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"How Are You?" by Kristin D. Forner (Class of 1997)

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How Are You?

It's a simple question, one some of us ask each other every time we see each other. "How are you?" It's a regular part of our dialect; I know how to ask it in at least four or five different languages even though I'm fluent in only one of them. We ask out of politeness, out of greeting, out of genuine concern. We ask when we pass someone in a hall, when we haven't seen someone in days or weeks or months, after the birth of a child, or the death of someone equally loved. It's a simple question..., and also one that I realize has become utterly unanswerable for me.

I started my new job as the Palliative Medicine Program Director at a small community hospital, right outside our nation's capital, just two weeks before it saw its first patient with COVID-19. The hospital quickly became a "hotspot" in the Washington, D.C. area. Serving a predominantly Black and Hispanic population, many of whom are essential workers, we quickly filled our ICU beds and began borrowing mechanical ventilators from, and transferring other patients to, larger hospitals within our health system.

My orientation to my new job (all formal orientations had been postponed), consisted of elbow-bumping the other member of my small team, and a short tour by her of the most important parts of the hospital, starting with our office and the nearest bathrooms.

In the midst of preparing for the oncoming wave of patients we warily predicted were heading our way, I began reaching out to all pertinent staff to introduce myself and discuss how our palliative care team could be helpful. I quickly imbedded myself in our ICU, and every morning began attending sign-out rounds (where the ICU attending in-house all night updates the day team on the events of each patient overnight). Together, we would strategize about which patients' families might need more regular medical updates, which patients might require more symptom management, which don't have a documented legal, surrogate decision-maker. Sometimes, we just needed a better grasp of who our patients are, and what life looked like for them prior to COVID-19. Other times, we needed to make sure we weren't crossing a line from doing things for them to doing things to them they would not want done.

Given that my family had only moved into our new house the month before, my husband and I also hastily finished setting up the guest bedroom and added a desk and chair so I could begin calling that room my new home. I moved out of our bedroom into the guest bedroom the night I saw my first patient with the virus. I also dug out my old scrubs from residency, the kids learned they were not to touch Mommy when she returned from work until she had showered, and my hospital shoes began staying outside permanently. In this new mode of incessant planning and problem-solving, I ran a red light on my way to the hospital one morning, and never even realized it until the ticket showed up in the mail with the photos to prove it.

Several weeks ago, I lost my ability to answer this question, “how are you?” I’m certain there have been other moments in my life when I have lost this ability, but now might be the first time I have had the insight to realize that the only honest answer to this question is, “I don’t know.” Somewhere between the 2-3 ICU deaths per day, the Rapid Responses and Code Blues being called overhead seemingly every hour, the devastated family members yelling their grief over the phone, and all of us running from crisis to crisis, an appropriate answer disappeared.

But it wasn’t just the crises that drove away an answer, it was also the moments when I unknowingly stepped onto hallowed ground. I was updating the son of the patient in ICU Bed 29, an older gentleman who was dying despite maximum settings on the mechanical ventilator and three medications to keep his blood pressure up to the low-normal range. As I was giving my daily update, I saw the patient’s vital signs begin to fall, interrupted myself, and verbalized my fear. “Rodney, are you sitting down?”

In response to learning that his father was dying, Rodney began shouting, “I’ve got to talk to him! I’ve got to talk to him!” I scribbled Rodney’s phone number onto the nearest scrap of paper I could find, ran to his father’s room, and smacked the paper up against the glass doors. “His son needs to talk to him!” I shouted through the doors and over the ICU din.

And then, with my hand still holding the piece of paper to the glass door, I watched. My ICU colleague took out her phone, dialed Rodney’s number, and held her phone to his father’s ear. She looked down and closed her eyes. Everything slowed. Rodney’s father lay unmoving, eyes closed, tubes and lines and wires masking the man Rodney knew, the man who had raised him. His nurse reached for his hand. As Rodney spoke, I looked up to see his father’s heart rhythm gently fade to a flat line. And he was gone.

For one sacred moment, there was silence.

There was the day I learned that the gentleman in ICU Bed 1 was “a world-class bass guitarist.” He also got involved in drugs, spent several years in prison, and was set free only a few months ago. His children and siblings were not going to let him go down without a fight. My conversations with them usually sounded like, “We are doing everything we possibly can to get him through this. Everything we can do to keep him alive we are doing right now. I promise.” A day later, I discovered his neighbor in Bed 3 “was on the Howard University Theater marquee in the 1950s.” His daughter explained, “the way he sang ‘Amazing Grace’ would make you weep.” I kept the phone to my ear, lay my forehead to my arm, and closed my eyes. I pictured these two men playing music together. I still wonder what kind of jam session they could have shared had they survived. They both died the next day.

