

The Fixing Healthcare Podcast

Interview transcript with Abraham Verghese

- Robert Pearl: Good morning Abraham, and welcome to Fixing Healthcare.
- Abraham Verghese: What a pleasure to be with you, truly. Thank you for having me.
- Robert Pearl: Abraham, you are a beautiful writer. When I read your books, I never know if I'm reading prose or poetry. Your first book, *Cutting For Stone* was The New York Times best seller list, for, I think, something like a 100 weeks, and I'm confident *The Covenant of Water* will be just as successful. Let me start by pointing out, you are a Nobel Prize level author, and I am a writer, the equivalent of a first year medical student. But we do share one thing in common. We both dedicated our most recent books to our mothers. Why did you do this?
- Abraham Verghese: Well, first of all, let me just push back. I think that comparison is not a valid one. I think your writing is very clear and reaching so many people, and really changing the course of this healthcare ship that we're all on. Yeah. My mother, in my case, my mother was, I think, inspirational in setting this book in Kerala, in India. I think geography is a major decision when you write a novel. It's like a character because geography sets everything in place. If you set a novel in Pasadena versus you set it in the south of India, it has a completely different character.
- My mother had left behind a wonderful document she'd written for my niece, her grandchild, who had asked what it was like when she was a little girl. My mother's compilation of anecdotes with her sketches in there, was a reminder to me of the rich community from which we come from. A community I didn't know as well as I might have if I had been born there. I was born in Africa, where my parents were teachers, but nevertheless had pretty good familiarity with this setting. So, I dedicated to my mother for all those reasons, and because she'd just passed away during the writing of the book, so it seemed terribly important.
- Robert Pearl: If I'm not mistaken, a covenant is a contract or treaty between people, or in a biblical sense, with God. Why did you choose the word covenant, rather than something like fear or love of water, as the title?
- Abraham Verghese: Yeah. I have a thesis completely unvalidated that titles need to be a bit mysterious, and that I think the nature of a novel is that the writer provides their words, the reader provides their imagination, and somewhere in middle space, this mental movie takes place, takes shape in the reader's mind. Every reader has their own take on this mental movie, they make their own movie.

Similarly, I think the title resonates for people in different ways, and whenever people ask me to explain the title, I don't really have the key to it.

I like the word covenant because it's an old-fashioned biblical term. It has a certain resonance to it, as you pointed out. Water was inescapable because Kerala's a land of rivers and backwaters and lagoons and a lattice work of water that connects everybody. But in the context of this novel, there was also about a condition, as they call it in the 1900s, that affects every generation of this family, one or more members has a problem with water, where they lose their bearings underwater, they're discombobulated by water. So, there's a covenant to keep this secret, because it really affects the marital prospects of the family, and so hence the word covenant.

Robert Pearl: So, you talk about this strange affliction that spans three generations, and I think in total there were seven deaths, if I counted right in your book. As you say, they refer to it as, the condition. You never really acknowledge the word drowning. I've heard cancer patients use similar abstract language about their condition. Do you see it connected? Why do you think it's so? Do you think we need to make some changes about it to be able to make it more visible and more, I'll say, acceptable to discuss? How do you envision all this in comparison to the rest of medicine and other conditions?

Abraham Verghese: Well, I actually think that one of the reasons I decided to set this book between the years 1900 and 1977 is, we've had so many entities, conditions, whatever you like to call them, for which the best we could do was have this description. Then the wonderful thing is to watch over 70 years as the biological basis was unraveled, treatment described, and now we have a completely new understanding. I've always loved that unfolding of medicine that makes, what was known in a very crude way 100 years ago, into something very discreet. A great example that I share with my students and will perhaps be interesting to your listeners, there was a condition years ago called acholuric jaundice.

Jaundice was very well described, and everyone knew that it turned the urine deep yellow, but there was a variety of jaundice that ran in families, that did not turn the urine deep yellow. Now with our knowledge, we know that they were talking about hereditary spherocytosis, and this was hemolysis running in families. So, that's a great example to me of what would've been to them a condition, but over the sweep of centuries or generations becomes much more. So, I was just playing with that. I really wasn't getting deeper into issues of why people name diseases as they do. But cancer is a very loaded word, and that analogy hadn't crossed my mind until you mentioned it.

