POSITIVE

One Doctor's Personal Encounters with Death, Life, and the US Healthcare System

MICHAEL SAAG, MD

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The names and identifying characteristics of some of the persons referenced in this book, as well as identifying events and plac have been changed to protect the privacy of the individuals and their families. However, whenever possible, actual names and even were used when the person or a family member granted permission.

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First Edition

For those we might have saved yesterday, if only we'd had more knowledge. And for those we could have saved today, if only we'd had more courage.

CONTENTS

I feel sorry for the aspiring young doctors who are assigned to me as residents and house staff; the have to put up with my nonsense and pretend to enjoy it. At the outset of our time together, I alway say to them with mock gravity, “I will give you my three rules for survival as a physician, and a four rule for when you’re on service with me.

“Rule One: Treat every patient as if every one were a family member. Every one of them deserve the best you have to give.

“Rule Two: Be honest, especially with yourself. Don’t bullshit yourself or pretend you kno something you don’t, because that’s when you’ll make a mistake and people will get hurt.

“Rule Three: Have fun. The practice of medicine should be a joy, and if you aren’t having fu you’ve either picked the wrong specialty or you’re morbidly depressed.

“And the fourth rule, specifically for when you’re working on my service: No matter what, *it’s a about me*.”

After listening with extreme earnestness to my first three rules, the newbies hear Rule Four an crack up. They exhale and relax—and, sometimes, they get my point: that this life is *never* all abo any one of us. It’s about teamwork toward a common goal.

It’s also true of this book.

After years of threatening to write a book, I never would have gotten off the dime to do it witho the support of two people: my cousin and inspiration Mary Fisher, and my longtime adviser an friend, A. James Heynen.

Mary has shown me, through her example, that living courageously and with purpose, we can a make a difference and that *everything* is possible—including writing a book. Mary has been with m through the past twenty years of my professional journey, as a patient. She’s heard me marvel at th advances we have made on the science front; she’s listened when I despaired at barriers interferin with making the science come to life in practice.

Jim Heynen is my guardian angel. His “day job” is as an organizational consultant, but for me, h is my lead sounding board and “life coach.” I am very grateful to both of them for helping to convinc me that a book in this area was needed, and for encouraging me to keep pushing until it was done.

Patty Edmonds has served as my lead editor for this project. While I have written many grants an manuscripts for publication in the scientific literature, I have never attempted the type of writin required for telling a story in a book. Patty led me gently into this new world and helped me find m voice. I am forever grateful to her for her patience, honesty, impeccable journalism, professionalism

and soul!

A huge shout-out goes collectively to my colleagues, my fellow providers and fello investigators, locally, nationally, and around the world. As I have said to most of them while I wa writing this book, “Any one of you could have written your story and it would be just as compelling Each one of us took care of too many patients to count who touched our lives, moved us to tears, an inspired us to do our best to bring HIV/AIDS under control. The work we did at the University Alabama at Birmingham (UAB) was directly connected to clinics and labs around the world, each us doing our part to contribute to solving the mystery of this horrific disease that rudely roared in our consciousness in the early 1980s. This is especially true regarding my colleagues at the 191 Clinic, several of whom are profiled in this book. Jim Raper is a consummate leader who puts his so into his work, as well as his heart. Malcolm Marler brought GRACE to the clinic, both literally an figuratively. And the many, many coworkers, physicians, nurse practitioners, nurses, social worker pharmacists, receptionists, lab technicians, psychologists, counselors, clergy, and medical records an administrative staff, all of whose collective intellect, insights, wisdom, generosity, honesty, tireles effort, and heart—always heart—are constant inspirations. Especially while writing about these folk I’ve seen again how their heart has eased the pain of the collective losses we all experienced over th years. Thank you.

At the risk of leaving out some key colleagues and collaborators, I am compelled to mentio several collaborators and friends who enabled me to have success both as an investigator and as provider. Paul Volberding and his San Francisco colleagues’ vision for a comprehensive HI outpatient clinic that merged the best in science, clinical medicine, and heart into a single center s the stage for our clinic, and many, many others, to become complete medical “homes” for patien with HIV and their families. Paul’s vision has served me well over my entire career, and he has been “consultant” to me on many topic areas, ranging from which professional opportunities to engage in which shoes to buy while in Italy!

Paul could not have set up Ward 86 as completely as he did without the support of Merle Sande. met Merle through Paul, and Merle took me on as one of his own. Even though I never worked at Sa Francisco General Hospital or UCSF, Merle always treated me as if I was one of his faculty member creating many opportunities for me over the years. I am grateful to him.

