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First-Year and Common Reading Guide

The Emergency

A Year of Healing and Heartbreak
in a Chicago ER

By **Thomas Fisher**

Foreword by Ta-Nehisi Coates

Guide written by Je Banach

One World

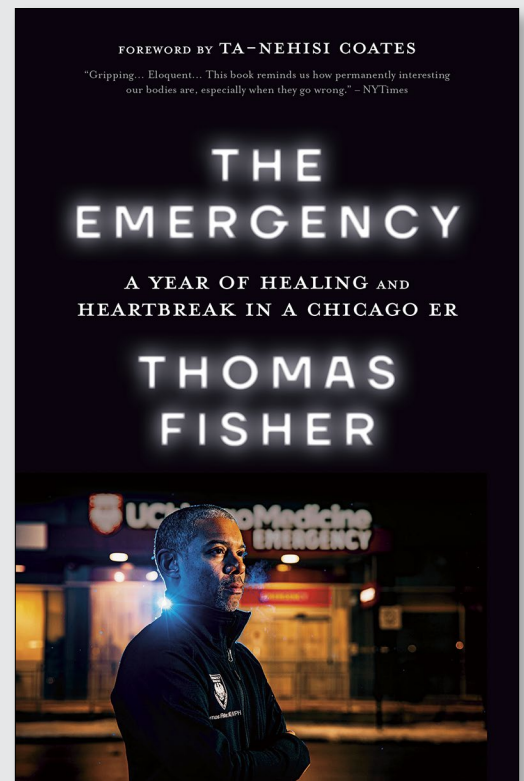
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ABOUT THE BOOK

As Ta-Nehisi Coates writes in his foreword to *The Emergency*, Dr. Thomas Fisher has devoted his life to service and to the idea that better health—and healthcare—is possible for all. Motivated by the understanding that proper healthcare should be a human right, he has advocated for the improvement and reform of the healthcare system as an emergency medicine physician with the emergency department of the University of Chicago Medical Center for 20 years. He has also worked towards this goal as a health insurance executive, an academic, and a White House Fellow during the Obama Administration. In *The Emergency*, he shares the incredible and eye-opening story of one fraught year in his South Side Chicago ER during the early days of the COVID-19 pandemic. Through stories of his time there and the enormity of its reverberations throughout his life in tandem with heartrending stories of the patients he treats, he paints a portrait of a failing system already on the verge of collapse—overburdened, inequitable, and unjust.

The people Dr. Fisher treats are more than just patients; they are neighbors, friends, and family members from his own South Side community. His uncle and his own mother are among those who receive healthcare there. Dr. Fisher highlights the importance of all patients being truly seen and cared for, while revealing how medical professionals are so often stymied by a system that only allows doctors an average of three minutes of time with each patient. Frustrated but focused on establishing a pathway towards a



ABOUT THE BOOK (CONTINUED)

better, more equitable, and just healthcare system—and future—he begins writing letters to the patients and loved ones he wishes he could have spent more time with. In his unsent correspondence, Dr. Fisher shares moving and infuriating stories from his own life and the lives of his neighbors in the South Side community, including reminiscences on the casualties of a culture of violence born of an unjust system and state that leaves many Black Americans stranded from the start. He illuminates how communal and personal health are directly linked to our health as a culture. Racism, perpetuated throughout a system that prioritizes wealthy, white patients costs Black Americans their lives. The only way out, he tells us, is reform: to rebuild a system with social justice at its center—one that prioritizes the well-being of all over greed, bigotry, and financial gain. *The Emergency* is both a moving diary from one healthcare provider struggling to do his best every day within a system that constantly pushes back and a compelling call to action for all. Progress is possible.

