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Introduction

Sickness unto Death

An Asian American Learning

Model Minority Afterlives

“Hello, welcome,” begins Julie Yip-Williams’s memoir, *The Unwinding of the Miracle*, which chronicles her four-year journey with cancer, not to be overshadowed by her life as a disabled Vietnamese refugee. “This story begins at the ending. Which means that if you are here, then I am not,” writes Yip-Williams.¹ By the time I would be able to read these words in February 2019, just as I was beginning this Introduction, she had been dead for almost a year. “But it’s okay,” Yip-Williams insists, a succinct, almost curt statement that seems to hold off one’s gasp at reading the words of a ghost, an occult language. But surely the grief must be so tautly felt still, by her husband, their young daughters; this prologue completed just weeks before her death makes one almost not believe this insistence that her death is okay, that her forty-two-year life ends because of metastatic cancer. Still, she says it all the same, a rune through which she invites you and me to read her life story in which cancer is something that is—grudgingly? maddeningly?—okay. For it is cancer that kills her, but Yip-Williams won’t utter the disease in this prologue. No, instead she reframes her memoir as one determined by her illness but not defined by it, or, as she puts it, “What began as a chronicle of an early and imminent death became—if I may be very presumptuous—something far more meaningful: an exhortation to you, the living.”² As she unwinds in death, Yip-Williams gives, even presumes, herself to you and me, her readers, what Lauren Berlant will describe of her late friend Eve Kosofsky Sedgwick’s scholarly work written during her cancer: “a training,” a kind of learning,

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if you will. Yip-Williams exhorts us to “live while you’re living, friends.”³ A simple enough epigraph, for sure, but knowing what we will know she will have gone through by the book’s end, her imperative is a form of pedagogy that, her memoir demonstrates, can be learned only through the crucible of experience that is terminal illness.

Readers wanted to learn something from what she was teaching through her memoir. *The Unwinding of the Miracle* debuted in the top ten of the *New York Times* best-seller list in late February 2019.⁴ The book is the final form of what began as a blog created by Yip-Williams when she received the diagnosis of stage IV colon cancer in 2013.⁵ Among the many readers of her blog, *My Cancer Fighting Journey*, was Mark Warren, who would become her editor at Random House, the book’s publisher. In the acknowledgments section, Yip-Williams’s surviving family refers to Warren as a “friend,” then thanks the “most important people to this enterprise: Julie’s readers.”⁶ So popular was her blog that *CBS Sunday Morning* ran a story titled “Borrowed Time” featuring her and her family on March 11, 2018; eight days later, the *New York Times* published an obituary of Yip-Williams.⁷ The presumption of a built-in audience for the book, and the outsize publicity that Yip-Williams received by the press shortly before and after her death, suggests that people sat at her digital bedside as she imparted her wisdom. In death, Yip-Williams’s memoir would serve as her magnum opus that could teach a nation.

Why do people want to learn from someone like Julie Yip-Williams, and what is it that they want to learn? I mean: her death, tragic as it was, especially for her family, was one of more than 609,000 cancer-related deaths in 2018. Yip-Williams died at forty-two, five years after her diagnosis; her husband and two daughters survive her, a tragic milestone for the family to lose a partner and mother so young. But while uncommon, cancer among the young is not rare, and we will read stories of others even younger than she. Nor is her exhortation to the living “to live” an unfamiliar trope among those stricken with terminal illness. Both obituary and television profile accentuate Yip-Williams’s admirable resilience in the face of her disease and the slow process of dying. “Truth is,” the CBS reporter Tracy Smith says in her story, “Julie Yip-Williams has a sort of vision the rest of us might envy: the ability to see challenges, and even death, as opportunity, and to face them head-on and with gratitude.”

I want to suggest that Yip-Williams’s Asian American story determines the response she has received from her reading public. Her blog and book, as well as those who write about her and the book, all situate her cancer alongside the harrowed chronicle of her childhood: born in Vietnam into an

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ethnic Chinese family, baby Julie, her grandmother is horrified to discover, is blind; her grandmother orders her parents to find a way to kill her. Her parents' reluctance eventually turns into refusal, after which Julie and her family flee Vietnam and arrive in the United States, where surgery partially restores her sight (though she will remain legally blind). Her refugee parents toil away in nail salons and wholesale grocery; meanwhile, Julie attends Williams College and Harvard Law School and lands a position as an associate at a corporate law firm. She meets and marries Josh Williams, also a corporate lawyer who eventually makes partner at his firm; she gives birth to two girls. By all accounts, Yip-Williams's story is exemplar of the "success frame" that Asian Americans are supposed to have enjoyed in the past half century or so, a broad social narrative of educational and economic mobility that has captured the imaginations of social scientists who marvel at a racial group's meteoric rise and fuels the expectations and demands of Asian American (immigrant) parents who expect nothing less from their children.⁸ The term that Asian Americanists have used to describe this narrative into which many Asian Americans fit, sometimes uneasily, sometimes enthusiastically—and, true, sometimes disavowed—is model minority discourse, a concept as banal and ubiquitous within Asian American formations and among Asian American studies scholars as it continues to be remarkable to those on the cultural and scholarly outside for whom the term still feels innovative.⁹

Nowhere in this classic model minority story that Yip-Williams seems to have enjoyed is there room for cancer and premature death. Yet cancer comes to her in 2013 and claims her five years later, leaving in her absence emotional devastation whose outpouring in part resulted in her memoir, a literary version of her afterlife. The memoir materializes a paradox that has haunted Asian Americans ever since the model minority became a social option—nay, an imperative—by which to live in the contemporary United States. Asian Americans must exemplify success, in the classroom and the workplace; by extension, they must also inhabit indefinitely healthy bodies that serve this success frame.¹⁰ Yet they, too, get sick, become disabled, and, perhaps to the astonishment of their American readers, Asian Americans such as Julie Yip-Williams also die. The facticity of Asian American mortality seems absurd to write—I feel silly writing it—and yet the outpouring of affection for Yip-Williams and for her book suggests an un-ironic surprise that, indeed, model minority bodies not only can, but do, fail eventually, some sooner rather than later. This reality is simultaneously unbearable and unimaginable, *and* it must serve some kind of pedagogical enchantment, to fulfill in death what has been Asian America's role in life.¹¹

Model Minority (Social) Science: “Grit”

