

Chapter 1

Birth Defect

“Well, is it a girl or a boy?” I ask the ultrasound specialist.

He’s already been able to show me the brain, “The baby has a very good brain.” And heart—“Everything’s well developed there.” He’s already said the measurements correspond to sixteen weeks of development. He’s already asked me the absurd question to which I’ve become accustomed over sixteen weeks, “Who have you got at home?” and I’ve already answered that I have an eight-year-old girl at home. So, this time I’d like a boy. And now I’m asking if it’s a boy or girl, but for some reason he’s pursing his lips tightly. As if he’s got a giant, sour berry in his mouth and is deciding whether or not to spit it out. He silently guides the probe around my stomach and looks silently at the monitor. He’s silent a little too long, and then he says, “It’s a boy.”

But something’s wrong with his voice. With the tone. Again, he purses his lips. I suddenly remember the beginning of my own science fiction book, *The Living*: “The probe cheeped, and the doctor considered what he was seeing. I asked, ‘Is something wrong?’ He was silent. ‘Is something wrong with the baby?’”

And now, it’s November of 2012, and I myself am in the office of a doctor who is silent, and the ultrasound cheeps, and I ask, “Is something wrong with the baby?”

He resolves, finally, to get rid of his sour berry. “Does anyone in your family have kidney disease?”

“No....”

“I don’t like the structure of the kidneys in this fetus. It’s a hyperechogenic structure.”

For a few seconds, I even feel relief. Kidneys, no big deal. Kidneys—well, that’s important, of course, but it’s not the heart, not the lungs, not the brain, he has a good heart and brain, but we can somehow treat the kidneys, especially as there’s no hereditary kidney disease in the family. That’s probably a good indicator for the prognosis...

“And they take up the greater part of the fetal abdominal cavity,” he adds. “They’re five times larger than they should be.”

It’s possible to not know what a hyperechogenic structure is, but it’s absolutely clear that kidneys shouldn’t take up the whole stomach. So, naturally, I understand that this is bad. Very bad.

“It’s possible that the fetus has polycystic kidney disease,” he says. “Wipe yourself off and get dressed.”

It seems that at that moment, for the first time, I split in two. With shaking hands, one of me wipes the gel off my stomach. But the other me attentively and calmly watches the first, and the doctor as well, and she’s generally quite observant. For example, she notices that he no longer calls my baby a baby. Just a “fetus.”

“You need an ultrasound by an expert”—he writes the name of a clinic and a doctor’s last name on a piece of paper—“preferably this doctor, he’s a specialist in fetal birth defects.”

I ask, “Is it very serious?”

He answers, but it’s the answer to a different question. “I’m just an ultrasound doctor. I’m not an expert and not the Lord God, and I make mistakes. Go see an expert.”

It seems to me that he also wants to add “And pray,” but he doesn’t say anything more.

It’s said the first stage of grief is denial. Having learned terrible news, it’s as if you can’t immediately take it in. You maintain that it’s just a mistake, or that they’re knowingly lying to you, that the ultrasound doctor is a charlatan, that he’s sending you to his friend for another ultrasound in order to take your money... Yes, I’ve seen that kind of thing in online chat rooms dedicated to the pathology of pregnancy, and even my mother, having learned the results of the ultrasound, passes through this stage very quickly, right before my eyes. It’s a normal defense mechanism—but for some reason, it doesn’t work for me. Even before I went online to read about polycystic kidney disease, even before the diagnosis was announced, in that moment when he looked at the monitor and was silent, I understood that things were very bad. Really bad.

I pay for the ultrasound and go out into the wet November darkness. I walk along the street, then I grasp that I’d come in a car, but I can’t remember where I left it. For twenty minutes, I drag myself around the obstetrics and gynecology clinic on Bolshaya Pirogovka Street, forgetting what, exactly, I’m looking for. It’s hard to walk. As if I’m moving inside a thick, black cloud. Eventually, I stumble upon my car, climb in, and go online on my phone. I type in “fetal polycystic kidney disease” and open up more and more links, and I understand that polycystic kidney disease occurs in two types, dominant (adult) and recessive (infantile). That dominant polycystic kidney disease is exactly the kind that runs in families, and that people generally live with it. But recessive is what we’re talking about in my case. If it is my case. In the photographs, there are deformed infants with flattened faces and giant, inflated stomachs. Dead infants. They don’t survive with infantile polycystic kidney disease.

...The thick, black cloud surrounding me suddenly begins to crawl into my mouth and my throat. I’m suffocating. There’s absolutely nothing for me to breathe. The other me, the one who’s cold and calm, notices then that I’m not simply sitting in the car and staring at the telephone screen gasping for breath, but am at the same time driving along Tenth Anniversary of October Street, and everyone’s honking at me because I’m crawling into oncoming traffic.

