JIM LEE BOOK TALK: PEDAGOGIES OF WOUNDEDNESS

There is so much that can, and should, be said about this exciting, thought-provoking, well-researched, and highly readable work. Pedagogies of Woundedness raises important and difficult questions about whether in fact it is possible, within the illness memoir genre, to join a feeling empathic examination of the individual's personal testimony with systemic, institutional analysis. The book offers a trenchant critique of the neoliberal, capitalist myth of efficiency, productivity, and perpetual health, strength, physical and mental perfection that undergirds our healthcare system; and is brave enough to hint at a utopian vision based on shared vulnerability, conditionality, valuing and esteeming the disabled body and elevating the importance of mutual care. In the limited time I have I'd like to focus on the ways in which Dr. Lee develops the implications of model minority status for illness narratives by making three points:

1) ***Pedagogies*** **opens by raising a key question about human history and indeed human existence which these days is very much in contestation: Who gets to tell the stories and how do they get to tell them? Through a stark, authentic reading of history, Dr. Lee shows how Asian-American voices have been suppressed and constrained in telling stories of illness, especially through the imposition of the model minority myth, which first blanketed this group in silence (stereotypes of the quiet, uncomplaining, cooperative Asian/Asian-American). In Dr. Lee's memorable phrase, Asian-Americans are expected to "die offstage," tricked by the myth of the model minority into feeling shame that their bodies are fragile and human. When Asian-Americans finally contemplate speaking out, they find they are still constrained by these same requirements: to tell stories that are long-enduring, heroic, positive and uplifting. Their stories are still expected to fit into a success frame, even while suffering, disintegrating, and dying. If health equals success, then illness equals failure, and death equals the ultimate failure. Since members of the model minority cannot fail, they must at least die well, without anger, without protest, without acknowledging the wreckage of their illness lives, modeling how death itself is really not so bad. This, they have been promised, is how they might uphold the one-sided bargain of being viewed as the "good" minority, despite this being a bargain betrayed over and over by the dominant power structure.**
2) **The second point Dr. Lee makes in regards to model minority status is a fascinating one about relative power and acceptance: that is, that when we started to hear Asian-American voices in the realm of health and illness, they were the voices of physicians, not patients. As Dr. Lee explains, this is because of the influx of highly educated primarily South Asian people who entered the country in response to the loosening of immigration policies in the mid 1960s and the pressing physician shortage in the U.S. This resulted in what Dr. Lee refers to as the "browning" of medicine, and the proliferation of popular books and media appearances by South-Asian American physicians as representatives of the medical establishment.**

   In one sense, this was a tremendous accomplishment – in the public eye, doctors no longer had to be white. But as Dr. Lee makes abundantly clear, this role was also controlled to some extent by the demands of identification as a model minority. The message these physicians were expected to promulgate was one that reinforced the neoliberal agenda of bodies as always healthy and always productive, and medicine as a tool for maintaining this fantasy of value. The role of medicine was curative and restitutive – another medical miracle was always

on the horizon. True, Asian-Americans, as a model minority, were still not allowed to ever be seen as sick, but due to the beneficence of their white overlords, they could now be *healers* of the sick. It is also true that authors like Pauline Chen, a hepatobiliary surgeon, sometimes pushed back against the restitution model and wrestled with the limits of medicine and the inevitability of death, but these were not the most prominent nor the most popular voices. It takes the dying and death of his own father to help the supremely popular physician-author Atul Gawande acknowledge the need to sometimes do less rather than more in medicine. Even in the memoirs of Asian-American medical students and resident physicians, despite their doubts and personal distress, we see their fundamental loyalty to medicine and the social vision it compels.

But even this contract is flawed. Today I see more and more physicians of color, many of them Asian-American, on TV, podcasts and blogs, advocating for vaccines, boosters, and other commonsensical public health measures. Simultaneously, I see the rise of antiscientism, the increasing skepticism and rejection of the message these spokespeople are offering. I wonder if brown doctors in rural communities of southern Tennessee, which, as Dr. Lee notes, was how the famous physician-author Abraham Verghese started his career, are acceptable, but their increasingly greater visibility and status may threaten white fragility, apparently more so than a deadly virus. I see my physician colleagues of color in disbelief at patients who hurl racist insults at them, accuse them of plotting to kill them, tell them to go back to their country of origin (Do you mean Los Angeles?, one colleague asked). The anti-Asian backlash that Dr. Lee refers to in his epilogue is a reminder of the fragility of the concessions "granted" by those in power to a model minority, a reminder that no amount of status, education, training, or service to your fellow country-people can fully protect you against being Othered when the fancy suits.

3) **Finally, I want to loop back to the nuanced question about how members of a model minority gets to tell their stories, which thankfully is beginning to happen more frequently among Asian-Americans. In other words, what is the nature of their authenticity, their truth? Here, I think things get complicated. To be sure, as Dr. Lee documents, some Asian-American voices increasingly challenge and resist the conventional wisdom about illness narratives: they are not uplifting, they are unvarnished; they are not individual, but collective, pushing back against frames of personal suffering to situate their illnesses within a structural critique of American medicine and society. But others may be read as exhibiting an excessively "sentimental rhetoric," a kind of Panglossian screed. These have earned sometimes scathing criticism, especially from the academy. It is worth keeping in mind that, when we are talking about patient narratives, many of the texts Dr. Lee cites are not just memoirs, they are testaments written by people who were dying or believed themselves to be dying. In this context, Dr. Lee's critique of what Eve Kosofsky Sedgwick called paranoid reading is especially incisive. It is undeniable that one's status as a member of a model minority raises the possibility that the memoirist is telling the story that their predominantly white audience wants to hear, indeed requires them to tell. It is also inarguable that these same memoirists may have internalized the values and worldview of those in power so that even in the absence of overt pressure (i.e., from social media followers, publishers etc.) they believe this to be**

their authentic story. But, as Foucault and later Anne Jurecic in her study of illness narratives reminded us, everyone holds some sort of power. Patients, including Asian-American patients, are "not simply agentless puppets of power," in Dr. Lee's phrase. Possibly, facing death, this power manifests as authentic voice. This raises the possibility that in their final days, theseAsian-American authors are not telling stories for a fragile white audience afraid of losing its power, but for their spouses, children, and families. Facing death, they may be choosing to tell a story of hope, a story that says, as Dr. Lee summarizes Paul Kalanithi's *When Breath Becomes Air*, "My life was short but good," and concludes that illness always provides worthwhile lessons; or how in Julie Yip-Williams' memoir about breast cancer, *The Unwinding of the Miracle*, ultimately she feels only gratitude and sees death as an opportunity. We in academia should not be the ones to decide whose voices are authentic and whose are not. Rather, we should be open to the possibility that these voices are not supporting neoliberal individualism but rather a relational ethics and an ethics of care. These voices are often all we have left of the people who wrote them, and we should listen to them all and respect them all.