

## **Almost There**

An Emerson Collective Podcast

The marvelous connections between poetry and medicine

Dwayne Betts:

With me today is Sri Shamasunder. Sri is one of those people that you can't put in any kind of box. Sri has the heart of a poet and the insight of a mathematician. He's also a doctor and head of the HEAL Initiative. HEAL, health, equity, action, and leadership. Sri helps the doctors, nurses, and medical professionals who serve populations with the greatest healthcare needs, but you know what he also does is carry poetry into all of his work. So when he's going to Mexico and India and Haiti and Rwanda, it's almost knitting together a new way to think about the world, to communicate across languages.

Sri Shamasunder:

You need to draw a line from their life to the life of the communities that we're serving and working in. The context do feel so different, and yet there's this human connection that only poetry can bring to you. Storytelling and poetry can open up that reality for people to understand why we do the work and some of the realities of the work.

Dwayne Betts:

During this conversation, you'll hear him read a poem that he wrote for his father, Dr. Shamasunder. The poem is about fatherhood. It's about loss. It's about the thread that runs through our entire conversation. It was one of those humbling things that reminds me that poetry is the language that connects us all. It is that first impetus to heal and that first impetus to listen. Whether you're in Rwanda or the Navajo Nation or San Francisco or if you're at home right now, take a second to listen to this conversation about healing, about loss, and about what it means to fight through it all. I am Reginald Dwayne Betts. This is Almost There, a podcast from Emerson Collective.

So Sri, how's it going?

Sri Shamasunder:

It's going well. It's going well.

Dwayne Betts:

I want to get to your life and your work as a doctor, but first, I want to talk about what does it mean for you to be a poet in the world.

Sri Shamasunder:

For me, poetry and medicine are, at this point, very interlinked. They're very much about telling the truth, being a witness, witness to preventable suffering, a witness to challenging places and situations and making sense of them through poetry and medicine. A lot of what I've written, especially in probably the last 10 years, has been internally trying to make sense. I think a lot of times in ... I spent the beginning half of my career working in Burundi and Rwanda and Navajo Nation, and a lot of times you'd see things and you'd want to make sense of them to yourself. So poetry became something that was something quick that you could jot down and write a few lyrics or lines and then come back to them and flesh about to try to make sense of the world.

Dwayne Betts:

I want to get at that a little bit more. Before we do that though, you're a serious poet. Can you tell me a little bit about the lineage that you come to the page with? Because then I want to ask how that translates into what you're jotting down because it feels like it's not just jotting down. It's not what I do when I go to the paper. You're doing something that's sophisticated. So what's your lineage?

Sri Shamasunder:

I never thought of myself as a poet. I came into UC Berkeley as an undergrad, and there was a class that my sister told me to take that was June Jordan's Poetry for the People. June Jordan is an amazing poet, Black woman poet that was a contemporary of Toni Morrison and Alice Walker. So I took her class and I think she really made us feel that if you tell the truth and you take a risk and you try to say something beautiful, you can create a beloved community, and that's what I try to do in medicine.

So over the course of the first year I took, I was 19 years old. I was a science major. I struggled with getting my words and my thoughts on paper, and I wasn't necessarily great at writing, but it made me feel like I was finding my voice and I had something to say as a young person. June was just this incredibly tender and fierce mentor, teacher. So I applied to be a student teacher poet the next year where I taught the class and with a bunch of other TAs. That was close to the end of June's life. So I really learned from her, and she would always bring in poets of color, Martin Espada, Li-Young Lee, Arab American poets, incredible poets that you wouldn't necessarily hear from very often in other sectors.

Dwayne Betts:

Martin is my man and Li-Young Lee. Li-Young Lee got this poem about ... It sets the bar for how you approach taking a splinter out of somebody's finger. You know what I mean?

Sri Shamasunder:

He has so many poems. He has a poem about a peach that just makes you-

Dwayne Betts:

It's so funny because every time somebody in my family gets a splinter, I try to deal with it with the reverence of that poem, but now, I got a question about your life as a doctor because I'm a doctor now in this moment, right? I'm trying to get a splinter out of a finger and I'm thinking about this poem that has described it so elegantly that it'll make you weep. The poem's description never meets what I do in real life. I'm trying to be careful, but somebody's crying, I'm setting a needle on fire and they're like, "Is that going to be hot? I think that's too hot, Daddy. Should we get Mommy?"

