

Seven Beds

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WRITER'S COMMENT: Last fall, I studied abroad in Oaxaca, Mexico. The program I participated in focused on binational health and offered the opportunity to observe practicing physicians in various hospitals and clinics within the city. I spent most of my time in the labor and delivery unit at one of the local hospitals, where I had the honor of watching dozens of babies come into the world. However, I also saw firsthand the many disparities in care that exist within Mexico's healthcare system. To help me process the experiences and events I witnessed, I kept a diary.

In my UWP 101 course with Pamela Demory, I took our first assignment—an observational account of a place—as an opportunity to piece together the intimate fragments of my diary and to reflect upon a particularly difficult experience I had in the hospital. With Pamela's expert guidance and encouragement, I learned to explore the subtleties of memory and the complexities of human emotion through writing.

INSTRUCTOR'S COMMENT: Claire wrote this essay in response to an assignment in my Advanced Composition class that asked students to identify an interesting place and to "bring it alive" for readers. Usually, I insist that students restrict themselves to someplace local, so that they can visit the place and take detailed notes. But Claire persuaded me that her memories of this hospital in Mexico where she had interned were still vivid, and so I acquiesced. And I'm so glad that I did: the images in this essay still haunt me. As a reader, I feel as though I am right there in the Labor and Delivery ward, witnessing the all-too-real drama of life and death that Claire observed when she was there. And this is testament to how skillfully Claire has handled point of view in this essay—telling the story in first person, so we understand the basis of her authority, but keeping herself in the background—a set of eyes, ears—a witness, a recorder—so that our entire focus is on the scene playing out in front of us. And by the end of the essay we realize that she has invested that scene with profound meaning.

—Pamela Demory, University Writing Program

Wedged between dirty beige walls on bleached-out linoleum lie seven small beds that thousands of women know by heart. Here, between the cold metal rails, on sheet-covered plastic mattresses next to strangers and machines, they birthed their children. The details surrounding those beds—the click-clack of busy typewriters, the windows with broken curtains, and the gowns they stained with their own blood—are written in their memories. Many have cried, screamed, and sometimes laughed here as they felt the intense, inexplicable sensation of passing babies through their bodies. These beds, old and worn, live on the third floor of a large public hospital in Oaxaca, Mexico.

A small, dark-haired woman in a pistachio-green gown faces a sun-filled window, and her eyes are closed. She sits at the edge of her bed with her face turned away from the room as tears follow a traced path down her cheek. She casts her head down and methodically chips paint off the wall with her fingernail. Her other hand grips the hard metal bedrail until her knuckles pulse white, and she rocks her body back and forth. A minute passes; the muscles in her neck relax, and she resumes observing the light from the window through her eyelids. There are women on either side of her, lying in beds just two feet away, watching her with bloodshot eyes. Several have been here since three and four in the morning.

The labor and delivery ward here never sleeps. With an average of twenty-one babies born every day in only seven beds and two small operating rooms, nurses and medical students scramble from one woman to the next in an attempt to serve all patients despite very limited resources, staff, and time. The women who give birth here are generally impoverished and semi-literate; some speak native dialects rather than Spanish. These factors create significant communication barriers between patients and care providers, compromising the quality of care provided. Oaxaca has some of the highest maternal mortality and neonatal death rates in all of Mexico.

The nurses and doctors carry typewriters at their sides as they move from bed to bed, with stethoscopes hanging around their necks and name badges proudly clipped to their shirt pockets. Between births, they sit on the ends of patients' beds and type up notes, pausing every now and then to free jammed keys and adjust ink ribbons. The rhythmic clacking and the moaning of women become white noise that fills the entire ward.

The woman peels paint from the wall for nearly an hour, when suddenly things change. Her movements become less fluid; she seems

panicked and in pain. Just as she begins to bear down and push, three nurses swing around her and lay her on her back. One quickly examines her, while the others call over the doctor and tell her to push hard.

