Through the Lens of Birth and Illness: Rediscovering My Native Country

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It has come to my attention that many cultures around the world believe in the importance of a proper burial. The Ancient Egyptians mummified their dead, cast incantations, and built glorious tombs. Centuries ago in China over 8,000 terracotta soldiers were buried as funerary art. The Ancient Greeks would ensure loved ones carried Charon's obol in their mouth, so that the fabled ferryman would take them across the river Styx. In the 21st century, cultures worldwide still go to great lengths to ensure the proper burial of their loved ones. Mortal remains are shipped back to their country of citizenship, eulogies are prepared, a dying person's wishes are respected, buildings are renamed, and gravestones are carved. A proper burial is, therefore, accepted as a critical moment that deserves respect and recognition.

But what about the moment one enters the world? To what lengths do societies go to ensure a proper birth? And more particularly, in light of our century's focus on the concepts of human rights and justice, how do societies ensure that every person begins life on an equal footing, brought forth under the best possible conditions? Regrettably, this concept seems to have eluded our modern discourse.

I often think of my native country, Bulgaria, when I ponder this question, mesmerized by my childhood memories and the stories I was told.

My aunt was born on the side of a road, her birth assisted by a woman driving down a dirt and rock path — the only person to pass in hours. My aunt's mother, an orchard farmer, would name her daughter after the driver who stopped to help her during one of life's biggest, grandest milestones.

My maternal grandfather was an ambulance driver who remembers driving up the foot of Pirin Mountain on a call to drive a woman to the hospital in winter. He remembers driving down the mountain, tires skidding, unable to control his vehicle, while a woman in labor screamed in the back. He stopped the car and delivered her child. He was only a driver, not a paramedic.

As courses and internships in America fed my unquenchable fascination for obstetrics, I couldn't forget about the stories I heard of Bulgarian births in the '70s and '80s, which seemed not only to produce a laugh in America, but also to strike a personal nerve because the poverty they illustrate hits so close to home. The striking comparisons of stories I had heard in Bulgaria and births I had observed in America made me realize that justice starts in the delivery room. Captivated, and perhaps bewitched by the mysteriousness of my birthplace so estranged temporally and geographically, I wondered, "What is childbirth like in Bulgaria today?"

With this question in mind and a flood of childhood memories, I packed three suitcases and headed to Bulgaria for an obstetrics internship in an under-resourced municipal hospital. My mind was filled with fantasies of what it would be like to arrive at Sofia Airport and reunite with my grandparents and uncle for the first time in over a decade.

Expectations Abound

On a packed, thickly aired, 14-hour flight, the gnawing excitement of returning home destroyed any possibility of rest. My mind gave birth to great expectations as I recalled memories of my native country.

I remember wearing a white fur coat while digging into a barrel of freshly imported olives from Greece, courtesy of my godfather, a jeweler from Thessaloniki.

I remember always wearing extravagant dresses with tulle underneath, walking to the park next to my home, being on the terrace watching sun seep through the kiwi and grapevine ceilings.

I remember climbing my grandparents' cherry tree.

I remember walking around the church garden — looking into the water fountain.

I remember the smell of big succulent figs, and them melting in my mouth.

I remember having not one person to take care of me, but many at once.

I remember the suitcases and suitcases of Barbies, of other toys, of stuffed bears that my parents would send me from America.

And I remember the not so great memories of a boy throwing my shoe in the ditch near a playground and kids saying, "Haha haha your parents left you here," and I remember believing them because I was very angry and threw great tantrums.

Whenever my uncle would say, "Hey look at the camera and say hi to mom and dad," I would squint my eyes and pout my lips: "I don't see them in the camera."

These glimpses of my past were tossed about in a whirlwind of excitement and anxiety.

Bulgaria had to have changed since I left as a child. Only a few weeks before my flight, I skimmed through the headlines of Bulgarian newspapers. I learned that because of mass emigration and low fertility rates,[1] Bulgaria's natural growth rate was -5.5 per 1,000 in 2012,[2] the lowest natural growth rate in the world. An article about the U.N. Population Fund Report of 2011 stated that Bulgaria's statistics didn't follow the high natural growth rate trend experienced by other developing countries.[3]

The same report also mentioned the State of the World Population Report of 2011, which projected that the Bulgarian population would decline to 5.4 million by 2050. Demographic transitions, I thought, were possibly the cause, as I was sure I would see Bulgaria beginning to rise out of a bad economy. And health statistics were impressive. The infant mortality rate, along with more specific perinatal, neonatal, and post-neonatal rates were low,[4] much lower than those of the United States.[5] Having done the research, I had no idea what to expect of a country with such a distinctive status—a small, poor country with low fertility rates, socialized healthcare, and generous support for couples and new families seeking assistive reproduction technologies and maternity leaves.[6] Population statistics made me worry I would not see many deliveries, and the wealth of information I had read about socialized health care and the breadth of resources available to new families made me wonder just how obstetrics in Bulgaria had changed.