By some miracle, I manage to drive home, all the same. I can’t breathe, and when my daughter Sasha, we call her Little Badger, comes happily running with the question “Is it a boy or girl?” and my husband, also Sasha, comes out of the kitchen with wet hands and inquires offhandedly, “Is everything okay?” I can’t speak and only gasp and gasp for air, but there is no air: my black cloud doesn’t let it into my lungs.

“What’s wrong with the baby?” Big Sasha grabs me by the shoulders. “What’s wrong with our baby?”

Little Badger looks at us in fright and prepares to cry. The observant, calm me also looks at us, and reproachfully. She doesn’t like the fact that we’re scaring our daughter. She doesn’t like the fact that I can’t pull myself together. But it amuses her that we all seem to be playing a scene from a soap opera.

“I can’t breathe,” I sob, exactly as if I were fulfilling the conventions of the genre.

My husband brings me a small glass of whisky and says, “Drink it down.”

Looking at my stomach, which hasn’t been showing long at all, he adds, “Nothing bad will happen to the baby from such a tiny amount. Drink.”

I swallow the contents of the glass, and I really do relax. I breathe, I look at Little Badger and Big Badger. Just this morning, we were discussing what the new baby’s nickname would be. Sasha was afraid the baby would usurp her position of Little Badger, but I said we’d call the baby Littlest Badger, and no one would be offended... And now I say to them both, say to my badgers, “It’s a boy. But he won’t live. Probably.”

For the rest of the night, my husband and I sit at the computer reading about polycystic kidney disease. From time to time I weep, but my husband tells me that nothing's definite yet, that we need to first wait for the ultrasound with the expert, that I'm panicking too soon. And Little Badger makes me a card with a drawing of a flower: "Mama, everything will be fine" is written on it, in the clumsy handwriting for which they scold her in school. And she also drags all her toys to me, one after the other, and says they'll be my talismans, that they'll protect me.

That same night, for the first time in sixteen weeks, the baby begins to stir inside me. They're soft, sliding movements—as if he's stroking me. As if we've all gathered together, the whole Badger family, except Big Badger and Little Badger are on the outside, and Littlest Badger is inside me. As if everything will be fine. Like in the movies.

Chapter 2

These Don't Survive

In the morning, Little Badger wakes up with a sore throat, so Big Badger stays with her. And I go alone to the V.I. Kulakov Research Center for Obstetrics, Gynecology, and Perinatology on Oparin Street. Last night, I managed to google Dr. Voyevodin—the one whose name is written on my paper—and Google made clear to me that he really is one of the best experts in the country. The reception desk tells me on the phone that Voyevodin won't take me, that he's booked for the next three weeks. But they have other specialists who are experts. It's hard to get an appointment with them on such short notice, too, but one can only try, so I should come.

I take a couple of talismans with me—a stuffed dog and a stuffed meerkat—and I go. I can't wait three weeks. At the Kulakov Center, there's an unbelievable number of women and a handful of men accompanying them. They sit in the waiting room and wait their turn. Almost all the women have gigantic stomachs. At a minimum, half of them are “preggy-weggies.” While I'm looking for the reception desk, one preggy-weggy next to me tells another in a capricious voice, “I don't take hormones, just teensy-weensy vitamins. The most important thing is that itsy-babykins is comfortable in my belly-welly.” Preggy-weggies (they call themselves that in women's chat groups) differ from women who are simply pregnant in their heightened sentimentality, their inclination to communicate in baby talk, and sometimes also in wearing pink jumpsuits for future mothers. In their stomachs sit itsy-bitsy babies and belly-dwellers. And they're quite comfortable there... But mine, no. Mine is probably uncomfortable. Because it's probably hard to be comfortable if your kidneys are five times larger than normal. And I'm uncomfortable. This waiting room looks like the waiting room at a train station. These women have the kind of face that it seems as if a toy train is going to come for them right here and carry them into a wonderful future. To baby formula, to pink and blue ribbons, to onesies and disposable diapers. And to little ones who have normal kidneys.

And I'm not getting on that train.

Is this envy? I'm not going to lie. It's envy.

I stand in line at the reception desk and say that I need an ultrasound by an expert.

“Are you pregnant?” The lady behind the desk is surprised. “How far along are you?”

I'm four months pregnant, but my stomach is barely showing. As if I weren't pregnant at all. It's even, somehow, disappointing.

“Sixteen weeks,” I tell her. “Fetal polycystic kidney disease. Please.”

The lady becomes more sympathetic and goes to see if anyone among the super-duper experts can take me today without an appointment.

A preggy-weggy in a pink track suit retreats a step from me, as if she's afraid she'll be infected by misfortune. The whole line stares gloomily, not exactly at me, but off to the side.

The lady comes back to the desk.

“Professor Demidov has agreed to see you. He's a luminary in the field. Will you take it? The ultrasound will cost three thousand rubles.”

