



Spring in New York

To the Editor:

The enclosed poem captures my experience as an intensivist in New York City during the peak of the first U.S. coronavirus disease (COVID-19) surge. Tragically, experiences like this are now commonplace among frontline healthcare workers in the United States and beyond. I share this poem with the hope that others, who are similarly struggling to process the horror now before them, can be assured that they are not alone.

Spring in New York

I have never seen war,
but I imagine it much like New York today:
a perpetual plunge
into panic, hyperarousal, and dismay.

Streets are empty. Stores are shuttered.
Subway's desolate. Broadway's dark.
Field hospitals best the spring bloom
for the eye's attention in city parks.

We care for critical colleagues,
unconscious and near death,
who may forebode our shared fate
in their last agonal breaths.

Face the fragility of flesh
not together, but alone,
for families we'll never meet,
their stories never told.

Hundreds die here every day,
too many for the morgues, so
bodies pile in refrigerated
trucks outside the wards.

The patients die abruptly
and alone because they must
to stop spread of the contagion
as our protective gear exhausts.

We do our best with what we have,
but our best thereof
does not change the fact
that we alone are not enough.

Help's not coming in force.
So, is this the end of our arc?
Or can our best be enough
for you, New York? ■

Author disclosures are available with the text of this letter at www.atsjournals.org.

Acknowledgment: The author extends his deepest sympathy to the many families devastated by this pandemic and extends heartfelt gratitude to all the healthcare workers and other essential personnel who have responded to this crisis at his hospital, across New York, and throughout the world.

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Effect of Neutropenic Critical Illness on Development and Prognosis of Acute Respiratory Distress Syndrome

To the Editor:

Previous neutrophil recovery investigations (1) established the link between neutrophil recovery, organ injury, such as acute respiratory distress syndrome (ARDS), and death, supporting the essential role of the neutrophil in the pathogenesis of ARDS. However, such a link between neutropenia itself and ARDS development and/or prognosis is not yet established.

In this study, we had two separate but related goals. First, by using patient-level data from three well-phenotyped ICU cohorts, we sought to determine whether neutropenia is independently associated with the development of ARDS. Subsequently, by using patient-level data from randomized controlled trials performed by the ARDS Network (ARDSNet), we sought to determine if neutropenia is associated with the prognosis of ARDS.

Some of the results of these studies have been previously reported in the form of an abstract (2).

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