



National Library of Medicine
Network of the National Library of Medicine

NNLM READING CLUB

2018-2021 COLLECTION



Special acknowledgement to NNLM staff

Miles Dietz-Castel
Samantha Nunn
Maddie Romansic
Helen Spielbauer
Susan Wolfe



Developed resources reported in this document are supported by the National Library of Medicine (NLM), National Institutes of Health (NIH) under cooperative agreement with Regional Medical Library institutions. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

About the NNLM Reading Club

Reading has health benefits. Different studies report that it improves memory, enhances empathy, and reduces stress. Reading also is a fundamental way to acquire knowledge, so it stands to reason that reading different health topics can help people make informed decisions about their own health and the health of their loved ones and reduce the stigma surrounding some diseases and health conditions.

The NNLM Reading Club was created as a familiar program to help libraries support the health information needs in their communities. Through the enjoyment and intimacy of a book club, “ready-to-use” materials were developed for readers to discuss health and wellness topics important to them and their loved ones as well as discover evidence-based consumer health resources from the NIH National Library of Medicine and other NIH Institutes.

From November 2018 through April 2021, a small team of consumer health librarians selected books to align with the priority health topics of its sponsoring agency, the NNLM *All of Us* Community Engagement Network, which was funded by a partnership between the National Library of Medicine and the NIH *All of Us* Research Program.

To capture different interests, a variety of genres were considered: fiction, nonfiction, memoirs, graphic medicine, and young adult. Books also were reviewed based upon the following criteria:

- Author *or* book is award-winning or a national bestseller
- Book reviews or reader ratings are consistent and positive
- Diverse voices are represented
- Titles are published or reprinted within the current five years; exceptions are classics
- Publications are available in another format such as audio, e-book, or large print
- Reading guides or book discussions are made freely available

We invite you to read one or all the 78 titles from the 21 topics in this collection of the NNLM Reading Club and visit <https://nnlm.gov/nnlm-reading-club> to see what’s coming next!

Darlene Kaskie, M.L.S., NNLM Region 6, University of Iowa, Iowa City, IA
darlene-kaskie@uiowa.edu

Michele Spatz, M.S., NNLM Region 5, University of Washington, Seattle, WA
mspatz@uw.edu

George Strawley, M.L.I.S., NNLM Region 4, University of Utah, Salt Lake City, UT
george.strawley@utah.edu

Books, Authors, Topics

(Hyperlink to Discussion Guide pages)

<p>Amity and Prosperity _____ 1 <i>Eliza Griswold</i> Environmental Health</p> <p>An American Sickness _____ 4 <i>Elisabeth Rosenthal</i> Health Literacy</p> <p>Animal, Vegetable, Miracle _____ 6 <i>Barbara Kingsolver</i> Nutrition</p> <p>Battling Over Birth _____ 8 <i>Oparah, JC; Arega H; Hudson D; Jones L; Osegueral T</i> Racism and Health Black Maternal Health</p> <p>Beautiful Affliction _____ 9 <i>Lene Fogelberg</i> Heart Health</p> <p>The Beauty in Breaking _____ 11 <i>Michele Harper</i> Racism and Health Diversity in Medicine</p> <p>Becoming Dr Q _____ 12 <i>Alfredo Quiñones-Hinojosa</i> Racism and Health Diversity in Medicine</p> <p>Being Empowered for a Healthy Heart _____ 13 <i>Phoebe Chi MD MPH</i> Heart Health</p> <p>Black Man in a White Coat _____ 14 <i>Damon Tweedy, MD</i> Racism and Health Diversity in Medicine</p> <p>Blackout _____ 16 <i>Sarah Hepola</i> Substance Misuse</p> <p>The Book Woman of Troublesome Creek _____ 18 <i>Kim Michele Richardson</i> Inherited Diseases</p> <p>A Brief History of Everyone Who Ever Lived _____ 19 <i>Adam Rutherford, PhD</i> Human Genetics</p> <p>Can't We Talk About Something More Pleasant? _____ 20 <i>Roz Chast</i> End of Life</p> <p>Citizen Scientist _____ 21 <i>Mary Ellen Hannibal</i> Citizen Science</p> <p>The Crowd and the Cosmos _____ 23 <i>Chris Lintott</i> Citizen Science</p>	<p>The Curious Heart of Ailsa Rae _____ 24 <i>Stephanie Butland</i> Heart Health</p> <p>Deep Medicine _____ 26 <i>Eric Topol</i> Digital Health</p> <p>Delicious! _____ 27 <i>Ruth Reichl</i> Nutrition</p> <p>Diary of a Citizen Scientist _____ 28 <i>Sharman Apt Russell</i> Citizen Science</p> <p>The Digital Doctor _____ 30 <i>Robert Wachter, MD</i> Digital Health</p> <p>Dreamland _____ 31 <i>Sam Quiñones</i> Substance Misuse</p> <p>Elderhood _____ 32 <i>Louise Aronson</i> Healthy Aging</p> <p>Every Note Played _____ 34 <i>Lisa Genova</i> Disability Health</p> <p>Everything Here is Beautiful _____ 36 <i>Mira T. Lee</i> Mental Health</p> <p>The Five Invitations _____ 37 <i>Frank Ostaseski</i> End of Life</p> <p>The Future of Health Care _____ 39 <i>Emmanuel Fombu, MD, MBA</i> Digital Health</p> <p>The Future of Nutrition _____ 40 <i>T. Collin Campbell, PhD</i> Nutrition</p> <p>The Gene _____ 41 <i>Siddhartha Mukherjee</i> Human Genetics</p> <p>Gorilla and the Bird _____ 42 <i>Zack McDermott</i> Mental Health</p> <p>The Great Believers _____ 43 <i>Rebecca Makkai</i> HIV/AIDS</p> <p>Heart: A History _____ 44 <i>Sandeep Jauhar</i> Heart Health</p> <p>Hey, Kiddo _____ 45 <i>Jarrett J Krosoczka</i> Substance Misuse</p>
---	---

Books, Authors, Topics

(Hyperlink to Discussion Guide pages)

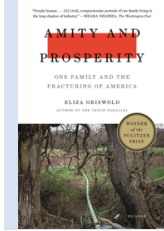
<p>Hidden Valley Road _____ 46 <i>Robert Kolker</i> Mental Health</p> <p>How to Be a Patient _____ 47 <i>Sana Goldberg, RN</i> Health Literacy</p> <p>How To Eat _____ 48 <i>Mark Bittman and David Katz, MD</i> Nutrition</p> <p>The Immortal Life of Henrietta Lacks _____ 49 <i>Rebecca Skloot</i> Family Health History</p> <p>In Defense of Food _____ 51 <i>Michael Pollan</i> Nutrition</p> <p>Inheritance _____ 52 <i>Dani Shapiro</i> Family Health History</p> <p>It's All Relative _____ 54 <i>A.J. Jacob</i> Family Health History</p> <p>Little & Lion _____ 55 <i>Brandy Colbert</i> LGBTQ Health</p> <p>Little Panic _____ 56 <i>Amanda Stern</i> Mental Health</p> <p>Mama's Boy _____ 57 <i>Dustin Lance Black</i> LGBTQ Health</p> <p>Maybe You Should Talk to Someone _____ 58 <i>Lori Gottlieb</i> Mental Health</p> <p>Motherhood So White _____ 60 <i>Nefertiti Austin</i> Racism and Health Black Maternal Health</p> <p>The Murmur of Bees _____ 61 <i>Sofia Segovia</i> Public Health Infectious Diseases</p> <p>On Immunity _____ 63 <i>Eula Bliss</i> Public Health Vaccinations and Immunizations</p> <p>The Open Heart Club _____ 64 <i>Gabriel Brownstein</i> Heart Health</p> <p>Plastic: A Toxic Love Story _____ 65 <i>Susan Freinkel</i> Environmental Health</p>	<p>Pleased to Meet Me _____ 68 <i>Bill Sullivan</i> Human Genetics</p> <p>The Queer & Transgender Resilience Workbook _____ 69 <i>Anneliese Singh, PhD, LPC</i> Mental Health Resilience</p> <p>Resetting the Table _____ 70 <i>Robert Paarlberg</i> Nutrition</p> <p>Resilient _____ 72 <i>Rick Hanson, PhD</i> Mental Health Resilience</p> <p>Restart Your Heart _____ 73 <i>Aseem Desai, MD, FHRS</i> Heart Health</p> <p>Resurrection Lily _____ 74 <i>Amy Byer Shainman</i> Inherited Diseases</p> <p>Rx: A Graphic Memoir _____ 75 <i>Rachel Lindsay</i> Mental Health</p> <p>Salt in My Soul _____ 76 <i>Mallory Smith</i> Inherited Diseases</p> <p>She Has Her Mother's Laugh _____ 77 <i>Carl Zimmer</i> Family Health History</p> <p>Severance _____ 78 <i>Ling Ma</i> Public Health Infectious Diseases</p> <p>A Sick Life _____ 80 <i>Tionne Watkins</i> Inherited Diseases</p> <p>A Song for A New Day _____ 81 <i>Sarah Pinsker</i> Public Health Infectious Diseases</p> <p>State of the Heart _____ 82 <i>Haider Warraich, MD</i> Heart Health</p> <p>Switched On _____ 84 <i>John Elder Robison</i> Disability Health</p> <p>The Secret Diary of Hendrik Groen 83 ¼ Years Old 85 <i>Hendrik Groen</i> Healthy Aging</p>
--	--

Books, Authors, Topics

(Hyperlink to Discussion Guide pages)

<p>Taking Turns _____ 86 <i>MK Czerwiec</i> HIV/AIDS</p> <p>There Is Something About Edgefield _____ 87 <i>Edna Gail Bush and Natonne Elaine Kemp</i> Family Health History</p> <p>This Heart of Mine: A Novel _____ 88 <i>C. C. Hunter</i> Heart Health</p> <p>This Is How It Always Is _____ 89 <i>Laurie Frankel</i> LGBTQ Health</p> <p>Tough As They Come _____ 91 <i>Travis Mills</i> Disability Health</p> <p>The Unapologetic Guide to Black Mental Health __ 92 <i>Rheeda Walker, PhD</i> Mental Health Resiliency</p> <p>The Unwinding of the Miracle _____ 93 <i>Julie Yip-Williams</i> End of Life</p> <p>The Vaccine Race _____ 94 <i>Meredith Wadman</i> Public Health Vaccinations and Immunizations</p> <p>Vaccines Did Not Cause Rachel's Autism _____ 96 <i>Peter J Hotez MD PhD</i> Public Health Vaccinations and Immunizations</p> <p>We Live for the We _____ 97 <i>Dani McClain</i> Racism and Health Black Maternal Health</p> <p>Well _____ 99 <i>Sandro Galea</i> Health Literacy</p> <p>What the Eyes Don't See _____ 100 <i>Mona Hanna Attisha MD</i> Environmental Health</p> <p>When the Words Suddenly Stopped _____ 103 <i>Vivian L King</i> Heart Health</p> <p>When We Rise _____ 104 <i>Cleve Jones</i> HIV/AIDS</p> <p>Women Rowing North _____ 105 <i>Mary Pipher</i> Healthy Aging</p>	<p>Appendix A _____ 107 <i>Books Arranged by Health Topic</i></p> <p>Appendix B _____ 108 <i>NNLM Reading Club Promotion Material</i></p> <p>Appendix C _____ 114 <i>Information from the National Institutes of Health</i></p> <p>Appendix D _____ 115 <i>Information by Health Topic</i></p>
--	--





Amity and Prosperity Eliza Griswold

Picador
2019
336 pages
ISBN: 978-1250215079

Environmental Health

Summary

Alarmed by her children's sudden illnesses, Stacey Haney, a local nurse working hard to raise two kids and keep up her small farm when the fracking boom comes to her hometown of Amity, Pennsylvania, joins with neighbors and a committed husband-and-wife legal team to investigate what's really in the water and air. Against local opposition, Haney and her allies doggedly pursue their case in court and begin to expose the damage that's being done to the land her family has lived on for centuries. Soon a community that has long been suspicious of outsiders faces wrenching new questions about who is responsible for their fate, and for redressing it: The faceless corporations that are poisoning the land? The environmentalists who fail to see their economic distress? A federal government that is mandated to protect but fails on the job? Drawing on seven years of immersive reporting, Griswold reveals what happens when an imperiled town faces a crisis of values, and a family wagers everything on an improbable quest for justice.

Questions

1. Washington County was particularly vulnerable to the fracking industry because of poverty. What is at the heart of that poverty? Why isn't it possible for the area to provide a good livelihood in America anymore?
2. In chapter two, "When the Boom Began," Stacey signs a contract with Range Resources granting her the lowest possible royalty rate allowed by law (12.5%), minus a variety of Range expenses. If you had been in her situation, would you have signed the contract?
3. How are Harley's physical health and emotional health intertwined? What accounts for the differences between the way he and his sister, Paige, experience their symptoms?
4. Chapter 19, "Policing the State," describes the history of ACT 13, the Pennsylvania law that quashed local governments' ability to regulate oil and gas operators. The law also required physicians to sign non-disclosure agreements to learn which chemicals had sickened their patients. As you read about the ensuing legal battle, culminating in key provisions of ACT 13 being declared unconstitutional, where did you place the blame for Stacey's situation? Are voters the solution or the problem?
5. How does Pappy's family history affect Stacey? What does the history of the region (particularly William Penn's "holy experiment" and the eventual brutality between Native Americans and Scots Irish immigrants) teach us about the current power struggles between industry, government, and rebels?
6. Hang 'em High meetings were attended by an odd combination of Pennsylvanians who were united in the fight against Range Resources but disagreed about how and why. How did Stacey cope with the political contradictions in her community? Why would a conservationist reject environmentalists? Why aren't scientists more politically empowered?
7. Access to clean water has always been a sign of freedom to Stacey, and her turn to water buffaloes represented defeat. Is access to clean water a human right, or is clean water better understood as a commodity that might be bought?
8. The healthcare industry provided Stacey with a middle-class wage and is one of the few steady employers in her region. Yet she struggled to pay for the thousands of dollars in medical tests required for herself and her family. What does that say about the economics of illness in America?
9. Discuss the book's title. What would it take to bring amity and prosperity to Washington County?
10. Stacey hoped for a settlement, but Harley was opposed to it. Would you have accepted a settlement?

11. What accounts for the tenacity of lawyers like the Smiths (who were willing to pursue cases against Range for years on a shoestring budget) and plaintiffs like Stacey? What keeps them from being easily intimidated or succumbing to despair?
12. Ron Yeager obtained a pre-drill test, but Buzz, Stacey and the Voyleses didn't. If you were on a jury, what proof would you need of his water to be convinced about the cause of the contamination? If the liner of a drill cuttings pit or a waste pond is shown to be leaking, should that be sufficient evidence that the pit or pond is the source of toxins?
13. As you read about the suffering of Stacey's animals (including the offspring of Boots and Diva), along with the tragic contamination of springs that flow from the Ten Mile Creek Watershed, how did the book shape your view of the natural world? How much responsibility do we have to protect the planet and its creatures, beyond what's necessary for our own survival?
14. What did you discover about the way the energy industry weighs risk versus rewards? What would your life look like if humans stopped extracting minerals from the earth?
15. Washington County was particularly vulnerable to the fracking industry because of poverty. What is at the heart of that poverty? Why isn't it possible for the area to provide a good livelihood in America anymore?
16. In chapter two, "When the Boom Began," Stacey signs a contract with Range Resources granting her the lowest possible royalty rate allowed by law (12.5%), minus a variety of Range expenses. If you had been in her situation, would you have signed the contract?
17. How are Harley's physical health and emotional health intertwined? What accounts for the differences between the way he and his sister, Paige, experience their symptoms?
18. Chapter 19, "Policing the State," describes the history of ACT 13, the Pennsylvania law that quashed local governments' ability to regulate oil and gas operators. The law also required physicians to sign non-disclosure agreements to learn which chemicals had sickened their patients. As you read about the ensuing legal battle, culminating in key provisions of ACT 13 being declared unconstitutional, where did you place the blame for Stacey's situation? Are voters the solution or the problem?
19. How does Pappy's family history affect Stacey? What does the history of the region (particularly William Penn's "holy experiment" and the eventual brutality between Native Americans and Scots Irish immigrants) teach us about the current power struggles between industry, government and rebels?
20. Hang 'em High meetings were attended by an odd combination of Pennsylvanians who were united in the fight against Range Resources but disagreed about how and why. How did Stacey cope with the political contradictions in her community? Why would a conservationist reject environmentalists? Why aren't scientists more politically empowered?
21. Access to clean water has always been a sign of freedom to Stacey, and her turn to water buffaloes represented defeat. Is access to clean water a human right, or is clean water better understood as a commodity that might be bought?
22. The healthcare industry provided Stacey with a middle-class wage and is one of the few steady employers in her region. Yet she struggled to pay for the thousands of dollars in medical tests required for herself and her family. What does that say about the economics of illness in America?
23. Discuss the book's title. What would it take to bring amity and prosperity to Washington County?
24. Stacey hoped for a settlement, but Harley was opposed to it. Would you have accepted a settlement?
25. What accounts for the tenacity of lawyers like the Smiths (who were willing to pursue cases against Range for years on a shoestring budget) and plaintiffs like Stacey? What keeps them from being easily intimidated or succumbing to despair?
26. Ron Yeager obtained a pre-drill test, but Buzz, Stacey and the Voyleses didn't. If you were on a jury, what proof would you need of his water to be convinced about the cause of the contamination? If the liner of a drill cuttings pit or a waste pond is shown to be leaking, should that be sufficient evidence that the pit or pond is the source of toxins?

27. As you read about the suffering of Stacey's animals (including the offspring of Boots and Diva), along with the tragic contamination of springs that flow from the Ten Mile Creek Watershed, how did the book shape your view of the natural world? How much responsibility do we have to protect the planet and its creatures, beyond what's necessary for our own survival?
28. What did you discover about the way the energy industry weighs risk versus rewards? What would your life look like if humans stopped extracting minerals from the earth?

Terms of use: This discussion guide is attributed to Reading Group Guides, <https://www.readinggroupguides.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



An American Sickness

Elisabeth Rosenthal

Penguin Publishing Group

2018 reprint

432 pages

ISBN: 978-0143110859

Health Literacy

Summary

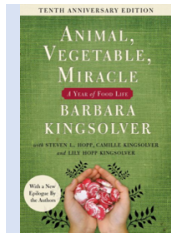
Breaking down this monolithic business into the individual industries—the hospitals, doctors, insurance companies, and drug manufacturers—that together constitute our healthcare system, Rosenthal exposes the recent evolution of American medicine as never before. How did healthcare, the caring endeavor, become healthcare, the highly profitable industry? Hospital systems, which are managed by business executives, behave like predatory lenders, hounding patients and seizing their homes. Research charities are in bed with big pharmaceutical companies, which surreptitiously profit from the donations made by working people. Patients receive bills in code, from entrepreneurial doctors they never even saw. Dr. Elisabeth Rosenthal, in clear and practical terms, spells out exactly how to decode medical doublespeak, avoid the pitfalls of the pharmaceuticals racket, and get the care you and your family deserve. She takes the reader inside the doctor-patient relationship and to hospital C-suites, explaining step-by-step the workings of a system badly lacking transparency. This is about what we can do, as individual patients, both to navigate the maze that is American healthcare and to demand far-reaching reform.

Questions

1. Were you surprised to learn that although hospitals initially started as charitable community organizations and are today still legally classified as nonprofits, that they in fact are very profitable nonprofits and do very little to bring down costs? From Rosenthal's examples do you think hospitals have abandoned their original mission?
2. Rosenthal examines the advent of health insurance as a way to aid patients, primarily to compensate for income lost while workers were ill, but instead it has in some ways become the "original sin that catalyzed the evolution of today's medical industrial complex."
 - Were you surprised to learn that health insurance companies consistently pay for tests, treatments, and drugs at outrageous prices, therefore allowing prices to "rise to whatever the market will bear"?
 - Prior to reading this book did you feel that the health insurer was in your corner? Do you still feel that way?
3. Prior to reading *An American Sickness*, how would you have characterized the problems affecting the American health care system (ex. Inefficiency)? After reading this book do you still agree with your prior assessment or have you concluded that many of the players in the healthcare market (hospitals, doctors, pharmaceutical companies, etc.) are only in it for the money and padding their bottom-line?
4. Rosenthal weaves many moving tales of those who are paying dearly for their access to healthcare and have been fiscally and/or emotionally affected during the process. What story or stories did you find particularly moving? Did any of the tales reflect your experience with the health care system?
5. How did you feel as you read this book?
6. Do you consider yourself an informed healthcare consumer? Do you "shop around" for health care services and resources? Do you pay close attention to your insurance statement of benefits? Do you feel that *An American Sickness* has given you some tools to become a more informed healthcare consumer?

7. In an interview Rosenthal said when doing research for *An American Sickness*, “one thing that struck me is that physicians, nurses, and frontline clinicians often feel, as much as patients that they are helpless victims of the health care system. They don’t like it and don’t approve of it, but they also feel like they do not have power to do anything about it.” What are your thoughts about this? If you have worked or currently work in the healthcare field, do you agree with her assessment?
8. In an interview Rosenthal said when doing research for *An American Sickness*, “one thing that struck me is that physicians, nurses, and frontline clinicians often feel, as much as patients that they are helpless victims of the health care system. They don’t like it and don’t approve of it, but they also feel like they do not have power to do anything about it.” What are your thoughts about this? If you have worked or currently work in the healthcare field do you agree with her assessment?
9. Rosenthal has stated that “one of the reasons that I wrote my book was for patients and physicians to realize that they do have power, that they should be rising up. I’m hopeful that a ‘we the patients’ movement will arise, to state that we’re not going to take this anymore. I also hope that we’ll see health care voters rise up, saying that we don’t like this stressful, complicated, patient-unfriendly system.” Do you feel as a patient/consumer/voter that you have the power to initiate change to our dysfunctional healthcare system?
10. Do you feel that consumers should share in the part of the blame for why the healthcare marketplace is so broken? Or do you feel that most people feel that they are at the mercy of the medical-industrial complex and have very little ability to make it better?
11. Were there any areas where you felt that Rosenthal fell short?
12. What three words would you use to describe this book? Is this a book you would recommend to others to read, and if so, why?

Terms of use: This discussion guide is used attributed to Richland Library, <https://richlandlibrary.com>, and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Animal, Vegetable, Miracle

Barbara Kingsolver

Harper Perennial

2017 Tenth Anniversary Edition

432 pages

ISBN: 978-0062653055

Nutrition

Summary

When Barbara Kingsolver and her family moved from suburban Arizona to rural Appalachia, they took on a new challenge: to spend a year on a locally produced diet, paying close attention to the provenance of all they consume. Concerned about the environmental, social, and physical costs of American food culture, they hoped to recover what Barbara considers our nation's lost appreciation for farms and the natural processes of food production. Since 2007, their scheme has evolved enormously. In this new edition, the entire Kingsolver family, Barbara's husband, Steven, and two adult daughters, Camille and Lily, describe their lives since the first telling of the family's story of living off the land. With Americans' ever-growing concern over an agricultural establishment that negatively affects our health and environment, the Kingsolver family's experiences and observations remain just as relevant today as they were ten years ago. *Animal, Vegetable, Miracle* is a modern classic that will endure for years to come.

Questions

1. What was your perception of America's food industry prior to reading *Animal, Vegetable, Miracle*? What did you learn from this book? How has it altered your views on the way food is acquired and consumed?
2. In what ways, if any, have you changed your eating habits since reading *Animal, Vegetable, Miracle*? Depending on where you live—in an urban, suburban, or rural environment — what other steps would you like to take to modify your lifestyle about eating local?
3. "It had felt arbitrary when we sat around the table with our shopping list, making our rules. It felt almost silly to us in fact, as it may now seem to you. Why impose restrictions on ourselves? Who cares?" asks Kingsolver in *Animal, Vegetable, Miracle*? Did you, in fact, care about Kingsolver's story and find it to be compelling? Why or why not? What was the family's aim for their year-long initiative, and did they accomplish that goal?
4. The writing of *Animal, Vegetable, Miracle* was a family affair, with Kingsolver's husband, Steven L. Hopp, contributing factual sidebars and her daughter, Camille Kingsolver, serving up commentary and recipes. Did you find that these additional elements enhanced the book? How so? What facts or statistics in *Animal, Vegetable, Miracle* surprised you the most?
5. How does each member of the Kingsolver-Hopp family contribute during their year-long eating adventure? Were you surprised that the author's children not only participated in the endeavor but that they did so with such enthusiasm? Why or why not?
6. "A majority of North Americans do understand, at some level, that our food choices are politically charged," says Kingsolver, "affecting arenas from rural culture to international oil cartels and global climate change." How do politics affect America's food production and consumption? What global ramifications are there for the food choices we make?
7. Kingsolver advocates the pleasures of seasonal eating, but she acknowledges that many people would view this as deprivation "because we've grown accustomed to the botanically outrageous condition of having everything always." Do you believe that American society can—or will—overcome the need for instant gratification to be able to eat seasonally? How does Kingsolver present this aspect in *Animal, Vegetable, Miracle*? Did you get the sense that she and her family ever felt deprived in their eating options?
8. Kingsolver points out that eating what we want when we want comes "at a price." The cost, she says, "is not measured in money, but in untallied debts that will be paid by our children in the currency of extinctions, economic unraveling, and global climate change." What responsibility do we bear for keeping the environment safe for future generations? How does eating locally factor into this?

9. Kingsolver asserts that "we have dealt to today's kids the statistical hand of a shorter life expectancy than their parents, which would be us, the ones taking care of them." How is our "thrown-away food culture" a detriment to children's health? She also says, "We're raising our children on the definition of promiscuity if we feed them a casual, indiscriminate mingling of foods from every season plucked from the supermarket." What responsibility do parents have to teach their children about the value and necessity of a local food culture?
10. In what ways do Kingsolver's descriptions of the places she visited on her travels — Italy, New England, Montreal, and Ohio—enhance her portrayal of local and seasonal eating?
11. "Marketing jingles from every angle lure patrons to turn our backs on our locally owned stores, restaurants, and farms," says Kingsolver. "And nobody considers that unpatriotic." How much of a role do the media play in determining what Americans eat? Discuss the decline of America's diversified family farms, and what it means for the country.
12. In the Epilogue, the family members describe what has changed since they book originally was published in 2007. Discuss their observations and insights.

Terms of use: The discussion guide is attributed to LitLovers, <https://www.litlovers.com/reading-guides>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Battling Over Birth

Oparah, JC; Arega H; Hudson D; Jones L; Osegueral T

Praeclarus Press: Excellence in Women's Health

2018

2016 pages

ISBN: 978-1946665119

Racism and Health
Black Maternal Health

Summary

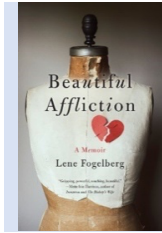
By distilling the common and diverse threads from over 100 black women, researchers from the Black Women Birthing Justice have woven a multi-faceted tapestry reflecting what black women view as important and central to optimal birth experiences. Their recommendations for improving care and outcomes are grounded in black women's authoritative knowledge. This wonderful, important, necessary research by and for black women points in the direction that black women think we should go to ensure they have safe, healthy, and satisfying birth experiences and outcomes. We need to listen and act." -- *Christine Morton, PhD, author, Birth Ambassadors: Doulas and the Re-Emergence of Woman-Supported Birth in America*"... *reveals hard truths—powerful findings on the role of racism, coercion, inadequate prenatal care, the pressures undermining breastfeeding, and the lack of access to alternatives to a broken maternal healthcare system as the key threads of Black women's birth experiences.*" --Kimberly Seals Allers, MS, is an award-winning journalist, author, and an internationally recognized speaker, consultant, and advocate for maternal and infant health.

Questions

How have the barriers to access for Black women seeking maternal care changed, or have they? What steps could be taken to ensure that access is not a concern?

1. Reflecting on the conclusions of the authors, the stories of the women, the current pandemic, and increased attention to the racial inequities and systemic racism – If you were a provider taking care of a pregnant or postpartum Black woman, what questions would you ask? Pay attention to?
2. Why do you think Black maternal health is not a more well-known health crisis?
3. What insights have you gained about the practices of midwifery and birth doulas?
4. How has COVID-19 impacted Black women's maternal health? What impact do you think COVID might have upon the number of homebirths among Black women? During COVID-19, what concerns about postpartum support might arise?
5. What role has health insurance played within this health crisis and how has it impacted Black maternal health?
6. If you are not a medical professional, what actions can you take to help protect Black mothers?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. The NNLM thanks the Spencer S. Eccles Health Sciences Library at the University of Utah for the questions used as the basis for this guide. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Beautiful Affliction

Lene Fogelberg

She Writes Press

2015

352 pages

ISBN: 978-1631529856

Heart Health

Summary

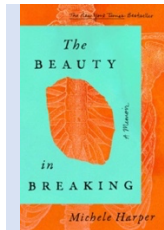
Lene Fogelberg is dying—she is sure of it—but no doctor in her home country of Sweden believes her. Love stories unfold her, with her husband, her two precious daughters, her enchanting surroundings, but the question she has carried in her heart since childhood — *Will I die young?* — is threatening all she holds dear, even her sanity. When her young family moves to the United States, an answer, a diagnosis, is finally found: she is in the last stages of fatal congenital heart disease. But is it too late?

Questions

1. When Lene describes her childhood, she comments that she sometimes felt like “we are living on different planets, six people in the same house, the same family...” (p. 19). Have you ever felt similarly? How do we bridge the distance between our individual planets without losing our individuality?
2. Lene often uses the metaphor of “the riddle” and “the monster” (which she’s partly sympathetic to). After reading Lene’s story, how would you describe the riddle and the monster? Do we all have riddles and monsters to uncover?
3. Lene often speaks of her love for books and poetry, especially Edith Södergran’s.
4. What role did the written word play in Lene’s story? What role has it played in yours?
5. After one especially disappointing visit to the Government Insurance Bureau, Anders and Lene in their anger half-jokingly consider smashing the glass shelter at a bus stop. Do you think they carried out their plans? Why or why not? What role does humor and fantasizing play in how we deal with difficult emotions?
6. More than once, Lene describes Anders as her only believer. What difference, if any, does it make to have such a believer at your side?
7. For relationships to survive and thrive, partners need to learn how to balance their needs with those of their partner. How did Anders and Lene manage to do this (or not) throughout their journey?
8. Even with Anders and the support of a loving family, Lene’s loneliness is palpable. Is there always loneliness in affliction? Is it possible to truly ease someone else’s loneliness, or is loneliness inevitable in deep trials?
9. Lene’s relationship with her body is a complicated one, and mostly described as troubled. Right before her surgery, however, as she examines her body for what might be the last time, Lene makes a kind of peace with her body (p. 236). How has your relationship with your body formed your life and your physical and mental well-being? If you have overcome body issues in the past, how has making peace with your own body influenced your quality of life?
10. Lene’s nurse – the one who discovered blood in the tubes following the first surgery – clearly meant a lot to Lene. Small gestures such as braiding Lene’s hair, humming to Lene, and holding Lene’s hand seemed almost as important as the medical help she provided. How meaningful have such small gestures been in your life? How have you or others gone beyond the call of duty to truly serve another?
11. Following the surgery, Lene experiences extreme thirst, but is forbidden to ingest even one drop of liquid. She describes her first drink – a glass of apple juice – in quite vivid terms. (p. 280) Have you had any (metaphorical or literal) “apple juice moments”? How can we experience more “apple juice moments” in our day-to-day life?

12. Throughout the narrative, several symbols emerge: the cicadas, towers, doors, the relationship between light and darkness, even Lene's childhood teddy bear. How do symbols give us comfort and help us make sense of our lives? What are some symbols that have emerged in your own life journey?
13. Anders, Lene's daughters, and Lene's parents all express their love to Lene in different ways. Lene's father, for example, assembled a chest of drawers. How can we become more in tune and understanding with each other's ways of expressing love?
14. Which scenes in Lene's story played out most vividly in your mind? Anything you related with particularly strongly? Why?
15. Lene tells her story in parallel in two different time periods – before the Fogelberg's move to Philadelphia and after. How does the structure of the book add to the richness of the story? Any specific chapter pairings that struck you as particularly powerful?
16. How is the title of the book, *Beautiful Affliction*, reflected in Lene's narrative? How can we learn to discover beauty in difficult circumstances?

