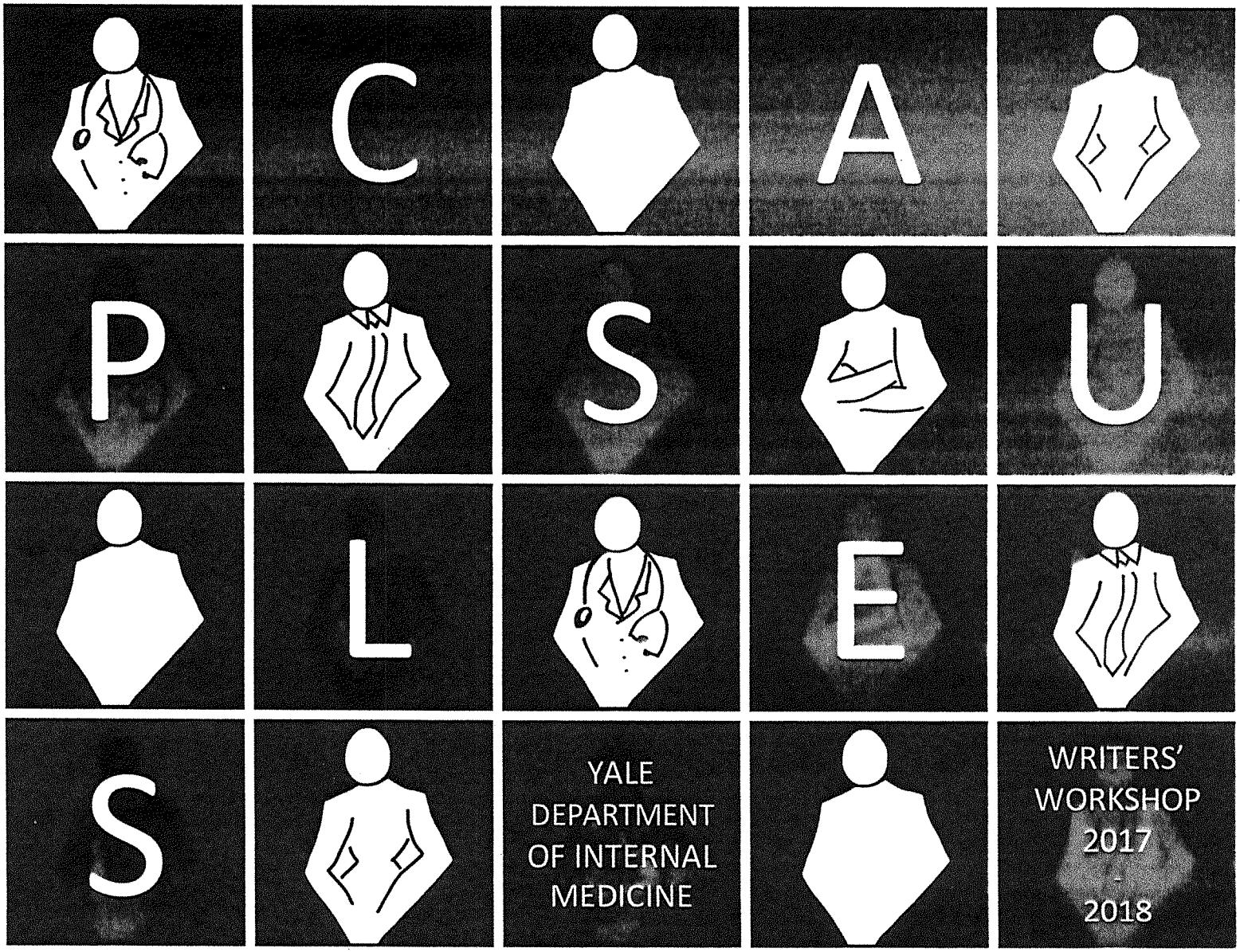
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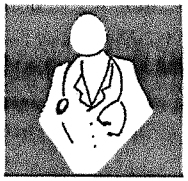


SOLITARY CONFINEMENT

Kunmi Sobowale

I hovered outside his door. I breathed out into the muzzle-like mask, smelling my own coffee breath. The odor was a good sign that the mask was airtight, and my only defense against the disease on the other side of the door. Let's make this quick, I thought.

