



## Where Were You?

Bryan A. Sisk, MD

From the Department of Pediatrics, St Louis Children's Hospital, St Louis, Mo

The author reports no conflicts of interest.

Address correspondence to Bryan A. Sisk, MD, Department of Pediatrics, St Louis Children's Hospital, 1 Children's Pl, 3S34, St Louis, MO 63110 (e-mail: [sisk\\_b@kids.wustl.edu](mailto:sisk_b@kids.wustl.edu)).

**ACADEMIC PEDIATRICS** 2016;16:217–219

I WAS NOT sure if she would ever finish making the pot of coffee. Her dark brown hands were shaking as she filled the carafe with water and poured it into the reservoir, spilling a few drops on the side of the grimy machine. She continued to make agitated noises under her breath. Every once in a while, I clearly heard an expletive, but I could not otherwise make out any words. Then she turned her eyes up from the counter and locked me in a cold stare from across the kitchen.

“How many goddam times are y’all gonna come to my house?” Her twitching fingers were working on a tall stack of coffee filters, trying to grab just one. Dirty dishes littered all the surfaces in the kitchen, and the aged wallpaper was stained yellow and peeling at the corners. “I’ve had you and the police out here 4 times, and y’all never found nothing.” She dumped a scoop of coffee grounds into the filter without looking, spilling black granules all over the white linoleum counter.

Her eyes bored into me. They shone bright white from her dark and worn face. I wanted to tell her that I had no part in this, that I was just shadowing the St Louis Children's Division investigator as part of my residency training. I began to wish the investigator had not introduced me as “Doctor,” giving me an image of authority. Mostly, I just wanted her to stop looking at me.

“We are here to investigate a report that was made,” said the investigator calmly, an African American woman of approximately the same age as the woman she spoke to, in her early forties. She had obviously been through this before. While she sat confidently at the kitchen table, flipping through a thick stack of papers, I stood stiffly with my back to the wall nearest the front door. I tensed every time the woman's hand moved past the knife block on the counter.

“There were reported concerns about drug use and the children being left unattended,” the investigator continued.

“Those are all damn lies. I’m clean. I ain’t done nothing wrong.” She started telling us a series of stories, trying to explain away all the concerns in the report. The storylines

quickly began to cross, however, at times directly contradicting what she had just said, but she seemed thoroughly convinced of every word she spoke. She talked to us for nearly half an hour, fluctuating between cordiality and fierce eruptions of anger. I tried to keep a blank face the entire time, not showing any response that might endorse what she was saying, or worse, trigger an explosion.

A few minutes after she'd finished, the investigator gathered her papers in her bag and stood to leave.

“That’s all we need for now. It’ll be a few days before I finish my report and discuss with my supervisor. Then you will hear from us again.” We turned and walked toward the front door, but just 2 steps shy, the woman called us back in.

“You know, when I was a kid, I was raped and abused, raped and abused. I went to the police station and they told me I was a lying ass bitch. Then they sent me back into that house!” She used the front of her shirt to wipe her eyes. Her face quivered as she tried to control the tears, seemingly directing the sadness into anger. “Where were you when that was happening to me? Where were you? You were nowhere!”

We walked out of the house and down the driveway in silence. Her question kept repeating in my head.

### WHERE WERE YOU?

As we walked to the car, I thought of my time rotating through the newborn nursery in an inner city hospital with a largely African American population, a place where I had seen the beginnings of so many difficult lives: a 13-year old mother, the father of her child being investigated by the police for statutory rape; homeless mothers with nowhere to go after leaving the hospital because the shelters did not allow babies; mothers who came from prison, handcuffed to the bed immediately after delivery even though they could barely walk; mothers addicted to drugs who had last shot up just hours before giving birth; babies withdrawing from heroin for weeks at a time, crying nonstop unless they were dosed with morphine; many fathers absent, or present for delivery but disappearing soon after. I wondered if any of these stories fit the mother being investigated by the Children's Division—maybe when she was giving birth, maybe when she was being born.

---

Bryan A. Sisk, MD is a resident in Pediatrics in St. Louis. He is pursuing a career in academic hematology/oncology with a research emphasis on palliative care and difficult communication.