Although similar in age to me, George Shaw and Beatrice Hahn are my primary mentors in a things related to basic science. My formative years in their lab had everything to do with my decisio to become involved in AIDS medicine. They made it fun, exciting, and productive. Their collectiv intellect and intuition is as strong as any I’ve ever encountered in science, but their generosity really what sets them apart. I cannot imagine more generous mentors, and I have tried to emulate the in my relationships with the investigators and house staff I mentor.

Donna Jacobsen and my fellow board members of the International Antiviral Society-USA hav

provided remarkable insight into the ways of the world, especially related to what true continuin
medical education is and what it takes to do it right. I am grateful for their guidance as I navigated th
turbulent waters generated at the interface of education and indoctrination. Thanks to them for the wa
forward.

The University of Alabama at Birmingham has been a magical place to work. There is a can-d
entrepreneurial spirit there that I have not seen at any other academic institution. As is evide
throughout this book, I was afforded opportunities very early in my career that would not hav
happened elsewhere solely because UAB and its leaders focus on ideas, not on the age of the perso
who brings the idea forward. In particular, my distinguished mentors, Drs. Claude Bennett, Bi
Dismukes, and Glenn Cobbs, are special beyond words. George Karam, a close friend and colleagu
has likened mentorship to parenting: “You give unconditionally to those who you mentor with th
hope your guidance will help your ‘offspring’ become all they can be, without any expectation o
payment or recognition in return.” My mentors are the embodiment of this ideal and I am grateful f
their vision, insight, and encouragement over the years. And I am grateful to the many visionar
leaders and colleagues at UAB—Joe Volker, Tinsley Harrison, Dick Hill, Scotty McCallum, Jim
Pitman, Bill Koopman, John Durant, John Kirklin, Ray Watts, Dick Marchase, and Rich Whitley–
who created a nurturing environment in which I could thrive. I am privileged to have worked at UA
for over thirty years.

William Osler, the legendary physician who set the tone for modern American medicine, onc
said, “He who studies medicine without books sails an uncharted sea, but he who studies medicin
without patients does not go to sea at all.” I could not have gained the insights I have regarding th
practice of medicine without the patients for whom I have been privileged to provide care, as well a
their families. Over the years I strived to give my best effort, and in return they put their trust in me
learned, and continue to learn, from every patient I see. And my obligation is to take this collectiv
knowledge and use it for the benefit of the next patient I’ll see. My experience learning from and wi
so many patients in need is what motivated me to write this book. To all of them, my heartfe
gratitude.

To the activists, who spurred us all on to do better even when we thought we were doing our bes
my thanks. Larry Kramer, Martin Delaney, Dawn Averitt-Bridge, and countless others are all heroe
who saved the lives of millions around the world through their impatience grounded in grief. And
very special thanks to Tom Blount, a quiet warrior whose grace, intellect, generosity, and heart mad
so much happen for so many, including me.

Finally, to my family, whose love and support over the years has enabled me to do what I do ever
day. Some of their stories are highlighted in the book, others are not. My extended Weil family i
Birmingham, especially my mother-in-law, Pat Weil, and my late father-in-law, Leonard, wh
supported Amy through all the days and nights I was consumed with my work. My mom, Elain

Koppel Saag, has provided steadfast support; I hope the pages within the book do justice to her ha
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and fun-loving life. My sisters, Terry and Barbara, along with their husbands, Gary and Greg, hav
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this book. His insights and groundedness are invaluable. Julie, our daughter and youngest, is pure jo
She lights up a room with her sunshine at all times.

And Amy, my wife of thirty-six years … there is a place in heaven for you, simply for being wh
you are.

My heartfelt thanks to everyone for putting up with my nonsense and quirks over the year
especially during the time I spent pulling this book together. Without that ongoing support, none o
this would have happened.

I use patient stories as case examples to illustrate key messages throughout the book and to crea authenticity. I very carefully chose among thousands of patient stories. Due to US privacy laws, som of the stories have been “de-identified” for those cases in which I was unable to obtain patie permission.

I thank the patients and their family members for sharing their stories through this book. I am ve grateful for their generosity and their spirit of helping to shine a light on the struggles in the war o AIDS and our daily wrestling with the US healthcare system. Thank you for being who you are a making a difference.

MAGICAL THINKING

I don't remember the airline or the destination. It was one of thousands of forgettable flights I'v boarded in the past thirty years, a conglomerated blur of conferences and lectures and intervie and research meetings, patients, family, and students, all mingled with exhaustion and illness a hope. I'm pretty sure I was in an aisle seat toward the back because my upgrade didn't come through know that I was on my way to give a lecture and that I had one tedious task to do in-flight: reviewi the biography that would be used to introduce me.

If you are a would-be comic—which I am—you can read only so many straitlaced descriptions yourself before you're itching to punch things up. The introduction that had been sent for m approval, like most of them, dutifully listed the basics: He teaches medicine, he does research, he ru a clinic. Held an endowed chair here, published papers there, distinguished this and honorary that. was all very suitable for your typical medical audience: suitable, and boring. I sounded boring. I fe boring.