ABOUT THE AUTHOR

Thomas Fisher is a board-certified emergency medicine physician from Chicago. He has worked to improve health care as an academic, health insurance executive, and White House Fellow in the Obama administration. His path includes training as Robert Wood Johnson Foundation Clinical Scholar, being honored as a *Crain's Chicago Business* 40 under 40, and inclusion in the Aspen Institute's Health Innovators Fellowship. He is an epicure and a runner, and for the past 20 years he has worked in the emergency department at the University of Chicago, serving the same South Side community where he was raised.

DISCUSSION QUESTIONS

1. In Ta-Nehisi Coates's foreword to the book, what responsibility does he say that he shared in common with his friends Natalie Moore and Dr. Thomas Fisher? How does he say this "manifested itself" (p. xi) for each of them? Using evidence from the text, explain why he says that Dr. Fisher's responsibility was "more direct" (p. xii) than their own.
2. What does Coates say the "lion's share of [Dr. Fisher's] professional life" (p. xii) was consumed by? What "two labors" does he claim "fill the pages of *The Emergency*" (p. xiii)? What does Coates say Fisher was trying to understand and why does he say that the answers to Fisher's questions are "not comforting" (p. xiii)?
3. According to Coates, what is behind explanations for African Americans ranking "at the bottom of virtually every socioeconomic indicator" (p. xiii) and why is this problematic? When it comes to the disproportionate death rates of Black people from COVID-19, why does Coates mean when he says that "the point is comfort not data" (p. xiii)?
4. What does Coates mean when he says that "the vast chasms between the haves and have-nots of America are rarely benign mistakes amenable to behavioralism" (p. xiii)? Why does he say that *The Emergency* emerges from this tradition? What is the healthcare chasm "a feature of" (p. xiv) and what does Coates say the book reveals about the role of the state in perpetuating inequities and racism in healthcare and beyond?

DISCUSSION QUESTIONS
(CONTINUED)

5. What was it like when the first symptomatic COVID patient appeared in Dr. Fisher's Chicago ER? How had they prepared for this scenario and what new precautions did medical professionals need to take? What sacrifices became necessary? When friends began reaching out as the virus spread, what two points of misinformation does Dr. Fisher say he addressed directly? What do you remember from your own experiences of the early days of the pandemic? How do your experiences compare to (or differ from) the experiences of Dr. Fisher and his patients?
6. What does Dr. Fisher mean when he writes that the virus doesn't care about our apologies or forgiveness (p. 5)? Why did it "smash through the South Side" (p. 7) of Chicago in particular? What does Fisher mean when he says that "the devastation was a literal manifestation of the old truism 'When America catches a cold, Black America gets pneumonia'" (p. 7)?
7. Why does the death of Li Wenliang, the Wuhan doctor who alerted the world to COVID-19, make the author think of Robert Russ, the young Northwestern University student killed by police? What similarities does he find among their lives? What commonalities does the author also discover between their lives and his own?
8. Dr. Fisher writes, "Patients with a doctor are said to be in the act of being seen. . . . They need to be seen, and I need to see them just as badly" (p. 25). Why is this such a crucial part of the medical process? What interferes with or obstructs this? What does it mean to you to be "seen" in your interactions with medical professionals?
9. In Chapter 3, who does Dr. Fisher write a letter to and what does he want to tell them? What seems to be the purpose of his letter? What does he feel connects them? What event does he tell them about and how does he say that it changed him? What does he mean when he says decades later he understood the "what-ifs [of this event] in their appropriate context" (p. 31)?
10. How did Jim Crow mark the lives of Dr. Fisher's parents? What does he say his father's earliest memories are of? How did these experiences inform his mother's career and what does he say it helped her to see clearly? Why did their decision to move to Chicago "follow a well-trodden path for Black folks" (p. 37)?
11. Why does Dr. Fisher say he wonders if, to patients, he is "no different than the fraudulent wizard Dorothy finds in Oz" (p. 69)? In his letter to Nicole in Chapter 5, how does Dr. Fisher explain what accounts for the long wait times his patients experience? What does he reveal about the frustrating demand on medical practitioners and institutions to "balance capitalism and care" (p. 82)?
12. How does the pandemic impact Dr. Fisher's personal relationships, including his relationship with his partner Monroe? What does he mean when he says he is "a perpetuator of the system's mistreatment, and . . . also a casualty" (p. 93)? As he considers the impact of the pandemic on his personal life and relationships with others, why does he say "the pain is the only path to the grace and transcendence that comes from a true human connection" (p. 101)?