All this seems so incredible and new, as if Asian Americans have started dying only recently, in large part because they’ve long been expected to be harbingers of nothing less than the good American life, showing the rest of the United States how it ought to be done.¹² Take, for instance, the latest iteration of model minority formation and figuration, this time crossing disciplines from sociology to psychology. Once the domain of Chicago School–inflected culturalist notions of success frame values as causation for Asian American achievement in, say, elite higher education and, later, adult income levels—from William Petersen in 1966 to Amy Chua in 2011—it now enters the neuropsychological domain in the noncognitive term “grit,” popularized by the “MacArthur Genius” psychologist Angela Duckworth. In a TED talk in 2013 and book in 2016 she presents, through anecdote and more statistically “quantifiable” data, the idea that the ostensibly intangible affective quality of grit, defined loosely as “this combination of passion and perseverance that [makes] high achievers special,” is the behavioral secret sauce to social and economic advancement, not innate talent or skill.¹³ Notwithstanding the ways that her findings dovetail with prior studies that suggested that Asian American “grit” helped to explain their presence in U.S. elite universities, in contrast to the talent and leadership qualities of their white counterparts, the dimensions of grit are fashioned by Duckworth not to be confined to Asian Americans or to be solely biologically determined: parents or adults in households can (and should, in her mind) cultivate grit in their children by setting high expectation and direction to inculcate passion and perseverance for long-term goals.¹⁴ Striking here, then, are the two bookend examples that emerge in Duckworth’s book, both of them ensconcing grit within her own Asian American family: she concludes with a thought experiment of what her two daughters think of their mother’s insistence on grit. “Amanda and Lucy wish I’d relax a little,” Duckworth jokes, “and, you know, talk more about Taylor Swift. But they don’t wish their mother was anything other than a paragon of grit.”¹⁵ The success frame affirmed in the next generation by the book’s end provides neat closure to the book’s opening, which contains, crucially and perhaps unwittingly, a narrative aporia.

In the book’s prologue, Duckworth recounts the many times her father would say to her, “You’re no genius,” which she later interpreted as his determination to instill in her—through indefinitely deferred praise—the quality of grit that would define her career in psychology. Her receiving the MacArthur Fellowship and the subsequent book that houses this story of her seemingly emotionally fraught relationship with her father culminate at the prologue’s

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end with a scene designed to bring to affective fruition the triumph of her insight as both rebuke *and* affirmation of her father's quip:

When I finished writing [my book], I went to visit my dad. Chapter by chapter, over the course of days, I read him every line. *He's been battling Parkinson's disease for the last decade or so, and I'm not entirely sure how much he understood.* Still, he seemed to be listening intently, and when I was done, he looked at me. After what felt like an eternity, he nodded once. And then he smiled.¹⁶

This tableau is an Asian American daughter's fantasy: the taciturn but ultimately affirming immigrant parent who finally acknowledges his daughter's achievement, gives her in adulthood what he'd long denied in her younger years. It also offers a mirrored reversal of the parent-child dynamic, of the child now reading to her parent who is seemingly illiterate or otherwise incapable of reading himself. Indeed, Duckworth's recognition of her father's chronic illness, which in turn makes him and his bodily response to her recitation laconic to her observation, provides (at least) two divergent hermeneutical outcomes. On the one hand, because she can't fully "read" him in his wounded, ill body, Duckworth can't help but read his nod and smile as anything but parental assent to her grit *and* genius rather than, say, the acknowledgment that she'd just finished reading to him a very long book. And on the other hand, her affective demand to read to him even as she is either unable or unwilling to know what her father's body may be communicating through his illness—the possibility that her Parkinson-stricken father may develop desires beyond those attributable to grit, such as achievement and success and societal recognition—speaks to the profound limits of communicability when an Asian American daughter, formed in the pedagogy of the model minority, can't imagine a language beyond the ones that imagine both ultimate success and indefinite health via grit, her father's irrevocable disease notwithstanding.

That we ascribe an almost fairy tale-like expectation of Asian American life that is simply shocked at its possible finitude, let alone the inevitable end that is mortality—and the variety of ways that move Asian Americans toward their death—informs the question that is at the heart of this book. What happens when model minorities and their attachment, witting or not, to the narrative of progression confront the exigencies of illness and disability, the wounds of bodily failure? What different story, if any, might be possible? How do Asian Americans, intentionally and relentlessly cast to perform the codependent role of validating the American forms of (neo)liberalism,

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tell stories in light of the realism of illness that always—and here I must insist, *always*—puts the lie to the ableist fiction of indefinite health and able-bodiedness? What, indeed, is the learning from a book such as *Unwinding* that another such as Duckworth cannot quarter in theorizing Asian American “grit?” What happens when we aggregate illness as an Asian American condition and an emergent mode of narrative, collated and read together? And, conversely, what would be the consequences if Yip-Williams had not written the story of her illness as a constitutive part of her Asian American life? What might be the cost of not witnessing what happens when model minorities get sick and die?

Dying Offstage

Here’s an example of the cost from my own experience as a teacher. On my teaching rota is an upper-division course titled “California in Asian American Fiction.” The first two works that I assign are classics: Hisaye Yamamoto’s collection of short stories and Kim Ronyoung’s novel *Clay Walls*. I’ve taught both books for a very long time, so it surprised me that the last time I taught them I was struck by something that, until now, had seemed fairly marginal to their stories, in large part because they *are* marginal to the stories: men die in hospitals, alone. Here I’m thinking specifically of the Japanese immigrant and former internee Kasuyuki, or Charley, in “Las Vegas Charley” and the Korean immigrant Chun and second-generation Korean American Willie in *Clay Walls*.¹⁷ All of them are stricken with some fatal disease: cirrhosis and cancer for Charley and tuberculosis for Chun and Willie. All three characters are not idealized masculine figures, even for the normative gender expectations of their day: Charley’s addiction to both alcohol and gambling clearly index his tragic downward trajectory following the death of his wife, his incarceration during World War II, and his consignment to the most menial of jobs. Likewise, Chun’s and Willie’s attempts to mitigate their lower-class status in California through sexual violence—rape for Chun, sexual battery for Willie—make them, in Kim’s narrative, the “wrong” guys for their respective partners, Haesu and Faye. Within the novel’s ideological parameters, both men must die so that the women protagonists who occupy higher classes can eventually partner with men of a similar social status: Min, the poet scholar, joins Haesu’s household, and Faye receives a letter from Daniel, which portends the beginning of a demonstrably middle-class (model minority?) second generation.

But I found myself following the men left to die alone, offstage. I wanted to follow them not because I find them sympathetic at all, or to understand—

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and certainly not to excuse—their moral failings. I wanted to follow them because these are men whose ends we are not allowed to see, their physical anguish witnessed by no one, whose suffering may be beyond the horizons of imagination of their creator. What does it mean for an author to cite and not pursue characters who suffer intensely? What does it mean for a writer to leave her character behind? What does that unimagined suffering look like, and what analytical, methodological, and theoretical resources are necessary to marshal to attend to that suffering?

These men's actions can't be redeemed. Particularly for Chun, his raping of Haesu demands an accounting, for sure. But just as Chun's sexual violence is not justified, the novel's resolution to the contradiction that Haesu (and Faye) must overcome to pursue a model minority dream just beginning to take shape in the post-World War II household they inhabit by the novel's end is unjust. Not allowing Kim's and Yamamoto's unsympathetic men to die alone might give us a means to theorize what it might mean to refuse to let the suffering of another, however despicable, go unimagined. To refuse to cross the threshold to enter the spaces of men left to die and suffer alone is connected to a general refusal to let Asian Americans be anything other than model minorities who must, in our imaginations, therefore live forever. The guys who die? Let them die alone, forgotten.

