

行政院國家科學委員會專題研究計畫 期中進度報告

微物女神：南亞美國女性文學與電影(2/3)

計畫類別：個別型計畫

計畫編號：NSC94-2411-H-009-005-

執行期間：94年08月01日至95年07月31日

執行單位：國立交通大學外國語文學系

計畫主持人：馮品佳

報告類型：精簡報告

處理方式：本計畫可公開查詢

中 華 民 國 95 年 6 月 22 日

94 年度國科會計畫期中報告

本年度計畫進行至今除了持續蒐集與閱讀相關文獻之外，本人已經完成以下幾項工作：

1. 94 年 8 月赴印度進行移地研究，除購買書籍及影音文獻之外，也參訪了著名的尼赫魯大學，與該校教授討論學術相關議題。
2. 95 年 1 月再度赴印度進行移地研究，蒐集相關之書籍與文獻。
3. 95 年 4 月應邀參加香港大學的電影研討會，宣讀 Mira Nair 相關之論文。
4. 95 年 5 月赴西班牙參加 MESEA(The Society form Multi-Ethnic Studies: Europe and Americas)兩年一度之國際研討會，宣讀印度裔美國作家 Abraham Verghese 之自傳書寫與 Mira Nair 的改編電影相關論文一篇。本次會議共有五百多人投稿，大會挑選了二百篇三十論文，分三天進行，大會主題如所付之徵稿啓示。本人之論文發表之後即有人邀約投稿期刊，目前尚在考慮投稿對象。
5. 預定 95 年 7 月參加在土耳其伊士坦堡所舉行的 Crossroads 國際研討會，發表 *Cracking India* 小說與改編電影以及印度歷史的相關論文一篇。

5th MESEA Conference

The Society for Multi-Ethnic Studies: Europe and the Americas

May 18–20, 2006 University of Navarra, Pamplona, Spain

Call for Papers

Speakers: Shirley Geok-Lin Lim University of California, Santa Barbara

Jeremy D. Popkin University of Kentucky

Joan-Pau Rubiés London School of Economics and Political Science

ETHNIC LIFE WRITING AND HISTORIES

We invite paper abstracts and complete panel proposals on all aspects of ethnic life writing and histories in the Americas, Europe, Asia, and Africa.

We encourage interdisciplinary perspectives that highlight the intersections between life writing, history, sociology, and culture. Topics may include, but are not limited to: theoretical intersections between auto/biography and history; expanding the concepts of auto/biography and histories; theory as auto/bio-graphy; auto/ethnography as auto/biography; autobiographies and biographies; the cultural work of life writing texts; *testimonio*; genres of life writing in ethnic contexts; travel and travel writing: writing selves, writing histories; life writing as historical inscription; family memoirs; narrative perspectives in history and auto/biography; questions of ethics in life writing; autobiography, history and law; concepts of nationhood and history through life writing; voices in history, historical voices; alternative histories; auto/biographies by/about historians; creating cultural and/or collective memory through life writing; visualizing auto/biographies and histories; the media and virtuality: film as auto/biography and history; the Internet and blogs as forms of life writing; theater studies and autoperformance; hearing and speaking: aural and oral auto/biography and histories; the sociologies and economics of auto/biography and histories; different worlds, different auto/biographies, different histories – globalization and its (dis)contents.

附上會議論文全文:

**At Home in the Diaspora?
Abraham Verghese's and Mira Nair's *My Own Country***

As I got to know more gay men, I became curious about their life stories, keen to compare their stories with mine. There was an obvious parallel: society considered them alien and much of their life was spent faking conformity; in my case my Green Card labeled me a 'resident alien.' New immigrants expend a great deal to fit in: learning the language, losing the accent, picking up the ritual of Monday Night Football and Happy Hour. Gay men, in order to avoid conflict, had also become experts of blending in, camouflaging themselves, but at a great cost to their spirit. By contrast, my adaptation had been voluntary, even joyful: from the time I was born I lacked a country I could speak of as home. My survival had depended on a chameleonlike adaptability, taking on the rituals of a place I found myself to be in: Africa, India, Boston, Johnson City. I feel as if I was always reinventing myself, discovering who I was. (*My Own Country* 53)

