

One Story in the South Asian American Diaspora: The Case of *My Own Country* by Abraham Verghese

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1. Introduction

The title of the autobiographical novel by Abraham Verghese, *My Own Country: A Doctor's Story of a Town and Its People in the Age of AIDS*, expresses the emotion, circumstances, and the trials of life choices of a South Asian American immigrant, during the years 1985 to 1989.¹ As an immigrant of color to the U.S., the protagonist sought a physical and psychological home where he could survive and belong. It is a rare novel that directly expresses what a diasporic wanderer longs for, and its title suggests that the writer has reached his destination. The use of the personal pronoun, "My," connotes homeland, but the addition of the adjective, "own," almost too frankly implies the act of possessing. However, perhaps these two words conversely reflect his inability to attain a sense of belonging. Rather than suggesting a destination reached, perhaps the title paradoxically expresses a longing for home that continues to grow keener because of the impossibility of finding it.

In this paper the following questions will be examined: to what extent does the protagonist, Verghese, find a place to belong to that can be called "My Own Country"? If he achieves a sense of belonging, to what degree is this sense of belonging justified? Rajani Srikanth suggests

that Verghese has overlooked certain issues in his attempts to attain a sense of belonging.² Among these issues are the reasons why he at times feels that he has gained a sense of belonging and why he at times feels that he has lost it. What choices does he consciously or unconsciously make in dealing with or avoiding these issues? What do his choices and the social conditions that lie behind such choices imply about the Asian American diaspora and transnationalism in general? A discussion of these questions, an examination of the social, political, economic, and geographical background, and a consideration of individual and psychological issues in this novel will provide readers with an understanding of what the Asian American diaspora and transnationalism can reveal and assert.

II . The Upbringing of Verghese and the Struggles of Indian Doctors

Abraham Verghese was born in Ethiopia in 1955. His parents, who had emigrated from India, practiced and taught medicine. Brought up in Ethiopia, Verghese was then educated in the field of medicine in his parents' homeland, India, and acquired a degree there. He then followed his parents to the U.S., where he became a medical intern, a typical choice of Indians with degrees in medicine.

As is mentioned a number of times in *My Own Country*, there are medical interns from many Third World countries, including India, in hospitals in the U.S. Interns of this social stratum perform the medical chores that Americans interns and physicians are not willing to do (Srikanth, "Ethnic Outsider," 439). The achievements of Indians in the American medical profession are as substantial as their contributions to the field of Internet technology and beginning earlier, to science and mathematics. However, Indian interns and doctors face various trials within the social and professional positions they occupy in the U.S.

They are assigned to sections in hospitals or sent to rural areas where they find themselves in a social hierarchy that separates upper from lower levels and that divides political, economic, and working conditions of medical personnel accordingly. This discrimination is the chief theme of the novel, and all the stories of Verghese and his patients revolve around it.

Despite these drawbacks, a significant percentage of Indians living in the U.S. work in medicine. In her paper, “Ethnic Outsider as the Ultimate Insider: The Paradox of Verghese’s *My Own Country*,” Srikanth compares and contrasts the conditions of Indians in the field of medicine to those of Indians in motel management, another common occupation of Indians living in the U.S. She points to the social and economic conditions in the U.S. in which Indian doctors are “needed,” whereas Indian motel owners are regarded as “competition” (440). However, Indian doctors are “needed” only to fill the positions that American medical personnel of higher social standing shun. Is there much difference between being “needed” and being regarded as “competition,” when both doctors and motel keepers face the risk of exclusion? There seems to be no substantial difference. Verghese narrates in detail the daily life and emotions of an immigrant doctor in *My Own Country*. He is “needed” in the medical field and struggles for the survival of himself and his family. He oscillates emotionally in a search for a sense of material and psychological belonging.

Nevertheless, as Verghese mentions in his “Personal History”, published in *The New Yorker*, an article to which Srikanth also refers, he considers himself more fortunate compared with most doctors in India. He concludes his “Personal History” by stating that even his decision to become an AIDS specialist, a central theme of *My Own Country*, was a fortunate choice. As he mentions, he was able to emigrate to the U.S.

and acquire citizenship because his parents also had emigrated there, which he considers very fortunate. In “Personal History” Verghese describes the desperate circumstances which doctors face in India both materially and psychologically, and the dire reality from which they are usually unable to escape. Because of the harsh conditions in the medical field in India, most medical personnel there yearn to emigrate to the U.S. Because “Personal History” concludes with descriptions of the yearnings of the Indian doctors to emigrate to the U.S., readers may be tempted to conclude that Verghese’s search for a home has been successful. Despite Verghese’s struggles in emigrating and working as an AIDS specialist, his journey almost may appear complete, as the words of the title, *My Own Country*, suggest. However, one cannot overlook references in Verghese’s “Personal History” to the unbridgeable gap between the U.S., an economic and military superpower, and the Third World. Readers plainly see this gap in his “Personal History,” which employs a totally different verbal tone than that of *My Own Country*.