To break the monotony, I thought that I might incorporate a few more facts. "Dr. Michael Saa tells long stories that he finds charming, and he makes short movies in his spare time." Or, "He known to burst abruptly into song—generally a Broadway show tune or a Marx Brothers classic—wi no provocation, and to perform lustily in inappropriate settings, sometimes on key." Perhaps eve "When not engaged in HIV/AIDS research, Dr. Saag is a part-time barber." (I do cut my sons' hair i our home's basement salon, which is complete with a lighted barber pole and posted Shoppe Rule Rule no. 6: "Mirrors are not allowed in the Shoppe at any time.")

I've amused myself on more than one occasion with strategies by which to jazz up the introductions. But one reason would-be comics are "would-be" is that they lack courage. I've nev dared do it. I've considered replacing my straight lecture with a mix of lecture-and-shtick, ha research and half jokes, just to see if anyone notices. More recently, I've fantasized about supplantin my scholarly lecture with a full-throated rant about the failures of the US healthcare system—n particularly funny, perhaps, but certainly less boring.

For pre-scripted introductions, I always stop short and just edit what they sent me. I sink Walt Mitty-like into my airline seat, playing only the role of the tired, overbooked nomad I have becom and I do the minimum necessary to keep the introduction honest. Okay, it's accurate if uninterestin

check. I skim the packet for place and time of lecture: check. I take one more look at my balance benign lecture: in order, check.

Typically, this is the moment when—despite my best intentions of grabbing a beer or a nap—I l myself wander off into almost-thought. I try to recall why I went into medicine: what motivated deluded me, what I imagined and expected. I think about how, over three decades of unparallele advances in science and healing, so much about practicing medicine seems to have gotten wors Medical professionals' time with patients has decreased while the workload has increased. The cost patient care has risen by almost every measure, while insurers appear to profit more and help less. any given day, I'm barely holding it together enough to see patients, write proposals, attend universi meetings, guide research, teach, mentor, and spend a few minutes with my wife. When the childre were younger, I swear that my daughter used to call me "Uncle Dad." And I'm not uncommon. I' typical of the women and men in my field.

By the time I've ruminated my way to this lament, I no longer feel like a comic. I'm now a criti or maybe the author of a scathing op-ed. What infuriates me is that America is so rich in medic know-how, human resources, technology, and good will that, with relatively few adjustments, it cou be home to the best healthcare in the world. *Could be.*

I have a speech I give mostly while holding the steering wheel. It's all about how to mak American healthcare the envy of the world. I give it while driving to the clinic early in the mornin before the frustrations of the day have brought me down. If I'm still delivering my masterpiece as pull into the parking lot outside the lab, I already know what my team of colleagues would say if the heard my brilliance: "Mike's got his magical thinking going today." I see Bonnie's rolling eyes an Jim's knowing grin as they catch me at it. Only when I exasperate them beyond all human limits d they actually say what they otherwise merely think: "You're pretending that the impossible is withi reach, Mike, and that because you can imagine it, it'll happen. Life and medicine don't work that wa Stop it!"

I like magical thinking. I grew up in a family that saw magic in the "sixth sense" of my great-au Florence, fondly regarded as the family's good witch. She was a southern lady in touch with anoth world, with an inexplicable knack for foreseeing or affecting events. She accepted this reality happily as she responded to the only name by which the adults ever referenced her, "Flo Honey pronounced as one word: Flohoney.

Throughout my medical career, colleagues have complained—sometimes in colorful terms—th it would take a magician to pull off the goals I set for our work together. Maybe. But my reignin belief is that aiming high is reasonable, even fun. Saying we're going to achieve what hasn't bee achieved before is a perfect objective for research; otherwise, why do it? Saving a life that wou otherwise be lost is a mandatory hope for a physician. Looking to change a procedure that doesn work, or a policy that results in patients dying—this isn't "magic." It's necessary. It's why we're her

It's what gives us meaning.

Maybe I whine about prespeech introductions because they make me feel like everything's bee done that's going to be done, at least by me. "Dr. Saag has published … taught … participated … le …" My life is recast in the past tense. And the script of my life is converted to a fairy tale because n one wants to tell the unvarnished truth: "Dr. Saag has embarrassed himself as he's failed … stumble … ignored … whined …" In fact, I don't live in the past, and my past is as littered with false starts it is with happy outcomes. Research isn't a steady march to genius; it's a trial-and-error process th frustrates your best guesses and only occasionally rewards your instincts.

In the end, the achievements and the flops add up to what's been done. What I'd really like think is that we stand on what we've done to reach for what's ahead, that the past is only our footstoo And what this does for me—this "standing on the shoulders of our past" thinking—is launch me out the here-and-now and into the world as it should be. Once there, I look around, smile, and say myself, "Yeah, this is right. This is what we should be doing. This is it." When I return from suc visits and share my convictions about what I've seen, that's when my colleagues' eyes start rolling.