Robert Pearl: It makes me think of the fact that throughout your book you write about the theme of stigma, whether you're discussing the caste system, individuals with leprosy, illicit sexual relationships. What is so powerful about this theme? How do you envision stigma? Do we need to get rid of it? What are your thoughts? This seems a really important issue that you write about and think about.

Abraham Verghese: Yeah. I think stigma of disease, or the negative metaphors of diseases, are very related to associations of caste. Caste is well known in India, the high caste Brahmins, the lowest caste people and their complicated social interactions, but nobody's immune from caste. In America, we have our own caste system as evidenced by the disparities in healthcare, when we look at how much of those disparities are race based. So, I think I was getting at... I never have an agenda. I'm never proselytizing or trying to make a point, but it is hard to write about disease, it's hard to write about that era, especially in India, without bringing up that one disease, especially leprosy, where it's such a stigma that we adopted the word into our language to mean stigma. We talk about so-and-so being treated as a leper. We've actually taken the disease and changed it from a noun into an adjective or a modifier.

So, I think that's all I was getting at. But it does fascinate me. I mean if you think about it, the metaphor that goes along with leprosy, with cancer, with tuberculosis, well written about by Susan Sontag, why is the tuberculosis metaphor one of excessive romantic passion like Keats or some of the other poets who died young of... Or Chekhov? Why is cancer viewed as a metaphor of somehow of weakness or personal failure? Now with leprosy, it's really very complicated because these patients are horrendous to look at sometimes on the outside, and yet their soul, who they were, is intact to a point. Over time, clearly the way the society treats them turns them into very bizarre people.

Robert Pearl: You point out again and again how people have to hide this affliction that transcends generations, do their best to hide leprosy. As you know, I've done leprosy surgery in Samoa, and one of the biggest operations people desire is to have their eyebrows rebuilt, because that is one of the early stigma of the disease there, certainly people hiding illicit sexual relationships. This hiding in society, is this just the nature of human existence? Is there something specific that you see in the characters of your book? How do you perceive this need for secrecy?

Abraham Verghese: Well, I think in India, in almost any society within India, but especially within our community, where you have a community of Christians who traced their religion back to 52 AD, when St. Thomas landed on the shores of Kerala, and who therefore intermarry in order to preserve their society. In such a community with arranged marriages, reputation is everything. So, it doesn't take much for a girl's reputation to be torpedoed by some revelation of a true family disease, or sometimes maliciously. "Oh, they have a history of mental illness in the family. Oh, they have a history of fits or epilepsy."

So, as a child visiting, I would always be impressed by how much discussion took place around reputation and stigma. But we're not spared this, as you pointed out. I mean the burden of being gay in America for the longest time was how society would view it, which is why the metaphor of HIV was so powerfully one of shame and secrecy. It was entwined with the burden of being gay in a society that did not welcome it. Nowadays, it seems almost hard to describe these

things to my young trainees. It's hard for them to visualize just how bad it could have been. But I think stigma is everywhere.

Robert Pearl: Abraham, early in the book, the matriarch of the family, who you call, "Big Ammachi," discovers that she's pregnant, something she's desired, and she lies in bed cradled in her husband's huge arms, his big body, and she thinks, quote, "Happened is happened. The past is unreliable. Only the future is certain." Most people would say the opposite. Has this inverse relationship between certainty of the future versus the past been your personal experience? How'd you come up with this concept, that seems so non-intuitive?

Abraham Verghese: Yeah. I mean, I think what I'm getting at, I mean, I like the fact that it sounds so paradoxical, I think that's why I latched onto it. I don't know that it's an original idea. I think I read it somewhere and just loved the idea of it. Maybe not in those exact words, but if you think about it, the past, as reported by us, is totally unreliable. I mean, just witness how we as a society in America are fractured by our idea of what happened in the past election. It just completely has ruptured the country. There may be facts, but there are clearly the way we view the facts. So, the past is completely unreliable, and only the future, in the sense of the future will evolve as it's going to evolve, is pretty certain. I think that's also true in families, where we make up our convenient stories of the past. They don't necessarily represent what actually happened. It's very interesting to talk to different relatives and get your family history and you're going to get 10 different family histories.