And still, I thought about what it would be like to hug the people who raised me as a child.

After I landed and secured my luggage, I found my grandparents looking nervously around in the lobby. I waved and screamed, "Baba!" I suddenly became speechless. In the arms of my grandparents, no words felt right to say. But no arrangement of words could express my awe at the view as we drove 140 kilometers from Sofia to Kresna – I babbled endlessly. Passing through Blagoevgrad – the city that I would be traveling to for my internship – felt surreal. It finally hit me – I was in Bulgaria. This used to be my home. Driving the final 40 kilometers to Kresna, I was in a state of shock and wonder – rediscovering the Kresnian Défilé as it was now, as I never remembered it. I was relieved to at least know that my daily 40 kilometer commute in an un-air conditioned bus would be a scenic adventure. The sun, it seemed, was hugged in the bosom of the Pirin and Rila Mountains.

Thinking back, I could hardly have conceived the degree to which reuniting with my family would influence my internship at the hospital. My expectations of contemporary Bulgarian life were tested and my concept of the kind of medical professional I aspired to be were continually reshaped. Over the two and a half months I spent in Bulgaria, my relatives and patients I met in the hospital provoked a constant state of introspection. My experiences at the hospital were transformed into the topics for dinner conversation and coffee talk as I invited my family to teach me about the norms of my native country's medical culture. And still, I constantly asked myself questions about what would make a good clinician, how care should be coordinated to ensure just treatment of all parturients[7] and, perhaps most importantly, what kind of welcome babies deserve when they enter the world.

Cheated Memories

Every day feels like a Sunday… . It's a small village hidden between two stretches of cliffs, like a défilé, where everyone knows everyone. Its residents make do. Some own little convenience stores with items you might expect in a dollar shop in the U.S. and where their vegetable stands resemble our gum sections at 7-Eleven, or say, Walgreens. Others are welders, repairing what old cars they find, or some neighbor would drop off something broken, and they'd fix it… . Women stay at home cooking, cleaning, and taking care of a vegetable garden or the chickens, or some grandchildren. There are seniors and there are teenagers and toddlers, but the parents are mostly all gone— gone off abroad cleaning other people's houses, watching other people's children, taking care of other people's grandmothers and grandfathers, caring for other people's gardens."

– Journal Entry, May 15, 2013

Going back to my childhood home in Kresna, I no longer saw it through the rose-colored glasses of childhood. Everything was essentially the same, but I now saw everything the way it really was. Sun dripped like wet paint over kiwi and grapevines, which hung on plastic piping and rusted scaffolding. Everything was calm and golden, except for the background noises the welders made, the banging and clanking of metal here and there.

The women stayed at home minding house duties, breasts hanging under big loose dresses, unwilling to wear – but really unable to afford – bras.

The cherry tree at my grandparents' house was turned into neatly stacked firewood in the shed.

In Kresna, I was still everyone's Damianche. Although they said, "it was as if you had come home from a very long weekend away," there was a tension that divided us. I wasn't sure if it was their realizing, throughout the course of my stay, that I had changed, or if perhaps they expected me to be different than who I was last summer, but I am sure I disappointed a great deal of people. We all had gone on our own trajectories, and we had grown far too apart for childhood memories to glue us together. Returning home also reminded me of how allergic I was to kiwi and grape flowers, to linden trees, and to the pollen of all kinds of grasses.

My great-grandmother's front yard looked the same as I remember it — filled with hydrangea, fire lilies, and peonies — but it had been left untended, for nobody could afford the time to mind the flower garden, the cracked concrete stairs, or the rusted green fence. As I saw the concrete floor, I remembered walking up to a few women sitting and snapping green beans. I saw the rusted metal table near the bed of fire lilies where my great aunt Bobby, Baba Anny, and Baba Coco used to make lutenitsa[8] and churn butter. Going back home after so long, I found the familiar strange.

Now, all of my octogenarian great-grandmother's efforts were concentrated on keeping the home neat, the vegetable garden glowing and growing, and a happy chicken well fed. The sheep stables, to my disappointment, had been deserted. I remembered how I had hugged a baby sheep and fed it milk from a baby bottle. The lamb would have disappeared a few days later, and while eating lamb for dinner, my grandmother would reassure me that my lamb was lost in the forest.

The luscious church garden that I loved as a child was now the only green patch of grass in the upper town. The park paths I used to walk were broken, bricks missing. The kindergarten I used to attend was so small, the fence so rusted. Everyone was so sick. One of my internship goals that summer was to collect stories. It was ironic that I was already overwhelmed by stories of sickness and pain after the first two days of my stay in Bulgaria — a week before I began my internship. I had not once asked to hear these stories, although I was honored to listen. I was even more overwhelmed to see pain transforming into illness and illness transcending poverty and wealth. People seemed to suffer from all sorts of afflictions, whether they were affluent or not.

