WILLIAM COOKE, MD

WITH LAURA UNGAR

CANARY IN THE COAL MINE

A FORGOTTEN RURAL COMMUNITY, A HIDDEN EPIDEMIC, AND A LONE DOCTOR BATTLING FOR THE LIFE, HEALTH, AND SOUL OF THE PEOPLE

"A gripping medical chronicle infused with wisdom, science, and deep humanity."
GABOR MATÉ, MD,
author of *In the Realm of Hungry Ghosts: Close Encounters with Addiction*

From the first poignant vignette through many dramatic moments to its inspiringly compassionate conclusion, Dr. William Cooke's book is a gripping medical chronicle infused with wisdom, science, and deep humanity.

GABOR MATÉ, MD, author, *In the Realm of Hungry Ghosts: Close Encounters with Addiction*

You couldn't find more authoritative tour guides of rural America than Dr. Cooke and Laura Ungar, who have lived and worked among its people—their people—for decades. The pair's medical savvy and crackling prose can compete with the best out there. . . . This gripping, heartbreaking, and ultimately hopeful book is about far more than a tiny town and its hardscrabble people, many of whom were affected by one of the biggest HIV outbreaks in US history. It's a look at where so much of America has been heading when so many others weren't watching.

JAYNE O'DONNELL, health policy reporter, *USA Today*; cofounder, Urban Health Media Project

A very powerful and immensely moving must-read for anyone working to end the syndemics of opioid use disorder, poverty, and the HIV/hepatitis C epidemics among people who inject drugs in rural America. . . . This book is a major contribution that challenges us to see the humanness in everyone and inspires us to care and work to end the suffering caused by the opioid crisis!

CARRIE FOOTE, sociology professor, Indiana University–Purdue University Indianapolis; chair of the HIV Modernization Movement–Indiana

What a fantastic, inspiring, and informative book on how one person made the difference in leading a rural community from a devastating HIV outbreak and opioid addiction problem to a community of hope and healing. Dr. Will Cooke superbly tells the story of how he, the only physician in the community, guided a small rural town in southern Indiana to recovery by focusing on compassionate,

person-centered care. This book is a must-read for all medical students and other health-care professionals. Once you start reading it, you won't be able to stop.

DR. WILLIAM L. YARBER, senior director, Rural Center for AIDS/STD Prevention; Provost Professor, Indiana University School of Public Health

I found this book to be an inspiring autobiography of how one committed physician truly made a difference in addressing an urgent public health problem through partnerships, persistence, and compassion.

JIM CURRAN, dean, Rollins School of Public Health, Emory University; former head of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention

People who use drugs haven't changed. What has changed is the way physicians and society have become more willing and able to see the humanity of people instead of only their disease and substance use. In his book *Canary in the Coal Mine*, Will Cooke reaches inward and articulates the steps of his change in a personal treatise of a family physician working to care for an onslaught of opioid injection–related HIV and hepatitis C infection in a small rural town. A black doctor in Chicago reminds Dr. Cooke that blacks have been in the midst of a heroin and HIV epidemic for years. Society was too ready to see this as a problem of "other" and embark on a drug war instead of a treatment war. Dr. Cooke's care transforms to embrace the tenets of treatment and harm reduction that characterize the care of most diseases, and he articulates their application to mental health and addiction. Primary care serves as the de facto mental health and addiction treatment system in the US. *Canary in the Coal Mine* reminds us how woefully unprepared and under-resourced these front-line clinicians are. His book provides a wake-up call to the structural violence suffered by too many and should serve as a humanitarian roadmap to address these challenges.