Robert Pearl: I'm very much struck by how often we'll have two truths or two dichotomies, we'll have fiction versus nonfiction. I can't quite tell whether you see your book as fictionalized or nonfiction. As you point out, if we see nonfiction as being unreliable, maybe fiction is just more reliable. You've written both nonfiction and fiction. How do you compare them? How do you think about them? How do you see this line brightly dividing the two in theory? In my experience, in my view, often being blurred in practice.

Abraham Verghese: Wow, that's a really intriguing question. So, if we get to a very practical level as writers, which you are, and I am, I think there's an important distinction between fiction and nonfiction. So, for one thing, nonfiction outsells fiction, I'm told five or 10 to one. Nonfiction is enormously more easy to sell to publishers, and for publishers to sell. The reason for that is, if something really happened, we as readers have an inherent interest in it that's much greater than a made up story.

So, for example, if I made up a story about a young African American kid who excels in college football, then wins the Heisman Trophy, goes to a so-so team, then goes to Hollywood, stars in some movies, marries a beautiful blonde woman, has two children, becomes estranged from her, murders her in the driveway of her Brentwood home, takes off in a chase in a white Bronco down the freeway, is acquitted because the glove doesn't fit. As fiction that's a torrid story. But because it really happened, look how many books spun out of that.

So, I think there's that very practical distinction. But I think what you're asking is... Another question is, how much of the nonfiction out there is truly based on real events? I think the rules of nonfiction are generally that, the contract with the readers, this really happened.

You're allowed to dramatize, rearrange, you're not really allowed to invent. Whereas the rules of fiction are, you can do anything you like. The biggest distinction I think between fiction and nonfiction is you have to work 10 times as hard in the first pages to get the reader to suspend their disbelief, to get over this notion, well, I'm reading a made up story. Once you do that, you can't let them down for the next hundreds of pages that you have there. It's a much more effortful conscious thing to keep the reader engaged. You can't count on the subject to do it for you. You really have to do the hard work. I think to that end, they're very, very different skills. I've enjoyed writing nonfiction, but I have enjoyed writing fiction a lot more because it's liberating, I can get into the character's heads, I can go across the divide between life and death, and report back from the dead world, you can do anything you want with fiction.

Robert Pearl: Writing about *The Covenant of Water*, you've used the phrase that, "It's filled with love and faith and like all families, it has secrets." It struck me that this is equally true of medicine. What are your thoughts and can you give listeners maybe a couple of examples?

Abraham Verghese: Yeah. I think you would agree with me that medicine is nothing but life plus plus. Medicine is really everyday life on steroids. Life at its most acute. Life at its most momentous occasions, life-threatening occasions. So, there is often around that issues of secrecy, issues of trust. But I've been impressed over the years that oftentimes a secret, especially when a family is trying to keep from others, becomes their bond, and it's a bond that's greater than blood. It's the thing that keeps them together. When that secret is finally revealed, it can actually be tremendously disruptive or it can be the one thing that finally heals them all. Tolstoy I think said something similar. He said, "Happy families are all alike, but unhappy families are unhappy in unique ways." I think that's true in medicine. It is a paraphrase of William Osler's. "It doesn't matter what disease the patient has, it matters what patient has the disease." So, we're all unique in that sense.

Robert Pearl: Abraham, you're a skilled clinician. You teach the art of physical examination at Stanford to medical students. I've been told by my brother, who's the chief of anesthesia, that you're the best clinician in the hospital. I've heard you lecture about the intimacy of the doctor's touch, and the power of observation, and listening to you, it seems like these are the same skills possessed by great writers of fiction. How do you see these two aspects of your life, medicine and writing, connecting? How do you transition from the bedside to authorship and back?

Abraham Verghese: Yeah. First of all, let me push back and say I'm by far not the best clinician in the house, by any means.

Robert Pearl: Diagnostician. He said diagnostician, yes.

Abraham Verghese: Not even diagnostician. I think to be those things, you have to be doing this very, very often. I attend in one week blocks episodically. So, I think I was at my peak skills, and maybe you'll feel the same way, when I was in mid-career attending, doing a lot of attending. That is the point where I think I felt I was at my best. One more aside. I think that these days when I bring something to the bedside, it's very rare that I bring some body of knowledge that solves this case in front of me. Usually, if I'm doing anything different, it's that I'm hearing something in the story that matches my repertoire of stories, which are perhaps longer and deeper than that of the house staff, or something in the story echoes some previous episode that I have tucked away. So, that's getting away from your question.

