” *Dead?* The sound of that word scared me. The hard *d* at the start, followed by *ehhh,* the sound of struggle, then a second *d* bringing it to a hard close.

Whether it really happened or it’s only how I remember it now, the colors of my childhood began to fade—as though someone had taken a big eraser to the rich hues and textures and left only the hard black outlines. My emotions seem to have lost their texture, too, because while I can remember minute details of events that happened, I can’t seem to recall much about how I felt.

I have tried to resurrect those emotions by studying photographs of myself. They show a young Chinese girl with a looped pigtail atop her head, the expression on her downward-tilting face enigmatic in some, wooden in others. What I recall most is laughter—not coming from me, but directed at me. This was often followed by someone saying, “Don’t be so sensitive.” It didn’t matter who was saying it; I knew they were right. My sensitivities hindered me. Desperate to learn another way, I began to fill in these hard, black outlines—not with emotion, but with information. Anything to help me survive.

I came from a family of survivors. My mother and father were born in China, during a time of chaos and upheaval. China was at war with Japan, forcing their families to flee to Taiwan. They endured extraordinary hardships, many of which remain unspoken to this day. My father’s family left everything behind, including his baby sister—entrusted to neighbors, for fear the journey by train and boat was too dangerous. In Taiwan, his father served as a military judge. While this brought honor to their family, they remained poor. Their house had dirt floors and they bred chickens to sell. Their diet consisted mostly of white rice; chicken, their primary meat, was eaten once a month at most. My father’s mother worked in a cigarette factory, and his older brother peddled cigarettes after school.

When I struggled to understand how they overcame all their challenges, my grandfather would usually say something like *Huo dao lao, xue dao lao* (Live long, learn long). A good education had been my father’s ticket to a better life—he studied hard, got into Taiwan University, Taiwan’s preeminent university, and after a year of compulsory military training, made his way to graduate school in America.

My mother’s family settled in Taiwan with more ease. Her father was a high-ranking railroad commissioner and her mother—my Puo Puo—was a doctor. It was rare for a woman to be educated in those days, rarer yet for her to study medicine. And even rarer to study Western medicine. Beyond her field, obstetrics and gynecology, I didn't know much about her work life, nor did I think to ask. I was more interested in how my Puo Puo, at five feet tall and eighty-five pounds, with a soft glamour reminiscent of classic movie stars, could have such harsh rules for her children: no listening to the radio, no playing with friends after school, no reading of books or magazines or newspapers except those assigned in class.

I asked my mother how she felt about all this when I was in middle school. "Children are to obey their parents," she said, "so I obeyed." Chinese people didn't talk about feelings, because it risked burdening others, so I didn't press on. What mattered, my mother said, was that her obedience paid off. She made her way to Taiwan University, which was where she met my father.

When I was born, my parents were new immigrants to America. Their marriage was a traditional one. My father had completed a PhD in electrical engineering and took a job with IBM in upstate New York, working long days to support the six of us and send money to his parents. My mother managed the home: shopping, cooking, cleaning, and childcare. It wasn't until I became a mother myself that I understood how exhausted she must have been, with four children sandwiched between five years.

By Chinese custom, they called my sister The Eldest. My brothers were Number Three and The Youngest. I was Number Two. Following The Eldest by fifteen months, I mostly looked to her on how to act. Since we looked alike and had the same voice, people often mistook us for twins. But year after year, my sister was the favorite of all her teachers, while year after year, I disappointed the same teachers. In the evenings, I would be reading the comics, while my sister watched and discussed the evening news with our father. When Connie Chung became an anchorwoman, my sister set her ambitions on journalism. My sister's mind had a spark, her spirit a boldness. Next to her, I felt small, unseen. I was Number Two in a world that favored Number Ones.

Still, I knew my parents loved me. Not because they kissed or hugged me or said "I love you," but because they prayed for me. My parents met at Taiwan University, during a Christian retreat. God was the foundation of their love, and the foundation of our family. They emphasized God above politics, money, and even education. When we moved to Austin, Texas, my parents founded a Chinese evangelical church, the first of its kind in the area. My father was a deacon, and my mother a Sunday school teacher. We attended church every Sunday without fail. For the annual Christmas pageants, we dressed in complementary outfits, singing hymns in Mandarin and English. On family trips, my parents found services for us to attend—and this was before GPS, cell phones, and Yelp, so they had to put in some serious effort to find them. Once, at the Grand Tetons, my father woke us up at the crack of dawn and we drove for over an hour along mountain roads to a tiny, stand-alone chapel. I searched this tiny chapel for proof of God, as I searched all the churches we visited. But even high in the mountains, God, who was supposedly Love, eluded me. Love as a whole often felt that way to me—an invisible cloud in the sky.

In Sunday school, we watched *A Thief in the Night,* a film in which a woman ran through the streets, looking for her family, who had vanished with millions of others in the rapture, while she, a nonbeliever, was left behind. By the end, my legs, fingers, and insides would be quivering with fear. Other weeks, my teachers would remind us that Mormons and Catholics and Buddhists were cultists and therefore destined for hell—not to mention the unmarried couples who confessed their sexual acts to the congregation. I became terrified that my beliefs weren't enough, that *I* wasn't enough, and come the real rapture I would be left behind. Figuring my fears had something to do with my sensitivities—a defect—I armored myself with Bible verses.

Then there was school. I grew up in the outskirts of Austin in the late-1970s, my siblings and I among some of the only non-white children in our elementary school. The kids who played with me were the left-behind bunch. When teams were picked, I was usually picked last, along with a girl with mild cerebral palsy, and a boy who was severely overweight. I was often teased for my eyelids being "Mongoloid."

When I turned ten, an opportunity arose to change all this. My mother gave my sister and me permission to walk home from school. There were responsibilities that came with this privilege: "Come straight home, don't talk to strangers, and stick with Jennifer." Jennifer was a popular girl in my grade who lived across the street and already knew the route. This was my chance to hang out with someone I admired.

One afternoon, halfway home, we noticed a vacant lot. Jennifer suggested we check it out. My sister wasn't interested, and continued on. I wavered between pleasing my mother and pleasing Jennifer. My sister was already a block ahead when I hollered that I would see her at home. Beyond the tall grasses and shrubs was a glorious patch of blackberries. Jennifer glanced at me, wide-eyed and wide-mouthed. A magical kingdom! We picked, we ate, and we picked some more, tangled in the brambles. I was untucking my shirt to use as a pouch to bring some berries home for my mother, when I remembered: my mother! Ten minutes had ballooned into two hours.

She was waiting on the front steps when I arrived, my mouth stained dark purple, hands scratched from thorns, T-shirt dirty. She had been sick with worry, having called Jennifer's mother, other neighbors, and almost the police. My mother gave my sister and me a good paddling: me, for obvious reasons, my sister, for leaving me behind. *Gai si,* my mother cursed; translated directly, this meant "You should die" (though many years later I would learn it wasn't literal, more like a firm "damn it"). Primed by evangelical visions of hell and a God too high to reach, hearing Jennifer snicker behind the screen door, then having my sister dig her fingernails into my skin for getting her in trouble, and having nowhere to turn because I knew my parents went through much greater hardships than I ever did, I thought I *should* die. I sure wanted to.

No matter how I tried, I continued to miss the mark. The threat of backsliding haunted me, so I began to pray day and night, in atonement for my imperfections. This sense of helplessness continued until, one day in the sixth grade, something in the newspaper caught my attention. It was a photo of Arnold Schwarzenegger as the Terminator, wearing sunglasses and flexing his biceps, with the following caption:

What doesn't kill you makes you stronger.

I cut out the photo and taped it into my diary, vowing to be more like that. I was older now. I was done with feeling weak.