Days later, I was checking on a patient who, despite our efforts, would not survive her hospitalization. After many conversations with her children, they had agreed to transition her from a full, aggressive approach to her care to one with the express goal of ensuring her comfort until her death. As I crouched at this patient’s bedside and held her hand, she

struggled to bring understanding to her injured brain. “I’m in bed now. I’m in bed now, all the way.” I nodded.

She closed her eyes. “I’m in bed now, all the way?”
I nodded again. “Yes ma’am.”

I watched as a tear pooled and then escaped her eyelid, traveling along her hairline to the pillow. “You are dying Mrs. A. And I can’t fix that, or make it go away.” I went on to explain how we can make sure she is safe and clean and dry and comfortable... and how we can bring in her children “on a tablet to see you.” And all it felt like was that I was breaking—in more ways than one—the only organ system she had left that was still cooperating.

Hallowed ground too worthy for my shoes.

But there were the victories too. There was the day our twenty-three-year-old patient with autism and developmental delay—after fifty-one days of fighting for his life in our ICU—*finally* tested COVID negative. His nurses bought bubbles and took him outside for a wheelchair ride. For the first time in almost two months, they saw him smile, and then heard him laugh. And as his nurses’ masks simultaneously filled with their own tears and laughter, there was a different kind of healing.

Then, Mr. J’s wife cajoled someone into giving her my personal cell phone number. When I unknowingly picked up, she dragged out my name excitedly, “DOCCCTORRRR FORRRRNERRRR!” I could hear her smiling the words, “I’ve got someone who wants to say ‘hiiii’ to you.” She handed the phone to the deep-voiced man sitting next to her.

“DOCTOR K! Now I heard I’m your favorite patient, and I want to know if that’s true,” he chuckled hoarsely.

“MR. J, IS THAT YOU?!” I yelled back at my phone. Home after so long, he was surrounded by his wife and children, thankful to be alive, even as he spoke through vocal cords still upset about the breathing tube he required for those several long weeks.

And then...

—just days after the country had lost *one hundred thousand lives*—

the television shows me another life lost, this one with an equally powerful story, this one untouched by the virus.

He also couldn’t breathe. His eyes showed the same terror I have witnessed too many times in these past two months. When he cried out for help, no one came.

There was no Rapid Response. There was no Code Blue.

An army of medical providers didn't arrive with tubes and machines and medications to keep his heart beating and oxygen circulating.

When he couldn't breathe, he was ignored. Silenced.

His life was stolen from him too, but he was never allowed to fight for his life, his body was never given a chance.

There was no wheelchair ride of victory after the tubes and machines and medications became no longer necessary. There was no return home.

Instead, in response to another life taken by something more horrific and clandestine than the pandemic, the country erupted, and is corporately fighting for his life, and the life of every person like him. Just as the coronavirus drove us all off the streets and into our homes, the virus of racial injustice is driving everyone back out again. And I watch in terror, internally conflicted, because I know this man—and every Black man or woman—deserves for us all to fight the fight he was not allowed to fight; but I also realize that my experience these past two months may have just been the appetizer to a much larger and longer season of death and devastation.

So I no longer know how to answer the question, "How are you?" It used to be a simple question. Now it's not.

In the early morning hours, when the house is quiet and I prepare for another day, I thank God for spring and for new life. I thank Him for His provision, and His grace. I thank Him that I get to play a small part in the extraordinary stories unfolding before me. On weekends, my children and I channel the children's book character, Miss Rumphius, and plant lupine and wildflower seeds because we "must do something to make the world more beautiful." I listen to aching songs of loss, and my soul croons with the music. And I think about that brief time when I was the momma of a beautiful, brave, Black baby girl, and all of the ways her little life opened my eyes to racial difference. And I miss her. And I long for more time with her, and for more education, and for more humility.

I long to know that the one hundred thousand lives we lost were not lost in vain. That, instead, the national grief we are all feeling will bring about a new awareness of the profound sanctity of life. That when we lose the ones who taught us the most, we step forward with a desire to honor how they changed us.

I long for healing.

I long for the day when we will all answer the question, "How are you?" with one word: "Better."