Memories of my birthplace felt so cheated, it was hard to breathe. In a twisted way, my allergies weren't the only reason I wished to not see.

Stepping Up to the Unexpected
My First Days at the Hospital

Blageovgrad looked more like some small town with half-demolished buildings than a "city." The grass was uncut, creeping from broken sidewalk concrete, while those who walked upon it were laden in Gucci, Zara, Prada, Armani, Chanel, Dior… every brand you can name. In a way, I expected this. I expected to see a country emerging from the crevices of a bad economy.

The hospital, on the other hand, was not what I expected.

My supervisor was a large man, towering over everyone like an eagle soaring overhead, with a commanding authority often left unvoiced. He was, in fact, a man of very few words. And I realized this during my very first five-minute encounter with him. Upon my arrival, I found that three departments – obstetrics (labor and delivery), gynecology, and neonatology – were sutured together on one hallway as the floor above underwent remodeling.

The entrance to the obstetrics/gynecology department.

On the first day of my internship, I watched three abortions occur one after the other. Having never seen the procedure in the United States, I inspected the room and intently watched the patient, not daring for one second to look between her legs. I remember comparing that day to an assembly line.

It was extremely hard to observe an abortion the very first time, but the more I saw, the more emotionally detached I became, and the easier it was to watch a dilation and suction curettage. Watching the manner in which the patients were awakened from anesthesia, however, and hearing the gossipy conversations between the medical staff while their patients were unconscious, made me feel uneasy.

Whereas I felt I learned about medicine by humiliation in America, in Bulgaria I felt I learned by fear that a nurse would snap at me.

On my second day at the clinic, I walked across the hospital garden to the surgery department. It was in the surgery OR that I met a fashionable anesthesiologist wearing Diesel jeans, who, upon learning of my presence, was excited to teach me a few things about his profession. He requested that I set up an IV on a patient undergoing surgery. Having never used "sharps" on patients before, I nodded and said no – remembering that in Bulgarian, to nod is to disagree; to shake your head left and right is to agree. I had deep reservations. "What if I hurt the patient?" – "You won't." – "What if I do it wrong?" – "I'll tell you how." – "Does she know I am going to do it?" – He laughs. "She consented to being treated by my team. Grab an IV bag."

As I fumbled to open the packaging, I noticed a souvenir clock from the local Hotel Alen Mak hanging on the sky blue wall tiles over the counter with the medical supplies. I thought it was humorous and perhaps a bit unsettling that the OR would use a freebie clock to keep official time. Time stood still and yet I could feel the tachycardia of my own heart. He verbally instructed me as I assembled the IV kit. His command "Relax!" didn't help, but I managed to rein in my fear as he instructed me to feel the vein, to puncture, and to remove the needle once the IV was in place – "Very good for your first time." I finally exhaled. He went on to explain how he monitored anesthesia: "Anesthesia is much like flying planes. You worry about takeoff and landing, not so much about the flight...."

Leaving the OR and going into the office where the surgeons scribble notes, smoke cigarettes and ponder what to do after work, I was quickly called back into the OR to scrub in. I was excited to be able to observe a surgery so soon. I scrubbed in, but touched my mask to readjust it because my allergies had become unbearable. The sanitary technician screamed. I scrubbed in again. She was angry that my supervisor made her waste her time teaching me how to scrub in for a laparatomic right ovarian cystectomy – the removal of an ovarian cyst. I, on the other hand, was anxiously excited to observe. Whereas I felt I learned about medicine by humiliation in America, in Bulgaria I felt I learned by fear that a nurse would snap at me. I was paralyzed in fear the first moment I realized I was assisting. My phone rang twice in the operating theater. I did not know at the time that ringing phones, incoming texts, and emails were not something to be ashamed of, and so I looked up at my supervisor, and then across to the nurse, who said, "Phones ring all the time, do you want to take it?" "No." I would soon find out phone calls can be taken – nurses can hold the phone next to your ear – and cigarettes can also be smoked right outside of the OR.

Walking back from the laparatomic cystectomy[9] in the surgery building to the obstetrics department was one of the few times I was alone with my supervisor for more than a few minutes. We walked quietly for some time, each of us thinking of different things, and he said to me, "We probably do it differently here, but you

know, we get the job done." I felt at a loss for words, and so I said, "Oh yes! I really enjoy being here. It's so…interesting." It was as if we were heading back from hitting an iceberg, both aware of its significant size, understanding that there's not a rug big enough to hide it under, knowing all the while that the hard part was over. I knew from then on, I would always ask what I would be doing at the clinic ahead of time, so I could be emotionally prepared.

