

ABSTRACT

The Mad Farmer's Medicine:

Wendell Berry's Understanding of Health as Wholeness

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As a self-proclaimed contrarian, author Wendell Berry is a fierce critic of many aspects of modern American life. Most of Berry's work primarily discusses the industrialization of agriculture and the effects this has on rural communities, but he has also written about the healthcare system in both his fiction and an essay titled "Health is Membership".

While many people agree there are flaws in the American healthcare industry, some readers might dismiss Berry's criticism due to his lack of medical training. In this essay, I will argue that Berry's understanding of health as wholeness is not only sound but leaves aspiring physicians with a wider understanding of "health." In both his fiction and non-fiction, Berry's definition of health necessarily places an emphasis on communal well-being while highlighting the limitations of medicine. In a time of pandemic, the local wisdom of this "Mad Farmer" might be more important than ever before.

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CHAPTER ONE

Introduction

Wendell Berry is a man known for many things. He is well known as an essayist, cultural critic, and advocate for the small, the slow, and the local. Some people know him as a poet, as many have pondered his “The Peace of Wild Things” while sitting outside under the quieting cover of trees. Furthermore, those who have read Berry’s work will know that he has practiced what he writes about as a farmer in his native Kentucky. However, a picture of Berry would be incomplete if it did not include Berry’s work as a novelist and short story writer. Berry began his academic career as a teacher of English literature and creative writing, and through reading Berry’s fictional works it becomes clear that he is a masterful storyteller. To some, Berry will be better remembered for his great 1977 polemic against the industrialization of agriculture, *The Unsettling of America*, but when I think about Berry, his stories are the first writings that come to mind. The stories are engaging, humorous and heartbreaking, but they also accomplish something not all stories can. Berry’s stories allow someone to imagine health in a new way.

Some personal background will be necessary to explain why I decided to explore the connections between Wendell Berry and healthcare. I have lived my whole life within city limits. I have no personal experience of farming or rural life in general. In many ways, the stories set in the fictional town of Port William, Kentucky are foreign to

me. Even so, the stories have felt familiar in a certain sense. Like many people from urban areas, I am able to trace my familial roots back to a small town. I grew up hearing my grandparents talk about life in rural East Texas. Frankly, as a child I found many of the stories boring. I could not understand why someone would willingly live far away from the city, which seemingly possessed all one could ever want. Yet, my grandfather thought it was important that my brother and I knew our family history, so I sat there looking at old black and white photographs of people I had never met. One thing that did interest me about our family's story was my great grandfather's career as a surgeon. After interning at Baylor University College of Medicine in Dallas, he chose to leave the city in order to return to the community where he grew up, even if that meant going back to a county where there was no hospital.

When I first encountered Berry, I was similarly puzzled by the author's choice to leave New York University in order to return to his home in Kentucky. At that time, I was still of the opinion that any reasonable person would choose to live in the city, but through the stories of Port William I began to see the two ways of life differently. I first grew to love the characters of Berry's fiction, and then I started to love Berry's descriptions of the natural landscape of his home territory through the eyes of those characters. Through the stories I began to see rural life in a more nuanced way, at least as well as a thoroughly urban person can. I began to see what a "healthy" life might look like in the country.

While his fiction often describes inspiring images of healthy community, Berry's non-fiction more often makes the reader confront the limitations of modern, industrial sensibility. He criticizes our culture for being obsessed with convenience and efficiency

while simultaneously creating work that is isolating and seemingly meaningless. He laments that modern life emphasizes individual freedom at the expense of authentic community. And he writes about how modern society, in the quest for economic gain, has damaged much of the land it relies on. Berry considers all of these failures to be crises of “health,” in the largest sense of the term.

In this paper, I will explore what Berry means when he describes “health,” in both his essays and stories. My main argument is that through reading the works of Wendell Berry, aspiring physicians can gain a wider understanding of health. This could potentially lead to more prudent medical practices and encourage wholeness through communal affection.

In the next chapter, I will analyze Berry’s non-fiction in order to gain an understanding of what Berry considers the nature of health to be. Throughout his essays Berry rejects the disintegrated state of modern society. People are divorced from the land, communities are splintering, and the body and soul are understood as separate realities. Berry considers this disintegration of America to be a true “health” crisis, as Berry’s use of the word extends far beyond the health of the body. Berry uses the terms “professional” and “amateur” to designate common conflicting postures or attitudes of today’s workforce. These categories can be seen throughout society, be it in the fields, the factory, or the hospital. As Berry presents it, the “professional” is principally driven by standards and expertise which assert that “love” is, at best optional, and at worst, an impediment, to the exercise of expertise. The “amateur” (“a lover”) is driven by love and believes that loveless expertise is not only inadequate but also corrupting. In this chapter I seek to explore how this distinction might be significant for physicians. This is not to

suggest that future physicians ought to be “amateurs” in the colloquial use of the word. Rather, one might approach the professional duties of medicine with love and care. I will end this section by exploring how Berry’s understanding of “health” fits within a Christian worldview.

In the third chapter, I will analyze the way Berry cultivates a language of health through his novels and short stories. It is through a shared language that people are able to imagine health, and shared language comes largely through the stories which shape our culture. As a poet and storyteller, Berry seeks to influence the public understanding of health. In the stories, Berry gives examples of what he considers to be the good and the bad in modern healthcare. He also seeks to depict death and suffering in a way which acknowledges his understanding of “health as wholeness” while avoiding shallow consolation. Even when disease is prevalent, Berry shows that a kind of health can be found in communion with one’s neighbors.

Finally, I will conclude with a discussion of how a young person beginning a career in healthcare might apply Berry’s ideas to his or her future work and what it means for a community to be healthy. This last chapter will address the need for skilled doctors, the implementation of new technologies, and the balance between public “health” of the body and “health” of the community.

Berry is often hyperbolic in his writing, especially when technology and modern industrialism are involved. When discussing Berry and healthcare, it must be stated that it is different from a discussion on Berry and agriculture. Many areas of medicine require specialization to a much greater degree than agriculture. It should go without saying that skillful use of medical technology is of the utmost importance for the lives of some

patients. Most importantly, the reader should not forget that Berry often lacks the relevant specific knowledge pertaining to the topic of healthcare. Berry is not a doctor. He is a farmer and a writer, so what he says regarding farming and writing should carry more authority than what he claims about medicine.

Berry does not claim to know how physicians ought to care for patients in a technical sense. However, what he does claim is that all people should approach their tasks with competence, a willingness to work, and deep affection. In this thesis I will examine Wendell Berry's provocative understanding of "health" and explore how this understanding may (or may not) assist aspiring physicians. This essay offers an exposition of Berry's work; it is not an examination of modern healthcare or the technical aspects of medicine. As an aspiring physician myself, I still have much to learn in this regard. My focus is instead on the imagination and affection presented by Berry's writing, and how that leads one to a view of health as wholeness.

CHAPTER TWO

Health in Wendell Berry's Nonfiction

Wendell Berry is one of the central voices in the agrarian movement today. Known as an advocate for local economies and non-mechanized farming, Berry lives on a small, 117-acre farm in Port Royal, Kentucky. He has written poetry, fiction, and essays about a host of issues facing rural America, including issues in modern healthcare. While he does not possess medical training or expertise, Berry is a lover of the land and its people, and this love calls everyone to seek health. In this chapter, I will examine Berry's argument that the love of an "amateur" is required when navigating the limitations of healthcare.

Presently in the United States, and in many other countries around the world, people are having vital conversations about health in both public and private spheres. Many Americans are unsure of how they will be able to afford the rising costs healthcare or get access to the lifesaving medicines they or their loved ones need. The question of whether to implement a "Medicare for All" single-payer health insurance program is increasingly a point of contention, causing national political discord. Oftentimes, those who advocate for systemic reform regarding racial and economic justice see the reform of our country's healthcare system as essential in the future of America. The same applies to the citizens who live in the more rural parts of the country, where population has been

decreasing. Regardless of political affiliation, economic sphere, or cultural background, the future of American healthcare is a widespread concern.

The SARS-CoV-2 pandemic has only heightened the importance of these conversations. Globally, this virus has been the cause of over three million deaths. Nearly 600,000 of those have come from the United States. The number of lives lost due to Coronavirus greatly exceeds the number of American soldiers who were killed on the battlefields of World War I, Korea, and Vietnam combined. It is hard to comprehend such a great loss, especially when everyone has grown numb to the constant talk of COVID in the news and on social media. Families across the globe are grieving those they have lost, and that grief is something that cannot be captured in a chart or statistic. Further still, the consequences of this pandemic extend beyond the people we have lost and can be seen in the present rate of unemployment, the hurting of local businesses, and the social isolation of the millions unable to see their friends and family. This virus has been affecting our very culture and making our society as a whole unhealthy.

However, even before the pandemic changed so much of what we took for granted, public concern for health issues already seemed prevalent. Technological advancements have been the cause for much of this new concern. Social media has been used to promote fitness and diet products and has been a platform for controversial health groups such as “Anti-Vaxxers”. The CRISPR-Cas9 genome editing tool shows potential for a novel way to combat disease. And now many people walk around with smartphones that are able to keep track of certain personal health metrics which are then stored in online servers.

This growing consciousness of health and disease was foreseen by the agrarian author Wendell Berry. He writes about it in the opening paragraphs of his famous essay, “Health is Membership”:

From our constant and increasing concerns about health, you can tell how seriously diseased we are. Health, as we may remember from at least some of the days of our youth, is at once wholeness and a kind of unconsciousness. Disease (dis-ease), on the contrary, makes us conscious not only of the state of our health but of the division of our bodies and our world into parts. (144)

The way he explored these issues in 1994 sounds prophetic, as this “increasing concern” over our bodies has been growing at a much faster rate in the years intervening.

According to Berry, our increased awareness of these issues is a symptom of a diseased culture. In our modern world full of specialized experts, many people outside healthcare are hesitant to talk about disease. But by intentionally noting the etymology of the word at the beginning of his essay, Berry establishes for his readers a shared, basic understanding. By doing this he invited everyone, not just those who work in the healthcare industry, to join him in analyzing our shared sickness.

Berry’s definition also brings into focus a key aspect of disease. It makes us aware of our own frailty, a vulnerability that can lead to fear. We are suffering from what Berry calls a “universal hypochondria” (“Health is Membership” 145). He goes on to lament that, “Half of the energy of the medical industry, one suspects, may now be devoted to ‘examinations’ or ‘tests’—to see if, though apparently well, we may not be latently or insidiously diseased” (145). Screening tests are a major part of preventative medicine. An early cancer diagnosis, for example, can save someone’s life. At the same time, it is possible to be overly cautious. With the increased need for testing due to the spread of Coronavirus, it is easy to see how someone might think the medical industry

places too much of its resources into tests. Regardless of whether that judgement is true, preventative screening has increased, and 25 years ago Berry predicted a future that has become our present reality.

