



From Mezraa to Swiss E.R. (Expat Profile)

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Born in Mezraa, an isolated Kurdish village in the mountains of Turkey, brought up and educated in Berlin, threatened with marriage at the age of 14, and now, at 43, an emergency-room surgeon and research doctor at a Swiss hospital: Dr. med. Hatun Timur seems a mass of contradictions to everyone but herself.

"Because I live between two worlds," she says, "I find it easier to tell most people, I'm a German from Berlin' rather than to try and explain my background. The average Swiss or German doesn't know what to make of me when I say, 'My people are nomads; during the summer we used to take our sheep up to the

mountain pastures and live there in goatskin tents.' Nor could my relatives in our village of Mezraa imagine my life in Berlin."

But Dr. med. Hatun Timur is convinced that there are an increasing number of people like her, individuals whose identities are rooted in two, three, even four different cultures. "We are like a new variety of hybrid plant that is spreading throughout the world, a group of world citizens with special insights into the way different people think," she says. "I am a German citizen born in Turkey and raised as a Kurd who lives in Switzerland. Friends say to me, 'That must be so hard for you,' but I don't think I experience problems with my identity."

Also important to her is her identity as a surgeon specializing in emergency medicine. Because training in this field is rare in Germany, she spent three years doing her post-MD rotations in hospital emergency rooms in English cities: Manchester, Sheffield, Stoke-on-Trent, and Crewe.

Grace Under Pressure

"I have discovered that in an emergency I am able to remain calm and concentrate on solving whatever problems I'm faced with Gill says. "This is as true when I find myself personally in danger as it is when I'm with a patient. I think I have a realistic sense of what I can handle-and also what I can't handle-and I don't panic.

But where I have problems staying calm is afterwards-with relatives, particularly 'when I have to tell parents that their children are dead or terribly injured.

"Doctors are not supposed to get emotional when they talk to families, but I have a hard time hiding my feelings. Recently, I had a boy brought in by helicopter who had been caught under a falling tree.

He was dead on arrival. I had to call his parents in the country who were desperately waiting for news. It was unbearable. In all these years, I've only cried once with a family, but even that one time was unprofessional."

Dr. Timur speculates that she may have particular trouble telling parents bad news because her own family is so close-knit. It has been very hard for her father and mother to get used to the idea that their eldest daughter remains unmarried and does not live at home--"a shameful thing for a Kurdish woman from a good family," she explains ruefully--but they remain attached to her. And, interestingly enough, they never objected to her becoming a doctor, since Gill's paternal grandmother was a natural healer who treated everyone in Mezraa.

Changing Countries, Shifting Paradigms

"Both my mother and my father came from Aga or land-owning families," Gill says, "and in Mezraa my father's father was the equivalent of a nobleman or a clan chief. In a village of a few hundred people, he made important decisions, gave advice, settled disputes, took care of widows and orphans, and negotiated with any Turkish officials who came to town. My grandmother took care of people's health. The last time I was in Mezraa in 1989, there was still no electricity, and we still arrived on horseback. Yet, I remember my life there until the age of six, and our visits there every summer for years afterwards, as times of enormous happiness."

Dr. med. Hatun Timur's Aga grandfather wanted his sons to be educated, so in the mid-60s he sent the two youngest to Berlin to study architecture. In 1968, her father traveled there, too, with his wife and two children, intending to visit his brothers for a year or so. The family ended up staying, and Gill's three youngest siblings were born in Germany.