That same day, I saw another abortion. I had seen a great number in only two days. But that day, coming home, I was greeted by hundreds of butterflies on the sandy, rocky Jane Sandanski Street in Kresna. I spun around, and in the moment, more than a hundred butterflies lifted off the ground, to join in my excitement, in the celebration of what would be a lazy afternoon in a hard-working town.

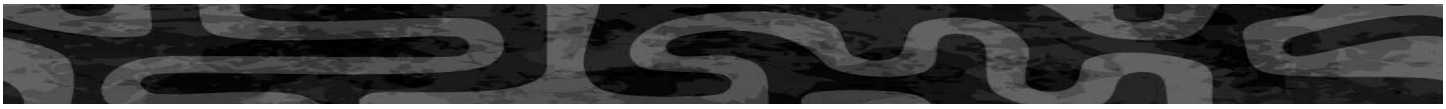
Looking back to my first week at the hospital, I see that I took no time to process observing that assembly line of abortions except for when I came home to Kresna and painted. I used black, red, and dark green as I drew a watercolor of a woman on a gynecologic chair with legs strapped to the stirrups, an anesthesiologist and his assistant, a bunch of nurses, and a man sitting on a broken, immobile dark green chair between the stirrups. I remember drawing a red line for the plastic tubing coming out between the legs of a lifeless woman, passing under the table, draining into a collection apparatus, blood splattered a bit on the floor and on the lower side of the wall. A month into the internship, I outright refused to watch any more dilation and curettages, electing to spend time in the NICU[10] instead.

Butterflies and scenic bus rides often were the mental transition I needed in order to try to stop thinking about medicine when I arrived home.

Gynecologic Surgery

In the OR, urgency was an unheard of concept. Perhaps it was the heat, or the repetitive anticlimactic mood, but time stood still even though the hands on the Hotel Alen Mak clock moved. Hot plates were scattered about the orange tile floors heating basins of instruments — these were what they used at the clinic as autoclaves.[11] We often started very late. I was surprised to see how doctors performed lengthy, fatiguing procedures because of the lack of technological resources. I remember being fascinated with a rather bloody conization of the cervix using Sturmdorf suturing — a procedure used to diagnose and treat cervical dysplasia by removing abnormal cervical tissue.[12] I stood positioned behind the surgeon, as two other physicians stood next to the patient holding her feet in a dorsal lithotomy position[13] — the OR table did not have stirrups. During the operation, the medical personnel chatted about a concert by the Struma River, and the conscious patient would ask every 30 some minutes, "Is it going to be over soon?" The anesthesiologist, with his Diesel jeans and Birkenstocks, sat on the empty OR table to my left, talking to his assistant and occasionally laughing, while the OR nurse asked for a cough drop and a cup of water. The patient needed to be moved up and so the nurse and I had to pull some of the sheets while someone else lifted her up a bit. Nearing the end of the operation, the gauze was running out. It was hot and so we opened the windows.

Listening to the medical staff talk about other things when treating patients reminded me of the time I observed a cesarean section in Chicago when the physician talked about a patient's shoes as she lay awake staring at the ceiling. I wondered a great deal after the surgery if the patient would have had a better experience if the physicians could perform LEEP[14] as I had seen it performed quickly and rather bloodlessly in Chicago as well. I wondered, too, if availability of such technologies would have made for a speedier procedure with fewer personnel involved.



I recall a great deal of laparatomic cystectomies performed over the course of the summer. It was always a probable cyst, never for certain, because there was only one secondhand ultrasound machine which lacked a vaginal transducer, making it hard to see. Observing these surgeries was always surprising because I would learn about adhesions, myomas, and various other conditions, often instead of the suspected cyst. And while I did watch a few cystectomies, many of the surgeries ended up being more complicated—sometimes metamorphosing into total abdominal hysterectomies.[15]

I remember a particularly difficult surgery to watch. The nurses, constantly irked by their work, rolled their eyes, stormed by, exhaled annoyed sighs at the physicians, at the tactless recent medical school graduate who tiptoed over near the OR table, breathing heavily in the surgeon's ears. I stood away from the surgeons so as not to be a nuisance. I had learned from previous internships to mind my manners and modulate self-interest in the interest of the patient. The cystectomy slowly turned into a hysterectomy and a bilateral salpingo-oophorectomy. Uterus, ovaries, fallopian tubes, everything had to go. Clinical presentations indicated this, and the physicians didn't want to risk more severe complications. She was a complicated patient, in their eyes. In my eyes, a very poor patient, one who would wake up feeling lighter, but oh so heavy in her heart. One by one, tissue pieces and organs were cut away, thrown haphazardly into a steel basin on the orange tile floor. She had children, but she would have no more, I thought, while her uterus was cut and tossed like an odd-shaped rubber ball. At one point blood squirted. At another point, there were not enough sutures. It was hot. My feet were swollen from days standing like this. The portable AC, the only kind in the entire hospital, did not work because no staff person wished to replace the remote's dead batteries and they couldn't afford to. The windows were open, but that did no good.