I do think that all the skills of medicine, and you're a case in point, Robbie, if I may, you're a case in point. You brought all your wonderful skills as someone who's observing and running a big healthcare system, and a clinician and surgeon, you're bringing all those to bear in your own writing and your columns and your podcast. So, I think, I find that people want to give me a writer's hat and a doctor's hat, but really the gaze is the same. We're looking at the lens through this gaze of clinicians who are used to making objective assessments, and trying to pull all the facts together using Occam's razor to make a whole. So, I would say that very much the clinical skills at the bedside, reading the body as I like to tell the students, we have to learn to read the body, it's exactly what I'm trying to do in writing. I'm trying to read the character that I'm trying to construct, and doing so by putting together, telling details that make this person believable, to the point where they start to dictate to me what they're going to do.

Robert Pearl: Like *The Covenant of Water*, many books and movies span three generations. As I think about it, I think you covered about 70 years in the book, it's the perfect amount of time for everything, including technology, culture, knowledge, relationships, to change, yet to remain connected. How did you pick this arc? Why not pick a longer or a shorter time period? What was your thinking in choosing three generations?

Abraham Verghese: Well, I think first of all, I've always been drawn to books that have a large sweep of time. If a book, and I think books are this way. Fiction is, as they say, the great lie that tells the truth about how the world lives. Fiction is also instructive. So, if fiction is going to be instructive, I think you need a large sweep of time. That's not always the case. I mean, you can point to *Catcher in The Rye*, and you don't need a large sweep of time for that. It's a short sweep of time. But I've been drawn to books that play out over generations. I think they offer potent lessons.

You feel an echo in you because you have a sense these things are true, but you're also feeling that you're being instructed, you're being pointed to your own future. So, I think three generations is enough time for a disease, which I had at the outset, to be able to manifest and play out, and for you to make

some observations about the disease over time, about the condition. So, for all those reasons. But honestly, I think the most important reason would be, I've loved this aspect of the novel, that as far as I know, a novel is the only instrument that buys you time in this world. You can pick up a novel and start reading, and pretty soon you're living through several generations and centuries, and you put it down and it's Tuesday. What other instrument can offer that to you?

I love reading those kinds of novels, I love writing those kinds of novels and I think they're important. I get impatient with my colleagues, people unlike you, Robbie, who are, "Oh, I'm a serious kind of guy. I used to run Kaiser. I'm only going to read nonfiction and biography." It really speaks so well of you and many of the powerful leaders I know, that you all read fiction because I think there's a part of the brain, there's a part of the cortex, that stays alive by taking these little signals we call words on the page, and making our mental movies. I'm thrilled that I should be on this podcast with you talking about my novel. It actually says much more about you and who you are and your agenda than it does about me.

Robert Pearl: Thank you for that. I don't think it's true, but I appreciate the comment. Let me ask you, Abraham, in my family, although the men, like myself, my brother, have been successful, the women have really been even more successful than the men, for three generations, actually now on four generations. I think in your book the women are the more powerful of each of the three generations. Was this by chance, a one at eight chance, given that could be 50/50 in each of the three generations, or was this an intent in your writing?

Abraham Verghese: Yeah. I think it was pretty intentional. I mean, I have read, and you probably have too, many a novel where the mother is always depicted as evil or flawed, or there's always some catch to the mother. As I thought back to not just my mother, but my grandmother especially, and my great-grandmother, from what I knew of them, these were souls who lived quiet, simple existences, confined to one compound largely their whole lives, and the world would never know about them. Yet these were heroic existences, given the kinds of things that they had to live through, the tragedies and the kinds of inspiration that they were to their children. Their recognition that their daughters and sons had to take advantage of the opportunities that were never open for them, and making sure that they were able to do that.

So, I mean, my mother also, my mother graduated, was born in the mid 1920s, graduated from India with a masters in physics. Just as India was becoming independent from Britain, there weren't any jobs available. She answered an ad for a teaching position in Ethiopia, and went there sight unseen. Can you imagine this, a young woman in a sari, getting on a steamship to go to [inaudible 00:25:25] in the post World War II moment? So, in their own ways, they were incredibly brave, and not many people would know my mother's journey. Or that after teaching there for 30 years, she would land up in Springfield, New Jersey, and teach junior high school, again in a sari. Beloved by her students,

almost legendary for being able to teach physics and be so loved, and then finally settle in Florida. That kind of an arc of a life is something that I felt needed to be celebrated.

