

THE LINE

BY JESSICA BLANK
AND ERIK JENSEN

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THE LINE was originally commissioned and recorded live on July 8, 2020 by the Public Theater (Oskar Eustis, Artistic Director; Patrick Willingham, Executive Director). It was directed by Jessica Blank, the music was composed by Aimee Mann, the original composition was by Aimee Mann and Jonathan Coulton, the music production was by Michael Penn, and the production stage manager was Janelle Caso. The cast was as follows:

OSCAR	John Ortiz
SHARON	Lorraine Toussaint
DAVID	Santino Fontana
VIKRAM	Arjun Gupta
ED	Jamey Sheridan
DWIGHT	Nicholas Pinnock
JENNIFER	Alison Pill

CHARACTERS

OSCAR—40s, Dominican. EMT. Natural storyteller, great sense of humor, Bronx-born and Queens-raised. A deeply solid guy.

SHARON—60, African American. A nurse's nurse. The boss. Fierce, uncompromising, tolerates no bullshit—all in service of her residents, whom she adores.

DAVID—30s, Caucasian/Jewish. Nurse. Brainy, a little nerdy, a little sensitive, originally an actor, upper-middle-class Long Island roots, cares a lot.

VIKRAM—30s, Indian American doctor. Sharp, laser-like, and confident, with a fierce integrity. Comfortable in intensity and emergency.

ED—late 50s, Caucasian/Italian American, twenty-six-year veteran paramedic. No bullshit, straight talker, and a consummate old-school New Yorker, with the adrenaline-junkie vibe of a war photographer.

DWIGHT—50, Trinidadian, nurse. Deeply caring, steady, a little philosophical. Kind. Believer in what is right.

JENNIFER—20s, Caucasian. First-year resident. Headstrong, resourceful, willful, combination of vulnerable and pissed off.

THE LINE

We open on a black screen. Perhaps a distant siren.

Chyron: "This is a documentary play. The words are taken from interviews conducted with New York City medical first responders in spring 2020. None of the characters are composites. Their names have been changed to preserve their anonymity."

Sirens fade. We hear movement; screen is still black—

OSCAR. (*In darkness.*) Is it too dark in here? Here, I'm here in the light, right here.

Light switches on.

Okay.

My name's Oscar. I'm from Queens, I was born in the Bronx, but I grew up in Woodside, Queens. I moved to Florida when I was sixteen because I used to get into a lotta trouble. I moved to Florida, still got in trouble. (*Chuckle.*) I came back to New York in 2000 and I been back ever since. I quit high school and went to work at sixteen, I delivered furniture, I was goin' to school for computers, and I finally found a job drivin' a shuttle bus. So, right after 9/11 I was in Union Square and I was watching how the city was shut down, all the sadness, watching Maury Povich and everybody come, and all the prayers at the park, all the pictures of the people. So, I went to the company that does ambulance drivers. And the guy said "You have a license?" I was like "Yeah I got a license." And then he got into an argument with one of the EMTs, and so he was like "You know what, you can start Monday," and then he fired the guy in front of me. November 14, 2001 was the first day I worked. Back then, they would have one EMT and then a driver, you know, so I was just a driver, and not have to be an EMT.

SHARON. (*To offscreen grandkid.*) Hold on baby, just give me a minute.

Can you go in the kitchen and give me a few minutes?

Okay wonderful. Thank you. Okay.

(*To us.*) I live in Harlem with my husband, it's our apartment, but my son just never left, neither did my daughter, they're twenty-six and twenty-eight. And my grandkids—my son has two four-year-olds. Very active little boys.

(*To offscreen grandkid.*) Go get a yogurt or something, okay?

(*To us.*) If they were ugly they'd be in so much trouble all the time.

I remember being eleven or twelve and praying for a way to help people.

My young mind, I win the lottery, I had dreams of shopping bags full of money, I'm handing it out. So, I guess God said, you know what, you want to help people? Alright—I gotchu. Just so happens that my grandmother was a nurse. I went to nursing school, my first job I got hired in a nursing home, and I fell in love with geriatrics. I did, I fell in love with the gerries. One lady, she never talked, so people kind of underestimated what her mental capacity was. But she's a feisty little thing. Loved music. And they bring musicians in for recreation—and I'd say "Get her her maracas, she's clapping her hands!" And she's sitting there and she's doing her thing (*Shakes maracas.*) and I'm like oh my God, I love her. These are people that their families couldn't take care of them, and the visits became less frequent, and they still need somebody to care for them. So. I would.

DAVID. (*Fiddling with computer.*) Um, I'm going to try to increase the volume. Okay.

I'm from New York, I grew up on Long Island. I did theater my whole life. I had an uncle, he was a (*Accent.*) "Brooklyn boy," so he "talked like this," he was, just, a big kid, he'd joke with me, we'd play characters, he came to every single one of my shows. My senior year we did *Anything Goes* and I played Moonlight Martin, I hadda (*Same Brooklyn accent.*) "talk like this" so he helped me out, and Moonlight Martin had this line (*Sings.*) "There's something wrong here," and literally every time he saw me after that my uncle would go (*Sings.*) "There's something wrong here." (*Laughs.*) I auditioned

for the Stella Adler Studio, and I was professionally acting for like five years after that. Then my mom ended up having what looked like a heart attack, and I spent a week with her in the hospital. And I was chatting with the nurses and I just thought well, this would be a great side job. But then the first shift I worked—there was no question. Done with acting. This is what I do. *(Beat.)* I do talk in accents to my patients all the time. I'll be like, *(Cockney accent.)* "So what are you doing now? Are you sortin' that out?" They always told us in acting school, "If you can find something else that you love, do it." And I didn't think I would, but I did.

