Becoming a Father

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His e-mail arrived in my inbox folder with little fanfare, like the faintest tugging on my lab coat. The generic title, "Medical Advice," blended in and nestled so comfortably between the numerous other e-mails that it might otherwise have slipped unnoticed into my spam folder. But the text of this message was different, the words deliberate and dire, desperately begging for me to stop what I was doing and pay attention to him.

"I know you don't know me," the first line read, "but my name is James. I'm 25 years old, live in Florida and I have AIDS. My doctors here are giving me medications that are making me sick and I don't think they know what they are doing. *Please, I need your help.*"

Offering medical recommendations on the Internet is a tricky business, something like "Monday morning quarterbacking" when we all suddenly become professional athletes and say what *we* would have done to win the game for our favorite Sunday football team. During the e-mail exchanges that followed, I was careful to give James general advice, always ending with "Go talk to your doctor." I genuinely felt I wasn't helping him at all, so when he showed up as a new patient in my Atlanta practice a couple of months later, to say I was surprised would be a gross understatement.

James was an unassuming young Black man: 5 feet 6 inches tall, 140 pounds, with light brown skin, full curly hair, and deepset eyes that mirrored an old soul kind of sadness incongruous with his youth. When I called his name, he wearily stood up, but managed to flash a smile as broad and hopeful as the ocean, and full of glimmering ivory teeth that shined brightly as he reached out to shake my hand.

"I'm James, the one who sent you the e-mail from Florida."

I quickly made the connection. "You came all this way?"

"I used to come to this clinic years ago. My friends recommended you, so after I Googled you and saw you were legit, I decided to move back." His voice was confident and

determined, with a tone and cadence strikingly similar to my own. It was like meeting a younger version of myself—I liked him immediately.

James wasn't close to any of his family in Atlanta and primarily relied on friends for social support. His biological father was an alcoholic who had died of cirrhosis complications years ago. "We were never close," he stated matter-of-factly, a phrase uttered far too frequently by my Black male patients when discussing their biological fathers. That first day, James' only complaint was diarrhea. Despite his T cell count of less than 30, he didn't fit the clinical picture of someone suffering from AIDS-related diarrhea. His cheeks were full, his weight was at baseline, and all his preliminary labs were normal. I chose to treat his diarrhea conservatively, and we agreed to meet again in 1 month to determine the best HIV treatment options for him. Only 2 days passed before James called my office again.

"The diarrhea is getting worse. I've been to two emergency rooms, but they both sent me home."

I told him to immediately go to our hospital's emergency room to be admitted. A day later, James' diarrhea mysteriously "stopped," his labs were again all normal, and he was discharged home. Was this a case of the "boy who cried wolf"? Was he just trying to make a case for disability? On my way to admit another patient to my own hospital service, I ran into James in the hospital atrium. Gone was his glowing demeanor, and in its place was uncombed hair and disheveled clothes, contrasting starkly with the backdrop of immaculate and sparkling hospital tile.

"The doctors called security on me because I wouldn't go home," he said dejectedly, fighting back tears. "But I'm just gonna go to another emergency room. I *know* something's wrong, even if no one believes me."

As if on cue, my pager interrupted him—it was my resident calling about our next admission. I had to go.

"James, call me on Monday if you don't feel better—we'll figure out what to do," I said while hurriedly making my way to the elevator. His eyes didn't leave me as the doors closed. I felt awful, but I was also beginning to regret answering his e-mail in the first place.

Monday morning greeted me with three new phone messages, all from James: two more days, two more emergency rooms, two more discharges. Amidst a barrage of coughs and groans, he muttered, "My friends say I'm just trying to get attention. Call me, doc—I don't know what to do."

"*I don't know what to do.*" I recalled saying those exact words in 1991, after traveling 18 hours on a crowded, pungent Amtrak train from Chicago to New York for a medical school interview. I had been interviewed by a rude, hurried surgeon who was 30 minutes late and only talked to me for 5 minutes before leaving for his next case. Disappointed, I asked the admissions office receptionist for another interview, and was abruptly told I would have to come back next month. I almost followed her instructions, but repeating an 18 hour train ride there and back again was not an option, so I called my father, because *I didn't know what to do*. In his thick Haitian accent brimming with the proud history of being the only independent Black republic, he said to me: "Son, you march right back into that admissions office and do not leave until you receive the interview you deserve." So I returned and argued with the receptionist until the Director of Admissions overheard our conversation and offered to interview me himself. Several months later, I received a letter of acceptance from that very school.

For one week, James had been imploring me to hear him, and I hadn't. I called my father once, and he knew exactly what to say. I decided to admit James to my hospital team for a colonoscopy, and within a day we discovered the cause of his diarrhea—a parasite. I humbly entered James' room to tell him the news, but more to apologize to him for what I perceived as my own inadequacy as his physician. To my surprise, James' radiant smile reemerged, his forgiveness eclipsing the orange sunlight from the hospital window as he squeezed my hand tightly and whispered,

"Thank you for believing me."

James got better as we treated the infection. A few days later, we sent him home—this time with a definitive diagnosis, treatment plan, but most importantly, a chance to be 25 again.

I told a good friend of mine about James, reflecting on how numerous other younger Black male patients, students and

doctors-in-training have entered my life over the years, seeking treatment, guidance and mentorship. I remarked, "You know, I think God's preparing me for having my own children." My friend laughed.

"I think God's trying to tell you these *are* your children."

When I was a boy, I remember my father taking me to the hospital where he worked as a chief surgeon, through endless pristine hallways, past the smell of the testosterone-laden surgeons' lounge, and amidst a constant parade of faceless workers in green scrubs. I felt safe and protected as he held my hand and guided me through those hospital corridors, the same way he guided me through my transition into manhood. I used to wonder if his patients looked at him the same way, and how he navigated being such a loving father to me and a mentor to the myriad patients who were looking to him for much more than surgical precision and medication prescriptions. Now I understand. My younger Black male patients comprise a mirror reflection of my past, present and future—they are me, and I am them. People often say, "Anyone can make a baby, but it takes a real man to be a father." Similarly, any physician can be paternalistic, but it takes a real healer to embrace medical fatherhood.

James came in for a follow-up visit the other day sporting a crisply starched, checkered French cuff shirt, dress slacks and a messenger bag on his shoulder, projecting a youthful swagger that was missing when he was ill months ago. I sat enthralled as he told animated stories of moving back in with his "gay" uncle, his new boyfriend who is also HIV positive and encourages him to take his medications, and his plans to go back to school and join the gospel choir. And he said all of this without the faintest hint of a cough, grimace or even a groan that would dim the radiant light in his boyish eyes. I was beaming with pride.

My, how they grow up.