For instance, the longing of Indian doctors for America is not a simple yearning, but a very complex one that is not without a very odd adoration of the white race (70, 78). On the one hand, one cannot condemn Verghese for stating that he has been fortunate in having emigrated to the U.S. and established himself in his field of specialty. On the other, however, he sees himself as occupying an inferior level. Above him he sees a class that practices medicine in what one might call mainstream America under comfortable working conditions. Below are Verghese and other immigrants that assist this upper class under much less desirable working conditions; they are mainly immigrants from the Third World, where Verghese himself comes from. Third, there are the doctors remaining in India who cannot escape the utterly corrupted medical field in India. In the conclusion of the article in *The New Yorker*,

Verghese positions himself in the role of helping his medical fellows in India to join the professional world in which Verghese himself labors (88). “My journey to America had brought me full circle, back to India, and to a situation where I could pick others to make the voyage. The best I could do for the five doctors I had picked was to bring them to a county hospital like mine” (88).

III. The Theme of Insider versus Outsider in *My Own Country*

i. Srikanth’s Evaluation of *My Own Country*

Several critics of Indian descent discuss *My Own Country*, the most prominent of whom is Srikanth. She discusses Verghese’s novel in the article mentioned above and in a chapter in her book, *The World Next Door: South Asian American Literature and the Idea of America*. She subtitles the chapter, “Limits and Possibilities of the Insider Imperative,” and calls the section in which she discusses Verghese’s novel “On-the-Job Insiderism.” In her article and book chapter, Srikanth sets up the dichotomy of insider versus outsider, and she considers Verghese an outsider in some aspects and an insider in others. In both discussions she points to what she regards as prejudice on the part of Verghese, criticizing the limitation of his viewpoint as an insider. In her criticism of Verghese’s novel she observes that it exhibits his full and perceptive understanding as a doctor of his AIDS patients, but that his theme of immigrants and diaspora is not fully developed. In addition she accuses him of discrimination, pointing to his description of a doctor from Pakistan (*The World*, 181–82).

ii. The Narrative Structure of *My Own Country*

Most chapters of *My Own Country* describe Verghese’s patients in Johnson City, Tennessee, a small town in the conservative, Christian

fundamentalist region known as the Bible Belt. He tells how his homosexual, bisexual, and heterosexual patients physically and emotionally struggle against illness and social prejudice, and how they face certain death. The novel includes descriptions of how people close to the patients, such as family members, react to the difficult circumstances and how they also struggle emotionally. Judging from the quantity of such descriptions, the novel may be regarded as one about AIDS, related medical and social issues, and about the lives of patients and families, but not so much about immigrants and diaspora. However, the narrative is interlarded with poignant descriptions of the trials Verghese and his family are daily compelled to face as immigrants. The first-person narrative structure and the autobiographical nature of the narration are structural evidence that the lives of an immigrant doctor and his family constitute its essential framing elements. It is clear in the wording of the title that the main thread of this first-person autobiographical narration is the longing for a sense of belonging and the trials that an immigrant and his family suffer in America.

Then the significance of this novel lies in the nature and the extent of the interactions between an immigrant doctor and his AIDS patients, many of whom are homosexuals. The doctor's experiences of AIDS patients and homosexuals are incorporated into the framing narration of one Indian American doctor's life in three countries. Using the words of a critic quoted on the cover of the novel, the intimacy and the depth of the interactions between the immigrant doctor and his patients were such that he "was changed and shaped by his patients."³

iii. Whether Verghese Has Attained Insider Status or Not

Srikanth cites Verghese's intimate interactions with his AIDS patients and the fruits of such intimate relationships as proof of his "insid-

erism,” but is it fair to regard what Verghese gained through his interactions with white patients and their families as evidence of insider status? In her paper in *MELUS* she unreservedly states that Verghese astutely and “paradoxically” manipulated his position as an “ethnic outsider” by using it to advantage in gaining the trust and confidence of the patients, who also inhabit the periphery of American society. In Srikanth’s view, Verghese thus wins a position as an “ultimate insider” by getting to know the private lives and wounded emotions of ethnic insiders – his white patients and their families. She argues that Verghese is thus entrenched as an “ultimate insider” in a small town in Tennessee, where conservative whites dominate. As Verghese suggests in the novel, it may be true that it is less threatening for his patients to confide in him, a foreigner, than in someone such as a white judge or a preacher (116). Though Srikanth finds shortcomings in the novel’s treatment of ethnicity and race, she praises the way Verghese exploits the “paradox” of being an outsider and utilizes it to attain an insider position, finding his maneuver to be “tantalizing and fascinating” (436). Srikanth evaluates Verghese’s act as a full exploitation of control and power, comparing his status as a doctor to “sahib” in India (441).

