

A Gradual Process

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On a hot June morning, my sandals tentatively crunched gravel beneath my feet as I walked towards the infamous gate of Auschwitz. Our tour guide launched into a history of the war, but I didn't pay attention at first, as I took in the rows of red brick buildings, the barbed wire fencing, the tourists, the birds in the trees above us, oblivious. The camp felt somehow smaller than I imagined; I could hear the traffic on a road outside the boundaries of the camp. I tried to imagine 13,000 bodies in this space at one time, this rectangle you could walk across in five minutes. The group started moving down a gravel path and I tuned back in to the tour.

We arrived at the medical experiments building late in the morning. Our guide said, "go inside and look to your left. This is where doctors injected poison into people's hearts." Inside, I saw a stainless steel table with drains, designed for dissections. There were two white coats hanging up on the wall. They were identical to the coat I would soon don as a medical resident, cloaking myself with a fresh new power. I learned about the systematic dehumanization that happened where I stood: the hair-shearing, the striped pajamas. Deliberate techniques for stripping the victims of their humanity, to make acts of atrocity somehow less impossible for the young Nazi soldiers. It was the end of medical school, and I was on an ethics fellowship with other students to visit the sites of the Holocaust. We came here to learn about Nazi physicians, to reflect on the crimes of our chosen profession.

Throughout Auschwitz, there are rows upon rows of photos. Endless faces. Beneath each: a name, a hometown, a year of birth. Or is it year of death? Who were these women? I notice a patch of wallpaper in one of the barracks: a delicate pattern of brown lines and pink shells, an unexpected detail of beauty. How many girls in these photos counted the shells of this wallpaper as they lay awake? Their identities are not the focus of the exhibition, so we must move on, into the next curated barrack. Behind glass, we see hair piled from the floor to the ceiling. Thousands of pounds of hair. We are shown disembodied hair, hundreds of eyeglasses without faces, a room full of shoes, and mounds of kitchenware. It is designed to compound the nauseating emotional impact of the daily items from the lives of the dead, left behind.

What strikes me is how quickly we adapt, how quickly our shock subsides. On day one, we are hesitant to sit down on a bench as our guide lectures. How could we relieve our aching feet in the face of what happened here? We produce impenetrable silence on the bus ride to the hotel; there are no words to express the horror. On our second day, we act more like tourists in a museum and feel less of the dreadful weight of the experience. We sit down in the dry grass near the train tracks at Birkenau and soak in the warmth of the sun. Silence is replaced with mundane chatter on the bus. We have our delicious freedom to feel the cool breeze from an open window and ask a friend a meaningless question.

The night after I visited Auschwitz, after seeing all those photos of the bodies, I found my mind drifting to my anatomy donor from the first year of medical school. The information I knew about my donor was limited to her age and cause of death. Nothing else. It is enough. At that point in training, the sight of fuchsia nail polish on a donor's fingers pushes us over the edge, tears blurring our ability to finish the lab. The body is preserved in chemicals, an unhumanly grayish yellow, just foreign enough to make the act of cutting bearable. But the nail polish is pink and chipped—identical to our own nail-bitten fingers. We notice the indentation on our donor's ring finger, a pale halo left from years of wearing a wedding band. Further in the semester, just as we start to gain comfort in our role of cutting flesh in order to help us heal future patients, we uncover objects that disarm us. A pacemaker, a Foley catheter. The long tentacles of an IUD still lodged in the uterus. It is an invitation to imagine a life, too full, too busy, too heartbreaking for childbearing. The medical devices lodged in our donors bodies shock us back to the reality that these bodies once pumped blood, drained urine, got married, did not desire a pregnancy. It is too much humanity to bear.

Some say Anatomy is our entrée into the violence of medicine, systematically desensitizing us to each intimate piece of the human body. Knuckle, breast, eyeball. After my first day of anatomy lab, I asked my instructor for tips to temper my emotional response. Despite eating two lunches and drinking plenty of water, I felt lightheaded and unable to concentrate. He detailed a four step approach: *First, enter the lab when no bodies are exposed to help get used to the room, the smell, etc. Next, look at plasticized specimens. Then, expose a small part of the body for a short time. Finally, expose the whole body but don't stare—study your notes next to the body. I am almost positive this gradual approach will work!* It worked. A few months later, I eagerly signed up for optional dissections of the brain. From exposing the fat, white spinal cord, I

ran straight to my kitchen to cut butternut squash for dinner. How quickly I adapted; how quickly my shock subsided.

