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"Are You Alright?" On Pandemic Death, Isolation, Connection, and Walter Benjamin's "The Storyteller"

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“Are You Alright?” On Pandemic Death, Isolation, Connection, and Walter Benjamin's "The Storyteller"

Cover Page Footnote

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“Are you alright”? On Pandemic Death, Isolation, Connection, and Walter Benjamin’s “The Storyteller”

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What story of your work with COVID19 patients do you most want to pass on to others?

The story of a young man I cared for in a North Central Florida hospital early in the pandemic. Walking into his room to perform the afternoon examination as the setting sun shone through the west window of the ICU, the first things I noticed were his smile and his eyes. Perhaps an unusual first “clinical observation,” made even more difficult – the smile at least – because of the endotracheal tube passing through his mouth into the trachea, allowing the mechanical ventilator to force oxygen-enriched air onto his lungs. That day, early April 2020, was the first time I saw Joaquin.

A 19-year-old Black man, he’d been admitted to the ICU with his mother and aunt after they’d become infected with the novel virus known as SARS-CoV-2 and developed COVID19.¹ Though much more is known now about this virus, it is still enigmatic; at the beginning of the pandemic, it was even more of a mystery. Specific treatment was – and remains – limited.² Most of what we can do is provide supportive care, hoping the infected person’s body fights the virus and then recovers. And even with recovery, there remain many concerning unknowns about the long-term effects of the disease.

Joaquin was in one of 12 negative-pressure rooms,³ awake, alert, intubated and mechanically ventilated. The risk of infection to us was high;⁴ we couldn’t enter the room without protective gear – an N-95 mask or a portable air purifier, gown, gloves, a clear face mask. And that gear limits interactions between care-giver – nurse, physician, respiratory therapist – and Joaquin. It also means we just don’t enter patients’ rooms as often. So, between the personal protective equipment I wore, and the endotracheal tube running between Joaquin’s vocal cords, communication was challenging.

But, somehow – it was his smile and eyes I’m sure – we hit it off, “talking” at least once daily. Well, he would type thoughts on his cellphone, and I would respond out loud. We “talked” about his condition – it was extremely serious, though he appeared to be improving. And we “talked” about the murder of George Floyd, about the difficulties of being 19 (I still vaguely remember a version of what that was like), about being a person of color in the U.S., about his fears of dying.

¹ There are several Corona viruses, only a handful of which cause severe disease; most cause symptoms we term the “common cold.” SARS (severe acute respiratory syndrome), MERS (middle east respiratory syndrome) and now COVID19 (caused by severe acute respiratory syndrome- Corona Virus – type 2 [SARS-CoV-2]) are three of the extremely severe syndromes cause by novel Corona virus.

² There was/is little in the way of therapeutics for the treatment of COVID19 -- the early use of convalescent plasma (of little use it turns out), remdesivir, steroids, and now monoclonal antibodies and -- preventive, rather than therapeutic -- vaccines.

³ These rooms have ventilation systems that pull air into the patient room and then exhaust it through high-efficiency filters outside, preventing aerosolized viral particles from the patient’s room from circulating throughout the hospital.

⁴ Two generations ago, physician and nurses carried with them the knowledge that their jobs, like those of soldiers, could lead to their deaths. Until the onset of the HIV/AIDS pandemic, this knowledge had mostly abated, at least in the economically developed countries. This is now altered, again, with SARS-CoV-2. Recognizing the risk we face while caring for horribly ill fellow humans, we ask that – like soldiers – we not be “wasted.” The Trump administration and its denial of science wasted all of us – patients and caregivers.

“But” I would say – and it was as true as it could be then – “you’re slowly getting better. You’ll make it. The odds are in your favor.” And he *was* slowly improving. At least until he wasn’t.

Infectious diseases kill in a number of ways. Sometimes the infection simply overwhelms the body’s immune system and its ability to fight the infectious agent. Other times, the – in this case, viral – agent is controlled by the body’s immune system. But after obtaining control, the latter becomes seditious, betraying and attacking the very body it is meant to protect.

Each day Joaquin was a bit better until, one morning, he wasn’t. He began banging on the bed rail. “I can’t breathe!” he wrote. I – we – did all the evaluations we do, trying to figure out what was wrong: Collapsed lung? Too much fluid? Heart failure? Mucous plug? Nothing.

“I can’t breathe!” Manipulating the mechanical ventilator made things a little better. He became calm. Problem solved!

