

Canterbury High School
Summer Reading 2023: AP Language and Composition
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The Assignments: Please note for AP you have TWO assignments due for the first day of school. **Your assignments must be typed, annotated when requested, and ready to upload to turnitin.com & Canvas on the first day of school.** Summer reading assignments will not be accepted past the first week of school. There is a 10% grade deduction for every day it is late.

- 1. Common Read (essays):** all students will read the attached packet of 3 nonfiction essays, 25 pages in total (remember–AP Lang. is a solely nonfiction course!). Please annotate them as indicated on the annotation sheet and bring them to the first day of school. You will be required to use those essays on the first few days to respond to a writing prompt. You will hand in your packet of annotated essays on the first day of school. Be sure they are annotated fully and according to the instructions. It would be unusual for you to have any pages fully blank! Do not just underline and highlight–those are NOT annotations.
 - a. I recommend reading these in the week before school starts so that they are fresh in your mind.
 - b. Printed copies of these essays are available at Canterbury the last week of school or you may print them on your own.

- 2. Choice Read: (memoir):** During your Junior year you will start to experience a higher level of choice in your writing, research, and even reading–this begins with summer reading! Please choose a memoir from the approved list below. (If you have a memoir you’ve been wanting to read you may **e-mail me before June 16th and I may or may not approve it** to replace a text on this list. It is not guaranteed but you may ask! Additionally, if you turn in summer reading of a memoir & did not get it approved, then your assignment will not be considered complete.) I highly recommend that you read a description of each memoir listed below before choosing one that might interest you.
 - a. As you read your memoir of choice, you will record 6 passages that you find interesting, important, and that could be used as a writing prompt. The passages should span the length of the book. On your typed assignment, type up the entire passage you are referencing, include the page number, and then write a paragraph about why you chose the passage? Why is it important to the memoir, interesting to read, or both? Be detailed in your explanation and reference specifics of your chosen passage.
 - b. When you’ve read the book and typed up your passage, you will then write three prompts that fellow students could use for a writing exercise. The prompts must be based on three of your passages. Your goal is to write a prompt that will spark them to write either about the same content as the passage (in their own life) OR

write in the same style as the author. You could even have a prompt that does both. Be thoughtful in this as you'll be sharing these prompts with classmates in the first days of school.

- c. Your typed document should be in MLA format, the title should be the memoir you chose. Part one (label it part one) of your document will be the 6 passages with your paragraph explanation. Number your six passages clearly and include page numbers to avoid deductions. Part two (label it as part two please) of your document will be your 3 writing prompts. Please indicate which passage from part one your prompt is referring to.

The Choices: Choose one of the following memoirs & **email me with your choice by June 16th, 2023 at the LATEST. These are the 7 that students almost always enjoy.**

Crying in H Mart, Michelle Zauner

Born A Crime, Trevor Noah

I Know Why The Caged Bird Sings, Maya Angelou

Men We Reaped, Jesmyn Ward

Into Thin Air, Jon Krakauer

Educated, Tara Westover

Stay True, Hua Hsa

Annotation Expectations

You have 3 essays, a total of 25 pages of nonfiction, to read and annotate. Do not wait until the day before school starts:)

1. **Identify what you think is the author's argument.** Sometimes you can highlight or underline sentences that *hint* to the argument—you should mark & label those as arguments. However, you must also state the author's argument in your own words in the margins.
2. **Identify what you think is the author's purpose.** Sometimes you can highlight or underline sentences that *hint* to the purpose—you should mark & label those as purpose. However, you must also state the author's purpose in your own words in the margins.
3. **Identify the author's tone.** In other words look for words or phrases that hint to how the author feels about the subject he is writing about. You must state the author's tone in your own words in the margins.
4. **Mark 5-6 rhetorical devices you notice the author doing in their writing** (rhetorical devices are simply what we notice the author doing—telling stories, using statistics, humor, metaphor, short sentences, etc.) Do not just use these few examples I gave you! If you notice the author doing something interesting in their writing but you don't have a name for it—that is okay! Still mark it and write in the margins.
5. In general, annotate your personal reactions and/or connections to the essay you are reading.
6. **ANNOTATING IS NOT JUST HIGHLIGHTING AND UNDERLINING. That is highlighting and underlining. Annotating is writing notes in the margins!**

Overall—I'm looking to see that you can annotate thoroughly and completely as instructed. Simply underlining or labeling a few metaphors in each essay will not demonstrate your understanding accurately. If you have blank pages—that is not a good sign!

Essay #1: Once More To The Lake

By: E.B. White, 1941

One summer, along about 1904, my father rented a camp on a lake in Maine and took us all there for the month of August. We all got ringworm from some kittens and had to rub Pond's Extract

on our arms and legs night and morning, and my father rolled over in a canoe with all his clothes on; but outside of that the vacation was a success and from then on none of us ever thought there was any place in the world like that lake in Maine. We returned summer after summer--always on August 1st for one month. I have since become a salt-water man, but sometimes in summer there are days when the restlessness of the tides and the fearful cold of the sea water and the incessant wind which blows across the afternoon and into the evening make me wish for the placidity of a lake in the woods. A few weeks ago this feeling got so strong I bought myself a couple of bass hooks and a spinner and returned to the lake where we used to go, for a week's fishing and to revisit old haunts.

I took along my son, who had never had any fresh water up his nose and who had seen lily pads only from train windows. On the journey over to the lake I began to wonder what it would be like. I wondered how time would have marred this unique, this holy spot--the coves and streams, the hills that the sun set behind, the camps and the paths behind the camps. I was sure that the tarred road would have found it out and I wondered in what other ways it would be desolated. It is strange how much you can remember about places like that once you allow your mind to return into the grooves which lead back. You remember one thing, and that suddenly reminds you of another thing. I guess I remembered clearest of all the early mornings, when the lake was cool and motionless, remembered how the bedroom smelled of the lumber it was made of and of the wet woods whose scent entered through the screen. The partitions in the camp were thin and did not extend clear to the top of the rooms, and as I was always the first up I would dress softly so as not to wake the others, and sneak out into the sweet outdoors and start out in the canoe, keeping close along the shore in the long shadows of the pines. I remembered being very careful never to rub my paddle against the gunwale for fear of disturbing the stillness of the cathedral.

The lake had never been what you would call a wild lake. There were cottages sprinkled around the shores, and it was in farming although the shores of the lake were quite heavily wooded. Some of the cottages were owned by nearby farmers, and you would live at the shore and eat your meals at the farmhouse. That's what our family did. But although it wasn't wild, it was a fairly large and undisturbed lake and there were places in it which, to a child at least, seemed infinitely remote and primeval.

I was right about the tar: it led to within half a mile of the shore. But when I got back there, with my boy, and we settled into a camp near a farmhouse and into the kind of summertime I had known, I could tell that it was going to be pretty much the same as it had been before--I knew it, lying in bed the first morning, smelling the bedroom, and hearing the boy sneak quietly out and go off along the shore in a boat. I began to sustain the illusion that he was

I, and therefore, by simple transposition, that I was my father. This sensation persisted, kept cropping up all the time we were there. It was not an entirely new feeling, but in this setting it grew much stronger. I seemed to be living a dual existence. I would be in the middle of some simple act, I would be picking up a bait box or laying down a table fork, or I would be saying something, and suddenly it would be not I but my father who was saying the words or making the gesture. It gave me a creepy sensation.

We went fishing the first morning. I felt the same damp moss covering the worms in the bait can, and saw the dragonfly alight on the tip of my rod as it hovered a few inches from the surface of the water. It was the arrival of this fly that convinced me beyond any doubt that everything was as it always had been, that the years were a mirage and there had been no years. The small waves were the same, chucking the rowboat under the chin as we fished at anchor, and the boat was the same boat, the same color green and the ribs broken in the same places, and under the floor boards the same freshwater leavings and debris--the dead helgramite, the wisps of moss, the rusty discarded fishhook, the dried blood from yesterday's catch. We stared silently at the tips of our rods, at the dragonflies that came and wells. I lowered the tip of mine into the water, tentatively, pensively dislodging the fly, which darted two feet away, poised, darted two feet back, and came to rest again a little farther up the rod. There had been no years between the ducking of this dragonfly and the other one--the one that was part of memory. I looked at the boy, who was silently watching his fly, and it was my hands that held his rod, my eyes watching. I felt dizzy and didn't know which rod I was at the end of.