This interpretation by Srikanth appears to reflect the desire of both Verghese and Srikanth, a scholar who is also an Indian–American, to be accepted by a society as an ultimate insider in the end. Although one cannot deny the universal desire to be accepted and to be an insider, this interpretation overlooks several other significant themes of this novel. Srikanth seems to present her interpretation as an act of assertion of a certain ethnic group.

iv. What Verghese Did Not Choose

Initially none of what Verghese experiences was exactly what he

chose. In the end he relates to his AIDS patients and becomes an AIDS specialist. He struggles as the one physician in charge of all the AIDS patients in the hospital of Johnson City, Tennessee. He becomes more and more involved in the inner lives of the patients and their families. Why does he become so involved in the inner lives of white patients to the extent that Srikanth states that he achieves the status of “ultimate insider”? He is drawn into his patients’ lives and their psychology as he daily witnesses their physical, social and psychological struggles, and agonies. As a doctor he cannot avoid facing their illness and death. Consequently he also cannot avoid dealing with the harsh social prejudices against AIDS and homosexuality in his small conservative southern town. At one point in the novel one of the patients compares the nature of his own illness, AIDS in the modern age, to that of leprosy in the age of Christ (292).

On the other hand, Rajani, Verghese’s wife at that time, thinks that it was his choice to become an AIDS specialist and spend so much time with the patients (308–09). She suggests that there are other choices, and demands more of his attention and time for the family. She condemns Verghese for what she thinks is an overzealous commitment to the patients and the hospital both from the loneliness she feels as a wife and mother and her resentment of AIDS and homosexuality. She wants to adhere to Indian tradition and is unable to accept the unconventional nature of her husband’s occupation.

However, Verghese notes in many parts of the novel that mainstream American doctors and interns, first, do not have to choose to work in hospitals in small rural towns, and second, to be in sole charge of all the AIDS patients in a hospital one is assigned to. Rajani does not connect her husband’s involvement with AIDS to their position as immigrants. The emotional gap between Verghese and his wife is the

ultimate, devastating result of the plight of an immigrant family and is more tragic than any material difficulty, and is not primarily due to personal incompatibility between the two. Even if he or she specializes in AIDS, a mainstream American can concentrate on academic studies and applying for research grants in institutions in big cities, where facilities and staff abound. Even if such a doctor works in a rural hospital, he or she will not have to specialize in AIDS and will have choices to specialize in areas that rank higher. The working conditions of the choices open to mainstream American physicians, but not to Verghese, are considerably more comfortable than the choices open to immigrant physicians. Above all mainstream physicians do not have to be engaged so much in the actual care of patients. As a result they do not have to get their own hands dirty, so to say. They also do not have to be summoned in early morning, in the middle of the night, on weekends, and at irregular hours as Verghese is, and they can finish their work during the daytime on weekdays. Moreover, they are comfortably assured of decent remuneration. On the contrary, Verghese does not have a choice: he must devote himself to a hard, unsanitary, dangerous job. Nonetheless Verghese considers himself fortunate, even in his specialty in AIDS, compared with doctors in India who cannot emigrate to America. It is not without irony that he idyllically calls Johnson City his "Own Country," where he treats more than 50 patients and faces their deaths by himself. His wife's disapproval of his devotion and her fear of being infected give rise to pathetic domestic scenes. On frequent evenings he is relentlessly summoned by a telephone call or a beeper, even as he determines to bridge the growing gap between himself and family by spending time with his wife and children (232). Still he sacrificially continues to be drawn to his patients' sides, because the physical or psychological conditions are usually urgent. At times he is annoyed when the beeper

intrudes on his private time. However, once he is by the side of a patient, he can no longer balance the welfare of himself and his family with his professional involvement with patients, which initially was a means to support his family. Most of the time patients are on the brink of physical and psychological breakdown, when he meets them for the first time. Many times their family members are also psychologically so devastated that he cannot help spending extra time dealing with them.

v. Verghese and the Indian Community

Verghese feels that he is an outsider in the Indian community of Johnson City at least in two aspects. First of all, Verghese was born and grew up in Ethiopia, where his parents had moved from India, and so he feels different and uncomfortable among Indians who were born in India and have emigrated to America. Second, in conservative Indian tradition homosexuality is regarded as a sort of a joke (189). This tradition creates the great discrepancy between Verghese's sympathy for AIDS victims and homosexuality and the condemnatory view of his wife, Rajani. As a doctor Verghese becomes understanding of and deeply involved with AIDS and homosexuality, whereas Rajani continues to be phobic of both. In a scene at a party of the Indian community, Verghese cannot merge with other Indian adults and begins to talk to a group of teenagers. Among these youngsters he proudly commends himself as being engaged in a dangerous, rare job that their parents have never experienced. He does not refrain from putting himself in the role of a hero, nor from letting them innocently admire him and be tantalized (206-07). This scene leads Srikanth to conclude that Verghese utilizes his position as an outsider to deftly and "paradoxically" slide into the position of an insider, that he is a triumphant "sahib," who wins the position of the ultimate insider. However, the pose of Verghese in this

scene appears somewhat self-mocking and pathetic rather than entirely heroic. He is beginning to feel rather alienated from other Indian adults including his wife, although he may be truthful in telling the teenagers that his life has been enriched by his AIDS patients.