If Berry is speaking out against these matters of health that threaten the nation, why should we listen to an aging poet who is infamously known for rejecting technological advancements? The simple answer to this question is that he is a farmer. In a world where we reflexively look for specialists, that answer might seem obscure. Berry does not have a degree in health science, nor does he have any experience working in healthcare. However, as a man who has spent his life growing food from the soil of his native Kentucky, he is acutely aware of what it means to cultivate health in the world around him. In fact, in a certain way the entirety of Wendell Berry's body of work is concerned with the topic of health. While not the same as the health of an individual human being, the health of the land is, nonetheless, an essential type of health. The same can be said for the health of an animal or the health of a community. All of these things can be diseased or injured, and all of these have states in which they are said to be flourishing. While the specifics of health may differ depending on the object of health care, there must be some aspects of health that are generally true no matter the context. Berry emphasizes that health is not something that exists solely within the sphere of medicine, and it can be valuable to listen to someone who examines health as a farmer and writer.

For Berry, health is a deeply interconnected matter. A farmer must be concerned with the health of his or her crops, which in turn depends on the health of the soil. In a diversified farm, the health of the soil might rely on the health of domesticated animals,

which also depends on the care of the farmer. This conditional chain, which in reality is much more complex than is stated here, is circular and we are part of the virtuous, or vicious, circle. Looking at the world in this intertwined way illustrates three truths.

The first is that health does not exist in a vacuum but is dependent on an external system. Because everything is dependent on the rest of creation, nothing can be healthy unless it possesses whatever is a necessary precondition for its own health. For human beings, a clear precondition to well-being would be good food, which is too often overlooked until a person is already in poor health. A person simply cannot be healthy without a healthy diet. Berry believes this is the case, and by this reasoning the farmer is arguably as important, if not more important, for the health of a society than the physician.

The second truth this complex chain makes clear is that humans are involved in the health of the land, the animals, and the communities that surround them. Hard labor is required on the part of human beings. The farmer's role is not to intervene only whenever the health of the farm is in a state of crisis but to watch over it and tend to it continuously. That is why farmers have historically made their homes on the land that they cultivated. The relationship between physicians and their patients is usually different. Besides having the occasional physical examination, most people seek out a physician if and when the need arises. Few people would want a healthcare provider to make a constant examination of their daily lives, even if they could afford it. Berry believes such intrusions might bring about much more harm than good. It is the patients themselves who are more like the farmer, tending daily to the needs of their own health. Physicians play an important role in this care, working alongside the patients when the

need arises. Intentional care in this way is necessary and we are all personally responsible for it.

However, the third truth that this image of the farm as place-of-health reveals is in direct contrast to the second. While continual work is required to bring about prosperity, the farmer actually has a significant lack of control over the health of his or her farm. The farmers know they are not the masters of reality, and it would be delusional to think otherwise. High temperatures, sudden freezes, lack of rainwater, and flooding are all examples of things a farmer must account for during any given year. It must be understood that nature is more powerful than any human endeavor. It is by the fortuity of nature itself that the crops grow and the animals continue to have life, and it is the farmers job to facilitate this growth and remove impediments when possible. In a similar way our own human vitality comes about from natural processes which continually work towards homeostasis. When possible, medicine can help facilitate the removal of obstacles to a healthier life and allow the body to heal itself. Human intervention is limited in the good it can bring about. As created beings we are subject to nature. Our sphere of influence over the world, and our freedom to alter it, are finite. Farming teaches the acceptance of limits, and Berry applies these insights from farming directly to human health. This is not to suggest that medical intervention should never be invasive or extensive. Rather, Berry emphasizes a subtle, yet important distinction. The aim should be to work *with* nature, and not against it.

Although he has no institutional medical training, Berry might argue that he possesses something else of great value: a seemingly intuitive, universal understanding of what health is. It is universal in the sense that it is a notion of health not confined to the

human body. It transcends the human body, encompassing the entirety of creation. And Berry's understanding of health can be intuitive in the way disease is often apparent even to the untrained eye. This tacit knowledge is expressed most powerfully in Berry's most famous book of cultural criticism, *The Unsettling of America*, where he states the following.

The health of a farm is as apparent to the eye as the health of a person. To look at a farm in full health gives the same complex pleasure as looking at a fully healthy person or animal. It will give the same impression of abounding life. What grows on it will be thriving. It will seem to belong where it is; the form of it will be a considerate response to the nature of its place; it will not have the look of an abstract idea of a farm imposed upon an area somewhere or other. It will look cared for – groomed, so to speak – like a person or animal; it will look lived in by people who care where they live. (185)

This image is immediately accessible to people from most walks of life. This health comes about by the deep affection of those who care and is denoted by a state that is natural to the place and the season. He goes on to say that on a healthy farm there is a harmonious quality to all the parts involved. While there might be some truth to this statement by Berry, it should not be taken as an absolute rule. There are times when a “trained eye” might be needed to recognize an unhealthy farm or disease in the human body.

What should be noted in Berry's description of the healthy farm is the lack of metrics of production. When discussing a healthy farm, Berry is not chiefly concerned with the amount of output. The size of the farm is not of great concern either. Rather, here is a picture of health that focuses on the manner by which the object in question is cared for. It is a vision of health that is qualitative and by no means utilitarian. Berry writes, “What grows on it will be thriving,” and not, “It will be thriving because of how much it produces.” This intuitive understanding of farm health should not be discounted

due to ignorance of the biological mechanisms that bring about human health. Rather, it can inform the ways in which we employ new scientific knowledge. As more of the mechanisms of health are understood, the integrity of health should not be sacrificed solely for production, expedience or profit.

Yet a background in farming does not make someone competent in handling technical medical decisions. Wendell Berry is the first to admit that he is not an expert when it comes to medicine and the human body. He explains that he is “somewhat lost within the experience of modern diseases” but that because of this lack of knowledge he is “fairly representative of those who go, or go with loved ones, to doctors’ offices and hospitals” (“Health is Membership” 153). His lack of medical training means that there are real limitations to what he can say on the matter of human health. We live in an era of specialization in which there is a so-called expert in nearly everything, and people constantly look to these experts in order to come to informed decisions regarding their problems. This is both beneficial and dangerous. On one hand, there is great value in turning to those with technical knowledge in a field where one has no personal knowledge. Acting without knowledge would be foolhardy, especially when taking the wrong sort of action could permanently damage the health of a person. On the other hand, there are certain occasions when too much confidence can be placed in the hands of specialized experts over matters that do not necessarily pertain to technical skill. We can overestimate the scope of an expert’s knowledge and give up too much autonomy in the process. People’s lives cannot be dominated by medicine alone.

Berry distinguishes between the “professional” and what he calls the “amateur” (“Health is Membership” 156). Berry’s “professional” is not just any person in a

professional role. This is not merely about the aforementioned expert who works in a specialized field primarily as a means to earn money. Because many professionals are engaged with their respective fields in order to make a living, professionalism is concerned with such things as gathering clientele, offering a novel product, and producing positive results for the sake of public recognition. But Berry's use of the word carries more meaning than everyday usage. He speaks of "the professional" in a hyperbolic way. This "professional" is those who view profit as their primary end. While Berry often writes about the professional world with negative implications, I do not think it is inherently or entirely flawed.

Professionals are needed in important, lifesaving ways. In the essay "Health is Membership," Berry tells the story of his brother John's hospitalization. His brother suffered a heart attack and was taken to a local emergency room where his condition was stabilized. Then, after being transferred to a large hospital in Louisville, he had to undergo a double coronary bypass procedure. "In spite of Berry's temporary misgivings about the machinations of modern medicine," writes Joel Shuman, "he saw John's surgery and recovery as goods, for they eventually gave John back to the community that constituted his life" (Shuman 42). For all the caution Berry has towards the medical industry, he shows a great deal of gratitude for the professional skill the doctors had in restoring the damaged health of his brother and saving his life. Without the advancements that have come as a result of the "professional" spirit, more stories like John Berry's would end in greater tragedy. Rigorous scientific research and discovery have developed not only lifesaving vaccines, but also such everyday goods as electricity, the telephone, and the automobile. Demand from the free market, the driving force

behind “professionalism”, has furthered many great innovations. Unlike Berry, I believe the professional spirit can be a powerful force for good in the world when it is placed within limits.

While Berry holds to his strict standards, such as the use of draft animals for farming and the fact that he refuses to compose his essays on a computer, few people, if any, would dismiss the accomplishments of modern industrialism as a whole. It also should be noted that Berry himself is a “professional.” He might recoil at being so described but Berry is a professional writer. His critics may point out that the success of his books has allowed him to live on his farm and make radical social claims. This is true, but the difference with Berry is that he is not wholly “professional” in how he approaches his writing. Berry writes with “amateur” standards, and therefore is able to be both professional and amateur simultaneously. Many physicians can be described in the same manner.

In Berry’s work, the word “amateur” is used “in the literal sense of lover, one who participates for love” (“Health is Membership” 156). The “amateur” approaches the world and its problems primarily with love and affection, and in that way, everyone is an “amateur” in some context. Whenever people act purely out of love for their family or their community, they are engaging with whatever task is at hand as the “amateur”. This love can even be love of the Good, the True, and the Beautiful. Many “amateurs” seek God. The “standards of love” are “always straining upward toward the humble and the best” (“Responsibility of the Poet” 90). This is in stark contrast to “Professional standards” which Berry, in the same passage, calls the “standards of ambition and selfishness...always sliding downward toward expense, ostentation and mediocrity” (90).

The standards of love seek goodness itself altruistically, while the standards of “professionalism” pursue a self-centered expediency. The “amateur” accepts limits when the object of love would be violated. For Berry, he seeks to inspire this wholeness through his books, and in that way, he writes with love.

In a similar way, physicians also embody both the “professional” and “amateur” spirits. Yes, it is a career that requires a level of professional competence and conscientiousness, but many physicians see their career as a vocation. The call to serve patients is one that comes from a place of love, and that is part of the reason practicing medicine can be something incredibly noble. For those seeking to become doctors in the future, it is essential to serve others and foster a deep sense of affection, while also honing professional skills.