I take it. What's three thousand rubles? I'm prepared to pay even more. Yesterday's non-expert ultrasound on Pirogovka Street cost that much. I sit in the waiting room and enter “Demidov fetal ultrasound” in my smartphone. Wikipedia tells me that Vladimir Nikolayevich

Demidov is “a Soviet and Russian doctor of obstetrics and gynecology and a perinatologist. A doctor of medical science. A professor. One of the founders of ultrasound and perinatal diagnostics in the USSR.” In other words, truly a luminary.

I experience a rush of gratitude for the elderly professor who so easily, without any fuss, out of pure sympathy will see me on this very day, just like that. That’s what being a doctor means, doctor with a capital “D.” Old school, from the Soviet era. My number (the numbers are lit up on a display) is still a long way off, so I go looking for the toilet.

There’s one bathroom on the floor—that is, a single toilet. If you’re a man, or by chance a woman who’s never been pregnant, perhaps you don’t know that for pregnant women, the urge to urinate occurs quite often, and it’s quite strong, first of all, for hormonal reasons and, second of all, because the growing uterus presses on the bladder. For that reason, standing in a line of fifteen people for the single toilet is quite agonizing. I write this not because I fail to understand why there’s only one toilet (although I don’t understand that), but because I want to be clear about the state I find myself in when my turn for the toilet finally arrives. I’m just about to grasp the door handle when my path is blocked by a cleaning lady with a bucket and mop. She literally blocks me—she stands in the doorway and doesn’t let me enter. She looks down at my feet, at my winter boots, and on her face is hatred:

“Why aren’t you wearing shoe covers?!”

Why am I not wearing shoe covers? I don’t know. I hadn’t thought about disposable shoe covers. I hadn’t seen where to buy them.

I didn’t know. I’m sorry.

“You didn’t know. Go to the first floor and put on some shoe covers! You can’t go into the toilet without shoe covers.”

I understand that I won’t make it to the first floor. That if now, this very second, I don’t find myself in the blessed toilet, I will simply pee all over myself.

“I really need to use the toilet,” I say to the cleaning lady. “Then I’ll go immediately and get shoe covers.”

“I won’t let you without shoe covers,” she answers.

Then I turn into an animal. I understand that I hate her. She hates me, and I hate her, we’re two aggressive females, I’m no longer a medical patient, and she’s not an employee: the loss of our common humanity takes place in an instant. She’s the elder female, I’m the younger one. I’m obviously stronger than she is. For that reason, I simply push her out of the door of the toilet with both hands, rush inside, lock the door behind me and answer, as they say, the call of nature.

“You bitch, damn you...” The voice of the cleaning lady reaches me through the door.

Then I do indeed go down to the first floor and buy shoe covers. And I wait for my turn. My husband phones and says he’s spoken with Professor Voyevodin’s personal assistant and that she said I could go upstairs to his office and perhaps he’d see me. But I’ve already paid for an ultrasound with Demidov. And soon my number will light up. So, I stay and wait. Professor Demidov sees me after an hour.

He moves the probe around my stomach and mutters:

“So, the kidneys... Yes... That certainly looks like polycystic kidney disease... Or perhaps bilateral multicystic dysplastic kidney... So, the sex... It’s a boy... A cephalic presentation... I want to examine the brain transvaginally... Undress to the waist...”

I undress. Demidov quietly converses about something with his assistant, I hear an indistinct muttering: “Of course... Who wouldn’t be interested...”; then she leaves the room.

The professor inserts the transvaginal probe in my vagina.

After a minute, about fifteen people in white coats enter the room, escorted by the assistant—medical students and young doctors.

They line up along the walls and watch in silence. And I'm lying there, naked. With a transvaginal probe in my private parts. Once again, I split in two. The me who's on the edge of hysterics screws up her eyes so as not to see them and, it seems, weeps. The other me, observant and calm, reflects on how funny it is that the whole scene, both in feeling and setting, looks like a fragment of a nightmare. There's a common type of nightmare, for example, when you go up to the blackboard not wearing any underwear.

Then he pulls out the probe and moves the transducer around my stomach to demonstrate to the students what they'd missed.

"Look, such a typical picture," says Professor Demidov. "There are the cysts... See? There they are, many cysts... The size of the kidneys is five times larger than normal... The bladder is underdeveloped... Look, how interesting... For now, a normal amount of amniotic fluid... But soon there will be too little... With these kinds of defects, children don't survive..."

They don't survive. Don't survive. Don't survive.

Professor Demidov isn't addressing me, he's addressing the students. He doesn't notice me anymore. I don't exist anymore.

For a short while, the calm me takes over my body entirely. I lie without underwear, tears roll down my cheeks, these children don't survive, but all that is happening to someone else. And I'm reflecting on things.

I think that, purely for educational reasons, showing "a typical picture" to students and beginning doctors is important. That it's absolutely necessary for the education of qualified medical personnel. So they can distinguish one pathology from another. One cyst from another. And I understand that it's even better to show how a pathology looks using a live example. My example. But here's the really strange thing. If I'm now honestly serving medicine as a whole and the V.I. Kulakov Research Center for Obstetrics, Gynecology, and Perinatology in particular, why the hell did I pay three thousand rubles for this examination? And as I'd already paid, then why didn't the luminary of science simply ask me whether I objected to having a crowd of strangers observe me now? By the way, I'd most probably have agreed. For the same reason I'm writing this book—so that there might be just the tiniest practical benefit from what happened.