What I want to ask you is as a poet and as somebody who's going into these really transformational experiences where you come out of them different than when you came in, I don't know, how do you bring poetry out of that? Also, do you think that the poetry that you bring out of it or into it matches your experience of it?

Sri Shamasunder:

That's a good question. For me, poetry and medicine is the messiness of life. There is no perfect like you putting that needle to fire and somebody screaming is part of the poem and part of the experience. So the pure disengaging or letting go of this idea of perfect or pure is very much part of poetry and medicine. I would say that I think it clarifies so much of remembering something is making meaning of it. Also, during COVID in March 2020, I spent five weeks in Navajo Nation and Navajo Nation was at that

time the highest per capita rate of covid in the world, and now walking around New York City, very few people are wearing a mask, and back in March 2020, there's no vaccines.

I was going into Navajo Nation and along with a lot of my Navajo colleagues, and there was a real sense. I had a four and a one-year-old at home. There was this real worry about getting sick and dying and not coming back home. I was wearing PPE every single day going into patient's rooms. I wrote a poem about one of my patients that was when I went into his room and I was in full gear and he had this beautiful, long, braided hair that just reminded me of this ancestral knots of each knot that it was his lineage up to this point. He kept telling me, "I don't want to die." I'm wearing full PPE. He's saying that in a low breath. He's probably in his 30s, and I was taking care of him and I kept saying to him, "I'm not going to let you die. I'm going to stand with you. I'm going to accompany you."

Then the next day, I heard that he decompensated overnight because he lost ... His breathing got faster and faster and got intubated and got flown off of Navajo Nation to Phoenix. So I just remember being in a car, my rental car getting that text, and I was on FaceTime with my wife and my daughter was in the background and I just got that text that he got intubated overnight and I thought I wouldn't see him again, he might die, and just tears started flowing down my face. I wrote a poem about it, and I think that a lot of it was trying to clarify the meaning of his life, the suffering and the leadership in Navajo Nation at that moment, my own risk, and my own fear.

So a lot of it is not clean, but it is clarifying to write about an experience and hone in on what rises to the surface. You don't know what that's going to be, which is what I love about poetry. It's not as if I have a clear sense, but the act of writing is an act of clarifying as well.

Dwayne Betts:

I wanted to make sure that this conversation actually really threaded poetry and medicine and then you've done it for me. So now, I have really little else to say. Although we've been talking about these different places that you've been, that you practice medicine, and I know the listeners are wondering what kind of doctor are you. You sound like a part itinerant poet, part priest. Can you tell us what is your practice of medicine? What kind of work do you actually do and how does it take you really across the globe?

Sri Shamasunder:

Sure. So I went to med school out here in New York, and then I did internal medicine training at a county hospital in Los Angeles, and then joined the faculty at the University of California San Francisco. So I've been there now for 14 years, but really when I started out of residency, my commitment or my interest was how do you better take care of resource denied populations, how do you take care of underserved populations. I came up to the Bay Area and asked the head of Department of Medicine at the time, "Could I spend six months internationally and six months in San Francisco?"

So essentially every year starting in 2009, I spent six months in Burundi, in Rwanda, which is in East Africa. I had a Fulbright to India looking at how different health organizations take care of tribal populations, and there's a lot of parallels between the tribal poor in India and African American population in the US in some ways. So just trying to understand and straddle these worlds, where in San Francisco, I was in a teaching hospital where sometimes there would be more physicians on one floor in a teaching hospital than all of Burundi or Liberia.

So as a physician, I thought my technical skills would be enough to be effective in places like Burundi and Rwanda, but I kept seeing what we call stupid deaths, things that people shouldn't die from in the 21st century and they were happening.

Dwayne Betts:

Can you tell us what ... because it's weird because, again, me not being a doctor, I have no idea what you mean by stupid deaths. I suppose you're probably going to say something like tuberculosis or I don't know. What is a stupid death?

Sri Shamasunder:

Yeah, I think tuberculosis is one of them, where you have treatments, it is accessible treatments. Some of the treatments are old because it's generally poor people that end up with tuberculosis. So there hasn't been as much drug advancement and research in that area, but things like asthma exacerbations, where in many other places you wouldn't die. Cervical cancer, breast cancer, all of these that are coming in very late stage because your health system has failed you and a lot of patients are destitute.