During my thirty years slugging it out in the US medical system, all sorts of things I believed to b certainties have turned out not to be even close. I went to the University of Alabama at Birmingha (UAB) expecting to become a cardiologist, and instead I stumbled into an entirely different specialt infectious diseases. I imagined settling into a private practice where work hours would leave time f friends, football, a marriage, and a family. My imagination had not factored in the events of June 1981, when the US Centers for Disease Control reported eight cases of unusual opportunist infections in gay men, and I happened to be where that mattered. In time, the "gay cancer" fir described came to be known as Acquired Immune Deficiency Syndrome, caused by the Huma Immunodeficiency Virus. I couldn't then have imagined that brawling with HIV and knocking o AIDS would become my life's passion.

Months passed, then years, and with time I found myself chasing an elusive cure—or, if not a cur at least something to slow the suffering and dying—all the while watching as the pandemic kill people I'd come to know and love. What we needed to do, it seemed to me, was so clear, so simpl We just needed to stop the virus. If we knew how to stop the virus, we could stop the terror, th wasting, the dying.

Thirty-some years later I think I was right about what needed to be done in an ideal sense: Th virus should be stopped. By now, science has given us the tools to stop the virus. But in the real wor where my patients live and my colleagues work, medicine hasn't been able to end the plague, becau knowing how to keep someone alive doesn't necessarily or magically morph into public policy th keeps them alive. They don't *need* to die of a disease we can manage, but they do. They've been dyi for more than thirty years. They are dying as I write this sentence. They'll die before you finis reading this page.

I came into medicine believing that we—my fellow professionals and I—would care for peop based on need, not on finance or public opinion. I was wrong. I came in believing that drug compani developed drugs to help people, independent of what the market would support. Wrong. I thoug health insurance companies felt a responsibility to provide just as much benefit for their policyholde as for their shareholders. Wrong again. I originally suffered something more than magical thinking; was possessed by naïveté.

Over the years, the naïve elements in my thinking have largely been beaten out of me. I've bee schooled as a witness to withering illness and excruciating death, some as an immediate consequen of policies intended only to save money, not lives. I've been disciplined by caring for hundreds- perhaps by now it's thousands—of people dying of a disease that their insurers balk at covering ar their parents dare not mention to friends. In my world, when we're winning, we're still going brok And when we're losing, our patients are treated like twenty-first-century lepers: Their family pu "cancer" in the obituary because they don't want the shame of saying plainly that my patient died AIDS.

If I've lost my innocence, I still haven't lost my optimism. Even in the darkest corners of th AIDS pandemic, I've seen flickers of the coherent, compassionate medical system that all of us wa and deserve.

It isn't only in my Walter Mitty world that I see colleagues' heroism, patients revived, and hop justified. I've seen ordinary people put their lives on hold and come together to advocate and care f those who suffer, as well as to bury those who die. They did it without asking who would pay. The only wanted the suffering to stop and, when it could only be stopped by death, they—we—leaned o each other until the grieving eased.

I've watched parents (especially mothers), partners, and spouses care for those who are dyin compensating for their lack of medical training with the incredible power of love. They gave up slee and sometimes careers, risked their own financial ruin, and devoted themselves to another huma being who was dying. It didn't get them bonus points or angel's wings; it got them exhaustion. An sometimes, I've seen people do it twice.

I've seen the stinginess of institutions overcome by the self-sacrifice of individual nurse passionate social workers, devoted admissions staff, and honest doctors. I've seen patients, medic professionals, and community advocates bound by such commitment to one another that they're n just what industry jargon calls a "medical home"—they're a bona fide *medical neighborhood*.

When I rehearse all of this, even in the back of a stuffy jetliner, I'm pulled back toward the reali that healing is possible. I may have boarded the flight with my optimism running on fumes, b remembering these remarkable colleagues revives me. It's why I keep packing up my magic thinking and getting on these planes: to lobby the policymakers, to give pep talks to fello researchers, to teach new generations of practitioners. It's why I gather stories from America

medical neighborhoods and share them in my lectures, my movies—and now, for the first time, in book.

Riding airplanes, I've met a lot of people who genuinely believe that America is well served by th existing healthcare system. If that's really been their experience, then as Carol Linn (one of m nurses) would say, "Bless their hearts." But if their granddaughter contracts cystic fibrosis and the are short of cash; if their son is diagnosed with diabetes and they had saved money by buying a lov cost insurance plan; if they become unemployed and uninsured and suffer the usual fate encountere by those ineligible for Medicare—for these, my nurse reserves another saying: "God help 'em." The are, whether they know it or not, on their way to bankruptcy.