The centrality of love can be seen in Berry’s 2012 Jefferson Lecture, “It All Turns on Affection.” In that lecture, he advocates for proper use of land and economy which can only be accomplished by way of “informed, practical, and *practiced* affection” (33). Berry’s affection is closest to the Greek understanding of “*storge*”, which is a love natural to place and community. Affection is what enables us to live according to an economy that accepts limits, which is the mark of the “amateur” who is working for the sake of the beloved. However, in a fallen world, disordered affections are a serious problem. Berry recognizes this:

The charge will be made that affection is an emotion, merely “subjective,” and therefore that all affections are more or less equal: people may have affection for their children and their automobiles, their neighbors and their weapons. But the risk, I think, is only that affection is personal. If it is not personal, it is nothing; we don’t, at least, have to worry about governmental or corporate affection. And one of the endeavors of human cultures, from the beginning, has been to qualify and direct the influence of emotion. (“It All Turns on Affection” 14)

Affection cannot be mandated or systematized. A corporate organization cannot have affection any more than an inanimate object can have affection. Affection must come from persons who have care for that which is around them, and those individuals have responsibility in tempering and orienting their affection. A certain affection for “humanity” or “the Earth” is held by many people, but that wider affection must stem from the narrower experience of loving people and places that a person knows. It is much easier to love a family member than it is to love a stranger. But it is easier still to love the abstract “humanity” compared to actively caring for our neighbor when we do not know them. In light of this, we must practice affection with those close to us—those within our local communities. Our communities can then direct our love, and these communities can be further strengthened by shared culture. One of Berry’s great marks on the wider American culture is his fiction, which not only has the ability to instruct people but also to enkindle the imagination. With greater imagination, his readers might see health outside of the narrow definition the “professional” world has placed on it.

It is clear when reading Berry that the farmer’s aim is to oppose standards of specialization and profit, but, as stated earlier, it would be prudent not to dismiss these aspects of life entirely. The “professional” certainly can bring about good if he or she has a tendency towards technical proficiency and industriousness. If these virtues, for they can indeed be called virtues, were laid down in service to the beloved and not single-mindedly focused on advancing careers, then the standards of love would still be upheld. This is what is meant by calling Berry both “professional” and “amateur”, and he is hardly the only example. This dichotomy is seen in the stories of successful small business owners who refuse to sell their business in order to preserve an altruistic mission

or in the promising young law student who goes back to his hometown instead of working for the big law firm in the city. This label of “professional” or “amateur” is not inherent to any specific careers. For example, many of the most specialized physicians rigorously apply themselves to the practice of medicine out of love for their patients. Anyone can act as either “amateur” or “professional” in specific circumstances, and the distinction is chiefly about the end that is sought after. Both the amateur and the professional can strive for excellence, but Berry informs us that the motivation behind such excellence makes all the difference.

If anyone in a specialized role can choose to act as an amateur, to act out of love, then a physician, or any other healthcare worker, can certainly do the same. The problem is that there are always complications in a medical industry which necessarily relies on profit and scientific progress. Healthcare providers are increasingly under the control of large research hospitals, insurance companies, and government regulations. Those bodies are motivated not by health but by utilitarian improvement of medical techniques, the profits of shareholders, and special interest lobby groups. It is not that these institutions are evil by their very natures, for they can be instrumental in bringing about good, but most do not operate according to the standards of care and to go against them might mean sacrifice on the part of the provider. Physicians rely on these institutions for compensation as well as access to much of the technology used to care for patients. Therefore, physicians, like all people, have limited freedom in following the standards of love, and so they must act within those restraints as best they can. But physicians know their patients better than bureaucrats outside of the hospital, and, as leaders in healthcare,

they are the best defense for true standards of care when decisions have to be made. This is why it is so crucial for aspiring doctors to approach medicine with affection.

Berry believes that standards of the “professional” world are the values that drive a large-scale economy, and as such, they are the antithesis of his own work. This means that the “healthcare industry,” in a broad sense, still operates on profit, as any other large industry does, even if it has a supposedly altruistic end. It can be tempting to see the healthcare industry as above political and financial aims, and thus to depict hospitals as foundational to health, but Berry criticizes it the same way he scorns large-scale agribusiness. Unlike many individual physicians, industrial capitalism is motivated by forces of conquest, seeking productivity and the profit of investors. Berry says it has “two great aims”— “replacement of people by technology and concentration of wealth into the hands of a small plutocracy” (Bittman). Health should not be sold for such unfulfilling, professional ends. The industrial spirit is expedient but shortsighted; it puts convenience and comfort above sustainability. It also tends towards a materialist reductionism. In the first chapter of *The Unsettling of America*, Berry describes this industrial view as “the mentality of exploitation,” which “thinks in terms of numbers, quantities, [and] ‘hard facts’” (9). It is easy to see how this mentality, which holds profit as its sole aim and reduces useful knowledge to a set of facts, can become an enemy of health. This financial aspect of medical business is something many physicians contend with and should not be confused with the practice of medicine itself.

Modern industrialism is dangerous due to it having both the capacity to produce large-scale, technological change but also a lack of prudence regarding the use of these technologies. As Berry puts it, modern industrialism has “too much power, too little

knowledge” (“Damage” 5). In a short piece titled “Damage,” Berry tells the story of a time when he tried to bulldoze a hillside in order to create a new pond on his property. He tells this story in humility because a heavy rainfall caused the hill to collapse in on the newly formed pond. Poignantly, Berry then adds, “I was careful to get expert advice. But this only exemplifies what I already knew. No expert knows everything about every place, not even everything about any place. If one’s knowledge of one’s whereabouts is insufficient, if one’s judgement is unsound, then expert advice is of little use” (5). This illustration perfectly underscores the main flaw in the utilitarian outlook: that nobody, no matter how much information they possess, can correctly predict all ends. It is a dangerous form of pride to think otherwise. In a field such as medicine which relies partially on statistical data when diagnosing, prognosing, and creating plans for treatment, malpractice can ensue when a set of facts is overemphasized. Good physicians are trained to assess risks in a comprehensive way and take natural limitations seriously. Knowledge of limits is crucial for any kind of professional work, but it is particularly important for medicine when transgressing limits could disrupt human integrity.

Because of the danger that comes with industrial power, I believe that Berry’s emphasis on the necessity of knowing limits is Berry’s most important contribution to the discussion of health. In *What Are People For*, “Damage” is immediately followed by an essay entitled “Healing,” written two years later. In it Berry writes, “Works of pride, by self-called creators, with their premium on originality, reduce the Creation to novelty,” and that, “Novelty is a new kind of loneliness” (“Healing” 9). It is a kind of loneliness because it isolates us from the natural order and, by extension, each other. Paradoxically,

the remedy of this loneliness we face in an industrial world set on technical progress is true solitude. Berry explains that,

True solitude is found in the wild places, where one is without human obligation. One's inner voices become audible. One feels the attraction of one's most intimate sources. In consequence, one responds more clearly to other lives. The more coherent one becomes within oneself as a creature, the more fully one enters into the communion of all the creatures... From the order of nature we return to the order—and the disorder—of humanity. (“Healing” 11)

It is only in overcoming the self-deception which believes that humanity can solve all problems through technological progress that we can begin to see the order and harmony of creation. The first step of healing—whether the patient is a diseased person or a diseased culture—is understanding oneself as a creature in the context of the creation. With this submission to natural order comes an understanding that we should not seek to create a whole new world as if we were gods, but that we are meant to exist and flourish in the inescapable creation of which we are members. This means accepting limits, not trying to exceed them. It is a message shared in humanity's earliest myths. When the creature tries to surpass the limits of creation, the wings of Icarus melt, Milton's Satan is cast out of heaven, and a Kentucky hillside collapses under its own weight. Berry is part of a long lineage of authors who warn against hubris, and his writing strives to point us back to nature.

In the chapter titled “Margins” in *The Unsettling of America*, Berry looks to Peruvian farmers and Amish settlers as exemplars of natural discipline. The Uchucmarca of the Andes have a unique style of agriculture that has been shaped over centuries to suit the unique environment of the mountains. They produce enough food for themselves without sacrificing the terrain with industrial monoculture farming. They have let the land itself be their teacher. Similarly, the Amish have preserved the health of their farms

by way of a culture that limits the use of technology. They deem it better to have more people working the land directly with their hands, than reap the so-called benefits of modern technological farming. Many might see these cultures as extreme, and Berry himself does not live like one of the Amish. Berry's purpose in examining these cultures is not to replicate them, but instead to cultivate the imagination that produced them. We can imagine just how self-restrained our own culture might become if it were to adhere to the limits of nature. What would it be like to live as an indigenous Peruvian farmer? What do these cultures possess that modern western cultures lack? It is not so apparent that these cultures are un-healthy. In fact, Berry might say that they are "healthier," at least in terms of wholeness, because of their self-imposed limitations.

Even if such examples are too drastic for modern westerners, Berry insists that health must adhere to natural limits. "The aim of a healthy farm will be to produce as many kinds of plants and animals as it sensibly can" (*Unsettling of America* 186). This statement, with the emphasis on "as it *sensibly* can," is one that acknowledges limitation. Biodiversity is a crucial aspect of environmental health, and according to Berry should be pursued by all farmers. However, it would be unwise to force a kind of health that is unnatural, for that would not be a health at all. Bringing in animals that are not suited for the specific environment will turn out to be catastrophic for them and introducing an invasive species could kill native ones. In both of those cases, the single-mindedness of only one aspect of health, such as biodiversity in this case, can do serious harm. Only when looking to the patterns of nature, and limiting human action accordingly, is one able to achieve health.

Again, we see how Berry's wisdom for farmers can be applied to medicine. Just as a healthy farm is one that flourishes according to the limitations of place and the life that comes from it, a healthy person is someone who flourishes within the limitations of his or her circumstances. This is apparent when one considers how ideas of health have changed throughout history. For example, life expectancy has increased dramatically in the modern era. This is largely thanks to advancements in the medical industry, and a reason technological progress should be celebrated. Living an entire century would have been exceedingly rare within many non-modern cultures. With the discovery of modern anesthesia in the 1840s, new surgical procedures become possible and conditions that were deemed terminal become treatable. Surgeries that would have been destructive—for example, intrauterine surgery to treat birth defects such as spina bifida—can become restorative due to the hard work of medical professionals. Through rigorous medical research we have been able to give greater longevity to human life, but the issue is knowing how to place ethical limits within such an extended lifespan.

Death and suffering are the two inescapable truths that make the question of limits particularly difficult. Talk of modest living and subsistence farming does not seem to be an adequate answer to the problem of death, since mortality is the universal human condition. It might be easier to ignore this stark reality and that is why “death [is] increasingly...looked upon as a curable disease, an abnormality, by a society that increasingly looks upon life as insupportably painful and / or meaningless” (“Health is Membership” 145). In a secular culture focused on possibility and progress, it is difficult to approach the topic without seeming fatalistic or nihilistic. Yet, there are certainly times when a suffering patient who chooses to end treatment might be choosing a path of

grace for all who are involved. This is not a decision to be made under medical standards alone but guided by them. The medical expert is certainly the first person to turn to when one wants to understand the implications of a disease and the consequences of various treatments. Physicians have the great responsibility of walking patients through the process of dying and are looked to for both knowledge and compassion. However, the specialist alone cannot decide when someone is ready to die. In these situations, the amateur and professional spirits are needed together. Patients, physicians, and family must all confront this harsh reality together.