My work has been how do you build up the workforce capacity that exists there, and as an outsider, how do you really understand, this is where poetry dovetails, how do you understand the history, the context, all the people that have come before you. There's this great TED Talk by Adichie called The Danger of a single Story. You come into these contexts and you really need to understand the history of Burundi, the history of the folks that have come before you fighting for justice, fighting for health equity, and your colleagues on the ground, a lot of them have lived. They're running a marathon of doing this work day in, day out.

So the program that I started, HEAL, was really about how do you support people that are coming from the outside like myself that are running a sprint, but how do you support the local workforce and work together to build up their capacity and support them because oftentimes long after I leave, they're going to be continuing to run that marathon. So really, it's about education, it's about solidarity, it's about accompaniment, it's about transforming health workers to transform health systems over time.

Dwayne Betts:

One of the challenges is always, well, do you have people that will be executing the mission that you have? They always had doctors there. They might've been ill-equipped, they might not have known about the more recent advancements in medicine, they might not have access to the supply chains to get the medicine, but you know you're going to have doctors there, so that's amazing because it's like you know you have the people who have to do the work. So I guess my question to you is, how have you been able to aid the folks on the ground that's there doing the work since you've clearly been able to keep doing it?

Sri Shamasunder:

So in 2014, we started this organization called the HEAL Initiative, which stands for Health Equity Action Leadership. It's really a program that trains and transforms frontline health workers to better serve resource denied populations. There's a Buddhist saying, "You can't do hard things alone." You need noble friendships of people that are going to stand with you to do challenging things together. So this is really this community of practice of every year, 25, 30 health workers from Malawi, from India, from Navajo Nation, from Michigan, all coming together three times over two years, and then in their geographic regions to really learn some of the skills, and it's not just clinical skills, it's leadership, it's advocacy, it's understanding structural violence.

Dwayne Betts:

Name the place that you bring your folks together from again?

Sri Shamasunder:

So there's nine countries. So it's Uganda, Rwanda, Malawi, Liberia, Haiti, Mexico, the Navajo Nation, India, Nepal.

Dwayne Betts:

All are talking to each other?

Sri Shamasunder:

We're all talking, and that's the beauty of this interprofessional, transnational conversation where you have people learning across from Mexico to Navajo Nation. One of the women from Navajo Nation, she was interested in how do you integrate indigenous wisdom into Western allopathic medicine. So she had a lot of lessons from Chiapas, Mexico where we have a partner site. So we have a bunch of Haitians that have gone to rural India to learn from another site.

So it's really this program that folks almost hold up a mirror to themselves to really understand that the work that they're doing is beautiful, difficult, they're not doing it alone. Oftentimes, rural health workers are isolated, overwhelmed, undersupported and HEAL is the antidote to that, where how do you sustain yourself in difficult work and you've been part of difficult work and you do it through community and you do it through learning collaboratives, and that's what HEAL has been for so many people.

Dwayne Betts:

How have you done that though? Because I imagine that the development of HEAL often came at some cost, came at some hardships, maybe some professional challenges you didn't take, opportunities that you could have taken. I wonder how did you keep pushing, and what is one thing that you go back on as an example where you're glad that you made the decision you made because in hindsight, had you not made it here wouldn't be what it is today?

Sri Shamasunder:

I think a couple of the values of HEAL is the ministry of showing up. We often say that there's the ministry of health and there's the ministry of finance and we belong to the ministry of showing up. Then the other thing is incremental progress and relentless incrementalism, where you are consistently chipping away at problems. So I would say that at UCSF, it's an incredible academic institution. Oftentimes, HEAL, when we started HEAL, we're in the division that takes care of patients within the walls of San Francisco, in a hospital in San Francisco, and we were starting to spread across nine countries. So a lot of the leadership were like, "How does this fit? You're so far outside of the box that you can't even see the box," but because we had some creative constraints of we were going to figure out the financing so it wouldn't be completely philanthropic dependent, so we had to be self-funded, we had to be focused not just on physicians, and we had to guard against some of the colonial and the voyeuristic dynamics of global health.

