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LILIA CRIED (*“But let the record show”*)



My parents married May 31, 1924 and on June 5th of the next year 1925 Richard came. About 18 months later, on November 30, 1926, Lilia Jean was born. One written family account says: “one month premature”. The only photo we have of vital Lilia is my mother smiling in a photo taken in August at about the fifth month of pregnancy (determined because the album notation gave the month-age for Richard in the photo). Richard, almost a toddler, is shown with Pa and Ma pregnant with Lilia.

My father in the final few years before his passing had something to get off his chest. He told me that on the night of November 30 he participating in some intimate play with my mother and that she sequentially, or, he seemed to be saying and thinking, that she consequentially went into labor and Lilia was born—at home. He did not use the name when telling me. They never mentioned the name, Lilia, in my presence. I asked Pa whether this was a stillborn. My

father said, “. . . she cried, and died . . .” He didn’t go into details regarding that night’s conduct, and I asked no questions. After a pause he added that “. . . the doctor pointed at me and said: ‘you killed this baby’”.

Although we did not discuss it in prolonged detail, that pungent statement—perhaps based on what is more apparent than real—needs to be seen in the complex context of that era, not only in terms of those days but also in those late and early hours. Healthcare during economic depressions might differ from healthcare during better times. What I mean is that conduct-phenomena of every age are seen as more or less, or less than more, than what it might be in another time and place. And every age has a complexity sufficiently too difficult to reduce to the clear and distinct—as I hope to show here.

Extant (the word is used for the highfalutin who need to demonstrate their academic status to say that records exist and this is not just hearsay) family records show that the birth occurred November (30th) with indications about death occurring December (1st). There are some details we can entertain that make for consistency. There is no information regarding what “intimate play” implies—except for what I was intuiting from what was emanating from my father as he spoke.



Lilia’s pregnancy—Pa is about to bite an apple and taste the consequences of Knowing right and wrong, and the feeling of guilt’s nakedness

Here’s the scenario: All my parent’s babies were born at home. The baby was born just before midnight and died after midnight—according to the records, i.e., the family records. What we have here is a situation in which Lilia was born at a time of night and while no doctor was available—until morning. So the doctor arrives after the fact, but has to make an entry into the family-patients’ medical file with an accuracy that includes perhaps the greater part of immediate

and long-term determined discretion. This was a complex situation in which he had to serve the role of medical-coroner-sociologist-minister while empirically attuned to natural limits and holistic cures brought to bear in an ambiguous context that required some alternative interpretations.

Seeing what could be a still-birthered baby but being told something else, he has been put on the spot and in a defensive mode. Here is a real test to the biblical principle: “Let your yeas be yea and your nays be nay”, in other words don’t say something you don’t mean. It does not mean to reduce meaning to meaningless unequivocal dogmatic signs.

My mother and father tell him that the baby cried and died, but the doctor has arrived the next day, which could have meant arriving anytime from a few minutes after midnight or several hours. The doctor was subjected then in large part to interpreting the terms used; he was proceeding analytically to a large degree by testimony. Hearsay was being heard and it was obviously now ripe and primed for community news that travels quickly even in those days. My Grandfather and Grandmother were certainly present during such crises for they lived a short country mile away. (Precedent: My grandmother was called upon and was present during another of Ma’s miscarriages during my teens.)

That means already there are four who are now potential contributors to hearsay. They are going to be saying that Lilia Jean (already significantly named) was alive but now dead. This potential public information is going to be inconsistent with the medical paper-work’s account of a stillbirth for a child named Lilia. We need to emphasize that the doctor was placed in a position of “determining”, that is, coming to “recordable terms” about the significance of the spoken terms, i.e., those words he was hearing. He was not there at the birth, and had to decipher what he was being told. He had to employ and coordinate a holistic remedy to a necessary bit of defensive medicine to protect his profession—a precarious position for which *he* was not responsible or guilty.

To establish a consistent remedy to the propagandizing situation, while in the presence of at least the four, the doctor exploited what was already establishing itself as a tactic for handling the complex situation by capitalizing on guilt. Pa’s guilt was already on a roll and the doctor’s technique included it. The doctor had to officially stamp the accuracy of the record through the technician’s transfer of guilt, a sort of priestly-like medical-professional embroidering of my father’s obvious guilt feeling.

