It is ten years later and I am on call for the weekend. It’s nearly noon and I’m headed home, walking west through Central Park, having seen all the inpatients on my list who needed to be seen. I’m not on call on the weekend very much these days. Stan and I have been around the longest and I guess it’s a perk of being more senior. My younger colleagues spread out the coverage among them. But aside from that, the weekends are not what they used to be. It’s not four or six in the evening, for one thing. And I saw ten patients, not thirty. There are other patients in the hospital with HIV but they don’t require a visit from me on Saturday.

Central Park is so vibrant in early May. The apple and redbud trees are in bloom and the grass is looking shimmery and lush. Birds chase one another and near the castle the turtles poke their heads out of the dark pond. I saw a snowy egret last week. It always reminds me of my mother to see that bright white narrow bird outlined against the reeds, stepping around soundlessly in the shallow water.

One of the patients this morning brought back such a strong reminder of what AIDS can do, of what AIDS did to so many, many people. She could not have been more than thirty-five but had the grayish skin and dry hair of an old woman. She held a pencil poised over her menu choices for the hospital lunch and she looked at me with fierce, determined eyes.
“I done cooked all day yesterday and them people came and ate every last bite.” She looked furtively to her left. “Ain’t no more shrimps. Ain’t no more crabs. They ain’t nothin’.” She looked to her right. The nurse’s aide sitting next to her looked at me and rolled her eyes. I knew from my sign-out sheet that the woman had been admitted last week after the family found they could not care for her. She’d had HIV for ten years and never taken medication for more than a day or two. She probably weighed about eighty pounds and her brain scan showed the classic shrinking of advanced AIDS. She talked constantly of “going home tomorrow.” She hadn’t recognized her children when they came to visit.

Another patient smiled bravely at me when I walked into her room. She then leaned over and gagged into the basin at her side. She had metastatic breast cancer and unremitting nausea from her treatment. Even in her dark skin the circles around her eyes looked black. HIV was a minor consideration for this woman. For some reason, out of the blue I thought of Luz, my patient from long ago who died of hepatitis C. Everyone was afraid of her because she had HIV. But it was something else entirely that killed her. She never told her family, fearing their rejection. I wondered if the woman in front of me had told her family about her HIV. Her morphine doses were being increased almost daily to keep her comfortable and she will probably die within a few months from her cancer. Increasingly, HIV is not the cause of death for our patients.

I stop at the Great Lawn and watch four boys playing soccer together, expertly kicking the ball to one another, bouncing it off their knees or their ankles before sending it to the next one. Nearby two women are lying on the grass with their shoes off, chatting. All around me people play catch, sit in the sun, take pictures of one another.

I look back at the boys playing soccer and think of Nathan and Jason, their parents, Bella and Cecil, long dead from AIDS. Jason, the younger brother, is now my colleague’s patient. He spent a lot of his teenage years rebelling against everything and everyone. A few months ago his older brother, Nathan, called Dr. Berry, totally out of the blue. She no longer works at CSS but he’d tracked her down and asked her for help to get Jason back into care. Jason was in the hospital for a while, his HIV highly resistant from his stopping and starting various medications over the years. I’d seen him one day in the hospital. He
had no idea who I was and seemed uninterested when I told him that I’d
taken care of his parents in the past. Perhaps he still blames them; I don’t
know. My colleague put together a regimen for Jason with some new drugs
and now he’s doing well. Maybe someday I will know him better and be able
to tell him how much his parents loved him.

Stewart was in the hospital last week. He had a urinary tract infection
that made his diabetes go wild and he developed severe dehydration that
nearly ruined his kidneys. For a day or two I really worried about him, but
with antibiotics and fluids he recovered beautifully. His viral load has been
undetectable now for ten years. He takes the same protease inhibitor that I
first prescribed for him, refusing to take anything else even though now I
could give him fewer pills that he’d have to take only once a day. I tried a few
times to get him to consider something simpler, but after endless questions
and watching those worried eyebrows I stopped suggesting. We don’t say “Hit
early, hit hard” anymore. With Stewart I say, “It’s not broken, don’t fix it.”
This makes him laugh.

The frail, demented woman I saw today reminded me a bit of Sabitha,
so small and so hard to reach. Sabitha died about five years after she left
the nursing home. She’d taken her medications for a few months and then
stopped. Her disease staggered along, progressing in increments and never
really getting much better. Her daughter Monica and one of the boys became
parents before they were in their twenties. Sabitha enjoyed seeing the babies
but she didn’t stay around long enough to see very much of them.

We now talk about HIV being a chronic disease. In other parts of the
world AIDS continues to kill millions of people every year, but in the United
States more and more people are living with HIV because they’re taking their
medication and are doing fine. Patients who have HIV often die from another
cause; cancer, say, or heart disease. Still, more than fifteen thousand die from
HIV-related illness every year. Many of these deaths occur in people who
aren’t taking their medication, or who aren’t taking it correctly.

I recently saw Olive in the office. Ten years ago I would not have thought
it possible that she’d be alive a decade later, given her persistently elevated
viral loads and her resistance to more and more medications. Sometime after
her hospitalization for PCP, though, something seemed to click for her. Her
numbers started improving and she was apparently taking her medications
without missing any doses. Her regimen is not easy; she takes a lot of pills.
But she’s been doing well. She also stopped coming into my office with new,
weird complaints. She goes on a cruise every so often and I admire the pictures when she gets back.

I don’t miss those bad old days of HIV care. Even just the few patients I’ve seen today remind me of the sad, hollow feeling of watching so many young people dying from an illness we could not treat. But in the 1980s and early 1990s it had been like trekking on another planet, exploring unknown territory where few wanted to go. Our precious camaraderie bonded us together; bonded us, too, with our patients, as we tried to help and protect them. Maybe it’s a bit like the metaphor of the battlefield, where we shared a sense of being alive, of doing something brave and important. Today our care for our patients can become routine. We spend a lot of time talking about taking pills and stopping smoking. The feeling of serving on a unique and noble battlefield has diminished. I recognize that we have good medications, effective treatment for HIV, but there is much in my patients’ lives that goes untreated. For so many, AIDS is one symptom in a life of limited opportunities, unmet needs, and inequities. Still, it gets no less hard to see patients dying from this disease.

The park is so beautiful today. My beeper goes off; it’s a patient requesting that I call in a refill of his medications to his pharmacy. As I dial I look up and see the egret lifting off from the edge of the pond, its heavy white wings beating at the air and long black legs trailing behind. It circles and rises, now looking like a handkerchief flapping and waving into the sky.

In rounds after clinic the other day we were slowly going through the long list of patients, this one doing well, that one needing detox, another asking for help with her bills. Carl is a physician who works with us now. He’s a superb doctor with a very dry wit. He barely cracked a smile as he presented his patient, a man with the same name as a famous deceased politician, who believes that he is the love child of that politician and his lover, an iconic actress. Carl’s mouth twitched up slightly as he concluded by saying that the patient’s HIV is under good control on medication.

Further along in rounds we heard about the man who wears sunglasses and is never without his Seeing Eye dog, but who is not blind. Around the table there were puzzled looks and chuckles of disbelief.

Not for the first time, and I’m sure not for the last, I thought, every day at my job something happens that I could not have imagined.

“Fuckin’ A,” said Stan, shaking his head and leaning back in his chair.

We move on to the next patient.