Dulce et Decorum Est: COVID-19 Health Workers and the Old Lie

by Jacqueline LeKachman

Writing this essay about the coronavirus that has so drastically impacted my life and the world was empowering as it proved to me that, although the virus is unpredictable, I have the power to choose how I respond to it. Moreover, creating this essay helped me progress from annoyance while watching a press conference where Trump discussed PPE to a thorough investigation of the heroism rhetoric underlying discourse about health workers.

Because the virus' impact on health workers is a continuously evolving story, I was constantly researching and integrating new sources into my piece from mid-March 2020 until the essay was due in May. This experience helped me adopt a fluid revision process that required weaving diverse sources together as events evolved. For instance, between my first draft created in mid-April and my final draft, I included four new sources in my essay and removed sources that had become outdated. The most drastic change I made from my first to final draft, though, was integrating dulce et decorum est *into my essay. I decided to make this change after I connected the treatment of war soldiers to the treatment of health workers during this pandemic. Realizing that the rhetoric justifying health workers' struggles is an ancient one that has justified millions of soldiers' deaths, and recognizing an opportunity to comment on how history is repeating itself with this harmful idea of patriotism, I made rejecting dulce et decorum est a central part of the paradigm shift I call for at the end of my essay.*

—Jacqueline LeKachman

On March 29, 2020, President Trump made yet another staggering statement. According to *The Guardian*'s coverage of a White House press conference, when discussing how the federal government was handling state officials' pleas for personal protective equipment (PPE) during the COVID-19 pandemic, Trump asked, "Where are the masks going, are they going out the back door?" ("Trump implies" 00:00:24-00:00:26)). He continued, "I want the people in New York to check Governor Cuomo, Mayor de Blasio, that when a hospital that's getting 10,000 masks goes to 300,000 masks during the same period . . .there's something going on" ("Trump implies" 00:00:33-00:00:48). The insinuation that hospitals in America's coronavirus epicenter, New York City, are asking for more masks because health workers are stealing PPE previously delivered to them was met with confusion and intensified concerns about health workers' protection during the COVID-19 crisis. *Common Dreams* staff writer Eoin Higgins explains that even before Trump made this comment and the U.S. began leading the world in COVID-19

cases, hospitals nationwide reported having to ration necessary materials like gowns and N95 respirators. Health workers also felt the government lacked a unified plan to combat the virus (Higgins). After Trump's insinuation that health workers are mishandling PPE, backlash increased; New York City Mayor Bill de Blasio responded, "That's just insensitive and it's unhelpful" (qtd. in Higgins).

Trump's response to protecting health workers on the frontlines has unleashed a national debate over whether our healthcare heroes are sufficiently protected from the virus. Illinois Governor J. B. Pritzker, like Mayor de Blasio, has argued they are not, saying, "When you compare our federal shipments to our burn rate, the product that we've received from the federal government stockpile will last only a handful of days" ("Trump Defends" 00:01:02-00:01:11). The argument here is that PPE needs are beyond states' capacities, and that even the supplies the federal government does provide, many of which are disposable, are used quickly. Michigan Governor Gretchen Whitmer similarly stated on April 6 that Michigan has "less than three days 'til face shields run out and less than six days until surgical gowns run out" ("Trump Defends" 00:00:46-00:00:53). According to Higgins's *Common Dreams* article, others, like medical historian Deborah Levine, argue that to combat this issue, the government could have produced needed supplies through the Defense Production Act, which lets the president require businesses to produce materials necessary for national defense (Higgins). Regardless of how the term "national defense" is interpreted, there is unified agreement that the PPE shortage indeed exists and poses a threat to health workers.