Terms of use: This discussion guide is attributed to Lene Fogelberg, <https://lenefogelberg.com/beautiful-affliction/> and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Beauty in Breaking
Michele Harper

Penguin Random House
2020
304 pages
ISBN: 978-0525537380

Racism and Health
Diversity in Medicine

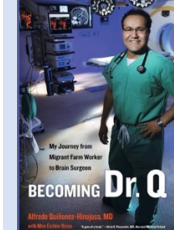
Summary

An African American emergency room physician reflects on how “the chaos of emergency medicine” helped her come to terms with a painful past and understand the true nature of healing. Though Harper grew up a member of the Washington, D.C. “black elite,” the beautiful homes she shared with her parents held a dark secret: domestic violence. Determined to “fix people” rather than hurt them the way her abusive father hurt her family, Harper became an ER doctor. Her path was difficult. After she accepted her first post-residency job, the man she had met at Harvard and later married walked away from their relationship. Braving a life on her own in a new city, night shifts in an urban hospital, and the life-and-death dramas of the ER ward, Harper began a period of intense soul-searching. Observations of her patients and the struggles they faced taught her abundant lessons in human brokenness—especially her own—and resilience. A newborn baby whose death she could not explain helped her learn to open her heart and truly feel. A white male patient who had committed sexual assault on a female doctor forced the author to push past old memories of her father’s abuse and feelings of rage to see a human being in pain. A young black man brought to the ER ward by white police officers who unsuccessfully tried forcing him to submit to a medical examination for drugs reminded Harper of her own struggles as a black woman in an overwhelmingly white profession. It also made her realize that “America bears...many layers of racial wounds, both chronic and acute,” and that part of her purpose was to continue her fight to promote social healing. Tackling such painful subjects as domestic abuse, trauma, and racism with grace and wisdom, this eloquent book probes the human condition as it chronicles a woman’s ever-evolving spiritual journey.

Questions

1. "If my brother's body could be patched up, then certainly, in its own time, his spirit could mend, too." Talk about the ways in which this passage, young Michele Harper's musing about her brother's presence in the ER stands as the thematic concern of this work. How is it possible for physical healing lead to spiritual/emotional healing?
2. How did Harper's observations of her patients and their struggles teach her about human brokenness and resilience? Take her patients, one-by-one, and talk about their personal struggles and what Harper learned from them.
3. Harper is a Black woman in an overwhelmingly white profession. Talk about the roll that racism plays in Harper's own life and for the patients of color who enter the hospital's ER.
4. Harper realizes that "America bears... many layers of racial wounds, both chronic and acute." What specifically does she mean, and in what way does this realization inspire her?

Terms of use: This discussion guide is attributed to LitLovers, <https://www.litlovers.com/reading-guides>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Becoming Dr Q
Alfredo Quiñones-Hinojosa

University of California Press
2011
328 pages
ISBN: 978-0520274563

Racism and Health
Diversity in Medicine

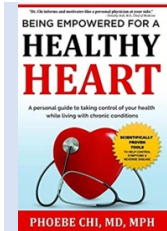
Summary

Today he is known as Dr. Q, an internationally renowned neurosurgeon and neuroscientist who leads cutting-edge research to cure brain cancer. But not too long ago, he was Freddy, a nineteen-year-old undocumented migrant worker toiling in the tomato fields of central California. In this gripping memoir, Alfredo Quiñones-Hinojosa tells his amazing life story—from his impoverished childhood in the tiny village of Palaco, Mexico, to his harrowing border crossing and his transformation from illegal immigrant to an American citizen and gifted student at the University of California at Berkeley and at Harvard Medical School. Packed with adventure and adversity - including a few terrifying brushes with death - *Becoming Dr. Q* is a testament to persistence, hard work, the power of hope and imagination, and the pursuit of excellence. It's also a story about the importance of family, mentors, and giving people a chance.

Questions

1. What important role does Dr. Q's grandmother, Nana Maria, play in his life? And his grandfather, Tata Juan? What role have your own grandparents played in your life?
2. As a boy Dr. Q associates himself with the fictional comic book character, Kalimán. What purpose does Kalimán serve?
3. Dr. Q spends a summer with his family in Mendota, California where Uncle Faustus is foreman on a farm. What impact does this experience have on his life?
4. At one point in his young life, Dr. Q tried to cross the border from Mexico to the U.S. on a lark and was denied. What do you think drove Dr. Q to attempt going into the United States for a second time, even after being caught by the border patrol the first time?
5. In 1989, while working, a major event occurred in Dr. Q's life. What was this event and how did this experience change his life?
6. As the first in his family to go to college, Dr. Q's education took many twists and turns, and he had many mentors. Who are the people in your life who have served as mentors and in what ways did they help you?
7. At Harvard Medical School, Dr. Q observes, "I felt history scrutinizing me." What do you think he means by this?
8. Dr. Q achieved his American Dream through sacrifice, risk-taking and hard work. Do you believe in the American Dream? Why or why not? What is your personal "recipe" for success?
9. After reading his memoir, what question would you want to ask Dr. Q?
10. What do you think is the biggest sacrifice Dr. Q has made in his life during his career as a neurosurgeon?

Terms of use: This discussion guide is attributed to Carla Vazquez Ramos and Andres Ramos Fresnedo and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Being Empowered for a Healthy Heart

Phoebe Chi MD MPH

Verdure Publishing

2018 reprint

359 pages

ISBN: 978-1732606005

Heart Health

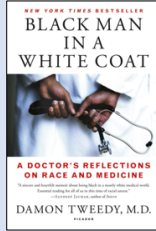
Summary

Living with a chronic illness can feel like a constant battle. Conditions such as high blood pressure, heart disease, diabetes, COPD, and depression not only require vigilant management, but they can negatively affect your day-to-day functioning and deprive you of the quality of life you deserve. This book is designed to equip you with the tools you need to overcome the symptoms of pain, fatigue, shortness of breath, anxiety, and stress while effectively managing and reversing the diseases that cause them. By encouraging you to create personal healthy living goals and then providing valuable tools to help you achieve them, this guide will give you the confidence you need to take control of your health.

Questions

1. Which part or parts of the different book chapters resonated with you and why?
2. What tools did you try for at least two weeks? How'd it go? If you were successful using a tool, what helped you succeed? If you were not successful, why? Would you want to tweak your use of the tool and try again? Why or why not? If you didn't try a tool, what might your next step(s) be?
3. What do you think of the strategy of visualizing how you would incorporate each tool into your daily life before you tried it? Did you try visualization? If so, how'd it work for you? If not, what stopped you from trying it?
4. Describe the types of reminders you used to keep yourself on track as you tried a new health tool.
5. The author suggests readers incorporate three exercises shared at the end of each chapter: the self-test question, health management activity and the weekly action plan. Which of these exercises did you find most helpful and why? Were different exercises helpful depending upon the chapter topic? If yes, why might that be so?
6. Who is a member of your support system team? In what ways are these trusted people helping you reach your goals for a healthier heart?
7. After finishing the book, what changes have you made for better heart health? What next steps have you considered taking?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Black Man in a White Coat
Damon Tweedy, MD

Picador
2016 reprint
304 pages
ISBN: 978-1250105042

Racism and Health
Diversity in Medicine

Summary

When Damon Tweedy begins medical school, he envisions a bright future where his segregated, working-class background will become largely irrelevant. Instead, he finds that he has joined a new world where race is front and center. *Black Man in a White Coat* examines the complex ways in which both black doctors and patients must navigate the difficult and often contradictory terrain of race and medicine. As Tweedy transforms from student to practicing physician, he discovers how often race influences his encounters with patients. Through their stories, he illustrates the complex social, cultural, and economic factors at the root of many health problems in the black community. These issues take on greater meaning when Tweedy is himself diagnosed with a chronic disease far more common among black people. In this powerful, moving, and deeply empathic book, Tweedy explores the challenges confronting black doctors, and the disproportionate health burdens faced by black patients, ultimately seeking a way forward to better treatment and more compassionate care.

Questions

1. For the person(s) who chose (voted for) this book: What made you want to read it? What made you suggest it to the group for discussion? Did it live up to your expectations? Why or why not?
2. What do you think motivated Tweedy to share his life story? How did you respond to his “voice”?
3. What is Tweedy’s most admirable quality? Is he someone you would want to know?
4. Compare this book to other memoirs/autobiographies that you/your group has read. Is it similar to any of them? Did you like *Black Man in a White Coat* more or less than other books you’ve read? What do you think will be your lasting impression of the book?
5. Were you glad you read this book? Would you recommend it to a friend/ a younger person considering med school?
6. What was the purpose of *Black Man in a White Coat* (e.g., to teach, to entertain, to bring to light an issue)? Did reading this book make you/the group more aware and knowledgeable about any issues?
7. If this book was intended to teach the reader something, did it succeed? Was something learned from reading *Black Man in a White Coat*? If so, what? If not, why did the book fail as a teaching tool?
8. Was there a specific passage (or incident) that left an impression, good or bad? Share the passage and its effect.
9. The way a non-fiction book is written can impact a reader’s enjoyment and understanding of it. Was *Black Man in a White Coat* written in a way that was easily accessible?
10. Was there something especially surprising about Tweedy’s story? What was it and why?
11. Was there a lesson that could be taken away from Tweedy’s life? What was it and why is it important?
12. Why do you think Tweedy organized *Black Man in a White Coat* the way he did (medical school years, internship and psychiatric training and clinical practice)?
13. Have you had experiences like those that Tweedy cites (being mistaken for the maintenance person [p. 12], responding to health issues with lifestyle changes [p. 71 – 73], dealing with someone who initially did not want to deal with you because of race/gender [p. 192 – 202], receiving medical treatment [p. 147 – 150])?
14. In terms of the issues raised – do they affect your life directly or more generally? Do they impact you now or will they only apply to you sometime in the future?

15. What did you think of Tweedy's analysis of the current situation regarding health care disparities (p. 236 – 237)? What about system-based disparities that limit access to medical care (more interns than long term doctors)? Doctor-patient relationships/attitudes and behaviors? Unhealthy lifestyles?
16. Tweedy cites other memoirs/autobiographies (The Big Picture by Ben Carson [p.124], Brothers and Keepers by John Edgar Wideman [p.131] and references The Other Wes Moore by Wes Moore [p.132], Brain Surgeon by Keith Black [p. 25], and Gifted Hands by Ben Carson [p. 25-6]). Are there other works that his story evokes? 17. Tweedy is in his early 40s. It is not uncommon for follow-up memoirs/autobiographies to be written. Would you want to read a follow-up on the next chapter of his life?
17. What did you like/dislike about the book that has not already been discussed/covered?

Terms of use: This discussion guide is attributed to Troy Johnson and used with permission by the publisher, <https://us.macmillan.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Blackout
Sarah Hepola

Grand Central Publishing
2015
256 pages
ISBN: 978-1455554577

Substance Misuse

Summary

A memoir of unblinking honesty and poignant, laugh-out-loud humor, *Blackout* is the story of a woman stumbling into a new kind of adventure – the sober life she never wanted. Shining a light into her blackouts, she discovers the person she buried, as well as the confidence, intimacy, and creativity she once believed came only from a bottle. Her tale will resonate with anyone who has been forced to reinvent or struggled in the face of necessary change. It's about giving up the thing you cherish most – but getting yourself back in return.

Questions

1. Hepola writes that while books about alcoholism often refer to the "hidden drinking" of women, there was little hidden about the way women around her drank. "It was a requirement for work events and formal festivities. Let's not even mention the word 'bachelorette,'" Has this been your experience as well? Do you think the role of alcohol at gatherings-of friends, of colleagues, and celebrations-has changed in your lifetime, particularly with women? Does society have different expectations for what constitutes appropriate drinking for men than for women?
2. *Blackout* explores the way drinking impacted Hepola's ability to give sexual consent. She writes, "In my life, alcohol often made the issue of consent very murky. More like an ink spill and nothing close to a clear line..." Sex was a complicated bargain to me. It was chase, and it was hunt. It was hide and seek, clash and surrender, and the pendulum could swing inside my brain all night: I will, no I won't; I should, no I can't. I drank to drown those voices because I wanted the bravado of a sexually liberated woman. I wanted the same freedom from internal conflict my male friends seemed to enjoy. So I drank myself to a place where I didn't care, but I woke up a person who cared enormously. Many yes's on Friday nights would have been no's on Saturday morning. My consent battle was in me." How do you feel about those words? Do you think someone who has had a lot to drink can give real sexual consent? Is it a murky issue for you, or one that is well-defined?
3. *Blackout* is infused with wit and humor. Did this approach make Hepola's story more accessible? Have you read other memoirs about the same subject that aren't funny? Discuss effectiveness of each.
4. Hepola's many girlfriends are alternately supportive, enabling, exasperated, confrontational, and present for her. Of course, Sarah revealed the truth of her life very carefully, dividing her "confessions among close friends but never leaving any one person doused with too much truth." She also notes that "some recovering alcoholics believe you need to distance yourself from yourself from old friends. They're triggers and bad influences. But what if your friends were the ones who saved you? What if your friends were the ones who noticed when you disappeared, who rummaged around their own issues until they could find a compassionate way to say: Enough. Was I supposed to cut them out now?" What did you think about Hepola's friendships? Have you ever had to confront a friend about a behavior you found worrisome? Have you ever had to deliberately end a friendship, or choose to sustain one through a difficult time?
5. Do you drink? Why or why not? Have you ever had troubling experiences with alcohol?
6. The second half of *Blackout* follows Hepola's journey through recovery, and through learning how to redefine her life without alcohol. Have you ever had to reinvent yourself? Was it painful, or exciting, or both? Discuss.

7. In trying to date sober, Hepola confronts a culture where so many boundaries have been torn down by alcohol and the Internet. Do you think modern technology has enabled too much false intimacy? If so, what can be done about it? How do single women navigate a dating landscape where sex is so readily available and yet meaningful relationships can be so hard to come by?
8. Hepola writes that she and her female friends drank alcohol, in part, to shut down “the jackhammers of our perfectionism.” Do you struggle with perfectionism? How does it manifest, and have you found ways (other than alcohol) to push through those issues?
9. About finding happiness, Hepola writes, “In the old days, a heroine in search of happiness lost weight and found a prince. But current wisdom dictates a heroine in search of happiness should ditch the prince, skip the diet-and gain acceptance. Stop changing yourself to please the world and start finding happiness within. That’s a good message, given all the ways women are knocked around by the beauty-industrial complex. But my problem wasn’t a deficit of acceptance. It was too much. I drank however I wanted, and I accepted the nights that slipped away from me. I ate however I wanted, and I accepted my body was a home I’d never want to claim as my own... I wondered if I could use a little less acceptance around here. Or to be more precise: Acceptance was only half the equation. The other half was determining what was unacceptable-and changing that.” Do you agree? If so, what areas in your own life would you like to better accept? Are there areas you are trying to change?

Terms of use: This discussion guide attributed to the Grand Rapids Public Library Book Club, <https://www.grpl.org/BookClub> and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Book Woman of Troublesome Creek

Kim Michele Richardson

Sourcebooks Landmark

2019

308 pages

ISBN: 978-1492671527

Inherited Diseases

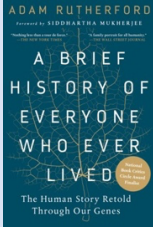
Summary

Cussy Mary Carter works for the Pack Horse Library Project, delivering books to the needy in the backcountry of Kentucky. Born with a genetic condition that gives her blue skin, Cussy is viewed with suspicion by most of her customers. However, nothing will stop her from delivering the joy of books.

Questions

1. The Kentucky Pack Horse Program was implemented in 1935 by the Works Progress Administration (WPA) to create women's work programs and to assist economic recovery and build literacy. In the novel, how did the program affect the people in this remote area? Do you think library programs are still a vital part of our society today?
2. How has a librarian or book lover impacted your life? Have you ever connected with a book or author in a meaningful way? Explain.
3. Missionaries, government, social workers, and various religious groups have always visited eastern Kentucky to reform, modernize, and mold hill folk to their acceptable standards. Do you think Cussy faced this kind of prejudice from the outside world? Is there any prejudice or stigma associated with the people of Appalachia today?
4. How do you think Cussy's father feels after he marries her off to an abusive man? Why do you think he agrees to Charlie Frazier's proposal in the first place? What do you imagine life was like for an unwed woman at that time?
5. Imagine you are making a community scrapbook like the ones Cussy distributes to the people of Troublesome. What would you include? Do you think these materials were helpful to Cussy's library patrons?
6. When Cussy receives the cure for her blueness from Doc, she realizes there's a price to pay for her white skin, and the side effects soon become too much to handle. If you were in Cussy's shoes, would you sacrifice your health for a chance at "normalcy"? If there weren't any side effects, do you think Cussy would have continued to take the medication? Would you?
7. How do you think Cussy feels when she is ostracized at the Independence Day celebration, despite her change of skin color? Can you relate to her feelings of isolation? Do you think these kinds of racial prejudices are still prevalent today?
8. Cussy must deal with the loss of many loved ones in a very short amount of time. How do you think she handles her grief? Which loss was the most difficult for you to read?
9. What do you think life was like for the people of Troublesome? What are some of the highlights of living in such a remote place? What are some of the challenges the people on Cussy's library route face?
10. Back then, entering a prohibited or interracial marriage in Kentucky was a misdemeanor that could result in incarceration, and we see these racial tensions attempt to sever Cussy and Jackson's relationship. Discuss antimiscegenation laws and marriage laws. Do you think this kind of prejudice still exists toward interracial couples?
11. What do you think happens to Cussy, Jackson, Honey, and the other inhabitants of Troublesome after the story ends? Imagine you were Cussy. How would you feel leaving Troublesome for good?

Terms of use: This discussion guide is attributed to Sourcebooks Landmark and is published in the book. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



A Brief History of Everyone Who Ever Lived

Adam Rutherford, PhD

The Experiment
2018 reprint
416 pages
ISBN: 978-161519494

Human Genetics

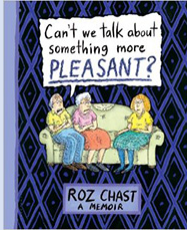
Summary

In our unique genomes, every one of us carries the story of our species—births, deaths, disease, war, famine, migration, and a lot of sex. But those stories have always been locked away—until now. Who are our ancestors? Where did they come from? Geneticists have suddenly become historians, and the hard evidence in our DNA has blown the lid off what we thought we knew. Acclaimed science writer Adam Rutherford explains exactly how genomics is completely rewriting the human story—from 100,000 years ago to the present.

Questions

1. Talk about some of the specific information DNA has turned up regarding "how our evolution has proceeded." Most especially, how has the new genetic learning upset the conventional wisdom about our human development?
2. *Follow-up to Question 1:* What is the story of the Neanderthals and our relationship with them? In terms of interbreeding, how does new knowledge contradict what has long been the accepted science? And the Denisovans: who were they?
3. How does Adam Rutherford respond to the insistence that genetics is destiny? What is his view of the nature vs. nurture conundrum?
4. What light does DNA shed on race...and racism?
5. Rutherford delights in meanders and digressions, providing fascinating nuggets on subjects like earwax. What other stray topics does he light upon? How about the Vikings ...or the so-called "warrior gene"?
6. What role have genes played in eradicating or curing diseases? Were you surprised by Rutherford's answers?
7. Discuss the case of sickle cell, and the way in which evolution can give with one hand while taking away with the other.
8. How does the author feel about companies that offer genetic testing to reveal individuals' personal ancestry?
9. How does Rutherford defend against the naysayers when it comes to the cost and danger of continuing genetic research? What are the arguments made against further study — and what is the author's defense for its continuation? What is your opinion?
10. What struck you most about *A Brief History of Everyone Who Ever Lived*? What surprised you most? Was your own understanding of human evolution challenged or affirmed?

Terms of use: This discussion guide is attributed to [LitLovers, https://www.litlovers.com/reading-guides](https://www.litlovers.com/reading-guides). It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Can't We Talk About Something More Pleasant?

Roz Chast

Bloomsbury USA
2016 reprint
228 pages
ISBN: 978-1632861016

End of Life

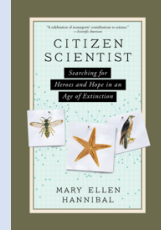
Summary

Spanning the last several years of their lives and told through four-color cartoons, family photos, and documents, and a narrative as rife with laughs as it is with tears, Chast's memoir is both comfort and comic relief for anyone experiencing the life-altering loss of elderly parents.

Questions

1. Have you had a similar discussion with your parents and/or children about aging and long-term care plans? What was the result? At what age do you think parents and children should have this conversation?
2. Which part(s) of the book, if any, could you relate to the most? Did you find yourself empathizing more with George and Elizabeth, or Roz? Did this change as you progressed through the book?
3. Which aspects of the role reversal Chast depicts – the child assuming a caretaker role – were the most striking to you? What emotions did you experience as you were reading about the challenges Roz, George, and Elizabeth all faced?
4. Did you enjoy Chast's technique of telling her story through illustrations? Why or why not? Were there scenes in the book that you thought were more or less effective because they were depicted in cartoons rather in straightforward text? Which ones, and why?
5. What experience is more frightening to you – George and Elizabeth's, or Roz's?
6. Which parts of the memoir made you laugh? Which made you cry? Did Chast's use of humor surprise you? Do you think it's necessary or inappropriate to approach this type of subject with humor?
7. In the chapter, "The Fall," would you have done anything differently than Roz did? Who did you sympathize with the most in this section?
8. Did your perceptions of George and Elizabeth as parents, spouses, and people in general change as the book went on? If so, in what ways?
9. Were there scenes in the book that you found exasperating? If so, which ones and why?
10. What do you think George and Elizabeth would think about the ways in which they're represented in the memoir?
11. In your opinion, what is the greatest loss that George and Elizabeth experience as they age?
12. Have you considered your own end-of-life plans? Why or why not? Was the book informational for you, and if so, what did you learn? Has reading this book changed your thinking about your own end-of-life care?
13. What is your opinion of Roz's decision to keep her parents' ashes in her closet?
14. Chast discusses at length her complicated feelings regarding her mother, and how her relationship with her mother differed greatly from the one she had with her father. Do you think this has an impact on Roz's approach to her parents' end-of-life care? Do you think Elizabeth was a good mother? Do you think Roz was a good daughter?
15. Toward the end of the book, Roz struggles with the financial cost of her mother's care, compounded by the fact that she's "not living and not dying." What are your views regarding this hardship, and her mother's condition?

Terms of use: This discussion guide is attributed to Bloomsbury Publishing, <https://www.bloomsbury.com>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Citizen Scientist
Mary Ellen Hannibal

The Experiment
2017 reprint
432 pages
ISBN: 978-1615193981

Citizen Science

Summary

Award-winning writer Mary Ellen Hannibal has long reported on scientists' efforts to protect vanishing species, but it was only through citizen science that she found she could take action herself. As she wades into tide pools, spots hawks, and scours mountains, she discovers the power of the heroic volunteers who are helping scientists measure—and even slow—today's unprecedented mass extinction.

Questions

CHAPTER 1: After Hannibal helps pry a sea star off her fellow citizen scientist's hand, she remarks, "Neither of us could have known it at the time, but it was possible she would never again have the opportunity to observe a giant sea star in its lair." To be a citizen scientist is to confront loss, but it's also a way to experience all the species more intimately that are left to count. Overall, do you find Hannibal's experiences with citizen science reason for hope or despair? Why?

CHAPTER 2: To what extent is *Citizen Scientist* a California story? How is it a story without borders? In what ways does geography play a role in the book?

CHAPTER 3: With trophic cascades in mind, do you think it makes the most sense to say nature works from the bottom of the food chain up, the top down, or from the middle? Considering the example of the Amah Mutsun, do you think Western science can be integrated with traditional ecological knowledge? Who benefits, and how?

CHAPTER 4: In the spirit of citizen science's actionability, plan a citizen science expedition yourself. For example, you could count a single species of plant or animal in a nearby park. Do you see patterns from one open space to another? Did your expedition change the way you feel about the place you chose to explore? Do you find yourself responding to citizen science in ways like Hannibal? In different ways?

CHAPTERS 5 AND 6: Browsing Google Earth Outreach and ESRI Story Maps, consider how various kinds of information are being combined to tell new stories about nature. What would a map of your own story of origin look like – where your ancestors are from, and how you came to live where, and in the manner, you do? How would such a map help tell your family stories about what happened to each family member, where and when?

CHAPTER 7: Natural history museums are founded mostly by amateurs such as Alice Eastwood. How does Eastwood's story affect the way you think about citizen science? In what ways do you think her legacy lives on?

CHAPTER 8: Darwin predicted that species evolve in close relationship with one another, but this wasn't proved until the 1960s. Explain how plants and pollinators depend on each other, and how their interactions are being disrupted by climate change and habitat loss.

CHAPTER 9: Do you think it's fair to call John Steinbeck, Ed Ricketts, and Joseph Campbell citizen scientists, as Hannibal does? Why or why not? Is it fair to consider storytelling, in some cases, a kind of "science"? What do you think Campbell meant when he said that myth is "nature talking"? And how would you interpret Steinbeck's advice "to look from the tide pool to the stars and then back to the tide pool again."

CHAPTER 10: Do you think that, with the help of citizen science, we might eventually succeed in protecting “nature’s half,” which E.O. Wilson says is necessary for healthy ecosystem functioning? Why or why not? What do you consider the most promising aspects of citizen science? What do you fear might be its problems or shortcomings?

CHAPTER 11: Through both her father’s death and her experiences with citizen science, Hannibal begins to reevaluate how she understands the word *generation* and her and other species’ roles in the cycle of life. Do you feel differently, after reading this book, about how you relate to other living things past, present, and future? If so, how?

Terms of use: This discussion guide is attributed to The Experiment, <https://theexperimentpublishing.com>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Crowd and the Cosmos

Chris Lintott

Oxford University Press

2020

288 pages

ISBN: 978-0198842224

Citizen Science

Summary

Chris Lintott describes the exciting discoveries that people all over the world have made, from galaxies to pulsars, exoplanets to moons, and from penguin behavior to old ship's logs. This approach builds on a long history of so-called "citizen science," given new power by fast internet and distributed data. Discovery is no longer the remit only of scientists in specialist labs or academics in ivory towers. It's something we can all take part in. As Lintott shows, it's a wonderful way to engage with science, yielding new insights daily. You, too, can help explore the Universe in your lunch hour.

Questions

1. What did you think scientific research looked like before reading this book? How did Lintott change or reinforce your perspective?
2. What are the advantages and drawbacks to open information in scientific research? Who do they impact?
3. Lintott describes three categories of scientists – the theoretician, the experimenter, and the computational scientist - in his discussion of why people struggle with scientific debates like climate change. What do you think of this framework? How does it affect your thinking about science and complex theories?
4. How does the development of “big data” – larger and larger sets of observations from increasingly complex research – affect the way scientific research is conducted? What do the web and mobile technologies lend to scientific research?
5. What can we learn from early citizen science efforts, both the successful and unsuccessful ones? What does Charles Darwin's practice in later life of corresponding with nature observers throughout the world teach us about good citizen science?
6. Which story of a citizen science discovery is your favorite and why?
7. Lintott describes four kinds of volunteers: those who are nearly always right, those who are always wrong, optimists who tend to see positive results but can be unreliable when they report negative results, and pessimists who tend to see negative results but are accurate when they identify a positive one. How does Zooniverse find a way to get useful data from all four of them? How do you feel about the measures that Zooniverse puts in place to guard against human fallibility?
8. What advantages and drawbacks does the citizen scientist have as compared to the expert researcher? How does the citizen scientist compare to machine learning?
9. To what degree does citizen science rely on exciting the imagination? What do you think of Lintott's concern that gamifying the citizen science experience too much will eliminate the sense of discovery? Why is it important that citizen science address real-life research needs rather than focus solely on interesting things to learn about?
10. Lintott focuses mainly on astrophysics in his discussion. In what other fields can citizen science be used? In what situations do you think it cannot be used?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Curious Heart of Ailsa Rae

Stephanie Butland

St Martin's Griffin

2018

416 pages

ISBN: 978-1250217028

Heart Health

Summary

Ailsa Rae is only a few months past the heart transplant that - just in time - saved her life. Now, finally, she can be a normal twenty-eight-year-old. But first, she has to put one foot in front of the other. So far, things are as bloody complicated as ever. Her relationship with her mother is at a breaking point and she wants to find her father. Then there's Lennox, whom Ailsa loved and lost. Will she ever find love again? Her new heart is a bold heart. She just needs to learn to listen to it.

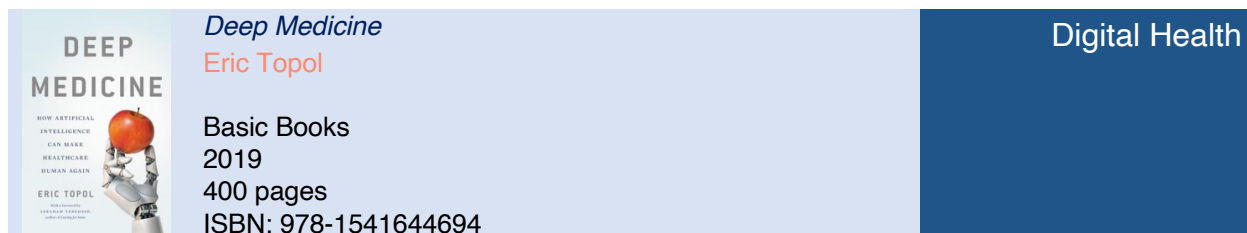
Questions

1. Why was her blog called "my blue blue heart?" Was she literally blue?
2. Why did Ailsa like polling her followers? What things did she opt for doing once she was well? What was chosen?
3. How was impulsivity a new freedom for Ailsa? How different would your life be if you had to weigh the amount of energy (and recovery) each task you scheduled would expend?
4. Making friends starts with a name. What did Ailsa name her new heart? If you had to name yours, what would you choose and why?
5. Ailsa said: "I'm alive, thanks to a freak set of circumstances, which includes someone else's misfortune. And I think of that every day." How did this lead her to be grateful? But then how could she still feel sad sometimes? Use this quote to help you explain: "Remember, son, just because you've got what you want doesn't mean you have to be happy all the time." Is there a difference between gratefulness and happiness?
6. What does this mean: "Being ill is a pain. Being ill and explaining yourself is exhausting"?
7. Why was Ailsa such an advocate for people being on the donor transplant list? If you aren't and want to be, in America, go to organdonor.gov/register.html.
8. Why is it important to have that conversation about organ donation with your loved ones, especially with those who would have the power to make those decisions for you? What makes some people not want to donate, or to not allow their loved one to do so? Should next of kin be allowed to overrule a dead person's choice?
9. Why doesn't Ailsa think "think grief is a good place to make decisions from"?
10. How did Ailsa's interviewer want "simple answers to things that are complicated"? Do you think her questions were baited, or that the interviewer, like some of those who wrote about Seb, "write the article before they meet"?
11. Why did Seb tell Ailsa "If people are asses...or in any way abusive, block them straight away. Don't engage." Was this good advice if you're in the public eye?
12. Ailsa, and even Lennox's parents, struggled with and made choices about "Birthdays of the people we've lost, or anniversaries of their death, are things I don't know what to do with. You can't ignore them, because it feels wrong, but every day is an anniversary of their loss." What are some good ways to celebrate or commemorate the memory of a loved one every year? Should you have to do something every year, or is it ok to not do something sometimes too?
13. Now that she wasn't dying, how did Ailsa have to find her own identity? How did dying consume her entire identity and schedule before?
14. How did Seb teach Ailsa to "not mind" what others said or thought about her? Why was that a survival technique once your life moved into the spotlight? What events made it more challenging for Ailsa to ignore the comments of others, especially in the papers, despite how hard she'd worked to lose weight?
15. What was Seb's transplant and how did he end up needing one? How was he, and how are we all guilty of taking our bodies for granted sometimes?
16. What do you think of Ailsa's statement that "It's not bravery that means spending months in

hospital...and submitting to blood tests, via-the-nose biopsies, CPR and God knows what else. It's the absence of choice" ? Is there another choice?

17. What happened with Ailsa's father when she was a baby, the full, true story her mother hadn't told? What did Tamsin and Hayley do with his stuff after and why?
18. How was dancing tango "sort of a rest" for Ailsa's brain because of the concentration it required? Why is it good to have mindless tasks like this, especially for people with anxious minds or mentally draining jobs?
19. Why was there conflict with Seb after the second article? Do you think he handled it well? How were they resolved?
20. Hayley and Ailsa had had a very codependent relationship when Ailsa was young. How did that change after the surgery? Why did Ailsa want it to? Why did Hayley have a difficult time with it?

Terms of use: This discussion guide is attributed to the publisher and used with permission, <https://owlcation.com/humanities/The-Curious-Heart-of-Ailsa-Rae-Book-Discussion-and-Recipe>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Summary

Medicine has become inhuman, to disastrous effect. The doctor-patient relationship—the heart of medicine—is broken: doctors are too distracted and overwhelmed to truly connect with their patients, and medical errors and misdiagnoses abound. Physician Eric Topol reveals how artificial intelligence can help. AI has the potential to transform everything doctors do, from notetaking and medical scans to diagnosis and treatment, greatly cutting down the cost of medicine and reducing human mortality. By freeing physicians from the tasks that interfere with human connection, AI will create space for the real healing that takes place between a doctor who can listen and a patient who needs to be heard.