The most remarkable thing is that when I describe this scene the next day to my friend S, a pediatrician, he'll be sincerely surprised at my indignation. He'll say, "That's common practice. Students need to learn." And only when I remind him about the three thousand rubles and about ethics will he appear to agree with me—but, somehow, without full conviction.

And, by the way, about "common practice." Is it common that the professor, informing me about the fact that my baby won't survive, doesn't express any regret or sympathy? "I'm very sorry, but these children don't survive." That would have sounded better. Of course, the professor isn't sorry. The professor has a *déformation professionnelle*, and he saw me, probably, because my case could be used for pedagogical ends, but these are all questions having to do solely with the professor and his mental makeup. Here's what has to do with "common practice": the formal expression of sympathy in such situations is a norm of human relations. It's an international standard. A basic. In a few more days, I'll discover that we generally lack that kind of standard here in Russia. Sometimes, I come across people who consider it necessary to say,

“I’m so sorry” or “I sympathize.” But that’s the exception. No generally accepted rituals for expressing compassion exist.

Maybe you think this isn’t important. That it doesn’t make anything easier. Believe me. It’s important. And easier. Just a very little bit, but easier. Imagine you don’t have any skin, that even the wind hurts you, that you hurt yourself. Now, imagine that someone touches you. Would you prefer that hand to be wearing a canvas work glove? Or would you prefer that the person who touches you first take off the glove, wash that hand with soap, and smooth it with cream?

“Get dressed,” the professor says, his expression slightly perplexed. “Why are you sitting there? Wipe yourself off and get dressed.”

I discover that I really am sitting vacantly on the table—without any underwear, with gel smeared across my stomach—and looking fixedly at one spot.

I wipe myself off and get dressed. The students silently observe me. In the absolute silence of the grave.

I break that silence:

“He won’t live at all?”

“Well, maybe not ‘at all,’” answers the professor. “Maybe he’ll live a short while. Two or three days. Or even a month. It’s up to you. Terminate the pregnancy or carry it to term.”

“Where do I go now?”

“Go to your local gynecological clinic.”

“But what about here?...”

“We don’t deal with those things here.”

This is the first time (but far from the last) that I hear the formulation “those things,” but now, I’m too overwhelmed to prick up my ears.

“Thank you,” I say to the professor.

It seems to me that some kind of human feeling flashes across his face, but he immediately banishes it deep.

“Go to the gynecological clinic,” he repeats again, for some reason.

I leave the room and come face to face with that same cleaning lady. She silently casts a glance at me, and an entirely sincere, somehow even childlike expression of malicious pleasure spreads over her face. I don’t know how I look. Very bad, I have to think.

What I do next—it’s probably pure denial. Which finally comes over me. I don’t go downstairs to the coat check room. I climb up to the floor where the expert Voyevodin sees patients. I don’t fully make sense of my actions, but I want, I simply have to have, another ultrasound by an expert. And precisely by that doctor whose name is written on the paper. Because he’s the absolute best. And he takes a modern approach. Not some moss-covered Soviet style. It’s possible he’ll say something different. I don’t hope that he’ll say everything’s okay. But I hope he’ll give me just some kind of chance. If only a low percentage. That my baby will be born and might live. We’ll treat him. We’ll do everything. A kidney donor, dialysis, everything we can...

I stand in line for Professor Voyevodin. It’s already near evening, I wait while he sees the last patient on the list, and then I go in.

Voyevodin is typing on his computer keyboard.

“I’m busy,” he says. “I didn’t call you.”

“When can I come?”

He turns his face to me, dissatisfied and self-satisfied at the same time.

“I’m a very busy man. What is it that you need?”

I begin to explain confusedly that my husband had phoned the assistant and that the doctor who'd done my ultrasound on Pirogovka Street had recommended I come to him and only him, and that the assistant had told me to come...

"Oh, that's you," he becomes slightly mollified, but then and there grows gloomy anew. "That was two hours ago. Why did you wait till now?"

I begin to cry. I say I'd already gotten an appointment with Demidov, that my turn in line had come, and that...

"So, you already had an ultrasound with Demidov?" Voyevodin bellows.

"Yes."

"Then what do you want from me?" Now he's really yelling. "They told you to come to me, you went to Demidov, you made your choice, what do you want now? Get out of here!"

"I want to you do an ultrasound."

"But you went to Demidov!"

"I'm sorry."

I feel like an earthworm who's been cut in two with a piece of glass. In two halves. One half wriggles around, demeans herself, and releases floods of tears and snot because she wants an ultrasound. The other half almost doesn't move. She despises the first half. And she whispers to her: "Don't you see that this man is a bastard?"