What makes magic "magic" is doing a trick that everyone knows has to be a trick; it's impossibl No one can drive a sword through an occupied box and not hit some flesh and bone. Nobody ca levitate on cue or draw rabbits from empty hats. But when we see with our eyes what we know wi our brains isn't possible, we ooh and aah and call it magic.

The real magicians, it turns out, are the insurance companies and politicians who claim that w have "the best healthcare system in the world" right here in the U. S. of A. This is where we should b oohing and aahing. The magic is that some of us believe this! My nonmagical thinking reminds m that in fact, the United States has an infant mortality rate twice as high as that of Sweden an Germany, as well as a maternal mortality rate twice as high as the United Kingdom's and seven time higher than Australia's. Is it "best" to rank far behind other developed nations, such as Japan an Denmark, in physician visits per capita? Or well behind France or Switzerland in per capita days hospital treatment? If America's system really was the best, would a US patient facing renal failure b one-half to one-third less likely to get a kidney transplant than a patient in Spain or Canada? Th magicians have convinced us that we're best. We're not.

Here's an item that someone in my audience always believes I've made up; it's too outlandish t be true. Sorry, but it *is* true: Two-thirds of personal bankruptcies in the United States are precipitate by medical bills that can't be paid, even among those *with insurance*. In fact, most of the bankruptci occur among those who have health insurance. There just wasn't enough insurance.

The US healthcare system is far and away the globe's leader in one category: cost. American average per-person cost for healthcare each year? Nearly $8,000, compared to less than $5,000 for ot neighbors across the border in Canada. Those out-of-pocket payments you cough up for care? They' two or three times what your German or French counterparts pay. And the procedures and drugs yo need to maintain your health, everything from a heart bypass to a dose of cholesterol-loweri medicine to a doctor's office visit? They're more expensive—usually significantly more—in th United States than in other developed countries. Even an insurance trade association's survey c medical services and products around the globe concludes that US costs sit atop every major categor measured in every single developed nation. To add insult to injury, as the cost of US healthcare keep

escalating, the dollars are increasingly going into corporate profits, not into the pockets of patient families, or caregivers.

As out of whack as this is, the most maddening truth about our healthcare system is that despi my zany magical thinking, we don't need magic to fix it. Providing affordable, appropriate care to a Americans is not at all impossible. It's unquestionably within reach. Unquestionably. No magic thinking needed. A common sense application of what we already know can get us there.

Every second of every hour of every day, the leadership of the United States chooses not to do i and we all participate with them in their decision. We choose not to save that child's life or tha woman's eye or that man's career or that family's future. The choice is made before the child or th woman shows up for care, because they show up too late, owing to lack of access to care. We wh know better go mute when the syndicate dominated by insurance lobbyists and those elected on the money obscure the truth. We make these choices quietly, so no one quite notices. We use fanc language—try "cost prioritization" or "resource allocation"—to obscure the harsh truth: We ar choosing who gets treatment and who gets ignored, who will live and who will die, not by virtue their illness but on the grounds of what insurance they have (or don't have) and what annual incom they can confirm (or can't). These factors control access.

Honestly, this is not magical thinking. It isn't whining about our past or lamenting our present. It the unhappy and unnecessary truth. For those who think otherwise, well, "bless their hearts."

And for those who are already learning these truths through experience? "God help 'em."

GROWING UI

At my birth in 1955, my solidly Jewish mother exclaimed, "A boy! He'll be *a doctor*!" I don actually remember it very well, but I respect my mother and trust her account.

Even if this is an American stereotype, my mother couldn't imagine a goal higher or a achievement greater than producing a doctor. It wasn't about being Jewish; it was about making difference in the lives of others. She never doubted this was my lot in life, and my father nev questioned it (or her, on much of anything). For all my interest in music and film, as well as m abiding claim that I was meant to be in theater, I never really doubted it either.

Knowing the career lurking in my future, I took special note when, around the age of four, I wa marched into the office of one of Louisville's finest pediatricians. I didn't care much for the antisept smell of the place. His paternalist tone—"Well, young man, let's take that shirt off"—made m skeptical. And when he pulled out needles, swabbed the business end with alcohol, and wiped my ar with the same swab, I could see what was coming. He turned his back for a moment and I was gon past the receptionist desk, out the front door, and up a tree two blocks away.

Sitting in that tree and watching my mother walk beneath me, first in one direction and then th other, calling my name, I knew the truth. She had otherwise been a good mother, but on this sco she'd been mistaken. The last thing I wanted to be was a doctor. Who would want to spend his li pulling kids out of trees? Let one of my know-it-all older sisters be the stupid doctor. I liked movies. had inherited the Switow family passion for film. Take me out of the tree and give me a cushione seat, a bag of popcorn, and a darkened theater—was this too much to ask? Even now, remembering i it makes sense to me.