At some point, though, you have to acknowledge the body in the other room. So you cross the threshold and wonder what meaning to take from what you witness. So many people followed Yip-Williams's journey through her cancer and stayed by her side as she died, by way of her blog; so many more have witnessed her end by reading her posthumous memoir. Model minorities, those on whom we have projected every fantasy of unlimited social mobility and progress, will surely die, their bodies failing them despite their, and our, well-intentioned wishes. So surely there must be something to learn from them, from her. Answering *this* question is especially important for those of us invested in a deep critique of the very formation of the model minority—those of us in, say, Asian American studies whose political and ideological commitments lie in the demolition of such a dangerous identity formation that has been mobilized to batter other people of color and straitjacket Asian Americans into forms of social and economic collusion that are, in the final instance, toxic to themselves. Like capitalism's waste degrading the planet, the surpluses of investing in the model minority, Asian American studies insists, are the invisible wounds of contemporary debt peonage that manifest in, at best, emotional trauma and, all too often, suicide—what we should more accurately call self-murder. For Asian Americans, it is the specter of the model minority's vanishing that does the killing. Those of us committed to ending

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the tyranny of the model minority in Asian American life work to imagine a capacious social formation, toward a heretofore untrodden terrain of interaction in which the complications of life—indeed, the very ideas of complex personhood—are reimaged and restored to those otherwise consigned to bare life, Asian American and beyond.

This has been, of course, the political project of Asian American studies. But I would suggest that our field has long been unable to think, and therefore live, Asian American embodiment beyond the model minority because such an alternative remains premised on a futurity and imagination of a body that is healthy, not ill. Activism is chiefly imagined as an activity by an able-bodied person who can move autonomously in time and space; it is still hard to imagine doing something recognized as political while lying in bed. (I will, however, imagine the supine position as a bodily form of activism in the Epilogue.) There's a certain cruel logic to this, given how historically the intersection of disability and racial/gender identities have mutually reinforced social denigration of people who are not white men.¹⁸ It's still hard to set aside the ableist logic if your life depends on it.¹⁹ Asian American studies also, and still, does not imagine its central subject as one, say, consigned to a hospital bed as its imagined or inevitable or desirable future. To this extent, this image—and the inevitability that this image represents, that we will (yes, even model minorities and those who disavow that ideological hailing) get ill, die—remains another world, another species, beyond imagination, *even though this ill body is our future*.

In between disavowal and inevitability lies a different way of interpreting and living in the world. For those whose bodies and minds are not normatively celebrated present an alternative ethos summed up in a question Tobin Siebers asked his whole life: “What would it mean to esteem the disabled [and ill] body for what it really is?”²⁰ And what this body really is is okay, on its own, in its own terms, notwithstanding biomedicine's desire to find in it deficit, pathology, and deformity, a body in need of treatment. The ideologies and violence of cure, of a body that can be restored “back” to an idealized nondisabled state of being, are what make disabled lives miserable, disability studies teaches, not the bodies in and of themselves.²¹ A version of Asian American studies that it might tell, then, is a story with which disability studies could resonate: as a field of study and life practice that tells stories about how differently marked bodies have made a difference in the fetch of their lives. Asian American studies insists that, to know with some fidelity the truth of our differently marked bodies, it is necessary to learn the narratives that have overdetermined them—history, discourse, ideology, policy—and listen to what these marked bodies say: anger, resignation, protest, suicide,

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assimilation. This version may come alongside disability studies, look at the Asian American body marked as different and esteem it for what it is. Yet in an attempt to account for the damage done, the field continues its slippage on finding a form of cure, from the model minority's curative violence toward a fantasy of an a priori state of being not already differentially marked. But the pursuit of justice calls for a tenderness toward our wounds, not their cosmetic removal.

This disavowal explains in large part why a memoir such as Yip-Williams's has been available for readers only in the very recent past, why Asian Americans have been late in writing about becoming ill, deciding that the experience of woundedness born of illness or disability was worth telling. The "memoir boom" that many have noted marks the contemporary moment, G. Thomas Couser suggests, is crucially linked to a "boom in disability [and by extension, illness] writing," which he considers "the most important development in American life writing in the last three decades or so and thus a cultural and historical phenomenon of great significance."²² The rise of the illness memoir signals a dramatic shift toward taking seriously the need and desire not only to write about diseased and disabled bodies, but, indeed, to take seriously the strange idea that ill and disabled bodies might *desire*, and that this desire need not be only the desire to be healthy and not disabled. The genre itself then becomes a platform to persuade readers that there may be something unimaginably desirable in reading a story of illness beyond one that simply results in recovery, one that cultivates a new ethos valued for what it is: the ill narrator's uptake.²³ Correspondingly, the emergence of disability studies within both the social sciences and humanities that, among many things, calls chiefly to undo the ideology of ability, as Tobin Siebers puts it—and, perhaps in a more porous way, the work in illness studies and medical/health humanities by scholars such as Arthur Frank and Rita Charon—diversely points toward a scholarly capacity that at once critiques the cultural obsession with health and able-bodiedness and provides routes to empathy, justice, and care for the bodies from which stories and illness emerge.²⁴ We might call this "boom" a movement of sorts whose rallying cry goes something like this: you will get ill, your body will crumble, and you will die, and that is all right. Once Asian Americans simply had to wander off into the wilderness to die alone, save for maybe a lonely family member. It's taken us a long time to wonder whether there is value in following them on this final journey.

To move indelibly away from able-bodied as both ideal and normative thus helps us understand what, until very recently, was the relative dearth of illness stories written by Asian Americans amid the sea of stories that

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Couser cites and about which he writes.²⁵ This is not to say that there *should* be proportionally as many Asian American narratives about illness and disability; rather, it is to note that there aren't that many and to ask why. In writing about her polio-borne disability, the Asian American studies scholar Sucheng Chan suggests that the silence among Asian American households regarding an ill or disabled loved one stems from a belief that, in "East Asian cultures, there is a strong folk belief that a person's physical state in this life is a reflection of how morally or sinful he or she lived in previous lives."²⁶ She extends this idea of collective, transgenerational culpability into viewing bodies no longer fully able or healthy as cultural tendency toward verbal ridicule or the shame of silence. This notion that Chan advances doesn't originate from her, and I will insist that it doesn't actually originate from Asian American communities. Where this notion of Asian and Asian American aversion to illness and disability comes from is the reproduction both in popular culture and scholarly language that reinforces this discourse as indigenous to Asian American communities. "Asian families," writes Irmo Marini in the most recent edition of *The Psychological and Social Impact of Illness and Disability* (2012), "tend to be secretive of family problems and often do not want to divulge the family shame."²⁷ Given the authoritative stamp of approval by medical, psychological, and other cultural brokers, this discourse of shame that explains the silence of Asian Americans toward their experience of woundedness thus provides a culturalist rationale to Asian American reticence to writing stories about their disabled and ill bodies: they are ashamed of the forms of embodiment that aren't normatively healthy and able.