"What diagnosis did he give you?" asks Voyevodin.

"Bilateral multicystic dysplastic kidney."

"Length of pregnancy?"

"Sixteen weeks."

"My ultrasound costs a lot," he calms down slightly. "Six thousand rubles."

"Fine," I answer. "I have that."

"Then come back in two weeks. I like to look at the kidneys at eighteen weeks. I won't look now. Don't do anything for these two weeks. No invasive procedures. No abortion. Wait."

Of course, I don't go back to him. But later, I clarify that it wasn't simply out of caprice that he proposed coming back in two weeks. But because it really is better to examine the condition of the genitourinary system at eighteen weeks. If only because at that time, the fetal kidneys fully take on the function of filling the uterus with fluid (the embryo swallows the amniotic fluid and excretes it back in urine, it's a closed ecosystem), and if there's fluid, it means that kidney function has been at least partially preserved; if there's no fluid, it means that the kidneys don't work at all. Which is to say that, from the medical point of view, the expert Voyevodin was correct.

This doesn't cancel out the ugliness—from the human point of view—of what took place. However, the moral qualities of the expert are a problem that concerns just him and his family. But the lack of the requisite norms of behavior in a medical establishment—that's also a problem that concerns the system.

And once more about rituals. In sufficiently developed societies, there are thought-out, established formulas and even established intonations for such situations as mine and for many others—formulas that don't necessarily need to come from the heart, but that it's necessary to use in order to observe ethical practice. Most likely, a weeping lady who turns up in an expert's office at the end of the workday without an appointment, having beforehand done an ultrasound at a competitor's office, will evoke no less irritation in an expert in a developed society than in a less developed one. But in the developed society, the expert will respond with an established formula: that he trusts the opinion of a colleague, however, he's prepared, if desired, to give a

second opinion, but today, alas, he's not seeing any more patients, call at such and such a time, come back at such and such a date. Here in Russia, these established formulas are lacking, and "improvised" formulas are produced from scratch in each concrete instance by each concrete individual. And they very much depend on whether the individual has been in a traffic jam, whether he has a headache, and whether he fought with his wife that morning.

Again, even in fully developed societies, an ultrasound expert, if his head really hurts, is fully capable of blowing a gasket for a little while, forgetting all formulas, and simply shouting at a woman at the top of his lungs. However, after such an event, the ultrasound expert most probably will be fired from the medical institution. Moreover, there will be a scandal. And a stain on his reputation. With regard to the expert Voyevodin, as far as I know, he's quite successful. His ultrasound costs a lot, and he's a very busy man.

...The two halves of my earthworm somehow manage to hold crookedly together, and for a long time I crawl around the V.I. Kulakov Research Center for Obstetrics, Gynecology, and Perinatology and can't find the coat check area. And then I can't find my claim check. And then I can't find the way out.

I want someone to take me by the hand and lead me out of there. But there isn't anyone.

Don't ever go to such places alone. Take your husband, or a friend, or the husband of a friend, your mother, uncle, sister, hell, the neighbor across the landing. Take anyone who'll help you find the way out. Not the ultimate way out, just the way out of the building.

Chapter 12

Bye-Bye

For physiological reasons—the shape and location of the uterus—it’s impossible to perform a caesarian section during the second trimester. That is, it’s impossible to surgically terminate a pregnancy under general anesthesia. It’s true that there is such a thing as a “small caesarian,” which is when the uterus is accessed and perforated not through the abdominal cavity but through the vagina and labia, but that method has a high probability of ensuring infertility for the rest of one’s life—they resort to it only in the case of extreme necessity, if “something goes wrong.” So, childbirth it is. I must be conscious. I must go through three stages: dilation of the cervix, contractions, and expulsion of the fetus.

On the preggy-weggy sites, they write that the pain of labor is nothing compared to the happiness you experience at finally seeing your “little one.”

I won’t see my little one. I don’t want to see him. I don’t want that ugly, deformed, innocent, murdered being to appear to me later in endless nightmares. I warn everyone—Natasha, my husband, the midwives, the doctors—I do not want, I do not want to look at him, not for anything. When it’s all over, please, let him be taken away immediately, and I’ll close my eyes. Natasha, translate this for them, please. In case they suddenly don’t understand English.

They understand. They say: okay, everything will happen the way you say. But it’s not right. You should look at him.

“I don’t want to, I’m afraid to look at him,” I say to Sasha. “That’s the worst thing of all! Promise me I won’t have to do that!”

“I promise. No one’s planning to force you to do it.”

“And you aren’t afraid to see him?!”

“No, An. I’m not afraid. I’m afraid of other things entirely.”

“What things?”

“Complications. Hemorrhages. You know what things...”

For some reason, I’m not much afraid of complications. I’m afraid to see him. And I’m also afraid of the shot that will kill him.

Twelve-thirty. We sit in the room—I, my husband, Natasha. Half an hour ago, they began inducing labor. The method of inducing is very gentle—one tablet of misoprostol administered vaginally every three hours. The midwife administers it quickly and painlessly right there in the room, I don’t even have to sit in the gynecological chair.

