

## MESSAGE TO READERS

“Arts and letters must both reveal and heal.  
To reveal means to show the true situation of people and society.  
To heal means to show ways to cure them.”

--Thich Nhat Hahn, *The Sun My Heart*, 1988

In the autumn of 1975 I stood in the secretary’s office of McLean Hospital, a psychiatric hospital where I was in the second year of my residency. The secretary picked up the phone and after moment said, “It’s for you—a Susan Protter?” I didn’t recognize the name, and, suspicious, asked the secretary to find out who she was. “She says you sent her a novel?” I wracked my brain, not able to recall a novel, or her. And then a vague memory of sending off a piece of a novel came back. I had been looking for an agent for my plays, and had written her. In a P.S. to my letter, I wrote that I also had the start of a novel about a doctor. She had written back that she didn’t handle plays, but she would like to see the novel. I had forgotten all about it. I picked up the phone.

“I read your novel and I love it,” she said. “You’re either a madman or a genius!”

“Well,” I said, “I can’t help you with that, but you should know that I’m speaking to you from inside a mental hospital at this time.”

Thus began the strange and marvelous journey of my first attempt at a novel, *The House of God*. After being rejected by numerous publishers it was finally accepted by Richard Marek/Putnam in 1977. Just before publication I met with Richard, and with Joyce Engelson my editor. Naively, I asked if they thought the book would sell.

“No, your book will not sell,” Richard said. I was stunned. “Look,” he went on. “You’ve got a lot going for this book—it’s about doctors, and that’s good, and it’s funny and sexy, and that’s good; and it’s well-written, and that’s good too.”

“So why won’t it sell?” I asked.

“Why won’t it sell?” he replied. “Because it’s a good book!”

This was my introduction to the other side of writing, called “publishing,” loosely derived, I would think, from “making it public.” Over the years and as fiction-selling has become a branch of television, I’ve come to see that writing novels to both “reveal and heal” has little to do with publishing that writing. I’ve often been told that *The House of God* would never be published today—“it’s too radical.” I was lucky in my timing, and lucky not just in terms of the novel. I was lucky to have been created by a time that—if you had any heart and soul at all—demanded authenticity and resistance. I and my core group of interns were products of the ‘60s, brought up with the idea that if you saw an injustice you could hang together and take action to right it. Witness the civil rights movement and the end to the Vietnam War. We brought that idea into our medical training at the Beth Israel Hospital in Boston in 1973, and out of that combustible moment came my motivation to write my first novel.

Not that I was aware of this at the time. Usually it’s only later, maybe ten years or so later, that you realize you had no idea of the unseen historical forces shaping you, pushing you one way or another. I and the core group of my fellow interns just did what we did to stick together and stay vital, without awareness of either the source or the importance of it. It wasn’t an act of conscience, it was a way to survive. Only many years later, as I was called on to speak up publicly by thousands of medical students and doctors at hundreds of medical schools all over the world for whom *The House of God* had become a validation of their experience and a hope for doing better than they had

been done by, did I realize that my motivation had been resistance. Looking back, I now understand that the same motivation has propelled me in everything I've written since.

### **TO REVEAL: "HEY WAIT A SECOND!" MOMENTS**

"Hey wait a second!" moments are those times when, during our daily lives, we see something or hear something and find ourselves saying or doing something and we say to ourselves, "Hey wait a second! I don't want to be saying this or doing this (or doing nothing in response to this) but I am." Each of us has had these moments, times when we "let things pass," and go on with our lives.

In my internship there were too many of these "Hey wait a second" moments to let pass. After going through the experience, I had a clear vision, almost like a voice inside: "Someone has to write about this, it might as well be you." I sat down at first to write as a catharsis, to share with my buddies what had been the worst year of my life. In retrospect, there was a single touch of the Muse on my shoulder, steering me into right practice: *this novel has to ride on humor, or else no one will want to read it*. Much as we interns had ridden along on humor, to get through. I sent a piece of it—single-spaced, with so many written corrections it was almost unreadable—to Susan Protter, and seven drafts later, in August 1978, it was published. That month of August was the one time in decades that the New York Times was on strike, and the novel did not get reviewed there, or in many other places. By word of mouth it started to sell—and then all the hardcover copies were destroyed by a flood of the warehouse in New Jersey. By word of mouth it has made its way in the world. From the responses I have received, I believe its long full life is because, for the first time in modern medical history, it was able "to show the true situation of people and society." Often the truth in the novel was so bizarre that readers

must have thought it was a product of my sick mind. Here a couple of examples of true incidents:

“Chief’s rounds that day were introduced by the Fish, and the patient was one Moe, a tough truck driver who’d had to wait in the freezing cold during the gas crisis to fill up his rig. He had a rare disease of the blood called cryoglobulinemia, where with cold the blood clots in small vessels, and Moe’s big toe had turned as cold and white as a corpse on a slab in the morgue.