But if there is a kernel of truth to this disavowing of the ill and disabled body within Asian America, then what fuels this desire toward health is the parallel captive imagination that Asian Americans wield in relation to that other mode of social "perfection": the model minority, of which Yip-Williams was a member, at least until cancer stripped her of this social citizenship. erin Khuê Ninh insists that the model minority is not only a "myth" imposed by white society to discipline Asian Americans into compliant subjects to the U.S. nation-state and capitalist logic, but *also* a discourse internalized by Asian American communities and families as values around which to mobilize: "The assimilationist, individualist, upwardly mobile professional class of the model minority *is*, for familial intents and purposes, Asian America's model children."²⁸ It is the model minority that insists that Asian America's children enjoy the bodies that make their upward mobility not only possible but necessary in an economic system built on ableism and health as its paragon. And this possessive investment in normatively desirable bodies means not simply the maintenance of the presumably healthy body you're born with,

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but also its constant cultivation, a neurotic care of the self that can optimize one's economic potential, one's human valuation.²⁹ What is really at stake is the extent to which the ideology of able-bodiedness typifies the allegiance to racial and gender ideologies of an ideal *Asian American* body, dancing—for many happily, for others miserably—in the larger constellation of the reproduction, medicalization, and industrialization of the *healthy* and nondisabled model minority.

Physician Authors: The Tragic Heroes of Asian America

Nowhere is this impulse to inhabit and narrate the self in ableist, model minority relation to illness, disability, and woundedness more prevalent than in the narratives of those called to care for wounded bodies: Asian American medical and other health-care practitioners. Indeed, prior to the most recent emergence of illness narratives, the “boom” in memoirs by Asian Americans were written largely from the vantage of physicians. And why not? According to the Association of American Medical Colleges, almost one in four students in U.S. medical schools is of Asian descent, a ratio that vastly outstrips the proportion of Asian Americans in the general U.S. population (though not a number that is an outlier if considered next to enrollment in elite undergraduate colleges and universities, where Asian Americans also experience disproportionate overrepresentation).³⁰ And on the surface, what genre of life writing better affirms the model minority trajectory than that of the young Asian American who toils away in dissection, pores through anatomy and physiology books, memorizes pathologies and diagnoses ad nauseam, deprives herself of sleep and pleasure during internship and residency, and sacrifices a sexual and social life for the sake of her vocation? What mode of identity is better suited to putting forth the notion that Asian American bodies do not fall ill but, instead, are the paragons of making ill and disabled bodies better, the socially perfect lifting up of the socially wounded? Certainly, this model minority medical narrative template has given young Asian American doctors a public platform: Michelle Au's *This Won't Hurt a Bit* (2011) and Anthony Youn's *In Stitches* (2011) humorously depict the travails and anxieties of enduring medical school while also negotiating the tricky dimensions of culture, race, and gender and sexual politics within and outside the classroom and hospital. As Au writes toward the end of her memoir, on the brink of winning an anesthesiology fellowship: “We continue to work hard, amplify our experience and confidence, and hope that soon enough, our self-image will catch up to the outward image that we project.”³¹ Both, however, retain the impulse to not relate their own bodies to the broken ones

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they encounter and treat, and for the many people they encounter, both Au's and Youn's subjectivities remain resolutely monadic in relation to illness: their patients get sick, but they do not.

Within this faith in the primacy of the Asian American model minority physician whose health and capacity to cure makes him an idealized narrative form for contemporary U.S. readers, physician authors of South Asian descent enjoy special reputations as the paragons of medical pedagogy. As members of a large cohort of immigrant doctors that came from the Subcontinent after the general passage of the 1965 Immigration and Nationality Act, which included specific provisions to coax what were then called "foreign medical graduates" (FMGs) to relieve the United States of its health-care staffing shortage, South Asian Americans have constituted the largest group of immigrant physicians in the United States, with the American Association of Physicians of Indian Origin (AAPI) claiming membership of more than fifty thousand.³² The presence of South Asian American physicians has been ubiquitous in the United States for more than a half-century; it's not uncommon to find these brown men (and women, but mostly men) in places that white doctors have largely abandoned, such as rural communities or urban spaces of intense and chronic poverty. Of Asian Americans in U.S. medical schools, South Asians consistently constitute the largest demographic when the data are disaggregated.³³ So it's perhaps not surprising that the *narrative* authority that they wield seems to have come suddenly, almost surreptitiously. It is clear that today the public face of U.S. medicine is decidedly South Asian. Atul Gawande, general surgeon at Brigham and Women's Hospital in Boston, is also a *New Yorker* contributor and the author of four books, the latest of which, *Being Mortal*, was on the *New York Times* best-seller list for twenty-seven weeks; a Public Broadcasting System (PBS) documentary by the same title was produced in 2015, with Gawande as principal narrator.³⁴ Jeff Bezos of Amazon, Warren Buffet of Berkshire Hathaway, and Jamie Dimon of JP Morgan Chase tapped Gawande to head up Haven, a new health-care company created ostensibly to fix the endemically broken health-care cost and delivery system (he left when the COVID-19 pandemic broke out).³⁵ *The Emperor of All Maladies* (2010), Siddhartha Mukherjee's biography of cancer, was named by *Time* magazine as one of the top one hundred books of the past century, and PBS recently broadcast a three-part, six-hour version by the same title, produced by Ken Burns, with Mukherjee as main medical consultant.³⁶ Mukherjee's latest book, *The Gene: An Intimate History*, also enjoyed best-seller status.³⁷ Abraham Verghese, an infectious disease specialist at Stanford University, has written three best-selling books, including a novel; his TED talk in 2011, "A Doctor's Touch," has enjoyed more than one

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million views; and in 2015 President Barack Obama selected Verghese to be a recipient of the National Humanities Medal.³⁸ Obama's last Surgeon General of the United States was Vivek Murthy, then a thirty-eight-year-old internist educated at Harvard and Yale.³⁹ In 2016, Paul Kalanithi wrote (and his wife completed) the poignant memoir *When Breath Becomes Air* about his life as a rising neurosurgeon and his sudden diagnosis of a brain malignancy; when Kalanithi died, his book was also a *New York Times* best seller.⁴⁰ That same year, another book by a South Asian American physician captured attention: Prabhjot Singh's *Dying and Living in the Neighborhood*, a reflection on health care at the "street level" based on his work serving a community in New York's Harlem neighborhood.⁴¹

This tableau that I offer, of South Asian American (male) physicians and surgeons hailed not only as exceptional doctors but also as narrators and leaders of contemporary U.S. medicine, begs at least two questions, which I try to answer in Chapter 1 of this book: what does it mean that the face of modern medicine is a brown Asian man and that the person telling a very important, perhaps hegemonic, story of medicine is South Asian? What does it mean that South Asian American men are currently those most trusted with questions about health care; about the experience of illness; about healing, suffering, and mortality? Through memoir and essay these physicians deliver resonant prose that attends to and mitigates the crisis in the biopolitical management of contemporary medicine. Readers may barely notice their brownness, as the authors themselves rarely cite their racial difference from their putative readers. This matters little, as their professional and institutional credentials themselves serve as amply expressive markers of their model minority embodiment and their appeal to white readerly desire—a virtuoso signaling.⁴² As South Asian American practitioners and authors, they have been cast as health-care gurus, with all of the Orientalist yogi baggage attached to this term; as model minority exemplars to guide their readers, their present and future patients, to imagining ailing, ill, and suffering bodies as somehow all right. South Asian American physicians have made their medical excellence its own racial form.

