

The Blind Man and The Elephant

Grace Lesser

Patricia arrives at the birth center flanked by the women in her family on a single motorcycle, its headlamp flickering with every bump of the dirt road. I support her arm as she slowly walks toward the one room with the ultrasound machine, doubling over with every contraction to drape her elbows on her knees. Inside the clinic room, she knows to unwrap the bright *kitenge* scarf from around her waist and spread it across the sticky black foam of the hospital bed before she lays down. The room is silent but for the sound of the ultrasound probe gliding through gel and I hold my breath with her. She faces away from the ultrasound machine, choosing not to arch her head to see the screen or to study her midwife's expression. She stares up at the cement ceiling.

As I observe Patricia I am instantly the patient again myself, gripping the foam of the hospital bed beneath me, an ultrasound probe digging from side to side into my belly, pushing my bladder towards my back, searching for a sign. I remember observing my midwife fix her face to show nothing as she studied the ultrasound screen, and knowing at once what my body had already recognized. As Patricia's uterus comes into focus, it too is contracting furiously against a tiny sac; a black and white film of a body working so hard to be free. Her midwife is quiet for a beat too long and I know Patricia knows now too: the universality of loss. Patricia takes a deep exhale, her grip surrenders. The midwife confirms under her breath: *No cardiac activity*.

[can skip over this paragraph for time's sake] Patricia grew up in this place: Uganda, Kiliak county, Atiak sub-county, Okidi parish. She has been coming to this birth center with the women in her family – and then her husband's family – since she was a child, pumping water and boiling tea and chucking urine and throwing placentas down the cement chute dug deep into the

earth. She was with each woman in her family when they delivered and she now knows the sounds of birth as if she herself were experiencing it: The vibration which starts in the back of the throat as each contraction gains speed, the wail that intensifies as it builds, the grunts and then roar as their baby is released. The collective pause before the baby cries. She knows that labor typically begins after dusk; that traditionally, the belly pains of her relatives start when their other children are tucked into bed so they can travel to the birth center unbothered. She knows to expect transition, the third and final stage of labor, to happen before dawn.

There is a knowledge among Patricia's people, in *Acholi* culture, that elephants travel the same route in their annual great migrations. Generation after generation, they stamp down the same brush and dig holes for water in the same earthly scars. They meander slowly, calling on their cellular knowledge to lead the way. It is said that the female elephant holds the family wisdom across generations. Her knowledge is intrinsic, the way a spider knows to spin a web. The elephant's gestation period is the longest of any mammal and when she goes into labor after 22 months, her fellow female elephants circle around, matriarchal protection on all sides. They know that birth is sacred, but not precious. The delivery typically lasts just a few minutes: A primitive passing of the planets.

I bring a tin cup of water to Patricia's mouth throughout the night, the muscular twinge of my squat reminding me each time that I am not so separate from her pain. It is nearly dawn when I lift the purple checkered blanket from Patricia's abdomen to check her bleeding and I see discs of rubbery clots spotting the white pad, her legs streaked with blood. Progress. I gently wipe the inside of her thigh with a washcloth, noting the tears balancing at the corners of her eyelids. The guttural sounds of labor intensify from her body as she writhes against the white pad which measures her loss, the tarp scrunching beneath her.

I think back to my own miscarriage: The decisiveness of the clots plopping into toilet water, fiercely clenching my pelvic floor to try to hold the blood in, my mind unable to stop my body. The cramping that overtook my belly and my back, my inability to push pain back along its edge. I notice that I am pulling in my pelvic floor as Patricia miscarries, my chest tight. I know that at some point in my training I'll be forced to self-protect: To separate myself from the pain my patient feels, to raise the height of the hospital bed. But not yet. I'm still early in my training, and I let my body feel with her. I allow the tears to collect at the corners of my eyes.

A midwife once told me that working with patients can be like the parable of a blind man touching an elephant: You touch the tail of the animal, and you think the whole thing is the tail. You don't consider the rest of the body. Sitting with Patricia, I calculate the time period between this pregnancy and her last miscarriage. How little I know about her inner mind, about the grief or relief she may feel, the disappointment or the freedom. I am touching only part of her, even as we share the intimacy of this space, inhaling the metallic smell of her blood meeting air. I think back on the layers of my own emotions when I found out I was pregnant, before I wasn't. Stumbling from the toilet to the shower, turning it on to the hottest temperature. The initial naivete of shock, the panic that filled my chest as I heaved into the water that washed over me. Then, the lightness of possibility as I slowed my breath, as my mind caught up with my body.

I peek under Patricia's blanket once more and see that blood has pooled beneath her, a tiny sac in the middle. With gloved hands I tuck my fingers under the jelly of the placenta fit for a doll and I roll it in my fingers, making sure it is complete. There's only one good outcome here and it is full loss, so I quantify, and I measure, and we grieve.