vi. Verghese's Involvement with the Culture of Homosexual AIDS Patients

Verghese is powerfully drawn to the world of AIDS patients, male homosexual patients, and their family members. In the beginning he was prejudiced against homosexuality. When he is asked to give a talk to homosexual men about AIDS prevention, he enters the only gay bar in Johnson City with a great fear of being seen, and takes pains that he will not be. However, once there, he cannot take away his eyes from a stunningly beautiful "drag queen," a gay man incredibly beautifully dressed and made up as a woman (66-67), which is his initial exposure to gay culture. One of his male homosexual patients has been an invalid since childhood, unable to play outside with his siblings and friends; instead he has developed a dazzling, rich, artistic "colorful inner world" of his own (90). Later when this patient was fully stricken with AIDS, he worked as a hairdresser who could create the most "chic" style in town (99). He leaves a will directing his elder sister to dress his dead body in a white suit, adorn his coffin with items carefully chosen, among them his favorite yellow roses (151). Another patient leaves "lucky stones" as farewell gifts for his fellow AIDS patients and Verghese; different stones having been carefully chosen for each. As Verghese rubs them, he reminisces; "If he had an interest in stones and crystals, I had never known about it.... So much of who he had been as a person I was now left to imagine. That was the way things worked. I knew everything about them-and nothing" (344-45). Can the fact that Verghese is

drawn to his patients' inner world and desires to know them more deeply be taken as Verghese's triumphal attainment of the status as an ultimate insider? As can be seen in the parts of the novel quoted above, Verghese's emotional attitude is characteristic of existential skepticism rather than of exultation over having won the state of an ultimate insider. He questions to what extent one individual can truly understand another, and is aware of the existential impossibility of fully probing into the mind of another. In this sense, he is very cautious about assessing his own capacity in understanding others, i.e., his patients' minds, and thus his perception is not free of existential sadness. This may be due in part to Verghese's conscientiousness as a doctor and perceptiveness as a person, but is probably more due to the fact that incurable ailment and consequent death are the fundamental theme of the entire novel, one that overrides the theme of Verghese's position in society.

At times as a doctor Verghese is seized by unfathomable apathy and severe psychological fatigue because he cannot cure his patients, who are destined to die even if some of them might live longer than others. At one point Verghese vows to use morphine more effectively in the future for alleviating patients' agonies in their last moments. He reaches this resolution after he is informed that the suffering of one of his patients was cruelly increased by life-prolonging methods and that nobody considered the alternative of peaceful death.

He also becomes very angry with the people in conservative Johnson City for averting their eyes from AIDS and for not fairly facing it. In his view they not only lack accurate knowledge of how one is infected, they believe that one will be infected just by touching a patient, for example, and he feels that they have a prejudice against AIDS because they think that it only results in death. To some medical workers

in the hospital, Vergheze wants to pose an existential question: “And for that matter, weren’t we ALL going to die one day?” He wants to say to one of the nurses, “Did she think her job was to solely take care of immortals?” (227–28)

vii. The Theme of Death and an Individual as an “Outsider”

Elsewhere, I discuss the image of death as a culminating vantage-point that permeates and dominates all the forms of isolation.⁴ I examine the theme of isolation in heterosexual relationships, in family, and in society, as it is described in the short fiction of Kate Chopin, Katherine Anne Porter, and Eudora Welty, three Southern women writers at the turn of the previous century. In my conclusion, I refer to death as an ultimate form of isolation.

In one sense Vergheze wins the position of an ultimate insider by confronting the death of his patients and thereby sharing the most fundamental condition of all, death, with patients and their families. In the short fiction of the three authors above, death is treated as the ultimate state of isolation. *My Own Country* forces readers to question whether the death of an individual eternally severs or eternally unites the dead and those around the dead. Do those left behind develop a more intimate relationship with each other through sharing the death of a mutually close individual, or are they now compelled to face isolation separately at the very abyss of death? This paper does not attempt to answer these existential questions. It is important, however, not to avoid such existential issues in the discussion of Vergheze’s novel, because its underlying theme is that the severity of the psychological weight from which Vergheze suffers is augmented by social circumstances as well as by existential conditions. In the first place, as a doctor, Vergheze is seized by apathy in the face of death. The prejudice of

the people in town and the personnel in the hospital against AIDS and the way they look down on AIDS patients as merely bound to die deepen the isolation and alienation Verghese suffers from. He is an AIDS specialist and an ethnic outsider at the same time.

I cannot tell you whether Johnson City had truly made a place for me, a brown-skinned man, among its own or whether I, like some of my patients, was forever outside its real heart. I can only say that in these strange times when it seemed death was everywhere, I thought of this place as a kind of safe haven, and when I dreamed of falling, as I often did, there were gentle hands waiting to break my fall. (231)

The latter part of this passage reflects separately Verghese's desire for a place where his mind can feel secure and rested because he is then psychologically so weighed down by the presence of death. The initial part is about the doubt that such a desire may be fulfilled in this city.