In an insightful article in *Christian Bioethics* entitled “The Strength to Be a Patient,” Stanley Hauerwas and Gerald McKenny address the history of the language which surrounds healthcare. With the Baconian revolution, they suggest, the language surrounding medicine “ambitiously promised the maintenance of health, the cure of disease and the prolongation of human life” (Hauerwas and McKenny 7). As we began to quantify the world around us, our technical mastery grew and so did the gap between physician and patient. The patients were no longer “experts on themselves as medical objects,” and therefore expert medical knowledge was increasingly seen as the primary necessity (Hauerwas and McKenny 7).

This older understanding of health can be seen in ancient Christian writings. In *the City of God*, Saint Augustine touches on the idea of health being a kind of holiness. “Holiness,” what Berry would call health, “does not belong to the body because its parts are whole, or because they have not been handled... Sometimes doctors, in aiding the body’s health, do things to its parts which are horrible to behold.” (Augustine 8). While not always desirable, sometimes painful treatments are necessary for the greater health of

the person. As Berry points out, “We know that sometimes a part may be sacrificed for the whole; a life may be saved by the amputation of an arm. But we also know that such remedies are desperate, irreversible, and destructive; it is impossible to improve the body by amputation” (“Solving for Pattern” 274).

Instead, Augustine views holiness as something that involves the body on a plane above human physiology. Holiness or health relies on the mind, or soul, just as it relies on the body. “Let us rather be advised that just as the holiness of the body is not lost when the holiness of the mind remains, so the holiness of the body is lost when the holiness of the mind is violated even if the body is untouched” (Augustine 9). This ancient understanding says that the body can retain its dignity and holiness even in the face of disease, and it also claims that the health of the body is dependent on the health of the soul. The two cannot be separated. However, this philosophy was partially lost as the vocabulary surrounding medicine became increasingly technical. This change of vernacular contributes to the public treatment of death and suffering as things to be conquered and overcome, even if physicians know this not to be the case. The Baconian revolution that Hauerwas and McKenny write about is a precursor to the specialized medical industry that Berry wrestles with. The solution that Hauerwas and McKenny propose is to cultivate a new, shared language of medicine that is based not on technical knowledge but on culture and virtue. Modern medical science should not be discarded, but rather undergirded and elevated by a sound philosophy of the body. Careful speech between patients and physicians will be necessary for this synthesis to take place.

The Swiss theologian Karl Barth, cited by Hauerwas and McKenny, shares this belief: “Life as such means to live for the One to whom it belongs and from whom it has

been received as a loan” (Barth 331). Barth believed that our lives are not actually ours to begin with, and we do not have any right to possess them indefinitely. They are a loan that we are called to steward, until they are returned to God. Even with the inevitability of death, the Christian should approach the gift of life gratefully and find joy in it. Similarly, says Barth, “The real test of our joy of life as a commanded and therefore a true and good joy is that we do not evade the shadow of the cross of Jesus Christ and are not unwilling to be genuinely joyful as we bear the sorrows laid upon us” (Barth 383). If the image of Christ on the cross is the image of Christian virtue completely fulfilled, then it is paradoxically an image of the greatest joy. This language, which describes life as something to be well stewarded while simultaneously embracing death and suffering as a gain, might be untenable outside the framework of Christian eschatology. To follow Christ’s example would mean embracing the cross and seeing the suffering and pain of life as transformative. This radical embrace is not something that can be achieved by specialized care or understood through science. The amateurs, the patient, the caregiver, and those who love them, oftentimes exist in “the shadow of the cross” when medicine reaches its limitations (Barth 383).

During an interview for the *New York Times*, Wendell Berry was asked how the destruction of land and the replacement of people by technology can be changed, especially by city people who were removed from the experience of farmers. His response was not simple. “You can describe the predicament that we’re in as an emergency, and your trial is to learn to be patient in an emergency” (Bittman). The change has to come from “the people at the bottom.” I believe this can be applied to crises of health as well. To be patient, specifically to be *a* patient, is to be a cross-bearer.

Those in healthcare must do their best to enter into that world of the suffering and to listen to those bearing it. Therefore, the common language of health and its limits should not come from the hospital or the universities but from physicians and patients suffering well together within community.

Joel Shuman offers another way in which Christian language can help us approach the issue of limits: “Christian tradition going back to Scripture affirms that salvation is a matter of being gathered together and united to Christ and to all those with whom one shares a baptism, even, ultimately, to all of Creation” (Shuman 41). This ecclesiological understanding of salvation is also an understanding of health, because in a Christian understanding the two cannot be separated. For someone to be “saved,” they are necessarily healthy—for *salus* is the old Latin word for both health and salvation. In “Health as Membership”, Berry notes that the word “health” comes from the same root word for “holy” (144). In a world where the Word has become incarnate, the reality of body and soul cannot be separated. Therefore, the health of the soul depends on being active in the communal body of others, and this gives us a tangible limit to adhere to when adjudicating the morals of medical decision. Berry himself uses this principle in his writing, believing that “the community—in the fullest sense: a place and all its creatures—is the smallest unit of health” (“Health is Membership” 146). We must consider the health of the world around us when we consider our own personal health. Again, the modern medical industry is not equipped to establish community built around love. This must be done by the amateur, by patients and the ones who love them.

In summary, Wendell Berry has diagnosed our culture as one that is diseased, with a chief symptom being our increasing concerns over bodily health. As a farmer, he

knows agricultural health to be something both readily apparent and not an object of constant, overbearing attention. He attributes our hyper-consciousness about physical health to an increasingly specialized, industrial world ruled by the “standards of the professional”. It is the “amateur”, motivated by love, who must seek to understand natural limits in order to bring about true health. This task is great, but as seen in Hauerwas, McKenny, Barth, and Shuman, this can be done by cultivating a shared language and a shared community. Specifically, for those authors and Berry himself, it must be a communal language shaped largely by a Christian tradition that can paradoxically find joy and love even in suffering. By crafting a definition of health that is dependent on community and by cultivating imagination through his body of fiction, Berry seeks to give an understanding of health that respects natural limits and thus allows human beings to thrive.

CHAPTER THREE

Health in Wendell Berry's Fiction

Hopefully, when a patient receives a diagnosis, a course of treatment can be pursued. Through his essays, Wendell Berry has given our culture a diagnosis of disease, the disease of professionalism and disintegration. The treatment is to instill a spirit of amateurism back into the culture with help from those directly involved in health care. But this spirit of affection must first come from community, where the picture of health is formed and made tangible. In this chapter, I will show why this formation of community is necessary for Berry and explore how he creates an imagination of health in his fictional writings.

In his most robust writing on the topic of health specifically, "Health is Membership", Berry puts forward five questions which approach some of the most pressing topics of modern health care. Of all the questions, the first one is by far the most essential. Berry asks:

Can our present medical industry produce an adequate definition of health? My own guess is that it cannot do so. Like industrial agriculture, industrial medicine has depended increasingly on specialist methodology, mechanical technology, and chemicals; thus, its point of reference has become more and more its own technical prowess and less and less the health of creatures and habitats. (152)

In the same passage, Berry expresses his belief that neither the universities nor the government can answer this basic question of wellness. Those great institutions, in a way similar to industrial agriculture and industrial medicine, have conflicting interests. Large

corporations, universities, and government structures are not created for the sake of health, and at times directly oppose well-being. But if professional institutions are not suited to define health, then what groups are? The answer, according to Berry, would be local communities.

The reason that the local community is necessary for defining the nature of health is because health simply does not exist outside of community. As said previously, community “is the smallest unit of health” (“Health is Membership” 146). Local communities are the cells which make up the tissue of human society. One might contend that an isolated human being can exist apart from society as a hermit, but being a social being, this could hardly be considered the best means for human flourishing. Further, this community is not merely social. Community reaches far beyond a collection of persons. It includes the land, the vegetation, the animals, and the stories that live on through the memory of its inhabitants. If people are to be whole, to be healthy, then it is not enough for the individual to be whole unto himself. Instead, there must be a relationship between all layers of creation that humans can use as a measure of health. According to this local mindset, the ability, or inability, to relate with community is the clearest indicator of the status of health and is essential in defining the term itself. Health is not simply living well but living well in the context of others.

One phrase Berry uses to describe this relationship between the individual and his or her community is “the sense of belonging to others and to our place” (“Health is Membership” 144). Here, “belonging” is not being used to describe the relationship between master and servant, monarch and serf. No, this is not a relationship of power. It is a belonging of mutual aid and love that binds people and place together. Belonging in

the works of Berry is more closely related to the idea of “membership.” Looking to the title of aforementioned essay, we see that membership is synonymous with health. Membership denotes a kind of mutual love and duty that calls forth the spirit of the amateur. It entails personal knowledge of the community, and not just an abstract understanding that one might gain from looking at a population statistic or by reading an account in a history textbook. It is this sense of belonging which holds all of Berry’s stories together.

This need for belonging is why Wendell Berry places his stories in a well-imagined time and place. The majority of Wendell Berry’s novels and short stories are set in the fictional town of Port William. It is a small, rural community built on the banks of the Kentucky River, or simply, as it is called by the people of Port William, “The River.” The significance of this place is that it mirrors the real-life home of Berry himself, Port Royal, Kentucky. So, when he writes about Port William in his novels, he is in a way writing about a place he has known. Berry is able to depict a rural Kentucky town with a population of less than 100 people because that describes the actual place where Berry belongs. The desk where he pens his stories is at a window which looks out over the Kentucky River. He is sharing his experience of a land which is intimately known by few. In the stories, every fork and branch of the river has a name, and that name usually pertains to whichever family has taken ownership of that portion of the riverbank. The identity of the people and the land are found in each other. The families of Port William have livelihoods and traditions that are shaped by the hills and fields which surround them, and the place is distinguished by the folks who have named it and shaped it.

However, not everything can be known about a place, even a place as cared for as Port William. Berry informs his reader that there is no written history of Port William. The land asked “too much of their attention and energy to leave time or strength for record keeping. That the town had been begun, and was there, was more important than explanations and motives and reasons and memories” (*A Place on Earth* 26). A larger city might have extensive records to look back on, but for a place as small as Berry’s semi-fictional community, the only record is what lives on in the memories of its members and the stories which are passed on to their children. Outside of that, Port William is nothing more than a dot on a map. In order to know a place such a Port William, it must be lived in. It must be loved. During a 2013 interview with Bill Moyers, Berry laid out this simple principle: “My belief is that the world and our life in it are conditional gifts... We have the world to live in on the condition that we will take good care of it. And to take good care of it we have to know it. And to know it and to be willing to take care of it, we have to love it” (Moyers). In order to have health, whether of the body, the land, or community, there must be proper care. Proper care can only come from the knowledge that is a arises from love. According to Berry’s understanding, love within community must be the source and sustaining force of health.

