St. Paul Is Burning Commentary on “St. Paul Is Burning”

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She held her mother’s hand tightly
She wore her mask. It covered her mouth and nose
Her eyes, and only her eyes look to me
Contractions surged, and with them, came an irresistible urge
PUSH
I stood looking at her, my body positioned between her legs, behind me the television
The fire billowed through the celluloid
The orange glow caught my eye
I turned my head. St. Paul was burning
PUSH
The police scrimmaged with the people.
An unfair fight
A man has died. So many have died.
PUSH
Senseless violence. Senseless death.
And for what, counterfeit money?
For what, a life was lost?
A knee laid down, not to pay respect. Not to propose an engagement. Not to protest an anthem.
But to subdue another. To exercise authority. To draw that line between White and Black.
PUSH
Depraved indifference.
We have all been indifferent in one way, shape, or form
We have knelt and leaned into privilege and a caste system that has perpetuated this discrimination and inequality
PUSH
Four hundred years, this has brewed and boiled
Injustice and inequality, bubbling over despite movements and protests and court decisions; really placations
PUSH
She’s so close now
The baby’s head is crowning
I encourage her and implore her not to give up
Give it everything she has and then some
A new life is coming.
A life was just lost. So many more may be on the line.
PUSH
What will life hold for this baby?
How long will it last?
Will it be vibrant or dull, valued or dismissed, nurtured or trampled?
All these thoughts cloud my mind as I implore
PUSH
The beads of sweat fill her brow
This woman, this woman of color
What are her odds? How did we get here?
She has four times the risk of coming to the hospital and leaving in a body bag
Systemic racism, systematically marginalized
I did not think I practiced medicine differently
I thought I gave every patient my all, everything I had, just like this patient
PUSH
The fires still penetrate my peripheral vision
The glowing rages
PUSH
PUSH
The final thrust
3-2-1
The head traverses the perineum
Leaving the protection and security of the womb
Brave? Unaware? No other option but to emerge into this harsh world, filled with uncertainty
PUSH
Happy birthday Baby Boy . . .
A Boy . . .
Her whole body relaxes with joy and relief and love
She holds him tightly, as tightly as she can
Waiting one extra minute before severing that cord
The last moments they’re connected
She’s about to unleash him into this world
I wonder what she’s thinking
She can’t help but also see the fires burning, as the TV confronts her unabashed
PUSH
She will need to push back on society’s pressures, fight the injustice and challenge the inequities
To give her baby the best chance in this life
Behind me, those same embers flare
I will ultimately leave this patient’s side, attend another woman’s delivery
But, I vow, I will PUSH back too
I will do my best to ensure this world be kind to them both
I will try to change what I can and break down those silos that divide us
So that he can run in the streets without fear
So that he can live his life without fear
So that he and all others like him can and will live long and healthy lives
So that he can be loved and protected and valued and that his birth means something
That he is new, and this world may be new too

Commentary on “St. Paul Is Burning”

I work as an OB/GYN on one of the busiest labor and delivery units in Bronx, New York. “St. Paul Is Burning” was written in reaction to events that transpired in spring 2020. It was my attempt to process the impact of racial inequities exposed in the wake of George Floyd’s murder and the COVID-19 crisis.

For context, the Bronx is one of five New York City boroughs, home to 1.4 million people, 43.6% of whom are Black and 56.4% Latinx. A great deal of housing instability and insecurity affects Bronx residents, 27.3% of whom live in poverty.\(^1\) During the COVID-19 crisis, Bronx residents—many of them essential workers—continued to work in spite of an insufficient social safety net as well as dangerous working conditions. Before long, the poorest borough became “New York City’s coronavirus capital.”\(^2\)

By Memorial Day, 2,000 of our patients had died from COVID-19, including 21 staff members. Often short on personal protective equipment, small teams of OB/GYNs worked in shifts for months, managing the endless ebb and flow of complicated obstetric patients. Amidst the uncertainty, dizzied by the rapidly evolving situation, we barely had a moment to process the enormity and devastation of it all.

Then George Floyd. This was not the first time a Black person was killed by police, but in the aftermath of Ahmaud Arbery’s and Breonna Taylor’s murders, the shock reverberated. After months of quarantine, the unnecessary politicization of the pandemic, uncertainty about the economy, and rage at systemic racism—many in the nation responded with searing pain and bottled-up anger.
The following night, protests erupted in St. Paul, Minnesota. In our Bronx labor and delivery suite, the television was muted, but the pictures flashing across the screen spoke volumes. My patient remained undeterred. When it was time, she pushed through her second stage and, at long last, delivered her beautiful Brown baby boy. The room celebrated joyously. My reverie was interrupted, however, as I considered some of the obstacles and barriers he might encounter in his life.

I have worked with this community since 2008, always recognizing the disparities faced by the patients. At this moment, though, masked and fatigued, with the jarring news infiltrating the room, my awareness heightened. My patients can endure labor pains, which are transient and can be anesthetized, but the pain of racial injustice is not the same.

Structural racism is the use of public policies and institutional practices to foster discrimination and perpetuate racial inequities. It runs rampant through almost every facet of our society—including medicine. Through the lens of the pandemic, the nation saw how systemic racism impacts the health of Black people, who have been disproportionately affected by the virus. The overwhelming toll COVID-19 took on the Black community is merely one example in a long history of racial imbalance and structural racism. Another glaring example, one predating the pandemic, is the maternal health crisis. Non-Latina Black women have the highest prevalence of severe maternal morbidity, with mortality rates consistently 4-5 times higher than White women. Even in states with low pregnancy-related mortality ratios and among women with higher education, significant racial disparities persist. The explanation, though complex, is deeply rooted in racism.
The depth and impact of racism on our daily medical practices historically stem from abuses carried out on enslaved and marginalized peoples. Effects reverberate today, resulting in a befouled health care system affecting all who come into contact with it. Most health care providers, including myself, believe they practice race-blind medicine. Many do not acknowledge their own implicit bias and thereby uphold the racial status quo, further perpetuating health inequities. Admittedly, this was a hard truth to digest and led to the line in the poem: “I did not think I practiced medicine differently.” The poem ultimately acknowledges flaws in both the self and the system.

Acknowledgment, however, without constructive action is insufficient. The harder work still lies ahead. To yield results, we must push, as the poem repeatedly implores: push against the establishment, against the odds, and towards a better future.

While COVID-19 has overwhelmed the medical world, challenging us in ways we had never imagined, hard truths about racism now dominate the national conversation. Many of us in medicine are confronting this in ways we have not before. We must never mute this conversation again. We have the mandate to rise up and act; we must seize the opportunity to change the system. Put simply, we can all work together on many different community and systemic levels to dismantle racism and end its impact on medical care. Individually, we must also strive to provide quality and dignified care, to question our implicit bias, to be antiracist providers. And to PUSH.
References


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