

Everything Is Tuberculosis: The History and Persistence of Our Deadliest Infection

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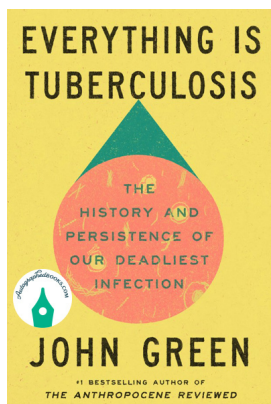
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HOW TO CITE: Cordova JC, Eliassen
KM. Everything Is Tuberculosis: The
History and Persistence of Our
Deadliest Infection. *Fam Med.*
2026;X(X):1–2.
doi: [10.22454/FamMed.2026.402115](https://doi.org/10.22454/FamMed.2026.402115)

FIRST PUBLISHED: January 22, 2026

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Medicine



Book Title: Everything Is Tuberculosis: The History and Persistence of Our Deadliest Infection

Author: John Green

Publication Details: Crash Course Books/Penguin Random House, 2025, 208 pp., \$28.00 hardcover

This year, thousands of doctors will attend to millions of TB patients, and . . . these physicians will be unable to save their patients, because the cure is where the disease is not, and the disease is where the cure is not.

(p. 5)

John Green has no formal training in medicine or epidemiology, yet he may have written the year's most important book on tuberculosis. As a best-selling author, he has a following unmatched by his physician counterparts and is using this position to spread awareness and incite action. He discusses the nuanced environment of public health and provides striking testimonials from tuberculosis patients worldwide, many of whom have suffered from the most severe forms of the disease. Though by no means an expert, Green has engrossed himself in the treatment of tuberculosis, becoming a vocal advocate for its eradication worldwide.

The book begins with a fascinating exploration of the disease's history, informed largely by several recent works on the topic. Herein he discusses the romanticization of tuberculosis in the 18th and 19th centuries, including the beauty and serenity it was supposed to confer upon its sufferers. This romanticization was represented widely in works of art and literature, leading some to pursue a “consumptive fashion” to develop the pale complexion that was characteristic of the disease (p. 70). Green also examines the widely held belief that creative individuals gained their brilliance on its account, which may have been due to its seeming ubiquity among artists and poets—including the Brontë sisters, Frédéric Chopin, and John Keats, among others. In reality, tuberculosis infected 25% of the world's population, and it was only after microbiological advancements that physicians began to understand its prevalence (p. 5). Breakthroughs by Robert Koch and Louis Pasteur combined with the development of germ theory to enable near-eradication in Western nations, which unfortunately curtailed advancements for the developing world.

What's different now from 1804 or 1904 is that tuberculosis is curable, and has been since the mid-1950s. We know how to live in a world without tuberculosis. But we choose not to live in that world.

(p. 4)

Interspersed with historical chapters on tuberculosis, Green unfolds a compelling narrative to illustrate its marginalization, with perhaps his most cogent passages relating a single patient's struggle. The author met Henry Reider while visiting Sierra Leone in 2019, inspiring his years-long journey of activism. Reider's unfortunate history includes multidrug resistance, an Ebola outbreak, and food insecurity, which weakened his immune system and made treatment difficult to withstand. Green juxtaposes Henry's clinical course with that of tuberculosis patients in the United States, using tangible

examples to transcend more traditional forms of health literature and, in the process, giving a human face to a centuries-old, yet persistently devastating disease.

Throughout the text, Green gives a candid accounting of the “vicious cycles” of tuberculosis, ranging from the exploitation of colonialism, the profiteering by pharmaceutical companies, and the fragile infrastructure of global health delivery. He uses these examples as a call to action, but also highlights the work done in “virtuous cycles” to stem the tide of the disease. As part of his research, Green interacted with Partners in Health, Doctors Without Borders, and other TB fighters that are providing direct treatment and improving health care disparities worldwide. Their work is particularly impactful in areas like Haiti, Sierra Leone, and Peru, where native health infrastructure is poor and volunteer work is vital. He invites his readers to engage in their own virtuous cycles, actively doing or supporting this impactful work.

For readers interested in rigorous academic literature, this is admittedly not the book for them. Green writes as a layman bystander who had an interaction with the world’s deadliest organism and allowed that exposure to become his life’s passion. His stated goal is to bring awareness to what is still the “captain of all these men of death” (p. 31) and, for that mission, this book has proven to be an effective vehicle.

Everything Is Tuberculosis is particularly timely for teachers of family medicine, who have the ability to showcase the importance of public health and may be in a position to advocate for better funding for TB drugs, screening, and research. It also can serve as an introductory volume for students interested in epidemiology or as a corollary text for works like Tracey Kidder’s *Mountains Beyond Mountains*.¹ This book may be the perfect springboard for educators guiding their students toward global medicine, encouraging them to address disparities in health delivery, of which tuberculosis is such a striking example.

DISCLAIMER

The views expressed are solely those of the authors and do not reflect the official policy or position of the US Army, US Navy, US Air Force, the Department of Defense, or the US Government.

REFERENCE

1. Kidder T. *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World*. Random House; 2004.