Amidst these criticisms, Trump has defended the government's method of providing PPE, highlighting how medical materials are sent directly to hospitals instead of to the government's emergency stockpile. Trump also stated in early April that the National Guard is moving materials to hospitals, and the White House reported providing hospitals with "11.6m [million] N95 respirators, 26m surgical masks, 5.2m face shields, 4.3m surgical gowns, 22m gloves, and 8,100 ventilators" through FEMA, the Federal Emergency Management Agency (Smith). However, New York Governor Cuomo has criticized FEMA for producing a "bidding war" between states over supplies and driving up prices, since FEMA buys from the same supply chain states are using (Smith, Feiner). The result of these unethical price increases is that health workers are forced to reuse masks or resort to using other materials, sometimes even garbage bags, for protection (Breen). As Dr. Craig Spencer of Columbia Medical Center explains to *NBC News*, some workers are "given one N95 respirator per week. They are not meant to be reused; we're trying to find ways to reuse them because the supply chain is short. People are . . . baking them to try to kill the virus; they're subjecting them to UV light" ("'COVID'" 00:01:25-00:01:39). Unfortunately, even with these methods, many health care workers are getting infected with COVID-19: as of April 7, *CBS* reported that 1,500 workers showed symptoms in Michigan's largest hospital system, which endangers both patients and colleagues ("Health care workers").

Underlying the PPE debate between state and federal officials is the moral issue of how limited medical supplies force health workers to make impossible decisions, such as going to work despite a lack of protection. On the frontlines of the virus response, Michigan pulmonologist Rana Awdish told *The Atlantic*, "Everyone's talked about their contingency plans if they did get

sick. We've talked about who gets our pets, which is somewhat of an easier discussion than who gets your children" ("Doctors" 00:03:36-00:03:51). The virus's emotional toll on health workers who grapple with endangering their families due to virus exposure is massive. After health workers decide to go to work, limited medical equipment forces them to make even more decisions, often with dire consequences. Emergency nurse John Pearson explains he could be "faced with this decision of, we've got two patients who need to go on a ventilator, or they'll die. We have one ventilator. Which one's going on the ventilator?" ("Doctors" 00:04:07-00:04:15). Furthering this point, emergency physician Salim Rezaie declared, "I definitely did not go into the practice of medicine to play God" ("Doctors" 00:04:39-00:04:43).

Unlike the virus, these moral conflicts are not novel: during the 1918 flu and 2009 H1N1 influenza pandemics, nurses felt similarly torn between keeping others safe, keeping themselves safe, and making life-altering decisions for strangers. Pamela Cipriano, president of the American Nurses Association, explains that during the 2003 SARS outbreak, twenty percent of cases globally affected health workers (305). During these crises, we must consider how to honor health workers appropriately, but applying the words *heroic* and *patriotic* to health workers' struggles is not always as straightforward as it might seem. As early as March, a *CBS News* video described health workers as "heroes of [the] coronavirus" and thanked them for their service, equating the pandemic to World War I ("A Salute"). A more recent *Guardian* article describes health workers as "national heroes" (Wright). Other news outlets carry similar sentiments. In response to this portrayal in the media, other essential workers who are not health care professionals, like Amazon employees, have raised concerns about dangerous working conditions that make it clear that not all essential workers are revered as patriotic heroes (Weise and Conger). Precisely this emphasis on health workers as heroes prevents us from reckoning with the moral issues surrounding health workers' forced sacrifices and taking any tangible action as a result.

One dangerous way a health worker's "hero" label causes us to overlook unfair, amoral working conditions is that it erases the *human* behind that label, burying the understanding that these people are in fact mortal and need help to do their jobs. In an article about American heroism, *Atlantic* writer Leah Carroll highlights how the designation can actually dehumanize people, explaining, "In our imaginations, heroes live forever in the singular moment of glory: the fall on the grenade, . . . the seemingly effortless glide of the airplane onto the Hudson River." In other words, we crystallize heroes in our minds as perpetually brave, strong, and alive *in their heroic moment*; we see pilot Chesley "Sully" Sullenberger miraculously execute an emergency landing on the Hudson and selflessly check the flight for passengers as the cabin fills with freezing water ("2009"). However, though no one died on the Hudson that day, Carroll quickly reminds us that "heroes *do* die." To treat them as if they live forever in the bask of their heroism is to deprive them of a part of their humanity and to hold them to "unrealistic and dangerous expectations, designed to fill the vacuum of a 24-hour news cycle hungry for the moment of glory" (Carroll). By unreasonably valuing only their moment of heroism, we forget that these heroes are people who need support from others in order to care for themselves and do their jobs. When asked if his heroic feat was a miracle, Captain Sully told *ABC News*, "No, it was hard work on the part of many people and the entire industry over many decades" ("Capt. Sully" 00:06:11-00:06:16). He highlights how his heroism resulted from preparation, teamwork, and training—tools that he developed with support from those who recognized these tools as integral

to his survival. Without this support network, we would be talking about the tragedy on the Hudson instead of the miracle, just as we now discuss the tragedies in the hospitals.