Questions

1. What would happen if the healthcare system operated more like Uber and Amazon, taking their model of using customer data to gain insight into purchasing behaviors?
2. What would happen if patients could “own” all their health data? For instance, they could choose to sell or lease it to a competitive marketplace, to companies who have been using AI for decades like Google, Amazon, Uber, etc.
3. In what ways does using the term “deep learning” benefit increasing the public’s sense of trust of this technology as compared to using the term “artificial intelligence”?
4. What are some of the social justice/health disparities issue related to using Deep Learning/AI in medicine? For instance, the “haves” versus the “have-nots” remains a growing issue in the world. How will Deep Learning/AI be used to close or conversely, widen the digital/healthcare divide?
5. If Deep Learning/AI becomes more prevalent in healthcare/medicine, what roles will the provider play? How essential is empathy in healthcare?
6. How important is it for the provider or patient to know how AI arrived at its diagnoses or recommendation?
7. In which areas of medicine should AI not be relied upon?
8. What are some of the biases of companies (e.g. insurance, employers, etc.) using Deep Learning/AI algorithms that might impact potential or current employees or policy holders? What can be done to protect the public from these biases?
9. When it comes to mental health, why is it important to involve the public and patients in Deep Learning/AI research and development?
10. If AI makes a wrong decision, who is responsible for reparations?

Terms of Use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Delicious!
Ruth Reichl

Random House Trade
2015
416 pages
ISBN: 978-0812982022

Nutrition

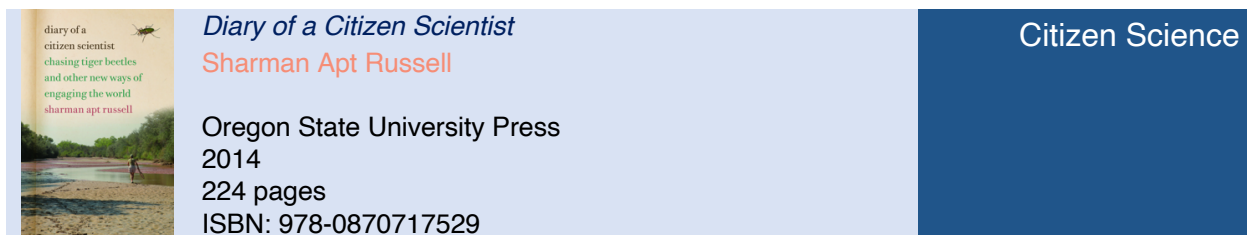
Summary

Billie Breslin has traveled far from her home in California to take a job at *Delicious!*, New York's most iconic food magazine. Away from her family, particularly her older sister, Genie, Billie feels like a fish out of water—until she is welcomed by the magazine's colorful staff. She is also seduced by the vibrant downtown food scene, especially by Fontanari's, the famous Italian food shop where she works on weekends. Then *Delicious!* is abruptly shut down, but Billie agrees to stay on in the empty office to pay her bills. To Billie's surprise, the lonely job becomes the portal to a miraculous discovery. In a hidden room in the magazine's library, Billie finds a cache of letters written during World War II by Lulu Swan, a plucky twelve-year-old, to the legendary chef James Beard. Lulu's letters provide Billie with a richer understanding of history and a feeling of deep connection to the young writer whose courage in the face of hardship inspires Billie to come to terms with her fears, her big sister, and her ability to open her heart to love.

Questions

1. Billie eventually writes about Sal's as if it's "a way of life." Do you have a favorite establishment that you would describe similarly? What is it like, and how does it make you feel?
2. Mrs. Cloverly's disastrous concoctions are even funnier because she's unfazed by failure. She seems to keep trudging forward, turning everless-palatable dishes out of her kitchen. Have you encountered such a cook? What is the most astonishingly—and hilariously—unappetizing dish you've ever been served?
3. Diana and Sammy's friendships help the formerly contained Billie become more confident. Has a friend ever given you the courage to be more fully yourself? What did you reveal?
4. Try to imagine a story that Sammy might have written for *Delicious!* Where in the world is he, and what is he writing about?
5. Lulu's letters teach Billie about the relentless uncertainty endured by the people on the home front during World War II. She learns that Lulu finds solace in cooking with Mrs. Cappuzzelli and for her mother. Can you remember a meal that helped get you through a particularly painful moment? Where were you? Who were you with? And what was the meal?
6. Rationing changed the way Americans ate. Lulu throws herself into this new food landscape, experimenting with unfamiliar vegetables like milkweed and pumpkin leaves. What would you make if you had no butter, meat, or dairy? What would you forage for?
7. If you had a victory garden, what would you grow?
8. Do you have friends or family who remember what it was like to eat during World War II? What stories have they shared with you?
9. Lulu writes: "When Mother, Mr. Jones and I were walking through those strange, crowded downtown streets, where people were sticking their hands into pickle barrels, pointing to smoked fish, and eating sliced herring, I saw the scene in a whole new way. They weren't buying food: They were finding their way home." What foods feel like home to you?
10. As the book closes, what does Billie discover she owes Genie?

Terms of use: This discussion guide is attributed to LitLovers, <https://www.litlovers.com/reading-guides>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Summary

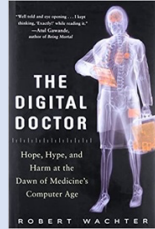
Diary of a Citizen Scientist is an exploration of the exploding world of citizen science where hundreds of thousands of volunteers are monitoring climate change, tracking bird migration, finding stardust for NASA, and excavating mastodons. The story is told through the lens of nature writer Sharman Apt Russell's yearlong study of a little-known species, the Western-red-bellied tiger beetle. In a voice both humorous and lyrical, Russell recounts her persistent and joyful tracking of an insect she calls "charismatic," "elegant," and "fierce." Patrolling the Gila River in southwestern New Mexico, collector's net in hand, she negotiates the realities of climate change even as she celebrates the beauty of a still wild and rural landscape.

Question

1. *Diary of a Citizen Scientist* describes a range of activities in citizen science. You can work online in astronomy or help fold and unfold protein molecules. You can go outside to study sunflowers and bees, squirrels, and nematodes. You can look at pictures of the ocean floor or help monitor the chemicals in your local waterway. What fields of science appealed the most to you and why? Could you match up other citizen science projects with the personalities of family members or friends?
2. Russell thinks of citizen science as personally transformative. "At every point in life, there is a long list of what we can still be... In every moment of the day, I can become newly engaged with the world. Newly competent. There's so much to discover! So much we don't know. I can still become something I am not." (19) Does this ring true for you? Do you feel capable and energized to become newly engaged with the world? What would that look like for you?
3. Russell quotes the nineteenth-century American naturalist John Burroughs, "The nature lover is not looking for mere facts but for meanings, for something he can translate into the terms of his own life. He wants facts but significant facts—luminous facts that throw light upon the ways of animate and inanimate nature." (129) Burroughs also went out into nature "to be soothed and healed and to have my senses put in order." Russell says that she, too, "enlarges" in nature and calms down. How would you describe your relationship to nature? What natural areas serve as places of healing and calm? Do you find meaning and significance in the facts of nature?
4. Although *Diary of a Citizen Scientist* has a celebratory tone, the author keeps returning to the theme of global warming. She says she has spent a lot of time thinking about "how terrible things are on the planet: how polluted, how crowded, how damaged and diminished" (16). What are your thoughts about climate change and other environmental problems faced by this generation and the next?
5. For Russell, becoming "engaged in the world" through citizen science is an antidote to her environmental concerns. She wants to fall more deeply "in love with the world" even as she mourns certain losses and changes. What does "falling in love with the world" mean to you?
6. Late in the book, while walking a country road, the author thinks, "But maybe I don't have to work so hard. I have thought nature indifferent to humans, but maybe the reverse is true. Maybe the world is already in love, giving me these gifts all the time, calling out all the time: than this. And this. And this. Don't turn away." (161) This seems a rather mysterious statement in a book about science. What do you think Russell is trying to say?

7. In her pursuit of the Western-red-bellied tiger beetle, Russell sometimes comments on her lack of skill—and even her lack of motivation. “My heart sinks, and my middle- aged brain thinks, “I’d rather stab my cortex with a fork” (81). The humor in the book often comes from self-deprecation and the self-consciousness of an outsider. Did that approach work? Why or why not? What, if any, other parts of the book did you find humorous?
8. Russell’s mentors seem particularly helpful and generous with their expertise. What has been your experience with scientists and other professionals? Do you find that people, in general, like to talk about their work?
9. Russell seems pleased when one of her theories concerning the Western-red-bellied tiger beetle is proved wrong. “Science depends on such testable hypotheses” (165). In what other ways is this author more interested in the process of science than the products of science? Russell was first inspired by this statement from an entomologist, “You could spend a week studying some obscure insect and you would then know more than anyone else on the planet.” By the end of the book, what do you think she has accomplished as a citizen scientist?
10. Russell takes several citizen science projects into a third-grade classroom. Where do you think citizen science has the most value—as an educational tool or as actual science?

Terms of use: This discussion guide is attributed to the author and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Digital Doctor Robert Wachter, MD

McGraw Hill Education
2017 reprint
352 pages
ISBN: 978-1260019605

Digital Health

Summary

Written with a rare combination of compelling stories and hard-hitting analysis by one of the nation's most thoughtful physicians, *The Digital Doctor* examines healthcare at the dawn of its computer age. It tackles the hard questions, from how technology is changing care at the bedside to whether government intervention has been useful or destructive. And it does so with clarity, insight, humor, and compassion.

Questions

1. What makes a doctor "good"? Is technology necessary for a good doctor?
2. Can extensive patient history be kept without technology?
3. Looking at the *Radiology Rounds* chapter, why did the radiologist appear annoyed with the doctors visiting? Will other technological additions in healthcare have the same outcome as radiology?
4. What problems did doctors face when using the new electronic medical records? Are there any other careers in a similar situation?
5. What does Wachter refer to as David and Goliath? Why was Isabel such a success? Is this the end of Watson?
6. Between the nurse, pharmacist, computer, and patient, who is responsible for overdosing Pablo? Where would you assign the blame and why?
7. Do you feel that both doctors and patients should co-share patient records?
8. Why can't a universal health record be accomplished? What is needed for it to be successful?
9. Discuss the difference between Epic and Athena. What made Athena successful despite its size? Why does Epic discourage interoperability?
10. According to Wachter, a productivity paradox occurs when financial, environmental, and organizational factors determine the success of a new information technology (IT) tool. Can you think of any other IT tools that depend upon certain worldly factors that determine its success or fail?
11. What technological changes in healthcare do you foresee in the future? Will there be a need for doctors, or will IT tools be trustworthy enough to substitute for them? What role will the government play in healthcare? Will a patient's records be safe in the cloud?
12. What changes are needed to make healthcare and IT work cohesively?
13. After reading the novel, where would you say Wachter's views about the future of healthcare coincide with yours? Are his views more optimistic or pessimistic?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Dreamland
Sam Quinones

Bloomsbury
2019
224 pages
ISBN: 978-154760131
Young Adult Edition

Substance Misuse

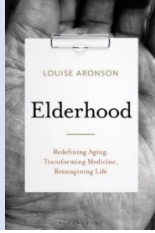
Summary

The unfettered prescribing of pain medications during the 1990s reached its peak in Purdue Pharma's campaign to market OxyContin, its new, expensive - extremely addictive - miracle painkiller. Meanwhile, a massive influx of black tar heroin - cheap, potent, and originating from one small county on Mexico's west coast, independent of any drug cartel - assaulted small town and mid-sized cities across the country, driven by a brilliant, almost unbeatable marketing and distribution system. Introducing a memorable cast of character - pharma pioneers, young Mexican entrepreneurs, narcotics investigators, survivors, and parents - Sam Quinones, an acclaimed journalist with the storytelling ability of a novelist, weaves the tale of this catastrophic collision of events.

Questions

1. Consider the title Dreamland. What does it refer to? How does it work as a symbol to explain the themes of this book?
2. What are the typical preconceived notions that a reader might have about opiate addiction? In what ways does the book work against those ideas?
3. Explain the connection between OxyContin and black tar heroin. How are they similar? How are they different? How does the existence of both forms of opiates feed into addiction?
4. Discuss Purdue Pharma's marketing of OxyContin. Do companies like Purdue have a responsibility to be more transparent with their consumers? Why or why not?
5. Why are teens particularly susceptible to opiate addiction?
6. How have medical practitioners contributed to the rise of opiate addiction? Do you think that any of the doctors and researchers in this book were justified in their reasoning and methods?
7. The concept of rehabilitation comes up in the book as some of the characters try to get clean. What versions of rehabilitation seem effective? How can systems be put into place to give addicts more help?
8. The book discusses law enforcement and criminal justice. In what ways have police forces and the courts been successful in dealing with addiction? In what ways can they improve and use better strategies to help addicts?
9. According to their interviews, the Xalisco Boys rarely sell to African Americans. Why is this? How do race relations play into the ways that opiates are distributed and used? Do race relations affect how opiate addiction is perceived in comparison to other drug addictions?

Terms of use: This discussion guide is attributed to the [Classroom Discussion Guide for Dreamland Young Adult Edition, pages 195-196](#). It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not necessarily reflect the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Elderhood
Louise Aronson

Bloomsbury
2019
464 pages
ISBN: 978-1620405468

Healthy Aging

Summary

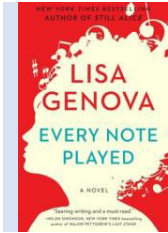
Harvard-trained geriatrician Louise Aronson uses stories from her quarter-century of caring for patients and draws from history, science, literature, popular culture, and her own life to weave a vision of old age that's neither nightmare nor utopian fantasy - a vision full of joy, wonder, frustration, outrage, and hope about aging, medicine, and humanity itself.

Questions

1. In *Elderhood*, Louise Aronson shares anecdotes from her twenty-five years of caring for patients, information about aging from science, history, and popular culture, and her personal experiences of getting older and watching her parents age. Using what she has learned from these varied sources, she envisions a large-scale shift in society's— and medicine's—attitude toward aging: no longer an ending or decline, but another stage of life with its own hardships and challenges, opportunities, and joys. In *Elderhood*, Aronson urges us to re-examine the meaning of aging and to better prepare for and thrive in those final years.
2. Early in the book, the author discusses Professor Guy Micco's classroom exercise with medical students, in which he asks them to name common associations with the word *old*. "Wrinkled" and "frail" were among the words given in response by these young people. What words do you associate with the word *old*? Does a person's outlook on elderhood change as they age, or do these negative stereotypes persist?
3. Age is just a number, we're told, but age sixty-five is a widely recognized dividing line between young and old. With so many societal changes in our modern world— medical, economic, interpersonal—is this numerical partition outdated? Do you see it as harmful or helpful? Why or why not?
4. We live decades longer than we did throughout most of human existence, and old people are a steadily increasing part of the population. How have these changes transformed societal attitudes toward the elderly? And how has this demographic shift impacted society as a whole?
5. Driving a car means independence to both a sixteen-year-old and a seventy-five-year-old. Issues both physical and emotional converge on the fraught question of when it's the right time for an older person to stop driving. What point is that, do you think, and how is this subject best broached? Since younger drivers are more dangerous than older ones but we don't discuss raising the driving age, is this discussion based in ageism, social need, or both?
6. Simone de Beauvoir maintains, "Otherness is a fundamental category of human thought," and Donald Hall writes of old age, "People's response to our separateness can be callous, can be goodhearted, and is always condescending." What about aging transforms another human being into a feared, scorned Other? What results from such a classification?
7. Aging people may bemoan an increased invisibility, but poet Mary Ruefle says, "As soon as you become invisible, there's a freedom that's astounding." What might she be referring to? What advantages and freedoms potentially come in life's third act?
8. Biology matters, but it's only one part of the aging puzzle, says Aronson. Psychologist Lillian J. Martin suggests "looking at old age as a period of life rather than as a bodily condition." What impact might this change in attitude have? What other changes in attitude impact our well-being as we age?
9. These days we don't just want faster, slicker devices; we want humans that way too. Aronson writes, "We prize youth, though doing so means that all of us will spend most of our lives in a state of failure." What's lost when society values — above all — speed and very particular forms of beauty and production?

10. Writing that aging withers our creativity and renders us disabled, Zeke Emanuel states that “living too long is also a loss.” What concerns him is a loss of productivity. Aronson argues that, despite decline or disability, life continues to have great meaning for many people through, among other things, learning and art and relationship building. Aristotle used the word *eugeria* to mean “a good old age.” What does a “good old age” mean to you? What is successful aging, not just in the early decades of elderhood but through the end of life?
11. It sounds good to the ears, but is it a good or bad thing when someone says you don’t look your age? What age do you want to look? Do you feel a person’s mode of dress should necessarily match a numeric age? What about their behavior? Should you “act your age”? What activities does society deem appropriate or inappropriate for elders?
12. Aronson writes, “*Care* is never futile, though *treatment* can be.” Too often these words are used interchangeably even as their meanings differ. Discuss the difference, and the dangers of blurring the line between them. And if care was indeed made the priority, how would our medical system look different?
13. Before the American medicalization of aging, the process of growing old was seen as natural, and survival to an advanced age seen as an accomplishment. Now behaviors, bodily functions, and physical states once considered natural are given diagnosis, management, and treatment. Financial reward for medical procedures persists, even when the procedures are unlikely to benefit the patient. How much treatment is too much? What factors suggest a person might be harmed more than helped?
14. “Part of what makes old age hard is that we fight it, rather than embracing it,” writes Aronson, who goes on to say we fail to appreciate the many upsides of elderhood, an attitude that contributes to the old age many of us dread. How can one actively embrace aging? Name two advantages of old age.
15. Aronson writes, “Revolution occurs when enough people accept that the current paradigm is inadequate and reject it in favor of a new one.” What myths about aging have been debunked or are in the process of evolving? How did reading *Elderhood* impact your thinking on the topic?

Terms of use: This discussion guide is attributed to Bloomsbury Publishing, <https://www.bloomsbury.com/us/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Every Note Played

Lisa Genova

Simon & Schuster

2019 reprint

336 pages

ISBN: 978-1476717814

Disability Health

Summary

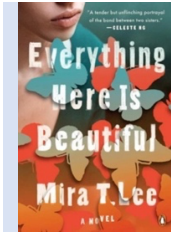
When a piano virtuoso is diagnosed with ALS, his estranged ex-wife takes up the cross of caring for him, and he is forced to balance reconciling his failed relationships with redefining his pursuit of greatness.

Questions

1. Why do you think Lisa Genova chose the title *Every Note Played* for this novel? How did the title help your reading of the novel? The original title for this book was *Diminuendo*. Why do you think she changed it?
2. Why do you think Lisa decided to make Richard an accomplished professional pianist? How does his life before his ALS diagnosis compare to life after?
3. Describe how both Richard and Karina relate to the music they played. How did music inspire them, define them, trap them, free them, save them?
4. While visiting Richard, Karina reflects on how “the story of their lives can be an entirely different genre depending on the narrator.” (p.29). Explain this statement. How would you characterize the story of Richard and Karina’s marriage as told from Karina’s perspective? What is Richard’s point of view? Are there other instances in *Every Note Played* when two characters experience the same event completely differently based on their limited perspective? What are they?
5. Upon learning of Richard’s diagnosis, Karina pays him a visit. “She had such good intentions and wonders how it went “so wrong.” (p. 32). Lisa Genova wrote in her writing journal, “What is unsettled in Karina and why is seeing Richard again such a necessary risk? What does she want?” What are Karina’s motivations for visiting Richard? Did she get what she wanted?
6. Richard comes to think of Bill as “equal parts brother, doctor, parent, and friend.” (p. 96). What do you think of Bill? How does he help Richard preserve his sense of dignity, humanity, and humor? How does Bill help Karina?
7. While Richard’s ALS is progressing, he reflects on how “in a million ways, living with ALS is a practice in the art of Zen.” (p. 98). Can you think of any moments when Richard practices “the art of Zen”? What else did ALS teach him?
8. Seeing Alexander Lynch play jazz in New Orleans was a transformative experience for Karina. What changed in her? Why do you think Karina resisted going to New Orleans for so long?
9. Describe Richard’s relationship with his brother. Were you surprised by Tommy’s apology? How does Tommy’s apology and the ensuing conversation unlock a new way for Richard to see his brothers? What does it heal?
10. As Richard begins to lose his voice, Dr. George suggests that Richard consider recording “legacy messages.” What are these?
11. What does Richard think his legacy will be? Discuss legacy messages with your book club. If you were in Richard’s situation, for whom would you want to record these messages? What would your messages say?
12. At the clinic, the practitioners use the term care, “and Richard doesn’t openly object, but care is not provided every three months when he comes for his appointment.” (p. 51). Why does Richard continue to go to the clinic? Does Richard’s opinion regarding the “care” at the clinic change? Are there different ways to provide care? What kind of care does Kathy provide to Richard? Compare and contrast this with how Bill and Karina care for him. How does Richard eventually care for Grace? For Karina?

13. This is very much a story about the unrelenting, progressive paralysis of Richard's body. In what ways were Richard and Karina emotionally paralyzed? Are there ways in your own life that you're stuck – in the past, in excuses, blame, or fear? Lisa Genova begins the book with a quote by the poet Rumi: "Why do you stay in prison when the door is so wide open?". Why do you think she included this quote?

Terms of use: This discussion guide is attributed to *Every Note Played* Book Club Kit available from <https://www.lisagenova.com/book-inner>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Everything Here is Beautiful

Mira T. Lee

Pamela Dorman Books

2018

368 pages

ISBN: 978-0735221963

Mental Health

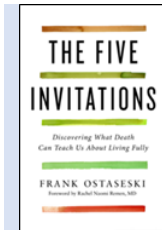
Summary

Two sisters: Miranda, the older, responsible one, always her younger sister's protector; Lucia, the vibrant, headstrong, unconventional one, whose impulses are huge and, often, life changing. When their mother dies and Lucia starts to hear voices, it's Miranda who must fight for the help her sister needs. Determined, impetuous, she plows ahead, marrying a big-hearted Israeli only to leave him, suddenly, to have a baby with a young Latino immigrant. She will move with her new family to Ecuador, but the bitter constant remains: she cannot escape her own mental illness. Lucia lives life on a grand scale until, inevitably, she crashes to earth. And then Miranda must decide, again, whether to step in — but this time, Lucia may not want to be saved. The bonds of sisterly devotion stretch across oceans, but what does it take to break them?

Questions

1. Many of the characters in the novel struggle to find balance between self-fulfillment and obligation to others. What would you have done if you were in Lucia's situation in the campo? Have you ever had to choose between what you want for yourself and what's best for someone you love (e.g., a child)?
2. Miranda has been caring for her younger sister since she was a child. But as an adult, what role should she play in her sister's life? Did you find her actions caring or meddling?
3. Is Lucia a modern woman trying to balance family, career, and personal fulfillment or is she "rash, reckless, irresponsible"? To what lengths would you go/have gone to become a mother? Is it ever not okay for a woman to have a child?
4. Manny must live with the brunt of Lucia's illness. At one point he reflects: "This was love, or this was duty, he could no longer tell the difference." What is the difference? When does love turn into duty and when does duty become love? Do you consider Manny loyal, or is he simply passive? Do Manny and Lucia love each other?
5. In the book, Lee writes, "immigrants are the strongest.... Everywhere we go, we rebuild." All the characters in the novel are immigrants, rebuilding their lives in some way. But who is running away from something, and who is running toward something? How do their immigrant experiences differ?
6. How does ethnicity/culture play into this novel? Would you consider this an ethnic novel? Why or why not? Could the same story have been told if the characters were white?
7. Lucia points out that in our society, cancer survivors are viewed much differently from sufferers of mental illness. Do you agree? Do you know someone who has a mental illness? How does stigma affect our views of mental illness?
8. Anosognosia, or "lack of insight," is a frequent symptom of psychotic disorders such as schizophrenia and makes these illnesses especially difficult to treat. How do you help someone who doesn't realize they are ill? How did you feel about Manny putting pills in Lucia's tea?
9. "He tried so hard to love her — yet how best to love her still eluded him." The men in the book struggle with how best to love the women in their lives. Should Yonah have let Lucia walk out of their marriage so easily? Should Stefan have supported Miranda's efforts to help her sister at the expense of her own wellbeing? Are there right or wrong ways to love someone?
10. Who is most to blame for Lucia's end? Herself? Yonah? Miranda? Manny? Could someone have done something differently to alter the outcome? What do you think happened to Lucia?

Terms of use: This discussion guide is attributed to LitLovers, <https://www.litlovers.com/reading-guides>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not necessarily reflect the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Five Invitations

Frank Ostaseski

Flatiron Books

2019 reprint

304 pages

ISBN: 978-12500767648

End of Life

Summary

The Five Invitations show us how to wake up fully to our lives. They can be understood as best practices for anyone navigating a life transition, coping with loss or serious illness or a personal crisis; they guide us toward appreciating life's preciousness. Weaving together pragmatic tools, real life stories and ancient wisdom, Frank helps us discover how an awareness of death can be a valuable companion on the road to living well, forging a rich and meaningful life free of regret.

Questions

DON'T WAIT

Frank writes, "Instead of pinning our hopes on a better future, we focus on the present and being grateful for what we have in front of us right now. We say "I love you" more often because we realize the importance of human connection. We become kinder, more compassionate, and more forgiving. Don't wait is a pathway to fulfillment and an antidote to regret".

- What are you waiting to say, do or be in your life? Pick one and share honestly.
- Change is constant and inevitable. Explore your relationship to constant change. What is one change you are grateful for? How did it open the door to a new possibility?
- Hope is an innate human quality that can positively contribute to a sense of wellness. Mature hope requires both a clear intention and a simultaneous letting go. How can you be open to outcome without be attached to a specific result?
- Forgiveness has many benefits. The author suggests that it's like "setting down a hot coal we have been carrying in our hand". What have been the obstacles to forgiveness in your life?
- How has the contact with the precariousness of life helped you to appreciate its preciousness?

WELCOME EVERYTHING, PUSH AWAY NOTHING

Frank writes, "In welcoming everything, we don't have to like what is arising. It's actually not our job to approve or disapprove. The word welcome confronts us; it asks us to temporarily suspend our usual rush to judgment and to simply be open to what is happening. When we are open and receptive, we have options. We are free to discover, to investigate, and to learn how to respond skillfully to anything we encounter. Welcome everything, push away nothing cannot be done solely as an act of will. To welcome everything is an act of love:

- Openness is the basis for a skillful response to life. What is your tolerance for the unknown?
- Discuss the difference between acceptance and resignation. How do they feel different in your heart? What are these sensations you associate with each in the body?
- What self-image have you stopped worrying about in your life?
- Pain + Resistance = Suffering. What is an example of that in your life?
- As people come closer to death, only two questions really matter: "Am I loved?" and "Did I love well?" How might you respond to those questions today?

BRING YOUR WHOLE SELF TO THE EXPERIENCE

Frank writes, "We all like to look good. We long to be seen as capable, strong, intelligent, sensitive, spiritual, or at least well adjusted. We project a positive self-image. Few of us want to be known for our helplessness, fear, anger, or ignorance, or that sometimes we are more of a mess than we'd like to admit. To be whole, we need to include, accept, and connect all parts of ourselves. Wholeness does not mean perfection. It means no part left out.

- When we over-identify with a role, it defines us, confines us, and reduces our capacity for conscious choice. It sets up an expectation about how life is supposed to proceed. What roles do you still carry that you no longer need?

- When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Share a moment when you authentically served another person.
- When you were a child and an adult criticized you how did you respond? Did you withdraw, collapse or silence yourself? Did you try to please and accommodate, negotiate, persuade, or explain? Did you rebel, talk back, act with hostility? How do you continue these strategies in dealing with your inner critic today? Do they work?
- Suppose a grieving woman like Kisa Gotami knocked on your front door, holding a dead child in her arms. Imagine your response. What would you do when you opened the door?
- Even when we've devoted our life to compassionate action, we will at times become overwhelmed by suffering. How do you restore yourself and compassion in your life?

FIND A PLACE IN THE MIDDLE OF THINGS

Frank writes, "We often think of rest as something that will come to us when everything else in our lives is complete: At the end of the day, when we take a bath; once we go on holiday or get through all our to-do lists. We imagine that we can only find rest by changing our circumstances. This place of rest is always available to us. It is a choice—a choice to be alert, to bring your attention to this moment!"

- We can be addicted to being busy, to multi-tasking and productivity to the point of exhaustion. Explore the counter-intuitive question, "What's right about being exhausted?"
- Share a moment when you have felt calmness in midst of chaos?
- There are three common impersonal conditions that shape all our personalities. Reflect for a moment. Do you tend to demand, defend, or distract in a new situation?
- Breath animates human life and sustains it. In meditation, we use breath to focus our attention on the present. Observe, feel, and sense your breath for 3 minutes counting each exhale. When you notice that you have been distracted by a thought, feeling or sensation, begin the count again. How many breaths did you count before being distracted?
- Discuss a moment when you had the courage to share your vulnerability

CULTIVATE DON'T KNOW MIND

Frank writes, "Cultivate don't know mind may seem confusing at first. Why should we seek to be ignorant? Don't know mind is one characterized by curiosity, surprise, and wonder. It is receptive, ready to meet whatever shows up as it is. Don't know mind is an invitation to enter life with fresh eyes, to empty our minds and open our hearts!"

- When our minds are made up, it can narrow our vision, obscures our ability to see the whole picture, and limits our capacity to act. How did you respond to a surprise today? Were you flexible or not flexible?
- Most of us are strongly identified with our rational-thinking minds. The idea of losing control is frightening to most of us. How do you feel when you forget the name of a place or a person?
- Not knowing is a gateway to a deeper appreciation of the potency of our basic nature, which cannot be known by the conceptual mind alone. Share a moment when you instinctively understood something, or what to do, without figuring it out.
- Surrender happens when we stop fighting. We stop fighting against ourselves. We stop fighting with life. Surrender is a state in which resistance of any kind ceases to occur. We no longer put up any defense. Describe a positive experience of surrender.
- There's an old tradition in Japan of Zen monks and others writing short death poems. They often express an essential truth discovered in one's life. Take a moment to write a four-line death poem.

Terms of use: This discussion guide is attributed to Flatiron Books, <https://www.flatironbooks.com>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Future of Health Care
Emmanuel Fombu, MD, MBA

Athena Publishing
2018 reprint
296 pages
ISBN: 978-0692122969

Digital Health

Summary

We live in a world where data can help us make more informed decisions about how to navigate traffic, who to date, what to buy, who to network with, and how to better manage our finances. But when it comes to our personal health and wellness, we have no roadmap. We need something to show us where we are in terms of our health, with landmarks for risks and opportunities. A GPS that makes it easier to move toward our personal health goals. A new way to look at health and life. The future of healthcare is coming. This is what it looks like.

Questions

1. Which of the three stories at the beginning – Diana, Omar, and Budd – did you most relate to? Why?
2. Which new healthcare technology interested you the most and what is it about its potential that you found so attractive?
3. What does personalized healthcare mean to you? Would you subscribe to a “Netflix of healthcare”? And what are some of the positives and the negatives of personalized healthcare?
4. What will you do to make sure that you’re practicing preventative healthcare?
5. What does “value” mean to you in a healthcare setting?
6. Bearing the subtitle (“humans and machines partnering for better outcomes”) in mind, how do you think you could use AI, machine learning and other new technologies to improve performance in your own job?
7. Are you hopeful about the future of healthcare? Why/why not?
8. Have you ever used a telehealth service? If so, what did you make of the experience?
9. Would you have your genome sequenced if it meant that doctors could provide more tailored health services?
10. What concerns do you have around the future of healthcare and how do they think they should be addressed?
11. What did you learn that surprised you about the healthcare industry?
12. As a stakeholder in the future of healthcare as a future patient, what would you say to healthcare leaders, and do you feel as though your voice is being heard?
13. Would you trust a robotic surgeon to perform an operation on you?
14. How do you think the future of healthcare will be affected by coronavirus/COVID-19?

Terms of use: This discussion guide was created by the author and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Future of Nutrition

T. Collin Campbell, PhD

BenBella Books

2020

350 pages

ISBN: 978-1950665709

Nutrition

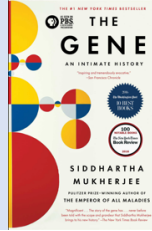
Summary

Dr. T Collin Campbell's takes on the institution of nutrition: the history of how we got locked into focusing on “disease care” over health care; the widespread impact of our reverence of animal protein on our interpretation of scientific evidence; the way even well-meaning organizations can limit what science is and is not taken seriously; and what we can do to ensure the future of nutrition is different than its past. *The Future of Nutrition* offers a deep-dive behind the curtain of the field of nutrition—with implications both for our health and for the practice of science itself.