Abraham Verghese's memoir and first book *My Own Country: A Doctor's Story of a Town and Its People in the Age of AIDS* was published in 1994 and was credited as one of the five best books of the year by *Time* magazine ("Profile"). Four years later *My Own Country* appeared as a Showtime TV film, produced and directed by Mira Nair. Both literary and filmic texts, however, have received little critical attention.¹ Perhaps one of the reasons for this scholarly silence is because Verghese's text is hard to categorize. Is this a text about a South Asian ethnic self in the making or is it about his predominantly white patients? Can we call *My Own Country* a text of ethnic self writing if it is read as a collective story?² The subtitle of Verghese's book implicitly suggests that this memoir is a recording by a medical specialist of the collective experience of a rural American community encountering a lethal disease. The title itself shows no identifiable ethnic marker except for a strong desire to belong. The fact that the author is an Indian immigrant who was born in Ethiopia seems to be purely accidental. Or is it? In addition, as part of Mira Nair's film oeuvre, *My Own Country* has attracted almost no discussion. One possible reason for this maybe because it is has been labeled a TV drama and can be easily overlooked when one wants to discuss the South Asian American filmmaker's "serious work."³ And yet what can be more serious than the struggles of life and death while faced with a yet unknown and incurable disease, the "black death" of the late twentieth century, and the desire to find a place to call home? What *My Own Country* has questioned and made problematic, I will argue, is precisely the politics of representation in extreme situations. This paper therefore, aims to discuss the problem associated with writing and visualizing the ethnic self in *My Own Country*. My reading of the literary text will focus on an ethnic self vis-à-vis a questionable group identity constructed out of an alternative blood relation. Whereas my analysis of Nair's filmic text attempts to probe the ways in which diasporic ethnicity is accentuated through cinematic practices.

Writing the Ethnic Self and Finding a Home in the Diaspora

Abraham Verghese's text opens in 1985 with the story of a white young man who is driving home from New York City to Johnson City, Tennessee for Thanksgiving but

¹ Rajini Srikanth is vocal about this neglect of Verghese's text. She argues that the text is rich in "cross-ethnic and cross-racial encounters" yet "only a small handful of scholars and educators treat this text for its implications for American ethnic literature, despite the far-reaching impact of the book" (434).

² Srikanth also mentions an anecdote about how the book did not receive an Association of Asian American Studies book award because it "was deemed not to illuminate sufficiently the Asian American experience" and "was primarily about Southern white patients" (447).

³ That was the comment from the audience when I attended a conference in India. *Salaam Bombay!* and *Monsoon Wedding* are the films that the Indian audience are most familiar with, as in the rest of the world. With Hollywood stars like Reese Witherspoon on the cast, one may perhaps add *Vanity Fair* to the list.

who ends up in the emergency room of the Johnson City Medical Center and is later diagnosed with AIDS. This is the rural town's first case of AIDS and is soon "suppressed like a shameful memory" (*My Own Country* 46). Two months after the young man has died, Dr. Verghese, an "African-born-but-of-Indian-parentage-naturalized American" (SAJA), comes to serve as the director of the infectious diseases division of the same medical center and who spends four years helping patients and their families to live with the disease. At that time, with very limited knowledge of the virus which causes a general failure of the human immune system, Verghese resorts to a treatment with a personal approach. His close intimacy with his patients, however, creates tremendous stress for himself and his family. Despite the fact that he regards Johnson City as his "own country," on New Year's Eve of 1989 he moves away for a new beginning.

This memoir, framed by a homecoming and a departure told by a narrator with the experience of multiple migrations and thus an identity of multiple hyphenations, is problematic in terms of where to locate home and selfhood. Right at the beginning the author ignores the priority to narrate his own story in order to talk about a stranger whom he has never met in person. And this anecdote in which "[t]he hometown boy was now regarded as an alien" (*My Own Country* 6) after he was found with AIDS ironically challenges the very title of Verghese's book. This act of self-effacement in memoir-writing is further complicated with the interweaving narrative of the various personal and case stories of Dr. Verghese's patients; these stories in turn become an integral part of his self-writing and self-formation. The writing of the narrative appears to parallel the way Verghese treats his patients—they both involve great empathy.⁴ Thus, this autobiographical work appears to be not only rather "self-less", but also a collective story of a doctor and his patients, who share an extraordinary bond because of the unspeakable disease and the status of being 'outsiders'. It is at once a story of a community as well as of those not completely included in that community. These paradoxes and tensions eventually lead to a questioning of the politics of representing the ethnic self and of the complex insider/outsider dynamics in the text.