Unfortunately, in the case of the current tragedy, designating health workers as invincible heroes erases their needs. As a result, unlike Captain Sully, they are not receiving the tools they need, in this case, PPE, COVID-19 training, mental health services, and more. The term "hero" masks the fact that health workers lack these vital tools with deadly consequences. For example, New York E.R. physician Dr. Lorna Breen tragically died by suicide after experiencing the horrific, "grueling work" of treating virus patients and contracting the virus herself ("New York Doctor" 00:00:45-00:00:46). In a *New York Times* article about this tragic loss, her father commented that she "tried to do her job, and it killed her," emphasizing how she was a victim not of the virus but of the expectation that as a hero on the frontlines, she could perpetually withstand watching patients and colleagues die (qtd. in Watkins). Sadly, her story is not an isolated experience. Dr. Jeff Le of Maimonides Medical Center explained to *NBC News*, "I wish I had known the type of emotional havoc this would have caused on my life, . . . the lives of my colleagues" ("New York Doctor" 00:00:59-00:01:09). In other words, he wishes he had been prepared and supported instead of expected to somehow emerge from the pandemic unscathed—a "hero." Ominously, the very language that obscured Dr. Breen's needs and continues to fail to meet Dr. Le's has now saturated almost all discourse about health care professionals. The omnipresence of words like "hero" and "bravery" reveals that even as doctors are dying, we continue to uncritically accept triumphant narratives that mask the fact that tragic stories like Dr. Breen's could have been avoided with the appropriate mental health support.

Our at times harmful understanding of heroes comes largely from ingrained literary and cultural depictions of heroism, which are often myths. Sociologist James K. Beggan notes that we "seem disinclined to focus on the potential downside of [heroism] perhaps in part because the culturally shared prototypical scenario of heroism does not include elements of harm" (15). He explains that we shy away from considering the potentially negative effects of heroism because of our internalized idea of heroes as invincible to injury. Moreover, our belief in heroes' invincibility causes us to fail to support heroes who do survive the ordeal. "For all who commit heroic acts, the moment of glory ends: the plane lands on the Hudson and water-soaked luggage must be accounted for," Carroll explains. However, we tend to erase this kind of less-appealing, practical aftermath from our consciousness, exiling our once-glorified heroes to "a life of anonymity" (Carroll). This has proven especially true for war veterans—a fact that is especially salient when health workers are likened to soldiers at war. Karl Marlantes, author of the nonfiction book *What It Is Like to Go to War*, explains that military service asks "a 19-year-old to play the role of God," which "leaves behind an enormous wound to the soul" (qtd. in Carroll). This trauma from making God-like decisions about others' lives requires attention to heal, but Marlantes suggests that soldiers are not given this attention post-heroic act (Carroll). The National Coalition for Homeless Veterans acknowledges that veterans face a lack of support, finding that veterans comprise over one third of homeless individuals in America and that almost half of homeless vets live with mental illnesses (Stuart). Though we laud these people when they endanger their lives for us, when they come home, we forget them, failing to support their mental health or to simply give them a place to sleep. As a nation, we overlook all that follows a heroic battle, leaving veterans "to face the consequences of what being a 'hero' really means. And the isolation can be stifling" (Carroll).

Significantly, war veterans' isolation and "wound[s] to the soul" from playing God mirror health workers' current realities (Marlantes qtd. in Carroll). The flood of articles describing healthcare "heroes" fighting bravely on the frontlines and in the trenches in the war against COVID-19, or doing a patriotic duty, suggest, frighteningly, that health workers will soon be treated as war veterans. In other words, when our language likens health workers to soldiers, it actually endangers those who will survive the frontlines of the pandemic: in characterizing them in this way, we risk treating them as we treat other war heroes, ultimately abandoning them when they need us most.