Inside, I found Mr. L, a Chinese man with thinning gray hair closeted away like a relic to prevent his disease from spreading to others.

"Good morning."

He did not respond. He just stared at me with a stoic expression.

Maybe the mask muffled my voice, I thought. I spoke up.

"I am going to examine you."

Silence. He did not flinch.

The chart did not mention that he did not speak English.

I started to sweat.

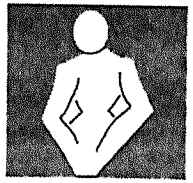
I quickly removed the hospital gown that cloaked his gaunt figure. We did not share words that first morning. But I understood from his grimace when I pressed his abdomen that he was in immense pain. Before I scurried out, I noticed the full jug of urine propped by his bedside. I briefly contemplated ignoring it. It wasn't my job. But I was not confident anyone would come by soon to empty it, so I poured it into the toilet. I finally escaped the room and shut the door behind me, leaving him in confinement.

The disease that affected him was characterized by a solitary lesion at the outskirts of the lung. *Mycobacterium Tuberculosis* is a labored name for his affliction which is better known as tuberculosis or TB. Tuberculosis, itself, derives from the words -tuber and -osis which can roughly be translated into a "small swelling." Despite this seemingly benign meaning, TB causes millions of deaths per year. Every time Mr. L coughed, TB saturated the air, putting others at risk for infection.

So we isolated Mr. L in a hospital room for weeks. A stop sign outside his room warned those entering to wear a specialized mask. And therein lay the problem—few people entered his room. The nurses limited their interactions with him to only collecting crucial blood tests and providing medications. Because of his abdominal pain, he had weakened to the point that he was unable to get out of bed. Yet despite our requests, the physical therapists had not shown up.

My interactions were not much better. Each time I prepared to enter his room, I would refit my mask two or three times to protect myself. The mask concealed my expressions. He never knew if I was smiling at him or if I wore an expression of dread. We never breathed the same air, but I shuddered every time he coughed. Because Mr. L spoke only a few words of English, my physical exam was our main form of communication. I pushed on his abdomen, causing him to wince, then nodded to acknowledge his suffering. I would gesture, by lifting my hand to the mask, to ask if he was eating or point to my chest to ask if he was in pain, and so on. That was the extent of our interaction. Nevertheless, before I left the room, he always said one of few English phrases he knew, "Thank you!" I did not know if his gratitude was for my medical intervention or for the few minutes a day when I broke his seclusion.

I did my best to learn more about Mr. L. I finally got in touch with his daughter, who rarely visited because of work and family obligations as mother of young children. She told me that as a boy living in the 1940s Hong Kong, Mr. L worked in a cramped kitchen to help his family make ends meet. During one of the summers in Hong Kong, he began to have fevers. The fevers worsened to the point that he had to skip work for two weeks to recover, but in a month, he fully regained his strength. Back then, he likely thought nothing of it. Decades later, and thousands of miles from Hong Kong, he was still at it—as a chef in a restaurant in Chicago's Chinatown. In the spring of 2012, his TB reawakened. It eluded the immune system's confinement, and he began to feel weak and developed a terrible cough. Within a month, he had lost 10 pounds and began coughing up blood. Reluctantly, he saw a doctor. His chest x-ray revealed a solitary nodule in the right upper lung, the hallmark of TB.



I felt more determined to improve his care. I called physical therapy a few times. They promised to come by, but never did. I called interpreter services so that I could communicate with Mr. L better, but there was no Cantonese interpreter on site. The week ended. His daughter never came in. I was frustrated at the complacency of my colleagues toward his situation.

But in truth, I was one of the many health care professionals who were too inconvenienced, too afraid, or too poorly equipped to give him the care he deserved. For this I was ashamed. I was ashamed of how easily our precautions became prisons. Most of all, I was ashamed that no other hospital staff seemed to share my guilt.

Still, as the days progressed, Mr. L improved. Soon, he was ready for discharge. One last abdominal exam and the routine "Thank you!" and then he was gone.