

based position — which is in their best interests as well. The federal response will help determine not just the fate of the first Covid-19 vaccines, but also what remains of the public's eroding trust in one of the most important aspects of U.S. science policy.

Disclosure forms provided by the authors are available at NEJM.org.

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The New Stability

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Before I become your doctor, you have been intubated for weeks. I am a point in time, unattached to the greater narrative. I call your husband each afternoon, tell him you are stable. He asks about the medicine that props up your blood pressure. He calls it the levo, acquainted by now with the slang of intensive care. It's true, we have pressors to assist your failing heart, a ventilator to breathe for you, venovenous hemofiltration to do the work of your kidneys. "Your wife is very sick," I say, "but stably sick." None of this is anything new.

Your name is a poem I'm required to keep to myself. Who were you before the virus, before you were this — this list of failing organs run in despair by a repurposed trainee neurologist? Do you have children who smile at the sound of your voice? What was the last thing you were allowed to tell them, before you came alone into the hospital, before the breathing tube, the drug-induced coma?

Thirty days before I met you, we didn't wear masks in the streets or in the halls of the hospital. The CDC said they were no use. Back then, the federal government had few plans for facing the pandemic other than sitting still and hoping for the best. True, the masks and antiviral wipes had vanished from the floors, and the residents were told to sanitize our workstations with inch-wide alcohol swabs, and the international news showed helicopter views of mass graves in Italy and Iran. No one, we were told, could have seen this coming.

There is a hall to the unit that's lined on both sides with glass-walled family waiting rooms. We used to call walking down it "running the gauntlet." Family members would call out to us, wanting news, reassurance, certainty. Now the rooms sit empty, except for the rare transport worker, resting with headphones on, waiting to be called off somewhere. Unwitnessed, in the stress of the pan-

demic, the staff has grown more frank and callous, swearing more on rounds. "You earned this," I hear a nurse yell as she ties a patient to her bed rails. The delirious woman, post-op from a tumor resection, had tugged at a tube draining the wound in her scalp.

This is the day you start to turn. What we suck up from your lungs turns frothy pink and then the frank red of blood. We don't know if your heart is finally failing or if the virus has destroyed so much tissue that this is necrosis, hemorrhaged in your lungs. There are tests, but no one willing to run them — you are too sick, and you have never cleared the virus. No one would ever want to be what you are now: a hazard, a threat, a frightening object on the edge of death. We try not to touch you. We construct our plans for saving you around staying as far away from you as possible.

I tell your husband about the blood. It's true that nothing else

has changed: your struggling lungs, with help, still take in air, your heart, with help, still brags along. “But she is stable,” he asks, barely a question. Why do I lie? “Yes,” I say, “for now.”

I strip in the doorway when I get home, stand in the shower too tired to think or cry. I sing “Happy Birthday” twice over every part of my body. At work I can’t eat, at night I can’t sleep. The dreams I have now have only three themes: gasping for breath; wiping things down; somehow, by accident, being touched by somebody. Did you ever wake in those last moments, or in your sedation did you ever dream? I still wake some days with a small beat like a held breath before the truth of this new world hits me. “Be safe,” say the families I call on the phone with updates.

The morning you die, I don’t want to be there — like most mornings now, when I rise against my whole will and crawl dejectedly into scrubs. I don’t want to be a plague doctor or a hero on TV. Now on the news, White men hold guns and signs that say “live free or die” to protest the lockdown. I imagine what they will look like dying on vents in ICUs staffed by doctors lacking sleep and proper training, soaked in moral fatigue. I imagine what their wives will sound like on the phone as they cry and say “Do everything.” I wonder if these wives will thank me or tell me to be safe.

You are crashing, they tell me in sign-out on your last morning, on three pressors now, rates all maxed. Maybe sepsis from some new infection, maybe you lost the

last legs of your heart. We won’t find out, and I can’t see now how it matters.

I look for hope and find none, but I am not allowed to admit to total free fall. “Stronger together” say the screen savers on every



screen in the hospital, the banners on the sides of the shuttle bus. What I’ll see in the coming weeks is just how much this isn’t true, how so many of our sickest patients are Black or Brown like you, “essential” and yet unprotected. I will see a 46-year-old Black man, infected with SARS-CoV-2, die instead from having a police officer kneel on his neck. I will see those who protest police brutality, though masked and mostly peaceful, tear-gassed and shot with rubber bullets. I will see unregulated corporate bailouts, record unemployment, record housing insecurity. I will see political polarization recast common-sense public health policy as liberal propaganda. I will see your death multiplied by 10,000, by 100,000, all those bodies, mothers and fathers, daughters and sons. I wish I could tell you how sorry I am, for my fear, for our nation, for what happens next.

When the code is called out overhead, your code, I shrink and stall, and move through thick

air, slowed as in a dream, nurses and other doctors pushing past me, throwing on respirators and face shields and gowns. By the time I get there, the room is full. With my arms at my sides, I watch through the glass. I have never mattered less in my entire life. I watch your feet kick to the rhythm of compressions. They use a machine — the thumper, they call it, a joke, almost, to space us from the horror of it all. Staff in yellow gowns stand around your room, waiting to see if they are called inside. And this is how you die, near no one who ever loved you, a spectacle of futility and fear. Time is called, and someone calls your husband, and it isn’t me. I am not the one who hears him cry out in grief. Forgive me if I am grateful.

What else is there to say? You are dead, like so many others, and the rest of us are left to live in the absence of any certainty. We can’t go on, and we go on: back to work, back to rounds, back to the next case coming crashing in. It is no use to think about the future, our training, or what happens next. We are all attending now to a historic and global suffering, and learning the limit of the grief our hearts can bear.

Identifying details have been changed to protect the patient’s privacy.

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