I'm convinced that our family's movie-loving gene came from my great-grandfather, the source o my first name, Michael ("Grandpa") Switow. He died in 1940, a decade and a half before I was bor But I've always felt a spiritual connection to him, as if my destiny ran on from his. I've learned a that I could about him. Though a stroke at age seventy left his left side paralyzed, his memory an sharp wit were intact, and he spent the next few months dictating his life's story to his secretary. Th memoir remains one of my family's most cherished possessions, although my grandmother Lel Michael's second daughter, handed down this review of her father's book: "Half of these stories ar true—we just don't know which half!"

His name was Michael Switofsky when, at sixteen, he left his family, his friends, and his village
northern Russia. Unwilling to be drafted into the army of a country that persecuted Jews, he escaped
Austria and, after hard months doing odd jobs in abject poverty, stowed away on an ocean-goi
freighter bound for the United States. He landed in New York Harbor in winter 1878, joined oth
Jewish immigrants of that era on Manhattan's Lower East Side, and tried to survive as a stre
peddler. Lonely and broke, he soon headed south and west, doing odd jobs, construction, manual labo
selling whatever he could barter along the way, and living briefly in small communities in t
Midwest before moving on to the next town. Along the way, he developed the three rules of busine
that he would preach for the rest of his life, with enough people remembering the sermon for it to
handed down from generation to generation:

- Rule #1: Never buy retail;
- Rule #2: Always negotiate with the boss (not some middle-manager who couldn't close the deal
  and
- Rule #3: Always work on OPM—(that is, Other People's Money).

I've always assumed that creatively applying his third rule is what caused him to leave most tow
so abruptly.

In the boisterous, swaggering river town of St. Louis, Missouri—a place that swarmed wi
merchants, drifters, gamblers, and women of leisure—Michael met Annie Tuval, who was none
these things. Michael had learned that selling neckties—"one for a dime, three for a quarter"—wou
earn him more money in a day than digging ditches did in two weeks. Annie motivated him to sell. H
travelled through neighboring states building up a dowry and returned to St. Louis in 1892 to a
Annie's father for her hand in marriage. They wed later that same year.

Annie didn't like the sound of Switofsky, so after she took Michael's name she had it shortened
Switow. Annie's relatives were in the candy business; soon, so was Michael Switow, learning to mak
hard candies, saltwater taffy, and other confections. By the time their brood was complete—two old
girls and three younger boys—the Switows were running a modestly successful candy store
Jeffersonville, Indiana, just across the Ohio River from Louisville, Kentucky.

But Michael had bigger dreams. In 1893, he had attended the Chicago World's Fair where he an
the rest of America got the first glimpses of new wonders such as Cracker Jack, the Ferris wheel, an
Thomas Edison's Kineto-scope for viewing moving pictures. Magic! Instantly, the man for whom
was later named visited the future and saw how much more candy he could sell if he converted th
confectionary store into a makeshift movie theater at night. By 1908 he was showing silent movi
there, often with piano accompaniment supplied by him or his son, Harry—later known by all in m
family as Papaharry.

The movie house was such a hit that Michael set about opening theaters in small towns throughou

the region. Even during the Great Depression, his businesses thrived as people struggling to survi found a nickel's worth of escape in the latest serial or feature film. In an earlier generation, Sa Clemens had made a living by having Mark Twain describe the era, the people, and the fantasies of t day; in his own day, Michael Switow could make a dime selling it all in a darkened theater, along wi some popcorn and candy.

When Michael and Annie's second daughter, Lela, married David Sagaloski in 1920, she mu have loved his work ethic. Dave ran a furniture store by day, a twenty-four-hour diner called Pappy Restaurant at night, and in between managed a farm that grew produce for the restaurant and popco for the Switows' theaters. What Lela did not like was Dave's bulky surname. She figured out that she shortened the name and added a second "a," her family would be listed first on the "S" page Louisville's phone book. And with that, the Sagaloskis became the Saags. My father, Eddie, born 1924, was the middle of three Saag sons.

As a youngster, my father loved his visits to Grandpa Switow's theaters. On a good Sunda afternoon, they might hit three or four as they sped over the Kentucky and Indiana highways th connected the small-town cinemas. (When he thought I was old enough to hear it, one of my dad favorite stories from those Sundays was of Grandpa arriving at a theater with a tremendous need relieve himself. Since the women's restroom was on the first floor and the men's was in the basemen Grandpa strode into the women's restroom and was doing what he needed to do when the manag rushed in, shouting, "No, no, Mr. Switow—this is for the ladies!" Grandpa looked down, nodded, a said over his shoulder, "You got that right, Cal.")