In this part of the novel readers see how the alienation of existential nature and the alienation forced upon an individual by a prejudiced society are tightly combined to aggravate the isolation of the protagonist. Here Verghese writes about his "intense need" and longing for a place where he can peacefully belong, for "home and community" (231). In the face of death and consequent apathy he begins to reflect more deeply about his wandering personal history than ever before. Precisely when he needs psychological security and precisely when he is psychologically fatigued, he realizes that he is placed outside the mainstream in the social stratum of the entire town as a colored immigrant and as an AIDS specialist. His patients and their families are also outsiders as AIDS patients, homosexuals and as the families of homosexuals. At this

point in the novel such states of alienation on the part of both Verghese and the patients and families seem to prevent Verghese from contentedly appreciating his intimate relationship with his patients, despite what Srikanth praises as his status as an “ultimate insider.” It is so complex and paradoxical, using part of Srikanth’s expression, that Verghese wins such a status only through a sacrificial devotion to the patients and families that is unthinkable for mainstream American physicians. They are seldom required to sacrifice their own lives and families to work and thus will not develop the kind of intimate relationship that Verghese builds with his patients. That he is not accepted by mainstream America, however, dooms Verghese to such a sense of alienation that he cannot overcome existential melancholy. Both what he gains and what he cannot gain ironically result from the same source: he is an ethnic outsider in America.

Moreover, despite Srikanth’s labeling of Verghese’s situation as “On-the-Job Insiderism,” as she titles one of her chapters, it is precisely in professional scenes that Verghese encounters major difficulties because of his being considered an outsider. It is true that in terms of his relationship with the patients and the families he develops a strong sense of closeness at the high cost of his own personal life and family. When it comes to dealing with practical situations as they relate to his medical profession, however, his devotion and his presence are not duly valued. One example of this is seen in a scene where he confronts a town pharmacist. The pharmacist reveals a patient’s secret to a dentist without consulting the patient and his doctor, Verghese, and Verghese condemns his lack of professional responsibility. Then the pharmacist removes the mask of friendliness that he had been wearing until then. When Verghese realizes that his relationship with the pharmacist ends there, he cannot get the derogatory phrase, “a foreign doctor,” out of his mind

even though the pharmacist never called him that. In the face of this incident Verghese discouragingly realizes that it was only his “illusion” that he was comfortably established in and accepted by the society of the town (308).

In *Form and Transformation in Asian American Literature*, published in 2005, Srikanth offers an interpretation slightly different from those in her two earlier articles about *My Own Country*. She refers to Verghese’s fame after the publication of *My Own Country*, and again describes him as a winner and insider, but her latest analysis of the novel is more perceptive. In the new book she pays more attention to the connection between Verghese’s medical career and AIDS and death, and also brings up the isolation he feels in his family. Srikanth argues that Verghese connects himself and the universal nature of AIDS, and that he either takes advantage of or distances himself from his position as a colored person, depending on the situation. She now sees the connection between these two issues, i.e., between how Verghese deals with AIDS and how Verghese handles his position as a colored person. Compared with her two earlier discussions, she now directs more attention to the relation between Verghese and AIDS, and the universality of AIDS, and thus broadens the scope of her discussion about the novel.

IV. The Portrayals of Other Races

i. The Portrayals of Other Caucasians

My Own Country is chiefly about the sufferings of Verghese’s white AIDS patients and their families, but it also includes portrayals of various types of whites and their differing values, conduct, and reactions to AIDS and homosexuality. One example is a medical administrator at the hospital in Johnson City, where Verghese works. In terms of the

plot and the structure of this novel, he is the character most responsible for destroying Verghese's self-esteem, and he has a strong influence on Verghese's course of life. From his safe height he criticizes the sacrificial devotion of Verghese.

Towards the end of the novel, in Chapter 27, the administrator summons Verghese and tells him that the hospital is under considerable financial burden because of the excessive number of AIDS patients, some of whom have even traveled from neighboring states because of the reputation of Verghese. Instead of valuing Verghese's devotion and understanding, he reminds Verghese that AIDS patients are bound to die sooner or later and that prolonging their lives through the last and worst phase of the illness is very costly. In this scene, the administrator may not necessarily discriminate against Verghese because of his race, but Verghese feels utterly humiliated and perceives that the hospital does not care about AIDS patients. Because of this incident Verghese decides that he is through with the hospital and the town and determines to leave. This administrator is portrayed as an embodiment of American materialism.

The administrator was in his forties, the epitome of the MBA health management type. On his office wall were planning charts; the computer monitor on his desk had a clock ticking in the bottom right-hand corner and my name in a bar. On his desk was a picture of his wife and children. (387)

The working condition of this administrator is obviously in sharp contrast with that of Verghese. The administrator works during the daytime on weekdays and will not be summoned without warning for an emergency. Even sharper is the contrast between the private lives of

Vergheese and the administrator. One of the major causes of the collapse of Vergheese's marriage and family life is Vergheese's difficult working conditions; whereas the administrator is assured of secure, easy working conditions and a comfortable family life. Although it is not written in this novel, later Vergheese and his Indian wife, Rajani, get divorced, and later Vergheese remarries.