But this making all right of illness, and even death, militates against medical ontology; contemporary biomedicine's ethos remains the extension of biological life even as, phenomenologically, such "life" appears less and less human. As organs fail in human bodies, physicians and other health-care professionals resort to and rely on medical technology as prosthetics and proxies, a giving over to a paradoxical fiction: doctors can keep their patients alive perhaps indefinitely if these people-turned-patients submit themselves fully to a medical regime that turns their bodies into terrains on which medi-

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cal machines function as a form of “life.” Jeffrey Bishop, a moral philosopher and physician himself, puts the conundrum this way: “Dead anatomy begets physiology; physiology begets technology; technology—the replacing of a dead organ by a dead machine—begets a life worse than death.”⁴³ The reduction to little more than a form of bare life that characterizes the latter days of medical care thus explains the desperate need for something amounting to beauty or eloquence—or, at the very least, poignancy—that these South Asian American physician writers exhibit in their prose. Their words serve as proxies to forms of healing that biomedical procedure and technology cannot, these men marrying the scientific authority of model minority physicians with the postcolonial salve of South Asian literary cultural erudition. The man of science and the man of art are brought together once again in a warm-blooded physician writer who was rent asunder by the very scientific revolutions that propelled medicine to its ostensibly salvific status by making its practitioners cruelly cold to those they were saving. It is no surprise, then, that Gawande’s *Being Mortal*, covered in Chapter 1, won him such acclaim, for who better than a South Asian American doctor, an attending surgeon at one of the most prestigious hospitals in the United States (Brigham and Women’s Hospital), to teach people how to die well and as meaningfully as Asian American model minorities ostensibly have taught their American colleagues how to live well?

Indeed, the perforce challenge for Asian American physicians is to be deeply formed in the image of the model minority and all of its attendant social rewards of status, resources, and general affirmation and to turn this into a pedagogy that pivots away from medical fantasy and toward a clinical realism in which patients—and physicians—get sick and die. What in *this* story, in these scenes that are the only elements that are inevitable in the contingencies of illness and health care, are model minority physicians to do? As they witness their patients take the inexorable turn toward death, physicians opt generally for one of two modalities. The first is to lean into their training and perform action without ceasing, to fine-tune diagnostic and treatment algorithms, to engage in what are called “heroic measures.” This is the physician whose tireless advocacy for patients gets him coverage in the news, the doctor who manages to save all but the rare and unlucky few on television series about hospital medicine. This is the physician the rigors of medical education and residency are designed to produce, the building up of endurance after this many consecutively unslept hours to develop the stamina to do all in the service of keeping people alive, night and day. This is also the physician willing to subject his patients to every form of machinery needed to keep vital signs going, narcotizing them to the point of unconsciousness to prevent them from

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pulling on tubes and wires and stop the suffering born of the devices keeping them alive, a curative violence.⁴⁴

At a certain point, however, medical heroism gives way to the denouement of embodied realism, the inevitability of death, which counts normatively in medicine as failure. In Chapter 2, each of our model minority physicians must confront the fact that sickness unto death is as inexorable and ubiquitous as those they are able to keep alive over the course of their careers as doctors. Asian American physician authors such as Michelle Au and Audrey Young employ different affective registers to mediate this reality—Au uses absurdist humor; Young, self-righteous idealism—and strive to hold at bay the foreboding. But patient deaths inevitably arise in their emergent careers, first as students, later as residents, and they are at a loss for words, their humor and their idealism lost in the chaos of confusion over vocational crisis. How to live with the realization that no amount of incremental or tectonic progress in medical science can obviate the body's eventual, and sometimes sudden, decline? Physicians who confront this question reckon, then, with a second modality to mortal realism. For a surgeon such as Pauline Chen, whose memoir engages this very question of reckoning with the mortality of her patients, one answer is to pivot away from the active pursuit of “fixing” ailing, broken bodies toward a capacious pause, an opening that allows patients' illness and dying to become something to behold as a stage of life that must be honored rather than simply medical failure. Chen calls this the vocation of the physician as healer, one who attends to people in illness and death not to eradicate disease but to bear witness to their ends. In short, Chen's story is one of a doctor turned chaplain, one tasked with reenchanting the clinical space of the hospital room into a contemporary form of *Ars moriendi*, a vocation no longer to prevent death but to find a way, within the bounds of her Hippocratic oath, to welcome it.

Gawande and Chen thus close their chapters on Asian American medical memoir with an unresolved contradiction between structure and intention. On the one hand, both take the logic of medical heroism to its very end and find in its unrelenting infliction of suffering in the name of medical soteriology neither salvation nor solace but, instead, the profanity of meaningless bodily injury to the ill, dying person. Both wish to wrest from medicine's death drive that ironically demands clinical (bare) life not simply a modicum of compassion but a full-throated restoration of agency to people for whom such liberal identity was taken away when they became patients. This is what Chen hopes for when she imagines her attending and attention to the dying as the practice of a “healer” (as opposed to one who cures), a giving back of personhood to someone's last moments of life. For both Gawande and Chen,

such a pivot requires a form of medical passivity, a deliberate recalibration of medical algorithm in which nonaction and nonapplication of medical expertise is the highest form of care. And yet only the most accomplished and skilled physician can craft withdrawal as good medical care rather than malpractice; only a physician gifted also as a wordsmith can turn what might otherwise look like shoddy diagnostic observation into narrative scenes of pathos and sentimentality, to revel in poetry rather than scientific language as linguistic balm. In a word, only model minority physicians are granted the authority to let go of their patients as an act of medical love rather than heartlessness, the ones able to frame the deaths of their patients as stories of success, even if full of inevitable grief.

But letting go is not the same as giving up, and it is this latter intention—giving up—that can never be an option for physicians. Model minorities and doctors they must remain, as inclined toward chaplaincy as they may be, lest they give themselves over to a wholly different form of care outside biomedical surveillance and attendant biopolitical management. So the contradictions endure: we want our physicians to be present at our end, to witness our deaths and mitigate our suffering, *and* because doctors such as Chen and Gawande commit to staying in the room, they remained tethered to hierarchies of medical structures and authority. They still write our death notes; they still tell our bodies' stories on the medical charts. They watch us die with all the care and empathy they can muster *and*, in the end, we are gone and medical futurity is ensured. Our deaths may move Asian American physicians, even transform them to take better care of future patients. But physicians' memoirs remain captive to an imagination where doctors remain the principal agents, perhaps even all the more so if they are recognized for forms of care beyond what has become expected in contemporary industrialized health care.