“What a great case!” cried the Leggo (chief of medicine). “Let me ask a few questions.”

To the first question, a real toughie he asked Hooper, Hooper said, “I don’t know,” and so the Leggo answered the toughie himself and gave a little lecture on it. To the next question, not a toughie, to Eddie, Eddie answered, “I don’t know.” The Leggo gave him the benefit of the doubt and gave a little lecture none of which was news to Eddie or anyone else... The Fish (the chief resident) and the Fat Man (the resident) were getting apprehensive about what we were doing, and the tension rose as the Leggo turned to me and asked me an easy one that any klutz who read Time magazine could answer. I paused, knit my brow, and said, “I...sir, I just don’t know.” The Leggo asked, “You say you don’t know?”

“No, sir, I don’t, and I’m proud to say it.”

Startled and troubled, the Leggo said, “In my day, the House of God was the kind of place where on Chief’s Rounds the intern would be embarrassed to say, ‘I don’t know.’ What is going on?”

“Well, sir, you see, the Fish said that he wanted the House to be the kind of place where we’d be proud to say ‘I don’t know,’” and, damnit, Chief, we are.”

“You are? The Fish said? He...never mind. Let’s see Moe.”

The Chief fairly burned with the excitement of getting at Moe the Toe’s toe, and yet at Moe’s bedside, for some strange reason he went straight for Moe’s liver, poodling around with it sensually. Finally the Leggo went for Moe the Toe’s toe, and no one was sure exactly what happened next. The toe was white and cold, and the Leggo, communing with it as if it could tell about all the great dead toes of the past, inspected it, palpated it, pushed it around, and then, bending down, did something to it with his mouth.

Eight of us watched, and there were to be eight different opinions of what the Leggo did with Moe’s toe. Some said look, some said blow, some said suck. We watched, amazed, as the Leggo straightened up and, kind of absentmindedly fondling the toe as if it were some newfound friend, asked Moe the Toe how it felt and Moe said,

“Hey , not bad, buddy, but while you’re at it could you try the same thing a little higher up?” (pp 270-271

This actually happened. Looking back, I realized that Hooper and Eddie and I, without knowing it, were using a classic non-violent resistance technique, by saying “I don’t know” when of course we did. We weren’t going to play along with the “power-

over” culture of the House, which we interns often experienced as inhumane and sadistic, and which we came to understand was often blind to the true needs of the patients.

A second scene is more complicated, in that it begins in what was “true”, what I witnessed, and goes on to what I imagined, to fulfill a writer’s desire to move a scene of brutality and inhumanity to healing. Late in the internship year I had a woman patient with metastatic breast cancer whom the surgeons had taken to the operating room, opened up, and then closed again without doing anything—the situation was hopeless. When she came back to the ward, no one had told her anything about what had happened in surgery. I—like Roy Basch—was reluctant to go into her room and made the excuse to my resident that “It’s not my job, it’s her private doctor’s job, or her surgeon’s.” In reality, that’s as far as it went. I believe that one of the nurses finally told her the news. But in the novel, something else happens. The resident, an invented character called ‘The Fat Man’, offers to do it. Roy describes the scene from the doorway.

“I watched him enter her room and sit on the bed. The woman was forty. Thin and pale, she blended with the sheets. I pictured her spine Xrays: riddled with cancer, a honeycomb of bone. If she moved too suddenly, she’d crack a vertebra, sever her spinal cord, paralyze herself. Her neck brace made her look more stoic than she was. In the midst of her waxy face, her eyes seemed immense. From the corridor I watched her ask Fats her question, and then search him for his answer. When he spoke, her eyes pooled with tears. I saw the Fat Man’s hand reach out and, motherly, envelop hers. I couldn’t watch. Despairing, I went to bed... (An hour or so later that night ) I went back to the ward, and came to the room with Putzel’s terminal cancer woman. Fats was still there, playing cards, chatting. As I passed, something surprising happened in the game, a shout bubbled up, and both the players burst out laughing.” (275-276)