We caught two bass, hauling them in briskly as though they were mackerel, pulling them over the side of the boat in a businesslike manner without any landing net, and stunning them with a blow on the back of the head. When we got back for a swim before lunch, the lake was exactly where we had left it, the same number of inches from the dock, and there was only the merest suggestion of a breeze. This seemed an utterly enchanted sea, this lake you could leave to its own devices for a few hours and come back to, and find that it had not stirred, this constant and trustworthy body of water. In the shallows, the dark, water-soaked sticks and twigs, smooth and old, were undulating in clusters on the bottom against the clean ribbed sand, and the track of the mussel was plain. A school of minnows swam by, each minnow with its small, individual shadow, doubling the attendance, so clear and sharp in the sunlight. Some of the other campers were in swimming, along the shore, one of them with a cake of soap, and the water felt thin and clear and insubstantial. Over the years there had been this person with the cake of soap, this cultist, and here he was. There had been no years.

Up to the farmhouse to dinner through the teeming, dusty field, the road under our sneakers was only a two-track road. The middle track was missing, the one with the marks of the hooves and the splotches of dried, flaky manure. There had always been three tracks to choose from in choosing which track to walk in; now the choice was narrowed down to two. For a moment I missed terribly the middle alternative. But the way led past the tennis court, and something about the way it lay there in the sun reassured me; the tape had loosened along the backline, the alleys were green with plantains and other weeds, and the net (installed in June and

removed in September) sagged in the dry noon, and the whole place steamed with midday heat and hunger and emptiness. There was a choice of pie for dessert, and one was blueberry and one was apple, and the waitresses were the same country girls, there having been no passage of time, only the illusion of it as in a dropped curtain--the waitresses were still fifteen; their hair had been washed, that was the only difference--they had been to the movies and seen the pretty girls with the clean hair.

Summertime, oh summertime, pattern of life indelible, the fade proof lake, the woods unshatterable, the pasture with the sweet fern and the juniper forever and ever, summer without end; this was the background, and the life along the shore was the design, the cottages with their innocent and tranquil design, their tiny docks with the flagpole and the American flag floating against the white clouds in the blue sky, the little paths over the roots of the trees leading from camp to camp and the paths leading back to the outhouses and the can of lime for sprinkling, and at the souvenir counters at the store the miniature birch-bark canoes and the post cards that showed things looking a little better than they looked. This was the American family at play, escaping the city heat, wondering whether the newcomers at the camp at the head of the cove were "common" or "nice," wondering whether it was true that the people who drove up for Sunday dinner at the farmhouse were turned away because there wasn't enough chicken.

It seemed to me, as I kept remembering all this, that those times and those summers had been infinitely precious and worth saving. There had been jollity and peace and goodness. The arriving (at the beginning of August) had been so big a business in itself, at the railway station the farm wagon drawn up, the first smell of the pine-laden air, the first glimpse of the smiling farmer, and the great importance of the trunks and your father's enormous authority in such matters, and the feel of the wagon under you for the long ten-mile haul, and at the top of the last long hill catching the first view of the lake after eleven months of not seeing this cherished body of water. The shouts and cries of the other campers when they saw you, and the trunks to be unpacked, to give up their rich burden. (Arriving was less exciting nowadays, when you sneaked up in your car and parked it under a tree near the camp and took out the bags and in five minutes it was all over, no fuss, no loud wonderful fuss about trunks.)

Peace and goodness and jollity. The only thing that was wrong now, really, was the sound of the place, an unfamiliar nervous sound of the outboard motors. This was the note that jarred, the one thing that would sometimes break the illusion and set the years moving. In those other summertimes, all motors were inboard; and when they were at a little distance, the noise they made was a sedative, an ingredient of summer sleep. They were one-cylinder and two-cylinder engines, and some were make-and-break and some were jump-spark, but they all made a sleepy sound across the lake. The one-lungers throbbed and fluttered, and the twin-cylinder ones purred and purred, and that was a quiet sound too. But now the campers all had outboards. In the daytime, in the hot mornings, these motors made a petulant, irritable sound; at night, in the still evening when the afterglow lit the water, they whined about one's ears like mosquitoes. My boy loved our rented outboard, and his great desire was to achieve single-handed mastery over it, and

authority, and he soon learned the trick of choking it a little (but not too much), and the adjustment of the needle valve. Watching him I would remember the things you could do with the old one-cylinder engine with the heavy flywheel, how you could have it eating out of your hand if you got really close to it spiritually. Motor boats in those days didn't have clutches, and you would make a landing by shutting off the motor at the proper time and coasting in with a dead rudder. But there was a way of reversing them, if you learned the trick, by cutting the switch and putting it on again exactly on the final dying revolution of the flywheel, so that it would kick back against compression and begin reversing. Approaching a dock in a strong following breeze, it was difficult to slow up sufficiently by the ordinary coasting method, and if a boy felt he had complete mastery over his motor, he was tempted to keep it running beyond its time and then reverse it a few feet from the dock. It took a cool nerve, because if you threw the switch a twentieth of a second too soon you would catch the flywheel when it still had speed enough to go up past center, and the boat would leap ahead, charging bull-fashion at the dock.

We had a good week at the camp. The bass were biting well and the sun shone endlessly, day after day. We would be tired at night and lie down in the accumulated heat of the little bedrooms after the long hot day and the breeze would stir almost imperceptibly outside and the smell of the swamp drift in through the rusty screens. Sleep would come easily and in the morning the red squirrel would be on the roof, tapping out his gay routine. I kept remembering everything, lying in bed in the mornings--the small steamboat that had a long rounded stern like the lip of a Ubangi, and how quietly she ran on the moonlight sails, when the older boys played their mandolins and the girls sang and we ate doughnuts dipped in sugar, and how sweet the music was on the water in the shining night, and what it had felt like to think about girls then. After breakfast we would go up to the store and the things were in the same place--the minnows in a bottle, the plugs and spinners disarranged and pawed over by the youngsters from the boys' camp, the fig newtons and the Beeman's gum. Outside, the road was tarred and cars stood in front of the store. Inside, all was just as it had always been, except there was more Coca Cola and not so much Moxie and root beer and birch beer and sarsaparilla. We would walk out with a bottle of pop apiece and sometimes the pop would backfire up our noses and hurt. We explored the streams, quietly, where the turtles slid off the sunny logs and dug their way into the soft bottom; and we lay on the town wharf and fed worms to the tame bass. Everywhere we went I had trouble making out which was I, the one walking at my side, the one walking in my pants.

One afternoon while we were there at that lake a thunderstorm came up. It was like the revival of an old melodrama that I had seen long ago with childish awe. The second-act climax of the drama of the electrical disturbance over a lake in America had not changed in any important respect. This was the big scene, still the big scene. The whole thing was so familiar, the first feeling of oppression and heat and a general air around camp of not wanting to go very far away. In mid-afternoon (it was all the same) a curious darkening of the sky, and a lull in everything that had made life tick; and then the way the boats suddenly swung the other way at their moorings with the coming of a breeze out of the new quarter, and the premonitory rumble. Then the kettle drum, then the snare, then the bass drum and cymbals, then crackling light

against the dark, and the gods grinning and licking their chops in the hills. Afterward the calm, the rain steadily rustling in the calm lake, the return of light and hope and spirits, and the campers running out in joy and relief to go swimming in the rain, their bright cries perpetuating the deathless joke about how they were getting simply drenched, and the children screaming with delight at the new sensation of bathing in the rain, and the joke about getting drenched linking the generations in a strong indestructible chain. And the comedian who waded in carrying an umbrella.

When the others went swimming my son said he was going in too. He pulled his dripping trunks from the line where they had hung all through the shower, and wrung them out. Languidly, and with no thought of going in, I watched him, his hard little body, skinny and bare, saw him wince slightly as he pulled up around his vitals the small, soggy, icy garment. As he buckled the swollen belt suddenly my groin felt the chill of death.

Essay #2: The Devil's Bait
By: Leslie Jamison, 2013

For Paul, it started with a fishing trip. For Lenny, it was an addict whose knuckles were covered in sores. Dawn found pimples clustered around her swimming goggles. Kendra noticed ingrown hairs. Patricia was attacked by sand flies on a Gulf Coast beach. Sometimes the sickness starts as blisters, or lesions, or itching, or simply a terrible fog settling over the mind, over the world.

For me, Morgellons disease started as a novelty: people said they had a strange ailment, and no one — or hardly anyone — believed them. But there were a lot of them, reportedly 12,000, and their numbers were growing. Their illness manifested in many ways, including fatigue, pain, and formication (a sensation of insects crawling over the skin). But the defining symptom was always the same: fibers emerging from their bodies. Not just fibers but fuzz, specks, and crystals. They didn't know what this stuff was, or where it came from, or why it was there, but they knew — and this was what mattered, the important word — that it was real.

The diagnosis originated with a woman named Mary Leitao. In 2001, she took her toddler son to the doctor because he had sores on his lip that wouldn't go away. He was complaining of bugs under his skin. The first doctor didn't know what to tell her, nor did the second, nor the third. Eventually, they started telling her something she didn't want to hear: that she might be suffering from Münchhausen syndrome by proxy, which causes a parent or caregiver to fabricate (and sometimes induce) illness in a dependent. Leitao came up with her own diagnosis, and Morgellons was born.