Questions

1. Why, as the author states, does nutrition still “struggle to be heard?”
2. What is the author’s motivation for promoting a Whole Food, Plant Based (WFPB) diet?
3. What evidence does the author give to support the book's ideas? Does the author use personal observations and assessments? Facts? Statistics? Opinions? Historical documents? Scientific research? Quotations from authorities?
4. Is the evidence convincing? Is it relevant or logical? Does it come from authoritative sources? Is the author an authority? If so, what makes this person an authority?
5. Has this book changed the way you go about your daily eating habits? If so, in what way?
6. What is the most important point the author makes in this book? Was this point something new to you? Did it broaden your perspective on the issue of nutrition and health and if so, in what ways?
7. After reading this book, what questions about nutrition do you still have? If you could ask the author anything, what would it be?
8. What else have you read on this topic, and would you recommend these books to others?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM). It does not reflect necessarily the views or opinions of author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Gene
Siddhartha Mukherjee

Scribner
2016
592 pages
ISBN: 978-1476733500

Human Genetics

Summary

Framing Mukherjee's story are pieces of his own family history: His cousin and two of his uncles "suffered from various unravelings of the mind," and the specter of mental illness, presumably inherited or inheritable, haunts his family and his imagination. The books form a magnificent pair. "The Emperor of All Maladies" is, as Mukherjee notes, the story of the genetic code corrupted, tipping into malignancy. The new book, then, serves as its prequel.

Questions

1. Gregor Mendel's discovery of heredity went unnoticed for years – why do you think the scientific community was unwilling to take note of his work, and do you think this is something that could still happen today?
2. Many of Darwin's contemporaries believed there were inherent differences between races genetically, and that some were superior to others. What does *The Gene* tell us about genetics that invalidates racial categorization and racial hierarchy?
3. Mukherjee's exploration of eugenics gives us a chilling reminder of how science can be manipulated to justify evil. Do you think it would be better to limit scientific research to prevent information being used to prop up morally questionable ideas? Who is responsible for ensuring this doesn't happen?
4. Rosalind Franklin's work on the structure of DNA was vital to Watson and Crick's discovery, yet she did not receive the same level of recognition. Do you think this was purely down to her position as a female scientist at the time, or were there other factors at play?
5. The last section of *The Gene* shows us the elastic potential of genetic engineering – what do you think the future would look like if we were unlimited in our ability to alter the human genome? What would be your concerns, and the advantages?
6. The story of Mukherjee's own family is woven throughout the book, and it helps us appreciate the relevance of genetics to everyday life – how has reading *The Gene* made you reflect on yourself and your own family's story?

Terms of use: This discussion guide is attributed to Radio 2 Book Club: *The Gene*, <https://readinggroups.org/news/radio-2-book-club-the-gene>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not necessarily reflect the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Gorilla and the Bird

Zack McDermott

Little, Brown and Company

2017

288 pages

ISBN: 978-0316315414

Mental Health

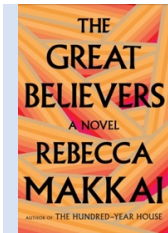
Summary

Zack McDermott, a 26-year-old Brooklyn public defender, woke up one morning convinced he was being filmed, Truman Show-style, as part of an audition for a TV pilot. After a manic spree around Manhattan, Zack, who is bipolar, was arrested on a subway platform and admitted to Bellevue Hospital. So begins the story of Zack's free-fall into psychosis and his desperate, poignant, often hilarious struggle to claw his way back to sanity. It's a journey that will take him from New York City back to his Kansas roots and to the one person who might be able to save him, his tough, big-hearted Midwestern mother, nicknamed the Bird, whose fierce and steadfast love is the light in Zack's dark world.

Questions

1. Do you know anyone who has bipolar disorder? How did you recognize the disorder or learn of it? Did their mental illness affect you and if so, how?
2. How did the intertwining of the reality and the myth of Uncle Edward inform Zack's illness and recovery?
3. What are the ways you saw the Bird advocate for her son's mental health? What role does the Bird play in Gorilla's recovery?
4. In the book, Zack paints a vivid portrait of his childhood in Wichita, KS, and his life in New York City as a public defender. How do these places inform and shape Zack? In what ways are these two cities similar? And in what important ways do they differ?
5. What would you say is Zack's turning point in his journey to recovery?
6. When Zack is hospitalized in Osawatomie State Hospital, he meets an accused murderer. He observes, "People always ask public defenders how we can defend people we know are guilty. One of the many reasons for me is that I don't believe too strongly in the existence of choice. Nobody wants to be f'd-up." How does his statement about choice relate to his mental illness? To mental illness in general?
7. Later, Zack is confiding to his mother about his bipolar disorder and says, "Of course intellectually I could latch on to the idea that I didn't choose to be mentally ill. I could parrot my own b-s about how no one chooses to be sick and about how the mentally ill are no different from diabetics or cancer patients, but did I really believe me?" Are there ways people like you and me can help to reduce or remove the stigma a mental illness carries in the United States?
8. What did you learn, if anything, from Zack's first-hand account about bipolar disorder that was new to you?
9. After Zack's last experience of mania, he observes, "I knew we'd never have kids – not with the radioactive nature of my genetic material; I'd never risk passing this on." Genetics Home Reference states, "Studies suggest that nongenetic (environmental) factors also contribute to a person's risk of developing bipolar disorder. Stressful events in a person's life, such as a death in the family, can trigger disease symptoms. Substance abuse and traumatic head injuries have also been associated with bipolar disorder. It seems likely that environmental conditions interact with genetic factors to determine the overall risk of developing this disease." What things in Zack's biology or environment may have triggered his bipolar disorder?
10. How might you help someone you suspect of having bipolar disorder?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Great Believers

Rebecca Makkai

Viking Press

2018

432 pages

ISBN: 978-073523523

HIV/AIDS

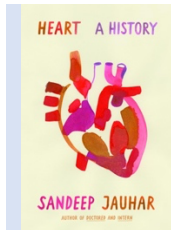
Summary

In 1985, Yale Tishman, the development director for a Chicago art gallery, is about to pull off a coup, bringing an extraordinary collection of 1920s paintings. Yet as his career begins to flourish, the carnage of the AIDS epidemic grows around him. One by one, his friends are dying, and after his friend Nico's funeral, the virus circles closer and closer to Yale himself. Soon the only person he has left is Fiona, Nico's little sister. Thirty years later, Fiona is in Paris tracking down her estranged daughter who disappeared into a cult. While staying with an old friend, a famous photographer who documented the Chicago epidemic, she finds herself finally grappling with the devastating ways the AIDS crisis affected her life and her relationship with her daughter. Yale and Fiona's intertwining stories take us through the heartbreak of '80s and the chaos of the modern world, as both struggles to find goodness during disaster.

Questions

1. Yale's group of friends is very close. In a sense, they are his "chosen family." How is this explored in the book? How does each character relate to their family, biological and chosen? Do you have a "chosen family," and if so, what brings you all together?
2. How has the culture changed regarding LGBTQ+ voices and stories since the 1980s?
3. Chicago is such a powerful presence in this novel that it is almost a character in itself. Have you ever been to or lived in a place that exerted a strong influence on you?
4. Nora, the elderly woman donating the 1920s pieces, seems completely removed from the rest of Yale's life, yet her story contains elements that can be compared and contrasted with Yale's. What similarities between his and her life are there? How has her past affected the present?
5. Fiona has suffered many losses in her life. How do you think that affected her as a mother? What are the ways in which trauma and loss are passed down through generations?
6. Do you empathize more with Fiona or Claire?
7. Do you see any parallels between the state of healthcare during the 1980s and now?
8. On page 353, Asher asks Yale, "Does it really ever go anywhere? . . . Love. Does it vanish?" Yale replies, "I mean, we never want it to. But it does, doesn't it?" What would you say to them?
9. Is the creation of artwork always a collaborative effort? How do you feel about the relationship between artist and muse?
10. What has been your knowledge of—or experience with, if any—AIDS or those affected by the disease? Has reading this novel changed any ideas you have previously had about the subject?

Terms of use: This discussion guide is attributed to Penguin Random House, <https://www.penguinrandomhouse.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Heart: A History
Sandeep Jauhar

Farrar, Straus and Giroux
2018
288 pages
ISBN: 978-0374168650

Heart Health

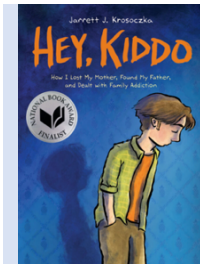
Summary

Deftly alternating between key historical episodes and his own work, Jauhar tells the colorful and little-known story of the doctors who risked their careers and the patients who risked their lives to know and heal our most vital organ. He introduces us to Daniel Hale Williams, the African American doctor who performed the world's first open-heart surgery in Gilded Age Chicago. We meet C. Walton Lillehei, who connected a patient's circulatory system to a healthy donor's, paving the way for the heart-lung machine. And we encounter Wilson Greatbatch, who saved millions by inventing the pacemaker—by accident. Jauhar deftly braids these tales of discovery, hubris, and sorrow with moving accounts of his family's history of heart ailments and the patients he's treated over many years. He also confronts the limits of medical technology, arguing that future progress will depend more on how we choose to live than on the devices we invent.

Questions

1. Why do you think Jauhar opened "Heart" with his perspective as a patient, not as a doctor?
2. Jauhar says the heart became his obsession because of his family history. Do you have relatable history in your own family?
3. The heart is the only organ that can move itself. What else is unique about it?
4. Jauhar takes us through many heart studies and experiments that helped us understand how the organ works and how to fix it. Which of these surprised you?
5. "Heart" tells us that you can die of a broken heart. How does this happen?
6. Why do you think the heart became such a powerful metaphor for romantic love, and for the soul?
7. The book includes many diagrams, photos and works of visual art depicting the heart. Which did you find most useful or illuminating?
8. How do you feel about all the animal testing done so humans can learn about the heart and how it can fail?
9. Heart disease is the leading cause of death for men and women. Why?
10. How does understanding the human heart help us better understand ourselves as a species?
11. Jauhar describes the devices invented to treat heart disease, but argues we are better off focusing on how we live. Do you agree?
12. The end of the book returns to Jauhar's family history with heart disease. What did you learn about your own?
13. How will this book change how you live, if at all?

Terms of use: This discussion guide is attributed to Elizabeth Flock, a reporter and producer for the (PBS) NewsHour, <https://www.pbs.org/newshour/arts/discussion-questions-for-heart>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Hey, Kiddo
Jarrett J Krosoczka

Graphix
2018
320 pages
ISBN: 978-0545902489
Young Adult

Substance Misuse

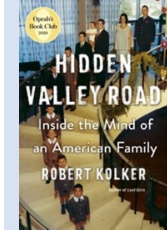
Summary

In kindergarten, Jarrett Krosoczka's teacher asks him to draw his family, with a mommy and a daddy. But Jarrett's mom is an addict, and his father is a mystery. Jarrett lives with his grandparents who had thought they were through with raising children until Jarrett came along. Jarrett goes through his childhood trying to make his non-normal life as normal as possible. Only as a teenager can Jarrett begin to piece together the truth of his family, reckoning with his mother, and tracking down his father. *Hey, Kiddo* is a memoir about growing up in a family grappling with addiction and finding the art that helps you survive.

Questions

1. Are there scenes in the memoir that particularly affected you? Which ones and why?
2. How does putting Jarrett's story in a graphic format convey things that might not come across purely in words?
3. In the second family meeting, Joe and Shirl tell Jarrett about his mother's addiction. What impact did this news have on Jarrett? How did it affect the family as a whole? Was it a good thing or a bad thing and why?
4. Jarrett is at first embarrassed to bring his non-conventional family to his eighth-grade graduation but then discovers that a lot of his friends' families are a little different, too. Does the presence of addiction in the family make it a harder situation, or is this something everyone must go through? How does Jarrett get past it?
5. Jarrett says, "When I was a kid, I'd draw to get attention from my family. In junior high, I drew to impress my friends. But now that I am in my teens, I fill sketchbooks just to deal with life. To survive." What do you think Jarrett means by that?
6. Three generations of the Krosoczka family made use of their talents in their own ways. Joe helped design a product that allowed his business to succeed. Leslie drew popular characters that helped her make some of the few connections she could with her son. Jarrett came to terms with his upbringing and shared himself with others through his success as an illustrator and through this book. What uses of art appeal to you the most, whether as participant or observer?
7. The artist mixes images of real-life artifacts with his drawings. What does that do for you as a reader?
8. Did Jarrett's meeting with his father and siblings have the outcome that you expected? What, if anything, surprised you?
9. Research shows that addiction often runs in families because of the genes that a person inherits, the environment they experience in the home, and other factors. Likewise, drug and alcohol misuse can be prevented, reduced, or stopped through the work of families, schools, communities, support organizations and even the media. How did these positive and negative contributors show up in Jarrett's life? Why do you think that Jarrett did not become a substance abuser himself?
10. Leslie's drug use often takes center stage, but the family must also live with how Joe and Shirley use alcohol. How does it affect the Krosoczkas?
11. Halfway houses, treatment facilities and people recovering from addiction are frequently in the background when Jarrett and his mother meet. What purposes do they serve for the main characters?

Terms of use: This discussion guide is reformatted by the Network of the National Library of Medicine (NNLM). It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Hidden Valley Road

Robert Kolker

Penguin Random House

2021 reprint

400 pages

ISBN: 978-0525562641

Mental Health

Summary

What took place inside the house on Hidden Valley Road was so extraordinary that the Galvins became one of the first families to be studied by the National Institute of Mental Health. Their story offers a shadow history of the science of schizophrenia, from the era of institutionalization, lobotomy, and the schizophrenogenic mother to the search for genetic markers for the disease, always amid profound disagreements about the nature of the illness itself. And unbeknownst to the Galvins, samples of their DNA informed decades of genetic research that continues today, offering paths to treatment, prediction, and even eradication of the disease for future generations. With clarity and compassion, bestselling and award-winning author, Robert Kolker, uncovers one family's unforgettable legacy of suffering, love, and hope.

Questions

1. In *Hidden Valley Road*, each of the Galvin boys who are diagnosed with schizophrenia show different symptoms. How does schizophrenia present differently in each of the Galvin boys?
2. How does the Galvin family adapt when the boys develop schizophrenia? Do any of the family members handle it better or worse than others?
3. At the time when the Galvin boys are being diagnosed with schizophrenia, studies in mental illness claim the parents are responsible. How do you think this affected how Don and Mimi handled the changes happening in their family?
4. How did growing up on an air force base positively or negatively affect the Galvin family?
5. How did this book change your perception of mental illness?
6. Discuss how the youngest Galvins, Lindsay and Margaret, both came to terms with their family's struggle with schizophrenia in different ways.
7. Did your feelings change about any of the characters during the course of reading?
8. What was your impression of Mimi at the beginning of the book? Did it change by the end?
9. Tragedies have the power to shape families to bring them closer or pull them apart. How is the Galvin family shaped by their own tragedies?
10. As the Galvin children begin having children of their own, how does their upbringing on Hidden Valley Road affect how they raise their own children?

Terms of use: This discussion guide is attributed to Penguin Random House, <https://penguinrandomhouse.com>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).

HOW TO BE A PATIENT

The Essential Guide to Navigating
the World of Modern Medicine



Sana Goldberg, RN

How to Be a Patient

Sana Goldberg, RN

Harper Wave

2019 reprint

464 pages

ISBN: 978-0062797186

Health Literacy

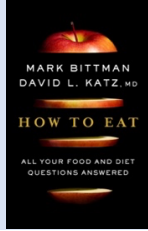
Summary

Nurse and public health advocate Sana Goldberg walks readers through the complicated and uncertain medical landscape, illuminating a path to better care. Warm and disarmingly honest, Goldberg's advice is as expert as it is accessible. In the face of an epidemic of brusque, impersonal care she empowers readers with the information and tools to come to good decisions with their providers and sidestep the challenging realities of modern medicine. With sections like *When All is Well*, *When It's an Emergency*, *When It's Your Person*, and *When You Have to Stand Up to the Industry*, along with appendices to help track family history, avoid pointless medical tests, and choose when and where to undergo a procedure, *How to Be a Patient* is an invaluable and essential guide for a new generation of patients.

Questions

1. The book opens with sections about patient agency—both its importance and how to assert it. Was this concept novel for you? Do you feel you tend towards an active or passive role as a patient?
2. Have you had a doctor or nurse practitioner that stood out to you? What were their traits? What are the things you are looking for in a primary care provider?
3. What are the three things you want to change about the way you engage with healthcare after reading this book? Are there any measures you will take immediately, or already have taken from the *When All is Well* opening section?
4. What challenges have you faced in the healthcare system? What was overwhelming or frustrating about them?
5. Do you have someone in your circle that could advocate on your behalf during medical encounters or hospital stays? Has someone already served this role for you, or have you for someone else? How do you see this role as beneficial?
6. What did you take away from the book regarding staying in the hospital? What things will you remember when you or a loved one are in the hospital?
7. It can be difficult to speak up to a provider—whether it's because you disagree with their advice, want a second opinion, or you generally wish to have a more active role in your care. How might you navigate these conversations? Do you feel more empowered to have them after reading the book?
8. The book emphasizes the role of community in improving health care situations. How might you engage with your community to improve healthcare for yourself and others? What might this look like in your community?

Terms of use: This discussion guide is attributed to Harper Wave, an imprint of HarperCollins Publishers, <http://www.harperwave.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



How To Eat
Mark Bittman and David Katz, MD

Houghton Mifflin Harcourt
2020
256 pages
ISBN: 978-0358128823

Nutrition

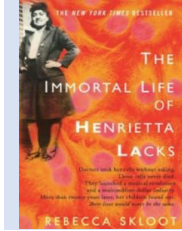
Summary

What is the “best” diet? Do calories matter? And when it comes to protein, fat, and carbs, which ones are good, and which are bad? Mark Bittman and health expert David Katz answer all these questions and more in a lively and easy-to-read Q&A format. Inspired by their viral hit article on *Grub Street*—one of *New York* magazine’s most popular and most-shared articles—Bittman and Katz share their clear, no-nonsense perspective on food and diet, answering questions covering everything from basic nutrients to superfoods to fad diets. Topics include dietary patterns (Just what *should* humans eat?); grains (Aren’t these just “carbs”? Do I need to avoid gluten?); meat and dairy (Does grass-fed matter?); alcohol (Is drinking wine good for me?); and more. Throughout, Bittman and Katz filter the science of diet and nutrition through a lens of common sense, delivering straightforward advice with a healthy dose of wit.

Questions

1. Why do we even need to ask the question, “How to Eat?”
2. The authors’ approach is to marry science with sense. What do think of this premise?
3. What evidence do the authors give to support the book’s ideas? Do the authors use personal observations and assessments? Facts? Statistics? Opinions? Historical documents? Scientific research? Quotations from authorities?
4. Is the evidence convincing? Is it relevant or logical? Does it come from authoritative sources? Are the authors authorities? If so, what makes each author an authority?
5. The authors assert that people can train themselves to eat certain foods and not eat other foods by eliminating less healthy choices. Has this book changed the way you go about your daily eating habits? If so, in what way?
6. What is the most important point the authors make in this book? Was this point something new to you? Did it broaden your perspective on the issue of nutrition and health and if so, in what ways?
7. After reading this book, what questions about nutrition do you still have? If you could ask the authors anything, what would it be?
8. What else have you read on this topic, and would you recommend these books to others?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Immortal Life of Henrietta Lacks

Rebecca Skloot

Broadway Books

2011

400 pages

ISBN: 978-1400052189

Family Health History

Summary

Her name was Henrietta Lacks, but scientists know her as HeLa. She was a poor black tobacco farmer whose cells—taken without her knowledge in 1951—became one of the most important tools in medicine, vital for developing the polio vaccine, cloning, gene mapping, and more. Henrietta's cells have been bought and sold by the billions, yet she remains virtually unknown, and her family can't afford health insurance. This phenomenal New York Times bestseller tells a riveting story of the collision between ethics, race, and medicine; of scientific discovery and faith healing; and of a daughter consumed with questions about the mother she never knew.

Questions

1. On page xiii, Rebecca Skloot states, “This is a work of nonfiction. No names have been changed, no characters invented, no events fabricated.” Consider the process Skloot went through to verify dialogue, re-create scenes, and establish facts. Imagine trying to re-create scenes such as when Henrietta discovered her tumor (page 15). What does Skloot say on pages xiii–xiv and in the notes section (page 346) about how she did this?
2. One of Henrietta’s relatives said to Skloot, “If you pretty up how people spoke and change the things they said, that’s dishonest” (page xiii). Throughout, Skloot is true to the dialect in which people spoke to her: The Lackses speak in a heavy Southern accent, and Lengauer and Hsu speak as nonnative English speakers. What impact did the decision to maintain speech authenticity have on the story?
3. As much as this book is about Henrietta Lacks, it is also about Deborah learning of the mother she barely knew, while also finding out the truth about her sister, Elsie. Imagine discovering similar information about one of your family members. How would you react? What questions would you ask?
4. In a review for the New York Times, Dwight Garner writes, “Ms. Skloot is a memorable character herself. She never intrudes on the narrative, but she takes us along with her on her reporting.” How would the story have been different if she had not been a part of it? What do you think would have happened to scenes like the faith healing on page 289? Are there other scenes you can think of where her presence made a difference? Why do you think she decided to include herself in the story?
5. Deborah shares her mother’s medical records with Skloot but is adamant that she does not copy everything. On page 284 Deborah says, “Everybody in the world got her cells, only thing we got of our mother is just them records and her Bible.” Discuss the deeper meaning behind this statement. Think not only of her words, but also of the physical reaction she was having to delving into her mother’s and sister’s medical histories. If you were in Deborah’s situation, how would you react to someone wanting to look into your mother’s medical records?
6. This is a story with many layers. Though it’s not told chronologically, it is divided into three sections. Discuss the significance of the titles given to each part: Life, Death, and Immortality. How would the story have been different if it were told chronologically?
7. As a journalist, Skloot is careful to present the encounter between the Lacks family and the world of medicine without taking sides. Since readers bring their own experiences and opinions to the text, some may feel she took the scientists’ side, while others may feel she took the family’s side. What are your feelings about this? Does your opinion fall on one side or the other, or somewhere in the middle, and why?

8. Henrietta signed a consent form that said, “I hereby give consent to the staff of The Johns Hopkins Hospital to perform any operative procedures and under any anesthetic either local or general that they may deem necessary in the proper surgical care and treatment of:” (page 31). Based on this statement, do you believe TeLinde and Gey had the right to obtain a sample from her cervix to use in their research? What information would they have had to give her for Henrietta to have given informed consent? Do you think Henrietta would have given explicit consent to have a tissue sample used in medical research if she had been given all the information? Do you always thoroughly read consent forms before signing them?
9. In 1976, when Mike Rogers’ Rolling Stone article was printed, many viewed it as a story about race (see page 197 for reference). How do you think public interpretation might have been different if the piece had been published at the time of Henrietta’s death in 1951? How is this different from the way her story is being interpreted today? How do you think Henrietta’s experiences with the medical system would have been different had she been a white woman? What about Elsie’s fate?
10. Consider Deborah’s comment on page 276: “Like I’m always telling my brothers, if you gonna go into history, you can’t do it with a hate attitude. You got to remember, times was different.” Is it possible to approach history from an objective point of view? If so, how, and why is this important, especially in the context of Henrietta’s story?
11. Deborah says, “But I always have thought it was strange, if our mother cells done so much for medicine, how come her family can’t afford to see no doctors? Don’t make no sense” (page 9). Should the family be financially compensated for the HeLa cells? If so, who do you believe that money should come from? Do you feel the Lackses deserve health insurance even though they can’t afford it? How would you respond if you were in their situation? Dr. McKusick directed Susan Hsu to contact Henrietta’s children for blood samples to further HeLa research; neither McKusick nor Hsu tried to get informed consent for this research. Discuss whether you feel this request was ethical. Further, think about John Moore and the patent that had been filed without his consent on his cells called “Mo” (page 201). How do you feel about the Supreme Court of California ruling that states when tissues are removed from your body, with or without your consent, any claim you might have had to owning them vanishes?
12. Religious faith and scientific understanding, while often at odds with each other, play important roles in the lives of the Lacks family. How does religious faith help frame the Lackses’ response to and interpretation of the scientific information they receive about HeLa? How does Skloot’s attitude toward religious faith and science evolve because of her relationship with the Lackses.
13. On page 261, Deborah and Zakariyya visit Lengauer’s lab and see the cells for the first time. How is their interaction with Lengauer different from the previous interactions the family had with representatives of Johns Hopkins? Why do you think it is so different? What does the way Deborah and Zakariyya interact with their mother’s cells tell you about their feelings for her?
14. Reflect upon Henrietta’s life: What challenges did she and her family face? What do you think their greatest strengths were? Consider the progression of Henrietta’s cancer in the last eight months between her diagnosis and death. How did she face death? What do you think that says about the type of person she was?

Terms of use: This discussion guide is attributed to Readers Group Choices <http://readinggroupchoices.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



In Defense of Food

Michael Pollan

Penguin Books

2009

256 pages

ISBN: 978-0143114963

Nutrition

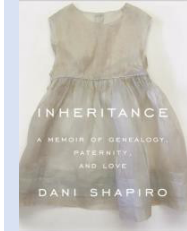
Summary

Most of what we're consuming today in Western society is no longer the product of nature but of food science, argues Michael Pollan. The result is what he calls the American Paradox: The more we worry about nutrition, the less healthy we seem to become. With the book, *In Defense of Food*, Pollan proposes a new (and very old) answer to the question of what we should eat that comes down to seven simple but liberating words: "Eat food. Not too much. Mostly plants." Pollan's bracing and eloquent manifesto shows us how we can start making thoughtful food choices that will enrich our lives, enlarge our sense of what it means to be healthy, and bring pleasure back to eating.

Questions

1. Michael Pollan approaches eating as an activity filled with ethical issues. Do you agree that the act of eating is as morally weighty as he says it is? What questions concern you most about the way you eat or the way your food is created?
2. Some readers might argue that Pollan's ethics do not go far enough, perhaps because he does not urge us all to become vegetarians. Did you find yourself quarreling with any of Pollan's ethical positions, and why?
3. Pollan argues that capitalism is a poor economic model to apply to the problems of food production and consumption. Do you agree or disagree, and why?
4. Pollan also shows several instances in which government policies have apparently worsened the crisis in our food culture. What do you think should be the proper role of government in deciding how we grow, process, and eat our food?
5. Pollan claims that the Western diet has been replaced by nutrients. What does he mean by that? When he uses the term "nutritionalism," to what is he referring?
6. Pollan also says that after 30-years of nutritional advice from health experts, we're sicker than before. Do you agree? What kind of evidence does he use to support that claim?
7. How has Michael Pollan changed the way you think about food?
8. At the end of *In Defense of Food*, Pollan offers a series of recommendations for improved eating. Which, if any, do you intend to adopt in your own life?
9. Which of Pollan's recommendations would you be least likely to accept, and why?
10. Do you think that the way Americans eat reveals anything about our national character and broader shared values? How is Pollan's writing a statement not only about American eating, but about American culture and life?
11. Pollan quotes the words of Wendell Berry: "Eating is an agricultural act." What does Berry mean by this, and why is his message so important to Pollan's writing?
12. What, during his writing, does Michael Pollan reveal about his own personality? What do you like about him? What, if anything, rubs you the wrong way?
13. If Michael Pollan were coming to your place for dinner, what would you serve him and why?

Terms of use: The discussion guide is attributed to LitLovers, <https://www.litlovers.com/reading-guides>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Inheritance
Dani Shapiro

Daunt Books
2019
272 pages
ISBN: 978-1911547501

Family Health
History

Summary

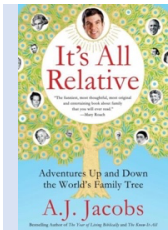
In the spring of 2016, through a genealogy website to which she had whimsically submitted her DNA for analysis, Dani Shapiro received the stunning news that her father was not her biological father. She woke up one morning and her entire history – the life she had lived – crumbled beneath her. *Inheritance* is a book about secrets – secrets within families, kept out of shame or self-protectiveness; secrets we keep from one another in the name of love. It is the story of a woman’s urgent quest to unlock the story of her own identity, a story that has been scrupulously hidden from her for more than fifty years, years she had spent writing brilliantly, and compulsively, on themes of identity and family history. It is a book about the extraordinary moment we live in—a moment in which science and technology have outpaced not only medical ethics but also the capacities of the human heart to contend with the consequences of what we discover.

Questions

1. The title of this book is *Inheritance*. What does it mean, in the context of the memoir?
2. Shapiro chose two quotes for her epigraph, one from Sylvia Plath and the other from George Orwell. What do they mean individually, and how does each affect your understanding of the other?
3. “You’re still you,” Shapiro reminds herself. What does she mean by this?
4. Much of Shapiro’s understanding of herself comes from what she believes to be her lineage. “These ancestors are the foundation upon which I have built my life,” she says on page 12. Would Shapiro feel so strongly if her father’s ancestors weren’t so illustrious? How does Shapiro’s understanding of lineage change over the course of the book?
5. Judaism is passed on from mother to child—the father’s religion holds no importance. So why does Shapiro’s sense of her own Jewishness rely so much on her father?
6. Chapter 7 opens with a discussion of the nature of identity. “What combination of memory, history, imagination, experience, subjectivity, genetic substance, and that ineffable thing called the soul makes us who we are?” Shapiro writes on page 27. What do you believe makes you, you?
7. Shapiro follows that passage with another provocative question: “Is who we are the same as who we believe ourselves to be?” What’s your opinion?
8. Identity is one major theme of the book. Another is the corrosive power of secrets. On page 35, Shapiro writes, “All my life I had known there was a secret. What I hadn’t known: the secret was me.” What might have changed if Shapiro had known her origins growing up?
9. On page 43, Shapiro quotes a Delmore Schwartz poem: “What am I now that I was then? / May memories restore again and again / The smallest color of the smallest day; / Time is the school in which we learn, / Time is the fire in which we burn.” What does this mean? Why is it significant to Shapiro?
10. Throughout the memoir, Shapiro uses literary extracts to illuminate what she feels or thinks—poems by Schwartz and Jane Kenyon, passages from *Moby Dick* and a novel by Thomas Mann. How does this help your understanding?
11. All her life, people had been telling Shapiro she didn’t look Jewish. If this hadn’t been part of her life already, how do you think she might have reacted to the news from her DNA test?
12. After Shapiro located her biological father, she emailed him almost immediately—against the advice of her friend, a genealogy expert. What do you imagine you would have done?
13. Why was it so important to Shapiro to believe that her parents hadn’t known the truth about her conception?

14. Her discovery leads Shapiro to reconsider her memories of her parents: “Her unsteady gaze, her wide, practiced smile. Her self-consciousness, the way every word seemed rehearsed. His stooped shoulders, the downward turn of his mouth. The way he was never quite present. Her rage. His sorrow. Her brittleness. His fragility. Their screaming fights.” (p 100).
15. On page 107, when discussing her father’s marriage to Dorothy, Rabbi Lookstein tells Shapiro, “We thought your father was a hero.” Shapiro comes back to her father’s decision to go through with the marriage several times in the book. Why?
16. At her aunt Shirley’s house, Shapiro sees a laminated newspaper clipping about the poem recited in a Chevy ad. (page 133) Why does Shapiro include this detail in the book? What is its significance?
17. On page 188, Shapiro writes, “In time, I will question how it could be possible that Ben—a man of medicine, who specialized in medical ethics—had never considered that he might have biological children.” How do you explain that?
18. How does Shapiro’s experience with contemporary reproductive medicine affect the way she judges her parents? What do you imagine future generations will say about our current approach to artificial insemination?
19. What do you make of the similarities between Shapiro and her half-sister Emily?
20. On page 226, Shapiro brings up a psychoanalytic phrase, “unthought known.” How does this apply to her story?
21. What prompts Shapiro to legally change her first name?
22. Shapiro ends her book with a meditation on the Hebrew word hineni, “Here I am.” Why is this phrase so powerful?

Terms of use: This discussion guide is attributed to Penguin Random House, <https://www.penguinrandomhouse.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



It's All Relative

A.J. Jacob

Simon & Schuster

2017

352 pages

ISBN: 978-1476734491

Family Health History

Summary

A.J. Jacobs has received some strange emails over the years, but this note was perhaps the strangest: "You don't know me, but I'm your eighth cousin. And we have over 80,000 relatives of yours in our database." That's enough family members to fill Madison Square Garden four times over. Who are these people, A.J. wondered, and how do I find them? So began Jacobs's three-year adventure to help build the biggest family tree in history. Jacobs's journey would take him to all seven continents. He drank beer with a U.S. president, found himself singing with the Mormon Tabernacle Choir, and unearthed genetic links to Hollywood actresses and real-life scoundrels. After all, we can choose our friends, but not our family.

Questions

1. What did you find most surprising in A.J. Jacob's *It's All Relative*?
2. Talk about some of these issues that Jacobs raises in his book:
 - Why males seem to dominate family trees
 - The impact of American slavery on family history
 - The difficulties of working with the Mormon archive
 - The reliability of DNA testing as a genealogical tool
 - How nonhuman creatures fit into the story of our genealogy
 - The Biblical creation story of Adam and Eve as the beginning of the human race
 - How Neanderthals and homo sapiens are related
3. Talk about the issues surrounding privacy when it comes to our personal genetics. How concerned is Jacobs and how deeply does he cover this subject? How concerned are you?
4. What do you find particularly entertaining, even humorous, about Jacob's book? In other words, what made you laugh?
5. Have you initiated your own genealogical search for your family history? If so, what have been your results so far?
6. Have you taken away any message after reading *It's All Relative*? Is there a chance for greater respect among different populations? Or do you sense that tribal identities and strife will win out?