Robert Pearl: I love it. My grandma also went to college, which was unheard of in her time. The Depression got in the way after that, so she had to drop out to help support her family. She ended up at the age, I think, of 85 or 86 running 18 garages in New York City. That was an amazing time and an amazing generation, and you and I are both fortunate to have had the mothers and grandmothers that we did.

Abraham Verghese: Indeed, we are.

Robert Pearl: The next season of Fixing Healthcare is going to be about end of life and the fear of loss. In your book, early in the life of Big Ammachi, the section that I found just so moving and brought tears to my eyes, she's lying next to her husband, he's 28 years older than she is, and she pleads silently as you write, "Never grow old, never die." The depth, the richness of all of that, as a medical professional, how do we help people accept the unavoidable?

Abraham Verghese: Yeah. I think it's interesting. As I've been touring with this book in the last few weeks, I get a lot of people say, "I love your work, but I wish you wouldn't have so much death in it." I keep saying, "This is not something I'm making up. Life is a terminal condition. We don't really have a choice about that," but it's also an accurate reflection of the time. On my mother's side, she remembers her younger brother, when she was 12, he was nine, someone she really loved dying of typhoid fever. On my father's side, my father as a young boy remembers his older brother, who must have been 14, being bitten by a dog and then a month later becoming very ill, and being rushed to the hospital, and then being brought back because they couldn't do anything for him and basically dying of rabies.

These were not uncommon events for families to experience this kind of tragedy. I think in America, we are so blessed with our longevity and largely our good health and good healthcare system, an expensive broken one, but nonetheless a good one, that we don't... I sometimes think we're in denial of our own mortality. There's always a shock, especially in the hospital, when children arrive at their parents' bedside, often from far away, and they come sometimes with an indignation that this should be happening. It's a little hard to explain. It's human nature though. It's human nature that we're in denial of our own mortality.

Robert Pearl: Abraham, as one might imagine, multiple doctors fill the pages of this magnificent book. Just with the appetite of listeners, can you introduce them to one of these physicians?

Abraham Verghese: Yeah. I mean I have many different clinicians in the book, but again, staying true to the times, in the period 1900 to 1945, you would've had many foreign physicians from the UK and elsewhere, both working there, but also in the medical schools working alongside or training the local physician. So, I have one physician from Glasgow, Digby, who is actually ostracized in Glasgow for his religion, being a Catholic, and being put down there and comes to India. Ironically, he's now the highest of the high caste. I have a Swedish surgeon who winds up being in a leprosy hospital. Then of course I have the Indians, the main family characters, also one of them becoming a physician. So, yeah. It's been a delight to have my cast of characters, the medical folks. I'm not a surgeon, and so it's been particularly delightful for me to learn from people like you and my colleagues about surgical things that I bring up in the book. I think surgery is inherently dramatic, and so it's fun to bring those kinds of scenarios into a book for the reader.

Robert Pearl: One of your characters is an elephant, Damo, and you say that he's happiest when he's working. Were you thinking about doctors?

Abraham Verghese: No, I wasn't. But I'm going to turn this question to you. What made you think of doctors?

Robert Pearl: I know quite a number of physicians who, at least before now, now burnout is as very rampant and there are a lot of issues going on, but certainly I think of my uncle who was a surgeon, who worked seven days a week, and he was the happiest when he was working. When he was in the operating room, when he was taking care of patients, when he was in his office, he's never been smiling more than in those moments of helping people to become better. So, it made me think about medicine, whether it's a nostalgic sense or a true sense, I can't say.

Unfortunately, far less frequent today, has to do with purpose, but I was just struck how that character really played an oversized impact in the book, considering you could have left him out completely and probably not lost very much. But he brought so much more to both the memory and the visualization of it. That's what made me think about his role when he just felt good making things happen, creating things, working with other individuals, the kinds of skills that I wish we had more of in medicine today.

Abraham Verghese: Yeah. It's interesting you should say that. I mean, one of the themes that runs through the book, and again, I don't start off writing saying, well, I'm going to put this theme forward, which is why it's so frustrating in English literature classes when you're asked to explore the theme of the book. I mean, it's not invalid, but it's not a theme that the writer necessarily consciously explored. But this was one, once I recognized that there's a line in the book where one surgeon says to the other, quoting a line in the Bible, "Whatsoever thy hand find us to do, do it with all thy might, for there is no knowledge or succor or joy in the grave." I'm paraphrasing.