With the haunting stories of the AIDS patients and their families that constitute the memoir of Dr. Abraham Verghese, we come across a particular example of

⁴ Verghese confesses that he offers his empathy since he cannot offer a cure: "In the absence of a magic potion to cure AIDS, my job was to minister to family and his social situation. I would have to make more home visits, make more attempts to understand the person I saw in the clinic, be sure I understood the family dynamics by meeting all its members" (*My Own Country* 259). To his credit, Dr. Verghese is still promoting this empathetic treatment. In his 1998 interview with Barnesandnoble.com, he states that "I suspect the challenge for doctors in the next century will be to discover why the profession was once called the 'ministry of healing,' to rediscover why medicine was at one time a calling and not a particularly lucrative one at that. People who visit doctors are looking for more than a cure, they are looking for 'healing' as well" (Laxmi).

collective identity in ethnic life writing. While such a collectivity is often celebrated in the theorization of ethnic self-writing, it is also problematic when we consider the collective stigma associated with AIDS. Diseases, Susan Sontag perceptively observes, are always understood in society through metaphors.⁵ For the metaphoric meaning of AIDS, Sontag pinpoints the emphasis on a particular group identity: “Indeed, to get Aids is precisely to be revealed, in the majority of cases so far, as a member of a certain ‘risk group,’ a community of pariahs. The illness flushes out an identity that might have remained hidden from neighbors, jobmates, family friends”(112-13). This membership is revealed because of the symptoms shown on the patients’ faces, which are not only the tell-tale signs of the disease but are also aesthetically offensive.⁶ Luther Hines, the patient who insists to demonstrate his own AIDS-induced bodily decomposition in public, is the only one in Verghese’s text who can strike back at the socially constructed monstrosity with his own body. And yet having to watch Luther on his deathbed is what has prompted Verghese to leave Johnson City. As he witnesses Luther in a state of coma, Verghese confesses, “All the stories that I have painfully collected have come to haunt me with their tragic endings, as if I am the author and must take full responsibility. In a new place I can begin from a wiser and more careful vantage” (*My Own Country* 408). The collected/collective stories weigh the doctor down with the responsibility of authorship and he is seeking a way out of the tremendous burden.

In her cultural analysis of the creation of AIDS patients as “a new class of lifetime pariahs (121-22), Sontag keeps on going back to this collective aspect in terms of social judgment: “Plagues are invariably regarded as judgments on society, and the metaphoric inflation of AIDS into such a judgment also accustoms people to the inevitability of global spread. This is traditional use of sexually transmitted diseases: to be described as punishments not just of individuals but of a group (‘generall licentiousnes’)” (142). The book shows that not only the AIDS patients are stigmatized, so are their families: even their doctors can feel “tainted.” Working as an AIDS doctor, Verghese has indeed acquired membership into a community. However, for many such an inclusion is a stigma as it involves a “risk group.” Thus in a way he is forced into a group identity; and yet at the same time Verghese is also

⁵ Sontag states, “Nothing is more punitive than to give a disease a meaning—that meaning being invariably a moralistic one. Any important disease whose causality is murky, and for which treatment is ineffectual, tends to be wash in significance. First, the subjects of deepest dread (corruption, decay, pollution, anomie, weakness) are identified with the disease. The disease itself becomes a metaphor. Then, in the name of the disease (that is, using it as a metaphor), that horror is imposed on other things. The disease becomes adjectival” (58).

⁶ “Underlying some of the moral judgments attached to disease are aesthetic judgments about the beautiful and the ugly, the clean and the unclean, the familiar and the alien or uncanny,” Sontag remarks, “[t]he marks on the face of a leper, a syphilitic, someone with AIDS are the signs of a progressive mutation, decomposition; something organic” (129).

actively courting an affected bond with his patients to make himself feel “at home.” This is an “imagined community” created through an affiliation based not on blood but on a blood disease and through which the circulation of “blood narrative” in theorizing ethnicity is revised and re-routed.

There is of course another membership that Dr. Verghese can actually enjoy. He not only has cultivated intimacy with his patients and their families through empathetic treatment, but he has also achieved an elite status in his profession. As he admits, “in the early days, dealing with AIDS made us an elite group, an unexpected glamorous group. Even the cardiac surgeons could not approach our kind of heroism. Yes, they dealt with death everyday. But it was somebody else’s death they had to worry about. Never their own” (*My Own Country* ?). Yet this kind of “heroism” requires him to put his own life on the line. That is why Verghese’s immediate family, his wife and parents, are constantly worried about the potential risk to his health. Verghese himself also has a recurrent nightmare about the danger of being infected, his “‘infection’ dream,” which makes him acknowledge the superficiality his conscious empathy and affiliation with his patients. As Verghese states, “[i]n my waking hours I never understood the absolute terror of finding out you have HIV; in my dreams I understood all too well” (361).⁷