Terms of use: This discussion guide is attributed to LitLovers, <http://www.litlovers.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Little & Lion
Brandy Colbert

Little Brown Young Readers
2017
352 pages
ISBN: 978-0316349000

LGBTQ Health

Summary

Suzette has been devoted to Lionel from an early age, and vice versa. At first glance, they don't look like siblings—a black girl and white boy barely a year apart in age—but their blended family is closely knit. At her parents' insistence, Suzette has been away at boarding school since Lionel's mental health began to deteriorate and he was diagnosed with bipolar disorder. Now she's back in L.A. for the summer, and she finds more complications waiting. Suzette is dealing with the aftermath of a secret relationship with her roommate at school, new feelings for her childhood friend Emil, and an attraction to the same girl her brother likes, and the secrets Lionel wants her to keep are the last thing she needs. Intersectional and honest, this book covers topics of mental health, sexuality, and family without sugarcoating or melodrama.

Questions

1. Geography plays a role in the narrative, specifically the differences between living in Massachusetts and California. How would the story differ if Suzette were from Massachusetts and went to boarding school in California? How does geography or a sense of place influence the story?
2. Trust is another theme. How does Little build trust? Break it? Is trust a shifting virtue or is its nature in this book reflective of Little's age?
3. Secrets are closely associated with trust. Why do you think Little starts her relationship with Lion by keeping secret the truth of their first encounter? How do secrets help and/or hurt Little in her young life?
4. Dee Dee has "known since she was 8 years old" that she is a lesbian while Little struggles with her sexuality. How are these two best friends similar yet also different in their approach to life and to who they are?
5. Little is sent to boarding school because of Lion's bipolar diagnosis. Why do you think her parents made this decision?
6. How is this story shaped by the races, ethnicities, and religion of Little's family?
7. In what ways does Little reconcile her need to help Lion by sharing his secret with her fierce loyalty to him?
8. What is the significance of Little's given name? Why hasn't her mother shared its origins with her?
9. What happens when Little tells her mom she thinks she's bisexual? Does her mom's reaction ring true? Why or why not?
10. Little decides to return to Dinsmore to be "her true self" there. Why is this important?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Little Panic
Amanda Stern

Grand Central Publishing
2018
400 pages
ISBN: 978-1538711927

Mental Health

Summary

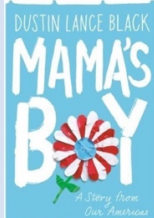
Growing up in the 1970s and 80s in New York, Amanda experiences the magic and madness of life through the filter of unrelenting panic. Plagued with fear that her friends and family will be taken from her if she's not watching—that her mother will die, or forget she has children and just move away—Amanda treats every parting as her last. Shuttled between a barefoot bohemian life with her mother in Greenwich Village, and a sanitized, stricter world of affluence uptown with her father, Amanda has little she can depend on. And when Etan Patz disappears down the block from their MacDougal Street home, she can't help but believe that all her worst fears are about to come true. Tenderly delivered and expertly structured, Amanda Stern's memoir is a document of the transformation of New York City and a deep, personal, and comedic account of the trials and errors of seeing life through a very unusual lens.

Questions

1. *Little Panic* takes place in two narrative moments: when Amanda is a young child growing up in lower Manhattan, and when she is facing down adult relationships and larger life choices. In both cases, she seems to be craving one thing: a family. Discuss the different kinds of families she finds, or loses, over the course of the book. Do you agree with her choices?
2. In Chapter 2, Stern describes feeling as if she is “not the right kind of human.” What does she mean by this? Do you agree that there is such a thing as a “right” way to be human?
3. Amanda's life is interwoven in unexpected ways with the famous missing child case that rocked New York City in the 1970s, the disappearance of Etan Patz. Discuss the impact that Etan's abduction had on her Greenwich Village neighborhood, and on Amanda herself?
4. Stern's narrative offers a vivid picture of the world through young Amanda's child-eyes — especially about how she can trust the world, and the laws of physics, to operate. How does this narrative choice, to keep readers inside Amanda's head, affect your experience of the book? Do you agree or disagree with these choices? How would this have been a different book if Stern chose to narrate fully from her more measured, adult perspective?
5. Amanda's mother responds to her fears by offering constant reassurance that “bad things don't happen to children.” Do you think this was the right approach, or is there something she and other authority figures in Amanda's life — could have done differently? What would you do as a parent in this situation?
6. Amanda struggles with her own desire to become a parent. What important lessons does she learn from her own life that help shape her decisions by the end of the memoir?
7. One of Amanda's greatest sources of panic is that the people she loves will disappear. Talk about how her experiences with Melissa and Baba impact her. Do you see any echoes of this worry in her adult relationships?
8. One of the later chapters in the book is titled “A Word Never Means Only One Thing.” What do you think the author means by this? 9. Did the experience of reading *Little Panic* and getting to know Amanda change your perspective on mental health treatment at all? Why or why not?

Terms of use: This discussion guide is attributed to Grand Central Publishing.

<https://www.grandcentralpublishing.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Mama's Boy
Dustin Lance Black

Knopf Doubleday Publishing Group
2019
406 pages
ISBN: 978-1524733278

LGBTQ Health

Summary

Raised in a military, Mormon household outside San Antonio, Texas, Black always found inspiration in his plucky, determined mother. Having contracted polio as a small girl, she endured leg braces and iron lungs, and was repeatedly told that she could never have children or live a normal life. Defying expectations, she raised Black and his two brothers, built a career, escaped two abusive husbands, and eventually moved the family to a new life in Northern California. While Black struggled to come to terms with his sexuality - something antithetical to his mother's religious views - she remained his source of strength and his guiding light. He pays tribute in this moving account.

Questions

1. The author extensively discusses family throughout his memoir. Describe the dynamics of his family growing up.
2. Dustin Lance Black's mother contracted polio at a young age, leaving her body disfigured. How did her chronic condition affect her decisions and impact her sons?
3. As a young adult, the author's mother chose the Mormon church. How did her religion influence the decisions she made throughout her life?
4. What impact did the Mormon church have on the author at a young age?
5. In what way does a sense of place - growing up in Texas then moving to California - shape the author?
6. Discuss the author's relationship with his older brother, Marcus, and the influences that either separated or bonded them.
7. The author references "broken" several times. What is broken? What is its significance to the author?
8. The book is very much a story about the author's relationship with his mother. Describe the moment his mother learns her son is gay.
9. Reconciliation is a significant theme. Discuss the various issues and relationships throughout the memoir that needed reconciling.
10. The author takes pleasure and pride being labeled a "troublemaker" by his Dean. How did this moniker influence or shape his career and advocacy work?
11. While advocating for same-sex marriage, not only did Dustin Lance Black receive backlash from conservative parties, he obtained resistance from the LGBTQ+ community. According to the author, what were the reasons?
12. Describe Dustin Lance Black's contributions to modern day LGBTQ+ issues.
13. What are some conclusions that you took away from reading this memoir? Would you recommend this book to others? Why or why not?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Maybe You Should Talk to Someone

Lori Gottlieb

Houghton Mifflin Harcourt

2019

432 pages

ISBN: 978-1328662057

Mental Health

Summary

Every year, nearly 30 million Americans sit on a therapist's couch—and some of these patients are therapists. In her book, Lori Gottlieb tells us that despite her license and rigorous training, her most significant credential is that she's a card-carrying member of the human race. "I know what it's like to be a person," she writes, as a crisis causes her world to come crashing down. Enter Wendell, the quirky but seasoned therapist in whose office she suddenly lands. With his balding head, cardigan, and khakis, he seems to have come straight from Therapist Central Casting. Yet he will turn out to be anything but. As Gottlieb explores the inner chambers of her patients' lives — a self-absorbed Hollywood producer, a young newlywed diagnosed with a terminal illness, a senior citizen threatening to end her life on her birthday if nothing gets better, and a twenty-something who can't stop hooking up with the wrong guys — she finds that the questions they are struggling with are the very ones she is now bringing to Wendell.

Questions

1. In her author's note, Gottlieb explains why she uses the term "patients" rather than "clients" in the book, though neither quite satisfies her. What does each term suggest about the person described and the therapeutic relationship?
2. Revisit the four epigraphs that introduce each part of the book and consider how they resonate with the stories of the patients we follow: John, Julie, Charlotte, Rita, and Lori herself. Which patient's arc resonates most for you?
3. What does Gottlieb learn from each of her patients? In what ways does she identify with them? In what ways do you?
4. If you have a therapist, what do you think you want from him/her? Have you ever shared Lori's experience, and that of her patients, of wanting to specific advice, or wondering what the therapist is thinking about you?
5. Is it reassuring or uncomfortable to see inside a therapist's head? What was it like peering inside Gottlieb's consultation group, when she and her colleagues are discussing a patient that the group suggests she "break up with"?
6. When Lori asks Wendell whether he likes her, he says that he does but not for the reasons she's asking to be liked: he likes her neshama (Hebrew for "spirit" or "soul"). When do you see glimpses of someone's soul? Given how much all of us share deep down in our psyches, how much do you think our souls differ? Could it be Lori's very humanity—the parts of her that he himself relates to—that Wendell feels affection for?
7. In a funny moment in the book, Lori explains that while she's surrounded by therapists—in her office, in her consultation group, in her friendships—she can't find a therapist for herself because she needs the space of the therapy room to be "separate and distinct." How does Wendell's reaction to Lori's crisis differ from that of her close friends, including Jen, who's also a therapist? How might our friends' love for us make their way of soothing us less helpful in the long run?
8. Gottlieb writes: "It's Wendell's job to help me edit my story" (115). How was her story about herself holding her back and how does she revise it by the end of the book? How do her patients revise their stories about themselves? Have you ever had to rewrite your own self-narrative in order to move forward?
9. Compare Lori's and Wendell's styles as therapists. Would you prefer one to the other? What does Lori learn from Wendell? How does her interaction with him change her own practice? lorigottlieb.com

10. The ultimate concerns the psychiatrist Irvin Yalom identifies—death, isolation, freedom, and meaninglessness—are theological and philosophical concerns as well. Would you turn to therapy, religion, or another wisdom source to explore them? How might the guidance you receive from each source differ?
11. Gottlieb notes that contemporary culture is rendering the ingredients for emotional health more elusive, such as real connection with others, time, and patience for processing our experiences, and enough silence to hear ourselves. Have you noticed a change in your own emotional health (or that of your loved ones) as our lives become increasingly digitalized? What do you do to offset the damaging effects of an online age?
12. Lori Google-stalks Boyfriend and Wendell—what problems does this cause in each case? Think about the Google-stalking you’ve done. How do you feel after you’ve learned something about someone in this way? Has it helped or hurt your relationships? What does this use of the internet reveal about us?
13. In Chapter 39, “How Humans Change,” Gottlieb outlines one model of behavioral change and applies its stages to Charlotte’s case. Think about changes you’ve made in your own life. What helped you to make them? Do you recognize these stages?
14. After reading about Julie’s preparations for death, did you look up from the book and see the world any differently? Do you have a bucket list? Have you ever tried writing your own obituary? What have you learned from these exercises?
15. By the end of the book, do you feel you’ve internalized Gottlieb’s voice? Pick one of your current dilemmas and imagine what she might say about it. Are you conscious of carrying inside you the voices of people you’ve been close to? Has your conversation with those voices evolved over time?
16. What do you learn from this book that you can apply to your relationship with yourself? With others? Gottlieb introduces several psychological terms, such as projective identification (204) and displacement (367)—do you find it useful to have names and definitions for behaviors you recognize in yourself or others? If you were to put something you learned from this book into practice, what would that look like?

Terms of use: This discussion guide is attributed to lorigottlieb.com and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Motherhood So White

Nefertiti Austin

Sourcebooks

2019

304 pages

ISBN: 978-1492679011

Racism and Health
Black Maternal Health

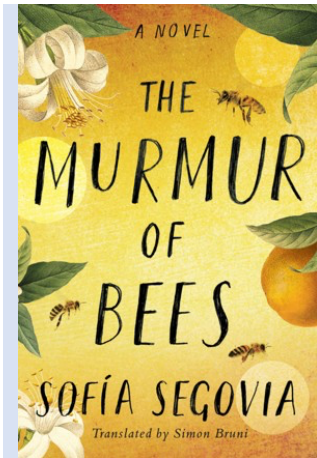
Summary

When Nefertiti Austin, a single African American woman, decided she wanted to adopt a Black baby boy out of the foster-care system, she was unprepared for the fact that there is no place for Black women in the “mommy wars.” Austin set off on her path without the ability to seek guidance from others who looked like her or shared her experience. She soon realized that she would not only have to navigate skepticism from the adoption community, but from her own family and friends as well.

Questions

1. Describe Nefertiti's relationship with her parents, Diane and Harold, and her grandparents, Ann and Henry. How do you think these relationships formed Nefertiti's first views of parenthood and what it means to be a parent?
2. How did your own upbringing influence your take on what it means to be a parent? What are some of the lessons you've learned through your childhood experiences that influenced how you do or would parent today?
3. What was Nefertiti's experience with "Black adoption," and how did it impact her choices later in life?
4. Nefertiti describes how, suddenly, the stirrings of motherhood turned into an overwhelming desire to pursue becoming a parent. If you are a parent, what moved you to make that decision? Which path to parenthood did you choose?
5. Put yourself in Nefertiti's shoes— if you were telling your family and friends that you've decided to adopt a Black son from the foster care system, how do you think they would react? Were you surprised by the stereotypes and prejudices Nefertiti faced both from within and outside her own community? Speak on what you imagine that experience was like for her.
6. Describe the different hurdles Nefertiti had to jump to formally adopt her son, August, and later her daughter, Cherish. What are some of the challenges she faced during the foster/adoption process?
7. What were some of the stereotypes and fears Nefertiti had to confront while raising August in today's racially charged America? What about with Cherish? What were some of the biases Nefertiti personally faced as a single blackmother?
8. As a single parent household, how did Nefertiti provide male role models and positive examples of masculinity for August, and later Cherish? How did she confront the assertion that being raised without a father figure would affect August's masculinity or "make him soft?" What do those questions say about the way Black men are perceived in America, both from within the Black community and by society at large?
9. *Motherhood So White* showcases many of the conversations and experiences parents of Black children face— from teaching their children about unconscious bias to explaining the traps embedded in our current cultural landscape. Speak about those conversations. Were there any that surprised you? Any that you, in your own experiences of parenthood, have or haven't had with your own children?
10. Throughout Nefertiti's story, she is often confronting the idea that, in America, motherhood equals white. How does she fight against that bias? How can we erase this stereotype and expand the view of motherhood to allow everyone to have a place at the table?

Terms of Use: This discussion guide is attributed to BookBrowse.com and used with permission from Sourcebooks. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Murmur of Bees
Sofía Segovia
Translated by Simon Bruni
Amazon Crossing
2019
476 pages
ISBN: 978-1542040495

El murmullo de las abeja
Spanish paperback
Debolsillo
2019
496 pages
ISBN: 978-6073156035

Public Health
Infectious Diseases

Summary

From the day that old Nana Reja found a baby abandoned under a bridge, the life of a small Mexican town forever changed. Disfigured and covered in a blanket of bees, little Simonopio is for some locals the stuff of superstition, a child kissed by the devil. But he is welcomed by landowners Francisco and Beatriz Morales, who adopt him and care for him as if he were their own. As he grows up, Simonopio becomes a cause for wonder to the Morales family, because when the uncannily gifted child closes his eyes, he can see what no one else can—visions of all that's yet to come, both beautiful and dangerous. Followed by his protective swarm of bees and living to deliver his adoptive family from threats—both human and those of nature—Simonopio's purpose in Linares will, in time, be divined.

Questions

1. How does the writing style of *The Murmur of Bees* reflect storytelling? How do you tell your own stories? Does a story you share about your day over the dinner table or to a colleague during a break differ in style from a story you might tell on a long drive?
2. From Nana Rega losing her child and becoming a wet nurse to the brotherhood between Simonopia and Francisco, Jr., the family bonds are tight and loving. What moments and descriptions best encompass love in your reading of the novel?
3. In the novel Francisco Morales, Jr. muses: "*Memories are a curious thing: while I always felt fortunate to have a few photographs of my father, they ended up contaminating my memories of him, because I looked at them so much, they gradually replaced the flesh-and-blood man whose body had a smell, whose voice had a timbre, whose hair would ruffle, and whose smile, when he unleashed it, was more contagious than the flu.*" (p 437). Do you find this is true? How have your memories been altered with the passage of time? When and how do you remember a photographed experience and when and how do you remember a moment for which you have never seen a photo? Are the qualities of the memory different?
4. Many people say that scent can trigger memories. The narrator reflects: "*Someone can tear open an orange nearby, and the aroma transports me to my mama's kitchen or my papa's orchard.*" (p 16). Has this ever happened to you? What aromas bring forward the strongest memories for you?
5. In the end, Beatrix chooses not to ask Simonopia what happened on the day that her husband died, and her son speculates on myriad reasons why she didn't. Have you ever felt that not knowing would help you move on better than knowing? Do you have memories of events that you heard about rather than experienced directly and wish you hadn't learned about them? When has knowing been beneficial and when has it been harmful?
6. There is mysticism and magic woven into the fabric of daily life through the bees that follow and lead Simonopia, through Simonopia's mysterious disease that saves the family from contracting the flu during the pandemic, and through Simonopia and Francisco Morales Jr's ability to communicate clearly with one another. Many passages float lightly above reality.

7. The author says that she didn't think about magical realism as she was writing that it "can't be attained when you plant it, it has to come, or it feels contrived." Reading [Vox's 11 questions you're too embarrassed to ask about magical realism](#) may provide you with some new perspectives on the depth and breadth of magical realism. What is your reaction to this magical realism? Do you let yourself be immersed in it? Do you ignore or discount it? Have you read other novels that incorporate events that seem just past your periphery of factual?
8. Aging and its effects on one's mind and body are shared through both narrators. How reliable is Francisco, Jr. as a narrator as he tells this story as an old man? How do you think his age and recollection have changed events or moments?
9. When do you think about aging? Do you remember jumping higher than necessary without knowing how you would land or what consequences there would be? Do you remember when you stopped doing that? Are there other actions that you stopped doing as you have aged? Do you recall when was the last time you performed some of those actions?
10. Death is presented in all its humanity, with sorrow and grief and guilt and even humor in the story of Lázaro rising from the dead and the reflections the living have as they mourn their dead. Have you ever seen someone die? Is it a story you are willing to share? How do you remember those who have died? What comes to mind as you read the last part of the quote above that there is no going back and anything that was not said would never be said?
11. The 1918 pandemic forms the traumatic start to the novel. What did you know about that pandemic before reading the novel? What did you learn or feel reading the historical fiction account of the pandemic in Linares? Did you find any parallels to Covid- 19?
12. The novel closes with hope and with reflections on life gifts. What gifts do you feel life offers and where and when does healing occur?

Terms of use: This discussion guide is attributed to Marmalade and Mustard Seed., <https://www.marmaladeandmustardseed.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



On Immunity
Eula Bliss

Graywolf Press
2015 reprint
224 pages
ISBN: 978-1555977207

Public Health
Vaccinations and
Immunizations

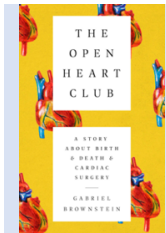
Summary

Eula Bliss addresses some people's fears of the government, the medical establishment, and what may be in their children's air, food, mattresses, medicines, and vaccines. Reflecting on her own experience as a new mother, she suggests that we cannot immunize our children, or ourselves, against the world. As she explores the metaphors surrounding immunity, Bliss extends her conversations with other mothers to meditations on the myth of Achilles, Voltaire's *Candide*, Bram Stoker's *Dracula*, Rachel Carson's *Silent Spring*, Susan Sontag's *AIDS and Its Metaphors*, and beyond. *On Immunity* is her account of how we are all interconnected - our bodies and our fates.

Questions

1. One of the big questions dealt with in *On Immunity* is why vaccinations trigger fear and dread in many. To what does the author attribute this anxiety?
2. The author writes, "My son's birth brought with it an exaggerated sense of both my own power and my own powerlessness. The world became suddenly forbidding." What specifically does Bliss fear? Do you relate to those concerns - or do you feel they are an over exaggeration?
3. What are your personal views on childhood vaccinations? Does Bliss make a convincing case - logically, morally, and/or scientifically - in support of vaccinating infants and children? If so, what did you find most convincing?
4. On the other hand, if you remain unconvinced about the safety and efficacy of childhood vaccines, in what way did Bliss fail to convince you? Where do you disagree with her? Better yet, where does her evidence fall short?
5. Much has been made of Bliss's conciliatory language and the overall tone she uses throughout the book. Reviewers speak of her kindness, calmness, even her complicity as a mother. Point to some of the words and phrases she uses to de-escalate the potential for anger.
6. Bliss writes that "a privileged 1 percent are sheltered from risk while they draw resources from the other 99 percent." What does she mean by that?
7. Bliss believes that "from birth onward, our bodies are a shared space." Do you agree or not? Either way, where do our responsibilities lie—for ourselves, as well as for others?

Terms of use: This discussion guide is attributed to LitLovers, <https://www.litlovers.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Open Heart Club

Gabriel Brownstein

Hachette Book Group

2019

368 pages

ISBN: 978-1610399494

Heart Health

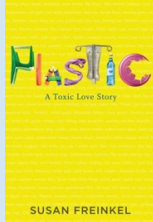
Summary

The Open Heart Club is both a memoir of life on the edge of medicine's reach and a history of the remarkable people who have made such a life possible. It begins with the visionary anatomists of the seventeenth century, tells the stories of the doctors (all women) who invented pediatric cardiology, and includes the lives of patients and physicians struggling to understand the complexities of the human heart. This autobiography from a writing professor, who was born with a congenital heart defect at the advent of open-heart surgery, talks about living with his chronic heart condition and multiple surgeries and how his heart care has changed over time due to medical advances. He also discusses advances in congenital heart treatment for kids and adults.

Questions

1. Brownstein writes that nearly all the pioneers of cardiac surgery were women. Why do you think this is true? What might the consequences of a gender split like this be?
2. A major theme of the book is the idea of dual citizenship in what Susan Sontag described as “the kingdom of the sick” and “the kingdom of the well.” Who do you think belongs to each kingdom, and what might it mean to be a member of both?
3. In Part One, Chapter 4, Brownstein writes that his mother never mentioned his congenital heart defect to her friends because she felt it was taboo. What effect do you think this silence had on his mother, and how does silence about health problems impact our cultural understanding of them? Are there medical taboos in our contemporary world that we'd be better off lifting?
4. Numerous stories in this book illustrate that heart surgery is a fierce and painful business: organs placed into handbags, patients getting repeated electric shocks, people dying on operating tables. Did this surprise you? Did you expect it to be more controlled? Were there stories that stuck with you especially?
5. On p. 280, Brownstein notes that adult congenital cardiology was not an established field as recently as 1995; in many ways, the field is still in its infancy. Why do you think it has taken so long to develop? Do other, more established disciplines suggest what might be possible in the coming years?
6. Has the book changed the way you feel about health care generally? How so?

Terms of use: This discussion guide is attributed to Public Affairs Books, https://www.publicaffairsbooks.com/wp-content/uploads/2019/02/OpenHeartClub_RGG_01a.pdf. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Plastic: A Toxic Love Story

Susan Freinkel

Houghton Mifflin Harcourt

2011

336 pages

ISBN: 978-0547152400

Environmental
Health

Summary

Plastic: A Toxic Love Story chronicles the rise of plastic in consumer culture, and its effects on the environment and our health. Freinkel notes that plastics have had enormously beneficial impacts — like making blood transfusions safe and common. But scientists are now also finding that phthalate chemicals from IV bags and other plastics are leaching into the fluids we take into our bodies, and the effects of that are just now being understood.

Questions

Chapter One

1. Think about the 8 objects chosen by Freinkel to encompass the topic of plastic in her book (Comb, Chair, Frisbee, IV bag, Disposable Light, Grocery Bag, Soda Bottle, Credit Card). Are any of these objects more present in your life than others? For instance, if you smoke or used to smoke, how many plastic lighters do you think you've purchased? How many times a week do you go grocery shopping? How many times in a year? Do you use plastic or re-usable bags? If plastic, how many bags do you think that equals?
2. If plastic, in a sense, was meant to replace natural products like ivory and turtle shell, then why are hawksbill sea turtles still critically endangered? Is it just that they are still recovering? Why are elephants still killed for their tusks? Has our affinity for "natural" products not really diminished? Did it ever go away? Or does it go along with what Freinkel discussed, about how things are made more valuable when we can't or shouldn't have them?
3. When describing "The Gift of the Magi," Freinkel explains how Della first defined her world "by what she lacks rather than what she has" (18). Then at the end of the story, both Della and her husband define themselves "by what they give up-what they don't have-rather than by what they hope to consume. Compare these quotes to this phrase from 1953's *House Beautiful*: "You will have a greater chance to be yourself than any people in history of civilization" (19). What does this mean for the person who can afford everything and anything? Not necessarily because they are rich, but because of a better economy, better production, cheaper products, etc. that came about with the invention of plastic? Does this quote imply that you cannot or are not yourself without consumerism? If so, what does that make the "you" alone, with nothing? Are you incomplete?
4. Do you think the phrase from *House Beautiful* has completely replaced the message from "The Gift of the Magi"? Has consumerism become too powerful or widespread for us to fight, or has it become powerful because we don't fight it?

Chapter Two

1. Freinkel writes, "instead of feeling fulfilled, we now often feel choked by an empty abundance." What do you think she means by this statement?
2. Do you see monobloc chairs as disposable? If yes, is that ethical?
3. With the invention and further innovation of single mold plastic furniture, do you think any other materials will be able to replace plastic in the near future?
4. Would you spend \$400 on a plastic chair?
5. In the long term, what is worse for the environment: plastic chairs, wood chairs or metal chairs?

Chapter Three

1. 60% of all plastic or 8 million tons that enters the oceans is from 5 countries. China, Thailand, Vietnam, Philippines, and Indonesia. This is due in part to the large amounts of production these countries provide for the western European and American markets (and rapidly growing manufacturing sectors without comparably growing waste infrastructure). It's also an indication of the lack of infrastructure for municipal or household waste in these countries. In many of these countries, there is no garbage pickup. Who should carry the burden of this pollution?
2. Would you pay more for a plastic product in return for stiffer regulations?
3. What might a stronger regulation look like in terms of plastics manufacturing? Imagine you take this policy to Capitol Hill to try to get it passed into law. Make a chart of the stakeholders that might be in support of and against such a bill.
4. Do you believe Frisbees could be made with a material other than plastic?
5. Is it ethical for American corporations to demand Chinese manufactures to produce cheap plastic toys if it's at the expense of migrant factory workers?

Chapter Four

1. Does the inherent risk of exposure to phthalate from vinyl medical bags especially in newborns cause enough concern to find a safer material for medical supplies like IV bags?
2. The *Modern Plastics* article "Why Doctors are using more plastic" in 1951 stated "any substance that comes in contact with human tissue...must be chemically inert and non-toxic." Given the continuous health studies since why has this warning been continuously broken and ignored in medical supply production?
3. After reading chapter four do you have a deeper worry about the harmful effects of plastics chemically in our lives?
4. What should the burden of proof be for banning a toxic chemical— the American model of proof before safety or the European model of safety before proof?

Chapter Five

1. Freinkel talks about a lighter that made its way to her from Hong Kong. The lighter is built so it can be used for a couple of months... but it lasts for years. What other common objects do we use like this without even thinking of where they are going?
2. Freinkel describes the mentality in the 1950's being one that reused essentially to the point of not being able to reuse anymore. People used quality objects that stood the test of time and took pride in their purchases. Is there any way we can change the mentality back to this?
3. A vast variety of things are being put into the ocean, but some things are commonly showing up like lighters, cigarette butts, bottle caps, plastic spoons, food packages, plastic bags, etc. What do you think the better route is to handle the oceans pollution; should politicians focus on laws about these specific products, or worry about pollution as a whole?
4. What are some potential policies lawmakers could put in place to restrict the most found items of marine debris? (e.g., easier breakdown of products, making things reusable/refillable like bags or lighters, etc.)
5. Since matter (as pollution) never truly vanishes, the garbage ends up in the ocean and collects in the gyres. Should we focus on the patches themselves? The sources or places where pollution enters the ocean? Or points along the major ocean currents?

Chapter Six

1. Do you agree with Murray's (executive director of Californians against waste) Zero Waste concept? It encourages people to "reduce consumption while pushing industries to extend lifespan on things we use by designing and producing products that can readily be reused, repaired and recycled"? Why or why not?
2. Are paper bags a good alternative while we come up with a solution? Would you, family and friends be willing to do that? (Remember it's not as durable or waterproof, and still uses resources).
3. In your opinion, who is to blame? The consumer or the company? Some combination?
4. What can we do as consumers to share this knowledge in our communities? Signs? Adding a fee for the use of disposable bags? Prohibiting plastic? Providing cloth options?

Chapter Seven

1. Would you, if given the chance, go back to the days when all drink bottles were made of glass, keeping in mind how fragile glass bottles could be? (Think baby bottles, etc.)
2. Do you believe that we could ever implement a two-way system again? (Full bottles are delivered, and the empty ones are taken away by the same delivery person)
3. Which do you feel would help reduce the amount of recycled plastic more: eliminating most of the unnecessary packaging, or creating a simpler but more inclusive recycling system?
4. If the USA were to adopt a more wide-spread bottle bill and other EPR laws, would you be willing to potentially pay a good deal more for most existing products (due to all the plastic packaging)?

Chapter Eight and Epilogue

1. In the chapter Freinkel quotes Mark Rossi when he said, "Plastics aren't created equal". This refers to the fact that some plastics aren't as harmful as others and vice versa. Would you be willing to completely stop using a certain product (credit cards, gift cards) if you knew it would mean the eradication of that type of plastic (PVC)?
2. The chapter also talks about using PLA, a relatively new biopolymer, for everyday products. The problem is that when it is used for chip bags they become "too loud" and when it is used for water bottles it becomes deformed in the face of mildly high temperatures. When it is used for soda bottles it cannot withstand the amount of CO₂ from the soda so the bottle becomes deformed as well. Would you be willing to change your lifestyle (i.e. don't leave bottles in the car on a hot day, ignore the loud sound of a chip bag, etc.) if it meant that products were made from a more environmentally friendly plastic?
3. How effective do you think bioplastics are regarding fighting climate change?
4. In this chapter, Freinkel talks about her "biodegradable" Discover Card. Upon further investigation she finds out that the key to being biodegradable is that the whole product is completely biodegraded at the end of the process but, her credit card is only 13% biodegradable. Should there be punishment for false advertising? If yes, what kinds of discipline will keep other companies from false advertising in the future?
5. PLA, while being a biopolymer, cannot be recycled and if it is it would contaminate that batch of recycling. How important is it that the public pays more attention to this issue when considering the commonality of PLA and the consequences of a contaminated recycling batch?
6. Can you imagine a world without plastic? How possible is it really? Why? What are our options?

Terms of use: This discussion guide is attributed to University of Hartford students in the classes: POL390: Marine Debris Policy and Action and HON385: Marine Pollution, Spring 2016, <https://ctmarinedebris.wordpress.com/discussion-guide-for-plastic-a-toxic-love-story-by-susan-freinkel/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Pleased to Meet Me

Bill Sullivan

National Geographic

2019

336 pages

ISBN: 978-1426220555

Human Genetics

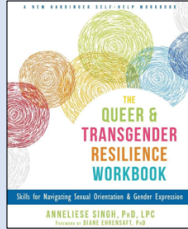
Summary

"I can't believe I just said that." "What possessed me to do that?" "What's wrong with me?" We're constantly seeking answers to these fundamental human questions, and now, science has the answers. The foods we enjoy, the people we love, the emotions we feel, and the beliefs we hold can all be traced back to our DNA, germs, and environment. This witty, colloquial book is popular science at its best, describing in everyday language how genetics, epigenetics, microbiology, and psychology work together to influence our personality and actions. Mixing cutting-edge research and relatable humor, *Pleased to Meet Me* is filled with fascinating insights that shine a light on who we really are--and how we might become our best selves.

Questions

1. To what degree do you think political affiliation is influenced by genetics? Can the studies described in the book help you engage in more productive dialogue with people who hold opposing viewpoints?
2. For decades, people with weight problems or substance abuse issues have been shamed and blamed for lacking discipline or self-control. Do you think this is still happening? How may we help people struggling with appetite or addiction issues more effectively?
3. New genes are routinely being discovered that appear to influence behavior. Do you think it is reasonable to sequence the genomes of teenagers to detect predispositions for aggression, depression, or addiction? Should a person who possesses a gene variant frequently linked to violent behavior be allowed to purchase a gun?
4. If doctors could prescribe a bacteria pill linked to increasing immunity, would you take it? Would you take one that promised increased athletic or intellectual performance? What dangers may arise from manipulating our microbiomes?
5. We now have the technology to edit the genes of babies before they are born. Are there certain circumstances in which this should be permissible? What are the potential downsides of such genetic interventions?
6. *Pleased to Meet Me* asserts that we have less control over our personalities, beliefs, and behavior than we like to think. Does the idea that we have little to no free will trouble you? Based on what you've learned about the biology underlying human behavior, will you be treating other people in your life differently? Why or why not?