The novice doctor tactlessly, rudely, picked up the uterus from the basin and cut it in a sagittal fashion, acting like a misbehaving pre-med at a lab dissection. He immersed it in a bottle of formalin. My eyes burned, the smell stung. The sagittal cut of the uterus and cervix revealed a uterus that was not hollow. The endometrium resembled a yellow brown rubbery tissue. There were no masses or fibroids, per se, but near the fundus, in the center, a dark purple cavity the size of less than a centimeter in diameter oozed dark liquid. Much of this material was sent for pathology. I was intrigued. I wanted to know the diagnosis. But I never got the closure I needed after watching such procedures. I never got to find out what happened with the patient afterwards. I didn't even get the comfort of a diagnosis.

I remember one laparoscopic cystectomy[16] on a young 14 year old girl. Observing the laparoscopy was more frustrating than watching laparotomies because I had to watch the team of physicians wrestle with the equipment, inexperienced with controlling it and using the camera. I was so afraid to judge. The young girl cried before the surgery. I promised her that I would be by her side the entire time. Holding the patient's hand as she fell asleep, and then watching the surgery, was the first time I was afraid something could go wrong. I left the OR while the doctors finished and hurried past her parents. I didn't want them to see me. I knew they would ask a question I did not want to answer. Still, they saw me and followed me to ask how their daughter was doing. I bit my tongue. What was I supposed to say? "Everything is going to be okay," I said. I didn't want to lie the very first time I was going to speak to a patient's family. I felt so guilty, not really knowing if everything really *was* going to be okay. And so I left early that day.

I recall this sweet post-menopausal woman complaining of bleeding. While observing her exam, around the corner of the physician's shoulder, I saw something that concerned the physician and me. A week or so later, I walked down the hall with a physician to meet the patient's daughters and tell them that their mother had endometrial cancer. He did all the talking. I could only manage, "I am very sorry," as I watched these women overcome with pain, sorrow, and even guilt. The words the physician had spoken hit them across the face, and yet they felt it in their stomachs as they clutched their bags closer to their waists. Leaving the room, I heard each sister blaming the other—if only one of them had taken her in to live with them it would have been caught earlier, they argued.

Watching gynecologic surgeries, I would always make a note of questions to ask the surgeons. Every time, a surgeon I befriended would clarify all the clinical information I knew little about. She would answer my questions like an introductory chemistry professor – almost completely, but not quite, and all the while I knew she was judging the extent of my aptitude and understanding from every question I asked. There *were* such things as stupid questions – and those I dared not ask, especially not in front of patients.

Observing "interesting procedures," and observing the patients undergo them, I felt ill at ease with myself. Hating the manner in which the insides of patients' organs were revealed to me but reveling in what I saw and learned incited strange conflicting feelings of guilt and excitement. It was tough to watch many things happen in the surgical OR, but those were tougher days for the patient, who not only had endured long wait periods scared and confused, but would receive potentially terrible news once conscious. To mention nothing of the pains they would experience post-op, both physically and mentally. I wondered how long it would take for them to feel whole

once again, to feel ownership of their own bodies once again.

I had difficulty coming to terms with the bloody violence of surgery — the way surgeons impose themselves upon patients, the way they cut.

The novice doctor once said jokingly, "We're not putting the sheets on the surgery patient to separate the face from the body, we're separating medicine from barbary." His sarcasm, callous, rough as were his hands, made observing difficult.

And my grandmother knew I had a hard time. She knew it because the lights would go on in the middle of the night, as I stood awake tormented by violent bloody nightmares. It was never the guts and organs I dreamt about. It was always the cutting of the flesh, the bloodletting, the dull scalpels that stole my sleep. And so my grandmother turned to folk remedies to restore my sleep. I moved my bed so that when lying down, the soles of my feet wouldn't face the door. I washed my face and let the water run in the sink after waking up from a bad dream. I baked bread and handed it out to neighbors. I sipped wine and ate some of this bread with honey—all little superstitious doings that perhaps helped a bit by distracting my thoughts.

I often thought of the role of the archetypal observer in the corner of the room. For much of the beginning of my internship, I felt like a ghost walking in the shadows of physicians. I felt like a ghost in my own birthplace. Knowing that I could do so little effectively at the hospital, and knowing that all the stories I heard in Kresna were not mine to tell, I felt I had to figure out what to do. And I wondered at the burden of watching—unable to say or do anything that could reverse or ameliorate what I saw. I realized at one point that I had to step out of those shadows—that I preferred to have my own voice. This voice, I realized, came in the form of talking to patients, offering to hold their hands during surgery, during deliveries. It presented itself as a striking voice, too, when, at a loss for words, I would do things that baffled hospital staff. I asked a physician to show me how to inspect a placenta. I cuddled Roma and non-Roma newborns alike. I talked to doting new mothers, and offered to take photos of C-section births so that mothers would not be cheated of the moment their child entered the world.

