

The Warmth of Strangers

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I present a reflection of my last months with my mother as I cared for her during her battle with breast cancer. A practicing internist, I made the decision to bring my mother from New Jersey to Georgia so that I could continue working and so that my husband and I would be able to continue caring for our 2 sons, who were ages 3 and 5 at the time. The following describes the warmth my mother felt and I witnessed in the office waiting room from other patients-strangers, ready to extend genuine Southern hospitality and love for my mother from the first appointment and how I cared for her during that time. Although this was a difficult time for my mother, it strangely was also a special time of bonding between us even though we were always close. I had the honor of caring for a woman who gave everything for her children and I had the chance to be there for her in a role reversal. As the second oldest of 4 daughters, I was always sharing my mother. I had the unique pleasure of having her all to myself and I treasured that. (J Am Board Fam Med 2022;35:1026–1029.)

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I grew up hearing my mother praise the United States: “What a great country” she would exclaim. Immigrants from Haiti, my parents were always grateful for the opportunities. They taught that the way out of poverty is through education.

With my parents’ support, I became a physician and moved away to Atlanta. My mother and I became like best friends, laughing and chatting on our frequent phone conversations. Eventually, she began to make comments like “I am not a healthy woman.” At first, I thought she was just saying that in jest but then she began to say it more often. I knew she was going regularly to her doctor. She never drank or smoke; even McDonald’s was a luxury. There was no spare money for such things, nor did she have an interest in eating outside of the traditional rice and beans.

Finally, my father told me that my mom had a breast mass that she had been hiding. “I do not have time to be sick,” she would say. “I had to keep working to send the children through school. Then the grandchildren came and I needed to be there to

help.” I suspect that my mother had been told for many years that she had an abnormal mammogram and would need a biopsy; she most likely refused. By the time she got around to facing reality, the cancer was at Stage IIIB. My mother chose the option of ignoring her condition in the hopes that it would go away.

She underwent a modified radical mastectomy then went home to recuperate. My father and 2 younger sisters tried their best to help with drains and such but they did not like doing anything medical. At the same time, well-intentioned visitors from the Haitian community would come to visit, asking questions like, “Were you not going for your mammograms?” They would go to gawk at her, which my mother, being a shy and private person, did not like at all.

After speaking to my mother about her reluctance to have her personal health crisis increasingly be the subject of conversation in the community, I made the decision to have my mother come stay with me and to get her chemotherapy done in Atlanta. My mother was happy to leave her home environment and to go to one where she could be anonymous and not known as the person in the community who has breast cancer. Everything was happening so fast for my mother, this mild-mannered woman from Haiti who was always smiling politely. Within days of that phone conversation, my mother and I were sitting in the small waiting room at the Atlanta oncologist’s

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office. We sat among a sea of black faces which made us feel as though each person, though strangers, was our relative; we felt at home. The room was austere decorated. There were no fancy cushioned couches or designer lamps. It was clean and functional. For my mother, this helped to show her that she was coming to see someone unpretentious—a trait my mother shared. In the waiting room, there were couples having quiet conversations. One elderly lady struck up a conversation with my mom. My mom was new. New to Atlanta, new to oncology, new to the world of chemotherapy. The lady and all the patients began to have almost a group session. They each gave their testimony about the faith they had in their doctor. Having known the oncologist we were about to see, they did not have to tell me that so I silently smiled at these people who I felt such a kinship to, yet, they were all strangers. They were all so warm and so encouraging. “The doctor is a good man. He’ll help you,” they would say in their Southern drawl. My mom smiled in appreciation as they continued and then suddenly, she burst into tears. The polite smile was gone and what was left were tears of anger. She exclaimed, “I should not be sitting here. I cannot understand why this has happened to me!” It was as if she had been holding it in all those weeks. She had been holding it in when she was diagnosed. She had been holding it in as she went for the modified right mastectomy. She had been holding it in when she got home with the drains. She held it in as my younger sisters made faces as they reluctantly helped her empty the surgical drains. She held it in as visitors came and drilled her with questions about how this diagnosis came to be when they visited. She just held it in and smiled.

She could not hold it in any longer. She cried and cried right there in the waiting room, right into the warm and loving encouragement of these strangers. It was almost as though she felt more comfortable breaking her cultural etiquette among this sea of strangers. They knew her pain exactly because they were also in the same boat. They acknowledged her pain and let her cry it out in a nonjudgmental way. They did not ask her questions like “were you not going for your mammograms?” or any other judgmental queries. They just comforted her, for they had gone through those same emotions. I was so moved by the whole scene. The group sprang into action like an Emotional Rapid

Response team. They spoke to her with conviction in their voices. Although they, too, carried many burdens, they instantly pushed those aside to help their new member and embrace her as their own. They each encouraged her by giving words of confidence in the doctor and the Lord. As if on cue, once she was soothed back to her original composure, the door opened and her name was announced. She got up and walked toward the door. Before going through the door, she turned around and looked back at her new support group. They had been watching her as she walked and told her “You have got this!” She took a deep breath and walked in. She and that group would be warriors together from that point on.