Asian American Illness Memoirs: What the Body Tells

This is why, late as their arrival has been, the emergence of Asian American illness memoirs in this contemporary moment constitutes among the most important—and possibly most treacherous—cultural developments in recent U.S. history. For illness narratives, stories told by people with and about their illnesses, stories told through their ill, wounded bodies, can represent—as *no physician's memoir can*—just how disruptive and transformative illness is to the person who experiences it. Illness most immediately and viscerally wrecks a person's self story and leaves in its wake and realization what Ronald Dworkin calls narrative wreckage. "The illness story is wrecked," writes the medical so-

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ciologist Arthur Frank, “because its present is not what the past was supposed to lead up to, and the future is scarcely thinkable.”⁴⁵ All the more so for Asian Americans formed in the image of the success frame, for whom past activities serve as necessary and often painful investments for better, richer, and presumably healthier futures. (This explains in large part why medical ambitions are model minority hopes par excellence, for what profession promises more economic and social payoffs after a particularly grueling period of training and self-sacrifice than the movement from medical student/resident to attending physician?) Illness dashes the expectations of past performance securing the better present, and chronic or terminal illnesses auger the destruction of the fantasy and futurity of restoration or restitution as an option. Illness plunges our model minorities into indelible crisis and chaos.

Take, for instance, a sick Asian American deeply critical of model minority formation even when he was bodily healthy. Almost three years after receiving a diagnosis of colon cancer in the summer of 2006, the radical activist and artist Fred Ho composed his most “difficult to write” diary entry in the winter of 2009. Despite the optimistic prognosis of his doctors that a new tumor was not a relapse of previous tumors removed and blasted by chemotherapy, Ho refuses this medical narrative of progress and instead writes that he has reached a nadir in his experience of illness: “For the first time in this brutal cancer war, I was trapped in a vortex of depression, feeling I could not win, that I was getting worse, unable to do anything. . . . I began to feel suicidal—that giving up and dying would be preferable to living at a minimal existence.”⁴⁶ With this, Ho signals his break from the normative notions of contemporary embodiment that demand health and wellness as the ideal to which all are expected to assent, so that even if someone does fall ill on occasion, the expectation is for that body to regain health at some future, inevitable time. But trying to imagine a future in which the body never regains “health” is so unimaginable that it leads Ho, otherwise and in the past full of vibrancy and vitality, down this emotional road of despair in which death is preferable to the “minimal existence” of ill embodiment. It is at this point that the totality of his cancer’s disruptive power bears down on Ho, demolishing the remnants of a past self in which his illness was not a primary definer. He is reduced to “doing nothing,” which makes of his life one worse than death. Ho is, in this moment, a wreck.

This moment of crisis, this break from the narrative of restitution and medical rescue, inaugurates for the first time, and perhaps unwittingly, in Ho’s memoir, *Diary of a Radical Cancer Warrior: Fighting Cancer and Capitalism at the Cellular Level* (2011), an alternative identity and agency not hitched to his prior allegiance to health and the medical discourse that attempts to render

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all but the healthy, nondisabled body as desirable. It's an opening that he will, here and throughout his memoir, ultimately disavow and refuse: after this low point, as we will see in Chapter 3, Ho will recommit to an able and healthy body as the only desirable one, this time based on naturopathic treatment rather than allopathic medicine. But Ho's descent into chaos opens him and his readers to a psychic imagination and agency that, if pursued, might begin to cohere around something qualitatively different from one's submission to the medical regime. "The truth of the chaotic body," Arthur Frank writes, "is to reveal the hubris of other stories. Chaos stories show how quickly the props that other stories depend on can be kicked away."⁴⁷ These "other stories" are principally the restitution stories—I was once healthy, then I got sick, but I'll get better again—to which medicine insists we yoke our destinies, at almost all costs, until what constitutes "life" is composed of machines performing the work that failing organs cannot. Ho's narration of feeling "trapped," ironically, gestures to a form of freedom from hegemony of expectation that the fully restored body be a social compulsion. His commitment to health makes his illness unlivable, so he must either imagine a different narrative for himself to live differently or, under the demands of ableism, he must die.

It's a question that the other memoirists in Chapter 3 will broach, to different effect and affect from Ho's. Chapter 3 also takes up Brandy Liên Worrall's memoir *What Doesn't Kill Us* (2014), self-published because, as she shared with me in private correspondence, editors told her that "yet another cancer" memoir wouldn't be of interest to readers.⁴⁸ That, of course, was untrue, given both the increasing readership in publications about illness and, in particular, cancer stories *and* the trade houses' insatiable desire to put as many of these into print. It *is* possible that in 2014 editors weren't interested in an *Asian American* cancer or illness narrative, thanks to short-sighted understandings of affective identification with an ill narrator who isn't white for a presumably white reader. As Keith Wailoo has suggested, the whiteness of cancer has held for a very long time: the entry, empowerment, and individualization of white women into early twentieth-century modernity made them biologically prone to cancer, whereas the degradations of exploitation, harsh labor, and poverty relegated nonwhites to premature death by other means. "Early-twentieth century public discourse," Wailoo writes, "placed not only womanhood but also privileged, civilized whiteness at the core of emerging cancer awareness."⁴⁹ This consciousness raising took the form of "communicating with vulnerable white women, using novels, magazines, films, mass media, and doctor-patient encounters to stress feminine vulnerabilities," the long-term aggregate effect of which is the cultivation and reproduction of the very readership that, trade publishers believe, want to read stories about

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women like them.⁵⁰ Asian Americans, of course, have required exceptional capacity and, as somatic corollary, honed, disciplined, and healthy bodies as prophylactic to vulnerabilities and risk, which explains why Worrall's rendition of the cancer story spends as much, if not more, time unpeeling the toxicities born of her failure to thrive in the success frame demanded of her Vietnamese refugee mother (and her post-traumatic stress disorder-plagued, drug- and alcohol-addicted Vietnam veteran white father) than of the horrors of being diagnosed and treated for breast cancer at thirty-one. At turns resolute and undone, grateful and resentful, Worrall presents a complicated and contradictory narrative persona through her illness, which she then connects recursively to an intergenerational and intersubjective story of collective, familial wounding: her cancer is not just analogous to her mother's "craziness" and her father's psychic and somatic maladies. Rather, her breast cancer is a material manifestation of the war in Vietnam that brought her parents together and devastated (at least) two communities: a Vietnamese one flung into diaspora and one traumatically sent back home only to fester, a ravaged land and body. Her cancer is the war's afterlife.