Eddie Saag was a hard worker and bright, but by his own account was never much of a student. H frittered away a year in college before World War II summoned, and he became a demolitio specialist in the Army Corps of Engineers. While serving in France in 1944, a bomb Eddie w defusing detonated. The episode earned him the Purple Heart and a reputation for quiet strength. don't remember a single moment in my entire life in which I questioned either my father's courage his devotion to me and our family.

Once back in America, Eddie took a shine to a teenager playing basketball in the alley between h family's house and hers. Elaine Koppel was five years his junior, and the last thing her overprotectiv father wanted was for some returning veteran to court his daughter. But Eddie won Elaine's heart, a in June 1948 they were married. A workaholic like his dad, Eddie worked three jobs. He did whatev needed doing at Pappy's Restaurant. He managed a drive-in for M. Switow & Sons, the growing cha of indoor and outdoor theaters run by his grandfather and uncles Sam, Fred, and Harry. And he worke at Saag Brothers, a construction company he founded with his brother Henry. Meanwhile, Elai raised their three children. First came daughter Terry, the straight-arrow overachiever. Next cam Barbara, creative and rebellious. And then there was me, the tree climber, Michael the Second.

As the baby of the family, the only boy, and the first male Saag grandchild, I led a charmed lif

By the time I was five, I was allowed to put on "work clothes" and tag along with Dad to th construction sites. I would sit proudly at his side as the construction team pored over blueprints an site plans. And then I would do whatever I could to get as dirty as possible so that by day's end I' wear proof that I'd been working. At some sites, I would get to deliver the last few whacks of th hammer to nails driven by the lead carpenter, Loggie. So far as I knew, Loggie had no last name, an neither did John or Guy the Painter. They all had nicknames: Filthy McNasty, Gantze Macho (Yiddish for "big shot"), Good-for-Nothing, Jack, Cadillac.

By age eight, I was working at a Switow drive-in theater, selling tickets in the box office befo the movies started and manning the concession stand at intermission. I watched the same movies nig in and night out, becoming a student of film without the bother or tuition of enrollment. At the end o the night, while Dad and the concession stand manager were reconciling the books, I was sent out "clear the arena."

Clearing the arena consisted of walking up to the cars still parked in the back row after the la movie had finished, standing on my tiptoes, shining a flashlight through the fogged up windows, an telling the surprised patrons, clad and unclad alike, "Time to go home!" I could have begun practicin then the line I would later perfect with patients after a physical exam, "You can put your clothes bac on now"—although the gravel parking lot was a little less clinical.

By the time I was eleven, I'd been promoted to movie marketing. Sort of. The first of the so-calle "spaghetti Westerns," *A Fistful of Dollars*, was to open at the Kentucky Theatre on 4th Street downtown Louisville. The afternoon before the premiere showing, I was in my great-uncle Sa Switow's office above the theater, filling up hundreds of balloons that would be pushed off th marquee in just a few hours. As part of the promotion, while most of the balloons were empty, som of them had cash stuffed in them—mostly one-dollar bills, a few fives, tens, and twenties. One balloo contained a Ben Franklin, a crisp hundred-dollar bill.

At one point, Sam looked up from his desk to see me still furiously tying off balloons usin fingers that had grown raw. He asked me what I wanted to be when I grew up. I told him I wasn't sur He then asked me if I was a son of a bitch, and I told him, no, I wasn't. "Well, then," he declared, "yo shouldn't go into business, because the only person who makes it in business is the son of a bitch wh is a bigger son of a bitch than the other son of a bitch!"

I can't remember if I replied, but I know what I was thinking: *Guess I won't be going in business.*

That same year, I traveled with Dad to Shelbyville, Indiana, to help at an outdoor theater called th Starlite Drive-In. To run a sewage line to the Starlite, we needed to cross under a nearby highway, an that meant narrowing traffic to a single lane. The first few days in Shelbyville I was the flagma stopping traffic in one direction and admitting it from the other. But after days of watching Cadilla John, and others perform what looked like a much more interesting task, I asked: Could I be th

jackhammer guy?

The next thing I knew, I was trying to hang on to a seventy-five-pound jackhammer as its boc slammed a metal blade into simmering asphalt fifty times a second. Success was chiefly a matter holding on, and I was too frightened to let go, too embarrassed to fail. So I rode that ear-shatterin body-snapping machine for an hour, and then another; I held on until the end of the day. I had nev exerted such energy, nor had I ever felt such pain. But at day's end, Uncle Harry and Dad took m back to the motel, handed me a Falls City beer, and said, "If you work like a man, you can drink like man." I was hot, tired, dirty, and on top of the world. I was a man.