Thus by merit of his medical specialty and by choice Dr. Verghese has acquired a certain membership in the “risk group.” And yet his position as an observer-narrator never allows him to be a full member of any group. In his first interaction with the gay community in the local gay bar the Connection, for instance, he is very ill at ease and very afraid of being connected with a gay identity. This fear is real because of the possibility of being sighted near or in the gay bar. As his wife Rajini practically puts it, “You can easily get labeled. It’s bad enough that it is a small town; we are a very visible Indian community and it’s tough to miss someone like you” (*My Own Country* 55). His ironic description of the social gathering of the South Asian expatriate community further reveals also his sense of alienation from this race-based community. The small South Asian community of professionals described by Verghese has its own caste system based on professional specialties and property

⁷ Moreover, although Verghese ostensibly combats the stigmatization and metaphoric imagination of AIDS, he himself is shown to be not above judging his patients by their deeds. He reflects on the reasons why he treats a couple with AIDS differently from other patients because the husband has contracted the virus through blood transfusion during a heart surgery and then passes it on to his wife: Will and Bess Johnson are regarded as “innocent victims” and receive special treatment by the doctor accordingly. Verghese suspects that he has a “blind spot” in his treatment of the Johnsons—“After all, how many other patients had I personally escorted up to their hospital rooms? When had I ever carried luggage for patients, spent hours of my evening listening to them and settling them in, allowing them to dictate the pace of the interview, leaving only when I thought they would not mind my departure?” (238-39). The Johnsons are highly respected in their own community so that have to seek treatment outside their own town.

ownership: he is like “a bathroom sweeper” in the rank of medical specialists and has committed a “crime” by renting instead of owning a house (*My Own Country* 195).⁸ Thus, he is always out of place and even appears to be an outsider in his own memoir.

On the other hand, there is a persistent desire for home in the text, starting from the title of the memoir itself. Early on in the narrative Verghese voices this longing to be re-territorialized:

Stateless and roaming for so long, I wanted to put down roots....I wanted my son to have a permanent home, something I never had.

Johnson City was going to be my own. I felt at peace in this corner of east Tennessee. Finally, this was my own country. (41)

In his longing for permanence and roots, Verghese has taken a rural American town as his own; and with his text, he has put this town on the map of American public awareness. In Rajini Srikanth’s analysis of the complex interplay of the positions of insider/outsider in Verghese’s text, she points out that rural Johnson City “lies *outside* the consciousness of most Americans,” thus Verghese’s insider position in this rural community “may represent a dubious kind of belonging to America”; and yet “the particular nature of his doctoring enables him to move from the privilege of being an insider in Johnson City to being an insider nationally” (440). Verghese, the foreign doctor, discovers his “own country” by reconstituting the social landscape of the town: “He leads a community to examine itself in its capacity to create a home for its sons. In this sense, once read his memoir as an act of reshaping the landscape. He uncovers new landmarks to the locals, laying bare to their own eyes the previously unseen parts of the social landscape: the hidden communities of gay men and those suffering from AIDS” (441). Thus, Srikanth argues, “What gives to this autobiography its particular value is its inversion of insider-outsider positions” (441). For Srikanth, clearly Verghese’s effort to chart the routes through which AIDS has been “imported” to Johnson City embodies a “trope of map” that “leads us to an examination of constructed categories, i.e. to new ways of ‘reading’ the landscape” (442). This re-charting of the American landscape, one may add, is exactly an act of “claiming America” in a way many of Verghese’s Asian-American predecessors have attempted.

And yet at the end of the text the Vergheses, instead of setting down their roots in Johnson City, are on the road again and on route to a new town at the beginning of a new year. The location and meaning of “home,” therefore, is constantly under scrutiny in *My Own Country*. The question of the location of home is not simply a problem for

⁸ Verghese writes, “the pecking order of these functions was clear: doctors ruled over engineers, who lorded over everyone else....surgeons—particularly thoracic surgeons—were treated as the maharajahs....Needless to say, on this ranking, being an infectious disease specialist was equivalent to being a bathroom sweeper....In the competition to build a larger and fancier house, I was not even in the race: I was *renting* from the VA—a heinous crime from the perspective of an Indian community that saw land acquisition as a primal necessity” (195.)

the diasporic author. More than once Vergheze writes about how the patients and their families find themselves as outcasts of the community because of the stigma of AIDS. From the first case of the young man who returns home from New York City to Gordon, the prodigal son who comes home to die, the association of homecoming and death is persistent throughout the text of *My Own Country*. This association has become a part of Vergheze's finding and a clue to the spread of the AIDS virus in the rural areas of the United States. At a symbolic level, however, it is highly ironic in that a text which is ostensibly seeking to find a place called 'home' is permeated with this shadowy association of home and death. Vergheze, as a diasporic subject through his autobiographical writing has manifested a desire for re-territorialization, as exemplified by the very title of his book.⁹ Paradoxically he has to engage in yet another de-territorializing journey at the end so that he can recover from his professionally burnt-out condition and to keep his family from disintegration—to “reinvent” himself again, so to speak, as is suggested in the epigraph. Thus *My Own Country*, a text full of paradoxical desires, ends on an ambivalent note and one which never fully answers the question about whether an ethnic subject can really find a home in the diaspora.