But how, one might wonder, could we allow ourselves to disengage from people's needs once their heroic moment has ended? Perhaps this disconnect from what comes after a heroic act cannot be fully understood without recognizing our internalized desire to be saved. As Beggan reflects, heroism "guide[s] how people think about and evaluate their lives and goals. Is the valuing of heroic action a means for people to absolve themselves of social responsibility? By elevating heroes on a pedestal, an individual social perceiver increases the status difference between hero and observer and can justify not acting in a prosocial manner" (25). In other words, he argues, the label of "hero" is a tool we use to evaluate how we, as bystanders, should (or should not) react to social crises. However, this creates a gap between heroes and regular people who then passively wait for a savior, telling themselves, "'I'm not a hero, so there's nothing I can do'" (Beggan 25). Hero myths actually expose a cultural desire to be saved: there is "a societal belief that you are either a hero or a regular guy. . . . Clark Kent is a slightly bumbling journalist until trouble arises—then he becomes Superman." In popular narratives, protagonists are "largely able to keep the regular guy and the hero completely separate" (Carroll). This dichotomy in the media we consume daily further reinforces that we, the regular folk, must wait for the Supermans to swoop in to save us. But in the case of this pandemic, health workers don't have superhuman powers. They are real people whose power is derived from training, protective equipment, and our support. If we allow ourselves to continue to internalize the *I can't do anything, I'm not a hero* rhetoric, we deprive our heroes of their powers and discharge ourselves from playing our part in this crisis. After all, the pandemic is everyone's problem, not just the problem of an exhausted doctor on a fourteen-hour shift reusing an N95 respirator.

As Carroll points out, though, these "moments of internal struggle don't make for good movies. The vision of the veteran . . . or the first responder, alone, struggling to come to grips with that singular moment [of heroism] and its real significance is just not nearly as glamorous." Here she identifies a sobering revelation: we justify our passivity because of our desire to ignore realities that do not make for bright and shiny stories. As we grow tired of reading about rising body counts, we want to disregard the possibility that our supposed heroes are struggling as much as we are. To admit this truth would be to admit that our heroes are just as human as we are and to require us to take action ourselves—to become our own heroes.

This desire to be saved and avoid action becomes even more potent when we romanticize people dying for us as "patriotic." Despite the conflict between this and our belief that heroes are invincible, news coverage of the pandemic has been saturated with justifications of health workers' deaths as valorous sacrifices for our nation. Roman poet Horace famously wrote, *Dulce et decorum est pro patria mori*—"it is sweet and fitting to die for one's country"—popularized in

Wilfred Owen's World War I poem "Dulce et Decorum Est." Dying as patriotism has been ingrained in us since the earliest civilizations. Its historical and contemporary legacy is seen in a 1918 article in *The North American Review*, where Vernon Kellogg demonstrates how many extolled the idea of sacrifice as patriotism during World War I. He proclaims, "The French morale, after an inconceivable sacrifice of men, money and material, was never higher than now. England has given most of its best and is now giving the rest, and living a life of repression quite beyond our present understanding. . . Our opportunity is beginning" (832). He applauds England for deploying as many soldiers as possible for the war effort and for soldiers' lives "of repression" that he viewed as a service to their countries. Above all, Kellogg eagerly anticipates America's opportunity to make a similar "superlative sacrifice" of lives. While these soldiers' bravery is admirable, by implying that leading a "life of repression" is itself a form of patriotism, Kellogg fuels our societal desire to be saved and elevates our justification of passively watching others struggle to an even more dangerous level. If we justify heroes' self-sacrifices as patriotic, isn't supporting these heroes in substantive ways equally patriotic, if not more?