She pulled the name from a treatise written by the seventeenth-century English physician and polymath Sir Thomas Browne, who described

that Endemial Distemper of little Children in Languedock, called the Morgellons, wherein they critically break out with harsh hairs on their Backs, which takes off the unquiet Symptoms of the Disease, and delivers them from Coughs and Convulsions.

Browne's "harsh hairs" were the early ancestors of today's fibers. Photos online show them in red, white, and blue — like the flag — and also black and translucent. These fibers are the kind of thing you describe in relation to other kinds of things: jellyfish or wires, animal fur or taffy candy or a fuzzball off your grandma's sweater. Some are called goldenheads, because they have a golden-colored bulb. Others simply look sinister, technological, tangled.

Patients started bringing these threads and flecks and fuzz to their doctors, storing them in Tupperware or matchboxes, and dermatologists actually developed a term for this phenomenon. They called it "the matchbox sign," an indication that patients had become so determined to prove their disease that they might be willing to produce fake evidence.

By the mid-2000s, Morgellons had become a controversy in earnest. Self-identified patients started calling themselves Morgies and rallying against doctors who diagnosed them with something called delusions of parasitosis (DOP). Major newspapers ran features posing some version of a question raised by the New York Times in 2006: "Is It Disease or Delusion?"

The Centers for Disease Control and Prevention (CDC) launched a full-scale investigation soon afterward.

In the meantime, an advocacy organization called the Charles E. Holman Foundation started putting together an annual Morgellons conference in Austin, Texas, for patients, researchers, and health-care providers — basically, anyone who gave a damn. The foundation was named for a man who devoted the last years of his life to investigating the causes of his wife's disease. His widow runs the conference. She's still sick. The conference offers Morgies refuge from a world that generally refuses to accept their account of why they suffer. As one presenter wrote to me:

It is bad enough that people are suffering so terribly. But to be the topic of seemingly the biggest joke in the world is way too much for sick people to bear. It is amazing to me that more people with this dreadful illness do not commit suicide . . .

The CDC finally released its study, “Clinical, Epidemiologic, Histopathologic and Molecular Features of an Unexplained Dermopathy,” in January 2012. Its authors, in association with the so-called Unexplained Dermopathy Task Force, had investigated 115 patients, using skin samples, blood tests, and neurocognitive exams. Their report offered little comfort to Morgellons patients looking for affirmation:

We were not able to conclude based on this study whether this unexplained dermatopathy represents a new condition . . . or wider recognition of an existing condition such as delusional infestation.

The authors suggested, with some delicacy, that patients might be treated for a number of “co-existing conditions,” such as drug abuse and psychosomatic disorders. The bottom line? Probably nothing there.

The Westoak Woods Baptist Church, on Slaughter Lane, is a few miles south of the Austin I'd imagined, an Austin full of Airstream trailers selling gourmet doughnuts, vintage shops crammed with taxidermied animal heads and lace, melancholy guitar riffs floating from ironic cowboy bars. Slaughter Lane is something else. It's Walgreens and Denny's and eventually a parking lot sliced by the spindly shadow of a twenty-foot-tall cross.

The church itself is a low blue building. A banner for the 2012 conference reads: searching for the uncommon thread. By the entrance, a cluster of friendly women greet new arrivals. On each of their matching shirts, the letters dop are slashed out in red. Most of the participants at the conference, I will come to realize, give the wholesome, welcoming impression of no-nonsense Midwestern housewives. I will also learn that 70 percent of Morgellons patients are female — and that women are especially vulnerable to the isolating disfigurement and condescension that accompany the disease.

The greeters direct me past an elaborate buffet of packaged pastries and into the sanctuary, which is serving as the main conference room. Speakers stand at the pulpit with their PowerPoint slides projected onto a screen behind them. Each cloth-covered pew holds a single box of Kleenex. The room has one stained-glass window — a dark-blue circle holding the milky cataract of a dove — but its panes admit no light.

This gathering is something like a meeting of alcoholics or Quakers. Between speakers, people occasionally just walk up to the pulpit and start sharing. Or else they do it in their chairs,

hunched over to get a better look at one another's limbs. They swap cell phone photos. I hear people talk about drinking Borax and running sound waves through their feet, about getting the disease from their fathers and giving it to their sons. I hear someone talk about what her skin is "expressing." I hear someone say, "It's a lonely world."

I discover that the people who can't help whispering during lectures are the ones I most want to talk to; that the coffee station is useful because it's a good place to meet people, and also because drinking coffee means I'll have to keep going to the bathroom, which is an even better place to meet people. The people I meet don't at first glance look disfigured. But up close, they reveal all kinds of scars and bumps and scabs.

I meet Dawn, a nurse from Pittsburgh, whose legs show the white patches I've come to recognize as formerly scabbed or lesion-ridden skin. Antibiotics have left a pattern of dark patches on her calves that once got her mistaken for an AIDS patient. Since her Morgellons diagnosis, Dawn has continued working.

"I was so angry at the misdiagnoses for so many years," she says, "being told that it was anxiety, in my head, female stuff. So I tried to spin that anger into something positive. I got my graduate degree. I published an article in a nursing journal."

I ask her about this phrase, "female stuff." It's like heart disease, she explains. For a long time, women's heart attacks were misdiagnosed or even ignored because doctors assumed that these patients were simply anxious or overly emotional. I realize Dawn's disease has been consistently, quietly embedded in a tradition that goes all the way back to nineteenth-century hysteria. She says her co-workers — the nurses, not the doctors — have been remarkably empathetic. Now they come to her whenever they find something strange or unexpected in a wound. She's become an expert in the inexplicable.

I ask Dawn what the hardest part of her disease has been. At first she replies in hesitant, general terms — "Uncertain future?" — but soon she settles on a more specific fear. "With the scars and stuff that I have from this," she says, "what guy's gonna like me?"

When Dawn talks about her body as something that's done her wrong, I fall into the easy groove of identification. Her condition seems like a crystallization of what I've always felt about myself — a wrongness in my being that I could never name and so pinned on my body, my thighs, my face. This resonance is part of what compels me about Morgellons.

But my willingness to turn Morgellons into metaphor — a physical manifestation of some abstract human tendency — is dangerous. It obscures the particular and unbidden nature of the suffering in front of me. I feel how conveniently these lives could be sculpted to fit the metaphoric strictures of the essay itself

I once had a specimen of my own. It was a worm in my ankle — a botfly larva from Bolivia — that was too far under the skin to see. I remember my voice in the Yale–New Haven ER saying, "There's a worm," and I remember how everyone looked at me: kindly and without belief. Their doubt was like humidity in the air. They asked if I'd recently taken any mind-altering drugs. The disconnect felt even worse than the worm itself — to live in a world where this thing was, while other people lived in a world where it wasn't.

It was almost a relief to finally see the worm, bobbing out of my ankle like a tiny white snorkel. I finally knew it was real. It's the Desdemona Problem facing Othello: fearing the worst is worse than knowing the worst. You eventually start wanting the worst to happen.

I still remember the shrill intensity of my gratitude when a doctor verified the worm's existence. Desdemona really had fucked Cassio. It was a relief. The doctor pulled out the worm and gave it to me in a jar. The simultaneity was glorious: the worm was gone and I'd been right

about it. I had about thirty minutes of peace before I started suspecting there might be another one.

I spent the next few weeks obsessed with the open wound on my ankle, looking for signs of a remaining worm. None emerged, but I didn't give up looking. Maybe the worm was tricky. It had seen what had happened to its comrade. I inspected the incision relentlessly for signs of eggs or movement. Anything I found was proof: a stray bit of Band-Aid, a glossy patch of bruised skin or scab.

It's easy to forget how Sir Thomas Browne insisted on the value of those "harsh hairs" covering the backs of his Languedoc urchins. He suggested that these strange growths quelled the "unquiet Symptoms of the Disease." Which is to say: physical symptoms can offer their own form of relief — they make suffering visible.

I don't know what causes the pain of Morgellons, the rustling on the skin, the threads and lesions. I only know what I learned from my botfly and its ghost: it was worse when I didn't have the worm than when I did.

A woman named Kendra, from Memphis, called a Morgellons hotline thinking she might be crazy. Now she's here at the conference. She sits on the church steps and smokes a cigarette. She says she probably shouldn't be smoking — gesturing at the church, and then at her scarred face.

Her cheeks show sores covered with pancake makeup. But she's pretty and young, with long, dark hair and a purple boatneck shirt that makes her look like she's headed somewhere else — the swimming pool, maybe — not back into a dim Baptist church to talk about what's living under her skin.