How then does Berry engender love of place and community through his fiction? The answer to that question is partially revealed in Berry’s *Hannah Coulter*. While reflecting back on the early days of motherhood, Hannah thinks of the times when she and her husband Nathan told the stories of old Port William to the children. They were stories of the days before plumbing, electricity, and the highway. Her children enjoyed the stories, and she enjoyed telling them, but Hannah cannot help but ask the question,

“Did we tell the stories right?” (*Hannah Coulter* 113). Telling the stories right means speaking honestly of the goodness of a place. It does not mean a place should be idealized or to suggest “that everything should have been different” (113). A story told right would be one that invites the audience to see the good in a place just as it was. At his best, this is exactly what Berry does. The Port William stories do not pretend rural America to be a pastoral land of plenty. As Berry said in a 1997 interview, “The qualities of a healthy community don’t include perfection” (Grubbs 115). The Kentucky farmer writes about the tragedy and hardships that exist within the lives of his characters, but he balances those afflictions with the everyday pleasures of ordinary life. In doing so, Berry is able to depict rural, community-driven life in a way that is honest but compelling. He does not try to invent a utopian farming town, but rather invites his readers to see beauty in what is commonplace.

In his book *The Place of Imagination*, Joseph R. Wiebe explores how Berry’s fiction transforms its readers. In his conclusion, Wiebe states:

Reading Berry’s fiction has a bodily effect: its truths are not “known” in the sense that by reading on acquires new knowledge, but it changes how one sees reality. Concomitant to thinking about aspects of mundane life differently is describing them differently, which changes the meaning and significance those concepts have in our lives. (Wiebe 155)

Berry does not write his fiction in a way that explicates a moral theory. He also does not suggest his readers ought to imitate any particular character, although some members of Port William do possess virtuous qualities worth admiring. Instead, by “telling the stories right,” Berry is inviting us to look at the world with the eyes of an amateur and tell the story of our own places. Wiebe continues, stating, “The specific practices...will come from an affectionate perception of the place and its members. The drama of

Berry's Port William stories will not detail these specifics but can help cultivate an affectionate perception" (161). With the proper "affectionate perception", people can come to know a place, and only then know how to live in it in such a way that brings about health.

Keeping in mind that what is healthy for Port William may not be healthy for our own real places, we can begin to ask where health and disease can be seen in Berry's fictional world. To begin, we can investigate the use of medicine in the stories and see what the characters who practice it are like. There is often a reflexive need to turn to "experts" when any special area of knowledge is called upon. There is no doubt that expertise and excellence are needed to a great extent within communities, and Berry acknowledges this in his fictional town. Two physicians are described by name in Berry's stories, but they are as noteworthy for their limitations as they are for their medical knowledge.

While many doctors in fiction are honorable heroes, there are also many examples, from Chaucer's "Doctor of Physic" to Doctor Faust, of literature humbling those who are arrogant in their approach to medicine. Berry accomplishes this in his own humorous fashion with the character of Dr. Gib Holston. First appearing in the short story "Mike", the doctor is immediately set apart from most of Berry's characters. Young Andy Catlett, a character who often can be read as a stand in for Berry himself, recalls living next to "Doc" in Hargrave, a larger town 10 miles up the road from Port William. The very first thing that Andy notes about Doc is that he "was the town's only professed atheist" ("Mike" 179). Doc's lack of faith is his sole defining characteristic when he is brought up again in *Andy Catlett: Early Travels*, so this is an essential feature

of his characterization. Wendell Berry is expressly Christian but the nuance with which he treats the topic of faith in other areas indicates that he is not outright criticizing atheists per se. For example, in the novel *Jayber Crow*, Berry honestly describes feelings of doubt towards Scripture and institutions of faith. What is different in the case of Doc is revealed by his brazen attitude. Berry explains, “He thought of himself as outrageous, and so of course he was, and he enjoyed his bad reputation” (“Mike” 179). Doc intentionally offends his neighbors, and therefore it is not a stretch to say that his profession of disbelief is accompanied with an air of pride. His proud rejection of God separates him from his neighbors in way that it might not have in a large city. Berry is emphasizing a separation between the doctor and the community.

While the title of doctor is one that carries honor and respect, Port William and Hargrave are not places known for formality. In the words of Ernest Finley, a member of the town, says, “In Port William we don’t distinguish the masses from the classes” (*Jayber Crow* 121). The people in this community who think too highly of themselves stand out, such as Cecelia Overhold, a smug church lady who is never satisfied by the Kentucky countryside. This is why everyone calls Holston “Doc”. It is friendly but also establishes that his education does not grant him privilege over his neighbors. Berry makes this clear by noting that Andy’s mother is the only one who greets him with “Dr. Holston”, and even then, Berry makes it clear that it is done in a satirical tone. Wheeler, Andy’s father, is one of the few members who can bear spending time with the physician, and Berry writes a story about the time they decided to go on a hunting trip together.

For however much medical knowledge Doc has, he cannot hit the broad side of a barn with birdshot. In order to compensate for his lack of marksmanship, Doc buys an

expensive, automatic twelve-gauge that he places “technological faith” in (“Mike” 180). However, even with the superior machinery, Doc is no match for the quails. The fancy shotgun only causes him to waste shells at a faster rate. Not only is this an example of technology being unable to make up for a lack of human ability, but it allows Wheeler and the reader have a good laugh at Doc Holston. In this fictional community, doctors are respected but not revered or deified. A doctor might be able to perform complex surgeries but still be totally inept when it comes to more common tasks. Holston does not possess the hard-earned skills of a hunter or a farmer. Holston cannot provide food like his neighbors can, and what is health without food? The context of small, rural life exposes the absurd nature of a doctor thinking himself above his fellow Kentuckians.

The second physician in Berry’s world is not ridiculed in the same manner. In fact, Dr. Markman is a seemingly admirable man. Situated between the poolroom and the barbershop, Dr. Markman’s practice was almost certainly a less lucrative business than a clinic in a bigger town like Hargrave would have been. A description of his car shows that even as a physician he is not wholly alienated from the land. It is caked in mud from making house calls along the dirt roads which run up and down the creeks. Andy describes Markman as “a good-humored man” who “made us all feel better just by coming into the room” (*Andy Catlett* 101). There is something pleasant about this country doctor’s bedside manner, but even then, there is still a disconnect that can be felt between patient and physician. Andy explains this by saying, “My few encounters with him had not been entirely pleasant, for he came where sickness was” (101). Doctors are not constantly present, maintaining the health of individuals, but appear when that health has been compromised by disease. Many people find themselves at their lowest points

when a doctor arrives. This is another challenge for care providers to deal with affectionately.

Dr. Markman appears in one such crisis in the short story “Stand by Me”. The story recounts the death of Lettie Coulter, wife of Jarrat and mother of Tom and Nathan Coulter. As she contracts an unnamed disease and her health starts to decline, Markman shows up at the house and proceeds to do all he can to restore her. What is notable is that even as her physician, Markman does not provide the bulk of the “health care” in this instance. Burley, Jarrat’s brother, claims, “instead of belonging just to Jarrat to pay attention to, she began to belong to all of us” (“Stand by Me” 113). Everyone in the community became responsible for caring for her in her sickness, not just the doctor. The people around her cook, take care of the house, and pray. It is an example of care extending beyond medicine. But even with everyone pouring out their love for her, Lettie dies.

Health care does not stop with death, and it did not in the case of Lettie Coulter. “The boys all of a sudden, instead of belonging just to her and Jarrat, belonged to us all” (113). Tom and Nathan have to be taken care of by Burley and others after their mother dies and their father’s spirit is crushed. That level of tragedy is not one a person can prepare for no matter how much training they have undergone. No medication exists that can mend broken familial bonds. There are great limits to a doctor’s ability to heal, even with all the great scientific advancements that have been made. However, the good news is that there are people who are suited for the kind of restoring that doctors cannot bring about. Those people are the family, friends, and neighbors of the ill and the dead. Dr. Markman does not stand alone in his task of keeping Port William healthy. The whole

town has to work alongside him, and the fact that he is a member of the community, and not an outsider, facilitated this great healing.

Sadly, private country doctors that are as integrated with a small community as Dr. Markman is are much rarer in the present day. The last time that Markman is mentioned, in the novel *Jayber Crow*, the barber of Port William is reminiscing over the days when the doctor still lived in the town. After Dr. Markman leaves, Port William becomes more reliant on Hargrave and the hospital that exists there. This only illustrates a larger trend of businesses leaving the little town. There are certainly benefits that come with the centralization of medicine. The quality of care from a technical standpoint greatly increases when you transition from a two-room wooden building to a hospital, but that comes at the cost of losing healthcare providers who know the community as intimately as someone like Dr. Markman. When doctors no longer live and work among their patients, the mutual sense of belonging starts to decrease. Since Berry considers belonging an essential element of health, the health of the community is injured.

That is not to say that the building of the hospital in Hargrave necessarily worsened the health of Port William. A hospital is an essential part of the local social system, and we see good come from it in *A Place in Earth*. When Hannah Feltner goes into labor, she has to be rushed to the hospital. Without the resources that the hospital brings with it, Hannah or her baby might not have survived labor and delivery. As Berry points out, “In a time with little understanding of ‘birth control,’ without a telephone or good roads, when a doctor might be hours away, pregnancy was something to fear” (“Misery” 88). Hannah’s father-in-law, Mat, is understandably filled with this fear, and the reader sees the hospital through his eyes in this moment of anxiety. He is not

afforded one second to say goodbye before she is rushed off to the labor room where access is restricted. It is easy to empathize with Mat if you have been in a similar situation. When he shouts that the hospital is run like a prison it seems like an apt comparison when you look at the cold, hard design of many older hospitals.

Greater still is how foreign the hospital feels to him. The nurse working at the desk “wears a look of complacent disgust; her worst suspicions have been confirmed many times, and she is used to it” (A Place on Earth 219). She is understandably suspicious of the stranger because they are not in a place of belonging. Mat does not belong to the hospital. The waiting room of the hospital is “a timeless space wedged into time, far from any place where he would be at home” (A Place on Earth 220). It a temporary place, one to go to in order to return home. A person he loves has been taken into this place in order to be safely returned, but Mat has no control in the hospital. He also lacks sufficient knowledge to be of any assistance. Thankfully, the situation resolves positively. Both mother and child are safe, but how could the anxiety of this situation be reduced? Part of the fear is inevitable. Medical crises are traumatizing, and that is something that has to be suffered to get through. However, the feeling of alienation can still be addressed and lessened. This estrangement is not only found in hospitals, but government and corporate services generally. Dealing with centralized entities often leads to frustration because in those circumstances it feels like you are not working with individuals but an unfeeling system. This distrust is necessary for the market relations of wider society, but the daily rituals and relationships that comprise health do not belong to wider society. Thankfully, the Hargrave hospital returns Hannah and the baby to Mat and

Margaret, and the family can continue the work of healing back at home. Not all trips to the hospital are so fortunate.