But the sense that it is using these gifts we have that makes our life fulfilled, and you can look for a meta understanding or you can look for the understanding of just putting one foot forward and going on, whatsoever thy hand find us to do. The elephant character was interesting, because I think we do definitely anthropomorphize our animal characters, and especially with elephants. As a child, I've always been struck by how very human their eye was. Then their movements were like a slowed down version of ourselves. You saw something of yourself in that elephant. So, it was a lot of fun to bring that character into the book.

Robert Pearl: This season of Fixing Healthcare is about leadership, and many leaders fill your book, Big Ammachi, Shamuel, Uplift Master, what do they teach us?

Abraham Verghese: I would never have made that connection. Again, I'm going to ask you to tell me what you think they teach us. I never consciously saw it that way. I mean, my own sense is that I think Big Ammachi is a very noble character, a leader if you like. It comes out of this genuine... I mean, a strong sense of faith. The core values that she has are very, very strong. They're not debatable. She knows what they are. That always helps. But honestly had not thought in those terms. So, now you tell me what you saw in that, because I think of you as the epitome of leadership, someone who's been there.

Robert Pearl: I mentioned the three names because to me they led by different forms. Ammachi to me, led by love. She had love for her child, she had love for her family, she had love for her religion. Shamuel led out of purpose, out of commitment, out of obligation. Couldn't be more dedicated, led by example. People would choose to follow Shamuel because of who he was, as much as because of what he did for them. Uplift Master to me was, how do you navigate through a broken society, a broken culture? How do you figure it out without becoming so angry that you can't make things happen? How do you understand how to have victories? So, I think in many ways if you combined all three of them, you have the perfect nature of leadership. It's someone who leads out of the positive, out of the love, someone who leads out of the example, and someone who knows how to get things done, despite the size of the hill and the magnitude of the wind blowing in his or her face.

Abraham Verghese: Wow. Well said. I like that.

Robert Pearl: Let me ask you, Abraham, that when you write about leprosy, you say that quotes, "Without the gift of pain, we have no protection." Do you think this is true in our lives?

Abraham Verghese: Yeah. I mean, I think I took that phrase, the gift of pain, from Paul Brand, famous hand surgeon, leprosy surgeon, whose memoir was called The Gift of Pain. For the longest time, before Dr. Brand, people thought that these stubby fingers that the lepers had was because they were being chewed away by the leprosy bacillus. But Brand observed that it wasn't that, they were having these repeated microtraumas that were causing these fingers to fall off and get

shorter. He was using gift of pain in that context, that without the gift of pain, without the ability to quickly withdraw our hands from noxious stimuli, we'd be left with the little stubs. But I think that in a larger, more metaphysical sense, pain is what shapes us. We are basically formed by the hardships that we've learned to endure. As you know, in Silicon Valley it's almost a mantra. It's, fail quick, fail big, so that you can succeed. I think that's another way of saying pretty much the same thing, that pain is what shapes us. Pain is what takes us away from things that are not going to work and towards things that work.

Robert Pearl: I wondered whether some of the interpretation is that the way that we protect ourselves is out of fear, out of threat, out of perceived discomfort, rather than being driven by the positive and the pursuit. I think it's an interesting view of the world, probably accurate from most around the globe. I wonder a little bit about how that impacts our nation.

Abraham Verghese: Yeah. I think that's very true. I think most of us work to avoid pain rather than to consciously seek out what we should be doing. We do things to avoid the consequences of not doing them, rather than because they're important.

Robert Pearl: A final question, Abraham. Across 700 brilliantly written pages, the rejected become the saviors, tragedy leads to love, destiny and chance dance with each other again and again. How much control do you believe we have as individuals in our personal lives?

Abraham Verghese: I think we have a great deal of control, but we don't have great control over our bodies, beyond the usual preventive sort of thing. We don't have great control on the societies we live in. I think it's the moment of understanding, more for adolescents and young adults, that life can be very arbitrary. The world can be very cruel, and that the young are often taken away cruelly from us, and still one has to go on, still one has to go on.