“We hope this will be sufficient and that your contractions will start somewhere after the third or fourth tablet.”

“And if they don’t start?”

“There are other methods of inducing labor. But women generally respond well to this drug.”

“And when will the shot be...the poison shot?”

“You’re very frightened of that shot?”

“Yes.”

“I’ll ask the doctor.”

I “respond” even better than they expect. Light contractions begin after the first tablet. After the second—at three p.m.—they become regular. They offer me an epidural, but the pain’s

bearable, and I refuse. They say that if it's easier for me, they'll cancel the lethal shot. They've compared the anticipated weight of the fetus and the intensity of the contractions and concluded that the baby will die pretty quickly on his own.

With relief, I agree. I don't ask how difficult death will be. I'll allow him to "die on his own"—as if in the natural course of things, as if I took no part in it—and to this day, I can't forgive myself for it. What I've just done doesn't immediately occur to me. It's much later. When we finally receive the autopsy report (at Charité, this takes a long time) and Natasha, having first stopped short, translates the cause of death for me: "a massive hemorrhage in the brain."

...After the third tablet, at six p.m., serious pain begins. On the nightstand next to my bed sit the stuffed dog and the meerkat, the talismans my daughter gave me to bring with me, but they don't help. I agree to the epidural and, in a couple of minutes, cold-eyed Kai comes into the room. They attach me to equipment that records my blood pressure and pulse (with an epidural during ordinary labor, they also follow the fetal heartbeat, but in our case, no one worries about that), Kai prepares my back with something icy. Now, he needs to place the needle in my spine with precision, for that I need to sit still, without moving. But I can't sit still. I writhe from the contractions and tremble heavily from fear. Not Sasha's exhortations, not his stroking, not regular breathing, not a sedative, not Kai's assurances that I'll just feel a light "bzzz—like a mosquito bite," nothing helps. Then, the indifferent Kai manages an astonishing feat:

"I was in Moscow as a child," he says to me in English. "I remember Moscow as having a large number of monuments. Ever since then, the question has bothered me: how many are there? Can you tell me even approximately the number of monuments in Moscow?"

Introducing the unexpected is, in my case, an excellent method of distraction. While I'm vaguely astonished to myself at his heartlessness (what the hell is wrong with him, monuments at such a terrible moment?), while I nevertheless politely try to come up with a figure and consider what this person understands by the term "monument," he's able to stick the needle where it needs to go. And he immediately loses all interest in the monuments of Russia's capital. But the pain goes away. Quickly, and almost completely.

I continue to feel contractions—but already, this isn't pain, just the shadow of pain. My legs feel slightly numb, as if I've been sitting on them too long. Kai says I can walk around if I want to, but only with support. But best of all would be to sit or lie down.

"Find something to occupy yourself with," he advises. "Do you have a computer with you? Excellent. Watch a movie."

Again, I'm astounded by his heartlessness. When Kai leaves, the midwife checks my blood pressure and also leaves. Sasha falls asleep—it's instantly, and without warning, as if he's been unplugged from a socket (I've always been amazed by his ability to turn off in stressful situations), and Natasha and I sit silently for a little while and stare at my I.V., and then she says:

"Maybe we really should try to watch something?"

There's no internet at Charité, it's not possible to download or watch online. It turns out that the only film in my laptop is *The Three Musketeers* with Mikhail Boyarsky, at some time I downloaded it for my daughter.

And so, Natasha and I sit on the couch in the German Charité clinic, me with an I.V., I'm giving birth to a baby who'll never take a breath, his father sleeps like the dead next to me, and we watch *The Three Musketeers*, where they fence, fall in love, and drink. It turns out later that from that day forward and forever after, *The Three Musketeers* becomes the most frightening film I've ever seen in my life, I'll never watch it again. And the ditty about *It's time, it's time to*

rejoice in life and *Bye-bye, bye-bye, feathers waving high* is the most terrifying song in the world, and I can't bear to hear it ever again. I'll turn off the sound if it's played on the Children's Radio channel, I'll leave the room if someone sings it. For me, it's a song about how unborn children die, and with them dies all the happiness in the world; for me, it's a song about how fate spits on your wishes; for me, it's a song about how my little son says *Bye-bye* to me...

But all that comes later. Now, I simply stare at the screen and almost nod off and even almost forget why I'm here. And then—all of a sudden, in an instant—I remember. Because through the drowsiness, through the hat feathers waving high, through the painkillers, through my numb stomach, I suddenly feel that something inside me is tearing away and ceasing to live. Inside me is—death. It's hot, slippery, red, it moves rhythmically inside me as if dancing, it wants to tear me open and come out.

"The baby's coming," I say to Natasha and push the call button for the midwife.