There was no Fat Man to go into the woman’s room. I imagined it all, as a way to understand what I should have done, what would have been healing, in that “Hey wait a second moment” that I had—to my shame—ignored as a young doctor, and had a chance to attend to as a young writer. In those days there was never once any information taught

to us on dealing with a dying patient or giving bad news. Rather, everyone but a few brave doctors and nurses was complicit in avoiding meaningful contact with these poor doomed people. In retrospect, this is why I wrote the scene, to resist the inhumanity toward those patients. I started with the fact—my avoidance—then imagined what “should” have been done and put it in terms of the imagined Fat Man. In this way the reality of medical practice can filter into and through creative imagination to fiction, and then, in the reality of the text, serve as a guideline to understanding not only how things really are, but how things should be. This is an example of how to resist the inhumanity of medical practice through fiction. My guide for this has been a letter that another doctor-writer, Chekhov, wrote in response to his editor’s unfavorable critique of a story he had submitted, one of the most remarkable stories in medical literature, “Ward 6”:

“The best of writers are realistic and describe life as it is, but because each line is saturated with the consciousness of its goal, you feel life as it should be in addition to life as it is, and you are captivated by it.”

*Life at it should be in addition to life as it is.* Without realizing it until many years later, this would become the motor of my writing.

One final passage from *The House of God* is another “Hey wait a second” moment that, although it showed a limited insight into the year at the time, took me at least a decade to understand in a more whole way. At the end of the year the Chief called an emergency B-M Deli lunch, to give the interns a chance to “discuss things.”

“The Leggo was right: it had been your standard internship year. All across the country, at emergency lunches, terns were being allowed to be angry, to accuse and cathart and have no effect at all. Year after year, *in eternam*: cathart, then take your choice: withdraw into cynicism and find another specialty or profession; or keep on in internal medicine, becoming a Jo, then a Fish, then a Pinkus, then a Putzel, then a Leggo, each more repressed, shallow, and sadistic than the one below. Berry was wrong: repression wasn’t evil, it was terrific. To stay in internal medicine, it was a lifesaver.

Could any of us have endured the year in the House of God and somehow, intact, have become that rarity: a human-being doctor? (399)

This cycle of abuse—“we went through it, so you have to go through it too”—is summed up by Chuck, the African American intern in the novel, as follows: “How can we care for patients, man, if nobody cares for us?”

What I came to understand later is that much of the brutality and inhumanity in the House of God was not about individuals, but about the medical system itself.

The hospitals I trained in and wrote about were large medical hierarchies. In these “power over” systems, someone always has power over you, and you have power over someone else. The pressure of authority—the dominant group—comes down on people from above, and those of the subordinate group tend to scatter. The result is that interns and residents risk getting isolated. They may become isolated from each other, leading to depression and suicide, cruel actions, and insanity. And each may also get *isolated from his or her authentic experience of the medical system itself*—each may start to think “*I am crazy*” rather than “*This is crazy.*” This is the same pathological obversion of truth that Joseph Heller so brilliantly described in the ultimate hierarchy, the army at war. The Bush-Cheney regime in America has convinced many of its citizens of the same perversion of experience: “spinning” it from authentic to fear-filled falsity, creating a sense of isolation in citizens that leads to a sense of powerlessness—a position of great use to the government. And isolation—as when an intern like Potts commits suicide—can mean death. The cycle of abuse goes on.

How to heal this? The only real threat to the power of the dominant group—a power that may be based on the hierarchical lines of authority, on race, gender, class, ethnicity, religion, or sexual preference—is the *quality of the connection among the*

*members of the subordinate group.* Isolation is deadly; connection heals. How does this healing take place? By sticking together.

And so, driven by a healthy outrage, in everything I write I have tried to reveal the truth that comes out of these “Hey wait a second!” moments. In *The House of God*, medicine; in *Fine*, psychoanalysis; in *Mount Misery*, psychiatry; in *The Spirit of the Place*, the subtle destruction of civil rights and representative democracy by the “Reagan Revolution” as seen by a small town doctor; and in my novel in progress, *Cooking for Kissinger*, the insanity of the growth, the last fifty years, of the American empire—an answer, of sorts, to the manipulative and naïve post-9/11 question: “Why do they hate us?” This is also true of two works I’ve written with my wife Janet Surrey, the nonfiction book *We Have to Talk: Healing Dialogues Between Women and Men*, and *Bill W. and Dr. Bob*, our play about the relationship between the two men that led to the founding of Alcoholics Anonymous. The models in fiction and poetry I hold close to me for this life-work are: *1984*, *The Tin Drum*, *To Kill a Mockingbird*, *The Quiet American*, *Uncle Tom’s Cabin*, *The Jungle*, *The Memory of Fire Trilogy* (Eduardo Galeano), *The President* (Miguel Angel Asturias), all of Gabriel Garcia Marquez, Pablo Neruda, Wallace Stevens and Tolstoy. These writers not only reveal but resist. Not only show what is, but what should be. For millions of us, that resistance is in the spirit of healing.