She says the scientific presentations have all gone over her head, but that she's looking forward to tomorrow's program, an interactive session with a high-powered microscope. That's why she came all this way. She's seen things — what she initially mistook for hairs and now thinks are fibers — but the microscope will see more. She'll get proof. She can't get it anywhere else. She doesn't have medical insurance, and doctors don't believe her anyway. "I've messed with a part of my chin," she confesses. "It's almost like trying to pull out a piece of glass." Something raw and reddish has been chalked with beige powder.

She makes a point of telling me she never had acne as a teenager. She wasn't one of the facially marred until suddenly she was. Now, at the conference, she's among others like her, and this helps.

Folie à deux is the clinical name for shared delusion. Morgellons patients all know the phrase — it's the name of the crime they're charged with. But if folie à deux is happening at the conference, it's happening en masse: an entire churchful of folks having the same nightmare. I ask Kendra if she ever doubts herself. Maybe she's afraid of something that's not actually happening?

"It's a possibility," she says, nodding. "But at the same time, you know, I think I've got a pretty good head on my shoulders. I don't think I've totally lost all my marbles."

She admits that coming here has made her a little bit afraid. In two years, will she be showing up in the emergency room with all the skin peeled off her chin? Spitting up bugs in the shower? In twenty years, will she still find her days consumed by this disease?

“Everyone who is born holds dual citizenship,” Susan Sontag writes, “in the kingdom of the well and in the kingdom of the sick.” Most people live in the former until they are forced — for certain spells of time — to take up residence in the latter. Right now Kendra is living in both. She tells me she’s meeting a friend downtown for sushi tonight. She can still understand herself outside the context of this disease: someone who does ordinary things, looks forward to the events of an ordinary life.

But Kendra feels a growing affinity with this community, the refuge and consolation that it offers. “We can’t all be delusional,” she says.

Before the afternoon session begins, we get a musical interlude. A young man wearing jeans and flannel — somebody’s Texan nephew-in-law — performs a rockabilly song about Morgellons. “We’ll guarantee you tears and applause,” he sings. “Just take on our cause.” It seems like he’s only doing this as a favor to his wife’s step-aunt. Yet he launches bravely into each new song, most of them some combination of battle cry, rain dance, punch line, lament. “Doctor, doctor, won’t you tell me what’s the matter with me?” he sings. “I got things going wild in my body, can’t you see?”

The star of the session is a physician from Laurieton, New South Wales, known casually around the conference as “the Australian.” In his talk, he responds directly to the recent CDC report, which he calls a “load of hogwash” and a “rocking-horse-dung pile.” He contrasts the good guys (doctors who listen) with the bad guys (doctors who don’t.) The Australian listens. He is one of the good guys.

He aims to get the crowd fired up, and he succeeds. He offers himself to the room as a fighter. He coins a new piece of jargon: DOD, for delusions of doctors. This gets applause and a couple of hoots from the back.

The Australian might be an egomaniac or a savior, probably both. But what matters is the collective nerve he hits, the specter he summons — of countless fruitless visits to countless callous doctors. One senses a hundred identical wounds across this room. Not just from glass and fibers but also from smirks and muttered remarks, hastily scribbled notes, cutting gazes. I’m moved less by the mudslinging than by the sense of liberation underneath the crowd’s applause.

This isn’t an essay about whether Morgellons disease is real. That’s probably obvious by now. It’s an essay about what kinds of reality are considered prerequisites for compassion. It’s about this strange sympathetic limbo: Is it wrong to speak of empathy when you trust the fact of suffering but not the source?

Calling Morgellons “real” generally means acknowledging there is actual, inexplicable stuff coming up through human skin. “Real” means a fungus, parasite, bacterium, or virus —

anything that might persuade the skeptical medical establishment that these patients aren't simply making the whole thing up.

The notion of “making it up” is also complicated, and could mean anything from intentional fabrication to hypochondria to an itch-scratch cycle that's gotten out of hand. Itching is powerful: the impulse that tells someone to scratch lights up the same neural pathways as chemical addiction. An itch that starts in the brain feels just like an itch on the skin, and it can begin with something as simple as a thought. It can begin from reading a paragraph like this one. Itching is a feedback loop, and it testifies to the possibility of symptoms that dwell in a charged and uneasy space between body and mind.

That's why “self-excoriation” is such a taboo phrase here, and why patients are so deeply offended by any accusation that they've planted fibers in their own skin. These explanations pin the blame back on them, suggesting not only that the harm inflicted is less real, but also that it's less deserving of compassion or aid. In contrast, parasites and bacteria are agents of otherness, granting the legitimacy of external struggle.

This insistence on an external source of damage implies that the self is a single coherent entity, a unified collection of physical, mental, and spiritual components. When really, the self — at least as I've experienced mine — is much more discordant and self-sabotaging, neither fully integrated nor consistently serving its own good.

During one discussion of possible bacterial causes of Morgellons, a woman raises her hand to make what initially seems like an incongruous point. “Maybe there are no autoimmune diseases,” she says. “They just don't make sense.” Why, after all, would a body fight itself? Perhaps, she suggests, what seems like an autoimmune disorder is simply the body anticipating a foreign invader that hasn't yet arrived. This logic, too, is predicated on a vision of the self as a whole, united, its parts working in concert — yet it betrays a lurking sense of the body's treachery, a sense of sickness as mutiny.

What does it look like when the self fights itself? When a human being is broken into warring factions? Perhaps it looks like the experimental cures I see here: scraping or freezing the skin, hitting it with lasers or defibrillators, dousing it with acid or lighter fluid, taking cocktails of antiparasitic medicines meant for animals three times our size.

But I wonder why this fracturing of the self shouldn't warrant our compassion just as much as a diseased body. Or maybe even more.

I duck out of the second afternoon session and fall into conversation with two men involved in a tense exchange near the cookie tray. Paul is a blond Texan wearing a silver-studded belt and stiff jeans. Lenny is from Oklahoma, a well-coiffed man with a curled mustache and a dark tan. Both wear flannel shirts tucked into their pants.

Paul is a patient, and Lenny is not. Lenny's here because he thinks he may have found the cure. A woman came to him with the disease all over her knuckles and he treated it with a laser. “I turned it on that,” he says, “and it killed it.”

I ask if he's a dermatologist.

“Oh no!” he says. “I’m an electrician.”

This woman had two years of pain, Lenny says, and nothing helped her until he did. About twenty minutes into the conversation, he also mentions she was a meth addict. He assures us that his laser cleaned her out until there was “no sign left” of any fibers. Paul has a strange look on his face as Lenny describes the cure. “You didn’t heal her,” he says finally. “It’s a virus.” Lenny nods, but he’s clearly taken aback. He wasn’t expecting resistance.

“I’ve been dealing with this for eight years,” Paul continues. “And I would’ve chopped off my hand if that would have stopped it from spreading to the rest of my body.”

Paul looks worse than anyone else I’ve seen. He has his own name for his illness — the Devil’s Fishing Bait — because, he says, he got it on a fishing trip. Sometimes he refers to it as a virus, other times as a parasitic infestation, but the sense of sinister agency remains the same.

Paul’s disease is different in that you can see it. His right ear is the most obvious sign of his affliction. It’s a little twisted, almost mashed, and it has the smooth, shiny texture of scar tissue all along the juncture between ear and jaw. His face is dotted with red pockmarks; the skin is stained with milky patterns, and he’s got teardrop scars around his eyes.

Paul says he came home from the fishing trip with his legs covered in chigger bites. “You could feel the heat coming out of my pants,” he says. His whole body was inflamed. I ask about his symptoms now. He simply shakes his head: “You can never tell what’s coming next.”

I ask whether he gets support from anyone in his life. He does, he says. That’s when he tells me about his sister.

At first, she wasn’t sympathetic. She assumed Paul was on drugs when he told her about his symptoms. But she was the one who eventually discovered Morgellons, just about a year ago, and told him about it.

“So she’s become a source of support?” I ask.

“Well,” he says. “Now she has it, too.”

They experiment with different treatments and compare notes: freezing, insecticides, dewormers for cattle, horses, dogs. A liquid-nitrogen compound he injected into his ear. Lately, he says, he’s had success with root beer. He pours it over his head, his face, his limbs. He tells me about arriving at the ER one night with blood gushing from his ear, screaming because he could feel them — them again, uttered with such force — tearing him up inside. One of the ER doctors did a physical examination and noted that his mouth was dry. Paul told the doctor it was from shouting at them for help.

Paul doesn’t seem overly impressed with the conference. Mainly because it hasn’t offered up a cure, he says, though there’s a trace of satisfaction in his disappointment, as if certain suspicions have been confirmed.

I sit behind him during the day’s final presentation. I can see he isn’t paying attention to the speaker. He’s looking at photographs on his computer. They’re all images of his face, mostly in profile, focused on his ear. He shows them to the middle-aged woman sitting beside him, and points to a photo of a small metal implement that looks like a pair of tongs: a taser. A few moments later, I hear him whisper, “These were all eggs.”