* * *

My first strategy was to use my Terminator mantra to develop a thicker skin. My grandfather had used sayings to guide his life, and my parents had used Bible verses. I recited mine every morning before school. My second strategy was to control my sensitivities. I trained my mind to focus on what was useful. I finished all my chores (often my siblings', too), practiced piano and violin, and did all my homework. I followed rules, and asked my father to teach me some habits he had learned in the military. "Early to rise, early to bed," he said. And if I made my bed, that would start my day off right. It wasn't a miracle cure, but by getting my surroundings in order, my life seemed to have more order, too.

Then I went through a growth spurt. From the time we were little, the elders in our church would openly comment on our physical features—as the Chinese do, with amazing directness for a culture otherwise steeped in indirectness—like my sister and I having lucky nose bridges and cheekbones. But when I shot up to five-foot-seven, they remarked, "If you get any taller, no man will marry you." I did grow taller, to five-foot-nine, a head above my mother and a half-head above my sister. I slouched to make myself appear smaller.

I kept returning to my singular question: How could I build a thicker skin? Since I wasn't the star student my sister was, I developed my extracurricular activities, adding French horn to the piano and violin, and taking Latin as well as Spanish. I tried out for basketball, but lacked the coordination; instead, I joined the track team. I kept myself busy enough that I wouldn't think about my sensitivities. Despite my efforts, a semester shy of high school graduation, I still found myself lost. I had no desire to do anything with my life. No curiosity or creativity. And unbeknownst to my parents, no plans to go to college.

Then one day in the spring, I received a postcard in the mail from the University of Texas—the local university, twenty miles from our house. They were launching a new incentive for enrollment. For those who graduated in the top ten percent of their class, the application was as simple as checking boxes on the very postcard I held in my hand. A check here, a check there, and I was enrolled. I can't recall if I felt happy or excited. I think I was simply relieved to have some direction in my life.

And as it turned out, college opened up a whole new world. The campus was teeming with fifty thousand students of every race, color, and culture, and for the first time in my life, I felt I belonged somewhere. I lived in an apartment with a friend from high school, and made new friends easily. Two months in, a fellow freshman named Charles asked me to study with him. He was smart, handsome—and tall. We soon fell in love. Filled with wonder, I rode around campus on the back of his (my boyfriend's!) motorcycle, my arms around his waist, a changed person.

With newfound love and independence, the trees looked greener, the sky looked bluer. And my classes were more enjoyable. In fact, I found I loved learning. I read constantly: Homer, Rilke, Kierkegaard, all the classics. I discovered that Nietzsche was the mastermind behind the Terminator philosophy, and laughed at the mistakes of my younger self. I read Jung for sheer pleasure, and recognized in him my existential wrestling about God. By sophomore year, I stopped going to church. I couldn't understand how the Bible intersected with real life. To my parents' horror, I declared myself agnostic.

My devotion was to knowledge. I became a purist: for example, taking four semesters of Russian because I felt the works of Tolstoy should be read in their original language. My memorization skills came in handy for verb conjugations and noun declensions. This moved me toward becoming a linguist or language teacher. Then, for my junior year science credit, I chose Organic Chemistry, not knowing that this was the notorious weed-out class for pre-med students, most of whom had set their ambitions on medicine at the same age I was playing with Little People. Since I didn't have the academic pressure, the subject matter illuminated how chemicals formed intricate bonds and obeyed give-and-take laws of science, speaking a romantic language of their own. I excelled. At the end of the semester, my study partner said, "Have you ever thought about medical school?"

The idea had never crossed my mind. But now, night after night, I explored this question, my mind volleying between yes and no. Yes—think of all the people I could help. No—I lacked the ambition. Yes—think of the surprise my parents would have if I, Number Two, fulfilled the Chinese parent's dream.

Excited, I called them. "What do you think about medical school?"

"For who?"

"Me!" I imagined confetti falling from the sky.

Instead, silence. When they finally spoke, it was a restrained "wonderful." Interpreting their lukewarm reaction as my parents doubting that I was strong or smart enough, I didn't discuss it further with them.

I asked Charles what he thought.

"My brother's in medical school," he said, "and it's grueling. I don't think women should really work outside the—"

"Please don't finish that sentence."

Two months later, I broke up with Charles.

The question continued to press on me. *Could* I do it if I chose to? I made special arrangements to get my answer. On a Saturday before dawn, I had my cup of coffee, drove to the morgue, and entered through the back door. There, on the table, was the corpse of a young Latina woman who had died a few hours earlier, the cause unknown but a drug overdose suspected. Her body was so fresh that she looked like she was merely dozing. Jet-black hair, olive skin, clumpy mascara, hot pink nail polish. The pathologist investigated her body, organ by glistening organ. Brain, unremarkable. Heart, unremarkable. On through the liver, the spleen, the intestines, until every organ had been examined and weighed, the details recorded.

If I had any visceral reactions, I managed to suppress them, and was proud of my thick skin. After the pathologist reassembled her organs and covered her body with a white sheet, I half expected the woman to step off the table and get on with her life.

For the rest of the weekend, I couldn't shake the image of the dead woman. What had her pain been? And could this tragedy have been prevented? On Sunday evening, my roommate and I attended a party on campus. With a beer in hand and Duran Duran blasting in the background, I sunk into an ottoman in the corner. In everyone I observed, I only saw the dead woman. When a large housefly buzzed around, I saw her miniaturized face on it, too. In a stream of tipsy consciousness, the housefly evoked the roly-polies of a different time, which evoked the choking cat, my brother's bleeding toe, and on and on. Hell wasn't in the afterlife. It was here, now.

To become a doctor wasn't a choice for me. It was a calling.

TWO

My classes at UT Southwestern Medical School in Dallas started in full force, with three times the density and pace of my undergraduate classes. Lectures and labs began daily at eight a.m. Our professors included Nobel Prize–winning researchers, and doctors named Great Teachers by the National Institutes of Health. I was blown away by this noble lineage. Somehow, I had become a part of it.

From the outset, the scientific method was the gold standard. *Ask a question. Gather background data. Construct a hypothesis. Conduct an experiment. Analyze the data. Draw conclusions.* Then repeat as necessary, with a better design. In clinical care, the best study design was the randomized, controlled trial, or RCT, where participants were randomly divided into groups to compare different drugs or interventions. The RCT systematized large, diverse groups of people. And it controlled for life's variables.

By the first semester's end, my focus had already shifted. The suffering of people everywhere would have to wait. For now, I had to live up to the demand of academic excellence. I recorded a covenant from the Hippocratic oath into my journal and vowed to guard it with my entire being:

> *I will respect the hard-won scientific gains*
>
> *of those physicians in whose steps I walk.*

My class had two hundred students in total, about half men and half women. Within days, I recognized some kindred spirits. One was Kurt. He was a striking young man from West Texas who, during our first conversation, had joked, “I’m a recovering Catholic.” I laughed, reassured that this stranger shared a common experience with me.

During test weeks, our classmates would be busy cramming their heads full of pathology and biochemistry factoids. Kurt and I were, too, but we took regular study breaks at Chili’s or Pizza Hut to explore the larger human condition. He might bring along Ayn Rand’s *Atlas Shrugged* or Shakespeare, and I, Homer’s *The Odyssey*. Sometimes we looked through *The Far Side* comics for laughs. There wasn’t any pretentiousness about it; we always had more questions than answers. And we felt we could always fall back on the scientific method if things got too messy. That is, do our best to control life’s variables. Before long, we were deeply in love.

In school, I was eager to apply the scientific method to patient care, but first I had to learn the basics of the History and Physical. “A good H&P,” my professor declared, “will tell you 90 percent of what you need to know.” This was Dr. Seymour Eisenberg, a professor emeritus who had trained in the era before high-tech diagnostics, electronic health records, and complex insurance schemes. His H&Ps were an art form. He had, in fact, taught his system to the current chairman of the internal medicine department, among other distinguished faculty. Though he beamed warmth and compassion, I feared him, out of the utmost respect.