So we grounded ourselves in domestic work as well, whether it's Oakland or Navajo Nation. So some of the choices were really ... I think the things I struggled with early in HEAL was that I felt like everybody should care about what we talked about stupid deaths, what we talked about health injustice, everybody should care about it like I cared about it. So a Liberian patient or a Haitian patient, that is the focus of why we're doing this work, but that wasn't true in the power halls of San Francisco.

So you had to align people along a mission of where they could meet you to move a project along or move a program along. So I struggled with the fact that the chair of Department of Medicine could shut down HEAL at any moment, and regardless of all these other stakeholders that exist in the system.

Dwayne Betts:

So first, because you said all the other stakeholders, how many people is in HEAL?

Sri Shamasunder:

So there's been 200 health workers and there's 19 partner sites, nine countries, and countless mentors and other folks that contribute to the program.

Dwayne Betts:

I always judge people generally by if their idea is trying to convince me to make a career change. I was almost when I started the episode, "So what actually do you have to do to become a doctor?" but I think I might have too much gray to start that career path. When we talk about this field of medicine, and you operate in a whole world of medicine and it's part of the way that you became a doctor and the way that you conceive of this work, have you found that poetry is universal language that you've been able to engage people in?

Sri Shamasunder:

I think in so many cultures, poetry is embedded in the society like music. I think in the US, you don't necessarily have a ton of people reciting everyday folks, working class folks knowing poems, but potentially there are, but in Mexico, in India, and a lot of folks in their daily lives can recite a lot of poems. So Rabindranath Tagore in India, everybody knows the lines of his poems. So for us, a lot of poetry is about who's telling the story and telling the truth. So we train our health workers in what's called public narrative, which is the story of me, the story of the we, and the story of now. So it comes out of Marshall Ganz's work at Harvard, and it's really about how can you weave your truth into the collective truth and the urgency of the current moment.

So a lot of our fellows are writing poems. There's a course within HEAL called Narrative Medicine, where folks will take patient experiences, take difficult experiences and write about it and share it, and that's where trust develops, that's where honesty develops, that's where community develops. So a lot of the pieces of HEAL are clinical adjacent, I would say. We're all doing clinical work in our day-to-day, but we're also coming up with different ways, different methods to understand the work and understand each other and actually grow in doing the work together.

Oftentimes, you're in these boardrooms or classroom settings where the people in the room have ... You need to draw a line from their life to the life of the communities that we're serving and working in. The context do feel so different, and yet there's this human connection that only poetry can bring to you. Storytelling and poetry can open up that reality for people to understand why we do the work and some of the realities of the work.

Dwayne Betts:

Do you carry around poems in your head? Because I like what you just said about what poetry can do is eclipse that distance that we have between us based on our communities, based on our worldview, sometimes based on how healthy we are. I like this notion that poetry could eclipse that space, but I wonder if you carry the poems in your head.

Sri Shamasunder:

Yeah. There's a lot of poems in my head. There's poems from Rumi about being human is having your mind like an open house and every emotion is like a guest that you welcome into the house. So whether it's sadness or suffering or love, you keep your house open for all of those emotions. Then I think Mary Oliver, some of the ... Oftentimes when we have patient debts, we'll gather in circles and there's a poem in Blackwater Woods, where she writes very compellingly about suffering and death. Then there's a poem, "Give us our daily bread." It's called Daily Bread, and it's all about this feeling of guilt that maybe this bread belong to somebody else and me eating it feels like ... It has this line about feeling like a thief for taking something that's not his. So there's this urgency of how do you share, how do you show up, how do you really take on some of the privilege you have of being a physician and really put yourself out there to try to stand with people that are struggling or suffering.

Dwayne Betts:

It's this line. I read this poem in prison, this book in prison. It was a Sonia Sanchez book and it had a line by Nicolás Guillén, and Nicolás Guillén is a Cuban poet and I've never been able to find it again, but it says something to effect that, "You're beautiful. I tell you, you're beautiful, but they want you dead anyway." I've been searching for this line and I just haven't been able to find it. It's partially because it could be from prose or it could be from a poem that he wrote. It's partially because it could be in translation, but then I realized it doesn't matter because I know it by heart. I'm not lost to the loss of that book. Even though I know it's an inadequate version, it reminds me that when it comes down to it, the things that motivate people aren't the things that you believe in and you care about, and you got to find a way to holdfast to your motivations, even in the face of the absurdity of some people wanting to literally kill you.