Visualizing *My Own Country*

When questioned in an interview about her “particularity as a filmmaker,” Mira Nair replied, “I like to amplify every frame with life. The film, whether it’s tragedy or comedy or whatever, should be exploding with life” (15). Life is what permeates her rendition of *My Own Country*, a drama that is overshadowed by death. Scripted by Sooni Taraporevala, who has written the screenplays of Nair’s two other films, *Salaam Bombay!* and *Mississippi Masala*, *My Own Country* is unique among Nair’s projects in that it is her only film to date that is adapted from the life writing of a fellow South Asian American.¹⁰ In a sense, *My Own Country* can be regarded as a mixture of documentary, a genre Nair has started with and in which she tends to focus on inspecting Indian society, especially the underclass, and fictional film, one that Nair has moved into with her acclaimed *Salaam Bombay!* so that she could “make things happen.”¹¹ Whereas Nair is well-known for handling the subject matter of

⁹ Lisa Diedrich analyzes the route of voyage out and back in Deleuze and Guattari’s terms of de-territorialization and re-territorialization: The Voyage out is marked by what Deleuze and Guattari would call a de-territorializing desire for other individuations and other pleasures, while the voyage back is marked by a re-territorializing desire for the hoped-for safety of home and a nostalgic past as conservative response in the face of inevitable death” (241). Diedrich observes that Vergheze writes with a hope to repair the rupture created by AIDS and therefore the book is “a reparative narrative” or “a reterritorializing narrative” that notably fails “to repair or to reterritorialize” (249).

¹⁰ Nair is reportedly engaged in a new project of adapting *Namesake*.

¹¹ In the director’s commentary of *Salaam Bombay!* Nair confesses that the reason why she has moved from making documentaries into feature films is because she was tired of waiting for things to happen.

South Asian immigrants in the United States, interracial conflicts, and the complicated politics of home in the diaspora, adapting Verghese's autobiographical writing is a fresh attempt to look at the South Asian diaspora from the perspective of the lived experience of a real person. In this case, visualizing this autobiographical text is an act of "transposition" in that it takes a literary text "and delivers it to new audiences by means of the aesthetic conventions of an entirely different generic process" (Sanders 20). Instead of enumerating the differences of the literary and filmic texts while discussing Nair's adaptation of *My Own Country*,¹² it is more fruitful to look into Nair's own interpretation of the diasporic condition through her cinematic practices. I will argue that, on the one hand, Nair wants to continue Verghese's narrative desire of belonging in her film version by representing Verghese's close relationship with his patients and their families and his integration into the American landscape by resorting to a discourse of mobility. On the other hand, Nair is trying to extract Verghese from both the voluntary and involuntary group identity and to reintroduce the personal dimension of Abraham Verghese into the digesis by strengthening the African and South Asian "accents."¹³ While Verghese insists on bringing a medical discourse into his memoir as a professional marker and as a sign of the impotence of medical research confronted by the newly discovered disease, Nair also places emphasis on the doctor as an individual with personal emotions and problems. The doctor is not only the central intelligence through whom readers come into contact with a network of other characters (as in the original memoir), but he also stands out as a multiply-displaced -South-Asian victim of the diaspora in search of a home and an answer to the meaning of life. AIDS still has its metaphorical significance in the film, but more so as a foil to reveal human dignity and courage. Finally, Nair's film has a stronger humanistic vision and a greater hope for the future than are found in Verghese's literary text. Furthermore, in its own way the film also confirms Michael M. J. Fischer's argument that ethnic autobiographies often use "retrospection to gain a vision for the future" (198).

While transposing Verghese's written text into a visual one, Nair still follows the basic storyline of the literary narrative. Hence, in the diagesis of the film, the personal is always intimately linked with the communal and the ethnic with the marginalized. However, Nair takes pains to personalize Abraham Verghese by emphasizing his diasporic background and by providing details about his personal life. Nair's interest in Verghese's status as a South Asian of multiple migrations is of course no coincidence. Sharing a similar immigrant status and a middle-class/professional

¹² For instance, the film is shot in Toronto over the fall of 1997, a location much removed from the southern American town. Yet this does not discredit the "realistic" aura of the film.