### **TO HEAL: THE JOURNEY OF THE HEALER**

Roy G. Basch enters *The House of God* with a wish to become a good doctor. Present with him throughout the year is the Fat Man, the resident, a beacon of hope and healing. Without saying it, Fats shows Roy—and us—that the way to healing is in

authentic, empathic connection with the patient, as in the scene with the metastatic cancer patient above. This is echoed in Roy's encounter with the Afro-American doctor, Dr. Sanders, who is his patient. At one point Dr. Sanders says, "All you have to do is be with the patient, as you are being with me." While accepting and using the new technology available in medicine—at its most intense in the Medical Intensive Care Unit--both Fats and Sanders are saying 'Don't let the technology make a technician of you, don't let it get between you and the patient. Do what the best of the old docs did—put a hand on a shoulder, show them that you understand what they are going through.'

Some readers, both in the medical profession and outside, have called *The House of God* cynical and fatalistic. It is anything but. In fact, if you look carefully, it is redemptive. Throughout the book, right up to the very end it is crystal clear that there is hope in medicine, as shiny and solid as the chrome of a stethoscope, for doctors and patients alike. The hope lies in learning to *be with* those who ask for our expertise and help—not only our patients, but our colleagues, families and friends. As Roy puts it, in a time of despair, "I could not do what Dr. Sanders had told me to do, to 'be with' others...for I was somewhere else, in some cold place, insomniac in the midst of dreamers..." Yet the Fat Man's last words to Roy affirm the hope: "But that's the game, isn't it? To find out (if medicine is big enough for you). To see if it matches our dreams."

Roy leaves his internship year in medicine deciding that the way to learn how to be human, to be with patients and others, is in becoming a psychiatrist. He enters his residency training in a large mental hospital called 'Mount Misery.' Having gone into his medical internship to learn to become a good doctor, his goal in his psychiatric residency

is to become a healer. He thinks that psychiatrists will be the most humane doctors. To his surprise and chagrin, he finds that they may be even worse than the doctors in the House. But through another “wise” resident, a thin athletic man named Dr. Leonard Malik, he learns to take his understanding another step toward resistance that leads to healing, and to a growing awareness. A passage from the end of his year as a psychiatrist shows his realization of what healing is, and what part a doctor plays in it.

In this passage Roy is having a difficult time in a therapy session with a patient he’s had the whole year. She is a troubled young woman who has always made him feel inadequate:

“Terrific,” she said to me sarcastically, putting me down. She looked sullenly into her lap.

In the past I might have gotten angry at her, but suddenly I understood. The issue wasn’t me, or her, but us. The “we” in the room, which seemed so solid right then that you could shape it, yet so ephemeral that it was the unseen historical forces shaping you... My job right then was to hold this “we,” this connection with her, hold it for both of us. That was my job as a doctor. To use my experience with others who had suffered and my vision born of that experience to bring someone who is out on the edge of the so-called ‘sick’ into the current of the human. To take what seems foreign in a person and see it as native. This is healing. This process is what the healing process is. This is what I signed up for, years ago. This is what good doctors do. We are *with* people at crucial moments of their lives, healing. How hard it had gotten, in these hellish hospitals and institutions encrusted with machines and dessicated hearts and dead souls, to get back to authentic suffering, authentic healing. How much we have lost.

Now I took on the job happily, even with zest. Holding this ‘us,’ this connection, right here right now in this suddenly fine moment. Holding this connection as a father learns to hold not so much a crying baby but the connection with a crying baby, a baby overtired and needing to be held and rocked to sleep, a baby who can sense if the arms around her are constricted with anger and trying to control her, or if the arms are open to merely being there with her. If the arms are angry and controlling, the baby will struggle against sleep no matter how tired she is. If the arms are relaxed and open, she will ease down into the featherdown of sleep, yes.

“We’ve had a hard time, Christine,” I said. “Can we try, together, to understand?”

She looked up at me. I sensed her seeing the depth of my concern. I felt that “click” of opening... I saw Christine see it. I sensed her feeling seen. Despite herself, she smiled. We began to talk...”