When I took a special elective to sharpen my H&P skills, Dr. Eisenberg would receive my reports and lift them up and down on his palm, as if to weigh them. He had high expectations, and if the reports were too thin, he would return them with a smile that said *You can do better.* Once accepted, my H&Ps would be marked up like an English paper: the punctuation corrected, the sentences completed, and the modifiers put in the right places. By the end, my history-taking was near perfection.

To learn the P of the H&P, we started in anatomy lab. The cadavers, preserved in formaldehyde, looked more like wax dummies than deceased humans. During late-night dissections, my team would eat dinner there, using hemostats to find the cranial nerves, all twelve of them, memorizing their names, functions, and location. I often felt lightheaded, sometimes dizzy. It was the strong fumes, I presumed—they were so strong, one of my lab-mates required a heavy-duty respirator for her asthma. Why was I having vertigo, though? I would brush it aside, reminding myself, *What doesn't kill you makes you stronger.*

To put together the whole H&P, we went through a Clinical Skills Evaluations course. First, a dynamic team of psychologists and doctors demonstrated a proper patient interview and physical exam. We followed along with handouts, written out like a play script. Later, we took our skills to the Patient Lab, where we practiced comprehensive H&Ps on actors who had memorized a script for a particular ailment, including a full pelvic exam on women whose mock intake suggested gynecologic issues. My face turned crimson in front of my assigned group. But in the end, the actor-patient and I emerged more or less unscathed.

These types of dress rehearsals prepped us for our hospital rotations, four-week sessions through the different specialties. I started with trauma surgery. When the first morning started off slow, I tried suturing. A needle driver in one hand and a headlamp on my forehead, I made continuous stitches with a shiny blue thread. Then my pager went off. Startled, I lost control of the needle and stabbed the skin. My patient didn't complain, though—I was suturing a navel orange. I left it wounded and unsewn in the student lounge, rushing toward the elevators.

I grew nervous, not knowing what awaited me in the emergency room. To keep calm, I rattled off recent mnemonics I had learned—like the five Ws for the causes of post-operative fever: Wind, Water, Wound, Walking, and Wonder drug—until the cacophony of sounds in the ER silenced me. Sirens blared. Gurneys flew. Voices yelled. Stunned, I found my team—a senior surgery resident, a junior resident, an intern, and three medical students—and a triage nurse informed us, "A high-speed MVA."

"A high-speed what?" That wasn't covered in the mnemonics I knew.

"Motor vehicle accident," my resident said, slapping into my hands a long, thin tube wrapped in a sterile plastic bag. "Slide it into her nose and push it down her throat." He pointed to a patient on a gurney and made an arc with his hands.

This was a nasogastric tube. Placed correctly, it would pass through the nose down to the stomach, thereby protecting a semiconscious or unconscious patient from inhaling stomach contents in case they vomited. Eager to be useful, I lubed the N-G tube, and attempted to insert it into the patient's right nostril. I pushed upward, but she swatted me and knocked it out.

I tried not to get worked up. I was treating a person this time, not a navel orange. But I also saw that her injury wasn't serious. So I set aside the tube.

My junior resident entered, his brow scrunched. "Why isn't the tube in?"

"She refused it."

"Who's in charge here?" he barked.

I hesitated for a second, then thought, *He's right,* I'm *in charge.* I ordered two nursing aides to restrain the patient and tried again. She flailed and whimpered as I struggled with the tube. Drops of blood surrounded her nose, and saliva streaked her hair. A wave of nausea gripped me, but before I heaved, I managed to control it. With a little more force, the tube moved past the point of resistance. Done! I secured it to her cheek with tape and asserted, "It's for your own good."

When the emergency room settled down, my senior resident called our team into a huddle. He reviewed the events of the morning.

"Why was the N-G tube necessary for my patient?" I asked.

"It wasn't," my resident said. "But this is how you learn—see one, do one, teach one. Now you're ready to teach someone else. Got it?"

No, I didn't get it. But I was eager to be a good student, and felt too inexperienced to question my superiors. So I just nodded.

He taught us more lists and mnemonics, and I jotted them all down. They were useful for passing tests, but even more for clarity of thought during moments of crisis. With the several additional traumas that came through the ER overnight, my residents handled each case without a hitch. They taught me to suture an actual laceration, and let me assist in complex procedures like central lines and chest tubes. I studied how they moved, spoke, and executed. I wanted to know how they did it without the constant queasiness I felt.

Dawn came, signaling the end of our shift. My team had breakfast at the McDonald's in the hospital lobby. I pulled the senior resident aside.

"How long did it take you to get used to this?"

"Get used to what?" he said, munching on his McMuffin.

There was no inner process for this line of work. What mattered was how we performed. Don't overthink; act swiftly, and do as you're told, or as the rules demand. This was the same strategy my parents had used to succeed. And here, we were talking about saving lives. No room for ambivalence or sentimentality.

After surgery, the other core rotations followed—internal medicine, pediatrics, obstetrics-gynecology, family medicine, and psychiatry. The hours were long, the learning curve steep, but the camaraderie was unmatched. Post-shift, exhausted teammates would look after each other, pitching in to complete the remaining workload. Usually, the post-call team would doze during lunchtime conferences, their heads bobbing as if in hearty agreement with each talking point. "Why don't you sleep a little?" a classmate would say, giving me permission to doze. But my mind would usually be awake. Wired. My calf muscles would also be sore, like I had just run a marathon. Being in my late twenties, I thought these symptoms were mere annoyances and tried to ignore them. No room for softness here, either.

* * *

Before graduation, Kurt and I got engaged. We stayed in Dallas for our residencies: pediatrics for him, internal medicine for me. Internal medicine was the specialty of chronic conditions. Congestive heart failure, gastrointestinal bleeds, hepatitis, pneumonia, diabetes—anything that could be treated without surgery. Each specialty had its distinct "personality," and what drew me to internal medicine was the way internists thought. They observed the body as a puzzle to be solved, and were therefore premiere diagnosticians.

Internists would use a detailed H&P, pertinent test results, and clinical experience to arrive at a diagnosis. If the number of possible diagnoses was overwhelming, I would remember what Dr. Eisenberg had taught me: "Common things are common, uncommon things are uncommon." Focus on the more likely ones, then do tests to rule out disorders, one by one. The process could be tedious, but the diagnosis was paramount. Without one, there was no treatment plan.

On morning rounds, I would present to the attending faculty the cases we had admitted the previous night. The faculty would pepper the medical students with questions on the pathological mechanisms for *x* or *y* disease. This was a good refresher for me, too, because once we made the transition from lecture hall to hospital, most of our focus was on drugs and procedures. Different lists to be memorized—first-line drugs, second-line, and third-; the criteria for clot-busting drugs; the criteria for emergency cardiac catheterization; and so on. There seemed to be a pill for every ill. During my second and third years of residency, I served as the medicine "pit boss," working alongside the surgery pit boss to run the entire ER. My white coat was fraying at the edges, the pockets were sagging, and it was no longer white. But these were my badges of courage. I felt invincible in medicine, in life, and in myself.

Until the unthinkable happened.

It was a little after midnight on a clear winter night. Kurt was driving from a late dinner to a friend's house when he lost control of his car, skidding head-on into an oak tree in the middle of the road. And just like that, he was dead. Like the Latina woman at the autopsy. Like the dozens of patients I had pronounced dead in the hospital. I had been working an overnight shift at the veterans hospital, and my roommate broke the news to me the next morning. The grief felt like lye in my throat, first burning, then choking. All I remember from those initial days was an endless cycle of crying and dry heaving, feeling betrayed by Kurt driving too fast and after drinking, and yearning to be with the friends who were with him that night, the last ones to see him alive.