VIKRAM. *(Texting.)* Sorry, one second—I have—the reason I had to jump on this call early is I have a COVID update call with my team. *(Beat.)* I'm gonna let them know I'll be joining...

Sorry. *(Puts the phone down, goes to get some water. As he does:)*

I'm from Minneapolis but I always wanted to be in New York. I think when history writes about New York, it'll be the way we write about the trading cities of Morocco, ancient Rome, these hubs where cultures collided and people mix from all over. *(Sits back down, takes a drink, then—)*

A lot of people ask me how I became a doctor. And I wish I had a better answer—but I always was going to be a doctor. It's kind of the cliché, the first-generation Indian immigrant son, my parents made us be good at math and science. "Oh, you never chose to be a doctor, that's so sad." I don't see it that way. Look. You don't come to the emergency department unless you're having, by and large, the worst day of your life. In the emergency department, everyone is having the worst day of their lives.

And to be able to help someone when they're in that moment—? *(Beat.)* And emergency medicine is the frontline between medicine and underserved socioeconomic communities, people who don't who don't have insurance, who don't have preventative care. I don't ever look at someone's insurance or the way they get reimbursed or how much money they can pay. If you come to the emergency department in the United States, by federal law you are required to be seen by me. And that's something I want to be a part of.

ED. (*Off.*) I'm on the phone— (*Noise offscreen.*) Sorry, that's my son in the kitchen.

I've been a paramedic twenty-six years, I work uptown in Washington Heights, Harlem. I like the pockets of New York that are still real, you know, not overpriced, people haven't been pushed out, you still walk down the street and hear real people talking. On the Upper East Side you go in on a call and they start dropping names, "I'm a friend of the CEO or the mayor or our board of directors," like they're owed something. Listen: The neighborhood I work, that's the New York I wanna work in. Now, paramedics go back to Napoleon. But the U.S., we didn't really exist until late sixties, early seventies. Before that it was white ice cream suits, throw you in the back of their van. But we learned so much in trauma in Vietnam—the soldiers are hurt in the field and that model got brought back and started modern EMS. And nobody really knows who we are, till you call 911. It's always cops and firemen. Which is fine, I don't care, I hear my coworkers like "Ahh, we don't get recognition," I'm like "Is that what you came here for?" you know, what do you want? A free meal? (*Laughs.*) I'd be eatin' cat food with the pension I got.

DWIGHT. (*Sits into frame.*) I'm off today. Resting. Our shifts are twelve hours on paper, but it's really, what, thirteen, fourteen hours. So. I'm originally from Trinidad, came here when I was about nineteen. My mom was emigrating, so I was just part of the package. (*Laughs.*) I was at Hunter College, doing business, and my sophomore year, one of my mentors gave me some advice, which really buckled down to "Why you doing business, you're really not going to be good at that." (*Laugh.*) So I said, "You know what, let me look at healthcare," I looked at physician, physical therapist, nurse—my philosophy of health fits in the best with nursing, and the rest is history. I work at a cancer hospital. Twenty-two years. My husband is also a nurse, ICU, he was in combat in Afghanistan, Iraq, then came back, became a nurse.

Look. When you're in the hospital, everyone is in your room, you don't know who's who, you want someone who knows you day in day out. And the nurse is the one that's with you; the nurse is the one that is vigilantly looking, that person you see all day. When

you go for surgery, the doctor does what they have to do—but you can only come out of that hospital alive, I believe, if you have a good nurse.

JENNIFER. I'm on nights this week. I'm in the ICU right now. Hang on— (*Checks room.*) Sorry. Talking to you, I'm a little bit anxious. We're not supposed to talk to anyone.

(*Beat.*) I wasn't planning on being a doctor. But I have Czech grandparents, I was close to them, and they went through post-WWI, then WWII then the USSR invasion, and I always heard their wartime stories, so I grew up with the idea that that was always possible, and I wanted to have a skill that I could trade for food or money, to protect my family. I always had a kind of apocalyptic view of the world. Everyone laughed at me. And here we are. So I'm a first-year intern in emergency medicine at a hospital in Brooklyn. I don't want to say the name if that's okay? My hospital serves a population that's mainly Caribbean—Haiti, Saint Lucia, a lot of the islands. It's a public hospital, so the patients are poor, some of the poorest; so we're understaffed, we don't have a lot of equipment, we don't have support. I wanted to come to New York specifically, I wanted to be pushed and I knew that would happen here. I'm in my first year as an intern, it's called a "PGY1"—but after this, I feel like I'm a PGY1 going on like PGY50. We were definitely thrown into the deep end of the pool.

OSCAR. Back when I started there was no GPS on the bus, so they couldn't track. And I'm the driver, my partner who's an EMT wanted to see his girl. He went upstairs to talk to her and I was sitting in the ambulance. And then I saw somebody out of the corner of my eye in the rearview mirror. I turned and saw this dude carrying his daughter, crying, screaming "Aaaah! Help! My daughter can't breathe! My daughter can't breathe." I was flipping out, like, I was hitting the siren, I was callin' my friend on the phone, I was like... "Yo, this is an emergency you need to come down!"...but he wouldn't answer. And I'm just the driver, I didn't know how to work the oxygen, I didn't know how to put a mask on the patient. I wound up calling 911. A paramedic showed up, and watching them save her, I was like "That's it! I have to become an EMT 'cause I can never let this happen again."

The play doesn't end here...

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