DAVID A. FIELLIN, MD, professor of medicine and director of program in addiction medicine, Yale School of Medicine

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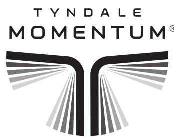

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Canary in the Coal Mine: A Forgotten Rural Community, a Hidden Epidemic, and a Lone Doctor Battling for the Life, Health, and Soul of the People

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To my parents for sharing your love,

my wife for sharing your life,

my brother for sharing your laughter,

my kids for sharing your wonder,

my mentors for sharing your wisdom,

my patients for sharing your stories,

my staff for sharing your dedication,

my God for sharing Your sacrifice,

and to my friends . . .

in recovery for sharing your courage,

in ministry for sharing your faith,

in service for sharing your passion,

and last, to those who've experienced isolation, disease, and death

because of a social status you did not choose.

Your suffering has been shared by too many.

W

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Author’s Note

I WROTE THIS BOOK as a tribute to Austin, Indiana, and to the people who’ve inspired me by their spirit, heart, and resilience. All of the events in this book really happened. As I wrote, I relied not only on my memory but on my personal correspondence, media reports, and notes. To protect the privacy and identity of my patients, I have not only changed names and identifying details but created composite characters. The stories are taken from interactions and interviews with actual patients, and their dialogue is almost exclusively quoted in their own words.

INTRODUCTION

FORGED BY FIRE

THE COVID-19 OUTBREAK that gained momentum throughout the United States in 2020 highlights how socioeconomic and racial disparities impact the health of people. This fact goes beyond genetics or limited access to medical care. The roots of disease can consistently be traced along a tragic history of toxic stress experienced—often generationally—by marginalized and impoverished people. Socioeconomic stress has been well established as a contributing factor in the development of chronic diseases like diabetes, heart disease, and asthma.[1] According to an article in the medical journal *Lancet*, "The negative consequences of health disparities . . . in the US were already a problem before the pandemic." The article goes on to explain that the sickness and death resulting from COVID-19 disproportionately affects "already vulnerable US populations. . . . The deeply rooted social, racial, and economic health disparities in the country have been laid bare."[2] In other words, COVID-19 simply put the already existing problem in sharp relief.

My patients taught me just how devastating the health impact of socioeconomic hardships can be. In March 2015, I was the only doctor in Austin, Indiana—a city of 4,300 people in Scott County, just off I-65 between Louisville, Kentucky, and Indianapolis, Indiana—when it became ground zero for two unprecedented health-care disasters with roots in the 1980s. One was the national opioid epidemic. The other was the worst-recorded HIV outbreak among people who use drugs in the nation's history. These two deadly epidemics that had been brewing alongside one another for decades boiled over in Austin.

Whole families were injecting prescription painkillers together, and since state laws made sterile syringes so hard to obtain, desperate people locked in a deadly dance with addiction resorted to sharing syringes, and with them, diseases.

Within a few months, our HIV incidence climbed to one of the highest globally. Experts, researchers, and journalists flocked to Austin from around the world. But since no one had ever seen anything like what was happening in my small town, no one knew what to do.

I told reporters that this wasn't a freak occurrence. The conditions that made Austin ripe for this crisis existed in towns all across America. We had to act immediately and decisively to prevent other communities from being harmed. I told Dean Reynolds of *CBS Evening News* as we walked through the hardest hit area of Austin, "I've described this community as a canary in the coal mine. This could happen anywhere. We are all Austin, Indiana."[3]

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, agreed. "I expect we will likely see similar outbreaks of injection drug-related HIV. There's nothing particularly different about the Indiana community than other communities throughout the country."[4]

In 2016, after studying what had happened in Austin, the CDC issued its own dire warning, identifying 220 counties across 26 states that were primed for outbreaks of HIV.[5] Unfortunately,

in May 2019, four full years after the crisis hit our town, the *New England Journal of Medicine* reported, "The outbreak in Scott County may have been a warning sign, but the message hasn't been heeded in many parts of the country." Despite the importance of harm reduction in curbing the epidemic in Austin, the article concluded that the US government didn't appear poised to "do what is necessary to address the spread of HIV and HCV [hepatitis C virus] in rural America."[6] Echoing the growing concern of public health experts nationwide, Alaska's director of the Division of Public Health, Jay Butler, said, "The nightmare that wakes me up at 3 a.m. is a Scott County–level HIV outbreak happening here."[7]