When I first started the rotation, I was shocked and angry. It was like having my eyelids painfully pried open. These tragic situations were not most cases, but each one was burned into my memory, tainting my outlook and quashing my usual sense of optimism. The mind has a way of protecting itself by callousing emotions, creating barriers. After a few weeks, I began to feel numb. “It’s just the way it is,” I told myself. I knew the problems were there, but I tried not to let them hurt me. As a result, I became more distant and smiled less and less. I retreated into that dreadful phrase, “It’s not my job.” It was not my job to fix all of society’s problems. It was not my job to be a social worker. My job was to ensure that the babies were healthy and that I gave an anticipatory guidance talk to the parents before they left the hospital. My job was to discharge patients so we could make room for the new babies coming to the floor. At the end of the rotation, I felt I had lost some part of me—the hopeful part that expected things to get better.

Clearly, many babies were born into brutal, unfair circumstances, thrown into lives with pitfalls at every turn. It was not difficult to feel empathy for the children, who seemed innocent to me. The parents, however, were a different matter. As the sad stories accumulated, my growing bitterness made it harder to force smiles when I walked into each postpartum room. On some level, I knew there was a bigger picture, and that I was only recognizing one still-frame in a long movie, but knowing is different than understanding. As I ordered morphine for the fourth and fifth and sixth withdrawing baby, I grew thicker skin and hoped for the end of the rotation to come sooner.

### WHERE WERE YOU?

A few months away from the nursery and my anger started to fade—I was able to see a more complete story. A long history of poverty and prejudice had created a society of inequality and disparity, a city of dividing lines. On one side of a street stood mansions, the other side filled with small, run-down apartments with screens falling from broken windows. These social realities were helping to perpetuate the sad stories from labor and delivery. No explanation could make these stories acceptable, but it helped me to search for a reason. And if I could understand the causes of the problems, then I could hope for a possible solution. Before this hope could grow, Ferguson erupted—showing what can happen when society ignores disparities for too long.

In Ferguson, the next town over from where I lived and worked, a white police officer shot an unarmed black man after a confrontation. Soon after the shooting, protests started in the streets of Ferguson. What began peacefully ended with police officers wearing riot gear and widespread looting. Videos of teargas and burning buildings were broadcast nonstop through local, national and international news stations. I was working overnight at the children’s hospital in St Louis when the first protest turned violent. One of the

families I admitted that night was from Ferguson, and I saw the pain in their eyes as they watched their city burning on television.

A wave of fear, anger, and polarization spread through all of St Louis and the surrounding areas. There was aggression from police, aggression from protestors, and everything was cloaked with a lack of understanding and an inability to communicate. Over the next few days, the news carried more reports of gunshots, violence, and looting. Just 2 blocks from my house, a police car was vandalized with smashed windows and “Revolt” scrawled with thick swaths of black spray paint across the hood. For the first time since moving to the city, I worried about the safety of my young family. Scrolling through social media, I felt nauseated by the cruel and divisive viewpoints spewed there, some of them from my friends. Reading the comments sections on news Web sites was even worse.

In the hospital, I worried about how my patients and their families viewed me. Did my being a white man and carrying the title of “doctor” negatively affect what they thought of me—especially considering the past abuses of my profession toward minorities? Then I worried about whether the turmoil had changed the way I myself viewed my patients and their families. Was I doing enough to prevent the sensational storylines of the 24-hour news cycle from affecting the way I viewed minority patients and families?

In the immediate aftermath of Ferguson, local and national leaders spoke about the “important discussion on race and inequality” that we were supposedly starting to have. If buildings stop burning, however, it seems that news cameras go away and spectators lose interest, or act like I did in the newborn nursery: build calluses and become isolated. As the news slowly shifted away, I thought of how little had changed. Nothing was burning at that moment, but plenty was smoldering. Street signs and zip codes still separated wealth from poverty. Crime and violence were worsening, nearing a record year for murders in the city. Teenage girls were still getting pregnant. Many fathers were still absent. Babies were still being born into difficult lives. Doctors were still prescribing morphine and blunting their own emotions at the same time.

When I looked at the immense challenges, I felt unprepared and powerless. Something had to be done to stem the tide of sad stories, but I did not know what I had to offer. So I focused on my work in the hospital, trying to build personal bridges and alliances between doctor, patient, and family with the hope that our positive relationships might trickle into something larger. I knew it was not enough, but it was a starting place. I did not know what else to do. I still don’t.

\*\*\*

I sat quietly in the car as the investigator settled into the driver’s seat. She stuffed her bag into the backseat and started the engine.

“How can you do this?” I finally asked. “These families must all hate you.”

“Yeah, some of them do. They call us ‘baby snatchers.’ But most of them know I’m just doing my job. I am not making arrests, I am just asking questions and reporting the answers. Besides, my job isn’t to be

popular, it’s to protect these kids. If I don’t do it, who will?”

As we drove off, I closed my eyes and asked myself that same question. *If I don’t do it, who will?*