Berry's strongest critique of the modern medical system comes from the short story "Fidelity". Family and friends have gathered around an elderly Burley Coulter who has fallen into a coma at a hospital in Louisville. Before taking him to be admitted, Nathan remarks, "He's never been to a doctor since I've known him. He said he wouldn't go" (374). Yet the Port Williamites drive him to the hospital because they know nothing else other than to let doctors handle the situation. This decision soon becomes a regrettable one.

When they returned on yet another visit and found the old body still as it had been, a mere passive addition to the complicated machines that kept it minimally alive, they saw finally that in their attempt to help they had not helped but only complicated his disease beyond their power to help...Loving him wanting to help him, they had given him over to "the best of modern medical care" – which meant, as they now saw, that they had abandoned him. ("Fidelity" 376)

Burley's disease started as a bodily disease, but has extended far beyond him, affecting all those who loved him. The hospital dehumanizes him, turning his death into a sterile, unnatural process. Nathan is aware that Burley would rather "die like an old animal", which ironically would have been a much more human way to pass ("Fidelity" 374). At the hospital it is only the suffering of Burley and of his loved ones that is extended, for it would be hard to argue that Burley was really living in a comatose state. Fed up, Danny Branch, Burley's son, takes control back from the hospital by kidnapping his father. While criminal, Danny restores Burley through this action. Burley passes away the way he would have preferred. He is restored to his place, the woods he loved to be alone in, and he is restored to his people. Danny is able to exchange a few final words with his

father, and the rest of the town is able to rest knowing their beloved member is no longer suffering.

Just as Mat's fear during the delivery stemmed from feelings of alienation and helplessness, the pain Burley's friends feel begins with losing control. None of them have the medical knowledge to treat the bodily afflictions Burley faces, but the hospital administrators do not understand the disease caused by isolating him from his local community. The afflicted always need a say in how they face sickness and death, and without healthcare providers who intimately know the people in their community it is not guaranteed that the patients will be understood.

Part of what the modern medical industry cannot do is imagine. In the novel named after her, Hannah expresses, "Imagination is what is needed. Want of imagination makes things unreal enough to be destroyed. By imagination I mean knowledge and love. I mean compassion. People of power kill children, the old send the young to die, because they have no imagination" (*Hannah Coulter* 168). Here she is referring to the global powers that sent young men to kill each other in World War II, but this lack of imagination applies just as well to the professional spirit of medicine. Medicine, and all post-enlightenment natural science, largely deals with data that is quantifiable. However, moments with your child or your spouse are qualitative, utilizing the imagination of affection. The peace that can arise while sitting in the woods alone is not something that can be narrowed down to a statistic. Medicine can teach people how to heal the body, but not how to live. Berry gives two great examples of this kind of imagination through the deaths of two beloved characters.

The first death is the one that prompted that previous quotation from Hannah Coulter. It is the death of her husband, Nathan Coulter. Towards the end of the novel, Nathan is diagnosed with a form of metastatic cancer. The doctor informs him that he should start radiation therapy immediately or else he will die soon. Without second thought, Nathan refuses. “He didn’t want his death to be the end of a technological process” (*Hannah Coulter* 161). Hannah, understandably confused and pained, does not understand why her husband refuses to be treated. She becomes frustrated when she watches him carry on with his day-to-day routine as if nothing happened. Hannah confronts him, asking if he is just going to die, and his response is profound. “Dear Hannah, I’m going to live right on. Dying is none of my business. Dying will have to take care of itself” (161). Death is not some disease to be cured, but a reality to accept. The shortened span of his life does not diminish the moments Nathan has left.

Nathan lives out the rest of his days at home, sticking to his chores as best he can. It is a beautiful picture of courage and love. That said, “living right on” is certainly not easy according to Berry. The strain Nathan undergoes is great and he has to take strong pain medications each night. He slowly becomes unable to work on his farm. The suffering Nathan faces is real, but in many ways, it is not as agonizing as the radiation treatment, which Hannah calls a “hopeless hope” (161). If Nathan had undergone the treatment, he might have lived longer, but with no guarantee that the life he would have after would be a life made whole. It would also be hopeless in the sense that death is inevitable, and Nathan was an older man. There is no avoiding death, so Nathan welcomes it with courage. “Death had become his friend” (*Hannah Coulter* 163). It takes imagination to see the beauty in the final moments of life, especially when there is

great pain. Nathan has this imagination and is able to tell Hannah he loves her one last time in their home as he passes peacefully.

Equally poignant is the death of Big Ellis in “The Requirement”. After Big is diagnosed with an unspecified heart condition, Burley, feeling “the requirement” that one has towards their loved ones facing death, goes to visit him daily. Big Ellis “didn’t seem to be in a hurry to get well, or to die either” (195). His wife pushes him to go see a cardiologist, but Big refuses. Just like Nathan Coulter he decides to live right on as he always has.

The day Big is going to die, Burley feels it as soon as he steps into the house. Big Ellis knows it too and tells his friend that his time has come. Like most people, Burley feels unsure about what to do. Berry writes:

I could feel the greatness of life and death; and the great world endless as the sky swelling out beyond this little one. And I began again to hear from that requirement that seems to come from the larger world. The requirement was telling me, “Do something for him. Do more than you’ve ever done. Do more than you can do.” (“The Requirement” 198)

It is the hope in what lies beyond death that compels Burley to show love towards Big Ellis in his last moments. This hope makes him ask if there is anymore that could be done. Before Burley leaves, Big Ellis makes one request: to take care of his .22 revolver so that he knows it will be in good hands. As he walks away with the revolver, Burley still feels like he must carry out one final act of affection, even when there is “nothing more” to be done. Remembering the old, rusted dinner bell that was next to the house, Burley turns around and fires a single round at the it.

It filled the day and the whole sky and brought the worlds together, the little and the great. I knew that, lying in his bed in the house, Big heard it and was pleased. Standing in the lot, I heard it and I was pleased. It wasn’t enough, but it was something. It was a grand sound. It was a good shot. (“The Requirement” 200)

In the face of death and disease, there is only so much we can do. Those natural processes can only be slowed, not stopped. The most we can ask of each other is to live with the knowledge that we made a grand sound and steadied our aim for a good shot. Health must take into account the quality with which people live life, and not merely how long a life they have.

Neither Nathan's nor Big Ellis' stories are tragic in the sense that they lead others to despair. They accomplish just the opposite. Those stories exist to cultivate the imagination so that the reader may look beyond an understanding of health that is afraid of death. They are examples of how a healthy life may still be lived, even if not all options for medical treatment were extinguished. The most important aspect of health is to be whole with one's community, and while their strength began to fail them, those men sought that wholeness until the bittersweet end. Burley's rebellious revolver shot and Hannah telling her own story are celebrations of life, not lamentations of it.

All of Berry's fiction revolves around life in a small community. Within the local community is where life takes place, and in turn it is where health is found. Berry depicts physicians in his stories as necessary figures, but not prominent ones in the community. If physicians are to treat their communities better, they must first know them as active members in community life. More importantly, the lack of attention the physicians of Henry county receive places the emphasis on all of the other citizens. It is the people within a community that have the greatest influence on its health. With the right imagination, even suffering and loss within the community can be transformed into something hopeful.

CHAPTER FOUR

Implications of Health as Wholeness

It would not be possible for everyone to move to the country and become a farmer. People have different talents, and farming is not something that can be learned without practice. A small hobby farm might not be a full-time job, but it still requires serious work. Also, there is something to be said about taking root where you are planted, even if where you are planted is in the middle of an urban area. The world may indeed benefit from more people wanting work with the land or start lives in small towns, but people will have a need for physicians no matter where they live. Even if they find themselves living in the middle of a metropolitan area, how can future healthcare providers apply the contrarian ideas of the Mad Farmer to their practice? In this final chapter I will explore different ways in which Berry believes an agrarian mindset can be applied to medicine directly. According to Berry, if we are to value the economy of land and people, this approach to medicine will necessarily be less invasive and more restricted. At the same time, medicine should not be romanticized in the pursuit of holistic treatments. No matter what area of medicine one practices, a physician can take into account the needs of his or her community. This chapter will examine the intersection of medicine and culture with examples ranging from popular technological trends to public safety concerns, such as the health risks associated with outdoor meat markets. Physicians are often called to engage with culture and reading Berry can lead to

the understanding that professional expertise can and should be employed for the sake of loving a community.

It has been said for some time now that the United States is facing a shortage of physicians. When the Affordable Care Act was signed into law in 2010 under President Barack Obama, this issue was of great interest. If the Affordable Care Act was to increase medical coverage in the United States to a great extent, would the current number of doctors meet the new demand? The healthcare establishment has not come to a conclusive answer. Concern over this potential problem was stoked again in 2017 when a prominent article was published in *the Journal of the American Medical Association* by the Association of American Medical Colleges. In this article titled “Addressing the Physician Shortage”, the researchers explain that according to data published by the AAMC our country will “face a shortage of between 40,800 and 104,900 physicians by 2030” (Kirch and Patelle 1947). The same article attributes this looming decline in physician-to-patient ratio to the large demographic changes we are seeing unfold. The AAMC predicts that “between 2015 and 2030, the US population will increase by 12% to 359 million, with the population aged 65 years or older projected to increase by 55%” (1947). Our country is growing while our citizens are living longer. This is not widely disputed. The elderly population requires more medical care than other demographic groups, and therefore more doctors are needed in the country when the average lifespan increases. What further complicates this is that our doctors are included in this aging population, and “more than one-third of all currently active physicians will be aged 65 years or older within the next 10 years.” (Kirch and Patelle 1947). If we do not have

young doctors to replace the retiring physicians, the shortage will be great. This is why the AAMC predicts such a large deficit.

Dr. Ezekiel Emanuel, a professor at the University of Pennsylvania and architect of the Affordable Care Act, helped publish a direct response to the American Association of Medical Colleges' article. In his response he and his colleagues argue that the United States not only has enough physicians for the growing population, but a surplus. This conclusion was reached by doing a quick calculation, multiplying the estimated number of full-time primary care doctors with an estimation of how many patients each of those doctors could realistically serve. "Conservatively, if each of the 388 000 full-time primary care physicians cares for an average of 1500 patients, they could care for an estimated 583 million people" (Gudbranson et al. 1945). This final estimation is much greater than the country's population. This same article goes on to make another calculation based on the average annual number of primary care visits.

If each primary care physician sees patients in 30-minute appointments for 6 hours a day (12 appointments per day) to ensure patients are thoroughly examined and visits are not rushed, then 43 million primary care physician work- days per year are needed (507 million visits divided by 12 visits per day). If physicians work an average of 200 days per year, then an estimated 215,000 active, full-time primary care physicians would be needed for all the primary care office visits in the United States. (1946)

Wendell Berry's Mad Farmer would surely raise an eyebrow at this generalizing, calculative approach. The estimations rely on "30-minute appointments" and physician panel sizes of "1500 to 2000 patients". While the numbers that are utilized in this calculation are indeed conservative when compared to national averages, this article does not question whether this ought to be the case, nor does it factor in the possibility of differing needs based on locality or patient population. For example, a 2007 study

involving primary care doctors showed that time constraints were a common concern when dealing with dementia patients, suggesting that these constraints can lead to subpar care in some cases (Hinton et al.). If doctor's offices functioned just like computers, they might attain the high levels of efficiency that Dr. Emanuel and his colleagues call for. However, health care providers are not computers and, according to Berry, "The standard of the exploiter is efficiency; the standard of the nurturer is care" (*Unsettling of America* 9).