Unfortunately, Austin's warning to America has not been heeded, and the ramifications have been tragic. New transmission clusters of HIV among people who inject drugs have emerged in Florida, Kentucky, Massachusetts, Minnesota, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, Washington State, Alaska, and West Virginia.[8]

Some people have asked me why they should care about HIV transmission among people who inject drugs. I believe our common humanity demands that we defend every human life, especially those we view as different. Additionally, HIV is transmitted in ways other than injection drug use. If we don't take measures to stop its transmission, it will eventually find its way to someone we know or even love.

The opioid epidemic continues to rage out of control. Overdose now claims more lives than motor vehicle accidents, breast cancer, kidney disease, or colon cancer.[9] In fact, the death toll has become so great that life expectancy in the United States decreased for three straight years—from 2014 through 2017. This was the first time life expectancy in the US decreased so drastically in a hundred years, dating back to the years when the country was embroiled in a world war and the Spanish flu pandemic from 1915 to 1918.[10]

"A whole constellation of conditions" affects life expectancy,

according to Dr. Howard Koh, a Harvard professor of public health leadership. "It is not just medical conditions, but also the social drivers that appear to be at play, like income inequality and mental distress."[11]

I have witnessed, up close, the breakdown of a community and the toll it takes on every resident, as generations remain trapped in cycles of poverty, abuse, and addiction. For decades leading up to the health-care disaster in 2015, flames of disease, despair, and death had torn through Austin, consuming whole families. I sometimes felt like a helpless spectator to the horror. If I'd known how much pain and darkness awaited me along the way, I doubt I would have dared begin this journey. It would have been impossible to comprehend the immeasurable suffering I'd witness or the depth of loss I'd endure.

The good news is that we have all the tools we need to end both epidemics. These tools can bring healing to any community, just as they did in Austin, while preventing outbreaks of death and disease. But they're not what most people expect.

I discovered them as, in time, a fellowship rose from the ashes, forged by fire to find new ways to offer healing and hope. I am honored to stand with my community on the other side of this valley of death's shadow. Our journey left us irrevocably changed. It's hard to say if the scars we carry on our hearts will ever fully heal. But the resulting change in Austin has undeniably been healing.

The world took notice in 2015 when the national opioid, hepatitis C, and HIV epidemics all converged in Austin, Indiana. Yet the story of Austin predates this convergence of interdependent epidemics. To understand what happened here and how these lessons apply to other communities, it's essential to get to know the town and the story of her people. And because my family was rooted in a place very much like Austin, I tell part of my own story so you can see how my upbringing prepared me to love and fight for this community.

My hope is that by sharing the story of Austin and our efforts

to address the HIV/opioid crisis in 2015, I'll convince your mind, capture your heart, and compel your hands to join in the struggle against substance use disorder and the factors that fuel it and other devastating epidemics taking root in communities across America. Who knows? You may be the one to bring life and hope back to your own community.

William Cooke, MD,
FAAFP, FASAM, AAHIVS

CHAPTER 1

WELCOME TO LITTLE HAZARD

Whose work is it but your own to open your eyes?

GEORGE MACDONALD

HEALTH-CARE DISASTERS DON'T JUST HAPPEN; they develop right before our eyes, unseen or ignored until it's too late. That's what happened in Austin, Indiana, and what is currently happening in communities across America.

In my case, idealism blinded me to the crises already taking root in Austin when I opened my practice there in 2004, fresh out of medical training. A small town nestled among rolling hills and fertile farmland about thirty-six miles north of Louisville and eighty miles south of Indianapolis, Austin had been without a practicing physician since the mid-1970s. I believed I could make a difference by improving the health and well-being of this community that, other than lacking adequate medical care, seemed to epitomize the quiet tranquility of rural America.