The noise level in the room crescendos to a chaotic peak as the doctor rushes in and firmly plants a freshly gloved hand on the incoming baby's slippery head. A roaring contraction sets in and the woman's eyes bulge open. I realize it's the first time I've seen them since I arrived at eight this morning. They are a deep golden brown, with piercing black pupils and long, delicate lashes. I become so fixated on the details of her face that the lusty cry of her newborn son startles me. In the brief moment I see him before the nurse whisks him away, I notice his wet, swollen face and jet-black hair. He has his mother's almond eyes.

Blood pools on the linoleum floor as the doctor works quickly to remove the placenta, pulling hard on the resisting umbilical cord like a tug-of-war match. The surrounding women grip the rails of their beds and keep their eyes shut as they listen to the splattering on the bare floor. The woman who has just given birth moans deeply and her legs quiver with the final, forceful contractions that expel the afterbirth. The doctor catches the placenta and drops it in a light blue pail filled with blood. Decrescendo, breathing, silence. As quickly as it all began, the woman is now alone again. Her eyes stay wide open this time, but they aren't looking at a thing.

I follow the baby into the nursery, where nurses hastily take temperatures and measurements, dress the newborns in hand-crocheted outfits, and leave them under warming lamps. Today is busy, and two babies share a warmer, huddled near each other and swaddled tight. I wonder if they will meet again when they grow older. Maybe they will be friends, or lovers, or even enemies. Or perhaps they will remain strangers, as their mothers are, despite sharing such intimate experiences. They are asleep now, warm and content little things. They don't seem to mind the company.

There are six babies in this room, as well as a mother getting ready to push out another. I am distracted at first by the commotion surrounding this laboring woman, but my attention quickly shifts to another corner of the room, where a nurse is measuring a newborn. The baby is rubbery and limp in her hands, and as I move closer, I realize that something is terribly wrong with her. I feel my heart begin to race. Standing at the edge of the warmer, I see that her intestines protrude from a hole in her

abdomen, and her left foot is somehow backwards.

My voice cracks as I ask the nurse if the baby will be okay.

It's dead, she replies calmly, without looking up, without skipping a beat.

The nurse continues to take measurements and writes them down on a scuffed clipboard, balancing it on the edge of the plastic railing that lines the warmer table. I stand there, staring. She finishes, then abruptly wraps the baby in a towel and tapes the towel closed. She places the lifeless infant under the warmer next to the two swaddled newborns. They are awake now, kicking their feet and looking around their tiny domain with fresh eyes. The bundle lies tragically still next to them.

I watch the nurse as she unearths a book labeled *Obitos* from a pile of papers nearby. She flips through it until she finds an empty spot halfway through the book. She takes a chewed pen from her shirt pocket and writes in quick cursive the baby's name, measurements, and birth and death dates. She slides the pen back in its place and pauses for a moment to stare at the blank wall in front of her. She takes a deep breath. Without warning, the nurse closes the book and rests it on the lid of a trash bin, then turns the corner and leaves the room. The laboring woman in the room pushes out her baby and laughs and cries at the sight of her girl. She is oblivious to the other babies in the room, to the bundle, to the book.

In the recovery area of the ward, a mother lies on her side, eyes closed but not asleep. Her belly and legs are wrapped tightly with white gauze. The sheets covering her body rise and fall so slowly I hardly notice the movement of her breath. There are other women around her, breastfeeding their crying babies, snacking on warm corn tortillas, and stroking the soft eyebrows of their new little ones, but she is alone.

A nurse sweeps by the woman wrapped in gauze as she brings a baby from the nursery to its mother lying nearby. The newborn lets out a squeal and the mother smiles. I watch the woman in gauze open her eyes and take in the scene, and I see tears wetting her pillow. Impulsively, I put my hand on her wrist and tell her in my best Spanish that I am sorry. She looks at me with a torment in her eyes that I've never seen before.

God took my baby to heaven, she whispers. *But He has left me here to suffer.*

I pause, not sure what I am doing. Her eyes close and she buries herself in the starched white sheet that covers her. I gently take my hand from her wrist and swallow hard. Like the nurse, I stand there for a

moment and take a breath. Then I leave the room.

The book with cursive names remains on the trashcan for several hours, until it is moved to a shelf where it will no doubt be retrieved and reopened in a matter of days. The seven beds are full again, and the light coming through the window is no longer so bright.