Then came summer 1968, the summer of the assassinations: first Dr. King and then Robe Kennedy. Each death, and both deaths, reverberated through Louisville in a way I still struggle describe. Temperamentally as well as geographically, Louisville was nearer to Ohio than Mississippi, not really in the South but not entirely in the North. The assassinations sent shock wav through my hometown. The birthplace of Cassius Clay—later transformed by events and by choi into Muhammad Ali—erupted in riots. Buildings burned. Cars were overturned and shops loote Anarchy reigned. The fabric of our nation and our city had been torn once again, ripped by the st unfinished business of the American Revolution and the Civil War.

Within my family, and for me, the reaction was deeply personal. Ours was a joyfully Jewis household, whether we were singing the ancient Shabbat blessing around the dinner table or belti out bawdy songs with Uncle Harry at the piano. I never felt overtly discriminated against for bei Jewish, though I sometimes felt singled out—like when I had to be excused from eighth-grade footba practices to attend bar mitzvah classes, and the coach described it as "your day to go to Jew School But after the assassinations, with those two strong voices against bigotry silenced, I was left feeli vulnerable and alone, wondering, "Who's next?"

American Jews had always been in kindred spirit with the oppressed, especially the oppressed black America. I now know that a large number of the Freedom Riders in the early 1960s were Jew Rabbis across the country and especially in the Deep South spoke out early, forcefully, and ofte against racial segregation and bigotry. (Rabbi Milton Grafman of Birmingham's Temple Emanu-E my religious home in Birmingham, was among the loudest and most influential of those voices, tradition maintained by our current rabbi, Jonathan Miller.) When racists planted bombs Birmingham houses of worship, it was not only in predominantly black churches. Birmingha historian Solomon Kimerling records that five years before four young black girls died in a bom blast at the 16th Street Baptist Church, an even larger bomb had been planted at Birmingham Temple Beth-El, but it was discovered before it was detonated.

I mourned the deaths of Bobby and Martin as if sitting shiva for my own kin. There was ne poignancy to the Torah portion I was preparing for my bar mitzvah: the last verses of the thirty-secon book of Deuteronomy, where God tells Moses he may glimpse the Promised Land but will not reach

himself. I've never been depressive; in fact, I've occasionally been found obnoxiously cheerful. B
the deaths of King and Kennedy sobered me. It may have been the first time I saw the dark side of t
world in such a way that I felt it, deep inside of me.

And it wasn't just me; the spring of '68 reached all the way into our kitchen. We were both Jewis
and fiercely, proudly American. Our family marched behind a decorated-veteran father who had gon
to war willingly and come home gratefully. By working hard, keeping our noses clean, and treatin
other people fairly, we believed good things would happen; that was the American Dream, and w
were just going about the business of achieving it. But so was Dr. King; so was Bobby Kennedy. W
felt their losses like a blow to the nation's creed as well as our own. I wrote their spirit into my Tora
speech, insisting that even when our goals seem hopelessly out of reach, we must keep trying to g
there. It didn't seem like magic then; it just seemed right.

It was a lot to think about during the sweltering days on the construction site. Nearly thirteen an
big for my age, I had a job digging postholes with a heaving, greasy auger on the back of an ancien
yellow Case tractor. Hilton "Pitt" Pitcock drove the tractor, positioning the auger above the spot whe
I was to guide it down, hold it true, and make sure the result was a clean hole where a drive-in mov
speaker post would be placed. It had to be eighteen inches in diameter and four and a half feet deep
hold the concrete and steel needed to build the South Park Drive-In Theatre on National Turnpike
Louisville.

A leather-skinned chain smoker whose squint reminded me of Clint Eastwood's, Pitt wa
respectful because he knew I could be his boss one day. But he cut me no slack. If I signaled "thumb
up" before pulling my head clear after inspecting the hole, the auger would roar out of the groun
looking for me. I can still taste the blood in my mouth from the two times I recklessly held up m
thumbs and Pitt pulled that lever early. I don't think he did damage intentionally, but neither do
think he was watching out for me as if I were a child.

After a particularly long and hot June day, I was amazed to find myself still unbloodied when Pi
called out, "Quittin' time." I was wearing more dirt than cloth. Red dust saturated every pore of m
body, but we had dug 185 postholes in one day, a construction crew record that may still stand. Pi
squinted at me over his half-finished unfiltered Camel and muttered, "You did good, Mike." I sti
consider it one of the highest compliments I have ever received. I wish I could put it on my office wa
next to my diplomas and professional tributes. "You did good, Mike." Some days I still want
believe it.

The construction trailer had air conditioning, and Dad and Uncle Harry were indulging themselv
in that luxury. They handed me my Falls City beer. I tried to stretch the ache out of my back, studie
the dirt that shrouded me, sucked down that icy beer, and thought to myself, *I don't want to do this th
rest of my life*. I wasn't cut out for construction. I wasn't enough of a son of a bitch for business. I w
back to the career options I had contemplated as a runaway kid in a tree: movies, or medicine—

maybe, somehow, both.