DISCUSSION QUESTIONS
(CONTINUED)

13. In his letter to Robert in Chapter 7, what does the author say is “our most important endowment” (p. 103)? Why does he call the World Health Organization’s definition of health aspirational? Do you think Robert’s health problems were avoidable? Why does Dr. Fisher say that they may be but not for the reason he might think? What does the study of diabetes that the author references in the book reveal about this subject and about the “complicated interactions between our bodies and the society we live in” (p. 106)?
14. What percentage of our health does Dr. Fisher say is actually genetic? Why is making assumptions about genetics on the basis of race problematic? What “inherited, nonbiological factors. . . help explain why the South Side is sicker than the North Side” (p. 111)?
15. What is “the COVID paradox” (p. 118) and how does it make the author feel? How does Dr. Fisher say that American leadership’s response to the pandemic shaped public response to it? What were the consequences of this? How do you think this might have been better handled?
16. In Chapter 9, Dr. Fisher writes a letter to Dania talking about “the way money shapes our clinical systems” (p. 135). What percentage of the goods and services America produces in a year does healthcare make up? What are the three types of health insurance available to Americans and why does healthcare look different in areas where most people either have public insurance or none at all? How does this system “stratify people by race” (p. 143) and how were these inequities further exacerbated by COVID-19?
17. Why does Dr. Fisher write a letter to Richard? In this letter, what “crucible” does the author say “reshaped [his] view of medicine” (p. 163)? What questions does he ask Richard about the meeting they both attended, where it was announced that medical resources would be “realigned” in a way that would clearly harm poor, urban populations and lead to segregation in healthcare? How did Dr. Fisher react to this and why does he say he was thankful for that time in his life?
18. In Chapter 12, who does Dr. Fisher say “the [COVID] situation was most acute for” (p. 161)? What happened to these populations and how did the public health system fail them?
19. How did COVID-19 affect levels of violence in Chicago in 2020? What does Dr. Fisher say actually accounts for this? How does he say politicians typically responded to this and why was this problematic?
20. In his letter to Ms. Favors, Dr. Fisher acknowledges that he was not able to provide assistance regarding her post-COVID heart condition or her family situation. Why does he say that he failed her? Why did he join an insurance company after leaving academia and what were the “costs of becoming proficient in these [new] languages, rules, and incentives” (p. 198)? What did he learn from his subsequent stint at the helm of a managed care organization? In light of these experiences, why does Dr. Fisher ultimately tell her Ms. Favors that her healthcare is unresponsive to her needs?
21. What was the experience of Dr. Fisher’s mother like in her son’s ER? What does Dr. Fisher say this experience reiterated for him? In the letter that he writes to

DISCUSSION QUESTIONS (CONTINUED)

- the leadership of his hospital following his mother's time there, what does he tell them he is seeking?
22. In the final letter that the author writes to his mother, what does he mean when he says that her experience is “a reflection of America” (p. 225)? What does he say that resolution would require and how did his first rotation introduce him to this idea?
 23. How would you characterize your own experiences in the healthcare system? How do you think that your experiences have been shaped by either racism or privilege? What most surprised you about Dr. Fisher's book and how did *The Emergency* change or inform your understanding or view of these experiences, emergency medicine, and the U.S. healthcare system?
 24. Toward the end of the book, what does Dr. Fisher say is “the necessary precondition of life” and “what we owe each other” (p. 229)? How does he suggest that we might “improve our systems today and chart a path towards a more just future” (p. 231)? In your own words, what would the result of these actions be and how would communities across America benefit?