Standing under the pure blue sky, which spreads out wide and open over Austin, I felt the longings for freedom and the pursuit of infinite possibilities. Then, as I explored country roads wandering

through miles of farmland, dotted with old farmhouses and modest homes, I felt the spark of nostalgia mixed with a timeless image of the American dream. After all, this *is* where John Mellencamp's Little Pink House still stands.[1]

Ironically, a dark and deadly secret lurked just behind Austin's outward beauty. Once I began to get to know some of the struggling people I hadn't noticed at first, my initial impressions of this iconic all-American town were shattered. One morning I stopped at the gas station next to the liquor store and the town's only traffic light. While I was filling up my car, a young woman jumped into my passenger seat, announcing she needed a ride. I told her I was only going about a mile to my office.

"That's fine," she said. "I'm going that way."

I paid for the gas and awkwardly got back into my car. Not knowing what to do or say, I began to drive nervously with both hands on the steering wheel.

After a minute of silence that felt like an hour, she said, "I'm looking for work. Is there anything I can do for you?"

"No," I responded politely. "I only have a couple of people working for me and we aren't looking right now."

"Are you *sure* there isn't something I could do for you . . . *personally*?" she pressed.

"What kind of work are you looking for?" I asked, hoping I could at least connect her to the right people.

"Anything. I'm willing to do *anything*," she said.

I mentioned a place or two I thought might be hiring. She seemed confused.

"No, that's not the sort of thing I'm looking for," she replied. "But . . ." she said, moving a little closer to me, "I could do something for *you*."

I told her again I wasn't hiring and suggested a temporary work agency, at which point she rolled her eyes and sighed. There was a moment or two of tension before she shifted in her seat to face me more directly.

"Look, I'd be willing to do something for you. Anything. Just tell me, and I'll do it."

I tried to think of anything she might be able to help out with around the office, but nothing came to mind. "I'm sorry," I said apologetically. "I really don't need any help."

She sat back with another sigh and crossed her arms. After a few more blocks of awkward silence, we passed the half-century-old walk-up Dairy Queen, and I knew we were getting close to my office. So I thought I'd try one more option.

"You know, the LifeLong Learning Center in Scottsburg has programs to help you learn new skills. They can even help you find people who may want to hire you."

She just stared at me.

Oh well . . . I tried.

When we finally got to my office, she silently shook her head, hopped out of the car, and walked off without saying a word.

I found the only two staff I had at the time waiting as I entered.

"Who was that?" asked Elizabeth, my receptionist.

I told them what happened. Then they both looked at each other and started laughing.

"What?" I asked.

"Come on, Dr. Cooke," Amy, my nurse, chuckled. "I'll do *anything* . . . whatever you *want* . . ."

That's when it dawned on me. I felt so stupid. I blushed and laughed at my own naiveté.

I wasn't just embarrassed, though, I was ashamed.

How could I have missed that? What level of hopelessness and despair had led this young woman to try to sell her body? How many other people in Austin were so desperate that they were resorting to unimaginable means to get by for another day?

It took this encounter with a total stranger to open my eyes and see people right in front of me that I hadn't even noticed before.

I had worked hard to become a doctor, and I had learned a lot. But it was becoming clear I didn't know enough about Austin

or the people. The story of Austin was more complicated than I could have imagined. Early on I felt like Samwise Gamgee from *The Lord of the Rings* when he told Frodo, "I wonder what sort of a tale we've fallen into."[2] I didn't see it then, but my early encounters with people like this young woman were harbingers of a tsunami of suffering no one saw coming until the drug-fueled HIV catastrophe struck Austin in 2015, sending shock waves throughout our nation.

....

From the beginning, practicing medicine in Austin challenged my way of seeing the world and people. Some experiences were eye opening, while others were jaw dropping. Many of my first patients turned out to be as unforgettable as the woman who jumped into my car.