Finally, in my own journey of resistance and healing, comes the play *Bill W. and Dr. Bob*, written with my wife Janet Surrey and produced Off Broadway in 2007. A key moment in the play, during the first meeting between the two men at Stan Hywet Hall in Akron Ohio on May 12, 1935, is when Bill Wilson, a stockbroker from New York, tells Bob Smith, a surgeon from Akron, that his doctor in New York City had told him that alcoholism is a disease

“Bob: A disease? With signs and symptoms, a course and a progression? What, implying what?—a treatment?

Bill: Makes sense, does it, I mean medically?

Bob: Yes. Yes, it does. Why couldn't I see that?

Bill: Most doctors can't.”

Bob's realization that his drinking—something he had been taught was a moral failure—was in fact a disease, is one of the things that attracts him to working with Bill, in Bob's words, “Finding a treatment that we can try on others.” But there is a second remarkable realization that Bill shares with Bob:

“Bill:...All this time something's been missing. In that hotel lobby yesterday (when I was about to take a drink), I knew—preachers, doctors, my wife, my friends—none of 'em could help me.

Bob: Yeah, why not?”

Bill: ‘Cause they're not drunks! They don't know what it's like to wake up, your head bloody and a golf bag in your arms and a woman standing over you who maybe is your wife—and maybe not—and the veins in your temples pounding on bone. They don't know what it's like, every cell in your body dry as sand, thirsting for the one thing in the world you know will destroy you—

Bob: I do.

Bill: Now I don't want to get too far out here, Bob—we're both men of the world, rational men who've lived through a great war, sensible men—but maybe there's a reason I'm sittin' here. In that hotel lobby, I knew—knew in my guts like a man knows he's gonna die—that to stay out of that bar I needed help. And then I realized that what I needed was another drunk to talk to, just as much as he need me. Friend, I need your help.

Bo: Um...how can I help?

Bill: I think you just have.”

This is the remarkable discovery that Bill and Bob made: that one drunk telling his story to another drunk could keep him sober. It may or may not help the listener, but it would keep the teller sober. This is not at all obvious, and to my knowledge had never before in human history been made explicit. “Healing” is in telling about your own suffering to someone who is suffering in a similar way.

In the New York run of the play, we held talkbacks with audiences. As we listened to their reactions, we came to understand the profound nature of the discovery that these two men made over seventy years ago in a six-hour meeting that is replicated every day hundreds of thousands of times, all over the world. In addition to starting a remarkable organization that is non-heirarchical (not power-over, but power-with) and non-monetary (supported by “passing the hat” at meetings), a program that is the most effective long-term treatment for alcoholics yet discovered, Bill and Bob were the forerunners of two essential healing movements in modern medicine. First, by realizing that the treatment of the disease of alcoholism had to be what we now call *holistic*—not just physical, or psychological, or spiritual, but all of those at the same time. Second, by realizing that the essence was a drunk telling his or her story to another drunk, it ushered in the whole “mutual-help” movement—unheard of in medicine in 1935—that now takes for granted the worth of, for example, breast cancer survivors meeting with breast cancer survivors, dialysis patients with dialysis patients, manic-depressives with manic-depressives, etc. It seems to natural now, yet it never existed, explicitly, before. I firmly believe that it is not by coincidence that one of the men was a doctor—in some sense he *had* to be. Later in the play, when Bill gets discouraged that they are having no success getting a third drunk to join them, Bob says to Bill:

“I’ve been thinkin’, Bill, about where we’ve been goin’ wrong. We need to find ourselves a steady supply of more *reliable* alcoholics—ones already in the hospital. They always have a batch down at Akron City. What say, Bill?”

And when Bill resists this idea, Bob goes on:

“This treatment of ours can’t rely on blinding flashes of light, it’s about gettin’ back to basics—the body, human nature—like the rest of medicine: step by step you try to put the pieces of the puzzle together, until one day the familiar’s right there in front of your eyes. Get it?”

Here is a doctor who, at age 56, out of the desperate admission that he could not keep himself from dying of alcoholism, with Bill’s help realized that to stay sober was not an act of willpower or ego, but of some power beyond the self. Not God, but beyond self. This I would call the spiritual dimension of healing, which underlies all the other dimensions and examples in my writing, both fiction and nonfiction. Moving from “I” to “We.” Moving from “You” to “Us.” Moving from “Either/or” to “And.”

Dr. Bob and Bill W. stood together in resistance to the medical orthodoxy of the day to heal themselves and millions of others.