Three hundred medical students, residents, and faculty gathered for his funeral at St. Rita's Catholic Church. The collective grief, especially that reflected in his parents' eyes, was too much for me to bear. I wanted to run to my room like I had as a child, but I had to sit there. Listening to the dean of student affairs give the eulogy, then a cousin, and friends. To get through that eternity, I scanned the church from windows to altar to vaulted ceiling to empty doorways, searching and searching for Kurt.

The day after, I went with Kurt's family to sort through his belongings. After all the time I had considered myself agnostic, I now found myself consumed by the questions of souls, wondering whether the hard *d's* in *dead* were as final as they sounded. Huddled by his closet, the scent of his sweat still in his clothes, I asked his parents what they believed.

"Souls live on after the body dies," his mother said. Her face was puffy, her eyes moist. "Kurt's been playing jokes on us, like drawing the curtains in our living room. It's just like him to do that from the other side, isn't it?" She gave a forced chuckle. I looked to his father. He was a cardiologist. A scientist. A rational thinker. But he didn't contradict her.

As we sorted through Kurt's medical books, I recalled a patient from a year earlier: green eyes, sunken cheeks, fragile skin upon fragile bones. She had metastatic lung cancer, and we had admitted her for pneumonia and pain control. I had never before encountered anyone so close to the edge, and it frightened me. At the end of my exam, she said in a wisp of breath, "I'm not afraid of death." I sat down and listened. She spoke of the movie *Braveheart,* a Scottish legend of love and loss. "I've never felt such freedom as I do now."

"How?" I had wondered, astonished at her sense of peace.

"Because I can see my sister and mother waiting for me in the light." I hadn't known what to make of it then, and I didn't know now. There was something comforting about the notion of souls living on. But souls that moved about the living room, playing pranks?

I wanted to believe. And I didn't want to believe.

By dusk, we finished sorting the important things. The only items I kept were some letters, photos, and an assortment of Kurt's ID cards and ticket stubs. I placed everything in a shoebox, feeling like I had just shoved Kurt's enormous spirit into a tiny, cardboard compartment. Once in a while, I would remove the lid to give it (him) some breathing space. As for the engagement ring, I threaded it onto a chain and wore it around my neck, low-down, hidden close to my heart.

After a couple of weeks, I resumed my ninety-hour work weeks. When I got hit with a horrible case of mono, I continued to work through it. I was twenty-eight. This was the only way I knew to keep the grief from eating me alive. The familiar rhythms of patient care, the ethos of pragmatism and rationality, and the ability to resuscitate patients—to postpone death itself—gave me a sense of empowerment. I completed my residency with distinction. Restless to leave Texas, I opened a map of the United States and scanned it for places far away in both geography and culture. Somewhere to find anonymity. To look forward, not back. To get a fresh start.

THREE

2001

I moved to San Francisco. My first job was at a primary care clinic in a large medical center. Most of my training had been hospital-based, so outpatient medicine was a whole new terrain. I had naively expected a gentle initiation, with ample time to research and consult with my colleagues. But from the moment I received my ID badge, I had more than three thousand patients assigned to my practice. Phone messages demanded timely answers, and a typical day meant fifteen to twenty appointments. I donned my white coat and gave it my best effort. The cases were lower in acuity than in the hospital, which made things easier. The drug protocols were also laid out: which antibiotics for which infections, which inhalers or steroids for which lung condition, which anti-inflammatories and muscle relaxants for which musculoskeletal pains. Gradually, outpatient medicine felt straightforward—on some days, even rote.

On top of this full-time schedule, I took overnight shifts in the hospital twice a month. For twenty-four hours, I would carry the internal medicine pager and assess patients in the ER. Whereas in residency I had a team to consult with—to say nothing of sharing the psychological load—here, I was on my own. Chest pain, rule out heart attack. Diabetic crisis, hydrate and stabilize. Cellulitis, prescribe antibiotics, IV, and oral. Back to back, nonstop, with five more waiting. By the time the sun rose, I would feel wasted. Muscles sore and head dizzy, I still had a half-day's clinic to endure before going home.

Six months in, enough time had passed that my clinic patients were calling or returning for the same complaints. The ibuprofen didn't work for the pain, the antidepressants had too many side effects, or the antihistamine-decongestants didn't help the sinusitis. More relief, they demanded. More options. More answers. Okay, I said, referring them to specialists when appropriate. Inevitably, some would return with no answers. This kind of nowhere-to-go conundrum didn't happen in the hospital because, well, patients could always go *somewhere*—home or a skilled nursing facility. Now, as the primary doctor, I felt I carried my patients' cumulative frustrations, along with all the other demands.

"How do you do it?" I asked a seasoned colleague.

He peered around a tall stack of charts. "You'll get used to it. There are workshops, you know." He was talking about building resilience and preventing burnout, which was a serious problem. One third to half of all doctors reported emotional exhaustion, cynicism, depersonalization, or feelings of decreased effectiveness.

One workshop I attended was called "Managing Difficult Patients." The presenter stepped up, his posture erect, his voice deep. He started with a formal definition of the "difficult patient" as one who (1) didn't comply with doctors' orders, (2) challenged authority with anger, (3) sought drugs, or (4) exaggerated for a secondary gain. "If your patient comes with a list of multiple complaints," he said, "it's important that you set your boundaries up front. Explain that there's only time for one or two issues in a fifteen-minute appointment." For most of the workshop, we role-played patient and doctor scenarios.

In the clinic, though, it was harder. Many of the chief complaints were vague, the possible diagnoses vast, and the screening tests often negative. The complaint I dreaded most was fatigue. Without a clear cause, the default diagnosis was always “stress,” and the treatment was stress management: work less, relax more—not what patients wanted to hear. Some patients brought in wild ideas from the Internet. One patient came in saying, “I’m exhausted all the time. I’m also getting these terrible headaches once a month, and they’re causing me to miss a few days of work. And I’m having the worst trouble with my hemorrhoids.”

“I understand,” I said, recalling the techniques from the workshop. “I’d like to address all of your concerns, but try to pick out one or two for today.”

Sighing, she agreed to focus on the fatigue.

I went through a checklist of symptoms for common causes of fatigue, namely anemia, diabetes, thyroid disorders, and depression.

Heavy menstrual bleeds? “Not really.”

Blood in the stool? “No.”

Black stools? “No.”

Cold body temperature? “Maybe?”

Constipation? “A little.”

Changes in weight? “No.”

Increased thirst, hunger, or urination? “No.”

Crying spells, loss of interest in pleasure? “No, and no.”

Her physical exam was unremarkable. Not knowing what else to do, I pulled out a requisition slip for basic blood tests to rule out various conditions. If abnormal, we would have something to treat. If normal, everything was okay. I glanced at the clock, seeing that I was five minutes late for my next patient. As I stood up, the patient tugged at my coat.

“Dr. Li, I’m wondering if you can request another test.”

This caught me by surprise. In the hospital setting, patients didn’t request tests—plenty of tests were already being performed, and some patients asked for *fewer* tests. I felt challenged. Wasn’t she seeking *my* expertise?

“I’m worried I could have chronic mono,” she said.

I paused for a second. Now she was challenging my patience, too. Mono was short for the viral infection mononucleosis, which I had diagnosed many times, and from which patients fully recovered. “Mono is an acute infection. I’m afraid it’s not chronic.”

She bit her lower lip. “I read online...”

The World Wide Web was a mixed bag of sound science and pseudoscience. I wanted her to feel better, but not at the risk of my integrity. I politely declined her request.

After work, I walked to my car with a colleague.

“Today I had a patient ask me about ‘leaky gut,’” he said. “Another one of those quack diagnoses floating around the Web.”

“How ’bout ‘chronic mono’?”