¹³ Here I am alluding to Hamid Naficy's term "accented cinema." Nair is one of Naficy's examples of an accented filmmaker.

background with Verghese, Nair is able to bring a particular diasporic perspective to the visualization of the doctor's story. Verghese, who was born to Kerala Christian parents in Ethiopia in 1955 and who studied medicine there until he was forced to "return" to India because of the Ethiopian revolution and who then immigrated to the United States to continue his medical training, is a "twice displaced" character like the protagonist Mena in *Mississippi Masala*.¹⁴ And yet he is not a "typical" Indian because of his parents' Christian background. In his memoir Verghese does not dwell much upon his Ethiopian past, but simply explains the fact that his parents went to teach in Africa because when Emperor Haile Selassie visited Kerala he was so impressed by the high literacy of the Christian state in India that he decided to man schools in Ethiopia with expatriate teachers from Kerala (*My Own Country* 11). The three pages about Africa in Verghese's text are meaningfully expanded to create an African "accent" that opens the film. Nair alludes to Verghese's African "origin" by playing an African song during the opening credit sequence. Then the film starts with a voice-over narration and a clip showing young Verghese happily taking photographs in a studio in his African outfit. Next there is a series of still photographs from a scene in an Ethiopian pub on September 12th, 1974, when news about the dethronement of the emperor and a curfew were being announced on the radio. The monotonous and jarring metal sound, a single gun shot and Verghese's nervous panting punctuate the soundtrack. Together with the three documentary photographs of the civil war, the audio and visual elements of the opening sequence suggest a memory of violence that should preferably remain buried, or be transformed into a souvenir in the shape of Africa, as shown in the film. The composition of fragmentary imagery in the film also concretely expresses a sense of dislocation. As Verghese comments through the voice-over, "When you are forced to leave a country you once called home, it changed everything. You can't appreciate the simple pleasures of life. You envy people around you who can." Furthermore, the African motif is maintained throughout the film by the use of "Malaika" ("Angel")—a love song by a Kenyan musician—as the theme song to open and end the film.

Thus, Nair is deploying the musical component and visual images to uncover and underscore the African layer of Verghese's personal history. The few singing scenes in the film also dramatically personalized the doctor. He sings to release his emotions, be they tender or angry. After the hospital administrator has suggested that Verghese's reputation has attracted unwanted AIDS patients to the medical center, the good

¹⁴ In her essay on Nair's *Mississippi Masala*, Binita Mehta talks about how the Indian characters in the film are "twice displaced" (218). Mehta writes, "The Indian family depicted in *Mississippi Masala* has migrated via England from Uganda, East Africa, to Greenwood, Mississippi. Expelled from Uganda by General Idi Amin in 1972, they are twice displaced: Indians by culture and tradition, Uganda by birth, they move to the United States to live in a motel owned by their relatives, themselves immigrants from India" (218).

doctor is seen getting drunk, playing on the guitar and singing with a zest in the company of his mechanic buddy, Allen. That moment of male bonding also bespeaks Verghese's intense sense of alienation. Whereas he sings the African song "Malaika" to his family in moments of intimacy, when he is distressed the lyric that he keeps on repeating is "Do you love me?" : a line which interestingly frames Verghese's relationship with the place that he would like to call home into one that is of uncertain and, most likely, unrequited love.

Nair also adds a section about Verghese's medical training in Madras to further contextualize his diasporic background. Before Verghese has moved to the United States, the talk about how a foreign medical graduate is regarded as a "transplanted organ" that is "life-saving, but rejected because of foreign tissue" among the Indian medical students. Such a reference has already activated the series of metaphors in which the medical profession and politics of identity are yoked together. The added section of Verghese's medical training in Madras in the film extends the central metaphor of *My Own Country*. A mutual space of belonging is constructed for both the expatriate doctor and his group of patients: both parties are marginalized and "diseased," either racially or physically. This allows the immigrant doctor to excel in a certain way. Hence when questioned by the interns as to why he has chosen infectious diseases as his specialty, Verghese replies that treating AIDS patients is his "only chance to play hero." And yet he has to admit that his predominantly white patients tend to tell him things they will not normally reveal to white doctors because they feel that as a "foreign doctor" he has no right to judge them. Thus the close doctor-patient bonding also paradoxically forces Verghese to confront his own ethnicity and racial difference.

