E very day in clinics and hospitals across the United States and worldwide, unheralded heroes strap on their armor to take on an insidious viral enemy that, to date, has infected 7.5 million Americans and killed more than 200,000 and globally has infected 38.8 million people and killed more than 1 million. Among the dead from COVID-19 in the United States are more than 1270 health care workers, a figure that is likely to be an underestimate. Many who recover from COVID-19 suffer long-term sequelae, and some are on waiting lists for a lung transplant. The “Lost on the Frontline” database (1), compiled by The Guardian newspaper and Kaiser Health News, with its portraits of U.S. health care workers who succumbed to COVID-19 leaves us with a visceral understanding of the dangers that health care workers face.

Colleagues, we are in a battle for our lives in medicine, a battle science will eventually win. Courage is not the absence of fear, but the willingness to carry on despite it, and that kind of courage is everywhere on display. We see it in those who work in housekeeping, security, and administration at hospitals and clinics; we see it in the police, fire fighters, and ambulance personnel; we see it in everyone who shows up to work each day so that our health care system keeps running. We read blogs where nurses describe keeping N95 masks on all day, not even removing them to drink water, leaving bruises on their faces. We hear of health care workers who live apart from their families rather than put them at risk. Courage is evident in the lone physicians, physician assistants, and nurse practitioners in small towns who are diagnosing patients with COVID-19 and have very few resources to fall back on; we see courage in spades in every shift in every emergency room and intensive care unit across the country. Physicians and nurses throughout the country have been threatened, suspended, or fired by their employers for speaking out on such matters as the dearth of personal protective equipment (2). Meanwhile, medical residents and other trainees have felt intimidated or, worse still, characterized as selfish when asking for hazard pay for being on the front lines (3). Physician burnout has been the buzz word for almost a decade, but the COVID-19 pandemic that has united us in a common purpose across scientific research and medicine also has made health care worker burnout a global crisis (4).

Sadly, contrasting with the culture of courage on the front lines, we have seen physician leadership in the highest realms of the U.S. government, those entrusted with promoting the health of the American people, operate in a culture of fear. We have seen them capitulating to the suppression and manipulation of data and to unscientific and dangerous initiatives, as well as pandering to mandates that are designed to save face, not to save lives. We understand the challenge: To speak out will probably cost you your job. But is it worth going down in history as someone who kept quiet and did not speak out against what you knew was wrong?

We were fortunate to grow up in an era when courage was easily defined: It was embodied by the veterans of World War II whom newscaster Tom Brokaw called “the silent generation.” They returned from war to civilian life, got married, and infused their children with their values of honor, duty, and fidelity. They lamented the erosion of personal responsibility and the willingness to blame others rather than own up to one’s own mistakes.

Most people would agree that courage is embodied by the crew of Apollo 13 during their heroic return from an aborted mission to the Moon when they responded to a situation of great peril with outward equanimity. Astronaut James Lovell said, “Teamwork was necessary. Good leadership, initiative to think outside of the box. When things go wrong, how do we repair them? Those were the three things that were absolutely necessary.” Courage for us is embodied in the late great Congressman John Lewis, who fought for the right to vote. “We gave a little blood on that bridge to help redeem the soul of America,” Lewis said of his ultimately successful battle for that cause.

Colleagues, we too have given blood: We have lost many of our own. Yet, collectively, we have yet to respond with one voice in a manner comparable to the victims and survivors of the 14 February 2018 shooting at Marjory Stoneman Douglas High School in Parkland, Florida. Students rallied to get their voices heard by their elected representatives. They flooded the streets of Washington D.C. to say, “Never again.”

We cannot leave it to a few lone health care heroes to stand up to the corruption and misinformation promulgated by the current administration. Helen Chu, a University of Washington epidemiologist, felt the moral and ethical need to act—she disobeyed federal instructions to hide critical health data. It was her team who first demonstrated community spread of COVID-19 in a patient who had no travel or contact history, a pivotal moment in the early days of the pandemic. Rick Bright, a vaccine expert who headed up the U.S. Biomedical Advanced Research and Development Authority, stood up (and was removed from his post) for objecting to the U.S. government’s spending on drugs, such as hydroxychloroquine, and technologies that lacked scientific value when he knew there were more pressing priorities.

Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, delicately and bravely continues to hammer away at what is known, what is needed to prevent spread of the virus, and what represents
misinformation. Meanwhile, a few newly favored physician advisers to President Trump, individuals whose unscientific theories serve to support a political strategy that wishes to deny the virus or its cost in American lives, have the pulpit and preach unopposed.

We call on the leadership of the U.S. Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and physicians in similar prominent roles to stand up, to speak out, to be crystal clear about what they know to be evidence-based information. The views of CDC Director Robert Redfield were inadvertently revealed in what he thought was a private conversation overheard on a plane that was then publicized: “Everything he [Scott Atlas, adviser to the White House Coronavirus Task Force] says is false” (5). Why not express such sentiments publicly? More so now that everyone knows where you stand. We call on the National Institutes of Health (NIH) leadership to stand up more vociferously to pseudoscience. We call on all our colleagues in hospitals and clinics across this country to come together in solidarity, to rally together, perhaps to stand outside our medical centers on one day at one appointed hour to empower our leadership, to indicate to them that we are counting on them, that we need them to be brave and step forward and articulate what they know to be true and what is false.

Keep in mind the young medical residents and trainees on the front lines everywhere; they need to regard the CDC the way we thought of it: as a bastion of accurate and timely information, producer of reliable publications such as Morbidity and Mortality Weekly Report, and home of the Epidemic Intelligence Service, which the medical community relies upon for salient, up-to-date information on infectious diseases. Our medical trainees involved in clinical trials need to look up to the FDA, to look forward to serving on committees, to take pride in the manner in which the FDA once took on the big tobacco companies.

CDC Director Robert Redfield, FDA Commissioner Stephen Hahn, and NIH Director Francis Collins have an unenviable task in the current political environment. We appeal to you all to make us proud; please honor the many devoted employees who work in your organizations who must watch the distortion of scientific facts, the muzzling of your voices; please honor the almost 1 million American physicians practicing medicine and the millions of other U.S. health care workers by speaking out. This is not about politics, even though your actions and inactions will inevitably be politicized; this is about scientific truth and the human peril when truth is obscured.

It is a dangerous journey, and the first step is always the hardest. But you can no longer stay diplomatically silent. Speak up!

— Abraham Verghese and Eric Topol

REFERENCES


10.1126/scitranslmed.abf2461

Courage in a climate of fear
Abraham Verghese and Eric Topol

Sci Transl Med 12, eabf2461,
First published 19 October 2020
DOI: 10.1126/scitranslmed.abf2461