This was still (to remind) 2014, so publishers didn't think readers had much to learn from Worrall's story, to their editorial discredit. But within a year a story would emerge that cemented Asian American illness as offering something critical and crucial that made for necessary reading: Paul Kalanithi, a Stanford-trained neurosurgeon and child of Indian immigrants, was beginning to write and interview about how stage IV lung cancer interrupted his meteoric medical rise in neurosurgery. This captivated readers: an Asian American doctor who, by all accounts, should have lived the life a model minority is supposed to live now telling a story of illness that demolished this success narrative, as terminal illness is wont to do. No amount of cultural formation developed from his South Asian upbringing, at once both commonplace and liberal—his parents don't force him to study medicine—is sufficient ballast to protect Kalanithi from the contingency of illness. So a kind of sentimental affect must be forged, similar to that of Yip-Williams's memoir, to make the tragedy of Kalanithi's eventual death shot full of meaning, meaning worth learning.

But what do we learn in reading Kalanithi's memoir, *When Breath Becomes Air* (2016)? What do model minorities whose lives feel as if they end prematurely teach their readers, who seem suddenly to have needed this narrative pedagogy? The potential for these memoirs is also its possible treachery. For as much as writing a story of illness and the prospect of one's death might create narrative and affective space to imagine life no longer as a model minority, it can just as well work to join readers with the author's sentimen-

tal desire to take pleasure, even if grief-filled pleasure, in the short Asian American life as a good one, worth feeling at the expense of examining. This is, of course, exactly what Lauren Berlant identified as the primary affective engine of the sentimental, to curate what she calls an “intimate public” born of these shared feelings. “The turn to sentimental rhetoric,” Berlant writes, “at moments of social anxiety constitutes a generic wish for an unconflicted world, one wherein structural inequities, not emotions and intimacies, are epiphenomenal. In this imaginary world the sentimental subject is connected to others who share the same sense that the world is out of joint, without necessarily having the same view of the reasons or solutions: historically, the sentimental intervention has tended to involve mobilizing a fantasy scene of collective desire, instruction, and identification that endures within the contingencies of the everyday.”⁵¹ Read, then, the story of a once-thriving Asian American who got sick and died to maintain the fantasy that the life of success is worth living all the same, shortened as it might be: it is *still* a *good* life. Its ethical legitimacy reinforced, the model minority thrives in its after-life as readers imbue it simultaneously with the desire for this unconflicted world of indefinite health and the solidarity of securing this good life, no longer available to the now dead author, to those who now benefit from their story. Beneficiaries include readers for certain, these students of their deceased teachers of the only good life worth living. But they also include the author’s actual children: both Yip-Williams’s and Kalanithi’s memoirs end with classic deathbed scenes reminiscent of their Victorian predecessors, once commonplace but increasingly rare because of the preponderance of clinical deaths in hospitals over the course of the twentieth century. As they lie dying, they are flanked by partners, parents, other familial loved ones, and their children, as if to highlight in this signal moment of loss the countervailing sentiment of hope that derives from the material futurity in the bodies of the authors’ respective children.

The potentiality and potential treachery of the Asian American illness memoir must straddle an ethical incommensurability whose haunting is constitutive of its production. Born of the body’s betrayal from the demand that it be healthy and able-bodied, the Asian American fallen ill writes a differential story of her embodiment, a narrative no longer tethered to the fantasy of restitution. Christine Lee’s memoir, *Tell Me Everything You Don’t Remember* (2016), chronicles the aftermath of her stroke at thirty-three, as well as the life she lived before this signal bodily crisis. Imagining this different relationship to a body now wounded by catastrophe invites her to reflect on the ways that insisting on a disciplined, healthy body that mirrors the socially and economic productive life she is expected to live as a model

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minority reveals the deeply toxic dimensions of such a life.⁵² The congenital “hole in [her] heart” that allows the blood clot to pass on to her brain that engenders the stroke becomes a metaphor for how her model minority life, which begins with her debt-boundedness toward her parents and is later reinforced by her marriage to her white, tech-inclined husband, allows a variety of affective coping mechanisms—emotional invulnerability, attachment to mental fortitude, disavowal of bodily pain—is both source and symptom of an unsustainable way of living that will crumble after the stroke’s occurrence. “My life fell apart,” Lee writes in her memoir, “and then it rebuilt. Everything healed. And life started again.”⁵³ But this “healing” reorients Lee toward a different relationship to her body based on attention, not disavowal; toward a different relationship to relations based on earnest intimacy, not acerbic wit; and toward a different relationship with her Asian American origins based on reckoning with her parents’ historical connection to warfare, displacement, and trauma rather than reliving this connection. Lee calls this a “new resilience” that allows her no longer to be at war with her body, which is what allowed her to ignore the signs of the impending shock of the stroke.

But it is precisely this “new resilience” that runs the risk of sliding back into marshaling the wounded body for productive purposes, the Asian American ill body reenlisted into the broader contemporary project to demand of all bodies—able, disabled, ill—something worth learning, the memoir as index of neoliberalism’s logic of value extraction from even the disaster of individual illness. This pedagogy of memoir as a demand to figure out “resilience” in the face of woundedness, to develop more capacities of “healing” to “start again,” requires of Asian Americans such as Lee a didactic role in sickness that prolongs the productive capacities even into ill, disabled, and wounded experience. The threat of illness stories best exemplified by former model minorities waylaid by their broken bodies, yet no longer exempted from the imperatives of productivity, comes in the form of a narrative of affective recuperation. In coming to terms with this differently-abled body, Lee proffers a desire that shows, and thus reinforces rather than challenges, the very logic of value that pushed someone like her toward bodily collapse. The model minority is a haunt that is awfully hard to exorcise.

Illness and the Scholarly Monograph as Witness: Theirs and Mine

The specter of Michel Foucault is never far away, either. As much as we may want to provide those who have suffered through their travails of illness and medical treatment, to tend to their wounds by their bedsides, we can’t help

but wonder whether our very attachment to an Asian American story of illness isn't yet another iteration of a deeper logical impulse to channel every story, even stories of "failure" such as a chronic or terminal illness, to serve and advance the discourse of human capital optimization. Can we find a self within or beyond discursive capture? Who better to ask than those whose professional lives require them to think through "critical theory" *and* who themselves have felt the viscerality and vulnerabilities of bodies undone by illness and disability—that is, academic scholars whose intellectual formations are both interrupted and informed by bodily woundedness by way of disease and other forms of toxicity? Chapter 4 introduces three Asian American scholars whose illnesses circumscribe and, in many ways, help theorize their scholarly projects. Thus, they stage, counterintuitively, the scholarly monograph—a genre committed to notions of trenchant rigor and modes of rhetoric largely shorn of affect—as the place of life writing. This insertion of the intimate, vulnerable self into the very language of critical theory, and of its rhetorical disposition of critique, puts the critical enterprise at extreme risk: the voice of the scholar-author's sentiment may come to contaminate the methodological soundness of the monograph, or, conversely, the scholars may have to vanish themselves to remain committed to the vocation of critique. Or something else might happen. What the works of Mel Chen, S. Lochlann Jain, and Lana Lin offer instead are less interventions than experiments in critical subject formation. Asian American(ist) scholars occupy a double consciousness of sorts, of a model minority fashion: keenly aware of the cultural logics that afforded Asian Americans like them access to modes of education and other forms of knowledge production, they wield the critical armature to interrogate their own formations as subjects of and to, say, institutional power. Yet, they insist, the interruption of the ill self matters, and matters crucially, for themselves surely, but also for the sake of what one might call an ethically engaged scholarship in the first place. These scholars work in their monograph memoirs to forge a complex personhood of illness, of embodiment and of ill *thought*, that offers a telos for what a criticism that takes up its own woundedness and vulnerability might do to offer not just insight but also, perhaps, something that approximates a social good.