Only hours later, I was called ‘emergently’ back to his bedside. Joaquin had suffered cardiac arrest.⁵ We performed CPR, administered drugs intravenously, looked for non-obvious reasons his heart stopped, at the same time trying to restart it.⁶ We were losing. To ensure a collapsed lung wasn’t compromising his heart function, I placed chest tubes, incising each side of his chest wall, dissecting through the soft tissue to be able to feel the space between the ribs into which I would – it’s quite a brutal procedure – place the devices. I was clearly aware of at least one set of eyes focused on me as I did this -- those of Joaquin’s mother, Nejla. Our resuscitation attempts lasted over an hour.

Before Joaquin’s cardiac arrest, Nejla, had come down to the ICU – in a wheelchair from her hospital room on the medical-surgical floor – and was rolled into the glassed-in ICU cubicle to visit with her son. Although present when Joaquin’s heart stopped, Nejla was moved just outside of the cubicle so the group of us performing cardiopulmonary resuscitation (CPR) had room to work; the cubicles are relatively small, even in modern hospitals.

She watched as we tried to save him. She saw me open her son’s chest with a scalpel, my gloved hands buried in the soft tissue of his chest. She saw us fight to bring her son back. She watched as we lost the battle, as her son’s life slipped away.

Death had been victorious, again.

Slowly walking out of her son’s room, I knelt next to Nejla – sitting in a wheelchair as she was not, herself, fully recovered – and began, as I so often do these days, with “I am so sorry.”

She listened to my explanation of what had happened and then put her hand on mine, tears in her eyes. “Thank you. Thank you for all you’ve done. Are you alright?”

What did you think at that moment? How did you respond?

I looked at her, stood up, her hand still in mine, leaned over and gently stroked her cheek. I thanked her for being concerned about me. I gave her my cell phone number and told her that if there was anything I could do, I would.

⁵ The sudden cessation of the heart’s pumping function, resulting in immediate death, which may be reversed if circulation can rapidly – within 2 – 5 minutes – be restored.

⁶ Contrary to the “medical” dramas of television entertainment where patients who suffer cardiac arrest are most often revived, depending on whether the cardiac arrest occurs in or out of the hospital, survival is actually as low as 5%.

Maybe Joaquin was a little luckier than others?

The isolation, the terrible gaping distance from those we love and worry about – for those struck by the pandemic and for family and friends – was perhaps the tiniest bit mitigated. Joaquin’s mother, Nejla, was there as he died. And before his heart stopped, he also had a kind of connection with you and perhaps with other hospital staff as well.

But still, Joaquin is gone. His mother’s son, his aunt’s nephew, his friends’ friend, his doctor’s patient. Joaquin died. Luckier?

And his mother, after watching you and your co-workers struggle to bring her son back – “Are you alright?” That’s a stunning act of generosity and connection.

So then, what might Joaquin’s story signal for the rest of us?

The sobering realization of the pandemic, like texting or calling one another in a war zone, generated a flurry of emails and phone calls from friends and family, even those with whom we have infrequent contact: “Are you alright?” “Where are you?” “How are you?”

The pandemic, and the virus at its heart, radically foreshortened the imaginary and real space of our relationships with one another, opening a mostly impassable physical divide -- seeing one other on phone or computer screens, talking on phones. But the implicit surety of physically being together, if we want to, is gone. And even if we are ‘together,’ it is from 2 or 3 meters away. Physical contact is dangerous, a conduit for a potentially deadly illness.

Our sense of time – as in “there’ll be time to . . .” or “we have time for . . .” – is equally foreshortened. Time is no longer there in front of us – to connect or to reconnect with one another, to apologize, to witness, to share stories, to laugh, to cry – together. Time is not assured (as if it ever really were – a fact we mostly ignore).

Movement and time and distance vision are circumscribed while, into that circumscription and our near vision, emerges the brutal recognition of limited and intensely bounded time and space. In that pandemic circumscription, the curtain is rent on our collective condition⁷ – on “the collective grief and individual sorrow that we’re experiencing . . . [the] loneliness . . . stuck in our homes and hidden behind our masks, where social interactions are kind of overdetermined by the specter of death and the virus.”⁸ In addition, the pandemic has made ever more starkly apparent – for those who needed a reminder – the gross inequities of an evacuated social commons, the ways in which our (that is, U.S.) social and political systems *don’t* work for many.

So your story of Joaquin’s death and his mother’s presence with him and to you is moving, poignant, and hard. Death and the threat of death or devastating illness are everywhere in a global pandemic. Yet death and the sick and dying are literally distanced – by the personal protective gear medical workers must wear, by the necessary isolation of those who are sick or dying from the not-sick. At the same time, mass media

⁷ See Eddie S. Glaude, Jr.’s clear-sighted essay, “Joe Biden Must Help the Nation Truly Understand the Depth of Our Collective Loss.” *Time*, 11/7/2020 (<https://time.com/5908829/biden-election-understand-collective-loss/>).