We shared a laugh. But in my car, I began to feel claustrophobic. The patient complaints were on one side and my limited tools were on the other, closing in. I knew I had done everything right, according to the standard of care. What if her labs were normal, as I anticipated them to be? Then what? I longed for more built-in time to research, examine each patient, and collaborate with my colleagues. Perhaps it was as my senior colleague had said, that I had to get used to how things were in real-world medicine.

On the long commute home, I recalled the way I had been trained: There was a distinct line between health and disease. *Here* you're well, *there* you're not. The line could be a number, a diagnostic test, or a set of criteria. Sometimes the line would move, depending on the latest clinical guidelines. But either way, if you met *x*, then you had *y*; if you didn't, you didn't. And if a patient didn't qualify for a diagnosis, my job was to monitor him until he crossed over from *here* to *there.* Then I would prescribe the appropriate treatment.

Nearing home, I reassured myself that I was doing all I could for my patients. Still, I felt something missing from this paradigm. What exactly, I couldn't put my finger on.

* * *

Outside of work, I enjoyed the novelty of San Francisco. I didn't know many people in the area, but a friend from college had an open room in her house in the Inner Sunset district. I moved in, along with Happy, my twelve-year-old Pekingese. The floors creaked, the walls were paper-thin, and the nearest laundromat was three blocks away. But I didn't mind. I preferred experiences over material things. The house was within walking distance of world-class restaurants and Golden Gate Park, and a short streetcar hop to Ocean Beach. Three of us lived together, two doctors and a teacher, all from Texas, all single. Many nights, we would stay up late, sharing the events of the day. On weekends, we would compare notes on our dates. New Year's Eve, we threw a party with a wig theme. Sporting a blonde bob and a beauty mark, I toasted with my roommates, "To my new, cozy family."

Despite the cozy family, Happy, and a few friends at work, I was growing detached from myself and others. My grief from Kurt's death felt like a lead ball in my center, oozing low-grade toxicity. It wasn't enough to put me into a deep depression, but it infused a general grayness over life's textures. Sometimes I would ride the cable cars in Chinatown to study the tourists, mystified at how they could look so happy, trying to detect undercurrents of pain beneath their happy masks. Dating was a nice diversion, but other thirty- and forty-somethings seemed to be looking for "The Relationship." I was far from it, and never wanted to explain my past. My friends from Texas understood me better, but I stopped returning their phone calls. The grayness lifted during my commutes, when I chatted with the empty passenger seat. "Kurt, what d'you think Dante meant when he described the deepest level of hell as frozen?"

Traveling also added splashes of color. Greece. Italy. Cuba. Whenever I returned, though, the grayness was sure to follow.

I searched out local sanctuaries. St. Anne's was a Catholic church I passed on my morning jogs—old, grand, cotton-candy pink, and taking up most of a block. I never thought I would consider a church a true refuge, but one morning, a compulsion seized me as I jogged by, and I pulled on the door handle to find it unlocked. Inside was a glorious palace, also pink, with high ceilings and stained-glass windows along both sides, topped by an intricate dome above the altar. I sat down in the back pew for ten or fifteen minutes, my first time in a Catholic church since Kurt's funeral. I can't say I felt closer to God; I don't know if I was even looking for Him. But I felt closer to Kurt, like he and I were visiting a cathedral in Florence, and after leaving the church, maybe we would find a *gelateria* to sample some *gianduia* or *cioccolato.*

My other sanctuary was the beach. Unlike their southern counterparts, Northern California beaches were often chilly and damp, and seagulls outnumbered the people. Anyone brave enough to swim usually wore a full wetsuit. I was content to stay warm and dry, resting under a woolly throw with my journal or a book. After dusk, I would sit in my car, watching the bonfires: groups of people, young and old, huddled around the flames, warming their hands and roasting hot dogs. If the winds were right, I could catch pieces of their conversations, more often than not an exchange of ideas, like inventing the next tech breakthrough or solving the homelessness crisis. Everyone in this city seemed intent on changing the world.

In late October during election season, a friend invited me to a fund-raiser downtown. A boyishly handsome man was at the microphone, proclaiming the need for greater independence from fossil fuels. His wheat-colored hair was tousled and he wore a T-shirt that said GET SOME SUN, over a pair of blue jeans that fell an inch too short. "The solution is solar!" he raved.

Not being drawn to politics, I was unexpectedly struck. His bold ideas and an absence of slickness pulled me out of my grayness into curiosity. The folks behind me clearly knew who he was, so I asked. His name was David. He was born and bred in San Francisco, in a family dedicated to human rights activism. His parents wrote books and lectured, and his brother worked with special needs children. Most recently, David had been an aide to the mayor. He had left to run this campaign, a citywide initiative for policies to boost solar energy—back when no one had heard of solar panels. He spoke of solar technology as though it would, without a doubt, save our planet.

“Are you an environmentalist?” he asked me after his speech. He had come over to greet the folks I was talking to and introduced himself to me.

“I’m a doctor,” I said.

“Great! We always need good doctors.”

“This campaign...it’s very inspiring. You’re going for some big changes.”

“Thanks for being a part of it.” An earnest, open-mouthed smile spread across his face. We spoke for a few more minutes. Then he asked for my phone number.

“Um, just so it’s clear...” I said, playing with the silver chain around my neck, the ring hidden from view. “I’m dating, but not *really* dating, if you know what I mean.”

He was unfazed. “Okay, let’s call it ‘just having a good time.’”

A week later, I arrived at his place, the upper flat of a classic Victorian overlooking Dolores Park. His view was of a panoramic cityscape, the kind in postcards, and I paused to take it in. The Mission District was sunnier and livelier than my side of town, ornate murals adorning the buildings and Latin dance music filling the streets, couples strolling the sidewalks. A streetcar pulled to the corner, screeched to a halt, and let out a group of giggling girls.

David opened the door with his hair still damp. When he smiled, his sea-blue eyes lit up. I gave him a hug and asked if we could explore the neighborhood. He suggested we walk to Dolores Park Cafe. As we traipsed downhill, his corduroys swished with each long stride. He was much taller than me, and I found myself skipping to keep up.

“Once upon a time,” he said, “there was a yellow dog, a boy, and a girl.” He nudged me.

“Ah,” I said, realizing the next thread was mine. “They walked by a lagoon and there was a noise that frightened them.”

“When they listened more closely, it turned out to be laughter.”

“But the boy wandered away and they got separated.”

We arrived at the café before we finished. Dining on the patio, I talked about my passions—Russian literature, Carl Jung, and a good philosophical discussion. David talked about his—the Supreme Court, World War II, and the San Francisco 49ers. When we compared timelines of our adult lives, during the seven years I was in medical training, he spent a year in the Bay Area guiding river rafting trips for at-risk youth; a year in a South African township teaching in a program Nelson Mandela had started; two years in Boston studying for a master’s in public policy; a summer interning in the Clinton White House; then two years working for San Francisco mayor Willie Brown.

"You've had an incredible life," I said. "What were the most memorable experiences?"

"Playing basketball."

I nudged him. "I'm serious."

"I am, too," he laughed. "Wherever I am in the world, I can sniff out a pick-up game of hoops. Believe it or not, I packed a basketball when I went to South Africa, where no one had ever played. I used it to teach cooperation and other life skills. And as a bonus, I got to play every day." He picked at the crumbs on his plate. "But I wanna hear about you. Why'd you become a doctor?"

"The answer's in here somewhere." I reached into my shoulder bag and pulled out a book, the French Renaissance philosopher Michel de Montaigne's essays on the twenty rules for living. I read aloud, "*Pay attention. Be born. Read a lot....*"

"And here I was thinking you'd say you wanted to help people."

"That, too, of course. One of Montaigne's rules is to survive love and loss. Let's just say I don't do well with either. Or with uncertainty. Medicine seemed like the best place to address my fears." I toyed with my fork. "Isn't that what drives us—our fears more than our passions?"

"I think I'm more driven by passion."