Everything after that takes place as if in the theater. As if we've already rehearsed the scene more than once. The midwife instantly appears in the room with a tray and a baby blanket. Sasha wakes up, immediately leaps up, and stands on the other side of the bed, behind me, and strokes my face. And Natasha steps a little off to the side and looks at us. She doesn't have children yet, and I don't want her to see this kind of birth. I'm able to ask her to turn away, and she turns, and I feel how death flows down my legs, and then, I begin to scream. Not from pain. From fear.

Through my own screams, I hear how the midwife is speaking German and Natasha, standing with her back to me, translates very calmly and quietly. She says it's almost over. Very soon, it will be all over. But for that to happen, I have to stop screaming. I have to exhale, then inhale, exhale again, and push. But I don't have to scream. I don't have to scream.

I listen to Natasha's voice, I exhale, inhale. Death is born with the first push, in silence. And my baby comes with it. I don't scream—and he doesn't scream. My eyes are closed—and his probably are, too.

"Everything came out, even the placenta," says the midwife, and I somehow understand her before Natasha translates. "Do you want to see the baby?"

"No, I don't."

I feel how the midwife quickly and deftly catches and wraps the baby blanket around something slippery, moist, cooling that lies between my legs—death, the placenta, and the dead baby boy—everything that's come out of me. And she also deftly pulls waterproof underwear onto me.

"This isn't right," says the midwife, and again I understand without the translation. "I've worked here for twenty years. I've seen many women like you. Those women who refuse to look at the baby later lose their peace of mind forever. They come back here after a few months or years, they make inquiries and cry, they want to see their children, but it's too late then."

"I don't want to look at him."

"As you wish. You can open your eyes now."

I open my eyes, and she leaves with the tray and a bundle.

"Did you see him?" I ask Sasha.

"No, they took him away...so quickly."

"Where did they take him?"

"I don't know," says Sasha.

"Do you know where they took him, Natasha?"

She doesn't know.

I become terrified. Because they took him away all wrapped up, took him along the hospital corridors to a cold, unknown place.

The midwife returns without the bundle, she says something to me, but I no longer understand German.

“Now, they’ll do an ultrasound,” Natasha translates. “They want to be certain nothing remains in your uterus.”

I try to stand up, but the midwife gestures to me to lie back down, on my back, with my arms crossed on my chest. I don’t like this pose, it’s the pose dead people assume, I put my hands behind my head, but the midwife comes up and returns them to their former position. They wheel the ultrasound into the room on a cart, someone runs the sensor across my stomach to clarify whether anything remains in my uterus and whether I need “some surgery,” but I’m not worried about that. My main concern is not to lie in this pose, like a corpse. I put my hands behind my head again and again, and again and again the midwife crosses them on my chest and speaks in a foreign language.

“She asks you to hold your arms this way,” says Natasha. “It’s better for your blood circulation.”

I give up and hold still in the pose of a corpse. They’re right—it’s the most becoming pose for me. Death was inside me and, probably, it didn’t all come out. Something of it remained. Some fragments and clots.

“There’s nothing in the uterus,” says the ultrasound doctor. “You’re fortunate. You won’t need any surgery.”

She wipes the gel from my stomach, where my baby no longer is, where nothing is any longer, except the traces death left behind. Those traces can’t be seen on the ultrasound, but I feel them. I really feel them in myself.

They leave—both the midwife and the ultrasound doctor—and I lie with crossed arms and look at the ceiling. Natasha also says goodbye and leaves—it’s already late at night.

My Sasha leans over me and asks:

“How are you doing?”

“I think I’m dying,” I say to my Sasha. “He died—and I’m dying now, too. Can that be?”

“No, it can’t,” says Sasha. “The doctors would have noticed if you were dying.”

“It feels as if there’s no air in here,” I say. “It’s hard to breathe. I’m cold. My lips are growing numb. And my nose. And my cheeks.”

“Should I call the doctor?”

“Call the doctor.”

My Sasha leaves—and comes back with Kai, the lover of monuments. Kai has a syringe in his hand filled with clear liquid, he glances at the sensor that’s still measuring my blood pressure and pulse, and says:

“Physically, you’re fine. But you’re experiencing stress. If you don’t object, I’ll give you something to calm you.”

“I don’t object.”

About five minutes after the shot, air returns to the room, and the feeling returns to me that my face is my face and not a death mask. After about another ten minutes comes the understanding that the baby and I are no longer one. I’m alive—and he’s dead. It’s he and not I who doesn’t breathe and doesn’t feel his own skin... It’s he who lies alone now in the cold, with his face covered up. No one knows him. No one needs him. No one has hugged him.

“Maybe we should have looked at him, no matter what?” I say to Sasha.

“Maybe.”

“But I’m afraid that he’s very scary. That I’ll dream about him the rest of my life.”

“Let’s do this,” says Sasha. “I’ll go by myself now, find out where he is, and I’ll look at him. And then, I’ll tell you whether he’s scary or not. And whether you can look at him.”