Whether the growing level of guilt is real or not is not material at this point. While entering “stillbirth” into the record, and seeing the doctor in some manner gesturing at my father, and, Pa hearing the doctor say, “you killed this baby”, that, constituted an effective gag order—though still risky for the doctor. If there were other indeterminable circumstances, any such possibilities were no longer socially sharable, and personal guilt, justified or not, was born entirely by Pa. Whatever professional guilt the doctor had regarding his recordings was now wisely, from the doctor’s stance, shared by all present.



A description of the family doctor is in order here. His altruistic behavior was well established in the community. In his office he removed a bullet from my cousin Phylis’ arm, and for probably under ten dollars. On another occasion he made a hurried trip to Pa’s sister’s burning home to stitch a gap in my cousin Oleta’s knee. She had slipped and fallen on ice while running to a neighbor’s to phone for a fire truck. The neighbor then had to phone for the doctor as well, and upon arrival after patching Oleta he then assisted an injured neighbor who had fallen while fighting the fire—

all this during a time that the road to the burning home was blocked by a snow-stuck school bus and roads hampered by approaching fire trucks. The pecuniary point is: He never billed for the service. My cousin, Phylis, writes of this in her book.



Oleta in a recent email added this: “. . . I sank through to the bottom of a deep snowdrift. Dr. Aldrich drove me back to his office to sew up my knee. I went to see him almost daily for a week or so as my knee was painfully swollen and inflamed. When Dad went to the

office with me for a last visit, the doctor waived all his fees for the treatment. Most unusual and unexpected but very welcome.” In the email Oleta mentioned that her mother (Pa’s sister) told her about Lilia’s death, followed by first-born Richard’s Passing (Chapter 6). Perhaps her mother told it with the realization that the waiving of the fee was compensation in part for the circumstances of defensive medical guilt surrounding her nephew’s death.

That sort of socially humane defensive medicine is hard to identify with today. When several years ago Richard, my son (not my brother), accidentally shot himself in the leg with a black-powder pistol the medical industry’s defense system had changed to preserving its economy and its political force. The accident happened up Cuchillo Creek in NM—a mostly dry Cuchillo Negro River that the Apache Indians would travel in route to the Rio Grande, and it ran parallel with the Alamosa that flowed from the Warm Springs—to be pictured more clearly in Chapter 25.

The greater trauma of the accident was racing to avoid the local medical system. The police, City, County, and State steered patients to the local deficient medical facility. Even the EMS had to be avoided because patients are transported to the local facility unless prior arrangements were properly completed and on record. We escaped that net and we reached the emergency room in a Las Cruces hospital. A concerned citizen involved in a county-political force, a reactionary faction, arranged for an opposition EMS individual to meet us on the way through the net to make an emergency assessment of Richard.

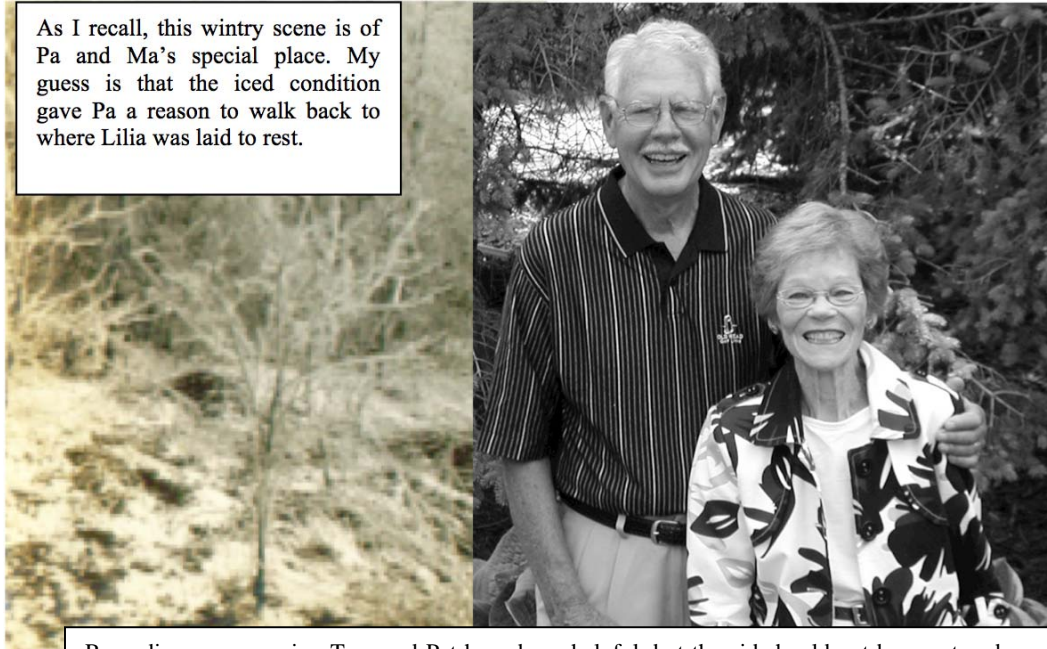
Even so, the lead ball was less traumatic than the 10,000-dollar hospital bill for services that consisted of less than a two-day hospital stay. It was a holster shot with a well Vaseline-greased lead-ball that entered just below the knee in the calf—I could see the bulge just above the ankle. It hit no artery and did not splinter or shatter, nor damage bone. I could have removed it with a razor blade but Richard could not see getting the lead out in that way. The burning powder had cauterized the entry. The burning was such that Richard’s smoldering jeans flared up in the Dodge Power Wagon as his brother Jack raced toward home to avoid the hospital. The transportation route ran nearby the local medical facility called a hospital. The commotion hardly compared to the traumatizing injustice of the financial gutting. The accident was captured on film because Jack and Richard were doing bits for a proposed video.