Besides adding the Madras section, Nair also changes the character of Verghese's wife Rajani from a business major in Verghese's memoir into a dancer. Ellora Patnaik, the actress who plays Rajani in the film, is also a professional Odissi dancer. Nair conveniently adds a few scenes of Odissi dance to the script and effectively makes Rajani into a symbol of "authentic, educated India"¹⁵ with a secure national/cultural identity. Thus when they first move to Johnson City Verghese talks about how he envies people like Rajani, who can always go back home to India which is always there for her. Rajani, conversely, talks about how limited her world is with only Verghese and the baby as her family in the United States. By contrast, Verghese can be at home wherever he goes. The couple is thus set to contrast with each other right from the beginning in the film in which cultural rootedness and "authenticity" are pitted against a kind of "flexible citizenship," to use Aihwa Ong's phrase. And they

¹⁵ This is quoted from Patnaik's remark in a Screenindia.com article "From Odissi Dancer to Doctor's Wife," which introduces her as the role of Rajini in Nair's film.

are torn apart when Verghese's search for a sense of belonging to his own country through his medical profession has threatened Rajani's sense of security. Later on in the film Nair uses Rajani's failed attempt at practicing Odissi dance in her house at Tennessee to highlight a sense of cultural uprooting. As Rajani explains to the inquiry from a fellow Indian shopper, who incidentally is played by Nair, it is hard to practice in the American town because of the wrong aura. Thus, dislocation has taken away her art and her close connection with India. As with the emphasis on Verghese's African and South Asian past, Nair's rendition of Rajani's deep sense of dislocation has made her a more personal character than the somewhat flat character in the memoir.

In addition to individualizing her characters, Nair has effectively used the visual quality of cinema to bring her audience face to face with the fear of AIDS. The stunned faces of the medical team when they find out that the Code Blue patient they have helped to resurrect has AIDS vividly represent the intense fear associated with this disease. The sequence depicting Verghese's "infection dream" in the film version, also embodies Verghese's inner fear. Whereas in Verghese's text the infection dream recurs many times to haunt his waking and sleeping hours, the film only shows this dream sequence once. It also connects Vickie's heartbreaking experience of losing her husband Clyde, one of Verghese's patients, to AIDS with Verghese's own imminent fear of being infected by the virus along and his anxiety of been alienated from Rajini. Nair starts the sequence by showing Rajini dressed in bridal splendor and stabbing herself in the stomach with a branch of the swamp dogwood or "*hearts-a-bustin*," introduced by Vickie to Verghese when he pays her a visit at her trailer home.¹⁶ The violent act that begins Verghese's nightmare underlines the association of blood with AIDS. When later in the dream sequence a nonchalant Rajini announces that Verghese has "got it now," his worst nightmare is confirmed: he has contracted AIDS and lost Rajini at the same time. As is suggested in the memoir, in his effort to build his "own country" through his intimate connections with his patients, Verghese has lost his marital partner. Nair's film ends with a hope of new life for the couple; however, the marital stress is emphasized with a dramatic revision of how Verghese fails to be present when Rajini is in labor with their second child. This drama of absence stresses the point that Verghese's devotion to his patients has prevented him from being a responsible husband and family man, a point that is frequently deployed in the genre of medical drama, but which has a special diseased inflection in this case. As Verghese confesses through voice-over, he fails to realize how much Rajini feels

¹⁶ In the memoir, Vickie introduces the floral plant to Verghese as a way to express her grief about the coming death of her husband and her state of being infected with HIV: "Oh yes, '*hearts-a-bustin*.' It's also called 'swamp dogwood,' but I don't care for that much. '*hearts-a-bustin*.' That's pretty much how I feel sometimes about what's happening to me" (*My Own Country* 336-37).

deserted while he is out there playing hero and that he has become “*a stranger to his own family*” in the process.

While Nair has added in distinct African and South Asian accents to the film, she also carefully places Verghese in relation to America. As Sau-ling Wong points out, “Since its birth as a political and social entity, it is safe to say, America has customarily defined its uniqueness in terms of the enhanced mobility it can offer: the opportunity to go where one wants, do what one wants, shape life anew” (119). Whereas Verghese has risen up the social ladder from a hospital orderly to the head of the infectious diseases division, with his motorbike and leather jacket, Verghese is visually presented as an American character on the road out of the discourse of mobility. Dr. Verghese is often seen paying home visits to his patients by riding on a motorbike. In fact, when he first reports to the medical center as the head of the division of infectious diseases, Verghese is seen rushing to the clinic on his motorbike. The motorbike, in a way, works as a displacement of a horse in a western on which the hero rides out into the sunset. By repeatedly showing Verghese as a biker, Nair visually emphasizes Verghese’s integration into the American landscape and his constant movement at the same time. This paradox concerning Verghese’s mobility nicely brings out his dilemma as a diasporic character. A brown hero riding out into the distance, he is visually incorporated into the landscape and yet in the end he always has to leave for somewhere else. Dr. Verghese thus embodies the clashes between a desire for belonging and an experience of the constant movement of a diasporic character. For Mira Nair, therefore, visualizing Abraham Verghese’s life writing also allows her to present her own reflection on the constant tension between the desires for roots and routes in the South Asian diaspora.