Mr. Johnson was a sixtysomething man who checked in at the receptionist's window with his wife. My nurse took them to an exam room and came to get me.

"I put Mr. Johnson in room one," she said with a playful glint in her eye. "I think you should get in there and check him out. Apparently, his wife shot him in the neck."

I all but fell out of my chair. "Seriously?"

"Welcome to Little Hazard," she chuckled.

I grinned nervously. I knew enough of the local history to recognize our town's nickname, which originated from the many residents who hail from the Appalachian hub of Hazard, Kentucky. There's even a local saying: "A single tank of gas can get you from Hazard to a job at the Austin canning factory."

I rushed into the room, dragging my nurse along with me. Not knowing what to expect, I wanted backup. Waiting for me was a middle-aged couple, dressed in worn clothing. Both looked as though they'd been working outside most of the day.

Mr. Johnson sat on the exam table holding a bloody towel

against his neck and wearing a guilty look on his face. His wife sat in the chair across from him with her arms folded, shaking her head at him.

I grabbed some gloves. "What happened?"

"I shot his a—!" she smirked.

Stunned, I looked over at my nurse. She just smiled at me.

I began to examine Mr. Johnson, frightened by what I'd find hidden under the towel.

"Why did you do that?" I asked his wife.

"He wouldn't come in to wash when I called 'im," she said, as if it was obvious.

I located a small entrance wound on the right side of his neck, but I couldn't find an exit wound.

"What did you shoot him with?"

"She shot me with a BB gun," Mr. Johnson chimed in. Oddly, he didn't seem angry, just annoyed and almost—*amused*.

I felt around until I found the BB under his skin on the left side of his neck. Somehow the BB had traveled all the way across his neck without hitting anything important. I asked him if he wanted *me* to take it out or if he wanted to go to the emergency room.

"Heck," he said, laughing, "I woulda cut it out myself, but I figgered you were probably bored over here and maybe wanted something t'do."

"You were right." I laughed too. As I got to work taking the BB out of his neck, they told me what had happened.

Mr. Johnson was out back chopping wood when Mrs. Johnson opened the door and called him in for dinner. He told her he'd be there when he was done. So she got the BB gun, came back outside, and hollered, "Mister, you better come inside right now, or I'll shoot you."

"I told her not to aim that thing at me," he said. "And 'fore I could even finish the sentence, she went and pulled the trigger. That didn't bother me much cause she couldn't normally hit the side of a barn. Course, I ain't no barn, neither."

A few seconds later, I popped the BB out and dropped it into a small specimen jar. Then I gave it to them to keep on their mantel for a conversation piece. Little Hazard . . . er . . . Austin, I was discovering, was quite a colorful place to practice medicine.

• • • • • • • • •

Having grown up in southern Indiana, I knew this region felt more like Kentucky than the rest of the state. But nowhere is that more evident than in Austin. In fact, the first white child born in Louisville, William Harrod,[3] became one of the original settlers of Austin during the early 1800s. He was born during the Revolutionary War when Louisville was considered the western front as the first and only settlement on the Ohio River. The end of the war secured new lands and opportunities north and west of Kentucky for American settlers to establish homesteads.

Many of the families who later joined William Harrod's family in Austin started life hundreds of miles away in the mountains of Appalachia. During the early twentieth century, they came to work for Morgan Packing Company (now Morgan Foods), one of the world's largest food processing plants.

The town takes up just two and a half square miles in the northernmost portion of Scott County, Indiana, just off Interstate 65. Surrounded by hundreds of acres of farmland and quiet neighborhoods, Austin's single-street downtown takes you past a few churches, the fire station, and city hall, then over one of the oldest train tracks in the country to the town's only stoplight. The world's first train robbers, the Reno Brothers, perpetrated one of their heists here in 1868, inspiring generations of outlaws like Jessie James, the Dalton Gang, and Butch Cassidy. This was the original Wild West.