What My Great-Grandmother Said About Doctors

I was sitting on my great-grandmother's cot the very first time I *asked* someone in Kresna to tell me about his or her health. As this woman I loved so much sat hunched over she said,

"Doctors don't know how to be doctors anymore. They touch you with your clothes on."

I still recall the rather frustrated, laughing manner in which she spoke those words. I sat there awed. My great-grandmother, a tobacco farmer, and mother of three, had never heard of the invocations of Abraham Verghese, whose words on bedside manner and the patient-physician relationship bewitched me one evening in a health policy and literature course. And yet, she had arrived at the same conclusion as he.

"I am a physician practicing with cutting-edge technology. But I'd like to make the case to you…that when we shortcut the physical exam, when we lean towards ordering tests instead of talking to and examining the patient, we not only overlook simple diagnoses that can be diagnosed at a treatable early stage, but we're losing much more than that. We're losing a ritual. We're losing a ritual that I believe is transformative, transcendent, and is at the heart of the patient-physician relationship…I'd like to introduce to you the most important innovation, I think, in medicine, to come in the next 10 years, and that is the power of the human hand—to touch, to comfort, to diagnose, and to bring about treatment." – Abraham Verghese[17]

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I was given many opportunities at the hospital to touch, to feel, to learn. I felt compelled to touch and yet, I also felt compelled to listen. The most exciting part for me was observing and sometimes assisting with vaginal deliveries. I was encouraged to ask questions and learn about labor. With time, I was shown how to stop and start a fetal heart monitor. I was also shown what I should look for and when to alert a physician or nurse if a midwife was not already in the room. Two different physicians showed me how to monitor cervical dilation. With the physician instructing me, I would say to the patient, "Is it okay that I check right now? Are you comfortable? I know that relaxing is not exactly natural at this moment, but I hope

you can so that I can properly check." This was not my favorite part of labor. My favorite part of labor was another kind of touch. When the parturients were in their rooms, sometimes screaming, sometimes moaning, sometimes entirely silent, I liked to go in and sit with them. Most of the time, we got to know each other pretty well. Other times, we talked with the attending midwife, who would work as a partner with the obstetrician. When everyone knew each other, I felt much better about the events in the delivery room.

When the patient knew me, I felt good about the delivery. While I couldn't control what was said and done by other staff, the patient would always know what my job was — standing on her right, not just holding her arm to make sure her IV did not get damaged during labor, but also holding her hand during the delivery. I felt that perhaps this must have been helpful. After all, her husband would not be allowed in the department and she would have no one else's hand to hold. She was also in great pain because patients were only given a local lidocaine injection if an episiotomy was performed. No other anesthesia was administered, but many women received oxytocin in their IVs to induce labor.

I did not judge women for screaming or not. I smiled. I adjusted their pillows when instructed to. I asked the nurse to replace the IV when needed. When episiotomies were necessary, I stayed after labor and worked with other staff to hold the patients' legs in a dorsal lithotomy position when suturing had to be done. I filled a pot of

warm water and brought it to the doctor when asked to (there was not readily available running hot water). I did not say anything most of the time. When I did speak, I said, "Congratulations." I said, "Thanks for letting me be a part of this special moment. Best wishes." I would then scurry over to the nursery to get a glimpse of the baby once again.

I would also sometimes walk into rooms of new mothers and talk to them. I remember once speaking to a mother who had just delivered her miracle baby after several years of miscarriages and in vitro fertilization. I liked hearing stories because they engraved in my mind that the patients were people with feelings that must be recognized and respected. It was in my best interest as a young clinician-in-training to listen.

But there were times I was encouraged to touch and discouraged from listening. And those times broke my heart.

Difficult Lectures: The Treatment of the Roma

Outright, ruthless, unapologetic discrimination has plagued the Roma community for thousands of years. I knew that as a fact before visiting Bulgaria this summer. However, since my return to America, I can no longer simply just state this as fact. I feel the need to paint images.

– Journal Entry, August 10, 2013

In the beginning of my internship, when I first visited the NICU, my eyes fell upon a darling little one with dark blue eyes, raven, pointy hair that stuck out, and a cute nose. He was perhaps the most darling of all the babies in the tiny NICU and nursery. He had an IV placed on his forehead— there was no other vein large enough for the adult-sized IV needles that were all the NICU had available. As I held him for the very first time, passing nurses gave me odd looks. One stopped and asked, "Of all the ones you could be holding, how did you manage to pick up the Gypsy one?" This question upset me a great deal. I wasn't sorry I couldn't discriminate a Roma baby from non-Roma one. Frankly, it wasn't a skill I wanted to learn. Vocalizing that, however, was not possible, and so I was regularly lectured on a topic I wanted to know nothing about.