Terms of use: This discussion guide is attributed to National Geographic, <https://www.nationalgeographic.com/pdf/books/pdfs/pleased-to-meet-me-discussion-guide.pdf>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Queer & Transgender Resilience Workbook
Anneliese Singh, PhD, LPC

New Harbinger Publications
2018
224 pages
ISBN: 978-1626259461

Mental Health
Resilience

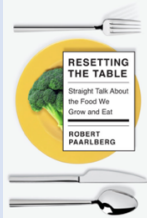
Summary

Resilience is a key ingredient for psychological health and wellness. It's what gives people the psychological strength to cope with everyday stress, as well as major setbacks. For many people, stressful events may include job loss, financial problems, illness, natural disasters, medical emergencies, divorce, or the death of a loved one. But if you are queer or gender non-conforming, life stresses may also include discrimination in housing and health care, employment barriers, homelessness, family rejection, physical attacks or threats, and general unfair treatment and oppression—all of which lead to overwhelming feelings of hopelessness and powerlessness. So, how can you gain resilience in a society that is so often toxic and unwelcoming? *The Queer and Transgender Resilience Workbook* will teach you how to cultivate the key components of resilience: holding a positive view of yourself and your abilities; knowing your worth and cultivating a strong sense of self-esteem; effectively utilizing resources; being assertive and creating a support community; fostering hope and growth within yourself and finding the strength to help others.

Questions

1. What is your purpose or mission in life?
2. Who are you connected to? What do you do to help foster these relationships?
3. Who in your life has overcome adversity? What specifically did you see them do to overcome it?
4. Ask yourself:
 - What am I doing daily to support my physical health?
 - What is one thing I can do to support my physical health?
 - What am I doing daily to support my emotional health?
 - What is one thing I can do to support my emotional health?
 - Who is a safe person whom I trust that I can fully share my life's ups and downs?
 - What problem in my life is my biggest stressor?
5. I will brainstorm possible solutions and then identify one solution I will try to implement. For my solution, I will write down at least three steps I will proactively take to address this problem. Then, I will act.
 - How do I practice gratitude daily?
 - How do I talk to myself?
 - Do I most often use positive or negative statements?
 - What positive statements in my self-talk will I commit to?
6. "The wind does not break a tree that bends" - Sukuma proverb (Africa)
 - In what ways do I exhibit flexibility in my life?
 - What small steps can I take to be more flexible?

Terms of use: This reflection guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Resetting the Table

Robert Paarlberg

Knopf

2021

368 pages

ISBN: 978-0525656449

Nutrition

Summary

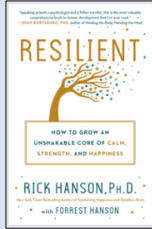
Political scientist and professor Robert Paarlberg levels an evidence-based critique of a broad swath of players in food production and consumption all of which have created “food swamps” of unhealthy choices as well as debunks misinformation from well-intentioned advocacy movements. He finds solutions that can make sense for farmers and consumers alike and provides a road map through the rapidly changing worlds of food and farming.

Questions

1. Paarlberg points to rising obesity rates in America as a dietary health crisis. Do you agree that obesity is a serious health problem, and what do think of Paarlberg’s assertion that food-manufacturing companies (Big Food) are more to blame for this problem than commercial farmers (Big Ag)?
2. Is obesity a public health problem, or is it more a matter of personal responsibility? What does Paarlberg think? What can we learn from the fact that obesity prevalence in America has tripled since the 1960s, to reach 42 percent today? Has personal irresponsibility really tripled since the 1960s?
3. Paarlberg provides evidence that poor diets in America tend to be caused by “food swamps” rather than “food deserts.” Has your food environment changed noticeably in the past decade or so, and do you feel that you are living or working in either a “food desert” or a “food swamp”?
4. Do you read the Nutrition Facts Panel on packaged foods when shopping in the market? If so, what are you looking for? Calories per serving? Daily values for things like fat and sodium, sugars, and vitamins? What would you change about nutrition labeling if you could? What changes would Paarlberg like to see?
5. Do you think it would be a good idea to tax sugary beverages like soda? Some cities have recently done this, but neither the Democrats nor the Republicans in. Congress favors such a tax. How does Paarlberg explain this firm bipartisan opposition?
6. Paarlberg says food companies target their advertising on a “moveable middle” of eaters who are most likely to be influenced by such ads. Young Americans, minorities, and those with less education tend to make up this moveable middle. Countries in Europe have placed restrictions on advertising soda and junk food to children while the U.S. hasn’t done so yet. Why do think this is?
7. The author observes that half of all fresh fruit in America plus roughly one third of all fresh vegetables are being imported. How does this practice impact our nation’s dietary health? Do you believe we can grow these healthy foods locally instead? Why or why not?
8. The book illustrates a family of four following a USDA “Thrifty Food Plan” can purchase healthy foods that meet all their dietary requirements for as little as \$2.00 per meal. If this is true, why do so few Americans consume healthy meals? Is it because they don’t have time to shop, cook, and clean up? Or are they simply addicted to the taste of unhealthy foods?
9. Organic produce costs, on average, 54 percent more than conventional produce. Paarlberg suggests that consumers who buy organic are not getting their money’s worth, either in terms of improved nutrition or greater food safety (e.g., avoiding pesticide residues). Do you agree or disagree with his argument?
10. Paarlberg observes that national science academies around the world say they have found no evidence of new risks to human health from genetically engineered foods (GMOs). He also notes that progressive thinkers who insist on “following science” when it comes to climate change and COVID-19 often push scientific assessments aside when it comes to GMOs. What explains their continued anxiety about eating GMOs?

11. In 2019 an international commission (named EAT-Lancet) concluded that most countries around the world should reduce their consumption of meat, not just to improve dietary health but also to guard “planetary health” by reducing greenhouse gas emissions from livestock production. If you agree, how might we reduce meat consumption in the United States? Should we impose taxes on meat to raise the price or develop substitutes, like tasty imitation meats made from plants? Paarlberg says “ultra-processed” foods present a dietary danger because they go down so quickly that we tend to overeat, and because they tend to contain added sugar, salt, or fat. Does this mean we should stay away from processed foods completely? What kinds of food processing are good for dietary health?

Terms of use: This discussion guide is attributed to the author and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Resilient

Rick Hanson, PhD

Harmony

2020 reprint

304 pages

ISBN: 978-0451498861

Mental Health
Resilience

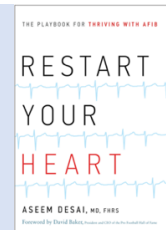
Summary

True resilience is much more than enduring terrible conditions. We need resilience every day to raise a family, work at a job, cope with stress, deal with health problems, navigate issues with others, heal from old pain, and simply keep on going. Dr. Rick Hanson shows you how to develop twelve vital inner strengths hardwired into your own nervous system. Then no matter what life throws at you, you'll be able to feel less stressed, pursue opportunities with confidence, and stay calm and centered in the face of adversity. This practical guide is full of concrete suggestions, experiential practices, personal examples, and insights into the brain. It includes effective ways to interact with others and to repair and deepen important relationships.

Questions

1. What is your purpose or mission in life?
2. Who are you connected to? What do you do to help foster these relationships?
3. Who in your life has overcome adversity? What specifically did you see them do to overcome it?
4. Ask yourself:
 - What am I doing daily to support my physical health?
 - What is one thing I can do to support my physical health?
 - What am I doing daily to support my emotional health?
 - What is one thing I can do to support my emotional health?
 - Who is a safe person whom I trust that I can fully share my life's ups and downs?
 - What problem in my life is my biggest stressor?
5. I will brainstorm possible solutions and then identify one solution I will try to implement. For my solution, I will write down at least three steps I will proactively take to address this problem. Then, I will act.
 - How do I practice gratitude daily?
 - How do I talk to myself?
 - Do I most often use positive or negative statements?
 - What positive statements in my self-talk will I commit to?
6. "The wind does not break a tree that bends" - Sukuma proverb (Africa)
 - In what ways do I exhibit flexibility in my life?
 - What small steps can I take to be more flexible?

Terms of use: This reflection guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Restart Your Heart
Aseem Desai, MD, FHRS

Greenleaf Book Group Press
2020
240 pages
ISBN: 978-1626347083

Heart Health

Summary

AFib patients, their family, friends, and caregivers are often misinformed about the latest research, advancements, and treatments. In this book, cardiac electrophysiologist Dr. Aseem Desai diminishes the worry and confusion that come with an AFib diagnosis by presenting the latest medical information in a concise and positive way. Filled with innovative knowledge and vivid illustrations, *Restart Your Heart* will empower and inspire you by providing straightforward answers and options to deal with this complex disease. In this guide to living your best life with AFib, you will:

- Be Informed about what atrial fibrillation is, why it happens, and what AFib treatment options are available after diagnosis
- Be Prepared to deal with the diagnosis and condition on mental and emotional levels
- Be in control by learning to monitor the disease to prevent progression
- Be Supported with AFib stories from those who have learned to navigate their illness

Questions

1. In what ways did this book change your understanding of Atrial Fibrillation (AFib) and other heart rhythm disorders?
2. Dr. Desai notes that AFib is an individualized disease and needs personalized treatment. He cautions readers to avoid misinformation. What are some reliable health websites you've used to research AFib? What makes these sites reliable or trustworthy?
3. AFib is called "electrical cancer" by Dr. Desai. Does that description resonate with you? Why or why not?
4. While AFib is a physical diagnosis, it has mental and emotional ramifications. What tips or tools for coping with AFib suggested in the book did you try and which ones, if any, did you find helpful?
5. In your mind, what needs to happen to advance new therapies for AFib? Do you think this is likely to happen? Why or why not?
6. Of the three approaches to understanding and living with AFib: Be Informed; Be Prepared; Be in Control, which one is most important to you and why?

Terms of use: This discussion guide has been created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Resurrection Lily
Amy Byer Shainman

Archway Publishing
2018
316 pages
ISBN: 978-1480867062

Inherited Diseases

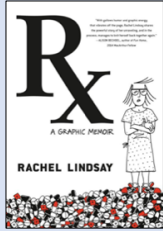
Summary

Amy Byer Shainman discovers she has inherited a BRCA gene mutation that puts her at high risk of developing certain cancers. She struggles to come to terms with preventively removing her breasts when she does not have a breast cancer diagnosis. Through her experience making decisions about her health, Amy becomes invigorated with purpose and establishes herself as a leading advocate for those with BRCA and other hereditary cancer syndromes, tirelessly working to educate others facing the same daunting reality.

Questions

1. Discuss the title, *Resurrection Lily*, and its theme throughout the book.
2. Was there anything you specifically related to in the author's story? If so, please describe.
3. What did you learn that you didn't know before?
4. Without using any names (for privacy), do you know someone who has taken a genetic test and made similar or very different decisions based on his or her genetic test results? How has this book helped you understand genetic testing and genetic counseling?
5. Discuss the "Angelina Jolie effect." What do you remember about the news coverage surrounding Angelina's op-ed articles in The New York Times? How has the author's story changed your opinion of Jolie (if it has at all)?
6. How has the author's story changed or not changed your opinion of prophylactic surgery?
7. Discuss how different cultures and ethnic groups may handle communication surrounding cancer risk. How may an individual's religious views guide decisions about their health?

Terms of use: This discussion guide is attributed to the author and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Rx: A Graphic Memoir

Rachel Lindsay

Grand Central Publishing

2018

256 pages

ISBN: 978-1455598540

Mental Health

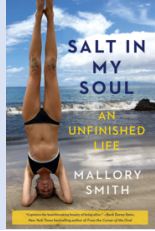
Summary

In her early twenties in New York City, diagnosed with bipolar disorder, Rachel Lindsay takes a job in advertising to secure healthcare coverage for her treatment. But work takes a strange turn when she suddenly finds herself on the other side of the curtain, developing ads for an antidepressant drug. Day after day, she sees her own suffering in the ads she helps to create, trapped in an endless cycle of treatment, insurance, and medication. Overwhelmed by the stress of her professional life and the self-scrutiny it inspires, she begins to destabilize and finds herself hospitalized against her will. In the ward, stripped of the little control over her life she felt she had, she struggles amid doctors, nurses, patients and endless rules to find a path out of the hospital and this cycle of treatment. This is the author's story of being treated for a mental illness as a commodity and the often-unavoidable choice between sanity and happiness.

Questions

1. What do you think of the visual aspects of this book? How does the format of a graphic novel influence what is conveyed in this memoir?
2. Sections of the book discuss how people with mental health conditions are depicted in ads and media. What are some stereotypes from ads that you see reflected in real life marketing? How do these depictions influence the public view of mental health?
3. What aspects of your own life does the book remind you of? A particular event? Or a feeling? A person – like a friend, family member, co-worker, etc.? Can you point to specific passages/panels that struck you personally? Why?
4. If you've read other memoirs or stories about bipolar disorder (or mental illness in general), how does *RX: A Graphic Memoir* compare to them?
5. Most of us have an idea of what therapy and recovery should look like. How does *RX: A Graphic Memoir* challenge or reaffirm your personal image of what therapy, hospitalization, and mental health recovery is supposed to look like?
6. The book shows various interventions and attempts to help by Rachel's family and friends. What do you think of the intervention methods used by those closest to Rachel? What things do you find to be effective in supporting friends and family with mental illness?
7. When she receives a promotion at work, Rachel expresses a worry that people may realize that she has bipolar disorder. What are some factors (both stated and assumed) that feed into that fear?
8. How does Rachel's job at a pharmaceutical company affect how she views her own mental health?
9. What do you think the author's purpose was in writing this book? What ideas do you think she was she trying to get across? What factors do you think may influence the author's message and telling her own story?
10. In what ways did the book change your own opinion of how you view bipolar disorder (or mental illness in general)?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Salt in My Soul
Mallory Smith

Random House Trade Paperbacks
2020 reprint
336 pages
ISBN: 978-1984855442

Inherited Diseases

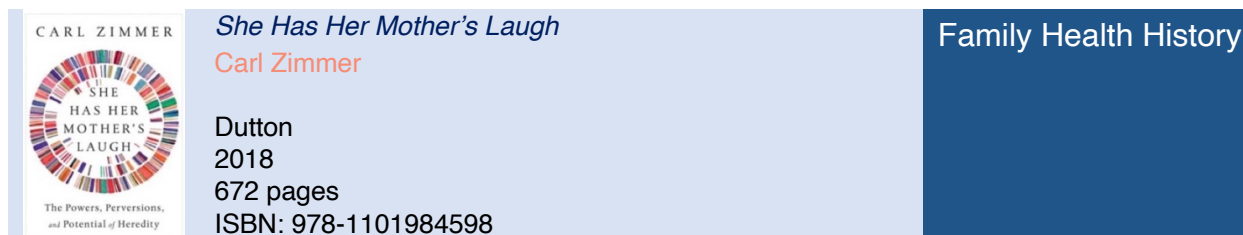
Summary

Diagnosed with cystic fibrosis at the age of three, Mallory Smith grew up to be a determined, talented young woman who inspired others even as she privately raged against her illness. Despite the daily challenges of endless medical treatments and a deep understanding that she'd never lead a normal life, Mallory was determined to "Live Happy," a mantra she followed until her death. Mallory worked hard to make the most out of the limited time she had, graduating Phi Beta Kappa from Stanford University, becoming a cystic fibrosis advocate well known in the CF community, and embarking on a career as a professional writer. Along the way, she cultivated countless intimate friendships and ultimately found love.

Questions

1. Mallory wants to "Live Happy," but what this means to her changes over the course of her life. Trace this theme throughout the 10-year span of Mallory's journal.
2. Mallory writes about her mother throughout the pages of her memoir. How can their relationship be described? What role does Diane play in shaping her daughter's voice and legacy?
3. Hawaii holds a special place in Mallory's life. Why? Taken as a whole, what patterns emerge in the Hawaii entries? What themes develop throughout these passages?
4. Mallory hoped her journal would "offer insight for people living with or loving someone with chronic illness." Does her memoir offer such insight? What are the main takeaways for readers of *Salt in My Soul*?
5. Throughout her journal, Mallory repeatedly emphasizes the significance of writing. What role does writing play for Mallory, both during her life and after her passing?

Terms of use: This discussion guide is attributed to [Penguin Random House Education Teacher's Guide](#). It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



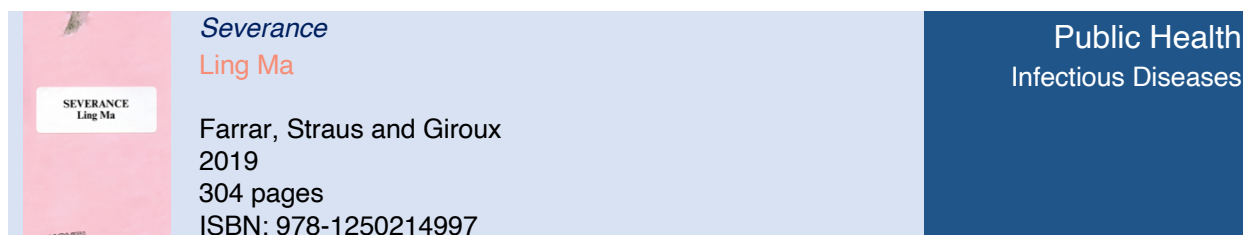
Summary

Weaving historical and current scientific research, his own experience with his two daughters, and the kind of original reporting expected of one of the world's best science journalists, Zimmer ultimately unpacks urgent bioethical quandaries arising from new biomedical technologies, but also long-standing presumptions about who we really are and what we can pass on to future generations.

Questions

1. Some reviewers of *She Has Her Mother's Laugh* compared it to a sweeping novel. What novel does it remind you of? How does Zimmer use human stories to bring the history of heredity to life?
2. What is the most important lesson that you take from *She Has Her Mother's Laugh*? Is it a lesson about biology, politics, or culture?
3. Do you feel like there's some important trait that you inherited from a parent or some other ancestor?
4. How much do you feel that you inherited through DNA and through culture from your family?
5. How would you feel if you discovered you were descended from someone famous, like George Washington? Would it change how you think about yourself?
6. Have you gotten a direct-to-consumer DNA test from a company like Ancestry or 23andMe? What was the experience like? Was it like Zimmer's experience with his genome?
7. The history of eugenics can be shocking for many readers. Do you see it as irrelevant to the twenty-first century, or are there lessons we should take from it?
8. Zimmer explores the influences of genes and experience on traits like height and intelligence.
9. Do you think we ascribe too much power to DNA in shaping us? Or are we in denial of the power of genes?
10. In the book, Zimmer explores the origin of plant breeding and current attempts to make new kinds of crops with CRISPR. Did those passages change your views on genetically modified organisms?
11. Would you use CRISPR to cure diseases in embryos? How would you feel if people used it to enhance children in ways that could be passed down to future generations?
12. Does Zimmer's exploration of cultural heredity give you ideas about how humanity can make the world better for future generations?

Terms of Use: This discussion guide is attributed to the author, <https://carlzimmer.com/wp-content/uploads/2018/10/SheHasHerMothersLaughBookClubKit.pdf>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Summary

Severance is a 2018 satirical science fiction novel. It follows Candace Chen, an unfulfilled Bible product coordinator, before and after Shen Fever slowly obliterates global civilization. *Severance* explores themes of nostalgia, modern office culture, monotony, and intimate relationships. The novel, Ma's debut, won the 2018 *Kirkus Prize* for Fiction and was included on many prominent Best Books of 2018 lists.

Questions

1. Explore the novel's title. In addition to severance from a normal world of work, what else is severed in Candace's life? What new connections does she form because of being severed?
2. As you read about Spectra's Bible production process, from the deadly health hazards experienced by the workers to the VIP treatment Candace receives during her business travel, how was your perception of "sacred texts" affected? Are bejeweled religious objects at odds with Christian doctrine? What conflicts arise in the book between religion, morality, and the requirements of contemporary life?
3. As Candace navigates the business world and her family history, how does her understanding of her own identity shift? How do her parents reconcile the Cultural Revolution of their upbringing with the world of supermarkets and the Chinese Christian Community Church? How does Mandarin serve as both a bridge and a barrier for their daughter?
4. Candace chooses to inhabit L'Occitane in the Facility. If you had to be imprisoned in a mall, which store would you choose for your cell?
5. What does Candace's mother, Ruifang, teach her about being a woman? How are Candace's relationships with men affected by Candace observing her father, Zhigang, and his beliefs about love and marriage?
6. What is unique about the way Ling Ma weaves a darkly humorous thread through the story line? When did you find yourself laughing out loud? When did you find yourself worrying that a fungal apocalypse could happen?
7. What is the effect of the novel's timeline? How does Ling Ma's use of flashbacks stay true to the way memories reflect and illuminate each other?
8. As Candace learns how to shoot a gun and scavenge for necessities, she proves how determined she is to survive. What is the purpose of survival in the absence of quality of life? How do you personally define "quality of life"?
9. *Severance* is packed with references to beauty products, clothing stores and other brands that have defined American consumerism. After the pandemic, what replaces these labels in the survivors' quest for comfort and camaraderie? When money becomes useless, what new forms of currency emerge? If you had been in Candace's situation, would you have left town with Jonathan? What accounts for the huge distinction between his approach to work and Candace's? Would you have accepted Spectra's final contract - and how committed would you be to making sure to fulfill it?
10. *Severance* shines a spotlight on soul-crushing mind-sets that flourish both before and after the pandemic. What are they? Will profit-driven cultural forces diminish in your lifetime, or will they gain momentum?
11. How is the novel shaped by the presence of the undead who, instead of being predators like traditional zombies, are stuck in a mindless, harmless act? If you succumbed to ShenFever, what repetitive act would your body perform?

12. How does Bob derive power? Which of his followers did you trust the most, and which the least? How does their bureaucracy compare to Spectra's?
13. From Candace's NY Ghost blog to the nostalgia-laden stalkings, the survivors crave a connection to what they've lost. Under similar circumstances, which memories and images would you want to stockpile? How did you react to the closing scene? What do you imagine will happen next?

Terms of use: The discussion guide is attributed to Reading Group Guides, <https://www.readinggroupguides.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



A Sick Life
Tionne Watkins

Rodale Books
2017
256 pages
ISBN: 978-1623368616

Inherited Diseases

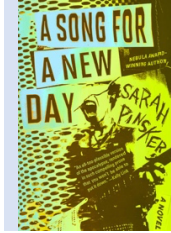
Summary

A Sick Life chronicles Tionne's journey from a sickly young girl in Des Moines who was told she wouldn't live to see 30 through her teen years in Atlanta to how she broke into the music scene and became the superstar musician and sickle-cell disease advocate she is today. Through Tionne's tough, funny, tell-it-like-it-is voice, she shares how she found the inner strength, grit, and determination to live her dream, despite her often unpredictable and debilitating health issues. She dives deep into never-before-told TLC stories, including accounts of her friendship with Lisa "Left-Eye" Lopes and her tragic death. Tionne's unvarnished discussion of her remarkable life, disease, unending strength, and ability to power through the odds offers a story like no other.

Questions

1. As a child, Tionne was more interested in singing and dancing than in worrying about her health. Is she able to maintain this attitude through her whole life? How does she succeed or fail at doing this?
2. Tionne notes that people have different responses to pain. Hers is to push through it, whether it is physical or emotional pain. When does this work and when does it not? Why do you think people respond to pain so differently?
3. What factors prompted Tionne to go public with her sickle cell diagnosis? What were the results and how did she feel about them? Do you see them as positive or negative outcomes?
4. Tionne does not always think the best of doctors, nurses, and other medical professionals. What are the characteristics of professionals she trusts and those she does not trust? How do they compare to your feelings about the medical community?
5. How would you characterize the relationship between Tionne and Lisa? What led you to your conclusion? After Left Eye's death, T-Boz and Chilli stay together without replacing her. Do you think that was the right decision? Why or why not?
6. Who are the other important people in Tionne's life and why are they significant to her?
7. TLC's image as a group suffered hits because of incidents like fights on tour, the Magic Mountain riot, Lisa's arson charge and the group's legal battles. To what degree if any do you think members deserved the reputation.
8. How do TLC's financial issues affect the group? What lessons do they learn from the experience? Did the decision to declare bankruptcy surprise you? Explain your answer.
9. Tionne says the news that she could have a child "changed everything I thought I knew about myself." How does it change her? What difficulties does a person with sickle cell encounter in having and then raising a child? How would you feel about having a child if you were in Tionne's shoes?
10. "TLC had success by being ourselves and never compromising who we were. Being a woman in music is a strike against you, and being a black woman, another strike. If you buy into the idea that girls need to get butt-naked onstage or on TV to make it or be successful, well, it's just not true." In what ways did the members of TLC define and affirm who they are in their music and their careers?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



A Song for a New Day

Sarah Pinsker

Berkley Press

2019

384 pages

ISBN: 978-1984802583

Public Health
Infectious Diseases

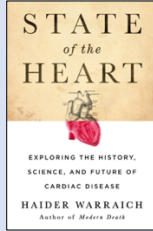
Summary

After a global pandemic makes public gatherings illegal and concerts impossible, except for those willing to break the law for the love of music—and for one chance at human connection. Rosemary Laws barely remembers the Before times. She spends her days in Hoodspace, helping customers order all their goods online for drone delivery—no physical contact with humans needed. By a lucky chance, she finds a new job and a new calling: discover amazing musicians and bring their concerts to everyone via virtual reality. The only catch is that she'll have to do something she's never done before and go out in public. Find illegal concerts and bring musicians into the limelight they deserve. But when she sees how the world could be, that won't be enough.

Questions

1. *A Song for a New Day* is very much character driven. Compare and contrast Luce Cannon and Rosemary Laws. How did their paths cross?
2. In what period of time does this book take place? What clues tell you? Do any of the technological advances sound too far off from being used today?
3. If the themes presented in *A Song for a New Day* were a song and considering today's situations, what would the title be?
4. Rosemary uses her Hoodie for school, work, and communication with the outside world. What are some of the benefits and drawbacks to Hoodspace?
5. Do you feel it was irresponsible of Luce to continue performing in the last live concert despite the bomb threats and government recommendations to stay home? Luce felt obligated to play to help community members take their minds off the stressful events. Is it worth it to take such risks? Explain your answer.
6. New normal is repeated several times in the book. What was normal? What is the new normal? Will old normal come again or will people need to accept and adjust to new societal norms such as social distancing? What makes you think so?
7. Luce and her roommates take turns writing on a whiteboard titled Don't Forget Normal. Some of the things they added include amusement parks, movie theaters, and outdoor concerts. What are some normal activities that you miss while maintaining social distance protocols?
8. Both Luce and Rosemary have careers in the music field. What jobs do you foresee as needed in a tech-heavy future? What jobs will not be needed anymore?
9. In chapter 15, Rosemary says she doesn't understand why her parent's generation enjoyed outside baseball when virtual baseball seemed the better choice. What are the benefits and drawbacks to attending a virtual sporting event? What is the difference between attending a live music event and a virtual one from Stage Hollow Live (SHL)?
10. In your opinion, should Rosemary continue working for SHL knowing her dislike of their corporate control over the music industry? Explain your position.

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



State of the Heart
Haider Warraich, MD

St Martin's Press
2019
352 pages
ISBN: 978-1250169709

Heart Health

Summary

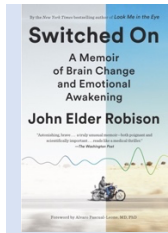
More people die of heart disease than any other disease in the world and when any form of heart disease progresses, it can result in the development of heart failure. Heart failure affects millions and can affect anyone at any time, a child recovering from a viral infection, a woman who has just given birth or a cancer patient receiving chemotherapy. Yet new technology to treat heart failure is fundamentally changing just what it means to be human. Mechanical pumps can be surgically sewn into patients' hearts and when patients with these pumps get sick, sometimes they don't need a doctor or a surgeon—they need a mechanic. In *State of the Heart*, the journey to rid the world of heart disease is shown to be reflective of the journey of medical science at large. We are learning not only that women have as much heart disease as men, but that the type of heart disease women experience is diametrically different from that in men. We are learning that heart disease and cancer may have more in common than we could have imagined. And we are learning how human evolution itself may have led to the epidemic of heart disease. In understanding how our knowledge of the heart evolved, *State of the Heart* traces the twisting and turning road that science has taken—filled with potholes and blind turns—all the way back to its very origin.

Questions

1. Warraich calls heart disease “the overlooked affliction of our times” despite affecting so many people, and he notes that many people and institutions funding research think of it as a battle already won. What are your thoughts on the fight against heart disease? What signs do you see of the battle being over and what indications do you find that it is still in progress?
2. Warraich provides stories throughout the book about patients he has encountered and historical figures in science and especially cardiology. Whom did you find more interesting and why?
3. At different points in the book, Warraich relates various metaphors used to describe the heart, such as temple, stream, pump, and even air traffic control tower. What description of the heart resonates most with your perception of it? Why?
4. William Harve came to a very different conception of the heart and blood than philosophers like Galen because he based it on the experiments he conducted. He also faced considerable opposition to his ideas. What are some of the modern-day challenges to good science and effective treatment that Warraich mentions throughout the book? How do subjects like technology, economics, and human behavior tie into them?
5. Why does the heart attack hold such a place in the public imagination compared to most other illnesses? How does understanding the origins of the heart attack affect your perception of the disease?
6. Why is lowering blood pressure considered one of the most life-saving clinical interventions known? How can we lower it?
7. How much of your understanding about cholesterol—both the “good” and the “bad” kind – matched the information presented by Warraich? Where did differences come up?
8. What do you think of the controversy surrounding statins and the author's assurances that they are among the safest drugs available? Are you a “statinskeptic”? How do you establish trust with your health care provider on treatments and other issues? How do you evaluate the medical information you receive from various sources, whether about heart or something else?
9. How do you feel about where the medical community has been and is now with respect to understanding and treating heart disease in women? How do men and women differ in their experiences of heart disease?

10. Warraich writes, “Even though, to this day, more people die of heart disease than cancer, cancer continues to be considered the greatest disease of our age.” What do you think of this assessment?
11. How do you react to the author’s assessment that heart disease is often blamed on the patient’s lifestyle choices while cancer is seen as an invasion of the patient’s body by the disease?
12. If you are not currently on a Left Ventricular Assist Device (LVAD), how would your day-to-day life differ if you had to be put on one? What activities would be nearly the same? If you do use an LVAD and care to share about it, how does Warraich’s description of it compare to your reality?
13. Warraich describes how designers of LVADs switched from a version that pulsated to one that whirred continuously, and how the LVAD on a coded patient kept running long after attempts to revive him failed. Are the advancements in the care of the heart described in the book changing essential parts of what it means to be human? If so, how do you feel about that? If not, what in your opinion are the essential parts?

Terms of Use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Switched On
John Elder Robison

Spiegel & Grau
2017 reprint
320 pages
ISBN: 978-0812986648

Disability Health


Summary

In 2007 John Elder Robison wrote the international bestseller *Look Me in the Eye*, a memoir about growing up with Asperger's syndrome. Amid the blaze of publicity that followed, he received a unique invitation: Would John like to take part in a study led by one of the world's foremost neuroscientists, who would use an experimental new brain therapy known as TMS, or transcranial magnetic stimulation, to understand and then address the issues at the heart of autism? *Switched On* is the extraordinary story of what happened next as a research subject in a brain study at Beth Israel Deaconess Medical Center, a teaching hospital at Harvard Medical School.

Questions

1. Robison was diagnosed with Asperger's at age forty. He claims that his "diagnosis was a huge relief and a source of empowerment" What does he mean?
2. In Chapter 6, Robison tells the story of being the first responder at the scene of a car accident. He is not emotionally affected by the situation. "Before TMS, all I knew was that I was a good guy in a crisis because my logical mind took charge." He continues, "Even without feeling the expected emotions, I did the right thing... My sense of right and wrong was quite well developed, and I did the best I could for other people. It's just that my senses and abilities were limited, so I didn't always do what they expected." Did you find this surprising? Have you known people whose facial expressions struck you as odd or overly blank? How did it make you feel, and how did you interpret their behavior?
3. Why did Transcranial Magnetic Stimulation (TMS) appeal to the author? How is the title relevant to the story?
4. In Chapter 14, Robison describes his reaction to his first TMS treatment after leaving the research hospital and driving home in his car listening to music. Describe the significance of this episode.
5. Robison often says that before TMS, he could relate better to machines than to people, yet, he wasn't void of feelings, and he felt socially isolated. Discuss Robison's relationships before and after TMS.
6. Robison is an advocate of autism research and science. Have you ever been involved in a clinical or research trial? What motivated you, or would motivate you, to participate? What concerns did, or would, you have?
7. In Chapter 35, he discusses his many collaborations with academic institutions and government agencies as an informal policy advisor. What or whom does he credit for making "the leap from a car mechanic to a strategic advisor for autism research with HHS?"
8. In reviewing this book, *The Washington Post* described Robison as "deft at explaining difficult concepts and doesn't shy from asking hard questions." If you read Robison's first book, *Look Me in the Eye*, which he wrote before TMS, how would you compare his writing style?
9. In the last chapter of his book, Robison references "autism researchers are hard at work searching for biomarkers, biological parameters that predict or diagnose autism, especially in infants." What are Robison's concerns about neuroscience technology in early childhood development? Do you think his concerns are valid?