CLASSROOM ACTIVITIES

1. In *The Emergency*, Dr. Fisher discusses the devastating consequences of the dissemination of “misinformation” throughout the COVID-19 pandemic. As a class, review the Center for Disease Control's information on “How to Address COVID-19 Vaccine Misinformation” (tinyurl.com/CDCVaccineMisinfo). Then read Ed Yong's article “The Final Pandemic Betrayal” (tinyurl.com/PandemicBetrayal) or another article on this subject, like Conor Friedersdorf's “What's the Harm in Medical Misinformation?” (tinyurl.com/HarmOfMedicalMisinfo), and then discuss ways in which we can discern facts from misinformation. Discuss examples of pandemic misinformation and its impact on medical professionals and public health in general, then establish how we can evaluate whether a source is reliable and trustworthy or not. You might use a source like Andy Carvin and Graham Brookie's “Here's How to Fight Coronavirus Information” (tinyurl.com/FightCovidMisinfo) as a guide.
2. Dr. Fisher revisits his interactions with patients and family members and writes letters to them that reflect upon how he could have done better for them and what obstacles and institutional barriers stood in the way. Invite students to write a letter to someone they feel *they* could have done better for and ask them to both identify the personal, institutional, and societal barriers that hindered them and advocate for a specific change that would enable a better result in the future. Have them share their letters and, as a class, discuss how this process revealed insights about themselves, the people they wrote about, and our culture. How can this process inspire us to do better and to treat each other more kindly and more equitably?
3. The author writes candidly about the COVID-19 pandemic, but he also calls attention to another emergency: the epidemic of violence within poor Black communities, like the South Side, and upon Black Americans. Ask students to write an essay on this subject. They should consider questions such as: What actually accounts for the epidemic of violence seen in these communities? How do racism, bias, and other social injustices contribute to this? What myths

CLASSROOM ACTIVITIES (CONTINUED)

does Dr. Fisher say that people have perpetuated to explain away these examples of violence and remove responsibility from the state? Why is collective action and healthcare reform so important when it comes to this topic? What role does—or should—social justice play in reform? How could violence be reduced in these communities?

RESEARCH OPPORTUNITIES

After researching the topics below, students might use what they have learned to:

- Write a research paper
- Deliver a presentation or TED Talk
- Record an educational podcast or video
- Create a website, social media account, or newsletter
- Initiate a service project

1. Global Health Equity

Invite students to learn more about health equity. Students might begin by reviewing the CDC's information on health equity (www.cdc.gov/chronicdisease/healthequity/index.htm), the WHO's information on this subject (www.who.int/health-topics/health-equity), or Kathy Katella's article for *Yale Medicine* titled "Health Equity: What It Means and Why It Matters" (www.yalemedicine.org/news/health-equity). Students should consider questions such as: What is health equity? Who does a lack of equity in healthcare impact the most? What is preventing health organizations from achieving healthcare equity? How does racism in our culture and our healthcare institutions hinder equitable care? How might health equity be achieved? What are some of the proposed solutions being offered by Dr. Fisher, other medical professionals, and public health officials? Encourage students to consider how officials and intellectuals are contributing to discussions around this subject. One such example would be the "Collecting history(ies) for restorative justice in medicine" panel from the Robert Wood Johnson Foundation's Prioritizing Equity Spotlight session (tinyurl.com/JusticeInMedicine).

2. The South Side

Throughout *The Emergency*, Dr. Fisher shares stories that offer a glimpse into his South Side Chicago community and its history. Learn more about this community. How were Chicago and, more specifically, the South Side established? Who makes up this community? What was the Great Migration and how did it impact settlement of this area? How has this changed over time? What are some of the obstacles faced by those residing in this area? It might be helpful to read articles such as Alana Semuels' "Chicago's Awful Divide" (tinyurl.com/ChicagosAwfulDivide), Carlo Rotella's "The Unexpected Power of Your Old Neighborhood" (tinyurl.com/YourOldNeighborhood), or Whitney Johnson's "Postcard from Chicago's South Side: Great Migrations, Then and Now" (tinyurl.com/MigrationsThenAndNow). Who are some of the popular public figures who established themselves in or emerged from this area? How did their lives and experiences in the South Side inform their work? How does Dr. Fisher say that his experiences growing up in the South Side shaped his own values and sense of purpose?