Sri Shamasunder:

I think there's a Audre Lorde line of, "My very existence is an act of resistance," right? Sonia Sanchez, when June passed away, June Jordan passed away, I got to read it with Sonia and she's amazing. She's probably in her 80s by now and she-

Dwayne Betts:

Sonia Sanchez is amazing. It's interesting about those writers and I think it's related to medicine in that it is a culture of care that writers have because I think about medicine as not just collecting the stories, but finding a way to share the story with the people that you're dealing with. Actually, what I love about narrative medicine and what I love about these cross communities is that you could put a spotlight on the way that people are talking about the craft of making people well, but also about the craft of community and community learning and these opportunities, the craft of cultivating joy because we started this with June Jordan, and you met June Jordan when she was dying.

What I love about this story is that you are a poet, but often people who go into university to practice medicine never end up in a poetry course, and if they do, then they abandon the thing that their dual minds that they walked in with it, and you are somebody who was able to hold on to those dual minds. I think in the particular way that you've been able to do it, you keep June Jordan's legacy alive in a really different way. So actually, I really appreciate having a chance to talk to you because for me as a poet, young poet too, June Jordan was the one who ... She was the one who was in the streets with the people, and then she was the one who people always wanted to talk about having a connection with, and you have a real connection. I just wonder, do you think that the connection with her in the context

and what had happened pushed you even more towards medicine? Do you ever think about that dual duty of the poet to witness but the doctor to both witness and act?

Sri Shamasunder:

I think June was very instrumental in my young life. I think my first year of med school was the last year of her life. Somehow, we were both moving through medical worlds dazed and trying to figure out and navigate. She had breast cancer and she had doctor's appointments all the time. I was in my first year of med school in New York and we talk probably two or three times a week. She just had so many stories. Like you said, I think the fierceness that she lived her life and wanting to put herself at risk and stand up for things, hearing about her life as being the right hand woman of Malcolm X for ... She talked about sitting next to Malcolm X as a young girl and hearing all his stories and ways to talk to media and with Fannie Lou Hamer.

So I think through that last year of her life, just hearing what does it look like to have a dedicated, committed, loving life that she embodied so well, and the thing that struck me as somebody that was such a luminary, she listened with so much intention and you can hear, feel that presence. So for me, it was just this passing of the torch that you did for so many of us, which was how are you going to live your life, questioning and prodding, how are you going to show up and be purposeful and stand alongside things that really matter?

She as a 65-year-old woman had never let that strong idealism wane partly because she very much felt her life was at risk. Like you were saying, "You're beautiful and they want you dead," she felt that every day of her life. So that's the kind of stakes that we're dealing with in HEAL. So I think it centers the conversation, the life, the purpose of the work, the noble friendships of whether it's Tony Morrison or the health workers that I work with. You're around people that clarify why you're doing what you're doing. You're in it every day. So it's not an intellectual pursuit. It's really very clarifying, and it's also what brings joy, right? Being in purpose and doing something impactful in the world also enlivens you and makes you joyful, and June did carry that as well.

Dwayne Betts:

I didn't know that this was going to turn into an opportunity to really reminisce and think about the impact of June Jordan's life on yours, but also just on the artistic community and on the global community. I'm glad that we got to do that for a minute because I think actually we don't do it enough, and it's this notion of a certain public figure who we imagine to be *Suigeneris*. So if we don't know his lineage before him, if we can't name all of his people who were brilliant before him, then we think that he just came here out of thin air.

So I wonder, if you had an exemplar, somebody in your life to help you deal with a career that is so steeped with, if not lost, the potential of loss with the desire to see movement in the world, to be measured by a radical incrementalism, which is a saying I'm going to steal, but is there something in your past, somebody who gave you a story that you carry around? I want to help you think about this?

Sri Shamasunder:

I think two people come to mind. I think my father, one of the things about being a doctor and being a son, I took care of my father when he was sick and close to dying. Again, I wrote a poem about him that helped me make sense of it as my daughter was being born. He was dying and we couldn't quite figure out what the cause was. So I was straddling this role between being a son and being a doctor. I think that was one of the hardest things that I ever did.