On the surface, the personal life of this administrator appears to be much more comfortable than that of Vergheese. However, his seemingly happy family life is sustained by American values that prioritize materialism and financial efficiency. His social and personal life is an incarnation of the American dream. Do only non-American, non-white readers question the validity and solidity of such a life and suspect that it might be superficial? When the life of such an American man is described through the eyes of an ethnic outsider, Vergheese, a new viewpoint about it is opened to readers.

In my book, I quote the famous beginning sentence of Tolstói's *Anna Karenina* in order to emphasize how varied in quality each kind of isolation is and how unique each experience of isolation is: "All happy families resemble one another; every unhappy family is unhappy in its own way" (1). This very conventional administrator in *My Own Country* has a photograph of his wife and children next to the computer on his office desk. Vergheese's description of his visit to the administrator's office lets readers see through the superficiality of the administrator's American family life. The sheer lack of uniqueness in his seemingly comfortable way of life conversely allows readers to suspect its genuineness precisely because of Vergheese's position. In this sense, although Vergheese does not appear as a content individual in this part of the novel, the role of Vergheese as an outsider is essential.

There is a second white physician of this type in the novel. He has

already been referred to in the discussion of the novel's three layers of medical personnel: the native-born Americans, those of foreign descent, and those who remain in their Indian homeland where the physical conditions are poor and the political structure corrupt and who yearn to work in America. The person in question of course belongs to the upper layer. The description by Verghese is not favorable, and the person appears as an objectionable character: "Every time I saw him he was impeccably dressed: the latest Italian suits, silk ties and thousand-dollar shoes" (278). The conduct and attitude of this man does not so directly affect Verghese as much as the administrator of the hospital, but he equally perplexes Verghese. This "well-known infectious diseases persona, a chief of infectious diseases at a big city hospital" is so influential in the field "that no pharmaceutical company would dare launch a new antibiotic compound in North America without getting his endorsement." He has published many famous papers and books with which Verghese is familiar. His age is not mentioned in the novel. He is "rarely in his office because he" is "so often on the road, almost an itinerant lecturer." Verghese naively asks him who attends to his patients, since Verghese has to care for all the patients in the hospital outside of his regular working hours. The doctor "conspiratorially" replies in a low voice,

"What you have to do is hire 'drones' to do the day-to-day clinical work. You can't possibly be running down from your office to see every clinic patient who shows up on a nonclinic day with high fever or seizures. Your faculty will just burn out. You won't be able to keep them. It's impossible!" (278-79)

Verghese is considerably shocked by his remark, but he does not

bother to ask him specifically who the “drones” are, because he is too familiar with such “drones,” i.e., medical personnel from India, Pakistan, Korea, the Philippines, and the Middle East, all with visa problems. Because of their difficult visa status they cannot be promoted out of the position of intern. In this scene, Verghese considers himself as his own “drone” because he was attending to more than 50 patients all by himself.

The novel, however, also presents a white person of exactly the opposite type. One of the patients, Fred, meets a white woman who is a remote relation of his deceased male lover, Otis, and who used to be close to him. In his sermon at Otis’s funeral, the preacher refers to AIDS as the result of “sin,” that is, homosexuality, and Fred is astounded. After the funeral the woman talks to Fred, reminisces about the relationship Otis had with Fred, and thanks Fred for what he did for Otis, including the care he gave him during his illness. She is poverty stricken, living even without electricity and water service. Fred describes her as “this lady who was too simple, too plain to have all the prejudices the preacher had,” and tells Verghese that he burst into tears at her consoling words (379).

In this way *My Own Country* explores the relationship between American materialism and various types of people, their ways of thinking, and their sense of value, just as literary works in the American mainstream canon do. However, when this issue is observed through the eyes of an immigrant doctor who daily struggles with the care of homosexual, bisexual, and heterosexual AIDS patients, readers find new and complex paradigms for reexamining the issue.

ii . The Portrayal of an African–American

Srikanth does not criticize Verghese’s intimate relationship with his

patients, but she points to the lack of reference in the novel to African-American patients and African-American homosexuals. Verghese does not mention any other persons of color except his family and members of the Indian community as far as his experiences in Johnson City are concerned, though there are references to race distinctions in the medical field in hospitals in big cities.

There is, however, reference to a race other than white and Indian, though it may not be conspicuous. A heterosexual white couple, Will Johnson and his wife, repeatedly refer to an African-American intern whenever they talk about how they contracted AIDS and how they knew that they did. Will Johnson was infected through a blood transfusion at the time of his heart operation after a heart attack, and consequently infected his wife. When he was operated on at Duke Hospital, a big hospital in a big city, they say, “a black intern” tells them to mention the blood transfusion if ever anything strange begins to occur to Will’s health (269–70). When Will’s health begins to show odd changes, his wife’s reference to the blood transfusion helps the attending doctor to determine that Will is infected with AIDS. The intern was not a member of the main medical team that performed Will’s operation, and since the Johnsons never suspected that either of them would ever contract AIDS, they did not pay much attention to the words of the intern. Then their local doctor refers them to Verghese, whom she calls in the evening when Verghese is spending time with his family. She asks Verghese, who lives in a neighboring state, to see to them because they do not want people in the town where they live to know. Verghese thus comes to be acquainted with this white Christian couple and their son, who are the epitome of white mainstream success, diligence and goodness, and who are greatly respected in the area. Though Verghese dislikes two of white male doctors he meets, he is greatly sympathetic of

the Johnsons and writes about them in many chapters.