Regardless whether the so-called physician shortage is a major problem or not, society needs doctors. It is not a career that can easily be replaced, even with great advancements being made in medical technology. The authors of the AAMC sponsored article make it clear that if there is indeed a physician shortage, then technology will not offer a simple solution. New innovations are not always labor-saving devices. At times, new technology can lead to more work. They illustrate this by way of three different examples.

The first of the three is the much talked about revolution in telemedicine. The impact that telemedicine has made should not be understated. The convenience of being able to meet virtually with a healthcare provider or for a healthcare team to be able to monitor symptoms remotely can save lives. An article titled "Virtually Perfect? Telemedicine for Covid-19" from 2020 in *the New England Journal of Medicine* expounds on some of the ways that telemedicine has been crucial for surviving the Coronavirus pandemic. For example, telemedicine plays an important role in "forward triage", which is "the sorting of patients before they arrive in the emergency department" (Hollander and Carr). If a patient can be screened for possible risk factors before arriving

at the hospital, then possible exposure can be minimized. This not only protects those providing healthcare but the community at large. It seems clear that telemedicine will continue to play an increasing role in how doctors and patients interact with each other. However, while it might be a great tool for emergency medicine or some routine follow-up appointments, virtual communication is not ideal for every situation. The implementation of new technology brings with it new technical difficulties, so it must be remembered that “while telemedicine is a new and robust technology that improves convenience for patients, it does not save time for physicians” (Kirch and Patelle 1948).

The second complication that arises with technological innovation is the fact that technology has played a key role in helping people live longer. As new technologies lead to better treatments for diseases, the average lifespan has increased. This demographic change, “result[s] in the use of more medical care over the course of a lifetime, sometimes for conditions that, as a result of new technologies, have become treatable diseases requiring ongoing care rather than causes of death” (Kirch and Patelle 1948). The fact that people live longer due to technology is something to be celebrated. If life is something to be valued, then one should not be cynical about modern medicine’s effect on the elderly population simply for the sake of being a contrarian. That being said, we should consider what this article is saying without naivety. As our elderly neighbors become older, our obligation to care for them becomes a greater task. If the owners of a farm were to buy all the land which surrounded their fields, then the work required to take care of that land increases with every added acre. Likewise, as the boundary of life is pushed out, as we come up against humanity’s natural limits, then the love, knowledge and work required to care for that life increases. Advances in medical technology mean

that more responsibility will be put in the hands of those in healthcare, as well as the community at large.

The third example of modern technology's impact on medical practice is the increasing use of computers as diagnostic aids. Artificial intelligence and analytical software might be better at comprehending large sets of data than the human brain, but "even if supercomputers like IBM's Watson become common diagnostic aids, a computer cannot replace a human being when it comes to the empathic communication required for effective care and shared decision making" (Kirch and Patelle 1948). There must be love and prudence in order to interpret and act on any model that is calculated by a computer. For that reason, computers should not be seen as machines that will one day replace physicians.

This is very similar to something Wendell Berry declared in his controversial essay, "Why I Am not Going to Buy a Computer." As his final, and self-proclaimed best, reason for purchasing a computer, Berry states:

I disbelieve, and therefore strongly resent, the assertion that I or anybody else could write better or more easily with a computer than with a pencil. I do not see why I should not be as scientific about this as the next fellow: when somebody has used a computer to write work that is demonstrably better than Dante's, and when this better is demonstrably attributable to the use of a computer, then I will speak of computers with a more respectful tone of voice, though I still will not buy one. (171)

The argument being made here is that this new technology, the personal computer, is not improving the actual art, writing. Typing his drafts onto a computer may simplify the editing process and maybe it would allow him to write faster, but Berry is asserting that the computer would not make the words any more true or beautiful. It should be noted that while he does not write using a computer, computers now play an important role in

how Berry's works are distributed and in how agrarian ideas are spread. It should also be noted that the use of a computer would be more helpful for Tanya, his wife who types out all of his manuscripts. When we discuss computers as time-saving devices, we should not forget to ask whose time is in question.

The difference between an author like Berry and a physician is that computers really do perform some tasks with far greater efficiency and accuracy, in a way that matters when human lives are at stake. A computer program might not be able to elevate poetry to the level of the *Paradiso*, but it can power a machine that is used in robotically assisted surgery. Technology like medical imaging can even prevent surgery in some cases. Modern hospitals rely on computers, and that is a good thing when they allow those in the hospital to restore relationships between sick people and their communities. Medicine has embraced computers for the benefit of all involved, and Berry's rejection of digital technology does not work in the context of hospitals. However, we might look to Berry's example in the moments when the art of medicine requires steady recourse to the affections of the human heart. At the end of "Health is Membership", after his brother John's surgery, Berry recalls the nurses trying to reassure John's wife with a technical explanation of what had taken place. Only when one of the nurses looks intently at her and offers her a hug, does the emotional healing, that must accompany the physical healing, begin to take place. People who can relate to this episode know that having some form of reassurance is no small thing when surrounded by the seemingly cold and sterile world of the hospital. There is something dehumanizing if, for example, a physician comes into an examination room only to stare at a computer screen for longer than the time he or she actually spends looking into the eyes of the patient. We need to

utilize technology well and not allow it to become a barrier between patient and physician.

Young physicians will have to make important decisions regarding new technologies if they are going to hold positions of leadership in healthcare in the future. New technologies are being created at a rapid rate and it is hard to tell what kind of machines will be implemented in the hospitals of the future. Progress, innovation, and efficiency are important, but those values already have a large number of advocates. It is less common to hear people challenge innovation in a constantly evolving field like medicine. That is why it would be beneficial to have leaders who advocate for slow and careful change, especially in the realm of public health.

A recent and popular example of digital technology overlapping with medical testing is the Apple Heart Study. This study was quite large in scale, with 419,297 participants over the span of 8 months. Apple, along with researchers from Stanford University, accomplished this by taking data from the participants' Apple smartwatches. On the back of the watches are optical sensors which can detect abnormal heart rhythms. If participants were notified by the smartwatch of possible atrial fibrillation, they were given electrocardiography patches in order to gather more reliable data. "Among participants who were notified of an irregular pulse, the positive predictive value was 0.84 (95% CI, 0.76 to 0.92) for observing atrial fibrillation on the ECG simultaneously with a subsequent irregular pulse notification" (Perez et al.).

The results of the study were impressive in some ways. 84% is a high positive predictive value, meaning that a majority of the notifications from the watches actually turned out to be atrial fibrillation. It is also noteworthy to have such a large study

involving long-term monitoring for arrhythmias, and it shows what kind of data can be gathered from wearable technology. But the study also raises some concerns which were addressed in an editorial published alongside the study, titled “Watched by Apple.” The entire project was funded by Apple and it promotes a product that the company sells. The device is largely marketed to younger people, and this is reflected in the study, as “52% [of participants] were younger than 40 years of age and only 6% were 65 or older” (Campion and Jarcho 1964). People under the age of 40 are not normally at risk for atrial fibrillation or strokes. Therefore, even if the smartwatch is marketed as an important health device, the study does not provide enough evidence to argue that the device will save many lives. This is the kind of thinking Berry was referring to when he wrote, “Half the energy of the medical industry, one suspects, may now be devoted to "examinations" or "tests"—to see if, though apparently well, we may not be latently or insidiously diseased” (“Health is Membership” 154). The editorial then goes on to point out that what Apple really has to gain from devices like the Apple Watch is personal health data. “The uncomfortable fact is that our personal health data have considerable financial value to those who want to use them in the myriad marketplaces connected to our \$3.7 trillion health economy” (Campion and Jarcho 1965). Future physicians will have to be intentional about novel technologies not intruding into the everyday lives of their patients. They must be the ones to step in as advocates for patients if companies market medical technology disingenuously. Possibly, a physician could look towards Berry’s standards of technological innovation for guidance. For example, the first standard, “The new tool should be cheaper than the one it replaces,” does not bode well for products made by Apple Inc (“Why I am Not Going to Buy a Computer” 172).

If technology will not replace the work of physicians, then what could possibly alleviate the high demand for physicians? Both of the papers addressing the physicians shortage agree that there is a problem of physician access, whether or not there is a true shortage. One of the major reasons for this is the unequal distribution of doctors throughout the country. Many communities lack easy access to a doctor, and oftentimes those communities are in rural areas. As Dr. Emanuel's article states, "Nearly a fifth of US residents live in rural areas, yet less than a tenth of primary care physicians practice there" (Gudbranson et al). If this problem is simply treated as part of a physician shortage without taking into account demographic disparities, then medical schools might train more physicians only to have a disproportionate amount still practice in suburban areas. Examining the factors that have led to fewer physicians in rural health, and discussing how rural healthcare can be promoted, is essential.

Throughout Berry's writings he laments the effect that urban centralization has had on rural communities. In the state of Texas, access to a physician in many rural areas is sorely needed. Twenty-three of the state's 254 counties only have one physician, and 32 counties have no physician at all (Cornyn and Williams). Rural hospitals are shutting down as urban hospitals are growing. Using the technologization of medicine as an example once more, telemedicine is often portrayed as a solution to this lack of access, but how will that be accomplished when many people do not have access to reliable high-speed internet? It clear that rural areas are in desperate of need physicians, and some future physicians need to consider the path of rural medicine. At the same time, nowhere does Berry advocate for mass medical exodus from cities. Arguably it may be just as important "to stay where you are planted," and remain among the community you are

already a member of, and to cultivate health as best you can within the city. In that case it is more important what kind of doctor you will be, no matter where you are.

As Berry often advocates against specialization, a future physician might read him and think more about going into primary care. This is understandable, and primary care doctors do have a special connection to the patients they are serving. A doctor in family medicine can get to know an entire family of patients and treat the same patients throughout different stages of life. Not all specialties have such special connections with the community. However, all the specialties are needed, and none should be discounted. No matter what specialty a physician enters, knowledge of limits and the compassionate imagination of the amateur are necessary.

In a time of pandemic, Berry's words for physicians carry even more weight. Gracy Olmstead is an author, journalist, Idaho native and vocal defender of things that are local. In her article on "Wendell Berry's Wisdom in a Time of Pandemic," she recontextualizes "Health is Membership" amidst the unprecedented Covid-19 pandemic. She begins by making reference to T.S. Eliot's poem "East Coker," which explores mankind's place in nature, human folly, and the relationship between suffering and healing. Eliot depicts the entire world as a hospital, and Olmstead, in the spirit of Berry, agrees. "The whole earth is indeed our hospital, and we all are in desperate need of healing" (Olmstead). If one takes Berry's idea of wholeness seriously, then healing has to encompass every part of the earth. Viewing the world as whole in need of healing, Olmstead goes on to list several points of disintegration that have been made more visible in this time of disease.