"Of course you are," I said, chuckling. "I suppose I could lighten up a bit."

"Don't." He touched my hand. "I love how deeply you live."

Feeling at ease, I went into how my evangelical upbringing influenced my choice. David spoke of his childhood, too. His mother was a sociologist and his father a historian, both academics. He was raised with human rights as the closest thing to religion. With no real exposure to spirituality, he was eager for conversations about it; he just needed someone to ask the questions he didn't know to ask. By the time we walked to my car, I was laughing like I hadn't since Kurt died. A man of his word, David didn't try to kiss me. I hugged him good night.

* * *

Over the coming months, David invited me to group events. A talk on globalization by former president Bill Clinton. A political fund-raiser where we met actor Warren Beatty. A visit to the Tactile Dome at the Exploratorium museum. David's circle of friends and family gave me an instant community, an extensive and colorful one. Nicknamed "Mr. Sociable" by his parents, he seemingly kept in touch with his entire global network, hosting gatherings in his flat, from fund-raisers for friends running for city council to "idea brunches," where people brought a breakfast dish and an idea to make the world better (my favorites were a shag onesie so babies could mop the floor as they crawled, and a laundromat-gym where people on exercise bikes powered their own washers, with extra spin cycles for the avid cyclist).

We also spent time one-on-one. He picked me up after work one Tuesday, his car packed with sleeping bags, gear, food, and Happy the dog. He drove us an hour north to the Point Reyes National Seashore, where we camped out under the stars. The next morning, we woke before dawn, had breakfast, then he dropped me off for a regular day at the clinic. Another time, he showed up at my house at ten p.m., a double kayak strapped to the top of his car, and drove us to Sausalito, where we paddled in the moonlight, accompanied by a pair of sea lions. Our eyes locked. We smiled, kept things platonic, and continued paddling.

“How do you live like this?” I asked.

“Like what?”

“Like life is so good all the time.”

He looked at me, confused.

“Hanging out with you...”—I searched for the right analogy—“...reminds me of those LIFE IS GOOD T-shirts, the ones with the smiley faces on them. You know what I’m talking about?”

He nodded, but still looked confused.

“I’m not complaining. But I never fully trusted that motto. It’s too simplistic. It’s like Newton’s Third Law: For every action, there’s an equal and opposite reaction.”

“And your point is...?”

“My point is...just when you think things are good, something hard follows.”

Our kayaks had drifted so that David’s face was hidden by shadows. I assumed from his silence that I wasn’t making sense to him. “I was engaged before. His name was Kurt. He died in a car accident two years ago.”

David was quiet. I couldn’t see him clearly, and the silence felt awkward. “I’m sorry.”

“For what? I’m the one who’s sorry. I’m shocked. I had no —”

“Sorry for not telling you sooner, sorry for bringing you down, sorry for complicating things. I wasn’t looking to date—”

“Technically, we’re not dating.”

My eyes widened. “Just because we haven’t kissed or had sex?” I shook my head, thinking, *Right, as if experiences can be defined like that*. But in that moment, I realized David was doing what I had so often tried to do: to control life’s variables and make them neater than they actually were.

We drove back to my place and talked about Kurt all night. My housemates came home, said hello, then good night. David and I dozed on and off on the couch. In the wee hours of the morning, I took out the shoebox of Kurt’s things. Lying in David’s arms, I selected certain letters to read aloud. I felt lighter, and David felt deepened by the conversation. Then we kissed. We kissed until the first bright rays broke through the blinds.

To get ready for work, I drank a cup of coffee, washed my face, and changed into a blouse and skirt. In the bathroom mirror, I twirled my necklace—Kurt’s ring—then took it off and tucked it away in Kurt’s shoebox, leaving the cover off to give his spirit some air. “I love you,” I whispered to the shoebox, “and I love him.”

David and I wed the following spring.

The inscription on our wedding bands: *Love endures all things.*

* * *

After the wedding, I quit my job. I had never made such an impulsive decision before, but David had that effect on me. Wrapping up another intense campaign, he had an opportunity to take a six-month leave and proposed that we travel abroad. Now was the time, he said. We didn't have children, we had the rest of our lives to focus on our careers...why the heck not?

My heart leaped. Why *not*? This was a question I rarely asked. David pushed it further. "Let's travel without an itinerary." No plan? It was a bold new philosophy: have more fun, trust the world to take care of us, and let life unfold. I must have been ready, because it took me all of ten minutes to agree, and once I did, I was all in. We bought an RTW (Round the World) flexible ticket and packed backpacks with only our barest essentials. Letting go of all practicalities, I proposed that New Zealand be our first stop, having just watched *The Lord of the Rings* trilogy. We didn't find any hobbits, but we encountered a lot of sheep, climbed a glacier, and did some spelunking in caves.

From there, we cast emails far and wide, to friends and family who might want to host two wandering Americans, and received more invitations than we could accept. After New Zealand, we set off for the red rock of Australia, then the islands of the South Pacific, the savannas of South Africa, and the shores of Senegal. At the end of six months, David had to return to his job in San Francisco. But I had quit mine.

"I'd like to travel for one more month, solo," I said, wanting to go to China. My parents had moved to Beijing from

Texas during my medical training, and it was time to pay them a visit. I had also heard that Doctors Without Borders was establishing an HIV/AIDS clinic in the countryside there, and wanted to participate.

The experience in the Chinese farming community affected me deeply. The families had been devastated by contaminated blood donation practices, and of the three generations that were typically living under one roof, the middle generation was largely sick or dying. Our medical team made farm calls and treated patients who otherwise had no access to care. The families treated us to meals of homegrown vegetables as we discussed treatment plans. In addition to the drugs we provided, the families used folk remedies like herbs when nothing else helped their eczema and seborrhea. Some cooked freshwater eels, purported to boost the immune system. I wrote daily emails to David on how differently medicine was done here—the slower pace, the team effort, the collaboration with patients, the self-care—and all of it with extremely limited resources. I knew when I returned that I wanted to work with marginalized communities. Those that had been left behind.

I returned to San Francisco, reinvigorated. David had dinner waiting for me. I put on some Chopin piano music and we ate, exchanged stories, made love, then exchanged more stories. I told him I would look for a job here, but hoped we could go abroad again when the timing was right.

"I'm all for it," he said, tickling me. "You're less conventional than you appear."

I grabbed his arms and tickled him back. Making up for lost time, we made love again, this time to Debussy.

The canvas of my life was splattered with vibrant reds, oranges, and greens. As David fell into a gentle snore, I lay there reflecting, *Life* is *good.*

FOUR

2004

Our wedding and travels over, I settled into David's flat in the Mission District. His flat, one of several row houses, had a decent-size bedroom, a small bathroom, a small living area, and a small kitchen. By San Francisco standards, it was ample space for two. We were on the upper level, complete with a "fainting room," a miniature room at the top of old Victorian buildings, designed for women to recuperate from their tight corsets. The floor-to-ceiling bay windows provided a greater spaciousness. From Dolores Park below, we could always hear something going on: a political rally, the mime troupe, or parades by the Sisters of Perpetual Indulgence.

David's friend Juan Carlos lived in the flat below us. He was a teacher-turned-acupuncture student. I had never known anyone quite like him. A lifelong vegetarian, he believed in a sustainable and compassionate world. He loathed waste in any form, got around by bike, and bought his clothes secondhand. The trash he generated might fill a small bag in a month. When I moved in, he was in the middle of an experiment of living without electricity for six months, including no heat or refrigeration.

I was grateful to have this community, but this setup was a big adjustment for me. San Francisco still felt new. Moving into David's place in David's city with David's good friend below and David's family close by, I had a hard time feeling like this life was mine. When Juan Carlos popped upstairs to grab us for soccer or frisbee in the park, or David's other friends dropped by with regularity, I felt a self-imposed expectation to connect with everyone, now, and deeply. Life was moving so fast. I had the impression of skipping along to keep up with David's long strides.