RESEARCH OPPORTUNITIES (CONTINUED)

3. COVID-19's Impact on Healthcare Professionals

Dr. Fisher writes about the impact of COVID-19 in his own life, including the sacrifices that he had to make on a daily basis in order to protect himself while continuing to serve his community, and the pandemic's effect on his personal relations and well-being. Students should explore how the COVID-19 pandemic has impacted those who have cared for us throughout this time. They might begin by reading articles from the National Library of Medicine, such as "Impact of COVID-19 on Healthcare Workers" (tinyurl.com/ImpactOnHealthcareWorkers) or "The Impact of COVID-19 on Healthcare Worker Wellness: A Scoping Review" (tinyurl.com/ImpactScopingReview). *The Atlantic* writer Ed Yong's portfolio of work on the pandemic also covers this subject, including "Why Health-Care Workers Are Quitting in Droves" (tinyurl.com/HealthcareWorkersQuitting) and "What COVID Hospitalization Numbers Are Missing" (tinyurl.com/HospitalizationNumbers). Students might also choose to interview medical professionals from their community considering questions such as: How have their lives and livelihood changed throughout the pandemic? What sacrifices have they made? What impact has the pandemic had on their relationships and mental health? How are they coping with this and caring for themselves? And, finally, how can we help?

SERVICE LEARNING PROJECTS

These projects are designed to connect students' learning experiences with the larger community.

1. Advocating for the Correction of Inequities in Healthcare

Explore examples of legislation that seek to correct inequities in our healthcare system. Some examples would be the Healthcare Equity and Accountability Act (tinyurl.com/HealthEquityLegislation) and the John Lewis Equality in Medicare and Medicaid Treatment Act (tinyurl.com/HealthEquityLegislation2). Write letters to your local legislators encouraging them to support legislation that proposes concrete actions toward a more just and equitable healthcare system.

2. Helping to Spread Factual Public Health Information

Create a newsletter, website, or social media account that dispels misinformation about COVID-19 and public health and helps to share factual information about the pandemic from reliable sources. You should consider how you might not only share good information but how you might teach others to spot misinformation. You might use the National Library of Medicine's guide on evaluating health information (medlineplus.gov/evaluatinghealthinformation.html). Information about creating a newsletter using Google can be found at tinyurl.com/CreatingNewsletters. Information about creating a social media account can be found at sproutsocial.com/insights/social-media-activism.

3. Supporting Medical Professionals

Dr. Fisher explains that public support for medical professionals during times of distress is often short-lived. Choose one or more local medical centers and discuss

SERVICE LEARNING PROJECTS (CONTINUED)

how you might support the healthcare workers who work there. As a class you might send letters of support and encouragement, provide food and beverages, or help in some other way. The most important thing you can do is *ask* how you can help. By sharing news of your support via school communications channels or social media, you might inspire others to do the same.