One of the sources Olmstead points to is a report from *Scientific American* which makes the case that environmental destruction is leading to disease in humans. “The disruption of pristine forests driven by logging, mining, road building through remote places, rapid urbanization and population growth is bringing people into closer contact with animal species they may never have been near before,” said one researcher of ecology and biodiversity (Vidal). When habitats are destroyed, animal populations will necessarily migrate into new environments, which in turn means exposure to new pathogens. As the number of interactions increases due to habitat loss, pathogens evolve and cross between species. So-called exotic species are not always the carrier of new viruses. During an interview with *Vox*, Global health journalist Sonia Shah, pointed to humanity’s responsibility in this situation. “Humans give animals microbes that turn into pathogens all the time, so we are also the source of disease for other species. But we don’t talk about that” (Samuel).

Nature is not an antagonistic force that must be fought against. Rather, humans need to consider the impact on global health when tampering with ecosystems. This is yet another instance of exceeding limits. It illustrates that using the land without knowing the land can lead to disastrous results. As this continues, more physicians need to stand with people like Wendell Berry in order to protect mountaintops, streams and forests, because the consequences of destroying land extend far beyond the land itself. Health of the land is a matter of bodily health, and therefore it is the business of physicians, as well as everyone else.

Olmstead does not mention, however, that the researchers interviewed in the *Scientific American* article not only warn of the danger that comes with environmental

erosion but also the risk of unregulated marketplaces. Open-air “wet markets” in which fresh meat or, in rarer circumstances, live animals are sold, can be “a perfect storm for cross-species transmission of pathogens” (Vidal). Many people at the beginning of the Covid-19 pandemic blamed these marketplaces as the definitive cause for the disease infecting humans. There might be some truth to this claim, and if they are wholly unregulated, then some practices at wet markets like the one in Wuhan, China, could lead to danger.

Yet there is reason to think Wendell Berry might object to the elimination of these local markets, even if they are thousands of miles away from his home in Kentucky. One of the questions that he asks regarding the future of health is, “Why is it that medical strictures and recommendations so often work in favor of food processors and against food producers? Why, for example, do we so strongly favor the pasteurization of milk to health and cleanliness in milk production” (“Health is Membership” 152)? The debate over these markets falls under the scope of this question. It asks who should be responsible for the healthy production of food and whether total sanitation really is a healthy goal to strive after. Much of the rhetoric against Asian and African wet markets has been exaggerated, especially in popular culture. Some of the speech has even bordered on being culturally prejudiced and out of touch with reality. For example, when asked about wet markets on the popular radio program *the Howard Stern Show*, Paul McCartney of Beatles fame called them “medieval practices,” compared the selling of fresh meats to slavery, and said the vendors “might as well be letting off atomic bombs” (Beaumont-Thomas). While it might be easy to dismiss comments like this as

sensational, tabloid journalism, many more people tune in to *the Howard Stern Show* compared to the number of people that read public health journals.

Physicians play an important role in shaping the public opinion on topics of health, so when unbased rhetoric like this is spread in popular culture physicians should utilize their credibility and speak out against it. This is even more important when those spreading the falsehoods are connected to special interest groups such as the food industry or pharmaceutical companies. As researchers fairly point out, “Wet markets are considered part of the informal food trade that is often blamed for contributing to spreading disease. But ... evidence shows the link between informal markets and disease is not always so clear cut” (Vidal). The same scientists instead point to the less controlled trade of wild animals, as opposed to farmed animals, as a greater risk for the transmission of disease. How communities continue to deal with problems such as this one is important on a microbial level, but the conversation of health does not stop with the discussion of pathogens.

Advocating for broad public health changes that are not locally informed can have adverse effects for those involved. It is easy for someone completely removed from the community in question to look at the practices of a place and deem them unnecessary or harmful. “These markets are essential sources of food for hundreds of millions of poor people, and getting rid of them is impossible,” said one epidemiologist based in Kenya (Vidal). To say one of these markets should be banned does not account for the local community’s health. For many people, malnutrition is a more immediate threat than the less probable transfer of disease. The local economy also has to be seen as an element of health. Farmers and fishermen who might rely on their local marketplace for business

would have their livelihoods threatened if their government allowed only a narrow selection of processed foods to be sold in open-air markets. If the whole world really is to be seen as a hospital, then all of these factors must be considered aspects of health. If a public health policy is going to change, the health risks have to be clearly demonstrated. Not only does the risk of disease have to exist, but that risk must also clearly outweigh the negative consequences that will come with changing communal practices. So, even if risk factors can be demonstrated in this way, there is still danger in changing local custom.

In Guadalajara, Mexico, the majority of the population is Catholic. The importance of the Catholic faith in many Mexican communities is incalculable. And in the summer of 2020, there were reports of faithful congregants sneaking into churches through backdoors to attend mass. This illegal action went against government guidelines set up to prevent the spread of Covid-19. Understandably, this led to conflict, such as when “authorities launched a mid-mass raid on one local church, the Nuestra Señora de la Luz, and caught 20 people, mostly elderly women, praying red-handed” (Nuño and Briso). It seems most likely that these women did not intend any harm by their actions, but for just the opposite with their act of prayerful worship. Likewise, the state officials likely sought the health of Mexican citizens when enacting the rules banning this type of gathering. No physicians were to blame for this incident, but how might a future physician or medical researcher examine this situation in order to foster a healthier community? If the physician is community-minded in the ways Wendell Berry suggests, the answer is “with humility.”

The physician's expertise is in medicine and bodily health. Those limits need to be recognized, because if physicians are attempting to speak authoritatively outside their limits, then they are speaking without knowledge. A physician needs to enter the conversations outside the hospital as a fellow member of community. The traditional Catholics at that illegal mass take the Eucharist to be the real, physical presence of Christ Himself. Some people would die in order to receive the Eucharist. That is something that no amount of medical training can prepare for and no experiment can quantify. Neither the universities nor the state can decide the worth of such a practice for the faithful community. Only those in the Catholic faith can truly speak to that reality in a knowing way, and even then, there is mystery surrounding the sacrament. Catholics themselves argue over the value of going to the churches in a time like this. Many priests and lay people alike have argued for patiently waiting, but on the other hand, in the Fall of 2020, the Vatican urged Catholics to return to the mass as soon as possible. In a letter addressed to bishops across the globe, Cardinal Robert Sarah reminded them "to ensure that the participation of the faithful in the celebration of the Eucharist is not reduced by public authorities to a "gathering," and is not considered comparable or even subordinate to forms of recreational activities" (Sarah). The importance of the mass is a matter for the Church to decide, not doctors alone. Questions over serious matters of culture need to be dealt with by the community as a whole, and not by experts from outside of it. A physician properly engaged with local community will recognize that while it is within the limits of their training to advocate for bodily health, those in the healthcare field do not hold a monopoly on health itself.

This humility which prioritizes wholeness is even more important when we consider all the other ethical dilemmas that modern medicine faces. Problems surrounding life support, abortion, pain medication, physician-assisted suicide, and equity of medical resources are quandaries that physicians must face. But they must not face them alone. A physician needs to present the specific medical knowledge they have to the community, and not approach tragic problems as an arbiter of morality. Especially on topics of life and death, a physician must remember that “like love, death is in the hospital but not of it” (“Health is Membership” 156).

The need for a holistic attitude is made more apparent in today’s world where patient panels are becoming more diverse in cultural background and beliefs. Economic disparity is a major issue as well, as many patients have no health insurance. In this world where people feel disintegrated from community, it is important to aid in healing those who have been left behind. At the end of her article, Olmstead invokes two powerful images. She looks to Berry’s utilization of the parable of the lost sheep and also to the “wounded healer,” a phrase which appears in the poetry of Eliot. Both are images of Christ. Berry writes, “To the claim that a certain drug or procedure would save 99 percent of all cancer patients or that a certain pollutant would be safe for 99 percent of a population, love, unembarrassed, would respond, ‘What about the one percent?’” (“Health is Membership” 155). Throughout Christ’s ministry he healed many people who were marginalized from society. He treated those whose afflictions, body and soul, were, by all common standards, beyond hope. He did not ask for payment and ended up becoming the “wounded healer” by offering up His own suffering for the true health of every individual. Berry points to an image of Christ in “Health is Membership” because

Christ is the archetype of the “amateur” healer. The healing that He brings comes out of love and is given for all. The affection that Christ has for His people exemplifies what it means to provide care. In order to know and heal the world, you must first love the world.

All people, no matter their occupation, can practice healing. That healing might start from within and be as simple as cultivating habits which lead to a more integral existence. If that is done, healing might extend into the family, and into the community. Making the world whole is something that calls for the participation of everyone, regardless of training or expertise. However, the physician is granted a special privilege. The physician is entrusted with the body. Wendell Berry does not distinguish between body and soul, and because of that the body is elevated above mere matter throughout Berry’s work. The integrity of a person relies on the body as an ensouled reality. Physicians never treat the body on its own, but always are caring for whole persons. Those people are connected to whole communities, which together make up the whole world. Whether through understanding technical limits, advocating for the protection of the earth, or engaging compassionately with culture, physicians are more than scientists who understand human physiology. Above all, physicians need to see patients through the imagination of place, and remember, “What you do on the earth, the earth makes permanent” (*Place on Earth* 180). What is done to the body is made permanent, as well. If, in the works of Berry, we see the importance of a well-loved farm or good soil, then we also find the importance of the human person. The land and the people who live there must be whole, in themselves and with others. That is what it means to be healthy, and that must be the concern of a doctor.

In conclusion, to seek health means to seek wholeness in all areas of life. According to Berry healthy person is someone who is engaged with a healthy community, and he gives no exceptions to this. As stated in his non-fiction polemical work, our society too often portrays health as something contained within the physical body. Nowhere does Berry say that bodily health is unimportant, but he does raise wellness to a higher standard. Physicians are experts of bodily health, but if physicians are concerned with health in its totality, they must treat the body while keeping land and community in mind. Bodily health is important, but not more important than relationship and meaning. Our society is one that is afraid of disease and death, and for good reason. Death is part of the great tragedy of life. That is why death is prevalent in many of Berry's stories. Berry does not ignore the fact that sorrow and pain accompany disease, but at the same time he encourages his readers to face such an inevitability with courage and hope. Those in healthcare need to remember this, as many providers face this suffering in their patients every day. It takes courage to heal, but even more courage to keep "living right on." With that in mind, a healthy view of medicine might have nothing to do with fighting off death. Instead, medicine's role is to restore and cultivate community, in the midst of life always bent towards death.

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