I slept at his bedside in the hospital probably for four or five weeks. I think it gives you that patient perspective being on the patient side where you realize there's so many people behind the patients that you care for, there's all these stories and histories, and there's a depth of family. When you're coming in as a doctor, the health system just can be very cold. It is part of the training. Medicine eats their young, right? People come in, very idealistic as med students, and then when they come out, and that's one of the reasons we started HEAL is, how do you keep that purpose of why you started to go into medicine?

Oftentimes, that dwindles and diminishes and then the health system as a whole doesn't actually encounter people as full humans. So I very much experienced that on the patient side with my father. The other person that comes to mind that's well known is Paul Farmer, who's a doctor physician like you, a MacArthur Award winner and just incredible luminary in global health. He was always pushing the conversation of, "If we can get HIV, if we can get health outcomes in Boston a certain way, why can't we do the same thing in rural Haiti?"

So he would always say, "Cost is only the beginning of the conversation, not the end." I was with him the last week of his life last year in Rwanda, and he died suddenly the day I left Rwanda back in February of 2022. Just even that last week of his life, we had a patient that was dying of HIV and he was supposed to move on and travel to Sierra Leone and he was 62 years old. He had spent 40 years doing global health, and that patient he felt might turn the corner.

So he said, "I'm going to cancel my trip. I'm going to accompany and stand by this patient." He would round on this patient at 10:00 PM at night, and up until the day that patient died, the week that I was there, Paul Farmer was brainstorming ways we can get him a higher level of care, do more. Just like you would take care of your mom or your sister, just this thinking of, "What else can I do? How else can I help? What more can be done to save this person?" Then that patient died and Paul Farmer was absolutely devastated. Then three days later, Paul Farmer died unexpectedly.

I think that the grind of his life of how do you care for someone like the loss of them is like losing the whole world like we would do with our most beloved people and still maintain a level of joyousness and a level of resilience so you're not totally broken at the end of it. So I think Paul's a good example of how do we show up like that in the world.

Dwayne Betts:

It's really fascinating because Paul Farmer has come up in so many conversations that I've had in doing this podcast. It's a reminder of what stories do though because sometimes we think that what matters the most is how technical we could get, how well we could explain this thing or that thing, but I feel like the stories about Paul Farmer always get at the soul of the matter. It's a reminder of why when the story is told in the exact right way, it becomes something that people carry with them, whether it's a sentence or a paragraph or a 20 pages worth of material, and that story is what gets people from day to day. You mentioned your dad earlier. Can you tell us a little bit more about your dad?

Sri Shamasunder:

Sure. There's a poem I wrote when my daughter was being born that I'd like to share. This poem is called Tinker. Tinker. Fathers and sons tend to tinker, a weekend spread out like a Sunday morning newspaper full of possibility, home improvement, building something like a dresser or a bookshelf or a bed with my father, a tool, a wrench and a box, something to fix or construct. We weren't very good, but it was a way to bond when your father did not espouse much on very much. We would never pay to have a professional fix something that we might do ourselves over a weekend. At age six or 16, I secured my place as his assistant, screwing or unscrewing a difficult to reach bolt, keeping straight the plastic bags with the proper numbers of screws or nuts. His body prone, belly up under the bed calling for a screw or

a tool that might put together at last something that we have been working on all afternoon, and if I found the right screw or provided the right tool, a swell of pride like a large ocean wave rising in my chest closer to completion and closer to my father all at once.

As the sun slanted in the late afternoon through the window, our house might become something sacred as bent light. Without any words, their eyes of deep affection or love or trust. Now at 36, it has been years since we worked on much more than screwing in a light bulb, more likely to spend the weekend shuttling you to the hospital than tinkering to fix something around the house. The beginning of life, a building up, the end, a stripping down. My father, your body, a frail frame. I wish I could somehow reinforce a project I wish I had the hope of completing. You have become more quiet than I've ever known. I long for a task we can slowly complete that may bring some silent understanding. I look for a tool or a wrench to fix you, to reanimate your old exuberance. I cannot find it. In this new house, my baby's still in the womb. And you becoming frail, a nursery not yet started. The drapes, the dresser, the bed frame, I go at it myself.

Dwayne Betts:

Man, that's a beautiful poem. The thing about poetry is that, you said this earlier, it makes you want to talk. It makes me want to know more about your dad. I'm sitting here thinking, "Just tell me one more story."