The idea of sacrifice as patriotism is not limited to World War I, either—a *Guardian* article called "Helping your country do better: what patriotism means in 2016" reported readers' ideas of patriotism following Donald Trump's "law and order" speech to the Republican convention. In it, many readers included some form of sacrifice in their definitions of patriotism. New Mexico ranch manager Michael Bain, for example, declared, "Patriotism means supporting and being responsible for your family, your community and all levels of government with your willingness to work, to volunteer, to pay your share of taxes and pay with your life if need be." However, during this pandemic, when health workers' willingness to "pay with your life if need be" is in direct conflict with supporting and "being responsible for your family," we must dig deeper to find new definitions, as our existing ideas of patriotism justify supposedly beloved heroes' unnecessary suffering and reveal that we sometimes value sacrifice to the point of slaughter.

Contrasting Bain's sacrificial idea of patriotism, however, *Guardian* reader Caitlin B expressed a different idea of patriotism: "Whatever patriotism means, it's not blind acceptance of the status quo. Patriotism means constant vigilance and asking whether the direction your country is headed in . . . makes your country a better place." Critical analysis and awareness of a country's direction is a form of patriotism that does not confuse love of one's country with "blind acceptance" of all the country's actions. In the age of COVID-19, where the new status quo seems to be posting Instagram stories with a #thankhealthheroes sticker as a way to 'do our part' while thousands of health workers nationwide go unprotected and unsupported, B urges us to identify that the way the country is proceeding is not helping. When we reflect on her definition of patriotism, it becomes clear that conflating it with sacrifice ultimately results in treating healthcare workers as second-class citizens. This powerful realization necessitates a shift in thinking; dying because your country is not supporting you is *not* patriotic. *Dulce et decorum est pro patria mori*—that is "The old Lie," as Wilfred Owen says.

Ultimately, regardless of any of Trump's statements, health workers currently lack PPE and support, and they are dying. This debate is not about policy or logistics, but morality. Thus, in order to begin understanding and addressing what our failure to act on the PPE shortage reveals

about our nation, we must first recognize how labeling health workers as heroes erases their humanity. We can certainly have a functional definition of heroism, but this erasure of humanity is *not* it. As a result, in this fight for our lives, we cannot let our language mask health workers' needs for support now or in the aftermath of their "heroism." Perhaps most importantly, we must be critical of applauding the idea of dying for your country as inherently patriotic and using this false patriotism to absolve ourselves of responsibility. Instead, we must recognize that we cannot be passive beneficiaries of heroism. Health workers are not the only ones who must take action. We too must be brave enough to redefine patriotism not as dying for your country, but as providing for those who serve us so that patriotism becomes about cultivating the life and health of our whole community—not just certain members of it.

Works Cited

Beggan, James K. "On the Downside of Heroism: Grey Zone Limitations on the Value of Social and Physical Risk Heroism." *Heroism Science: An Interdisciplinary Journal*, vol. 4, no. 2, 2019, pp. 1-35, scholarship.richmond.edu/heroism-science/vol4/iss2/5.

Breen, Kerry. "NYC hospital responds to photos of nurses wearing trash bags as gowns." *Today*, 27 Mar. 2020, www.today.com/health/nyc-hospital-responds-photos-nurses-wearing-trash-bags-t176939.

"Capt. Sully reunites with passengers on 10th anniversary of 'Miracle on the Hudson.'" *YouTube*, uploaded by ABC News, 16 Jan. 2019, www.youtube.com/watch?v=IaKPVz8HwHk&app=desktop.

Carroll, Leah. "America's Hero Problem." *The Atlantic*, 7 Sept. 2011, www.theatlantic.com/entertainment/archive/2011/09/americas-hero-problem/244659.

Cipriano, Pamela F. "100 years on: the Spanish Flu, pandemics and keeping nurses safe." *International Nursing Review*, vol. 65, no. 3, 2018, pp. 305-306, onlinelibrary.wiley.com/doi/pdf/10.1111/inr.12483.

"'COVID On My Face,' Colleagues Fall Ill: NYC Doctors, Nurses Plead For Help." *YouTube*, uploaded by NBC News, 30 Mar. 2020, www.youtube.com/watch?v=RvVKVzQ72SI&app=desktop.