Once, before a delivery, a physician said, "You see pain experience is all about intelligence. See how this Bulgarian woman has not made a sound? Of course she knows that birth is painful. This other one [a Roma] on the other hand thinks she's the only one going through childbirth and wants her relatives to hear her scream outside."

Another time, I was observing a C-section, when a neonatal nurse took the baby and said, "What an ugly Gypsy." This kind of comment was not an isolated occurrence, and it made me think. This was not the sort of welcome I thought babies deserved. Earlier in the C-section, a sanitary tech had said, "Third C-section and she's only 21? Shouldn't the post-op pain teach her something? We could just, you know, cut them [the fallopian tubes]." Confounded by her joke, I was so upset I couldn't speak. I was comforted by the fact that others felt she took her joke too far, too. Discrimination was clearly so deeply rooted in Bulgarian society, there was little I felt I could do. But it was sad to hear these comments from the mouths of those whose hands were trained to heal.

One morning, in the doctor's office, a physician told me about a case she had had overnight. A Roma mother had to be delivered via cesarean section because her baby was in an incomplete breech position with the baby's foot sticking out. She had not panicked, the physician said, like she would have if it were not a Gypsy baby,

because she knew "they were so resilient." Just like that, she offered me an example of medical discrimination. She would have acted faster, would have panicked more, if it had not been a Roma patient. Stories like this were eyebrow raising, and I was happy to not have had the burden of watching it occur before my eyes.

The obstetrics care I had been observing had deeply torn me to pieces – watching ruthless, unapologetic, in-your-face discrimination occurring in the delivery room and in the obstetrics OR. My internship was drawing to a close and I wanted to do something. I decided I would offer to take pictures for all parturients who undergo C-sections and then I would email them to the mothers later, so that they were not shortchanged on the experience of giving birth. I took care to follow the words of physician idols like Abraham Verghese, and also Henry Cushing and William Osler. I recalled my great-grandmother's opinion as well. I wanted to make sure I stood out as someone who really believed justice starts in the delivery room.

I already felt like a ghost, powerless and ineffective, so one must imagine how I felt when assisting a cesarean section on a young Roma mother in Bulgaria. Imagine an obstetrics operating room, with sky blue square tiles, a Bulgarian Orthodox icon of the Virgin Mary and her Son, and a swarm of health care workers. I stood on the patient's right, the classic position of a clinician. To say I was excited, nervous, and freaked out would not be an understatement. I had changed my gloves twice because I had touched the patient's forearm the first time when I turned to her and promised I would do my best, that my physician mentor would be on the patient's left, and that I would be assisting him. I told her another physician would be in the room and ready to scrub in if needed. I told her how happy I was for her, and how honored I was to be part of this moment of her life and her child's.

Once born, I wanted to touch her child, and whisper kind words of welcome. I wanted to say, "May you exceed everyone's expectations, and amaze them to see the 'you' that you are meant to be." This never happened. My plans went awry when one of the health workers said, "What a black Gypsy baby" as we pulled the baby out. I wanted to scream. I grew angry, but under my scrubs and mask, no one could see. Once again, I felt like a ghost. I wanted to scream on behalf of the child's mother, who under general anesthesia could not witness the disgusting welcome her child had received. After the surgery, in the nursery, I touched the baby's hand and whispered an apology. On my way out, I congratulated the big brother.

If it was this hard for me to watch discrimination in the proverbial delivery room, I kept thinking how difficult it was for the mothers. I kept thinking about what it must be like for a Roma woman to let a doctor she distrusts bring her child into the world. And I kept on thinking about Joseph Campbell's words about the mother and baby transforming as heroes through childbirth. Is there any more courageous hero than a Roma mother in Europe, I thought?

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Failing

Walking to the obstetrics/gynecologic/neonatology department one day, I was stopped by a young Roma woman holding a baby. "Remember me?" she asked. I didn't remember. My mind went into a frenzy: how did I know her? When I finally recalled that she was a previous patient, I smiled, remembering her screams, and frowned too, remembering how she was screamed *at*. I had kept her company during most of her active labor. I felt so sorry, so ashamed that I had forgotten her. The mother's face was honey, as were her eyes and hair. Her baby was too beautiful for words. We had a little chat — doting on the baby, asking if there were any clinical complications, business as usual. She wished me a good workday. Heading toward the obstetrics clinic, I felt discouraged. I had promised myself I would follow the examples set forth by the physicians I admired. I wanted to treat every patient with the very best compassion that a physician can offer. I wanted to put into action what I believed to be a universal truth – justice starts in the delivery room. And here I was, a young clinician-in-training, and this encounter made me think I had failed to do the only task I had assigned myself over the summer.