ADDITIONAL RESOURCES

Interviews & Further Writings

- Dr. Fisher discusses *The Emergency* on the *Research Bites* podcast from University of Chicago's Center for the Study of Race, Politics and Culture: tinyurl.com/FisherResearchBites
- The author talks about his book on C-Span's *Booknotes+* podcast: tinyurl.com/FisherBooknotes
- The Family Action Network hosts Dr. Fisher: tinyurl.com/FisherFamilyActionNetwork
- *Public Health on Call* podcast hosted by Johns Hopkins School of Public Health featuring *The Emergency*: tinyurl.com/FisherPublicHealthOnCall
- The author discusses his work on Book TV: tinyurl.com/FisherBookTV
- ABC News reporter Linsey Davis speaks with Dr. Fisher about *The Emergency*: tinyurl.com/FisherABCNews
- The author in conversation with Joshua M. Sharfstein for Enoch Pratt Free Library's Writers LIVE! series: tinyurl.com/FisherWritersLive
- "Does the U.S. Healthcare System Favor the White and Wealthy?" Dr. Fisher speaks with Michel Martin for Amanpour and Company: tinyurl.com/FisherAmanpourAndCompany
- "ER Doctor Conveys Health Inequities at South Side Hospital" from *South Side Weekly*: tinyurl.com/FisherSouthsideWeekly
- "An Arm and a Leg': One ER Doctor Grapples with the Inequities of American Health Care" on the Kaiser Health News podcast: tinyurl.com/FisherKaiserHealthNews
- Dr. Fisher featured on NPR's Fresh Air: tinyurl.com/FisherFreshAir
- From *The University of Chicago Magazine*: "An Emergency physician reflects on racism, COVID-19, and the art of healing": tinyurl.com/FisherUChicagoMagazine
- *Dartmouth Alumni Magazine*: "Critical Condition: Dr. Thomas Fisher '96 chronicles an unprecedented year in a Chicago emergency room" by Julia M. Klein: tinyurl.com/FisherDartmouthAlumniMagazine
- *Publishers Weekly*: "System Update: PW Talks with Thomas Fisher": tinyurl.com/FisherPW
- Dr. Fisher with data scientist Cathy O'Neil and former *Vanity Fair* editor Dana Brown on *This is the Author*, the Penguin Random House Audio Blog: tinyurl.com/FisherPRHAudio

ADDITIONAL RESOURCES
(CONTINUED)

- Hamilton Cain interviews Dr. Fisher for *Oprah Daily*: [tinyurl.com/FisherOprahDaily](https://www.tinyurl.com/FisherOprahDaily)
- The author speaks with Chris Hayes as part of NBC and MSNBC’s “Inspiring America” series: [tinyurl.com/FisherInspiringAmerica](https://www.tinyurl.com/FisherInspiringAmerica)
- “Rebuilding Trust and Equity in Public Health: A conversation with Ngozi Ezike and Thomas Fisher” hosted by the University of Chicago Institute of Politics: [tinyurl.com/FisherInstituteOfPolitics](https://www.tinyurl.com/FisherInstituteOfPolitics)

Selected Reviews

- “An E.R. Memoir Conveys Hectic Work, Empathy and Outrage,” *The New York Times*: [tinyurl.com/TheEmergencyNYT](https://www.tinyurl.com/TheEmergencyNYT)
- “A South Side ER doctor wrote ‘Emergency’ about COVID’s first year — and the time his own hospital failed his mother,” *The Chicago Tribune*: [tinyurl.com/TheEmergencyChicagoTribune](https://www.tinyurl.com/TheEmergencyChicagoTribune)
- “A persuasive, sympathetic, scattered insider’s report on a broken system,” *Kirkus Reviews*: www.kirkusreviews.com/book-reviews/thomas-fisher/the-emergency
- *Library Journal* review of *The Emergency*: [tinyurl.com/TheEmergencyLibraryJournal](https://www.tinyurl.com/TheEmergencyLibraryJournal)

ABOUT THIS GUIDE’S WRITER

Je Banach has written about books for *The Atlantic*, *The Paris Review*, *Granta*, *Oprah Daily*, *Bookforum*, *Lit Hub*, *Los Angeles Review of Books*, and other venues. She was an original member of the Yale Writers’ Workshop (fka Yale Writers’ Conference) faculty in fiction; in previous years, she taught seminars on literary discourse and led a live q&a session with *The New Yorker*’s fiction editor Deborah Treisman. A longtime contributor to Harold Bloom’s literary series with Infobase Publishing, she is the author of more than 100 guides to works of world literature.



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