When I leave the church, I find sunlight waiting outside our windowless rooms. The world has been patient. Springtime in Austin is grackles in the trees; a nearly invisible fluttering of bats under the Congress Avenue Bridge and a waft of guano in blue-washed twilight. Austin is beautiful women everywhere, in scarves and boots, and wind-blown oak leaves skittering across patios where I eat oysters on ice. People with narrative tattoos smoke in the heat. I find a grotto dedicated to the Virgin Mary with an empty beer bottle and a bag of Cheez-Its buried in the gravel.

I walk among the young and healthy and I am more or less one of them. I am trying not to itch. I am trying not to take my skin for granted. But I can't quiet the voices of those who no longer feel they belong anywhere. I spend a day in their kingdom and then leave when I please. It feels like a betrayal to come up for air.

Doubting the existence of Morgellons hasn't stopped me from being afraid I'll get it. Before the conference, I told my friends: "If I come back from Austin thinking I have Morgellons, you have to tell me I don't." Now that I'm here, I wash my hands a lot. I'm conscious of other people's bodies.

Then it starts happening, as I knew it would. After a shower, I notice small blue strands like tiny worms across my clavicle. I find what appear to be minuscule spines, little quills, tucked into the crevice of a fortune line on my palm.

If you look closely enough, of course, skin is always foreign — full of bumps, botched hairs, hefty freckles, rough patches. The blue fibers are probably just stray threads from a towel, or from my sleeve, the quills not quills at all but smeared ink on the surface of the skin. But it's in these moments of fear that I come closest to experiencing Morgellons the way patients do. Inhabiting their perspective only makes me want to protect myself from what they have. I wonder if these are the only options available to my crippled organs of compassion: I'm either full of disbelief or I'm washing my hands in the bathroom.

I'm not the only person at the conference thinking about contagion. One woman stands up to say she needs to know the facts about how Morgellons is really transmitted. She tells the crowd that her family and friends refuse to come to her apartment. She needs proof they can't catch the disease from her couch. It's hard not to speculate. Maybe her family and friends are afraid of catching her disease — or maybe they're keeping their distance from what they understand as her obsession.

Kendra tells me she's afraid of getting her friends sick whenever she goes out to dinner with them. I picture her at the sushi place — handling her chopsticks so carefully, keeping her wasabi under strict quarantine, so that this thing in her won't get into anyone else.

The specter of contagion serves a curious double function. On the one hand, as with Kendra, there is a sense of shame at oneself as a potential carrier of infection. But on the other hand, the possibility of spreading this disease also suggests that it's real — that it could be proven to exist by its manifestation in others.

This double-edged sword of fear and confirmation is on full display at the Pets with Morgellons website, one of the oddest corners of the Morgellons online labyrinth. In a typical entry, a cat named Ika introduces herself and her illness:

I have been named [for] the Japanese snack of dried cuttlefish. . . . Typically I am full of chaotic energy, however lately I have been feeling quite lethargic and VERY itchy. My best friend/mommy thinks that she gave me her skin condition, and she is so very SAD. I think she is even more sad that she passed it on to me than the fact that she has it covering her entire face.

The litany of sick animals continues. A sleek white dog named Jazzy sports itchy paws; two bloodhounds are biting invisible fleas; a Lhasa apso joins his owner for stretches in an infrared sauna. Another entry is an elegy for an Akita named Sinbad:

It appears that I got the disease at the same time that my beautiful lady owner got it. And after many trips to the vet they had to put me down. I know it was for my own good, but I do miss them a lot. I can still see my master's face, right up close to mine, when the doc put me to sleep. . . . I could sniff his breath and feel the pain in his eyes as tears rolled down his face. But, it's ok. I'm alright now. The maddening itching is finally over. I'm finally at peace.

Who knows what happened to Sinbad? Maybe he really did need to get put down; maybe he was old, or sick with something else. Maybe he wasn't sick at all. But he has become part of an illness narrative — like lesions, or divorces, or the fibers themselves. He is irrefutable proof that suffering has happened, that things have been lost.

The second day of the conference kicks off with a Japanese television documentary about Morgellons — known over there as cotton-erupting disease. We see a woman standing at her kitchen counter, mixing a livestock antiparasitic called ivermectin into a glass of water. The Japanese voice-over sounds concerned, and a conference participant reads an English translation: the woman knows this drug isn't for human consumption, but she's using it anyway. She's desperate. We see a map of America with patches of known cases breaking out like lesions over the land, a twisted manifest destiny.

Just as fibers attach to an open wound — its wet surface a kind of glue — so does the notion of disease function as an adhesive, gathering anything we can't understand, anything that hurts, anything that will stick. "Transmission by Internet," some skeptics claim about Morgellons: message boards as Pied Pipers, calling all comers. It's true that the Internet made it possible for knowledge of Morgellons to spread, and transformed its sufferers into a self-contained online community.

A woman named Sandra pulls out her cell phone to show me a photo of something she coughed up. It looks like a little albino shrimp. She thinks it's a larva. She photographed it through a jeweler's loupe. She wants a microscope but doesn't have one yet. She put the larva on a book to provide a sense of scale. I try to get a good look at the print; I'm curious about what she was reading.

Sandra has a theory about the fibers — that the organisms inside her are gathering materials to make their cocoons. This explains why so many of the fibers turn out to be ordinary kinds of thread, dog hair, or cotton. Creatures are making a nest of her body, using the ordinary materials of her life to build a home inside her.

Once I've squinted long enough at the shrimpish thing, Sandra brings up a video of herself in the bathtub. "These are way beyond fibers," she promises. Only her feet are visible, protruding through the surface of the water. The quality is grainy, but it appears the bath is full of wriggling larvae. Their forms are hard to feel sure about — everything is dim and a little sludgy — but that's what it looks like. She says that a couple of years ago, there were hundreds coming out of her skin. It's gotten a little better. These days when she takes a bath, only two or three come out.

I'm at a loss. I don't know whether what I'm seeing are worms, or where they come from, or what they might be if they're not worms, or whether I want them to be worms or not, or what I have to believe about this woman if they aren't worms — or about the world, or human bodies, or this disease, if they are. I do know that I see a bunch of little wriggling shadows, and for now I'm glad I'm not a doctor or a scientist, because leaning into this uncertainty lets me believe her without needing to confirm my belief. I can dwell with her — for just a moment, at least — in the possibility of those worms, in that horror.

I catch sight of Kendra watching Sandra's phone. She's wondering if this is what her future holds. I want to comfort her, to insist that everyone's disease turns out a little different. She tells me about sushi last night: it was good. Turns out she bought a painting. She shouldn't have, she says. She can't afford it. But she saw it hanging at the restaurant and couldn't resist. She shows me a picture on her phone: lush, braided swirls of oil paint curl from the corners of a parchment-colored square.

I think but don't say: fibers.

"You know," she says, voice lowered. "It reminds me a little of those things." I get a sinking feeling. It's that moment in a movie when the illness spreads beyond its quarantine. Even when Kendra leaves this kingdom of the sick, she finds sickness waiting patiently for her on the other side. She pays \$300 she can't afford just so she can take its portrait home with her.

The organizers are holding a lottery to give away some inexpensive microscopes: a handful of miniature ones like small black plums, and their larger cousin the EyeClops, a children's toy. I win a mini, but I'm sheepish as I head up to the stage to claim it. What do I need a scope for? I'm here to write about how other people need scopes. Everyone knows this. I'm given a small, square box. I imagine how the scene will play out later tonight: examining my skin in the stale privacy of my hotel room, facing that razor's edge between skepticism and fear by way of the little widget in my palm.

I give my miniscope to Sandra. I give it to her because she is sick of using her jeweler's loupe, because she is sad she didn't get one, and because I feel self-conscious about winning one when I wasn't even looking for fibers in the first place.

"That's so generous," she says.

But maybe it wasn't generous. Maybe it was the opposite. Maybe I'd just taken hours of her life away and replaced them with hours spent at the peephole of that microscope, staring at what she wouldn't be able to cure.

"I can be myself only when I'm here" is something I heard more than once at Westoak. But every time I left the church, I found myself wishing these patients could also be themselves elsewhere, could be themselves anywhere. I think of Kendra, terrified by the same assurances that offered her validation. She had proof of fibers in her skin but no hope of getting them out, only a vision of what it might look like to be consumed by this disease entirely — a thousand bloody photographs on a laptop, or a soup of larvae on her phone.

A confession: I left the conference early. I actually, embarrassingly, went to sit by the shitty hotel pool. I baked bare-skinned in the Texas sun, and I watched a woman from the conference come outside and carefully lay her own body, fully clothed, across a reclining chair in the shade.