Sometimes I hopped the streetcar back to the foggy side of the city and caught up with my old roommates. Sometimes I visited Ocean Beach or Golden Gate Park, passing an hour or two under a blanket in the fog, with a book like Dostoevsky's *The Brothers Karamazov* or Vonnegut's *Cat's Cradle* in my lap and a sushi roll in my hand. My MDR—minimum daily requirement—of solitude and time in nature was increasing.

I took a new job at the county hospital a mile and a half from our house. Not only could I walk to work, my position was at the urgent care center, which meant no more on-call or night shifts. To top it off, appointments were allotted thirty whole minutes. My patients were made up of people living with HIV/AIDS, refugees, homeless families, and the working uninsured. When I heard their stories, I realized how little I knew about real suffering. One patient complained of chronic neck pain. When I asked about her mattress, she admitted that she didn't have one. She slept in her car, had for twenty years, and had raised two children in it. Another patient complained of an ingrown toenail that was causing him terrible pain. When I examined his feet, both were blistered, oozy, and putrid. Living on the streets, he was so used to the general poor condition of his feet that his only concern that day—he kept his chief complaints to one—was his toenail. Some days I left the clinic in tears.

David continued to build a nonprofit organization, promoting renewable energy policies for cities and states across the country. With his partner, he fought to shut down dirty power plants and worked for environmental justice, gaining the attention of foundations and getting enough donations to hire a third person.

In the evenings, we would debrief each other about our workdays. As we lay on the couch together, David would massage my feet and pop the knuckles on my toes, one by one. Sometimes our ritual involved chocolate ice cream and bonbons. His mouth full, David would say how he envied the immediate successes I experienced in the clinic. I would say how I envied his large-scale impacts.

I adored our one-on-one time. The exchange of ideas, the humor, and the sex. Sex was how we wound down our days, and often how we started them, too. Just after my thirty-third birthday, we agreed it was time “to pull the goalie,” as David put it—to stop my birth control pills. I wasn’t sure I was ready for motherhood, but I knew that complications increased with age, and I was just a couple of years shy of AMA, or advanced maternal age. With the goalie pulled, my periods remained regular and my weight dropped a couple pounds, but the greatest change was my libido. It turned out being unguarded—tempting fate—evoked a fear-laced excitement. So the pleasure of sex, if I could ascribe it a color, turned from orange to raging crimson.

I missed my period the very next month. I peed on a stick, and David and I waited five long minutes. One pink line appeared. Then two! It was positive! We jumped up and down with the same fear-laced excitement that had invited this baby in. How was it possible that the fusion of David’s chromosomes and protoplasm with mine had created a little being we could hold in our arms in less than a year's time? The pregnancy felt abstract until my first obstetrics visit, when the doctor squirted lubricating jelly on my belly and rolled the ultrasound probe around. I heard it first—a faint heartbeat, *lub-dub, lub-dub,* humming along at twice the rate as mine. Then I saw it—a shadow no bigger than a bonbon, surrounded by a halo of white, with a flickering spark in the middle. This was realer than real.

* * *

My belly grew. I did prenatal yoga twice a week. I walked three miles round-trip, to and from work, every day. Toward the end of the pregnancy, my hands and tendons ached—carpal tunnel syndrome from fluid retention—but the nine months passed swiftly. Come the following summer, baby Rosa joined our family.

From the moment we got home from the hospital, I sunk into our couch and put her tiny lips to my breast and began a love affair of a whole new kind. I would watch her suckle and sleep for hours. I would stroke her heels, which were supple like lambskin. A dormant part of my heart seemed to awaken. My sense of self now included this fascinating little being. We were a coordinated, symbiotic unit, my mind attuned to her different cries; my body producing breastmilk with the perfect proportions of fatty acids, proteins, and sugars, and releasing the right hormones at the right time, synchronized with her feeding schedule. And none of this required any medical interventions or special degrees. It felt like a superpower.

For the first three months, I took maternity leave. David took a week off, then resumed his long work hours. I saw domestic duties as my job and took it upon myself to do all the feedings, day and night, and the lion's share of the housework. Nurse the baby. Change her diaper. Run a load of laundry. Dry. Fold. Nurse again. Put her down for a nap. Tidy up. Sweep. Baby's awake. Nurse again. Shop. Cook. Do the dishes. Pump breastmilk. Store. Wash bottles. Nurse again. Give baby a bath. Wait, the laundry basket's full again? With every chore taking twice as long with a baby to tend to, and a body that was recovering, I was more exhausted now than in residency. At least then, I wasn't on call twenty-four seven.

After the blur of the first month, I let a lot of things go. The laundry basket would overflow. The dishes often piled up. Mostly, I wanted to enjoy my time with Rosa. I developed a sweet morning routine with her. After she nursed, I would strap her into a baby carrier and take a morning stroll. Down the hill to Tartine Bakery for an almond croissant, then to Bi-Rite Market for some gouda or feta for the house, then to my favorite bench in Dolores Park, where we would watch dogs running around on the hill. As Rosa grew increasingly aware of the world beyond her fingers and toes, our stays at the park grew longer. Right about the time she began to smile, I was scheduled to return to work.

I went back three days a week, but missed Rosa when I was there. David's parents, who lived a mile away from us, would take care of her. Writers by profession, they could adjust their schedules, and the arrangement thrilled them. We also hired a Chinese woman to help two mornings a week, mostly with housework. We called her He Ayi, or Ayi ("Auntie") for short. She was in her sixties, and as strong as an ox. Since she was older and Chinese, I fell into the custom of deferring to her.

Sometimes I spoke my mind, but unless I had a strong preference for how something was to be done, I let her do it her way. David found it hard to relate to Ayi's stoic pragmatism, but I was totally comfortable, having grown up with it. In many ways, she reminded me of my mother. Ayi's approval of how we kept our house—her approval of me—mattered a great deal.

"Now that I'm back at work," I said, handing David the dish sponge, "things at home will have to change."

"But that's why we hired Ayi, isn't it?"

"Oh, she'll be a huge help. But she's only here six hours a week. Ultimately, this is *our* home, and you and I will need to split things fifty-fifty."

"Sure, absolutely," he said. "I can do that."

But before we settled into parenthood and work, life displaced me from *here* to *there.*

* * *

I was walking uphill from Dolores Park one morning, with Rosa strapped to my chest in a carrier. Then for a second, I lost my breath. I stopped and inhaled deeply, noticing a faint flutter in my chest. *A muscle twitch?* I wondered. But it continued, and I felt a little winded, even just standing there resting. So I cut through the grass, dashed home, and went to the fainting room at the top of the stairs. On the black swivel chair, I unstrapped Rosa and waited for the flutter to pass. Moments later, I felt myself again and got dressed for work. The day was otherwise ordinary.

That night, I felt like I was coming down with a cold. A malaise in the shoulders, a slight chill. My throat was sore, but the soreness was on the outside. I checked my lymph nodes for lumps and swelling. Nothing. So I took two tablets of ibuprofen.

David was in bed, reading *The New Yorker*. He called me over to look at the cartoon contest in the back, but I wasn't interested. He looked disappointed, as this had been an activity we enjoyed together. "Help me come up with something witty," he said. "You're so much better at it than I am."

"But she needs to be tipped off for the night," I said, turning to Rosa. She was lying quietly in a bassinet next to our bed. I picked her up and nursed her in the rocking chair, holding her close and rubbing her heels until she fell asleep. I held her against my chest for a while longer, then returned her to the bassinet.

As I undressed for bed, David got up behind me and turned my body forty-five degrees. "Look," he said, pointing to my bare contours. In the full-length mirror, my muscles appeared sunken, as if a sculptor had molded them concave instead of convex. "Are you eating enough?"