The Johnsons would rather not have anything to do with Duke Hospital anymore, but Verghese recommends that they go there again to try a newly developed medication for AIDS, and he decides to write to the hospital there. In his letter to Duke, he points out their irresponsibility in not having officially warned the Johnsons of the danger of being infected by the blood transfusion as well as asks about the new treatment.

In the conversations between Verghese and the Johnsons, there are frequent references to the words of the “black intern,” but his name is never mentioned. Nonetheless, this unnamed black intern is significant because he warned the Johnsons about the risk of the blood transfusion well before such warnings were established medical policy. However, it is rather odd that he is only referred to as the “black intern” or “that black intern” by the good-natured white couple, the Johnsons. Because the author of this novel is a colored Indian doctor, readers wonder what his view is of other colored races. Srikanth has a point in criticizing the lack of references to non-white races in the novel. The Johnsons and other white patients do not discriminate against Verghese for being colored, and the Johnsons even say that they feel as if Verghese has been sent to them from heaven because Verghese is a foreign doctor who has helped them so much (384). Whether their view of Verghese as sent from heaven shows that they think of Verghese as their social equal is a bit questionable. Putting this issue aside, however, it is clear that the term “black intern” is not politically correct, though Verghese and the Johnsons seem to consider the words of the intern as an act of medical responsibility that Duke Hospital officially should have attended to.

V. Other Interpretations

Ruth Yu Hsiao argues that Verghese is isolated from both the community of the town and family. Verghese observes that his choices and actions have taken the opposite direction of the American dream and that his struggles against the deadly virus are not always rewarded (222–23). As Srikanth does in her political interpretation, it is meaningful to consider the elements of his being an insider in the dichotomous spectrum of insider versus outsider. Hsiao’s interpretation, however, seems more accurate and more perceptive of the complexity of Verghese’s experiences as an immigrant doctor who moreover has been fated to fight against a disease that is subject to harsh prejudice by society. Although the interpretation that Verghese becomes an insider and that his deep involvement with patients literally “enriched” Verghese’s life is certainly significant, Hsiao’s interpretation is more observant of the economic, social, and psychological burdens that Verghese carries.

Sandyha Shukla’s interpretation includes both the points made by Hsiao and Srikanth. Shukla is as perceptive as Hsiao and also as assertive as Srikanth. Shukla states in his chapter, “Affiliations and Ascendancy of Diasporic Literature,” that Verghese’s complex experience opens a new type of diasporic literature and that it widens the definition of the Indian diaspora (168). To summarize, first of all, the complexities of Verghese’s experience include his moves from Ethiopia, to India, and to the U.S. In the U.S. Verghese first works in a big city where there are many people of color, including Asians and Indians, who labor under difficult working conditions because of the racially biased class stratum. He then makes a move to enter what Shukla describes as an “unapologetically white” (169), small, Southern rural town where there are only a few African–Americans. There he becomes involved with a medically and socially complex disease, AIDS. On this third aspect of Verghese’s peculiar experience, Shukla, however, argues

that AIDS is “cosmopolitan” by nature and that Vergheese has broadened the range of Indian diaspora in this respect, too (169).

The insider versus outsider dichotomy has two opposing sides and requires one side to simplistically regard the other as its opposite. An interpretation based on dichotomy allows only a linear move from one pole to the other. However, by applying the theory of diaspora, Shukla opens interpretation to a more inclusive, wider perspective, and makes it possible to grasp the essence of the novel as wholly as possible. It is not a simple task to encompass all of Vergheese’s experiences in an interpretation of the novel. Shukla’s interpretation attempts to include Vergheese’s move among three countries, his contribution to the changing demography of a conservative rural town in America, and his contribution in the field of a disease of cosmopolitan scope. The complex alienation that Vergheese suffers from has caused some critics to examine his novel as diasporic literature and to state that the work expands the scope of diaspora. Only such an open and less restricted view can make it possible to interpret such a complicated text fully.

In the concluding paragraph of her paper on autobiographical works of four North American South Asian writers, Toshiko Ishihara emphasizes that each reader will interpret the works differently (392). Shirley Geok-lin Lim stresses the same in her commentary in a chapter, “American Place and Displacement,” (in which she includes an excerpt from *My Own Country*), in the anthologized textbook she compiled and edited, *Asian–American Literature: An Anthology* (422). In other words, every time a new reader reads a work treating the theme of diaspora, its scope is broadened.