Sri Shamasunder:

He died in 2016, and I think for me, he was a physician like many South Asians, Indians that came to this country. He was in a place that was rural in Southern California where there weren't that many doctors. So that's why he was led into the country and he practiced there for his entire life. One of the things that inspired me was in this small town when we went out to a restaurant, oftentimes, people, strangers would come up to our table and talk to me directly and talk about what impact he had on their lives and how much his care meant to them.

So I think that that very much guided my interest in medicine. He had health problems like a lot of his life. When I was 16 years old, he came home from work one day and essentially collapsed on the ground and he was face down, I remember, and I tried to turn him over. You don't realize how much dead weight ... If people aren't helping you when you turn them over, it's quite hard to turn them over. I turned him over and I did CPR on him and he actually recovered. So there's threads of his life of knowing you want to be in a place where you can support people or have an impact or just be a witness to these pivotal moments in people's lives.

I think with my dad, there's a lot of trying to let go of the fact that, and this is true in medicine too, that no matter how much your technical experience is and expertise, sometimes nature does take its course, right? When he died, I felt like such a failure that I didn't heal him and treat him and figure out exactly what was going on earlier. So there was a lot of guilt around that.

I remember in the Hindu culture, you cremate the body. In the US, it's this incredible massive oven that is at a ridiculously high temperature. I remember pushing his body into the crematorium and just repeating, "Forgive me if I failed you," and coming to the terms as a son, as now a father, as a doctor, you can't control all these outcomes.

So some of it is to be a witness. Some of it is to understand the things that you can change and some of the things that you have to let go of and surrender to. So I think the thread of his life, I think, very much is present in my day to day with probably so many of people listening to this podcast of mentors and loved ones that you carry day to day and the weight of their life carries with you in the weight of yours every day.

Dwayne Betts:

I got something for you. I got something for you. I didn't plan on doing this, but I want to though. It's Hard to Keep a Clean Shirt Clean by June Jordan, born for Sri Shamasunder and all the poetry for the people.

"It's a sunlit morning with jasmine blooming easily and a drove of robin redbreasts diving into the ivy covering what used to be a backyard fence or doves shoving aside the birch tree leaves when a young man walks among the flowers to my doorway where he knocks then stands still brilliant in a clean white shirt. He lifts a soft fist to that door and knocks again. He's come to say this was or that was not and what's any of us to do about what's done, what's past, but prickling salt to sting our eyes. What's any of us to do about what's done.

And 7-month-old Bingo puppy leaps and hits that clean white shirt with muddy paw prints here and here and there. And what's anyone of us to do about what's done, I say I'll wash the shirt, no problem, two times through the delicate blue cycle of an old machine. The shirt spins in the soapy suds and spins in rinse and spins and spins out dry, not clean, still marked by accidents, by energy of whatever serious or trifling cause.

The shirt stays dirty from that puppy's paws. I take that fine white shirt from India, the threads as soft as baby fingers weaving them together and I wash that shirt between, between the knuckles of my two hands. I scrub and rub that shirt to take the dirty markings out. At the pocket and around the shoulder seam and on both sleeves, the dirt, the paw prints tantalize my soap.

My water, my sweat equity invested in the restoration of a clean white shirt. And on the eleventh try, I see no more, no anything, unfortunate, no dirt. I hold the limp fine cloth between the faucet stream of water as transparent as a wish the moon stayed out all day. How small it has become! That clean white shirt! How delicate! How slight! How like a soft fist knocking on my door! And now I hang the shirt to dry as slowly as it needs the air to work its way with everything. It's clean.

A clean white shirt, nobody wanted to spoil or soil that shirt, much cleaner now but also not the same as the first before that shirt got hit, got hurt, not perfect anymore, just beautiful. A clean white shirt. It's hard to keep a clean shirt clean.

Sri Shamasunder:

Thank you. Thank you so much.

Dwayne Betts:

Almost There is produced by Jesse Baker and Eric Newsom at Magnificent Noise for Emerson Collective. Our production staff includes Eleanor Kagan, Paul Schneider, and Kristen Mueller, along with Patrick Darcy, Alex Simon, and Amy Lowe from Emerson Collective. Special thanks to Nia Elliott. I'm Reginald Dwayne Betts. Thank you for listening.