The economic logic of the medical industry is getting absurd on some fronts! If one cannot afford the medical care, and gets the care, some collection agency will be in pursuit of payment for the rest of the citizen’s life. If one does not qualify for medical care as an illegal immigrant, a citizen can get medical care by putting their citizenship in limbo by hook and crook, and while incarcerated medical care is free. However, current political administrators can cook the books to show their voting blocs that things have improved economically because there’s all this outstanding potential income to be collected by collection agencies (that skim off the only bit that is ever collected from the poor). As an example someone incarcerated today who is rightly liable for paying back the cost of imprisonment is also required to repay the financial cost of medical care while in jail, and even a drug lord’s confiscated property will hardly meet the cost of a “sex” change.

But this is an account emanating from Lilia; it’s intended to show there are some situations wherein simple either/or procedures are in actuality pronounced too complex to answer with a yea or nay. It can be said to be complex (yes) or not that simple (no).

So, with regard to the events surrounding Lilia; the doctor was practicing defensive medicine without the inhibiting cost of malpractice insurance, and he was therefore in a position for taking full advantage of what was then merely understood without being legislated; that, medical records amount to privileged doctor-patient information, not mainly a means of protecting doctors and other medical venders from being sued. The privacy of doctor/patient medical records then was understood to be more for the protection of the patient than for protecting the doctor from the patient. In this case Lilia Jean was only one patient, Ma another, with ties to the rest of the family and with the community’s health. In this case, Lilia was the special patient whose specialty was a short cry, which was being replaced by other concerns . . . like the privacy of Pa’s guilt, and how to protect that privacy while promoting the right for the truth to be appreciated then and now. Now then, in salute to truth, we turn to postpartum impressions.

As I recall, this wintry scene is of Pa and Ma's special place. My guess is that the iced condition gave Pa a reason to walk back to where Lilia was laid to rest.



Regarding my memoir—Tom and Pat have been helpful, but the aid should not be construed as support for my accounts. Tom's critiquing has been important. Tom and Pat made special visits in search of Grave markers, and provided photos.

Tom was brought up in Detroit and his family attended and held membership in a Presbyterian Church. His mother's father was a German Methodist minister and as a family, lived in many locations, (including DeWitt, MI), as most ministers do. Tom was part of a Christian upbringing from his earliest recollections. His review of my memoir has added significance because of some background similarities, and in particular at least some latent wondering surrounding the following account of the "Buckingham Baby" compared to a baby named "Lilia". Both babies of equal value, though one given a name plus my father's personal testimony to me.

Tom said, "My mother's first born died at childbirth. To this day, I do not know the exact cause. ...However, I do know that there is a grave and marker in the family plot ..."Buckingham Baby". I guess with all this, I'm sure there was a death certificate for the baby and then a proper burial. This happened in 1923 so I'm sure the legal system required the burial in a cemetery. The birth, I'm sure, was at a hospital so there was a standard order of events following the birth and death and then burial. I just don't understand why Lilia wasn't buried in a cemetery. I understand that the doctor arrived after the birth and death of Lilia, so he had some involvement. Maybe, like you said, he was covering his behind and his professional well being."

The quality of Tom's criticism is highly valued. He observes that "time alone seemed to make [descriptions of events]...more accurate [and] asserted in the absents of a defense." Tom's approach shows the care I expect of a reader with a critical and balanced mind.

He further critiqued that at times my style caused him to lose his way and produced the need to backtrack. I attempted to correct some of that in later revisions so that if one had to backtrack it could result in a leap forward.