The kernel of this book itself bears the autobiographical impulse of my own training—and learning. In the summer of 2009, I spent four hundred hours working as a chaplain intern at the Hospital of the Good Samaritan in downtown Los Angeles. Along with five other interns, I participated in the hospital's Clinical Pastoral Education (CPE) program, which credentials those who are considering careers in chaplaincy and is often required for people pursuing some form of ordination in a religious tradition. The latter

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applied to me; I've been an Episcopal priest since 2013. I was assigned to the oncology/medical surgery floor, though I was free to go to other units. Once a week I spent evenings on call for the hospital's emergency room. Our "work" during the summer was to reflect on our encounters in these clinical spaces—hospital rooms, hallways, cafeterias—wherever and whenever we engaged in some interaction that required emotional and spiritual reflection. Often this involved talking with patients and their families, although conversations with hospital staff were not uncommon.

The Rev. Dr. Ronald David, our CPE director, encouraged us not to follow the advice of health-care professionals who thought a patient might want to chat with a chaplain (often this request was to make a patient more compliant to medical directives), but to "enter the mystery" by asking for permission from people when I entered their rooms and to remain curious about what might unfold. I was terrified when I began, and the dread of anticipation didn't abate all summer. By the summer of 2009, I had completed a year's worth of theological training in the seminary I was attending as my educational requirement for ordination, and I found this work to be both enjoyable and familiar, given the methodological and theoretical parallels of the religious and secular humanities, despite the pretense of a firewall. But neither the readings and papers from that year, nor the experience of being a tenured scholar, of teaching, of writing, and perhaps most of all, of reading text carefully—all that training—none of it found any use when I crossed the threshold of a patient room's and asked the person lying there before me what she or he might want to talk about, to share: the man from Guam who wouldn't look me in the eye the first time I visited him but over the course of two weeks would tell me his life story—and about his experience of medical brutalization at the hospital, which accounted for his initial refusal to communicate; the young Latinx man, really a teenager, who stared blankly at a piece of paper showing that the tumor inside his skull had metastasized while his wife held him, uninterested in holding back tears; the woman from El Salvador who was convinced she had murdered her unborn child through a procedure performed by doctors because the failed pregnancy threatened to kill her; the quiet area in the emergency room cordoned off by only a curtain as a family gently caressed their elder patriarch who had died an hour earlier, a silence that belied the actual clanging of the medical devices beyond the curtain. I could go on, because the stories are legion, and like all texts, their stories are worlds.

These stories, these encounters, remain as vivid to me as I complete this book more than a decade later as they were when I experienced them in 2009. I knew then, as I was going through my brief brush with chaplaincy, that the

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experience of human woundedness—illness, death, and suffering—bent the shape of the story and quietly insisted, demanded, a hearing of a different sort. I was lucky that my director, Dr. David, who knew about my training in literary criticism, encouraged me to read Frank's *The Wounded Storyteller*; you will see him all over this book. Perhaps most crucial for me that summer, and in what I have tried to practice since then, was to engage in as generous a reading practice of any story I encounter and to see what happens when one is as open and vulnerable and curious about another's telling as one has the bandwidth to allow. I jettison none of the critical armature I've accumulated throughout my scholarly career, for animating the forces that underpin any text, in whatever form, is vital to see its worlding, especially its most fucked-up versions. But rigor can be—and, indeed, must be—tender. This, then, is a training and a learning of a different sort that I hope you, too, will try on.

This experience of stories turning me, stopping me cold, insisting to be heard—in effect, demanding a public ear of at least one chaplain—undergirds my insistence on the importance of the memoir genre. Memoirs, as idiosyncratic as the people who write them, are narrative actions of “participation in the public sphere.”⁵⁴ Mind you, this isn't a public sphere that Jürgen Habermas would recognize; nor is it one insulated from the lashes of market forces and expectations. So, like their authors, memoirs are fragile objects, easily misunderstood or dismissed for presumed lower quality or unexamined bias or grandeurs of celebrity. But even with the rise of so many platforms for communication and communicability, such as blogs, social media, and personal websites, there is an inverse relation to the valuation of selfhood. Asian Americans strive to find themselves in U.S. society, and their constricted form of recognition is a model minority suit, off-the-rack or bespoke. People get sick and go to the doctor and are ordered to take off their clothes and slip into a gown whose openness feels universally invasive; they soon learn that they are little more than a litany of symptoms and prognoses, at risk of losing their narrative anchor and temporality. The genre of memoir provides in the act of writing, for those who have experienced the profanities of existential loss, the work of re-enchantment of the “I” in the self and of sharing this reimagined “I” with another who might be their chaplain for a time, a kind of book-length training. For some, this act of writing the memoir may be their first gesture of examining who this “I” is, because forms of able-bodiedness presumed a fixed understanding, a knowing now undone by illness, whether theirs or another's. But in either case, memoirs insist on a reading and hearing; thus, they are “act of commitments to self and others.”⁵⁵ To rediscover the “I” is no easy task and offers no guarantee for identification or recogni-

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tion. I hope you will honor the possibility of witness by reading beside them in their narrative journey.

This book therefore limns the incommensurabilities of reading for exposure and reading for repair. It understands that memoirs about illness and death by Asian Americans are, of course, expressions and effects of biomedical discourse and of the political economies of a medical-industrial complex. Memoirs to this extent are certainly symptomatic of the contemporary impulse to make the individual bear the burden of experiences better shared and addressed in the collective; this, of course, is neoliberalism's logic, which deputizes Asian Americans such as Julie Yip-Williams as the examples who show the rest of us how it should be done. But when bodies fail, whether those in one's professional care or one's own, they demand an accounting and a hearing that implores, begs even, at least a pause—and, I would urge, a bit longer than that—in the critical reflex. “What if we regularly upheld care not just as a bonus activity or a by-product of scholarship?” asks the musicologist and disability studies scholar William Cheng, who follows up with this equally important question: “In a world where injuries run rampant, what if care *is* the point?”⁵⁶ Even the most utopian formation can't do away with the inevitable woundedness of our bodies. So to begin to care, even love, these bodies in and of failure demands, first, that we sit and read the words that come from these bodies and the words written by those changed by these bodies. If there is any possibility to imagine an Asian American future, or a future in general, that doesn't insist on the optimization of social life as a form of extraction, and if there is an Asian American formation that can finally put the model minority to rest, it will begin when we breathe in the words of the ill and dying and let these stories change how we breathe and move through the world. A scholarly consideration of narratives about and of illness needs for its vocation to be about clearing a bit of space for this, to let such stories breathe.⁵⁷