So, I think that, to me, a book like this is to hopefully, again, I never write with an agenda, but to me, when I finish living with these characters, I come away wanting to make sure that those I love know that I love them, those who are my community and who shape me, that I keep them in my fold, that I don't stray too far from them. That I'm always aware that this moment, this very moment, you and I talking, is the only moment we have for this moment. It would be such a waste to live my life excessively in the past or in the future. What we have is the now. I think the blessing, Robbie, for you and I to be the age we are is that I think we know it more than we did when we were much, much younger.

Jeremy Corr: This is a history nerd question, but a lot changes in society, politics, technology, et cetera, over the course of three generations. How do you keep track of the small world building details when writing a book like this, so that you never break the immersion by having the wrong technology, political climate, societal issues, et cetera, during the wrong time period, when you have a book that spans such a long time period, but still set in a realistic setting?

Abraham Verghese: Yeah. I had to be pretty careful. So, a lot of research, but I actually had three or four columns in a spreadsheet. One was just medical milestones, one was local Kerala political and other milestones. One was the world historical milestones and making sure they all match up. Sometimes there were some surprises to me about, for example, how early something had happened, that I thought was a much later event and vice versa. So, I mean, I'm sure there's a few things there that I'm going to be told by readers I got wrong. But for the most part, I was trying very carefully to keep everything together. We also was trying very hard not to get into long expositions about history, and make the history and the reality of the time come alive through the lives of the characters and their actual experiences.

Jeremy Corr: So, when you write a piece of fiction versus nonfiction, do you ever feel that due to your profession and reputation in the medical field, that there is more pressure on you to write nonfiction? How do you use your own personal experiences and the experiences of people you've known in real life to inspire and shape your work? Do you keep a lookout for inspiration from others as you live your daily life, or how do you find that inspiration for your work?

Abraham Verghese: I haven't been writing much nonfiction of late, other than book reviews and things like that. I mean, when I did write my first two nonfiction books, *My Own Country* and *The Tennis Partner*, I found it... I learned a lot by writing nonfiction. I had not set out to write nonfiction, so I learned a lot writing nonfiction. The style of my writing was very much where I became a character in the novel, in the nonfiction, reluctantly. I couldn't get the camera so close onto people's lives. A small town in Tennessee with HIV, or my best friend who was an intravenous drug addict, I couldn't turn the lens on them so closely.

Then when it swung around to me, put down a blank, put on a screen. So, I wound up being more confessional than I wanted. I mean, I don't really feel bad about it, looking back. But I feel like if the reader has done me the honor of reading the book, preferably buying the book, not borrowing it, then they've earned the right to know these things about me. But the process felt much harder, I think, than writing fiction, which can actually be even more revealing, but in a different sort of way. So, I found it hard also with nonfiction, especially more so these days. You really have to be conscious of what you can use, what you can't use, permissions and so on, and its become a more complicated business than when I first started out.

Jeremy Corr: What are you working on next?

Abraham Verghese: Yeah. I love that question because my immediate gut response is to say, give me a break. I just spent 10 years or more on this one. But to be quite honest, I'm not really working on anything. I had the feeling after my last novel, which I also have now, that I put everything I know into this book. There's nothing left in the tank. I hope I feel differently. But one of the blessings of having the job that I have is that I don't really have to look to the writing to pay the bills, thank God. So, I can write when I'm finally feel like I'm ready to write, rather than have to

produce something because I have to produce something. So, that may be a curse, but right now I'm not really not bursting with ideas. I'm just enjoying the moment, if I may.

Robert Pearl:

It is so wonderful, Abraham, to have you on the show. I've said it before, when you spoke in front of a many thousand audience, hearing you talk is like walking in hallowed ground. Your book is remarkable. I hope every American, people around the globe, will all read it. It's an inspiration. It is engaging. I warn them, once they open and read the first part, they won't be able to stop. They'll stop doing everything else in their life so that they can finish to the end, and then they'll be regretful that book has ended, because they want to know more and more. None of them will be able to wait for your next book. Don't make it 10 years, Abraham. Write again, you're an amazing author. Thanks so much for being with us today. Thank you for having me, Robbie. Thank you so much. When you say hallowed ground, coming from you, you had a lot to do with my becoming who I am now, and the confidence that I got. A lot of that came from being around some of the things that you pulled me into, so I'm very grateful for that.