

FSH REVIEW 4 2020

I thought this was an excellent piece. It is well-written and addresses two critical topics - the coronavirus pandemic and structural racism. The author's insights about both are timely. My major criticism of the piece is that, although the author is able to transition from the excessive COVID infection and death rate among Black Americans to more general structural issues of inequity and injustice; and although the author makes the point at the start that the patient population at the clinic is primarily minority, the essay does not sufficiently tie these two themes together. The pandemic part of the essay focuses on how in no way is it "business as usual" in the healthcare arena; rather they speculate that there may be an unending cycle of closings and re-openings. This part of the essay is very personal and emerges from the author's lived experience. The second half, about structural racism, is more abstract and polemic. Although references are made to the way that physicians "hold" their patients' stories, I would have appreciated an example, perhaps one that tied together race and vulnerability to COVID. I also think a concluding paragraph that circles back to the pandemic and brings into direct relationship the virus of pandemic and the virus of racism would help in giving a sense of coherence to the essay.

The other problem I have is not unique to this essay, and rather is pervasive in much personal writing about COVID. This has to do with its time-specific nature. The pandemic is evolving so quickly that it is hard for published works to keep up. The author wrote this sometime in June, when states were reopening. I don't know what it's like in Massachusetts now, but it is a little incongruous to read about re-openings while on the West Coast we are already experiencing a second shut-down. (In that, the article's reference to continuous cycles is prophetic). Maybe this section could be adapted just slightly to reflect these rapidly changing patterns. On a smaller scale, there is also a reference to residents starting their training program in July, and by the time the essay is published, this beginning of residency will be in the past - again the author might amend the reference by adding a line or two commenting on what it's like for these newly minted doctors to be starting their practices in such uniquely uncertain times.

I enjoyed the references to solstice and equinox, which placed the epidemic in a larger context of universal natural rhythms. Similarly, the belief that certain attributes are linked to certain body parts creates an intriguing metaphor, but here I'd like a source reference. The insights about the knee are powerful in light of Derek Chauvin's murder of George Floyd, but I'd like to know who thinks the knee is associated with stubbornness, ego, and pride.

This is a worthwhile essay, but needs better integration between its two halves. COVID 19 is the obvious connection between family medicine's delivery of healthcare and the systemic racism, so an anecdote about a patient might really help - plus make the convictions the author expresses in the latter part of the essay spring more to life.

Comments to Author:

This is a well-written essay that addresses two critical topics - the coronavirus pandemic and structural racism. Your insights about both are timely. My major criticism of the piece is that, although you are able to transition from the excessive COVID infection and death rate among Black Americans to more general structural issues of inequity and injustice; and although you make the point at the start that the patient population at your clinic is primarily minority, the essay does not sufficiently tie these two themes together. The pandemic part of the essay focuses on how in no way is it "business as usual" in the healthcare arena; rather prophetically, you speculate that there may be an unending cycle of closings and re-openings, and how emotionally painful this is for patients and for providers. This part of the essay is very personal and emerges from your lived experience, so has inherent credibility. The second half, about structural racism, is more abstract and polemic. Although references are made to the way that physicians "hold" their patients' stories, I would have appreciated an example, perhaps one that brought together race and vulnerability to COVID in a concrete, moving way. I also think a concluding paragraph that circles back to put the virus of pandemic into direct relationship with the virus of racism would help in giving a stronger sense of coherence to the essay.

The other problem I have is not unique to this essay, and rather is pervasive in much personal writing about COVID. This has to do with its time-specific nature. The pandemic is evolving so quickly that it is hard for published works to keep up. You apparently wrote your reflections sometime in June, when states were reopening. I don't know what it's like in Massachusetts now, but it is a little incongruous to read about re-openings while on the West Coast we are already experiencing a second shut-down. (In that, the article's reference to continuous cycles is prophetic and chilling). Maybe this section could be adapted just slightly to reflect these rapidly changing patterns. On a smaller scale, there is also a reference to residents starting their training program in July, and already this beginning of residency is in the past - again you might amend this reference by adding a line or two commenting on what it's like for these newly minted doctors to be starting their practices in such uniquely uncertain times.

I enjoyed the references to solstice and equinox, which placed the epidemic in a larger context of universal natural rhythms. Similarly, the belief that certain attributes are linked to certain body parts creates an intriguing metaphor, but here I'd like a source reference. The insights about the knee are powerful in light of Derek Chauvin's murder of George Floyd, but I'd like to know who thinks the knee is associated with stubbornness, ego, and pride.

In summary, this is a valuable essay, but needs better integration between its two halves. COVID 19 is the obvious connection between family medicine's delivery of healthcare and systemic racism, so an anecdote about a patient might really help - plus make your obviously passionate convictions in the latter half of the essay spring more to life.

On a very minor level, there are a couple of typos/word omissions. You are a strong, clear, and vivid writer, and your craft added greatly to the readability and enjoyment of the essay.