I've left the kingdom of the ill. Dawn and Kendra and Paul and Sandra remain. But I still feel the ache of an uncanny proximity. "Some of these things I'm trying to get out," Kendra told me, "it's like they move away from me." Sometimes we're all trying to purge something, and what we're trying to purge resists our efforts. These demons belong to all of us: an obsession with our boundaries and visible shapes, a fear of invasion or contamination, an understanding of ourselves as perpetually misunderstood.

But doesn't this search for meaning obfuscate the illness itself? It's another kind of bait, another tied-and-painted fly: the notion that if we understand something well enough, we can make it go away.

Everyone I met at the conference was kind. They offered their warmth to me and to one another. I was a visitor to what they knew, but I have been a citizen at times, and I know I'll be one again. Now my skepticism feels like a violation of some collective trust. The same researcher who told me about "the biggest joke in the world" also told me this: "When I heard of your interest, I felt genuine hope that the real story would be told accurately and sensitively." I can't forget this hope. I don't want to betray it.

"Sit down before fact as a little child," wrote the nineteenth-century biologist Thomas Huxley, in a passage quoted by one of the speakers at Westoak, "and be prepared to give up every preconceived notion, follow humbly wherever and to whatever abyss Nature leads, or you shall learn nothing."

I want to follow humbly; I want to believe everyone. But belief isn't the same thing as compassion, or sorrow, or pity. It wasn't until the seventeenth century that the words pity and piety were completely distinguished. And what I feel toward this disorder is a kind of piety — an

obligation to pay homage, or at least accord some reverence to these patients' collective understanding of what makes them hurt. Maybe it's a kind of sympathetic infection: this need to go-along-with, to nod-along-with, to agree.

Paul said, "I wouldn't tell anyone my crazy-ass symptoms." But he told them to me. He's always been met with disbelief. He called it "typical." Now I'm haunted by that word. For Paul, life has become a pattern and the moral of that pattern is: You're destined for this. The disbelief of others is inevitable and so is loneliness; both are just as much a part of this disease as any fiber, any speck or crystal or parasite.

I went to Austin because I wanted to be a different kind of listener than these patients had generally known: doctors winking at their residents, friends biting their lips, skeptics smiling in smug bewilderment. But wanting to be different doesn't make you so. Paul told me his crazy-ass symptoms and I didn't believe him. Or at least, I didn't believe him the way he wanted to be believed. I didn't believe there were parasites laying thousands of eggs under his skin, but I did believe he suffered as if there were. Which was typical. I was typical. In writing this essay, how am I doing something he wouldn't understand as betrayal? I want to say, I heard you. To say: I pass no judgments. But I can't say these things to him. So instead I say this: I think he can heal. I hope he does.

Essay #3: Will the Ozempic Era Change How We Think About Being Fat & Being Thin?

By: Jia Tolentino, 2023

The ideal female body of the past decade, born through the godless alliance of Instagram and the Kardashian family, was as juicy and uncanny as a silicone-injected peach. Young women all over the Internet copied the shape—a sculpted waist, an enormous butt, hips that spread generously underneath a high-cut bikini—and also the face atop it, a contoured hybrid of recognizably human mannequin and sexy feline. This prototype was as technologically mediated as the era that produced it; women attained the look by injecting artificial substances, removing natural ones, and altering photographic evidence.

Dana Omari, a registered dietitian and an Instagram influencer in Houston, has accumulated a quarter of a million followers by documenting the blepharoplasties, breast implants, and Brazilian butt lifts of the rich and famous. Recently, she noticed that the human weathervanes of the social-media beauty standard were spinning in a new direction. The Kardashians were shrinking. Having previously appropriated styles created by Black women, they were now leaning into a skinnier, whiter ideal. Kim dropped twenty-one pounds before the Met Gala, where she wore a dress made famous by Marilyn Monroe; Khloé, who has spoken in the past about struggling with her weight, posted fortieth-birthday photos in which she looked as slim and blond as a Barbie. All over Instagram, the wealthy and the professionally attractive were showing newly prominent clavicles and rib cages. Last spring, Omari shared with her followers the open secret behind such striking thinness: the Kardashians and others, she insisted, were likely taking semaglutide, the active ingredient in the medication Ozempic. “This is the ‘diabetic shot’ for weight loss everyone’s been talking about,” she wrote. “Really good sources have told me that Kim and Khloé allegedly started on their Ozempic journey last year.” Omari was about to start taking a version of the medication herself.

Ozempic, which is manufactured by Novo Nordisk, is part of an expanding class of drugs called GLP-1 receptor agonists, which have dramatically altered the treatment of diabetes and obesity. Ozempic is approved by the Food and Drug Administration only for the treatment of Type 2 diabetes—a condition that accounts for ninety per cent of all diabetes cases—and has been available since 2017. Its name is now shorthand for the entire category of weight-loss injections. In 2021, Novo Nordisk received approval for Wegovy, which has the same active ingredient as Ozempic but comes with a higher maximum dose, as an anti-obesity drug. On a year-end earnings call in 2022, Novo Nordisk cited worldwide market growth of fifty per cent, with almost forty thousand new Wegovy prescriptions being written every week.

The drugs mimic a hormone called glucagon-like peptide-1, which stimulates insulin production and suppresses the production of glucagon, which raises blood sugar. The body naturally releases GLP-1 after a meal, and the hormone travels to the brain, triggering the feeling of fullness. GLP-1 drugs effectively inject that sense of satiety, and also slow the rate at which food empties out of the stomach; patients generally report a freedom from cravings and an inability to overeat without becoming ill. “I’m convinced that this basically replaced a signal my body has been missing my whole life,” a commenter in a Reddit group for people using

semaglutide wrote recently. “All I can say,” a member of an online group called Lose the Fat wrote, “is that it is no wonder that skinny people think heavy people have no willpower. Their brains actually do tell them to stop eating. I had no idea.”

More than forty percent of Americans are obese, and eleven per cent have been given a diagnosis of Type 2 diabetes. Both conditions involve metabolic dysfunction: Type 2 diabetes is characterized by resistance to insulin, a trait that tends to develop as a person gains fat; insulin resistance leads to high blood sugar, which increases the risk of stroke, heart disease, nerve damage, and more. Obesity is correlated with, among other things, higher rates of cancer, sleep apnea, and liver disease. For people living with these risks, the new medications may be a godsend. “These drugs are groundbreaking,” Dr. Cole Barfield, an internal-medicine specialist in Nashville, told me, noting that they can spur greater weight loss and more effectively decrease blood-sugar levels than previous frontline treatments—and, unlike many other medications for these conditions, they do not put patients at risk of major cardiovascular events.

There are, however, complications. Initial side effects (diarrhea, vomiting, constipation, dizziness, nausea) can be gnarly enough to send people to the E.R. Patients can also experience hair loss, a result that—like the gaunt look that has been termed, not without Schadenfreude, “Ozempic face”—is caused by rapid weight loss rather than by the drug itself. In rare cases, patients might develop renal failure, pancreatitis, or intestinal obstruction. Also, GLP-1 drugs are expensive—often more than a thousand dollars a month out of pocket—and insurance companies frequently refuse to cover them. (Weight-loss drugs are not required to be covered by Medicaid.) Still, about a year ago, Barfield noticed an influx of patients who came in asking for Ozempic by name. “I’d guess this was probably when people started posting TikToks about the celebrities being on it,” he said.

“Everyone is suddenly showing up 25 pounds lighter,” Andy Cohen, the TV producer who created the “Real Housewives” franchise, tweeted in September. “What happens when they stop taking #Ozempic?????” Celebrities have generally denied the accusation. “I get up 5 days a week at 6am to train,” Khloé Kardashian wrote on Instagram. “Please stop with your assumptions.” Omari stifled a giggle when I asked her about such denials, which tend to be, subtly or otherwise, less than categorical. One can, and should, exercise in addition to taking GLP-1 drugs. And you can say you’re not taking Ozempic if you’re actually taking Mounjaro—a newer, similar drug, manufactured by Eli Lilly & Co., that is producing even more drastic results in clinical studies—or if you’re getting an off-brand version of the medication from a compounding pharmacy. Such pharmacies, which offer custom medications, often make drugs for people who have allergies to common ingredients, or who need commercially unavailable dosages, or who can swallow a liquid but not pills. But they are also allowed to compound drugs that are on a list kept by the F.D.A. of drugs that are in short supply, as low-dose Ozempic now is. (The shortage is not of the medication but of the devices used to inject it, which Novo Nordisk has not been able to manufacture fast enough to meet demand.) “I’m on compounded semaglutide, and I will tell you, I eat like a toddler,” Omari told her followers in January.

It is possible to imagine a different universe in which the discovery of semaglutide was an unalloyed good—a powerful tool to untangle the knot of genetic tendencies, environmental forces, and behaviors that conspire to make more and more Americans gain weight. We might

recognize metabolism and appetite as biological facts rather than as moral choices; rising rates of Type 2 diabetes and obesity around the globe could be reversed. In the actual universe that we inhabit, the people who most need semaglutide often struggle to get it, and its arrival seems to have prompted less a public consideration of what it means to be fat than a renewed fixation on being thin.