"Doctors and Nurses Reveal the Devastating Reality of COVID-19." *YouTube*, uploaded by The Atlantic, 4 April 2020, www.youtube.com/watch?v=OVp2U2p4lmE&app=desktop.

Feiner, Lauren. "States are bidding against each other and the federal government for important medical supplies—and it's driving up prices." *CNBC*, 11 Apr.

2020, www.cnbc.com/2020/04/09/why-states-and-the-federal-government-are-bidding-on-ppe.html.

Guardian readers. "'Helping your country do better': what patriotism means in 2016." *The Guardian*, 26 Jul. 2016, www.theguardian.com/us-news/2016/jul/26/what-does-patriotism-mean-to-you.

"Health care workers say they've been told to keep silent on hazardous conditions." *YouTube*, uploaded by CBS This Morning, 7 Apr. 2020, www.youtube.com/watch?v=SjuRE8ldWDk&app=desktop.

Higgins, Eoin. "'Insulting' Frontline Health Workers, Trump—Without Evidence—Accuses Hospital Staff in New York of Stealing Protective Gear." *Common Dreams*, 30 Mar. 2020, www.commondreams.org/news/2020/03/30/insulting-frontline-health-workers-trump-without-evidence-accuses-hospital-staff-new.

Kellogg, Vernon. "Patriotism and Sacrifice." *The North American Review*, vol. 207, no. 751, 1918, pp. 825–833. *JSTOR*, www.jstor.org/stable/25121912.

"New York Doctor On Front Lines Of Coronavirus Pandemic Dies By Suicide." *YouTube*, uploaded by NBC News, 27 Apr. 2020, www.youtube.com/watch?v=PvXv57eKPB0&app=desktop.

Owen, Wilfred. "Dulce et Decorum Est." *Poetry Foundation*, www.poetryfoundation.org/poems/46560/dulce-et-decorum-est.

"A salute to the heroes of coronavirus: Health care workers on the frontline." *CBS News*, 29 Mar. 2020, www.cbsnews.com/video/a-salute-to-the-heroes-of-coronavirus-health-care-workers-on-the-frontline.

Smith, David. "Trump says US stockpile of protective equipment nearly gone amid coronavirus." *The Guardian*, 1 Apr. 2020, www.theguardian.com/us-news/2020/apr/01/trump-coronavirus-stockpile-ppe-briefing#maincontent.

Stuart, Tessa. "The Shameful Way America Treats Its Veterans." *Rolling Stone*, 11 Nov. 2015, www.rollingstone.com/politics/politics-news/the-shameful-way-america-treats-its-veterans-52825.

"Trump Defends Federal Response To Outbreak Amid Growing Medical Supply Shortage." *YouTube*, uploaded by TODAY, 7 Apr. 2020, www.youtube.com/watch?v=Td97mE0ESjs.

"Trump implies hospital staff stealing masks: 'Maybe worse than hoarding.'" *YouTube*, uploaded by Guardian News, 29 Mar. 2020, www.youtube.com/watch?v=sEQ6CH4Wzek.

"2009: Airplane crash-lands into Hudson River; all aboard reported safe." *CNN*, 11 Aug. 2016, www.cnn.com/2016/08/11/us/hudson-landing-archive-news-story/index.html.

Watkins, Ali, et al. "Top E.R. Doctor Who Treated Virus Patients Dies by Suicide." *The New York Times*, 29 Apr. 2020, www.nytimes.com/2020/04/27/nyregion/new-york-city-doctor-suicide-coronavirus.html.

Weise, Karen and Kate Conger. "Gaps in Amazon's Response as Virus Spreads to More Than 50 Warehouses." *The New York Times*, 5 Apr. 2020, www.nytimes.com/2020/04/05/technology/coronavirus-amazon-workers.html.

Wright, Clare. "Lest we forget: a pandemic isn't a war but our healthcare workers are heroes. *The Guardian*, 27 Apr. 2020, www.theguardian.com/commentisfree/2020/apr/27/lest-we-forget-a-pandemic-isnt-a-war-but-our-healthcare-workers-are-heroes.