⁸ “The Black Lives Matter Movement Helped the Democrats Defeat Trump,” Bree Newsome and Eddie Glaude, with Amy Goodman. *Democracy Now*. 11/26/2020 (https://www.democracynow.org/2020/11/26/bree_newsome_prof_eddie_glaude_the).

and social media overflow with stories, images, video clips of the effects of the pandemic. And they too while bringing words and images up close, can serve to distance as well.

What can we make of this situation and this story – personally, socially?

Rereading Walter Benjamin now is a strange but timely experience. In his essay “The Storyteller” (1936), on that vanishing figure of a social commons, Benjamin observed of his own historical moment,

“... never has experience been contradicted more thoroughly than strategic experience by tactical warfare, economic experience by inflation, bodily experience by mechanical warfare, moral experience by those in power. ... under the open sky in a countryside in which nothing remained unchanged but the clouds, and beneath these clouds, in a field of force of destructive torrents and explosions, was the tiny, fragile human body...” (I).⁹

Experience itself, then, is opposed to tactical, economic, and mechanical warfare, to those in power. And this experience – strategic, economic, bodily, moral – is both personal *and* social.

And Benjamin locates his observations in the aftermath of the world war¹⁰ in a longer historical process which distances death from everyday life.

“... in the course of the nineteenth century, bourgeois society has, by means of hygienic and social, private and public institutions, realized a secondary effect which may have been its subconscious main purpose: to make it possible for people to avoid the sight of the dying...” (X).

This possibility *not* to see is also a contradiction of experience – experience avoided.

Yet the storyteller is precisely one for whom “death is the sanction of everything he can tell. He borrows his authority from death” (XI). It follows, then, that the avoidance or obfuscation of death, the contradiction of experience by warfare and “those in power,” compromises and mutes “communicable experience.” The story’s “counsel” (or “advice,” «*Rat*») is contradicted by “information”¹¹ – laying claim “to prompt verifiability,” to appearing “understandable in itself” and “sound[ing] plausible.” The quintessential form of information is news.¹² And, for “The Storyteller,” news is the antithesis of the story.

(Surely there is an implicit comment here on the stories of our own experiences of the pandemic. Not on the experiences themselves – personal and social – but on the stories we tell about them.)

But “The Storyteller” is no elegy for a vanishing past.¹³ Instead, from its opening lines, the essay points to the possibility of seeing more clearly the outlines of what is distanced from us – the storyteller, stories and their counsel which turn around the authority of death. Benjamin’s essay reminds us not only of what *was* but also of what might be waiting to emerge, prompted by the clearer vision of what is distant and vanishing.

Drawing on that reminder, in an introduction to the English translation of Benjamin’s selected essays, Hannah Arendt summons the metaphor of the pearl-diver. She quotes Ariel’s song in Shakespeare’s *The*

⁹ Walter Benjamin, “The Storyteller: Reflections on the Works of Nikolai Leskov” in *Illuminations*, intro. Hannah Arendt (New York: Schocken Books, 1969). “Der Erzähler: Betrachtungen zum Werk Nikolai Lesskows” in *Walter Benjamin Erzählen: Schriften zur Theorie der Narration und zur literarischen Prosa* (Frankfurt am Main: Suhrkamp Verlag, 2007).

¹⁰ “World war” was in the singular, of course, at the time Benjamin wrote his essay. As Hitler’s consolidation of power in Germany grew and the Nazi regime began to enact its genocidal policies, Benjamin himself would succumb to its threat.

¹¹ “With the full control of the bourgeoisie, which in high capitalism has the press as one of its most important instruments, there emerges a... new form of communication... information” (“The Storyteller,” VI).

¹² “Every morning brings us the news of the globe and yet we are poor in noteworthy stories. This is because no event any longer comes to us without already being shot through with explanation” (VI).

¹³ “... nothing would be more fatuous than to want to see in it merely a ‘symptom of decay’ [“*eine Verfallserscheinung*”], let alone a ‘modern’ symptom” (IV).