# # #

We are living in perilous times, as doctors and as people. Our medical system is in shambles. Our democracy has fallen from a shining example of what could be, to an obscenely-armed empire that is an example of what is, simply, the unbridled and spiritless power over others. Hatred is provoking hatred. Our resistance to this is more called for than ever. The key to being able to resist lies within each of us, because resistance is ultimately in the realm of the spirit.

As the Bhudda said, in the Dhammapada:

“In this world  
Hate never yet dispelled hate.  
Only love dispels hate.

This is the law,  
Ancient and inexhaustible.”

In our current society where the will of the people is so far from the actions of the government as to make it seem that we are no longer living in a representative democracy but rather a military corporatocracy, it is difficult to feel that any act of resistance can have an effect. History argues otherwise. As described above, in 1935 a doctor and a stock broker were brought together by chance or karma in a tiny room of the gatehouse of a mansion in Akron Ohio. Both were drunks, the stockbroker white-knuckle-sober for five months and one day, and the doctor tormented by a bad case of “the shakes” from a ferocious bender just the night before. Dr. Bob, dragged along to the meeting by his wife Anne, told Bill he would stay “Fifteen minutes, fifteen minutes *tops*.” They talked for six hours, and they created what might be the most important healing moment in American medical history—they changed the world. They weren’t trying to found AA, they were just trying to stay alive. What they were discovering went against every aspect of the prevailing medical expertise. How often is it that we realize later the ways in which “the accepted wisdom” is rarely wise.

You never know where something will lead. When I sat down to write *The House of God* I was just trying to express something about injustice and inhumanity that I knew to be true. I never imagined getting it published, let alone writing this essay about it thirty years and millions of readers later. The healing essence of fiction is creating a “we” between the author’s felt experience and that of the reader. In my fiction I like to think I am giving readers a sense that I understand, and am helping them to both nourish their genius for the real, and stay on the side of the angels. I still believe that a piece of fiction, written with guts and humor, can reveal and heal, making a difference by

bringing brutality and hubris to light, and change things for the better. For every current fascistic act, there is arising resistance to it. Who would have thought that South Africa would peacefully move from apartheid to freedom—and create the most remarkable of human achievements, a process not of Old Testament retributive justice, but of restorative justice in the service of reconciliation, of healing.

When I spoke to a group of medical students in Berlin, soon after the fall of the Wall (another amazing bloodless revolution we could never have imagined) their main question was: “Given the medical authorities, how could you write these books?” My answer, “How could I not?”

In 2007 when Janet and I led a dialogue in Costa Rica between teenage Costa Ricans and teenage Americans, the main question the Costa Ricans had for the Americans was: “What does it feel like to live in a country that’s always at war?” The Americans were astonished to learn that Costa Rica, ever since 1949, is constitutionally forbidden to have an army, to engage in war. They celebrate “End of the Army Day.” They are one of the only countries in Central America who have not been invaded by America, and are a model of universal health care and education, as well as ecological progress—providing all their energy needs except gasoline from wind, water, and solar.

These two questions—from the Berlin medical students and from the Costa Rican teenagers—are related, in the ways I have outlined in this essay, and point a path to our shared endeavor of creating a just and sane health care system, community, and world.

The great themes of fiction are love and death. Death is always a theme in medicine. So too, I would argue, in its many spirits, is love. And one of those spirits is resistance. Love and death. How lucky we are.

**Samuel Shem** is the pen name of **Stephen Bergman, M.D., Ph.D.** A graduate of Harvard College, Harvard Medical School, and Oxford University as a Rhodes Scholar, Shem/Bergman served on the faculty of Harvard Medical School for two decades, and has published four novels: *The House of God*, *Fine*, *Mount Misery*, and *The Spirit of the Place*. He was playwright-in-residence at the Boston Shakespeare Theatre, had several plays in *The Best Short Plays* anthologies, and an essay, "Fiction as Resistance," in the *Annals of Internal Medicine*. With his wife Janet Surrey he has written the Off Broadway play, *Bill W. and Dr. Bob*, (2007 Performing Arts Award of the National Council on Alcoholism and Drug Dependence, and is available as a text from Samuel French and also on DVD), the nonfiction book *We Have To Talk: Healing Dialogues Between Women and Men* (1999 Paradigm Shift Award of the Boston Interfaith Counseling Service), and the curriculum *Making Connections: Building Gender Dialogue and Community in Secondary Schools*, published by Educators for Social Responsibility. His writings are in dozens of languages, he has given over 50 medical school commencement speeches, and was awarded the Vanderbilt University Medal of Merit.