In the Renaissance and for centuries afterward, the Platonic ideal of the female body in the West was defined by proportionality: Rubens's expressive fleshiness, the gentle undulations of Botticelli's Venus. Then the Industrial Revolution produced increasingly sedentary life styles and easier access to food, not to mention standardized dress sizes. The diet industry roared to life: thyroid extract was packed into pills and sold under names such as Corpulin and Frank J. Kellogg's Safe Fat Reducer; there were "reducing salons" where women could have their flesh rolled and squeezed by machines. Women's magazines enshrined the idea that high-class whiteness could be expressed through a thin body, and articulated a horror of fat and of cultures that valued it. An essay published in *Harper's Bazaar* in 1897 refers to fatness as a "crime" and a "deformity," and argues that a fat woman "will not be a social success unless she burnt-cork herself, don beads, and then go to that burning clime where women, like pigs, are valued at so much a pound."

People have been pushing back against fat stigma since at least the nineteen-sixties, when activists staged a "fat-in" at the Sheep Meadow in Central Park. But the desire to achieve thinness by any means necessary—amphetamines, grapefruit diets, SlimFast—remains an almost foundational tenet of female socialization. When I was a preteen, in the heroin-chic nineties, pro-anorexia Web sites proliferated on the Internet; in the early two-thousands, teen girls puked or did obsessive sit-ups or took Hydroxycut in pursuit of abs like Britney Spears's. In the twenty-tens, even as the Kardashians ostentatiously displayed their curves, they sold Flat Tummy Co. teas—laxatives—and waist trainers. And young women now are just a tap away from a never-ending social-media parade of aspirational bodies. A Harvard study, drawing on data from the Implicit Association Test, which asks people to sort words and images into "good" and "bad" categories, found that implicit bias against fat people actually grew from 2007 to 2016, with eighty-one per cent of people exhibiting it by the end of the study. Every other implicit bias in the study—regarding race, gender, sexual orientation, age, and disability—waned during that period.

The cultural fear of fat plays a role in the negative outcomes associated with it. Doctors—about a third of whom, in one study, reported viewing their obese patients as "sloppy" and "lazy"—frequently misdiagnose, undertreat, or shame fat people, who then accumulate reasons to distrust medical care. (In one notable case, a forty-six-year-old woman went to see an obesity specialist at Georgetown University, complaining of shortness of breath; he told her she should go on a diet. It turned out that she had life-threatening blood clots.) Obesity correlates with poverty, and Black and Hispanic adults are more likely to be fat than white ones; the general attitude toward fat people allows an aversion to poor people and nonwhites to be expressed as moral concern. The belief that fatness in itself is neither ugly nor alarming is sometimes misinterpreted, ingenuously or otherwise, as a complete disregard for the connection between health and weight gain. I recently went to a doctor's appointment in uptown Manhattan, during

which it came up in conversation that I was writing about Ozempic. The doctor put down her stethoscope and turned to me. “You know, I love Lizzo,” she said immediately. “But it’s a shame that this whole body-positivity movement has made so many people think that it’s O.K. to be obese.”

In fact, both thinness and fatness can be the result of disordered eating, and both are dangerous at the extremes. In 1958, a physiologist named Ancel Keys initiated a long-term study in seven countries concerning the relationship between diet and cardiac health; later, analyzing the data, he found that very thin and very heavy people carried the greatest risks for heart disease. But Keys concentrated his worry on obesity, a condition he referred to as “disgusting” and “repugnant.” He revived something called the Quetelet Index—concocted in the nineteenth century by the Belgian mathematician Adolphe Quetelet, in an effort to identify the statistically average man (“the type of perfection,” Quetelet called him)—and gave it a new name: the body-mass index. By the nineteen-eighties, B.M.I. had become the standard method of assessing a person’s health via her weight.

Today, someone’s weight is deemed healthy if her B.M.I. falls between 18 and 24.9; between 25 and 30, a person is overweight; beyond that, she has obesity. But Quetelet’s research subjects were European men, and his formula is less accurate at indicating the health of women and of people who are Black, Hispanic, or Asian. More generally, the index implies a precise weight-to-health correlation that does not actually exist. A recent study examined subjects’ B.M.I.s in relation to their blood pressure, cholesterol levels, and insulin resistance. Nearly a third of people with a “normal” B.M.I. had unhealthy metabolic metrics, and nearly half of those who were technically overweight were metabolically healthy. About a quarter of those who were classified as obese were healthy, too.

A healthy body can generally signal to the brain when it has had enough food. But that signalling system can be faulty, or get injured. “One of the most important things about obesity, and something most people don’t understand, is that, in the process of gaining weight, the neural circuitry of the brain that regulates weight is damaged,” Dr. Louis Aronne, the director of the Comprehensive Weight Control Center, at Weill Cornell Medicine, told me. (Aronne, like many other prominent practitioners of obesity medicine, has consulted on trials conducted by Novo Nordisk.) “The hypothalamus shows signs of inflammation and injury,” he went on. The prevailing theory, he explained, is that “too many calories coming in too quickly damages nerves that respond to the hormones that control body weight.” One of these hormones is leptin, which is produced in body fat, and which signals to the brain that it’s time to stop eating. But, if you gain fat, the oversupply of leptin can cause your body to be desensitized to it, making your brain erroneously believe that you are starving. “Your body tries to rebalance the system by slowing down the metabolism and increasing appetite,” Aronne said. After a person has gained enough weight to enter this cycle of metabolic misdirection, it becomes nearly impossible to lose that weight and keep it off long-term simply through diet and exercise. (About five per cent of people manage to do it.) A well-known study followed contestants on “The Biggest Loser,” the weight-loss-competition show, and found that the contestants’ metabolisms slowed so drastically after their weight loss that nearly all of them regained what they’d lost. One contestant, who’d dropped an astonishing two hundred and thirty-nine pounds, soon regained a hundred, and then

began gaining weight whenever he ate more than eight hundred calories *less* than the average amount recommended for a man his size.

“No one in my family is skinny—we’re just not built that way,” Jamel Corona, a thirty-seven-year-old Mexican American mother of two in Illinois, told me. Corona had been overweight for most of her life, she said; she was a size 12 in sixth grade. “I’ve never had a bad relationship with food, and I’ve always worked out,” she said. In college, she ate the same amount as the girls she lived with in her sorority house, but she was bigger, and gaining weight. Later, when she got pregnant, she developed gestational diabetes. (Diabetes also ran in her family, with most of her aunts and uncles dealing with Type 2.) During her second pregnancy, she had to give herself daily insulin injections; her blood-sugar levels “just kept going up and up and up.” After she gave birth, she gained forty pounds in her first three months postpartum. Her endocrinologist suggested Wegovy. “It was either that I try this, or that I would come back in six months and probably go on insulin again,” she said.

When Corona started on Wegovy, the side effects were awful—fatigue, nausea, months of severe insomnia. She joined a Facebook support group, where members counselled her that foods that were processed, fried, or high in carbohydrates or sugar tended to make people on GLP-1 medications feel sick. Corona told me, “If I tried to eat a whole burrito bowl at Chipotle, I would feel so physically ill I would have to call off work.” She could no longer handle alcohol, and had little desire to drink it, another common side effect. “One day we went out to a brewery and I had three beers in four hours, and I was throwing up afterward, as drunk as if I’d had a whole keg,” she said. “I decided to never have beer again.” (Anecdotally, doctors and patients have reported that these medications can decrease a range of dopamine-seeking behaviors, including online shopping.) She started hiking and running, which she hadn’t been able to do when she was heavier; she went to the gym every day, first thing in the morning. At the time we spoke, she had been taking Wegovy for a year, and had lost fifty pounds. She told me she felt like an entirely different person, energized and strong.

“Let’s be honest,” she said. “I was not healthy at over two hundred and twenty pounds, being five-four.” She needed something to get her back to a state of equilibrium, and semaglutide appears to have done it. “If we get past this as a celebrity-weight-loss headline story, and we see this for what it really is, it’s revolutionary,” she said. “In the future it might be like taking vitamins. Everyone’s going to be on it.”

This past November, I created an account on a telehealth Web site that looked as though it had been designed in about forty-five minutes using stock images and a free template. I filled out a form that asked for my height, my weight, and my reason for wanting semaglutide. I entered a weight that gave me a B.M.I. of 30. This was a lie, and I expected to be caught out during the Zoom appointment that I assumed was coming. Instead, a nurse practitioner named Nicole sent me a direct message laced with cheerful emojis. “My extensive experience allows me to provide a very wide range of services to you,” she said, adding prayer hands. She warned me that it was hard to get Ozempic covered by insurance; I replied that I would be happy to pay out of pocket.