Medical training slowly built upon this tolerance by launching me into progressively more raw encounters. I reported to the basement autopsy room on my Pathology rotation. I adapted to the hum of the air conditioner, incessantly devoted to keeping the room at 55 degrees. With gloved hands, I explored the borders of a mesothelioma that took a life. I learned to expect the buzz of fluorescent lights, the rustle of plastic gowns, the juicy swoosh the knife makes cutting each irregular slab. The slap, slap slap, of squishy, liquidy slices of organs hitting the metal table.

Yet I was still not prepared for what I saw one snowy, Sunday morning on my surgery rotation. I was at a transplant center to retrieve a set of lungs from an organ donor. In a cold operating room, the donor's body was uncovered. When I first saw the donor's body, still intact, I asked my supervising surgeon for a moment to gather myself, to process the enormity of cutting organs out of this young woman. He did not seem to understand. He quizzically scrunched his eyes at me and walked briskly into the operating room.

The organ donor coordinators didn't tell us many details about the circumstances of her death, only the direct cause of death because it might affect the organs that are retrievable. I imagine they don't want us knowing too much, about where she was driving in her Jeep, or what detritus of daily living they found in her backpack. This would make it too hard to make the incision from throat to pelvis. Too hard to drain her entire body of blood, to watch the organs turn pale, and then white. From her birth date, I calculated she was nineteen years old. I heard her body was brought down from up north. She was from the rural part of the state, an area that must be desolate this time of year, without the clatter of tourists that transforms the region in the summer. Perhaps she lived in a lakeside town, or maybe by the gas station where vans full of families stop for popsicles on their way to vacation.

Aren't these the same details I was trying to uncover in Auschwitz? A young girl, nineteen, her name is all we have. Was she shy or gregarious? Did she braid her father's *tallis tzitzit* on Yom Kippur? These details are purposefully hidden—to smooth our clinical duty at the transplant center, to facilitate the physician-assisted atrocities in the barracks. For the physicians at Auschwitz, did their medical training – this process that teaches us to temper our emotional response, to section the body into discrete labs—make it easier to carry out their crimes? Perhaps the doctor whose white coat

hangs in the long wooden building secretly cried over his anatomy donor as a sensitive medical student.

In medical school, we are instructed to seek out details about each patient, to preserve humanity in the hospital, to put a temporary plug on the slow leak of our empathy. We ask about grandchildren and pets. Volunteers tell their stories in preclinical curriculum to put a face on a diagnosis. And yet, haven't we all been shocked at that moment on day of discharge when we suddenly do not recognize our patient? He is now showered, wearing a fresh shirt from home, glasses on and pacing the room. After months of seeing him in the standard hospital gown, in the same supine position we expect to find every patient in each morning. Now, the white and blue hospital gown crumpled in a corner, we are jolted to see who he is.

Medical education slowly, yet deliberately, teaches us to splice the body from the person. I've been instructed to see every patient as a whole person, and I've been taught to ignore the hints of identity, in order to dissect, to cut, to harvest. *First, learn to stomach the signs of life in lifeless body. Next, ignore what gnaws at you as you observe morning rounds. Then, suppress emotion in step with your attending. Finally, look back and see this process was so gradual you didn't notice the change.* This gradual process will almost always work. Walking through the gravel paths of Auschwitz, I saw glimpses of my own education. I learned to detach the body from a life—it is at once necessary and appalling. We visited Auschwitz to ponder: how did this happen? A clue is in my unforeseen desire to dissect a brain; a clue is the transplant surgeon losing sight of the violence in his work. A clue is in our own bodies, shocked stiff entering the infamous gate, later relaxed as we sit by the deadly tracks at Birkenau, evidence of our all too human, malleable tolerance.