I feel much easier that Sasha will now find him, be with him, and look in his face. And also, that when he comes back, he’ll say whether or not I can look at my dead son without losing my mind. I’m certain my husband will determine this correctly.

My husband comes back with red eyes and says:

“He’s not scary.”

“What, not scary at all?”

“Not at all. But he’s...sad. And I’m very sorry for him. Look at him.”

Chapter 13

Seeing the Baby

At seven in the morning, a nurse with the eyes of a fawn wakes me.

“Breakfast time.” She places a tray of breakfast on the small table next to my bed.

I surface from a dream that’s heavy and black as a tombstone, and in the first seconds, I can’t figure out where I am or what’s happened to me. Sasha is sleeping in the neighboring bed, snoring. The nurse-fawn smiles so radiantly that it feels as if something wonderful has happened.

“Do you want to see your baby?” she asks.

Well, of course, I want to see my... I even manage to smile at her before I remember: last night I gave birth to a dead baby. At whom I didn’t look.

“Do you want to see your little baby?” she repeats.

“Yes. I do,” I answer hoarsely, and together with the words, blood gushes out, a lot of blood. “When?”

“After breakfast.”

“I don’t want anything to eat.”

“How can that be—you don’t want to eat?” The fawn opens her eyes wide in amazement. “It’s breakfast. You have to eat at least something. And you also have to take this pill. So you don’t start lactating.”

Sasha wakes up. I cram toast with butter and jam into myself, coffee with milk, and the pill—so I won’t produce any milk. The nurse-fawn returns and invites us to follow her. And she smiles anew, in such a way that it’s as if they’re waiting for us at a school play. I follow her, and blood flows out of me, warm and thick, like humus. Last night, it was still our shared blood—mine and my son’s. Today, it’s just my blood, and for me alone, it’s too much. Today, I’m going to look at him. At my son. At my little baby.

I’m certain that we’re going to the morgue, but Fawn leads us into a comfortable room with a sofa, coffee table, and a picture on the wall and asks us to wait just a minute. She leaves—and in a couple of minutes, she returns with a wicker basket decorated with artificial flowers. She places the basket on the coffee table, right in front of me.

There in the basket, surrounded by plastic flowers, covered in a light blue blanket, lies a little baby in a cap. He looks like Sasha. He has a sad and hurt face. Tightly closed eyes. Barely noticeable, knitted brows. Tiny lips, pursed as if to cry out, a cry that will never be uttered. A cry that I must not, cannot hear—but all the same, I hear it. I look at his unmoving face and calmly, without fear, am amazed that I hear a dead child whimpering, thinly and quietly, but absolutely clearly.

“Of course, cry, if that makes it easier,” says the nurse-fawn, and it suddenly dawns on me that *I* am making those sounds. It’s me whimpering, not the dead baby in the basket.

“You can touch him,” she says. “You can hold him in your arms. Don’t be afraid. It’s not frightening at all. Like this.”

She takes my dead baby out of the basket and lays him across my knees. I touch his face lightly. It’s cold. It’s very cold. I stroke that cold face and howl. To the touch, his forehead feels like pastry dough that’s spent the night in the refrigerator.

“He looks like you,” I say to Sasha, “our baby.”

“It seems so, yes. Did I do the right thing in telling you to look at him?”

“You did everything right.”

We sit and look at our dead son. Between us is—trust. The maximum trust and closeness that’s possible between people. Somewhere, in another life, another world, is that stubborn, alien, frightened man who tried to convince me that “it’s just an embryo” and “an unfortunate pregnancy, like an ectopic one,” and hoped to soothe me with that. This one, mine, is real, honest, and brave—he was with me all the way.

There are no precise statistics, but a great number of marriages in Russia collapse after the late termination of a pregnancy. And I know why. Because husbands remain forever at the “just an embryo” and “unfortunate pregnancy” stage. Because they don’t let husbands into gynecological clinics. Or into hospitals. Or let them be present at birth. Or let them look at the baby. At the dead baby. Not at an embryo.

Administrators don’t let them in because they have instructions dating back to the Inquisition, and it’s plainly written there that in that grief, a husband and wife mustn’t be together, but separate. Furthermore, that grief for some reason mustn’t be called grief, but exclusively a “fetal pathology.”

Doctors and nurses don’t let them in because they also have instructions, and they don’t give a damn about the abyss that inevitably gapes open between a man who stubbornly talks about “just an embryo” and a woman who gives birth, in torment, to a dead baby with a little mouth shaped in an expression of suffering.

Even women themselves don’t let them in because their mothers, grandmothers, great-grandmothers have told them that this is God’s punishment. And that it’s shameful to look at such a thing or talk about such a thing. That a “real man,” seeing “such a thing” (or even hearing about “such a thing”), will immediately run away. They don’t let them in, they suffer, they’re silent, hoping to buy God’s forgiveness with that silence and hold onto that “real man.” But it’s wrong, it’s impossible to be together when “such a thing” is between you. Such grief. Such an abyss. When you’re on opposite sides of it.