“My patients, YOU, are suffering,” she wrote back. She said that she could connect me with a compounding pharmacy to get me three months’ worth of low-cost semaglutide. “This NEW alternate option I am providing is for ALL patients, even those with stubborn insurance, no insurance, or government insurance,” she wrote. It would cost two hundred and fifty dollars, and the fee for my “visit” would be a hundred and fifty dollars. She thanked me for my patience “during this time when it is very difficult to obtain weight loss assistance.” I asked if she would help me manage the side effects, but got no reply. I wrote again and asked to move forward with the prescription.

A few days later, I received a small cardboard box from Clearwater, Florida, in the mail. Inside was a baggie containing alcohol pads, orange-tipped single-use insulin syringes, and a vial of bacteriostatic water. Another baggie contained a two-inch vial of clear liquid—this was the semaglutide—plus a syringe with an alarmingly long needle and a single sheet of instructions for how to mix the semaglutide with the bacteriostatic water and inject myself.

The over-all vibe of this package did not inspire confidence. (Semaglutide is supposed to come in temperature-controlled packaging, and it did not.) Still, when I told people about my semaglutide stash, they were intrigued. “Should I take it and be your guinea pig?” a friend asked. I reminded him that he was already skinny. “I’m Gigi Hadid skinny,” he replied. “I could be Bella Hadid skinny.” He was kidding, sort of.

I became curious whether I could get a prescription without lying about my weight. I found the Web site of a telehealth clinic advertising semaglutide, and, this time, entered my real height and weight, that of a woman who wears a size 4. A practitioner called me the next morning; I told him that I’d had a baby in 2020 and wanted to lose fifteen pounds. “Our program is meant for this exact kind of case,” he said. He discussed side effects—“the only one to really be worried about is mild nausea”—and told me that I wouldn’t need to do any blood work or visit a doctor. “It’s very mild, it’s a peptide,” he said. “It just balances everything out.”

Novo Nordisk has patented semaglutide, and the company has insisted that it does not sell the medication for compounding purposes, which raises the question of what compounding pharmacies are providing to their customers. These pharmacies have to comply with regulations set by state pharmacy boards and the F.D.A., and they are required to source ingredients from F.D.A.-registered suppliers, but the F.D.A. does not approve or verify compounded drugs, and the pharmacies—there are about seventy-five hundred in the United States—are primarily monitored through inspections. The rules that govern them are, a prominent figure in the compounding industry told me, “under-enforced.”

I wrote to the telehealth clinic and asked to be put in touch with its pharmacy. A co-owner of the clinic called me a few minutes later. He said that the pharmacy they used, which is also based in Florida, was selling semaglutide sodium—the salt form of the drug molecule, which is easily obtainable for bulk purchase online as a research chemical. Most drugs can be prepared in different chemical formulations, but the F.D.A. requires clinical studies of each formulation to prove safety and efficacy, and it has not approved semaglutide sodium for compounding. The Alliance for Pharmacy Compounding has suggested that semaglutide sodium “should not be used for human compounding,” and is “not a substitute for semaglutide base.”

But the clinic owner insisted that, for the purposes of weight loss, semaglutide sodium was “the same thing,” and that the business with the F.D.A. was just politics. “Ozempic is so expensive here because our health-care system is capitalistic,” he said. “In socialistic health-care systems, in Europe, you can get a month’s supply for a hundred and fifty dollars.” (This is not far off—it costs about two hundred dollars in the United Kingdom.) He assured me that I could trust the Florida pharmacy and its products: it was, he claimed, where all the Hollywood celebrities got their stuff. He also said that semaglutide sodium was in such high demand that the pharmacy was testing semaglutide acetate, which hasn’t been approved for compounding by the F.D.A., either.

I asked the prominent figure from the compounding industry about the legality of compounding pharmacies using semaglutide sodium. He described it as a “gray area.” “When you dissolve semaglutide sodium in water, you end up with semaglutide base and sodium ions,” he said. He also insisted that “the F.D.A. knows this is going on, and they haven’t said a word.”

Eli Lilly and Novo Nordisk together have at least twelve more obesity medications in development. Novo Nordisk reportedly spent about a hundred million dollars advertising Ozempic last year, and the two companies are spending roughly ten million dollars annually on lobbying. A primary focus of that lobbying is the proposed Treat and Reduce Obesity Act, which has been introduced in congressional sessions annually since 2012, and which would require Medicare to cover, among other treatments, chronic-weight-management drugs. Anticipating the passage of this bill within the next few years, Morgan Stanley has forecast that U.S. revenue from such drugs will increase four-hundredfold by the end of the decade. Obesity looks “set to become the next blockbuster pharma category,” it declared, in a report last year, which also predicted that social media and word of mouth will create an “exponential virtuous cycle” around the new medications: a quarter of people with obesity will seek treatment from physicians, up from the current seven per cent, and more than half of those who do will begin taking medicine. In March, WeightWatchers acquired the telehealth weight-loss company Sequence, which specializes in prescribing GLP-1 drugs.

Controversially, the American Pediatric Association recently included weight-loss medication and bariatric surgery as part of a set of treatments that physicians should consider for kids with obesity. (Bariatric surgery, previously the only medical intervention that resulted in lasting weight loss for more than a small percentage of people, works in part because it, too, increases GLP-1 levels, and does so before any weight loss has occurred.) In clinical trials, patients who go off GLP-1 drugs regain much of their lost weight within a year. I asked Dr. Aronne, from Weill Cornell, about the possible medical consequences of irregular lifetime use, which seems to be a likely outcome for many patients, especially those who are prescribed the drugs at an early age. “That’s a great question,” he said, “and we don’t have the answer.” He suggested that doctors might begin treating obesity the way they treat hypertension. “You could start people on a tiny dose per week, and they would never get to the place where they have catastrophic problems,” he said. Patients would still need regular blood work and other monitoring; it’s likely enough that, as these drugs come into use in a wider patient population than ever before, new risks and complications will arise. But to Aronne, who has treated patients with serious health complications related to weight for thirty years, a lifetime on Wegovy seems far less dangerous than a lifetime of severe obesity.

I had been wondering, I told Aronne, about the extent to which the excitement around this new class of drugs took the broader status quo more or less for granted. Many obesity-related health problems are worsened by circumstances that could be helped through policy—by raising the minimum wage high enough for people to afford fresh produce and high-quality protein, by investing in housing and community spaces that are conducive to recreation, by ending the billions of dollars in farm subsidies that go to junk-food additives, such as high-fructose corn syrup. “These things would work to prevent obesity, not treat it,” Aronne said. “It would be like trying to treat lung cancer through a smoking-cessation program.” This was the point I was trying to make—that we have an individual solution, but we need collective ones, too.

Omari, the Instagram-famous dietitian, is now off her compounded semaglutide, which she’d taken to shed some pandemic pounds. She was optimistic that she’d be able to maintain her weight, as she’d generally been able to do before. But, as I kept reminding Ozempic-curious friends, these medications were designed for chronic conditions, obesity and diabetes. For people who are dealing with those conditions, Ozempic appears to create a path toward a healthy relationship to food. For those who aren’t, it might function more like an injectable eating disorder. As the side effects make clear, it’s not a casual thing to drastically alter your body’s metabolic process, and there is no large-scale data about the safety of these drugs when taken by people who are mainly interested in treating another chronic condition, the desire to be thin.

Once Ozempic is off the shortage list, compounding pharmacies will no longer be allowed to sell semaglutide, but that doesn’t necessarily mean they’ll stop: the pharmacy in Clearwater that supplied my stash told me that they’d sold semaglutide before the shortage and would continue to do so after it ended. Jonathan Kaplan, who oversees the weight-loss program at Pacific Heights Plastic Surgery, in San Francisco, told me that he saw a “glimmer of hope” in tirzepatide, the active ingredient in Mounjaro: that drug is on the shortage list, too, and compounding pharmacies were already gearing up to sell it. In the meantime, Pacific Heights, which prescribes compounded semaglutide to patients who meet the medical criteria, and also provides blood-work monitoring and life-style coaching, has warned the members of its mailing list that compounded semaglutide may soon become unavailable. “You may want to join our program now so that we can reserve a 6-month supply of the medication for you,” the clinic added.

Kaplan, a plastic surgeon, is better known on TikTok as @RealDrBae—in his videos, he wears navy scrubs monogrammed “DR BAE” and talks to the camera as though it’s his partner in an absorbing conversation at an airport bar. He believes that more people—a lot more people—are going to start taking GLP-1 drugs soon. He didn’t have in mind thin people who want to be thinner, he added; he was thinking about fat people who had been struggling with discomfort, with inconvenience, with social pressure all their lives, who might have lately felt encouraged to try to accept their heavier weight. He predicted that the Ozempic era would put an end to all that. “They’re no longer going to accept that they should just be happy with the body they have,” he said. ♦