"A ton," I said, studying my body in the mirror. I was eating four or five meals a day, with hearty snacks in between, including extra helpings of ice cream. I figured it must have been the effects of breastfeeding. Nursing mothers needed five hundred extra calories or more a day, and my metabolism was fast to begin with. Chalking up my strange symptoms to postpartum stuff, I went to the kitchen and made myself a turkey sandwich.

When I returned to the bedroom, David was waiting for me in bed. Between my patients, the baby, and David, I felt stretched like a worn-out rubber band, less and less able to bounce back. Quiet time had become scarce, far below my MDR, and I was craving some now. What's more, my sex drive had plummeted. I knew that breastfeeding hormones could suppress sex hormones, but I hadn't realized how much. Pleasure was reduced to localized tingles, and when David touched me, my thoughts often drifted to Rosa. She was the one I longed to be skin-to-skin with.

This was a huge change for our marriage. So when David stroked my back that night, I didn't say no. I wanted to show that I still loved him. I turned on the CD player and let him pick the music. Manu Chao—alternative reggae in Spanish. As we made love to the world beat, I tried to lose myself, but couldn't.

In the coming weeks, a paradox of symptoms erupted: pimples broke out on my forehead and hot flashes surged through my body, as though puberty and menopause had hit at once. I was revved up and lethargic, sharp and forgetful, tired and unable to sleep. The insomnia was the worst symptom. Night after night, I lay wide awake.

As my sleeplessness grew, a distance came between David and me. Watching his deep breaths and hearing his whistling nose, I envied, then resented, the ease with which he slept. I was nursing, so I didn't want any sleep medicine, even those deemed safe for breastfeeding mothers. By morning, I would look in the mirror and see a Gorgon with wild hair and dark circles under her eyes. If I started to worry about the effects of sleep deprivation, I would redirect my attention to the baby and get myself to work. At the clinic, if my heart fluttered intermittently or my body burned up like a furnace, I would take a quick break, collect myself, then move on to the next patient.

On the home front, normalcy was harder to maintain. I often came home to dirty clothes in the hamper or dishes piled in the sink. More than a few times, I lashed out at David: Why aren't you helping with the housework? What about the nighttime feeds? The shopping? The cooking? He would look genuinely puzzled. Only after I yelled would he get off the couch and help. And for every time I yelled out loud, I must have yelled in my mind fifty times.

One day, David tried to broach this tension. We were eating sandwiches on the back deck. The sun was shining. Rosa was in a baby hammock, dangling between the doorframe.

"Have you been feeling okay?" he asked.

I shrugged my shoulders, not wanting to ruin the beautiful day.

"I feel like I've been walking on eggshells," he continued.

"Look," I said. I knew what he was talking about. "I've had to rearrange my whole life around motherhood, while your life has largely stayed the same. That was fine when I was on maternity leave, but now I'm working again, and you don't seem to notice that I'm busy, too. You never chip in. It's like I'm invisible until I make some noise."

He paused, then said, "I'm worried you're not getting enough sleep."

"I would get more sleep if you helped with the night feeds."

"But night feeds or not," he said, mouth full, "you can't sleep, right?"

Rage was foaming in my throat, like bubbles ready to burst. I restrained it with all I had. “Why are you bringing up my sleep? I’m talking about *your* need to step up. Stop changing the subject.”

“I just know how I feel when I don’t get enough sleep. Maybe it’s making you more irritable.”

You’re what’s making me irritable, I yelled inside my mind. I mashed a fallen plum on the deck with my shoe. The simple act was so satisfying I mashed a few more, rubbing the pulp deep into the cracks between the wooden planks.

“Hey,” he blurted, “what are you doing that for?”

“What does it matter? I’m the one who ends up cleaning everything anyhow.”

He stood up.

“Where are you going?” I asked.

“To play some basketball.”

“Basketball?”

“You’re confusing me too much.”

The truth is, I was confusing me, too. What was this volatility—postpartum hormones? Motherhood? Sheer fatigue? Moodiness was new to me, hadn’t touched me even in residency, when I was overworked and sleep-deprived. Yet I couldn’t admit this to David. I needed him to step up with the day-to-day responsibilities, which were a real and separate issue. What I hadn’t fully grasped at the time was that the more disordered I became on the inside, the more order I needed around me, as though the inner and outer were weighing against one another on a precarious scale, trying to keep me any cases of postpartum thyroid disease, and I knew that he was the expert. His certainty gave me hope; and with my moods and sleep a mess and my thinking less clear, I told myself I didn't have to worry. I thanked him and took his requisition in hand.

* * *

I returned to the hospital for my scan a few days later. A tech with platinum hair checked me in, then took me to the back room, where he presented me with a red and yellow capsule on a plate. This was radioactive iodine, a tracer taken up by the thyroid. It was low-dose radiation. Useful, but also a poison.

He brought the plate closer. "Pretend it's a vitamin."

It's a necessary test, I told myself, and swallowed it with a glass of water.

"Come back tomorrow, same time," he said. "I'll take some additional images, and then you'll be done."

As I walked out, multiple posters around the room read CAUTION—RADIOACTIVE MATERIALS. And it dawned on me, I was oozing radioactivity! It hadn't occurred to me that my radiation might affect others. No one had mentioned it—not my endocrinologist, nor the tech.

"I'm confused," I said to the tech, trying to hide my anger. "I have a baby. Am I safe to hold her?"

"Hmm, you know, we recommend patients self-quarantine for a week, but that's only when we use much higher doses of radiation." He scratched his head. "The dose you got was much smaller. Shouldn't be much of a problem."

My stomach sunk. I didn't want to expose Rosa to anything, and I realized it was up to me to figure things out. I drove home, rage foaming in my throat. How could radioactive tests be handled so casually? Why was it up to me to ask about toxicity? Did my endocrinologist assume I knew because I was a doctor? Did he even think that I might be nursing my baby? I had more pressing issues right now. During the two hours I was at the hospital, my breasts had become engorged. *My breastmilk!* I thought. *It* was radioactive, too!

I pulled over to the curb. Trying to contain my emotions, I made some phone calls. Between David, his parents, Juan Carlos, Ayi, and baby formula, I pieced together a plan. By the end, I was toxic, all right—with fury.

At home, I got on my laptop to do some research. As I was searching for radioactivity, I came across the risks of thyroid scans and other tests involving radiation, like CT and PET scans. Sure, they were useful to diagnose, treat, stage a disease, and track the response to a treatment. But there were long-term side-effects I hadn't known. The greater the radiation exposure, the greater the risk of cancer over a person's lifetime. There were other complications, too. Thyroid scans increased the risk, ironically, of hypothyroidism. Since these health effects might not develop for years or decades, the harm was difficult to measure. Not surprisingly, surveys showed that less than half of doctors ordering the tests knew about these risks.

As for radioactive iodine-123, the particular tracer I had

My favorite resources for narrative writing:

- *The Art of Memoir* by Mary Karr
- *Telling True Stories*, edited by Mark Kramer and Wendy Call
- *The Illness Narratives: Suffering, Healing, and the Human Condition* by Arthur Kleinman

Additional Resources

1. Open Medicine Foundation, whose mission is to fund collaborative research of chronic complex diseases. See their “The End of ME/CFS Project” for more information. www.omf.ngo
2. Phoenix Rising, a nonprofit organization that provides information and new research to support health and well-being, and maintains one of the largest chronic fatigue syndrome forums in the world. www.phoenixrising.me
3. *Unrest,* a documentary film by Jennifer Brea that tells the backstory of patients with chronic fatigue syndrome, and calls for increased awareness and research.
4. Healing Circles, a global learning community committed to sharing resources for joining or facilitating support groups, centered on the whole person—mind, body, and spirit—and creating safe havens for exploration. www.healingcirclesglobal.org