Terms of Use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).

 <p>The SECRET DIARY OF HENDRIK GROEN 83 1/4 Years Old</p>	<p><i>The Secret Diary of Hendrik Groen 83 1/4 Years Old</i> Hendrik Groen Translated by Hester Velmans</p> <p>Grand Central Publishing 2018 reprint 384 pages ISBN: 978-1455542154</p>	<p>Healthy Aging</p>
--	---	----------------------

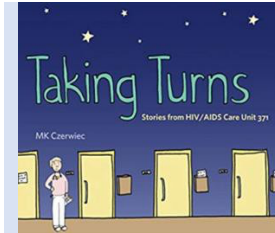
Summary

Bored with the daily monotony of life, Groen decides to keep a journal for a complete year to expose the frustrations, gripes, and groans of his fellow “inmates” and the realities of growing old within a nursing home in Amsterdam. Hendrik regales readers with the joys of the motor scooter and his decision to relent and wear adult diapers. Hendrik’s good friend Evert—a crotchety old fellow who gets his kicks riling up the other residents—helps stave off the loneliness, but it’s when new resident Eefje arrives that Hendrik feels a spark he hasn’t experienced in a long time. Hendrik, Eefje, and Evert decide to have a little fun while they still can. Engaging and hilarious, Hendrik’s diary gives dignity and respect to the elderly, providing readers a look into the importance of friendship and the realities of the senior care system in modern society.

Questions

1. Hendrik opens his diary with “the decision to give the world a little taste of the real Hendrik Groen.” He says he has always been a people-pleaser, always avoided confrontation, but now he’s going to shock everyone with “an uncensored expose.” Do you think the incorrigible, irreverent character we come to know over the course of the diary is the “real” Hendrik? How would you characterize who he really is, and does that differ from the character he is presenting to us? How do you think he changes over the course the story?
2. Hendrik’s friend, Evert, believes that “the only point of being alive is to kill time as pleasantly as possible. “Do you agree?”
3. What would you say it means to really “live”? Does this change as we age?
4. Hendrik and Evert are best friends but very different as individuals. Why do you think they have such a strong bond? What does the novel have to teach us about friendship, particularly between two men late in life?
5. Discuss the development of the relationship between Hendrik and Eefje. Does it turn out the way you expected? Why or why not? What do you think they see in one another that gives them this special connection?
6. Over the course of the year, Hendrik will form close friendships with the other members of the Old But Not Dead Club. How does each of these new friends shape or change Hendrik, for better or worse? Are there particular friends in your life who have changed you?
7. If you had to plan a trip for the Old But Not Dead Club, where would you go and what would you do?
8. Hendrik describes old age as following “the same trajectory as a baby developing into an adult, only the other way ‘round.” Do you think he’s right?
9. Hendrik has sworn to never let himself be turned into a dull, hopeless old person, but he can’t nail down a specific obstacle or infirmity that would, for him, be a final tipping point. He describes this as like being a “frog in a pot of water,” a situation in which each new indignity seems unacceptable until it arrives, at which point he decides he can cope until the next one. Why do you think he keeps moving the goalpost? Where would you draw the line for yourself? Do you see his reluctance as a weakness or strength? How does this contrast with Grietje’s assertion that: every fine day is one more day”?
10. In June, Management creates controversy and anger among the resident by announcing that they’ll be installing cameras in the care home’s corridors Do you agree or disagree with this decision, and why? For the elderly or for anyone: What is the line between safety and freedom?
11. The Secret Diary is full of humorous lines and unexpected physical comedy. Talk about your favorite funny scene from the book.
12. Toward the end of his diary, after a tragedy at the residence, Hendrik writes: “I can’t make the reality prettier than it is: sad, grim and funny all at once.” Most of the time, Hendrik seems to choose to see the “funny” in everything; do you agree with this attitude? Why or why not?

Terms of use: This discussion guide is attributed to the Hachette Book Group, <https://www.grandcentralpublishing.com/>, It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the view or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Taking Turns
MK Czerwiec

Penn State University Press
2017
224 pages
ISBN: 78-0271078182

HIV/AIDS

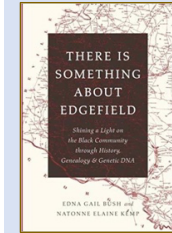
Summary

Czerwiec's chronicles her seven years serving as a nurse on an HIV/AIDS care unit during the height of the epidemic in the United States. She combines her memories with the oral histories of patients, family members, and staff. This graphic memoir depicts life and death in the ward, the ways the unit affected and informed those who passed through it, and how many look back on their time there today.

Questions

1. Early in the novel, MK Czerwiec describes a summer job in which she interviewed family members of patients who had died in the hospital. On page 11, she notes that the study showed, "that being nice matters." From your experiences with healthcare providers, does being nice matter? If so, in what ways?
2. Art figures prominently in *Taking Turns*. Obviously, MK Czerwiec uses an art form, comics, to tell her story. Other examples of art imbue her narrative, from the depiction of a Keith Haring mural (page 4) to a mention of an arttherapy program (page 48) to the description of Tim's art show opening (page 77). How useful is art in conveying scientific or medical information? In what ways can art, either making it or viewing it, be therapeutic?
4. Beginning on page 80, Czerwiec describes her own potential exposure to HIV via an accidental needle stick. Had you previously considered this risk to healthcare providers? Do healthcare providers have a right to know if a person is HIV+? What about teachers? Co-workers?
5. Following her needle stick, the author began taking the anti-retroviral drug AZT to minimize her chance of becoming infected. On page 88 she writes, "Getting my prescription filled was weird, too." What do you think she meant by this remark?
6. Throughout the book, Czerwiec includes detailed scientific information. For example, an in-depth description of the immune system is provided on page 9 and a detailed overview of an HIV treatment regimen is provided on page 36. How do these details affect your understanding of the story?
7. Throughout the history of the HIV/AIDS pandemic, people living with HIV have been stigmatized. What examples of stigma does MK Czerwiec provide? In what ways do she and other members of the Unit 371 staff combat stigma?
8. Begun in 1987 and described by Czerwiec on page 155, the AIDS Memorial Quilt is intended to memorialize people who have died of HIV/AIDS. Why is it important to remember these people? What is symbolic about commemorating them with a quilt and displaying this quilt in public dramatically. Rather than dying of AIDS, people were living with HIV. How did this change affect MK? Other staff members of Unit 371?
9. Near the end of *Taking Turns*, the author recounts a 2008 visit with Roger, a former patient of Unit 371. Many people with HIV/AIDS who survived the darkest days of the HIV/AIDS epidemic in the United States, like Roger, describe a sense of survivor's guilt. They lived, while others died. How do you think surviving a disease can lead to feelings of guilt?
10. Although effective HIV/AIDS treatments now exist, these treatments are more readily available in resource- rich settings. Should anti-retroviral drugs, or access to healthcare in general, be more evenly distributed? What needs to happen to improve access?

Terms of use: This discussion guide is attributed to Professor David R. Wessner, Department of Biology, Davidson College, Davidson, North Carolina and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



There Is Something About Edgefield
Edna Gail Bush and Natonne Elaine Kemp

Rocky Pond Press
2017
332 pages
ISBN: 978-0999240601

Family Health History

Summary

Through the stories of their ancestors, Bush and Kemp take us on a compelling journey through African American history into the hearts of individual lives. In tracing their ancestral roots, these family historians discover their connections to some of the South's most powerful men, both famous and forgotten. The community at the heart of this historical study is Edgefield, South Carolina, yet the stories in this book form a microcosm of events experienced by black communities throughout the South. Shining a bright, sometimes uncomfortable light, deep truths are unearthed through DNA results and a new family is found.

Questions

1. In Chapter 1, Gail discusses researching the other half of Edgefield history. What did she learn about Black lives during the Reconstruction Era?
2. Despite that environment, what did Gail's great grandfather (Albert Bush) achieve? How unique was he?
3. What did genetic DNA testing reveal about Gail's paternal line?
4. In Chapter 2, Cousin Little Joe stated, "You know, Gail, you are the third and last Edna." What did Gail ultimately learn about her third great grandmother Edna and what she had endured as an enslaved woman?
5. Gail learns that her maternal ancestors were used as breeders. What are the psychological ramifications of this practice, not just to those enslaved women but their children and later descendants?
6. In Chapter 3, what similar tragedy did Natonne and her paternal grandmother experience?
7. Natonne discovered that her second great grandfather, Nathaniel Blair, was a tenant farmer. How is this position different from a sharecropper? How was Nathaniel Blair's post-Civil War life different from Gail's great grandfather, Albert Bush?
8. Nathaniel Blair, born about 1850, could read and write in 1920, but was illiterate per the 1910, 1900, 1880 and 1870 censuses. For a man born during slavery, Nathaniel's illiteracy in 1910 was not unique. How did he compare to his peers in South Carolina? What were the consequences to his livelihood and for supporting the health and well-being of his family?
9. In Chapter 4, Natonne quotes from Ida B. Wells' *A Red Record: Alleged Causes of Lynching*. Ms. Wells identified Edgefield as one of the places where "the countless massacres of defense-less Negroes, whose only crime was the attempt to exercise their right to vote" occurred. Chapter 4 includes conflicting testimonies from Black and White Edgefield residents about the 1876 election. Can you discern any negative consequences to the mental and/or physical health of Black Edgefield residents who, despite being the majority in the county, were repressed, threatened, and lived in fear?
10. Black Americans are disproportionately poor compared to their White counterparts. This present disparity is rooted in the Black experience in America from slavery, to Reconstruction, Jim Crow and the Civil Rights Movement. When the slaves were freed, they did not receive 40 acres and a mule. Emancipated but without a means to support themselves, many formerly enslaved ended up working for their former slave owners. How do such historical disparities as outlined in the book play a direct role in the health outcomes within the community?

Terms of use: This discussion guide is attributed to Natonne Elaine Kemp and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



This Heart of Mine: A Novel

C. C. Hunter

Wednesday Books

2018

400 pages

ISBN: 978-1250035905

Heart Health

Summary

An artificial heart in seventeen-year-old Leah MacKenzie's backpack is keeping her alive. However, this only offers her a few years. And with her rare blood type, a transplant isn't likely. Living like you are dying isn't all it's cracked up to be. But when a heart becomes available, she's given a second chance at life. Except Leah discovers who the donor was — a boy from her school — and they're saying he killed himself. Plagued with dreams since the transplant, she realizes she may hold the clues to what really happened.

Questions

1. Leah's health is deteriorating at the beginning of the book. She needs a new heart and has accepted that she will soon die. How does her attitude change once she receives her new heart? Does she see life differently?
2. After Leah has the heart transplant, she suddenly craves Indian food, one of Eric's favorite foods. She even goes to his favorite restaurant. This phenomenon is called "cellular memory." Although no scientific research supports the theory of imprinted memories passing through a donated organ, why else might a recipient report this phenomenon?
3. Matt and Eric, like most identical twins, are close. When Eric is shot, Matt immediately knows his brother is in trouble. Matt feels physically sick, he knows before the police arrive that his brother is dead. How do you think Matt will be able to move on with his life feeling like his other half is missing?
4. Matt's mother is suffering from depression when the book opens. Yet when Eric, her son, is killed, instead of falling deeper into despair, she starts pulling herself out of it. Why do you think that is? And what is helping her improve?
5. Leah's relationship with some of her book club friends changes after she gets a new heart. Is this change due to her health issues, or is it more?
6. Leah and Matt's relationship is strong, but she still keeps secrets from him about her health. Why do you think she does this? Is it all about him, or is it about her as well?
7. Matt is slowly dealing with his own grief. He seems to get better when he starts working on the Mustang his dad brought for him and his sons to rebuild together. How does working on the car, help Matt?
8. Because of Leah's health, her mother becomes overprotective of her daughter, yet toward the end of the book, she's prepared to let Leah to take some steps into adulthood. What do you think causes this change?
9. In the epilogue, Leah speaks at her graduation. She had them change the graduation motto from "live for the day" to "the art of making tomorrows." Do you understand why Leah's journey led her to choose that motto? Do you agree that Leah's motto is the better than the first?
10. Leah's life is saved by a heart transplant. C.C. Hunter's husband was saved by a kidney transplant. Did you know that every ten minutes, someone is added to the national transplant waiting list? On average, **20 people** die each day while waiting for a transplant. One organ donor can save eight lives. Have you ever considered becoming an organ donor?

Terms of use: This discussion guide is attributed to the author. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



This Is How It Always Is

Laurie Frankel

Flatiron Books

2017

336 pages

ISBN: 978-1250088567

LGBTQ Health

Summary

When Rosie and Penn and their four boys welcome the newest member of their family, no one is surprised it's another baby boy. But Claude is not like his brothers. One day he puts on a dress and refuses to take it off. He wants to bring a purse to kindergarten. When he grows up, Claude says, he wants to be a girl. Rosie and Penn aren't panicked at first. Kids go through phases, after all, and make-believe is fun. But soon the entire family is keeping Claude's secret. Until one day it explodes.

Questions

1. How do the epigraphs help prepare the reader for the many crossroads the Walsh- Adams family will have to face? What about the first word of the novel, "but"?
2. When Rosie and Penn first go to see Mr. Tongo about Claude, he asks them to divide behaviors into "boy" and "girl" columns. Do you think their conclusions are accurate? Are they fair? Discuss what you think it means to be a man, a woman, or "something else."
3. In what ways does the book tackle typical definitions of boys and girls, men and women? Did it change your view of gender and identity as you read?
4. When Rosie first takes Poppy on playdates with other girls, the moms begin telling her how brave she is. "Rosie appreciated the support but wasn't sure parenting ever really qualified as brave—or maybe it always did—because it's not like you had a choice." How are each of the characters brave? Discuss how (or if) parenting requires acts of bravery.
5. When Claude begins to voice his love of dresses, Rosie tells us, "Didn't you know then, the doctors said later? Weren't you listening?" Do you think our expectations of people, such as Rosie and Penn's expectations of Claude, get in the way of us actually listening to them? Knowing them?
6. After Jane Doe's trauma, Rosie thinks, "Head colds should be tolerated. Children should be celebrated." What is the difference between tolerance and acceptance? Acceptance and celebration? Discuss how language, down to the pronouns we use, affects the way we interact with people different from ourselves.
7. When Rosie feels guilt for forcing Roo to move, Carmelo tells her, "Parents choose one kid over another all the time." Do you agree with this statement? How about Rosie's earlier conclusion that "of course you could uproot a whole family of seven for the needs of just one of them because that's what family means"
8. "They never planned to keep Claude a secret. It was an accident. It was an accident plus opportunity plus special circumstances." Do you think Penn and Rosie are hypocrites for keeping Poppy's secret, and expecting the rest of the family to do the same? Are they truly to blame, or was the secret forced on all of them?
9. After Poppy's secret is revealed, Rosie and Penn have an argument about how to move forward. Penn says, "As parents, we make a thousand decisions a year with life altering impact whose implications our kids couldn't possibly get their heads around. That's our job. That's what parenting is." Rosie counters with, "She's got to be lost for a bit, and she can't be lost if we're leading her out of the woods." Where do you fall in this argument?
10. When Rosie and Penn discuss what course Poppy should take before puberty, Rosie says: "When a little girl wants to wear jeans and play soccer, her parents are thrilled, but when a little boy wants to wear a dress and play dolls, his parents send him to therapy and enroll him in a study." Are young boys more constrained by gender stereotypes than young girls? Does the weight of gendered expectations shift from one gender to another as we grow up? If so, when? Consider what Rosie says just a few pages later: "You think Poppy would be the only woman to hate the way she looks? All women hate the way they look."

11. When Rosie speaks to Mr. Tongo after Poppy is outed, he tells her: “For you, Poppy with a penis isn’t any more or less variant than any of your other kids’ wonderful quirks, and you love them all no matter what, and you just wake every day and raise them up. But that doesn’t help Poppy live anywhere in the world besides your house. No wonder she won’t leave her bedroom.” Did Rosie and Penn contribute to Poppy’s identity crisis by sheltering her from judgment?
12. In what ways are society trapped in gender stereotypes? Do we make children less free by assigning them a label, and things to go with that label, so early in life? Discuss the differences in freedom experienced by Americans and Thai people as shown in the novel.
13. Discuss the ways in which Rosie and Claude discover both their immense privilege and their forced conformity when they get to know Thai culture and people.
14. In the penultimate, fairy tale chapter, the witch tells Grumwald that he must share his story, that “story is the best magic there is.” What is the importance of sharing stories? Do secrets have their place as well, or do you agree that “secrets make everyone alone”?
15. Think about the standard fairy tale structure—in what ways is this novel a fairy tale? Is it the tale of Penn and Rosie, or Poppy? Their family? Or do you consider it another kind of story altogether?
16. When Penn decides to box up the family photos after their move, he does so because “Poppy’s childhood did matter, and so did Claude’s, but Penn bubble wrapped them all back up anyway until he could find a way to tell this story.” With the publication of *The Adventures of Grumwald and Princess Stephanie*, does he succeed in telling their family story? What do you think of his choice to make their story public?
17. When confronting Poppy, Ben says, “Fitting in and being normal doesn’t exist.” How does the novel continuously challenge the idea of “normal”?

Terms of use: This discussion guide is attributed to Macmillan Publishing, <http://images.macmillan.com/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Tough As They Come

Travis Mills

Convergent Books

2016 reprint

264 pages

ISBN: 978-1101904800

Disability Health

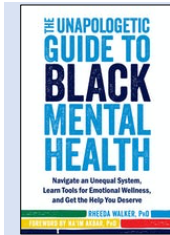
Summary

While on tour in Afghanistan, United States Army Staff Sergeant Travis Mills was caught in an IED blast days before his twenty-fifth birthday. He survived, but at a cost, becoming one of only five soldiers from the wars in Afghanistan and Iraq to survive a quadruple amputation. Suddenly, Travis faced a future drastically different from the one he had imagined for himself. *Tough as They Come* is the story of his remarkable recovery and an inspirational account of willpower and endurance.

Questions

1. Travis grew up in a small town in Michigan in a close-knit, working-class family. If he had a personal slogan during that time, what would it be and why?
2. Why is serving in the military a natural home for a guy like Travis? What similarities are there to playing high school sports? Differences?
3. Upon hearing the news that his brother's girlfriend's brother has died via sniper fire in Iraq, Travis's mother cries. Travis says, "I felt like crying, too, although I didn't know how." Why do you think Travis couldn't cry? What does it say about him if he does?
4. Upon his return to Afghanistan after his holiday trip home, Travis describes being "punked" by his Commanding Officers and platoon mates. What do you think was the purpose and effect of that experience? How does Travis interpret it?
5. In what ways do Travis and his troops deal with the boredom of being soldiers in Afghanistan? Does this surprise you that a war zone can be thought of as boring at times? Why or why not?
6. After a particularly long and frustrating day while on his second deployment in Afghanistan, Travis has what he describes as an epiphany of sorts: "Things can always be worse." How does this epiphany serve him? How does this epiphany change over time?
7. The bulk of Travis's memoir focuses on his three tours of duty in Afghanistan. Why do you think he devoted most of the book to this aspect of his experience?
8. While he's recovering at Walter Reed, Travis says, "I couldn't control the looks I received from others. I could only control how I responded to the looks." What do you think of the different approaches Travis used to respond to the way others looked at him?
9. Discuss some of Travis's turning points in his recovery. Do you relate to one in particular? Why?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Unapologetic Guide to Black Mental Health
Rheeda Walker, PhD

New Harbinger Publications
2020
232 pages
ISBN: 978-1684034147

Mental Health
Resiliency

Summary

Psychologist and African American mental health expert, Rheeda Walker, offers important information on the mental health crisis in the Black community, how to combat stigma, spot potential mental illness, how to practice emotional wellness, and how to get the best care possible in system steeped in racial bias.

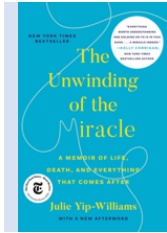
This breakthrough book will help you:

- Recognize mental and emotional health problems
- Understand the myriad ways in which these problems impact overall health and quality of life and relationships
- Develop psychological tools to neutralize ongoing stressors and live more fully
- Navigate a mental health care system that is unequal

Questions

1. What is your purpose or mission in life?
2. Who are you connected to? What do you do to help foster these relationships?
3. Who in your life has overcome adversity? What specifically did you see them do to overcome it?
4. Ask yourself:
 - What am I doing daily to support my physical health?
 - What is one thing I can do to support my physical health?
 - What am I doing daily to support my emotional health?
 - What is one thing I can do to support my emotional health?
 - Who is a safe person whom I trust that I can fully share my life's ups and downs?
 - What problem in my life is my biggest stressor?
7. I will brainstorm possible solutions and then identify one solution I will try to implement. For my solution, I will write down at least three steps I will proactively take to address this problem. Then, I will act.
 - How do I practice gratitude daily?
 - How do I talk to myself?
 - Do I most often use positive or negative statements?
 - What positive statements in my self-talk will I commit to?
8. "The wind does not break a tree that bends" - Sukuma proverb (Africa)
 - In what ways do I exhibit flexibility in my life?
 - What small steps can I take to be more flexible?

Terms of use: This reflection guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Unwinding of the Miracle
Julie Yip-Williams

Random House
2020 reprint
336 pages
ISBN: 978-0525511373

End of Life

Summary

The Unwinding of the Miracle is the story of a vigorous life refracted through the prism of imminent death. When she was first diagnosed, Julie Yip-Williams sought clarity and guidance through the experience and, finding none, began to write her way through it - a chronicle that grew beyond her imagining. Motherhood, marriage, the immigrant experience, ambition, love, wanderlust, tennis, fortune-tellers, grief, reincarnation, jealousy, comfort, pain, the marvel of the body in full rebellion - this book is as sprawling and majestic as the life it records. It is inspiring and instructive, delightful, and shattering. It is a book of indelible moments, seared deep - an incomparable guide to living vividly by facing hard truths consciously.

Questions

1. The prologue at the beginning of “The Unwinding of the Miracle” was written in February 2018, one month before Julie Yip-Williams passed away, and directly addresses how Julie felt about looking back at her life in the face of death. How did this set the tone of the book for you?
2. The second chapter of the book features a letter from Julie to her young daughters Mia and Isabelle, and later in the book, there is a letter to her husband, Josh. Why do you think Julie decided to include these intimate personal communications in the book? How did it make you feel to read those sections?
3. After her diagnosis, Julie writes, “Fear for Josh and my loved ones seems to live in every molecule of my body... Whatever modicum of security I once felt is completely shattered. If cancer and bad shit struck once, they can and will strike again.” Have you ever felt this way after bad news or tragedy? How did you cope with this feeling?
4. Julie remarks that, post-diagnosis, she thought she would never again feel happiness “in its truest, unadulterated form” – but that her assumption was wrong. How did this shifting perspective resonate with you? Have you ever felt happiness after you were sure that you never would again?
5. In Julie’s writing about losing her friends to cancer, she examines the way illness is often referred to as a “battle” that can be won based on hope, personality, and determination. She asks, “Who has more courage? The cancer patient who presses on with grueling treatments ... or the cancer patient who simply walks away?” How do you define courage in a situation like Julie’s?
6. How does the transparency of Julie’s journey in *The Unwinding of the Miracle* contribute to the conversation surrounding terminal illness and death? Considering her devotion to transparency, did any questions remain for you that you would have liked to ask her before her passing?
7. How did this book impact your thoughts about medical care and end-of-life care?
8. How did Julie’s determination to create an identity for herself outside of her family’s view of her, which was fundamentally shaped by her disability, prepare her for her cancer?
9. Sometimes the people we’re closest to have the ability to hurt us the most. Discuss the beauty and the complexity of Julie’s relationship with her grandmother.
10. Have you listened to the podcast Julie, which supplements Julie’s story in the book? How did it affect your feelings about the book?
11. Do you think *The Unwinding of the Miracle* is more about life, or death?

Terms of use: This discussion guide is attributed to #ReadWithJenna book club, <https://www.today.com/read-with-jenna>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



The Vaccine Race
Meredith Wadman

Penguin Books
2018 reprint
464 pages
ISBN: 978-0143111313

Public Health
Vaccinations and
Immunizations

Summary

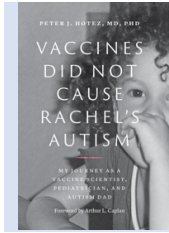
Meredith Wadman discusses the epic and controversial story of a major breakthrough in cell biology that led to the conquest of rubella and other devastating diseases. Until the late 1960s, tens of thousands of American children suffered crippling birth defects if their mothers had been exposed to rubella, popularly known as German measles, while pregnant; there was no vaccine and little understanding of how the disease devastated fetuses. In June 1962, a young biologist in Philadelphia, using tissue extracted from an aborted fetus from Sweden, produced safe, clean cells that allowed the creation of vaccines against rubella and other common childhood diseases. Two years later, in midst of a devastating German measles epidemic, his colleague developed the vaccine that would one day wipe out homegrown rubella. The rubella vaccine and others made with those fetal cells have protected more than 150 million people in the United States, vast majority of them preschoolers. The new cells and the method of making them also led to vaccines that have protected billions of people around the world from polio, rabies, chickenpox, measles, hepatitis A, shingles, and adenovirus.

Questions

1. Polio was the most feared infectious disease during Leonard Hayflick's childhood in 1930s Philadelphia. It was 1955 when a polio vaccine finally became available. Do you have parents or grandparents who remember what it was like before polio vaccine became available? What have they shared with you about that time? What other infectious diseases do they remember from the pre-vaccine era?
2. What were some of the early problems with the polio vaccine, and how did they create an opportunity for Hayflick? Who was Bernice Eddy and what role did she play in assuring the polio vaccine's safety? How was her discovery received?
3. In the late 1950s and early 1960s, Wistar Institute scientists tested experimental polio vaccine on newborns and preemies at the Philadelphia General Hospital. Why do you think that hospital was chosen? Were the researchers justified in conducting experiments at the hospital?
4. In 1961, Hayflick published the scientific discovery that would bring him lasting fame. What was the discovery and how did it challenge conventional scientific wisdom? How did this discovery lead to a vital vaccine-making tool?
5. Who was Mrs. X? What was her situation in early 1962? How did her life and that of Hayflick come to intersect?
6. Are medical ethics inviolable, unchanging principles or do they change with cultures and with time? Was a wrong done to Mrs. X? If you think so, can it be righted?
7. Who was Roderick Murray and what influences shaped him? Did he trust Hayflick's human fetal cells as vaccine-making "factories"? Why did it matter what he thought?
8. A major U.S. epidemic in 1964 and 1965 of rubella (a.k.a. German measles) led to the birth of tens of thousands of damaged babies. Who discovered that rubella harms fetuses [when pregnant women become infected], and how did he connect those dots? What do you think it takes for a scientist or a doctor to "see" something that others have overlooked?
9. Stanley Plotkin went to great lengths in his quest to develop a German measles vaccine, testing the vaccine in orphans and intellectually disabled children. In this, was he any different than other medical researchers of his era? If so, how?
10. Was Plotkin's race against drug companies and NIH insiders to get to market with a rubella vaccine a fair fight? Do you think politics still interferes with vaccine or drug development today? Why or why not?

11. Who was Mary Lasker (Chapter 14, p. 210?) And Dorothy Horstmann? (Chapter 19, p. 253?) How did each of these women wield her power?
12. Do you believe Leonard Hayflick was right or wrong to take every last vial of the vaccine making cells he derived from Mrs. X's fetus as he made his "great escape" from the Wistar Institute to Stanford in the family sedan? What about his character made his flight predictable? Are you on the side of the government or of Hayflick in the struggle for ownership of the cells that followed? Do you think what happened to Hayflick was fair? Why or why not?
13. How does The Vaccine Race leave you feeling about the development of many of the childhood vaccines we take for granted today? About the importance of these vaccines? About the strengths and weaknesses of the human beings who do medical research?
14. In the first seven months of 2019, 1164 cases of measles, the most wildly contagious vaccine-preventable disease, have been logged in the United States – more than in any whole calendar year since 1992. (<https://www.cdc.gov/measles/cases-outbreaks.html>) For whom is measles particularly dangerous? What makes parents hesitant to vaccinate their kids? How important is historical memory of the bad old, pre-vaccine, days?

Terms of use: This discussion guide is attributed to the author and used with permission. It is reformatted for the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Vaccines Did Not Cause Rachel's Autism

Peter J Hotez MD PhD

Johns Hopkins University Press

2018

240 pages

ISBN: 978-1421426600

Public Health
Vaccinations and
Immunizations

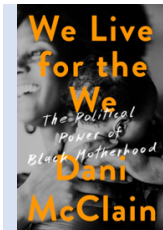
Summary

Dr. Hotez draws on his experiences as a pediatrician, vaccine scientist, and father of an autistic child. Outlining the arguments on both sides of the debate, he examines the science that refutes the concerns of the anti-vaccine movement, debunks current conspiracy theories alleging a cover-up by the CDC, and critiques the scientific community's failure to effectively communicate the facts about vaccines and autism to the public, all while sharing his very personal story of raising a now-adult daughter with autism.

Questions

1. What did you already know about this book's subject before you read it?
2. The author aims to dispel the myths surrounding vaccines causing autism. Do you think he is successful? Why or why not? What makes his stance unique?
3. Dr. Hotez talks about the fact that he experiences cyberbullying because of his work and writings. Why do you think he is the target of cyberbullying?
4. There are currently 18 states that allow personal or philosophical exemptions to childhood vaccinations. What does the author say is the public health impact of parents not vaccinating their children?
5. Considering the science of vaccines, what, if any, is the author's call to action to readers — either individually or collectively? To other scientists? Is it reasonable? Idealistic? Achievable?
6. How are the issues controversial in today's culture? And on which side do you fall?
7. What specific passage or message struck you personally—as interesting, profound, or illuminating?
8. Share something new you learned from reading this book. In what ways, if any, did it broaden your perspective about this difficult public health issue?

Terms of use: This discussion guide was created by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the author, publisher, or the sponsoring agencies of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



We Live for the We
Dani McClain

Bold Type Books
2019
272 pages
ISBN: 978-1568588544

Racism and Health
Black Maternal Health

Summary

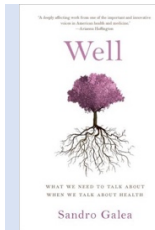
First-time mother, Dani McClain, sets out to understand how to raise her daughter in what she, as a black woman, knows to be an unjust—even hostile—society. Black women are more likely to die during pregnancy or birth than any other race; black mothers must stand before television cameras telling the world that their slain children were human beings. What, then, is the best way to keep fear at bay and raise a child so she lives with dignity and joy? McClain spoke with mothers on the frontlines of movements for social, political, and cultural change who are grappling with the same questions. Following a child's development from infancy to the teenage years, *We Live for the We* touches on everything from the importance of creativity to building a mutually supportive community to navigating one's relationship with power and authority. It is an essential handbook to help us imagine the society we build for the next generation.

Questions

1. In Chapter One, McClain describes the process of developing trust in her obstetrician and others she encounters during prenatal care. She also interviews black birth workers and writes about the importance of finding culturally appropriate circles of support with other expectant parents. Did these interview and reflections help you better understand the challenges black families face around pregnancy and birth?
2. Early in the book, McClain writes, "When pressed, [white] parents often admit that they don't know how to talk about race and are scared that if they try, their kids will say the wrong things in the world. Black mothers, on the other hand, are scared not of talk of race but of the impact of racist oppression." (p7) Have race and power been common topics of conversation in your family? Why or why not? If so, who's initiated those conversations, and how have they gone?
3. In Chapter Three, McClain writes, "Mothers transmit culture." Have you found that to be true? When have you witnessed a mother passing on lessons that shaped a child's understanding of the world around them?
4. Certain cities play an important role in the book, namely Cincinnati, Detroit, and the San Francisco Bay Area. How has rootedness in one community or experiences in various communities shaped your parenting or your childhood? Has choosing where to live been an important decision in your family's life?
5. Throughout the book, McClain expresses a sense of anxiety. The emotion is a consistent presence in her experience of early motherhood, whether she's choosing a childcare provider, choosing a school, or acknowledging the persistent threat of police violence. Can you relate? To what extent do fear, worry and anxiety play a role in your family life?
6. McClain describes wanting her daughter to know that she is in charge of her own body. This commitment to supporting the child's bodily autonomy means the family must reject certain practices, such as spanking or always giving grandparents hugs upon request. Have you or members of your family had to unlearn long-held beliefs around consent or effective discipline? How has that been for you?
7. In Chapter Nine, McClain shares this quote from organizer and mother Cat Brooks of Oakland: "Our job as black mothers is to keep pushing the liberation ball down the court. Our obligation is to leave the world better for them and to ensure that they are equipped with the tools that they need to fight... I tell my daughter all the time — and it's harsh — but we don't live for the I. We live for the we." (p. 201) What does the book's title mean to you?