"Kurds are Muslims, but generally not very religious ones; our villages are too isolated to have a mosque," Gill says. "Still, women wear traditional long skirts and cover their heads with special headdresses. When we moved to Berlin, my father expected my mother to switch immediately to modern dress: short skirts,

high heels, thin blouses. It was hard for her. Meanwhile, I was allowed to live as a German child, or so it seemed to me, and I felt well accepted. There were very few Turks or any other foreigners in Berlin in those days, and my school had no programs for teaching German as a foreign language. I was certainly the only foreigner in class. At one time they brought a Turk to my class to interpret between the teacher and me, but I couldn't follow a word of what she said, since Kurdish is an Indo-European language and Turkish is Altaic. They're completely different. Although I speak Turkish well now, I didn't understand it then. But in those days no one knew anything about Kurds, so the teacher couldn't figure out what the problem was." When Dr. Timur finished sixth grade, her world seemed to fall apart. Her seemingly modern father, horrified by the behavior of young people in those hippie days of the early 70s, decided that she had had enough schooling and should stay home and prepare for marriage. He began to look for a Kurd with an Aga background for his 14-year-old daughter to marry. "That was a terrible time," Dr. Timur remembers sadly. "All teenagers fight with their parents, but my battles with mine were epic. Luckily, they loved me a lot, and that's why, in the end, they let me go back to school and didn't force me to get married. I was at home for almost five years before I was able to complete my education and finally get an Abitur [the German diploma that qualifies a person to enter university]. So it wasn't until the age of 25 that I finally moved away from home and began to study, first psychology and then medicine."

Praise for UK Medical Training

Since 1988 Gill has been working in hospitals and clinics, as medical student, doctor in training, and full-fledged emergency surgeon. She has experienced four hospitals in Berlin, five in the UK, four in Switzerland, and one in Istanbul, which makes her highly qualified to compare the kind of medical training offered in these different places.

"I thought the English hospitals did an excellent job of training doctors," Gill says. "Even though I had little experience and didn't speak good English, I immediately felt part of a group of senior and junior doctors and nurses that worked together as a team. We supported each other, learned from each other, and spent a lot of time discussing cases together; when we went on ward rounds, everyone had a say, even the nurses. It was very egalitarian. I could call my boss by his first name, have a cup of coffee with him in the cafeteria, ask him questions."

"The first time I had to handle a pediatric emergency alone in Sheffield I was scared, but I knew the Sister would see me through it. Imagine how much experience she had and how many nervous young doctors she'd already helped. But on the continent, at least in German and Switzerland, I have found things very different--the senior doctors keep their distance, the junior doctors don't seem close to one another, and the nurses wouldn't dream of giving a doctor advice. It certainly isn't an atmosphere that promotes learning."

While practicing internal medicine at a Solothurn clinic for one year, Gill was able to cut through Swiss formality enough that, before she left, she not only won their "Best Doctor of the Year" Award but felt that many were really sorry to see her go. "The head nurse had tears in her eyes when she said goodbye," Gill remembers; "that meant a lot to me."

But the year that followed in a big Swiss teaching hospital was another story altogether. "There the young emergency-room doctors were not well-supervised," she says. "Instead of being instructed by the senior doctors, they were humiliated by them. In a situation like that, there's no hope of teamwork; everyone is just trying to avoid getting destroyed. Luckily, the department hired an American doctor to introduce new methods in the field of emergency surgery. Working with him was like England all over again for me--he was very approachable and his goal was to help young doctors learn."

A Doctor with a Wider Perspective

In the summer of 2002, Gill spent several weeks living with her maternal grandfather in the Turkish city of Van, a day by horseback from Mezraa, where she worked from morning till night as a family practitioner. The experience made her think again about the relationship between Turkey and its Kurds.

"It seems like a wonderful dream," she muses, "the dream of a pan-Kurdish country called Kurdistan, but in practical terms I cannot imagine how it could ever be achieved--not when you think that the territory is split up among so many different countries. I think it would be more realistic to hope for a situation like the Swiss have in the Ticino or the Romandie: a cultural minority running some of its own affairs and speaking its own language but as part of a larger country."

Dr. Timur is opposed to a war against Iraq. "It doesn't make sense to me, not only because I am against war and violence in general, but because I think that the US is underestimating the Iraqis. There are thousands of Saddam Husseins who would take his place if he were overthrown."

Asked if she knows how most Kurds feel about it all, Dr. Timur smiles sadly and says, "I imagine most Kurds are just feeling poor and trying to get on with their everyday lives as best they can."