DISCUSSION QUESTIONS FOR
EVERYTHING IS TUBERCULOSIS BY JOHN GREEN

1. From the beginning of the book, Green introduces tuberculosis as a disease that lays bare many of society's shortcomings, explaining, "The cure is where the disease is not, and the disease is where the cure is not." It can be startling to learn that while TB is the world's deadliest infection, it has been curable since the mid-1950s. How does this fact fit with your current understanding of medical ethics?

2. Our cultural understanding of TB is complex. When it was known as "consumption" in the eighteenth and nineteenth centuries, it was believed to be related to literary and creative genius, especially in northern Europe and the US. What diseases today do you think might be romanticized in some way? Why?

3. A cure for TB played an important role in the development of germ theory related to disease in the late 1800s. Koch's resulting test for TB infection was immensely important, despite his disappointment at the time. It also increased the understanding that TB was a "germ" that could spread and resulted in treatments such as sanatorium placement. Why were sanatoriums so widely used? How did they ultimately affect the numbers of people contracting TB? How did they impact the lives of TB patients?

4. Green focuses on stigmas around disease and disability in several parts of the book, especially around the personal blame placed on those who have contracted TB infections. How do these stigmas change the search for a cure, more effective treatment for the disease, and the care of people with the disease or disability?

5. Trust in the local healthcare system, no matter where you live, is often an issue, but especially in places where care that leads to success might be rare. In many areas of Sierra Leone, seeking treatment from a faith healer of a church for TB might feel just as safe as going to the hospital. What methods do you think might work to encourage more belief in the healthcare system? What about in other communities around the globe, including the US?

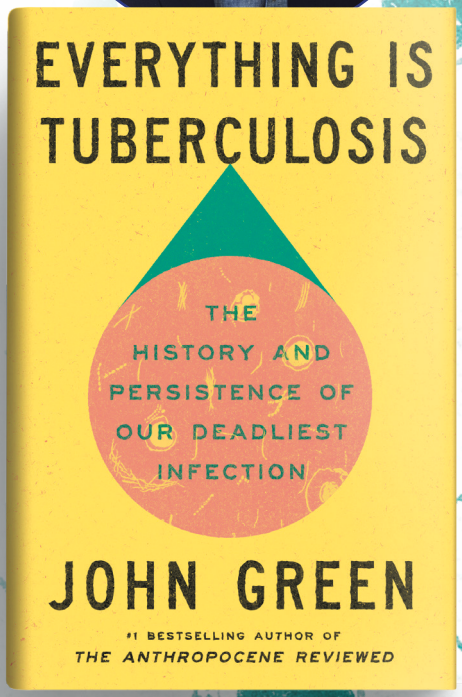

Photo by Marina Waters

6. Green continuously helps the reader build empathy for current TB patients in small ways. For example, he compares his own failure to comply with taking medication to a TB patient's, pointing out how much easier the US system makes it for his compliance, yet he still struggles. What other examples like this did you notice? How do these "empathy moments" build to become a call to action to provide better treatment and more supportive national health programs for TB patients?

7. In describing the more recent history of TB treatment, Green frequently references business models and terms such as limited profit motive, cost-benefit analysis, and scarcity mindset, etc. The decisions in and around national health programs for TB are not only driven by economics, but have also been further complicated by the rise of drug-resistant strains and new developments in how TB itself acts. How do you think economic cost, human cost, and changing medical knowledge might be better balanced? What are some of the key questions that communities might ask when making ethical decisions on how to treat TB?

8. What is the difference between using the term "control" vs. the term "care" when speaking about illness? How does this "control over care" idea play out in the DOTS (Directly Observed Therapy [Short-course]) approach used for TB treatment? How is this underlying dynamic problematic?

9. Green ends the book with a comparison of "vicious cycles" vs. "virtuous cycles." He calls out the vicious cycles, largely driven by injustice, as common. But he tells us he believes virtuous cycles are possible and gives examples, citing national public health programs that have begun to save significant numbers of TB patients through support from a variety of partners. Some of that support is driven by the very TB survivors who then advocate for these programs. What other examples do you know where survivor advocates have made a difference for national support, future research, etc.?

10. Henry Reider plays a main role in humanizing the narrative. In what ways do you think Henry helps bring this nonfiction narrative to life? What reaction did you have when you saw Henry's photograph and his YouTube channel link in the postscript? Overall, how does Henry's story aid your understanding of the realities of TB today?

11. Throughout the book, Green shows the sociological impact of TB throughout history—hidden in the background of many historical events, cultural trends, and societal issues (fashion, war, classic literature, capitalism, etc.). What does TB say about our current society and what do you think the title *Everything Is Tuberculosis* means?

THESE QUESTIONS WERE WRITTEN BY LAUREN AIMONETTE LIANG. She is an associate professor in literacy, language, and learning at the University of Utah. Her research and teaching focus on the selection and use of children's and adolescent literature in the K–12 classroom and in teacher preparation programs. Dr. Liang is also the director of the Quest program for first-year student success, where she looks forward to discussing a new Common Read each year with incoming college students.