8. In the conclusion (p. 228), McClain writes: “The most important dividing line today is between those who believe our greatest resource is our imagination and those who think unbridled imaginations are dangerous, a threat to existing ways of organizing power.” Do you agree? What is the role of imagination in your own life?
9. Can you point to specific passages that struck you personally?
10. What impact has this book had on you? How has it changed the way you think about your own story of parenting, family life and community life? Who is the “we” that you are living for?

Terms of use: This discussion guide is attributed to the author and used with permission. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Well
Sandro Galea

Oxford University Press
2019
304 pages
ISBN: 978-0190916831

Health Literacy

Summary

A radical argument for how health has little to do with medicine - and how America gets it wrong and explaining why people in the U.S., despite spending more on health than any other country, remain less healthy and live shorter lives than people in other rich nations. The book considers how the fabric of the U.S. - its history, wealth, politics, and power - contributes to shorter, less healthy lives relevant to current conversations around healthcare reform, environmental deregulation, the implications of tax reform, welfare and entitlement programs, and immigration.

Questions

1. What does America's focus on medicine—and with it, a cultural gravitation toward tech, innovation, and pharmaceuticals—miss in the larger conversation around the country's health?
2. Galea mentions how the U.S., despite spending more on health than any other country, remains less healthy and lives shorter lives than people in other rich nations. Does that matter? Do Americans live better or worse lives in our uniquely American lifestyle?
3. How do the fabric and history of the U.S.—its history, wealth, politics, and power—contributes to today's healthcare crisis?
4. How is health tied to current conversations around gun law reform, immigration, environmental deregulation, the implications of tax reform, and entitlement programs?
5. What does the Sofia character tell us what is needed to fix America's health problems?
6. What role does race play in health in the United States?
7. Galea writes about how working as a doctor in Somalia motivated him to return to the United States to study public health. How would practicing medicine in Somalia compare to practicing public health in the U.S.? Are medicine and public health different? Which is more important?

Terms of use: This discussion guide is attributed to Oxford University Press, <https://global.oup.com/?cc=us>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



What the Eyes Don't See

Mona Hanna Attisha MD

One World

2019

384 pages

ISBN: 978-0399590856

Environmental Health

Summary

Dr. Mona Hanna-Attisha discovered that the children of Flint, Michigan were being exposed to lead in their tap water, and then battled her own government and a brutal backlash to expose that truth to the world. Paced like a scientific thriller, *What the Eyes Don't See* reveals how misguided austerity policies, broken democracy, and callous bureaucratic indifference placed an entire city at risk. And at the center of the story is Dr. Mona herself—an immigrant, doctor, scientist, and mother whose family's activist roots inspired her pursuit of justice.

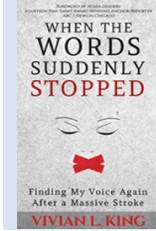
Questions

1. Dr. Mona writes, "We each have the power to fix things. We can open one another's eyes to problems. We can work together to create a better, safer world" (p. 13). How did Dr. Mona's actions make a difference in the community of Flint? Can you think of a time in your own life when you have made other people aware of a problem that they were not aware of? What do you believe you can do as an individual to make the world a better and safer place?
2. During her pediatric residency, Dr. Mona first heard the expression, "The eyes don't see what the mind doesn't know," based on a quote by D. H. Lawrence. Why are pediatricians trained to look beyond what is immediately apparent? Describe a time in your own life when you learned more about a situation once you looked beyond what was visible. What action(s) did you take once you more fully understood the situation? This quote is reflected in the title of the book. What are the other meanings of the title?
3. Why did Dr. Mona initially tell Grace not to use bottled water to make formula for her infant daughter, Nakala? Why did Dr. Mona ignore the news about the contamination of Flint water? How does the media impact our opinions on what is safe and unsafe? How do you choose what media to pay attention to? Have you ever tuned something out, only to later realize its importance?
4. What are adverse childhood experiences (ACEs) and toxic stresses? How can adversities like poverty, racism, and violence impact a child's development? Are you exposed to any toxic stresses in your current, everyday environment? If you are, what can you do to counteract them? How can recognition of the life-long impact of toxic stresses change not only how we treat adults with the consequences of toxic stresses, but also the prevention of exposure to toxic stresses?
5. Dr. Mona explains that resilience is not a trait you are born with; rather, resilience is learned. She writes, "Just as a child can learn to be resilient, so can a family, a neighborhood, a community, a city. And so can a country" (p. 14). How can a child learn resilience? How can a country learn resilience? What challenges might a community like Flint face in trying to learn resilience?
6. Why did Flint choose to switch its water source to the Flint River? What role did the Emergency Manager Law play in the Flint water crisis? What responsibilities do community leaders have to the citizens of the community they are representing? Do the leaders in your community answer to local citizens or to other leaders, such as the governor? Why do you think state officials chose to ignore the memo written by Miguel Del Toral of the EPA?
7. Why did Dr. Mona decide to teach her pediatric residents about the history of racial injustice in the United States? What examples did she share when teaching residents about the history of racism in medical care? Why did she believe it was important for her residents to be made aware of the city's weaknesses and needs, while also fostering solidarity with and empathy for Flint's residents? How can pediatric residents support and strengthen their communities?

8. Dr. Mona describes Flint as being in a “man-made state of emergency for forty years” (p. 128), with very high poverty rates, numerous abandoned homes, and little incoming tax revenue. How did practices like racist employment policies, housing segregation, and blockbusting disproportionately affect black families? How did government policies and deindustrialization play roles in the water crisis in Flint? Why did Dr. Mona choose to work in Flint? How was she inspired by the history of Flint and the roles of labor rights, workers, and strikes—especially the women’s brigade strikers—in that history?
9. What was your reaction to the fact that, at the beginning of the water crisis, Flint residents were paying some of the highest rates for water in the country? How would this impact personal actions like the recommended practice of flushing faucets? Why does Dr. Mona write that, in the wake of the crisis, many Flint residents were suffering from “communitywide PTSD” (p. 323)? What do you think she meant by this?
10. Had you heard about the water crisis in Washington, D.C., prior to reading this book? Why did the government and local agencies demand proof of impact before changes were made to the water delivery system there? How did the lack of adequate political representation in both Washington, D.C., and Flint influence how the water crises were managed?
11. How did the lack of corrosion control create additional problems in Flint? How did you feel when you learned General Motors switched back to Great Lakes’ water after noticing that engine parts were corroding? Why do you think the county health department did not alert medical providers or the public about the increase in cases of Legionnaires’ disease? Why do children face such a high risk of poisoning from environmental lead exposure?
12. What complications did Dr. Mona and her team face as they studied the blood lead level (BLL) data of children in Flint? How was their study affected by factors like seasonality, age, and repeated exposure to lead? Why is institutional review board (IRB) approval important for a research study like this? How did Dr. Mona prepare for the public release of her research?
13. Why was the data from Hurley an underestimation of exposure? Why was it important to frame population-wide lead exposure as an additional toxic stress in Flint? How can early interventions and continued advocacy mitigate toxic stress and give children with lead poisoning the best possible chance for recovery? What short- and long-term interventions did Dr. Mona recommend for affected children? What recommendations would you add to such a list of interventions?
14. What is the difference between treatment of individual health and treatment of population health? How can lead exposure have drastic impacts at the population level? How does lead exposure disproportionately affect black people? Do you think it is ethical to use children as detectors of environmental contamination? What is the concept of primary prevention? What kind of policies and programs would need to be adopted to practice primary prevention? How does Dr. Mona’s identity as an Iraqi American woman not living in Flint influence her actions? Can you think of a time that your own identity affected how you dealt with a problem?
15. How did Saddam Hussein’s brutal and violent rule in Iraq affect Dr. Mona and her family when she was growing up? How did learning about relatives like Dr. Paul Shekwana and Nuri Rufail Koutani impact Dr. Mona as an adult? She writes that she “understood that leaders could be dangerous, that civilizations sat on the delicate edge of a precipice, and that injustice must be challenged” (p. 219). How did her Iraqi immigrant family and social justice heritage impact her thinking? How does this compare to your own thinking about government leaders? What do you think it means to challenge injustice?
16. Why was Dr. Mona concerned with the Arab concept of aeb, which she defines as “shame”? How did her family’s commitments to justice and equality shape their support of Dr. Mona’s work? How did she resist the concept of aeb, both in her response to the Flint water crisis and in her personal life? How have your own personal decisions been influenced by your family relationships?
17. What is primacy? How does primacy between agencies like the Environmental Protection Agency (EPA) and the Michigan Department of Environmental Quality (MDEQ) affect situations like the Flint water crisis? How do you think state and federal governments should work together to manage environmental crises? Explain your reasoning.

18. What is environmental justice? How does lead exposure exacerbate inequality and the racial education gap? What can residents do in their daily lives to support environmental justice?
19. Dr. Mona was surprised to learn that Marc Edwards was a conservative Republican, given how much they had in common. Why did she assume that he was “a lefty activist”? How might their political differences affect how they worked together? Describe a time when you have worked with someone who has different beliefs than you. What did you learn from the experience?
20. How does Dr. Mona use storytelling to communicate the Flint water crisis to the public? Why did she hold up a baby bottle filled with water at her first press conference? How did Dr. Mona use her personality characteristics and personal strengths to her advantage? How was she inspired by Alice Hamilton’s advocacy? Describe a time that you used your individual strengths to communicate or act on a problem. Dr. Mona says, “I was also a scientist, an advocate, and now an activist” (p. 266). What do you think the difference is between “advocate” and “activist”?
21. Why was lead added to gasoline, despite most of the world’s rejection of lead due to its adverse health effects? How does the past use of lead in gasoline continue to have an impact on the environment today? Why does Dr. Mona refer to Dr. Charles Kettering as a “public health villain” (p. 146)? What is Kehoe’s Paradigm (also called the Kehoe Rule)? How did it establish a new precedent that required public health advocates to prove harm before action could be taken?
22. How were scientists and whistle-blowers like Marc Edwards, Miguel Del Toral, and Dr. Mona treated after making their research public? What tactics did organizations like the EPA, the MDEQ, and the state and county health departments use to block scientists from continuing their research or to undermine or discredit their work? How might the Flint water crisis have played out differently if Dr. Mona had received positive responses to her requests for blood lead level (BLL) data? Can you think of other examples when scientific truths have been dismissed?
23. What happened once the Genesee County Health Department declared a public health emergency? Do you think this response was appropriate? How did this later lead to declarations of both citywide and federal states of emergency, as well as a response from the National Guard?
24. Why did Governor Snyder apologize to Dr. Mona? What did you think of her reaction? Do you think the governor should have faced legal consequences for the water crisis? Why or why not?
25. Dr. Mona describes the “real villains” in the Flint water crisis as being “the ongoing effects of racism, inequality, greed, anti-intellectualism, and even laissez-faire neoliberal capitalism. These are powerful forces most of us don’t notice, and don’t want to” (p. 14). Share your 5 reactions to this opinion. How could the water crisis have been prevented? What policies and practices do you think should be put in place to prevent future crises?
26. What are the connections between Dr. Mona’s stories of Iraq and those of the Flint water crisis? What is the purpose of family stories like Haji and the Birds in the narrative? Are there morality tales from your own family that you cherish and give you strength? What does Dr. Mona mean by “We step over complex systems every day, walking through history and pretending darkness isn’t there” (p. 72)?
27. Dr. Mona describes herself as the last piece in a puzzle in revealing the Flint water crisis. What do you think about that description? How did serendipity play a role in exposing the crisis? How did Dr. Mona’s friendships, prior education and training, teamwork, and professional network, with Elin, medical, community and political leaders, Marc Edwards, and others play a role? Describe a time in your life when you worked in a team to solve a problem.
28. In discussion about public health pioneer John Snow, Dr. Mona says, “His work wasn’t about scientific discovery alone. It was about people and community. That’s what science is supposed to be about—not an academic exercise for the ivory tower, or racking up publications, grants, and offers of tenure. It’s about using the tools and technology available to make lives better, no matter what articles of faith obstruct the path” (p. 87). Share your reaction to this. What do you think the purpose of science should be? What are the influences in science and academia that threaten that purpose? How was Dr. Mona’s presentation of her research before going through the peer review process a form of academic disobedience? Do you recall a time in your life where you did something that was against the norm, but was the right thing to do?

Terms of use: This discussion guide is attributed to Penguin House Education Freshman Year Reading/Common Reading Guide, <https://commonreads.com>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



When the Words Suddenly Stopped

Vivian L. King

Author Academy Elite

2020

174 pages

ISBN: 978-1647460563

Heart Health

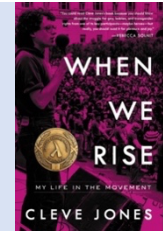
Summary

Former television broadcast journalist Vivian King was taking a seemingly harmless prescription pill and suddenly suffered a stroke that robbed her of her voice. She battled through neurological intensive care and hours of therapy, leading to a miraculous recovery which astounded even her doctors. King admits the medical care she received was unparalleled, but she believes her secret weapons were her faith, family, and friends converging to lead her from trauma to triumph.

Questions

1. What do you think was the author's motivation for this book?
2. Did the topic interest you, even if you were previously unfamiliar with it?
3. Who was your favorite character in the book?
4. Who was your least-favorite character in the book?
5. Was there a favorite story that captured your attention? If so, which one and why?
6. The "What I've Learned" Chapter mentions the three Ps. Do you have a posse? Would they be there for you in the case of an illness?
7. Are you persistent with your health? How do you advocate for yourself and your loved ones?
8. How important is prayer and your faith when handling difficult issues? How does faith play a role in your life?
9. Discuss how your mental health may impact your physical wellness.
10. Will you apply anything you learned or create a new habit because of this book?
11. How did the author find her voice?

Terms of use: This discussion guide is attributed to the author and can be found on pp 157-158 of *When the Words Suddenly Stopped* by Vivian L. King. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



When We Rise

Cleve Jones

Hachette Books

2017 reprint

304 pages

ISBN: 978-0316315432

HIV/AIDS

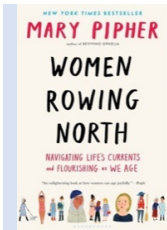
Summary

Born in 1954, Cleve Jones was among the last generation of gay Americans who grew up wondering if there were others out there like himself. There were. By turns tender and uproarious, *When We Rise* is Jones' account of his remarkable life. He chronicles the heartbreak of losing countless friends to AIDS, which very nearly killed him, too; his co-founding of the San Francisco AIDS Foundation during the terrifying early years of the epidemic; his conception of the AIDS Memorial Quilt, the largest community art project in history; the bewitching story of 1970s San Francisco and the magnetic spell it cast for thousands of young gay people and other misfits; and the harrowing, sexy, and sometimes hilarious stories of Cleve's passionate relationships with friends and lovers during an era defined by both unprecedented freedom and violence alike.

Questions

1. Cleve writes that he first realized that there were other people like him in the world when he saw a 1971 story in Life magazine story titled "Homosexuals in Revolt." What do you think it was like for LGBTQ young people before the "movement"? Is the experience completely different for young people today?
2. How is the city of San Francisco like a character in the book? What was it about this city that had an almost magnetic-like pull for young people like Cleve?
3. Like many young people who flocked to San Francisco in the 1970s, Cleve found strength in close friendships. Why do you think establishing a sense of community was so vital for LGBTQ people like Cleve? How does Cleve's community respond to various challenges in the book?
4. Harvey Milk was the first openly gay person elected to public office in California. What effect did his assassination have on the gay rights movement? On Cleve himself?
5. Cleve writes, "By 1985, almost everyone I knew was dead, or dying, or caring for someone who was dying." Did Cleve's book give you a new perspective on the AIDS epidemic?
6. In 1985, Cleve conceived of what came to be called the NAMES Project AIDS Memorial Quilt. Today, it is the largest piece of community folk art in the world. Why do you think a community quilt was such an effective way to honor and bring attention to the thousands of people who have lost their lives to AIDS?
7. In addition to Harvey Milk's assassination and the early years of the AIDS epidemic, Cleve writes about the role he played in the more recent struggle to achieve marriage equality. From the book, did you get the sense that Cleve's approach to politics has changed over the course of his four decades in the public eye?
8. Has reading about Cleve's efforts to champion the rights of marginalized people inspired you to get more involved in your community? Are there issues in your own community that demand protest or community political movement?
9. After reading *When We Rise*, watch the eponymous miniseries from ABC, which partly was inspired by the book. What is different about the miniseries and Cleve's book? Did it help you understand Cleve's story in a new way?

Terms of use: This discussion guide is attributed Hachette Books. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).



Women Rowing North

Mary Pipher

Bloomsbury Publishing

2020 reprint

272 pages

ISBN: 978-163286961

Healthy Aging

Summary

Mary Pipher offers an examination of the cultural and developmental issues women face as they age. Drawing on her own experience as daughter, sister, mother, grandmother, caregiver, clinical psychologist, and cultural anthropologist, she explores ways women can cultivate resilient responses to the challenges they face. “If we can keep our wits about us, think clearly, and manage our emotions skillfully,” Pipher writes, “we will experience a joyous time of our lives. If we have planned carefully and packed properly, if we have good maps and guides, the journey can be transcendent.”

Questions

1. The book’s title, *Women Rowing North*, evokes the common metaphor of life as a stream and the visual of navigating the current, both as a single kayaker and in community as a larger crew of supportive women. Before beginning this book, how would you have described your life? What does your vessel look like, your stream’s current, your crewmates? A lone dinghy on the open sea? A river cruise in full swing? Has that view changed by the conclusion of this book?
2. Each chapter starts with a small collection of quotes. Which, if any, provoked strong emotions of agreement or disagreement, and why?
3. In the introduction, Dr. Pipher discusses the extended life expectancy in various countries, the difference between being young-old and old-old, and how the shift from one to another is based on life experiences rather than chronological time. How would you classify yourself and why?
4. In the introduction, Dr. Pipher shares what she considers to be the core foundation for happiness, such as emotional resilience, positive attitudes, gratitude, and intentionality. Do you agree? What else would you add?
5. The author describes an experience where she finds a cholla cactus with branches dying even as new growth flourished and compares it to the experience of growing older. In looking at your own life, what new offshoots are flourishing?
6. Dr. Pipher quotes a seventy-year-old friend as saying, “I’m invisible now. I could take off all my clothes and walk through the courthouse and I’m not sure anyone would notice.” Do you feel this is true? Why or why not? In thinking back through your own life, who were the visible older women in your life, and what did they do to make themselves seen and heard?
7. In early chapters, Dr. Pipher talks of crucible moments and of the transformations that can come from defining events. What crucible moments have defined your life, and how have they changed you?
8. In Chapter Eight, the author tells her niece, “You can’t navigate from there to here if you don’t know where you are.” She then ties that advice to knowing ourselves before we chart our course. Each woman’s path is unique, but which of the women in the stories most resembled you? Independent Kestrel? Accommodating Emma? Career driven Willow? Overburdened Sylvia?
9. The same chapter also discusses the difficulty in saying *no* and the freedom in using that word judiciously. Do you find it difficult to say *no*? How can you set reasonable limits for yourself?
10. Chapter Nine discusses intentionality, especially intentionality in wealth, whether that be financial wealth or an abundance in other resources. One definition of wealth Dr. Pipher offers is “the number of people I am in loving relationships with.” How do you define wealth?
11. In discussing how to build a good day, Dr. Pipher explains the difference between a minimizer and a maximizer. A minimizer is happy with “good enough” while a maximizer, always wants a little more. Which category do you fall into? What are the advantages and disadvantages of both categories?

12. Dr. Pipher writes “We can slowly train ourselves to think in stories that allow us to flourish. We hone our skills in perspective taking, emotional processing, and reframing. Stories of joy, kindness, and courage empower us in ways that the culturally stereotyped narrative never does.” (p. 149). Think back to a difficult time in your life. What narrative did you craft in the moment? How did it affect how you reacted? And, in looking back, has that narrative changed over time?
13. Dr. Pipher looks at the different kind of happiness, from joy to contentment to excitement to deep-rooted meaningfulness. When evaluating your own happiness, which of these (or another kind you define) are you most focused on? Has your definition changed over your lifetime, and if so, what’s changed it?
14. Part of who we become is rooted in our experiences from childhood onward, in the people we have met, and in the choices we’ve made. Few of us have become who we set out to be. Think of who you were in a crucial time of life—as a young child, as an uncertain adolescent, as an independent young adult, or as a middle-aged woman. What would that version of you think of who you’ve become today? What would she like? Be surprised by? What are your proudest areas of growth?
15. Near the end of the book, the author’s friend Sally exclaims, “Getting old is a freaking privilege!” Do you agree or disagree, and has that view changed at all while reading *Women Rowing North*?

Terms of use: This discussion guide is attributed to the Official Website of Mary Pipher, <https://marypipher.com/women-rowing-north-reading-guide/>. It is reformatted by the Network of the National Library of Medicine (NNLM) for educational use. It does not reflect necessarily the views or opinions of the National Library of Medicine (NLM) and the National Institutes of Health (NIH).

Appendix A
Books Arranged by Health Topic

Citizen Science

Citizen Scientist
The Crowd and the Cosmos
Diary of a Citizen Scientist

Digital Health

Deep Medicine
The Digital Doctor
The Future of Health Care

Disability Health

Every Note Played
Switched On
Tough As They Come

End of Life

Can't We Talk About Something More Pleasant?
The Five Invitations
The Unwinding of the Miracle

Environmental Health

Amity and Prosperity
Plastic: A Toxic Love Story
What the Eyes Don't See

Family Health History

The Book Woman of Troublesome Creek
The Immortal Life of Henrietta Lacks
Inheritance
It's All Relative

She Has Her Mother's Laugh
There Is Something About Edgefield

Health Literacy

An American Sickness
How to Be a Patient
Well

Healthy Aging

Elderhood
The Secret Diary of Hendrik Groen, 83 ¼ Years Old
Women Rowing North

Heart Health

Beautiful Affliction
Being Empowered for a Healthy Heart
The Curious Heart of Ailsa Rae
Heart: A History
The Open Heart Club
Restart Your Heart
State of the Health
This Heart of Mine
When the Words Suddenly Stopped

HIV/AIDS

The Great Believers
Taking Turns
When We Rise

Human Genetics

A Brief History of Everyone Who Ever Lived
The Gene: An Intimate History
Pleased to Meet Me

Inherited Diseases

Resurrection Lily
Salt in My Soul
A Sick Life

LGBTQ Health

Little & Lion
Mama's Boy
This Is How It Always Is

Mental Health

Everything Here is Beautiful
Gorilla and The Bird
Hidden Valley Road
Little Panic
Maybe You Should Talk to Someone
Rx: A Graphic Memoir
Resilience
The Queer & Transgender Resilience Workbook
Resilient
The Unapologetic Guide to Black Mental Health

Nutrition

Animal, Vegetable, Miracle
Delicious!
The Future of Nutrition
How To Eat
In Defense of Food
Resetting the Table

Public Health

Infectious Diseases
The Murmur of Bees
Severance
A Song for A New Day
Vaccinations and Immunizations
On Immunity
Vaccines Did Not Cause Rachel's Autism
The Vaccine Race

Racism and Health

Black Maternal Health
Battling Over Birth
Motherhood So White
We Live for the We
Diversity in Medicine
Becoming Dr Q
The Beauty in Breaking
Black Man in a White Coat

Substance Misuse

Blackout
Dreamland
Hey, Kiddo

Appendix B
NNLM Reading Club Promotion Material

Download customizable posters and media images to promote your reading discussion event.

Amity and Prosperity

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3215

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2463

An American Sickness

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3600

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1334

Animal, Vegetable, Miracle

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3626

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1794

Battling Over Birth

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3580

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2318

Beautiful Affliction

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3647

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3633

The Beauty in Breaking

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3635

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2525

Becoming Dr Q

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3634

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2531

Being Empowered for a Healthy Heart

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3607

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2924

Black Man in a White Coat

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2528

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2526

Blackout

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3622

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1602

The Book Woman of Troublesome Creek

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3648

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1460

A Brief History of Everyone Who Ever Lived

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3613

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2575

Can't We Talk About Something More Pleasant?

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3594

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3077

Citizen Scientist

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3649

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1838

The Crowd and the Cosmos

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3577

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1844

The Curious Heart of Ailsa Rae

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3605

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1709

Deep Medicine

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3650

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2040

Delicious!

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3627

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1796

Diary of a Citizen Scientist

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3578

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1840

The Digital Doctor

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3585

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2039

Dreamland

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3620

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1659

Elderhood

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3597

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1220

Every Note Played

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3586

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1049

Everything Here is Beautiful

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3632

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=746

The Five Invitations

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3595

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3074

The Future of Health Care

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3584

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2038

The Future of Nutrition

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3010

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3009

The Gene

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3614

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2573

Gorilla and the Bird

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3628

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=751

The Great Believers

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3610

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1514

Heart: A History

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3603

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3325

Hey, Kiddo

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3621

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1605

Hidden Valley Road

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3629

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1934

How to Be a Patient

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3601

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1338

How To Eat

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3004

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3006

The Immortal Life of Henrietta Lacks

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3639

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3636

In Defense of Food

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3625

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1799

Inheritance

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3640

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1458

It's All Relative

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3641

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3637

Little & Lion

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3617

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=895

Little Panic

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3630

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1937

Mama's Boy

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3618

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=887

Maybe You Should Talk to Someone

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3642

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1940

Motherhood So White

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3581

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2319

The Murmur of Bees

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2349

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2346

On Immunity

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3643

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1161

The Open Heart Club

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3606

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1707

Plastic: A Toxic Love Story

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2468

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2467

Pleased to Meet Me

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3175

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2576

The Queer & Transgender Resilience Workbook

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3182

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2789

Resetting the Table

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3007

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3008

Resilient

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3644

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2791

Restart Your Heart

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3608

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2921

Resurrection Lily

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2668

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2669

Rx: A Graphic Memoir

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3631

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=753

Salt in My Soul

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2671

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2647

She Has Her Mother's Laugh

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3645

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1558

Severance

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3615

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2347

A Sick Life

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2670

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2645

A Song for A New Day

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3616

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2348

State of the Heart

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3604

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1705

Switched On

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3587

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1053

The Secret Diary of Hendrik Groen 83 ¼ Years Old

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3598

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1222

Taking Turns

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3609

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1520

There Is Something About Edgefield

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3646

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1461

This Heart of Mine

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3638

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1557

This Is How It Always Is

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3619

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=891

Tough As They Come

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3588

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1057

The Unapologetic Guide to Black Mental Health

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3164

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2790

The Unwinding of the Miracle

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3596

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3072

The Vaccine Race

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3623

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1167

Vaccines Did Not Cause Rachel's Autism

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3624

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1164

We Live for the We

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3582

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2324

Well

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3602

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1336

What the Eyes Don't See

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2477

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2476

When the Words Suddenly Stopped

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3612

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=2925

When We Rise

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3611

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1518

Women Rowing North

[Poster](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=3599

[Social Media](#)

https://lor.nlm.gov/op/op.Download_Share.php?documentid=1226



Appendix C

Information from the National Institutes of Health

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the nation's medical research agency — making important discoveries that improve health and save lives. The National Institutes of Health is made up of 27 different components called Institutes and Centers. Each has its own specific research agenda, often focusing on diseases or body systems.

Cancer

[National Cancer Institute](#)

Disability and Health

[National Institute on Deafness and Other Communication Disorders](#) (NIDCD)

End of Life

[National Institute on Aging](#) (NIA)

Environmental Health

[National Institute of Environmental Health Sciences](#) (NIEHS)

Health and Wellness Information

[National Library of Medicine](#) (NLM)

Heart Health

[National Heart, Lung, and Blood Institute](#) (NHLBI)

Human Genetics

[National Human Genome Research Institute](#) (NHGRI)

Mental Health

[National Institute on Mental Health](#) (NIMH)

Nutrition Health

[National Institute of Diabetes and Digestive and Kidney Diseases](#) (NIDDK)

Racism and Health

Black Maternal Health

[Eunice Kennedy Shriver National Institute of Child Health and Human Development](#) (NICHD)

Diversity in Medicine

[National Institute of Minority Health and Health Disparities](#) (NIMHD)

Substance Misuse

[National Institute on Alcohol Abuse and Alcoholism](#) (NIAAA)

[National Institute on Drug Abuse](#) (NIDA)

[HEAL \(Helping to End Addiction Long-termSM\)](#) NIH Initiative

Public Health

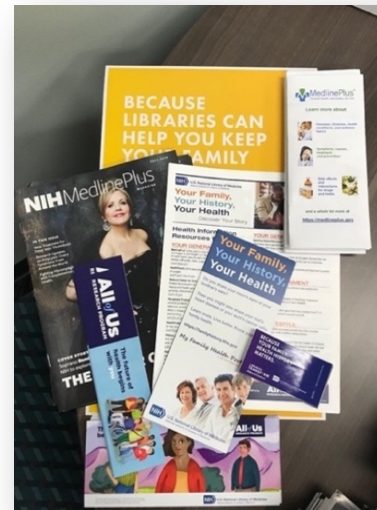
Infectious Diseases

[COVID-19 Research](#) (NIH Initiative)

[National Institute of Allergy and Infectious Diseases](#) (NIAID)

Vaccinations and Immunizations

[National Institute for Allergies and Immunization Diseases](#) (NIAID)



Appendix D Information by Health Topic

Citizen Science

[SciStarter](#)

[CitizenScience.gov](#)

[The Library and Community Guide to Citizen Science \(PDF\)](#)

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Anyone Can Be a Citizen Scientist

Human Genetics

[Genomics & Precision Health](#) (Centers for Disease Control and Prevention)

- Because Genetic Literacy Can Help You Crack the Code
- Because Your DNA Doesn't Have to Be Your Destiny

Digital Health Literacy

[Digital Health Literacy Curriculum](#) (Network of the National Library of Medicine and Wisconsin Health Literacy)

[Learn Internet Skills Online](#) (NNLM *All of Us*)

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Fake News is Harmful to Your Health
- Because Quality Information Helps You Make Better Health Decisions

Disability Health

[Disability & Health](#) (Centers for Disease Control and Prevention)

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Information Can Help Prevent Chronic Diseases

Environmental Health

[Environmental Health Media Toolkits](#) (Centers for Disease Control and Prevention)

Family Health History

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Libraries Can Help You Keep Your Family Healthy
- Because Your Family Health History Matters

Health and Wellness

Consumer Information

[MedlinePlus](#) National Library of Medicine (NLM)

Free, online health and wellness information that is trusted, easy to understand, and free of advertising, in both English and Spanish.

Biomedical Citorator

[PubMed®](#) National Library of Medicine (NLM)

More than 33 million citations for biomedical literature from MEDLINE, life science journals, and online books

Heart Health

[Heart Disease Communications Kit](#) (Centers for Disease Control and Prevention)

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Information Can Help You Stay Heart Healthy

Health Literacy

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because the Right Health Questions Can Lead to Better Health Care
- Because Language Shouldn't Be a Barrier to Health

[Trust It or Trash It](#)

Healthy Aging

[Healthy Aging](#) (U.S. Department of Health and Human Services)

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Librarians Can Lead You on the Path to Healthy Aging

HIV/AIDS

[HIV.gov Awareness Days](#)

[Let's Stop HIV Together](#) (Centers for Disease Control and Prevention)

Inherited Diseases

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Rare Diseases are More Common Than You Think

LGBTQ Health

[LGBTQ+](#) (U.S. Department of Health and Human Services)

Mental Health

[National Suicide Prevention Lifeline](#)

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Mental Health Matters

[MentalHealth.gov](#) (U.S. Department of Health and Human Services)

[Mental Health Quiz](#) (Centers for Disease Control)

Nutrition Health

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Knowledge is the Key Ingredient in Nutrition

Public Health

Infectious Diseases

[COVID-19 Communication Resources](#) (Centers for Disease Control and Prevention)

[Influenza \(Flu\) Communication Resources](#) (Centers for Disease Control and Prevention)

Vaccinations and Immunizations

[For Immunization Partners](#) (Centers for Disease Control and Prevention)

[Vaccines & Immunizations Promotional Toolkit](#) (U.S. Department of Health and Human Services)

[Vaccines.gov](#) (U.S. Department of Health and Human Services)

Racism and Health

Black Maternal Health

[Materials](#) (National Child & Maternal Health Education Program)

Diversity in Medicine

Libraries Transform [Health Literacy Toolkit](#) (an initiative of the American Library Association)

- Because Health Care Is Not One Size Fits All
- Because We All Deserve Access to Quality Health Resources

[Office of Minority Health](#) (U.S. Department of Health and Human Services)

Substance Misuse

[DrugFacts](#)

[FindTreatment.gov](#)

[Publications and Digital Products](#) (Substance Abuse and Mental Health Services Administration (SAMHSA))