Just north of Main Street is a half square mile of town representing one of the most forsaken places in the country. Family homes with well-kept yards sit in neighborhoods shared with

dilapidated houses and ramshackle shacks with boarded-up windows, collapsed roofs, overgrown yards, and abandoned junk.

Just across Highway 31 on the north side of town, Morgan Foods looms large over Austin's land, culture, and history. It was founded in 1899 as the Austin Canning Company by a group of local businesspeople. Not long after starting operations, some of the original investors became discouraged, and J. S. Morgan, who had to work off his $500 investment debt by serving as the factory's first president, began buying up shares. His son I. C. Morgan took over to help when J. S. came down with typhoid in 1906. Once he recovered, they proved to be a potent father-son team, eventually buying the company's remaining shares and renaming it Morgan Packing Company.

I. C. Morgan married William Harrod's great-granddaughter, Fern, uniting these two influential families. They had three children, including Ivan Harrod (Jack) Morgan, and by the beginning of World War II, Jack joined what became three generations of Morgan men working at the company.

During the two world wars, the Morgans contracted with the military to provide food to the troops. Operations expanded so quickly that it was hard to find enough laborers. However, when the Great Depression hit in the 1930s, millions of people began to flee from Appalachia in search of jobs and greater opportunities, a migration known as the Hillbilly Highway. Morgan Packing was one of the stops along the way.

Even more jobs became available during peak seasons. People flocked to Austin from across the region, arriving on foot, by bicycle, by bus, and even as stowaways in boxcars. By the mid-1930s, Morgan Packing employed about two thousand people and even convinced American Can Company to open a plant next to its own building.

During this prosperous time, I. C. Morgan built a dance hall and invested heavily in the town's development. He became known for his generosity and compassion for others. He also built

a baseball stadium for the semipro team he sponsored, the Austin Packers, which was a main attraction for years. Austin's downtown came alive, and its restaurants and businesses flourished.

When laborers became hard to find again during World War II, Morgan Packing was able to rely on the foreign soldiers held in a prisoner of war camp that had been set up adjacent to Morgan Packing.[4] Following the war, Morgan Packing continued to do well, becoming one of the nation's largest condensed soup manufacturers, ranking among the top three with Campbell's.[5]

Then in the late seventies and early eighties, Austin began to suffer economic blows familiar to manufacturing-based cities and towns across middle America. Businesses began downsizing and closing. The American Can plant beside Morgan Foods shut its doors in 1986 after fifty years in business.

As I came to learn, industry wasn't the only thing to abandon the people of Austin. For the first 125 years of Austin's history, a local physician had always been available. That changed when Dr. Carl Bogardus retired in 1977, resulting in a lapse in medical care that lasted an entire generation. This ill-fated convergence of lost access to both health care and job opportunities bled into the 1980s and 1990s, when the people of Austin endured the worst economy in the state. Some people fled the town in search of better opportunities, while unemployment soared for those who remained. Deteriorating houses began to dot the streets as families couldn't afford to maintain their homes.

By the time I arrived in 2004, Austin had become a town of two faces. The majority of the population was still comprised of working middle-class families living in well-kept residential neighborhoods nestled between Main Street and the surrounding corn and soybean fields. But a significant minority, including much of the north side, was marked by extreme poverty.

While some people had the means to seek medical attention and economic opportunities in neighboring towns like the county

seat of Scottsburg, many felt trapped—some families having gone generations without reliable employment or health care.

From that standpoint, Austin may not have been the best place to establish a new medical practice, but my idealistic optimism convinced me it was the perfect place to answer a calling I had first felt at fifteen and subsequently spent nearly two decades fighting for an opportunity to fulfill. Early on, the reality of Austin forced me to recognize people my limited worldview had hidden from me. But it would take years of heartache before I learned the difference between fighting for and surrendering to a calling that was bigger than myself.