We managed to have as good a time as possible on the weeks that my mom felt strong enough. We would go to church and enjoy the gospel music that would have us clapping our hands. There, too, my church family welcomed her with open arms by giving her warm hello hugs each Sunday. Here, she was not that person in the community with cancer but my mother, who was in town and here to worship with us no questions asked. We went to my friend’s house for barbecues. Her mother, another Southern stranger my mom just met, was so warm, treating my mother like a long-lost sister. Her shyness went away and she felt as comfortable there as if she were in her own home. I still recall looking across the yard seeing my mother dancing to the music—her wig hiding what the ravages of chemotherapy did. The fact that my mother felt relaxed enough to dance at my friend’s house rather than sitting politely at a table was a testimony to how at home she felt. Visits to my friend’s house was just the tonic my mother and I needed. My mom, my husband and I got to go to The Fox theater and enjoy a production of *Rent*.

I once overheard my mother talking on the phone during her time with me. She said, “Strangely enough, I actually feel very much at peace. I feel as though I am in excellent hands and Judy has everything under control.” I knew the 5 year survival rate for Stage IIIB breast cancer was not great. I did not want to dwell on it. I was hoping she would beat the odds, but we did not discuss it. Right or wrong, that was my strategy.

Once the 6 months of chemo then 6 weeks of radiation were over, my mom went back to Jersey and established with a local oncologist. After about 6 months, she told me she was concerned about their management style with worsening labs. I then

Figure 1. The author, Judith Rigaud Volcy, DO pictured on her wedding day, September, 1996 with her mother, Viviane Rigaud.



decided to fly my mother back to Atlanta, where she resumed more chemotherapy. We made the decision to admit her directly once she became extremely weak and lethargic. She seemed to be lapsing in and out of consciousness.

Her oncologist came to round on her. I said, “Mummy, your doctor is here.” She immediately opened her eyes very wide and a large smile came across her face and all her teeth were visible. Just hearing that he was there seemed to have given her a burst of energy. It was as though she recalled the encouraging words of her warrior group from the waiting room that first day. Comfort measures were instituted. While spending the night with her, my mom reached out her hand for me to hold. It surprised me as I thought she was not conscious anymore. I held it and got on the bed and held her and told her how much I loved her. She did everything for us and I thanked her for it.

By the next afternoon, with relatives flying in from Brooklyn and New Jersey, my Haitian mother died peacefully. My grandmother, who is afraid of flying, who took Greyhound everywhere, flew to Atlanta, which would be her first and only trip to Atlanta. She arrived just minutes after my mom took her last breath. I was amazed at their perfect timing. She gave a heartbreaking cry, “*Mon dieu, mon dieu! Petite moin en!*” Meaning, “My God. My God! My child!” My mom was her first born. My dear sweet Haitian mother. My hardworking mother who was ever so grateful to raise her children in this great country, has died.

I miss her every day. Her passing, though expected, was the most painful experience I have ever been through. I had never cried so many tears. I was sad at the good times we could have continued to have had together, but I was also relieved that she would no longer be suffering under the cruel grasp of cancer.

My temperament is much like my Mom’s was—mostly calm and reserved; yet, since her passing, I find that I am more even-tempered. I do not see the point in getting upset over things that others would find hurtful because any other hurt pales in comparison to losing my mother. I miss her smile and her voice. I find it an honor to have been able to care for my mother in her last days. As the second of 4 daughters, I always had to share my mother. Caring for her was special in that I had the opportunity to spend the most time with my mom than I ever did. I loved that one on one time we got to spend with each other. Being a first-generation American, I grew up accustomed to my mother speaking to me in a mixed Creole–French–English lingo. I have since felt a sadness at my ears no longer hearing my mother’s native tongue, and worried that I was forgetting the language—a part of my heritage. I no longer had her chocolate brown skin to rub my face against. Since then, whenever I would care for patients of my own from Haiti who would remind me of my mother, I would feel a twang of longing for her because they would remind me so much of her—with their conservative dress,

their politeness, their smile. When they would speak to me about their ailments in their native Creole, my ears would dance to hear the familiar language.

After she died, many questioned why my mother chose to go die in a sort of self-imposed exile rather

than among most of her family and friends. They asked me why I did not send for help. I told them this is what she wanted-to die in peace, without prying eyes, in relative anonymity and, aside from my husband and me and eventually my sisters, the warmth of strangers.