



Someone Loved

Christina Cronk, MD

(Fam Med. 2018;50(6):465-6.)

doi: 10.22454/FamMed.2018.480045

Her first kicks pitter-pattered inside of me. I cherished the moment between the two of us, my daughter and I, before telling my husband of her rumblings. It was late afternoon on a crisp, fall day while driving along the Blue Ridge Parkway. The sky was increasingly golden and the mountains reflected shades of amber. It was a long-awaited weekend off in the busy hum of residency.

The pregnancy test came back with two blue lines. After many prior months of one blue line, I was overjoyed. That night, I wrote my daughter a letter. “My child...I hope even when you are old and gray you know your parents loved you...” I felt like I had always loved her. Though the subsequent weeks of nausea, vomiting, and exhaustion while on a busy inpatient service drained me physically, my heart remained buoyant.

He was a 12-year-old boy going on 30. He sat with his hands folded in his lap. His eyes smiled and giggled with jokes but became serious with questions. His mother sat in the corner and let him answer my slew of inquiries about his diet, physical activity, and school—all that comes with a well-child visit. She only interrupted him when I asked about sleep. *No duerme bien*—“He doesn’t

sleep well,” she said in Spanish. He looked down at his hands and his eyes softened. There was a pause, a moment of silence, before they let me in. His mother was undocumented. She alone took care of the family. His father was absent. He was the oldest child. He was scared that one day he would come home from school and she would be gone. He begged her to drive slowly, carefully, to avoid the police. He stayed up at night worrying about his mother, his sisters. His mother had already done everything to prepare for the worst. All they could do was wait—for either something or nothing to happen. I left the exam room with a heavy heart.

He was a 30-year-old man. My husband’s age. The noted reason for his visit was “physical exam and anxiety.” His chart was otherwise blank. I balanced my laptop in one hand and knocked on the door with my other hand. “*Si*,” he beckoned. He appeared young, healthy, and strong. He was a farmworker. With little prompting, he disclosed his distress. I put my laptop aside and listened. His wife and two young children were in the process of deportation back to Central America. He decided to stay behind to send money back to his family. He feared for his young family returning to the violence they had escaped. I

remember little of how I responded to him. I do remember how I felt. Again, my heart was heavy.

My daughter’s kicks have become stronger. These patient encounters occurred several months ago, before I ever had two blue lines on a pregnancy test. As I prepare my heart for a child in our current political climate, the weightiness of my patients’ stories deepens. My daughter will not have to beg me to drive slowly to avoid the police, to avoid waking up without a mother at home. My husband will not have to fear for our family living in poverty and violence. We will live without the burdensome threat of forcible separation from each other. The bitter reality of my patients’ stories starkly contrasts with my story of privilege.

How do I respond to this juxtaposition of stories, to this injustice? My patients have given me the gift of their stories. They have allowed me to enter into their lives and bear witness to their strength, courage, and dignity amidst oppression. I must not only respond to their stories with a heavy heart, but also with a heart committed to action. *Médecins Sans Frontières* defines *témoignage*, or

From the University of North Carolina, Chapel Hill.

testimony, as “the act of being willing to speak out about what is happening in front of us.”¹ Thus, in humility and in recognition that privilege often complicates service to marginalized populations, I write this narrative as a testimony—to give voice to these stories otherwise left unheard. This is an initial step in advocacy outside the clinic walls that must grow throughout my career. This testimony not only compels me to speak out about unjust disparity

but also to recognize the shared humanity in the patient in front of me. I am to see the 12-year-old boy, his mother, and the 30-year-old man as a son, a mother, a father—a being that once fluttered in their mother’s womb—someone loved.

CORRESPONDENCE: Address correspondence to Dr Cronk, University of North Carolina Chapel Hill, 590 Manning Drive, Chapel Hill, NC 27510. 984-974-4888. Christina.Cronk@unchealth.unc.edu.

Reference

1. Medecins Sans Frontieres. Advocacy and Témoignage. <https://www.msf.org/advocacy-and-t%C3%A9moignage>. Accessed January 27, 2018.