Tempest of a drowned body “full fathom five.” “Its eyes [are] transformed into pearls, its bones into coral; the corpse “doth suffer a sea-change/into something rich and strange” (*The Tempest*, I:2). And then, following the metaphor, Arendt’s “pearl diver” dives to find the jewel and bring it to the surface. Something like that labor is also Benjamin’s, Arendt suggests. Something precious and startling is created from what has vanished.¹⁴

*Is this a horrible metaphor in the face of the brutally unnecessary deaths from COVID19 and, in the U.S. especially, the egregious absence of adequate governmental response to the pandemic as it spread across the country in its first ten months?*¹⁵

Joaquin and Nejla’s story – it’s the story of both mother *and* son – is one of pandemic illness, isolation, death, and connection. It is hard and painful and poignant. And it simultaneously points to something startling and precious. The counsel of their story is not information. Nor is it *only* of individual experience, as moving as that experience is. Their story calls up the horrible rifts in the social commons that leave us vulnerable and unprotected, dying alone, without adequate means of survival in every sense of the word. And at the same time, Joaquin and Nejla’s story is one of care and connection, of the effort to recognize what is happening to those around us.

As “The Storyteller” so presciently notes, “counsel is less an answer to a question than a proposal concerning the continuation of a story which is just unfolding” (IV). That is, the unfolding story is one of which the storyteller and audience are a part. The story of Joaquin and Nejla bears that counsel; it is, in addition to whatever else, the story of caring and connection.¹⁶

If the pandemic has foregrounded death, simultaneously and relentlessly distancing it, might there be in its dark and destructive depths something like the “pearl” which Arendt, after Benjamin, posits? An inkling of an unfolding story of which we are all, if differentially, a part? “Are you alright?” Nejla asked.

Death can certainly be physical, as in Joaquin’s case. Death is also metaphorical, as in the willingness to avert our eyes and minds from our fellow humans – dying, ill, unprotected.¹⁷

Are we alright? Unequivocally, the answer is “No.” But we could be better. Joaquin and Nejla’s story is a precious model of what that experience might look like.

¹⁴ Actually, the king of Naples to whom Ariel’s song refers is not dead but hidden.

¹⁵ From the neo-liberal austerity of Greece, where one of us is currently – and where the conservative government unhesitatingly enacted mask-mandates, restrictions on movement, closures, lockdowns not least of all because of the austerity-driven cuts to the health system over the last decade – the torturously delayed U.S. response to the pandemic is especially stark.

¹⁶ “The Storyteller” notes the “authority” possessed by the dying man “for the living around him.”

... not only a man’s knowledge or wisdom [*das Wissen oder die Weisheit*], but above all his real life [*“gelebtes Leben”/ “lived life”*] — and this is the stuff that stories are made of — first assumes transmissible form at the moment of his death. ... the unforgettable emerges and imparts to everything that concerned him that authority which even the poorest wretch in dying possesses *for the living around him* (emphasis added, X).

¹⁷ From March, 2020 to the end of February, 2021, more people in the U.S. have died of COVID than all U.S. combat deaths in the 4 years of WWII.

Further Reading

1. Layon, AJ. "A Family Guide to the End of Life...with some notes for junior trainees." Manuscript, under submission, 2021.
2. Phelan AL, Katz, R, Gostin LO. The Novel Coronavirus Originating in Wuhan, China Challenges for Global Health Governance. *JAMA*. 2020; 323:709-710.
3. Horton R. Offline: COVID19 – A Crisis of Power. *Lancet*. 2020;396:1383.
4. Bhimraj A, Morgan RL, Shumaker AH, et al. Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19. <https://www.idsociety.org/COVID19guidelines> Last accessed 9 January 2021.
5. There is a vast body of work on trauma from different historical experiences and different parts of the world and across disciplines and fields which, in a related but not identical fashion to what we're suggesting here, attends to moments of connection in the aftermath of horrible and often collective trauma. Some of the earlier work on trauma and *narrative* in the United States includes Shoshana Felman and Dori Laub's *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History* (1992), Cathy Caruth's *Unclaimed Experience: Trauma, Narrative and History* (1996), and Caruth's edited collection *Trauma: Explorations in Memory* (1995). For two more recent and rather differently situated but equally informed studies, see the insightful work of Anne Helke, "Post-Conflict Dialogue and the Possibility of Community: The Work of Women Imagining a Different Future" (Diss. University of Wisconsin-Madison, 2017) and of Marian Halls, "Speaking Otherwise in Public: Testimony, Emblem, and Allegory in Post-Conflict Political Communities," (Diss. University of Wisconsin-Madison, 2017).
6. For a fascinating and wide-ranging online collection of essays on COVID19 (there are many), see *Discover Society's* "COVID-19 Chronicles": <https://discoversociety.org/category/covid-19/>