VI. Conclusion

In Chapter 27, towards the end of *My Own Country*, Verghese looks back on the paths of his patients and traces their movements on a map. He discerns a pattern in which homosexuals had to leave conservative homes that were not tolerant of homosexuality and move to big cities, seeking freedom and a place where they could maintain their dignity. However, they were infected in the cities and had to return to their hometowns where they suffered humiliation and lack of freedom. Verghese then begins to write a paper about this pattern and attaches a map. In this scene Verghese is alone at home on a weekend. His wife and children are out, and he is fighting the temptation of another woman. The loneliness of Verghese, an immigrant AIDS specialist, a marginal individual in mainstream American society, functions as a framework for the narration about the lonely and brave struggles of homosexuals, another group of marginal outsiders. It is the climax of the novel, and it lets readers understand the structure of the entire novel. In this scene Verghese appraises his young male homosexual patients:

The paper was a beginning, a rough start on a larger story, the story of how a generation of young men, raised to self-hatred, had risen above the definitions that their society and upbringings had used to define them. It was the story of the hard and sometimes lonely journeys they took far from home into a world more complicated than they imagined and far more dangerous than anyone could have known. There was something courageous about this voyage, the breakaway, the attempt to create places where they could live with pride. (Emphasis added, 402-03)

Verghese reaches this realization through his involvement with his patients. Through them he learned about the Stonewall riot and was made aware of support group activism of AIDS patients and families in the area and in neighboring states. Reflecting Verghese's experiences, the passage above has the tone of gay rights activism. He concludes the chapter as follows: "No matter how long I practice medicine, no matter what happens with this retrovirus, I will not be able to forget these young men, the little towns they came from, and the cruel, cruel irony of what awaited them in the big city" (403). He enthusiastically commends their difficult geographical and psychological journeys.

These passages and the many of descriptions of gays and AIDS patients lead some readers to complain that the novel does not pay due attention to the issues of race and Indians and that it is actually about gays and AIDS. Such an interpretation is not exactly homophobic, but it is biased and does not justly appraise the entirety of the work. As has been discussed, Shukla's interpretation that the novel widens the scope of diasporic literature is more inclusive and appreciative of the significance of this novel. Furthermore, it can be said that Verghese presents the significance and possibility of uniting the marginal group he belongs to as a diasporic immigrant with another marginal group by gaining keen awareness of gay and homosexual rights.

In a paper titled "Min(d)ing the Gap: South Asian Americans and Diaspora," Samir Dayal notes that a South Asian group is placed in an "interstice" because it can fit neither in a mainstream American group nor in an Asian American group (246). He then asserts that South Asians can offer a new opportunity for expanding the range of literature to a broader transnational context (260). Literary works, experiences of writers, and different interpretations of readers can all contribute to widening the sphere of Asian Americanness and diaspora. Dayal insists

that the more the scope is expanded the stronger one can resist the temptation to employ the concept of “hybridity” in a shallow way and to blur the necessary distinctions, and thereby can strive towards political justice (245, 259). The empathy that a South Asian American doctor gains in *My Own Country* should be highly evaluated as a new, broader viewpoint and stance.

Notes

¹ This paper is based on an oral presentation given at a regular meeting of the Asian American Literature Association on July 14, 2007, held at Waseda University.

² Srikanth points to what Verghese has overlooked and also to the flaws of his view in her article, “Ethnic Outsider as the Ultimate Insider” (434, 438), and in her book, *The World Next Door* (180–82).

³ The evaluation of the novel on the front cover states: “Remarkable..... An account of the plague years in America, beautifully written, fascinating and tragic, by a doctor who was changed and shaped by his patients.”

⁴ I discuss the image of death in the last chapter, “Isolation and Writing as Resistance,” of my book, *Beyond and Alone! The Theme of Isolation in Selected Short Fiction of Kate Chopin, Katherine Anne Porter, and Eudora Welty*.

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One Story in the South Asian American Diaspora: The Case of *My Own Country* by Abraham Verghese

Hiroko Arima

The paper examines the complex nature of alienation and belonging in a novel by the South Asian American author, Abraham Verghese, *My Own Country*. It focuses on the interplay between the seemingly opposing conditions of being alienated and having a sense of belonging, and how a mere dichotomous analysis is insufficient for understanding the complicated social circumstances that are portrayed in the novel. In describing the intricate social, geographical, and psychological elements of the experiences of the characters in the novel, it calls attention to both universal and social issues. It then points to the necessity of keenly discerning the relationship between universal and social themes. It thereby illuminates the significance of the novel's structure and answers the question that has been posed about the novel since its publication: whether the novel is fully a work of South Asian American literature.

In discussing the points above, the paper is divided into sections about the upbringing of the author; the theme of insider versus outsider; the narrative structure of the novel; the relationship between the protagonist and various social complexities; the universal theme of death; and the portrayal of different racial groups. Lastly, the arguments in this paper are related to those in previous critical essays about the novel. In conclusion it points to the significance of this novel in the field of South Asian American literature in particular and in Asian American literature in general, despite its reputation as a portrayal of the AIDS epi-

demic and hospitals in the U.S. As a whole the paper asserts that the novel has broadened the range of the South Asian American diaspora by demonstrating both the possibility, and the actual experience, of the union between different types of minorities.