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The Line movingly conveys health care workers' struggles during the pandemic

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A major role of art is to examine and clarify social reality. The new play *The Line* addresses the ongoing coronavirus pandemic squarely and with great immediacy. Writer-directors Jessica Blank and Erik Jensen wrote the play using interviews that they had conducted with health care workers in New York City this spring, when the city was the national epicenter of the pandemic. This approach has produced a drama with the impact of a dispatch from the front. The actors' performances are all the more impressive for having been given in isolation in front of their computers.

The Line was performed live on YouTube on July 8 and will be available for viewing, free of charge, until September 1. A production of New York City's Public Theater, the play already has been watched more than 38,000 times.

Blank and Jensen have examined contemporary issues in several previous plays. *The Exonerated* (2002), which won several theater awards, was based on interviews that they had conducted with exonerated death row inmates. Interviews with Iraqi civilian refugees in Jordan formed the basis of *Aftermath* (2008).

Although it was amply documented in the media, the catastrophe that health care workers in New York faced this spring is hard for the average person to imagine. Hospitals had staff shortages and reassigned workers to care for infected patients even when they were not qualified to do so. Workers scrambled to obtain personal protective equipment (PPE), ventilators, IV pumps and medicines such as fentanyl and propofol. As hospital beds became occupied, break rooms were used to house patients. The city dug mass graves on Hart

Island for unclaimed victims of the pandemic. Health care workers said they felt extreme stress, emotional exhaustion, and abandonment by their unions.

One of the strong points of *The Line* is that it shows how the pandemic has affected workers in various parts of the health care system. The characters include a first-year intern, an oncology nurse, an emergency room doctor, a paramedic, an emergency medical technician (EMT) and a nurse at a long-term care home for the elderly. The need for isolation and social distancing likely influenced the decision for the actors to perform the play from their homes. This bare-bones staging, born of necessity, creates a documentary feel, as well as a level of intimacy.

The characters address the camera directly in interwoven monologues. We get to know them as they introduce themselves and tell us how they chose their careers. Soon they describe their initial concern after hearing warnings of the novel coronavirus. Each character sees his or her first cases, and these cases quickly become a flood. Pressure mounts as the characters struggle to manage "utter chaos," as the doctor puts it. The EMT's number of daily calls swells from 3,000 to 7,000. The paramedic says that adapting to the pandemic was harder than providing medical care in Iraq during the war.

The characters' firsthand accounts are more forceful than any news report. Several characters describe the appalling lack of medical supplies that resulted from decades of attacks on health care funding. The geriatric nurse, for example, is told to reuse PPE rather than discarding it after each patient. This instruction violates the guidelines of the Centers for Disease Control and Prevention and those of the World Health Organization.

“The rules were changing every damn day,” says the nurse. She soon becomes infected by the virus.

When her hospital runs out of oxygen, the intern says, “I really felt like I was in another country.” She and her colleagues rig up bilevel positive airway pressure machines as makeshift ventilators when none of the latter are available. Patients lie in hallways, and medical staff are forced to turn away other sick patients when all the beds are occupied. “I felt like I was in a war, and we had no support,” says the intern. “I felt like nobody cared.”

Several characters criticize the way management at their facilities handled the crisis. The geriatric nurse opposed the administration’s policies, but, under duress, kept her opinions to herself. The intern recounts her impulse to go to the media to publicize her hospital’s desperate state, but management warns her that this act would be grounds for termination. “I was so upset, I ended up having to talk to a psychiatrist.”

All the characters express their torment and sorrow at having to turn away distraught family members who want to see their dying loved ones for a final time. After the EMT is told to bring bodies directly to the morgue instead of the hospital, he allows family members to assemble around his ambulance for brief, impromptu wakes.

When the geriatric nurse recovers from the virus and returns to work, she finds that half of her facility’s residents have died, and her coworkers are traumatized. Weeks later, a manager announces that she will bring a grief counselor to the facility for one day, supposedly for the employees’ benefit. The geriatric nurse can no longer suppress her anger. “I’m not going to go, because it’s been almost a month, and if you really wanted a grief counselor in here, you would’ve had that person come in here when our residents were dying. Right now, what I really feel is that you’re just sending that person in so that you could say that you gave us support, right? It’s too little. It’s too late.”

Many of the characters are uneasy about being lauded as heroes, and one rejects the designation outright. The doctor suggests, “If you really want to help doctors and show them appreciation, give their patients health care.” Referring to the military flyover of New York City, which was allegedly staged to honor health care workers, he adds in exasperation, “Don’t fly weapons of destruction and death over people who are trying to

prevent destruction and death!”

Espousing a view promoted by the media and sections of the upper-middle class, the doctor implies that racism is the reason that certain ethnic groups have suffered more from the pandemic than others. It is true that the pandemic has had a disproportionate effect on African-Americans, for example. But African-Americans also are disproportionately poor, and the pandemic’s heavy toll on underscores the primary effect of class on health outcomes. Various studies have established a correlation between socioeconomic status and vulnerability to the pandemic. Identity politics distorts this reality and elevates race above all other factors.

Blank and Jensen deserve praise for critically examining the health care system’s response to the pandemic, and for putting workers’ experiences in the forefront. *The Line* is a salutary artistic response to this historic health crisis. It is an indication of the potentially vital new forms that playwrights and actors can create, even without stage or set, during a period of isolation.



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