Perhaps it would be useful to conclude with a brief note about the problem of representation itself. This analysis focuses on the ways in which Verghese’s and Nair’s texts navigate around the entanglement of the personal and the collective in self writing. In Lisa Diedrich’s analysis of doctors’ stories of AIDS, she takes up the patient’s position and questions: “who gets to tell AIDS narratives?” (250); “Do these doctors’ narratives occult their patients’ lives? Are these representations, in effect, doctors’ self-portraits in which the subjectivity of the patient is effaced? Is Verghese’s position voyeuristic in relation to his patients’ stories?” (256) Diedrich’s questions about “the limits of representation” (256), it can be said, are also for us as readers of Verghese’s memoir and as spectators of Nair’s film version. Does our visual pleasure of watching this medical drama, for instance, originate in a voyeuristic position of watching suffering at a safe distance? What is the ethical responsibility of writing/filming diseases, and by extension, reading/watching them as texts? At the

same time, it is also imperative to remember that *My Own Country* appeared at the juncture when AIDS research was still not mature enough to provide a cure and AIDS education was still in its early stages. Both the literary and filmic texts, therefore, serve not only to introduce the personal life of a South Asian American doctor, but also to raise public awareness concerning the experience of AIDS patients and their families. Thus, the complex interweaving of the personal and the collective in this doctor's story continues beyond the ending and challenges our own consciousness as readers and spectators.

Works Cited

- Anbarasan, Ethirajan and Amy Otchet. "Mira Nair: An Eye for Paradox." 2 March 2005 <http://www.unesco.org/courier/1998_11/uk/dires/tet1.htm>.
- Badt, Karin Luisa. "I Want My Films to Explode with Life: An Interview with Mira Nair." *Cineaste* (Winter 2004): 10-15.
- Diedrich, Lisa. "AIDS and Its treatments: Two Doctors' Narratives of Healing, Desire, and Belonging." *Journal of Medical Humanities* 26.4 (Winter 2005): 237-57.
- Fischer, Michael. M. J. "Ethnicity and the Post-Modern Arts of Memory." *Writing Culture: The Poetics and Politics of Ethnography*. Eds. James Clifford and George E. Marcus. Berkeley, CA: U of California P, 1986. 194-233.
- "From Odissi Dancer to Doctor's Wife." *Screenindia.com* 2 March 2005 <<http://www.screeninida.com/feb27/films3.htm>>.
- Laxmi, John. "The Delectable Doctor." *SAJA (South Asian Journalists Association)*. 2 March 2005 <<http://www.saja.org/verghese.html>>.
- Mehta, Binita. "Emigrants Twice Displaced: Race, Color, and Identity in Mira Nair's *Mississippi Masala*." *Between the Lines: South Asians and Postcoloniality*. Ed. Deepika Bahri and Mary Vasudeva. Philadelphia: Temple UP, 1996. 185-203.
- Ong, Aihwa. *Flexible Citizenship: The Cultural Logics of Transnationality*. Durham: Duke UP, 1999.
- "Profile of a SAJAer: Abraham Verghese Distinguished Writer and Physician." *SAJA (South Asian Journalists Association)*. 2 March 2005 <<http://www.saja.org/verghese.html>>.
- Sanders, Julie. *Adaptation and Appropriation*. London: Routledge, 2006.
- Srikanth, Rajini. "Ethnic Outsider as the Ultimate Insider: The Paradox of Verghese's *My Own Country*." *MELUS* 29 3-4 (Fall/Winter 2004): 433-50.
- Sontang, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. New York: Doubleday, 1990.
- Verghese, Abraham. *My Own Country: A Doctor's Story of A Town and Its People in the Age of AIDS*. New York: Simon and Schuster, 1994.
- Wong, Sau-ling Cynthia. *Reading Asian American Literature: From Necessity to Extravagance*. Princeton, NJ: Princeton UP, 1993.

Filmography

- Nair, Mira. *Mississippi Masala*. SCS Films, 1992.
- . *Monsoon Wedding*. USA Films, 2002.
- . *My Own Country*. Showtime Networks, 1998.
- . *Salaam Bombay!*. Cinecom, 1988.
- . *Vanity Fair*. Gramercy, 2003.