Conclusion

I remember one day when exciting music and the banging of drums broke the silence of a lazy afternoon in the hospital. Startled, I was intrigued to find out what it was as the nurses and medical staff rolled their eyes. It was a Roma celebration outside of the hospital for a Roma baby that had just been discharged. A physician was very helpful and took a photo of me standing outside listening. She said, "It is annoying for us, but I can understand how it is interesting for you." It was *more* than interesting to me. It helped shape my whole philosophy on what it means to have a proper birth.

Watching this celebration and many more thereafter reaffirmed my belief in giving every baby the hero's welcome. Joseph Campbell once wrote that all heroes have a miraculous birth. When I think of the amazing journey a baby makes—from growing up from a pair of cells, to doing a total flip onto its head, to its daring passage through the birth canal, to taking a breath for the very first time, I dare to say that the birth of a baby is pretty damned miraculous. I believe that birth makes every mother's child a hero, no matter their ethnicity, deserving in their own right to a riotous and doting celebration with music and fireworks, affection and respect. I believe in warmly receiving every baby with the same excitement, curiosity, and celebration that children of many monarchs have received. I believe in that sort of equality.

But right now I have a chief complaint, and I fear no folk medicine, no esteemed physician can help. My chest feels heavy. It is often hard to exhale when thinking of my summer in Bulgaria. I'd like to think that the heaviness in my chest stems from the overwhelming beauty of my town despite all the pain and illness that I saw. But in reality, I think I'm suffering from the terrible illness that consumes those who leave a part of their life behind.

Notes

1. "Bulgaria's Population Declines by 164 People a Day" Sofia News Agency, September 15, 2013. http://www.novinite.com/view_news.php?id=153666

2. Ministry of Health. Public Health Statistics 2013: Sofia, Bulgaria: National Center of Public Health and Analysis, 2013.

3. "Bulgaria Sees World's Largest Population Decline." Sofia News Agency, October 27, 2011. http://www.novinite.com/view_news.php?id=133353

4. Ministry of Health. Public Health Statistics 2013: Sofia, Bulgaria: National Center of Public Health and Analysis, 2013. ; World Health Organization. "Bulgaria: Health Profile." Last modified May 2013. http://www.who.int/gho/countries/bgr.pdf

5. World Health Organization. "United States of America: Health Profile." Last modified May 2013. http://www.who.int/gho/countries/usa.pdf

6. Kovacheva, Irina. Interview with Damiana Andonova. Informational Interview with Medical Activities Director of the Ministry of Health. Sofia, Bulgaria. July 25, 2013.

7. A parturient is a woman in labor, one about to give birth.

8. Traditional vegetable spread with earthy tomatoes, spices, and red peppers.

9. Laparatomic cystectomy is the removal of a cyst through a large surgical incision, vertical or horizontal, in the abdominal wall. Particularly, the surgeries were exploratory laparotomies.

10. Neonatal Intensive Care Unit

11. An autoclave is a laboratory and clinical tool used to sterilize instruments and other laboratory or clinical equipment. This includes surgical tools, speculums, forceps, etc.

12. Also known as a cone biopsy, a conization of the colli uteri, or the cervix, is a surgical procedure in which a cone is excised in order to remove affected tissue and/or obtain tissue for diagnostic testing. Sturmdorf suturing is simply a measure taken to repair a defective cone and to prevent bleeding. Source: Emmet Hirsch, email to University of Chicago Clinical Professor in Obstetrics and Gynecology, November 18, 2013.

13. The dorsal lithotomy position is used for many clinical procedures, especially in gynecology, such that the patient lies on their back with their hips and knees flexed, thighs raise and rotated outwards. The American Heritage Medical Dictionary. Houghton Mifflin Company, 2007. http://medical-dictionary.thefreedictionary.com/lithotomy+position

14. Loop Electrosurgical Excision Procedure, a procedure that can also be used to treat neoplasias of the cervix, commonly known as cervical dysplasias, of the second stage or higher. Source: Emmet Hirsch, email to University of Chicago Clinical Professor in Obstetrics and Gynecology, November 18, 2013.

15. Total abdominal hysterectomies are surgical procedures to remove the uterus and cervix, whereas partial hysterectomies involve the removal of the uterus only. Total abdominal hysterectomies involving the removal of the fallopian tubes and ovaries are called hysterectomies with (bilateral) salpingo-oophorectomy.

16. A laparoscopic surgery involves the use of a laparoscope that guides surgical manipulations with a camera and screen. It is considered to be less invasive and modern as it involves several small incisions rather than a large incision (a laparotomy).

17. Verghese, Abraham. "A Doctor's Touch." TED Talk at Edinburgh, Scotland, July 2011. http://www.ted.com/talks/abraham_verghese_a_doctor_s_touch.html