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## Myron Rolle, now a doctor treating coronavirus patients, draws on football background in crisis

By **Sally Jenkins**

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Myron Rolle's hands are used to moving from one unlike task to another. He has batted away footballs and wielded a blade in neurosurgery with equal deftness at the top levels, so dealing with the novel coronavirus would be just another stretch, if not for an unsettling major difference: He is being asked to play without a helmet.

Rolle has volunteered for shifts in the covid-19 surge clinic at Boston's Massachusetts General Hospital, a task that bears more than passing similarity to backpedaling on defense in the NFL. But the shortage of masks? No one is trained to deal with that.

All kinds of things and people are being repurposed at Massachusetts General, a leading hospital in a state that is dealing with more than 12,000 cases of the virus and may see 10 times that many in the coming weeks. Repurposing is really all Rolle has ever done, ever since he played safety at Florida State with the dual goals of making it to the NFL and becoming a neurosurgeon.

“I’ve had good practice at it, for sure,” he says.

One week he was trying to stop Tim Tebow, and the next he was studying extratemporal resection. He never saw much contradiction between the two, because they both required the same composure. A nagging question for most football players is whether the war-without-death game really teaches anything useful about performing in situations that mean actual life and death. Rolle knows it does. His demeanor as a neurosurgical resident comes straight from the field.

“Absolutely hundred percent,” he says. “There are moments in a game where the team is depending on you and a lot of eyes are watching you. It’s a fourth down and we have to make a stop, and it’s rainy and noisy and distractions are everywhere, and the game is on ESPN, and your heart is racing.”

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What happens when a patient begins to bleed during surgery for a brain tumor? How does he find the bleed or slow it? Does he use compression or coagulation? “You take a breath, wait two or three heartbeats and go back to fundamentals,” Rolle says. You make your read, follow your assignment. “That’s been helpful in pressure moments.”

But the coronavirus presents an entirely new and different kind of pressure because of the unnerving lack of protective equipment. Boston’s hospitals started reusing masks two weeks ago because of the shortages. Massachusetts Gov. Charlie Baker (R) lost three shipments that were supposed to relieve his hospitals to the federal government’s stockpile chaos. New England Patriots owner Robert Kraft swooped in with a shipment of about 1.2 million masks via the team plane from China, which arrived Friday. But in the meantime, more than 600 employees at Massachusetts hospitals have tested positive for the virus, including more than 100 at Massachusetts General, most of them in the past week.

The patients come in, scared and coughing or burning up, and the doctors and nurses treat them feeling just as scared and vulnerable, knowing that with every drawn breath the virus might be jumping down their own throats.

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“It’s like having to tackle a 240-pound running back without any shoulder pads or helmet,” Rolle says. “Not having the right equipment to take care of patients and do your job as a professional, that can stymie your confidence.”

Rolle, 33, is just one member of a massive redeployment effort at the hospital. He spent this past weekend doing 24-hour shifts in neurosurgery Friday and Sunday. Sleepless and speaking by phone between shifts Saturday morning, he describes entire floors efficiently transformed into coronavirus units amid vigilant efforts to protect staff from infection. Starting this week, he will take turns as a volunteer in the surge clinic, triaging patients off the street alongside other volunteers from all corners of the hospital, from fellow surgeons to OBGYN specialists. He also will pitch in on any floor of the hospital that is overwhelmed.

“I’m capable of covering any ICU or the emergency department if necessary,” he says. Asked whether he’s aware of the infection numbers among Boston medical personnel, he replies calmly, “Mmmmm-hmmmmm.”

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The volunteerism was ingrained by his parents, Whitney and Beverly. “Your life is not just your own,” they told him. In the 1980s, they immigrated from the Bahamas to New Jersey to give their five kids better educations. Rolle was only in fifth grade when he read Ben Carson’s “Gifted Hands” and decided to become a neurosurgeon. But by the time he finished high school, he was 6-foot-2 with a vertical leap of 36 inches and had more than 50 scholarship offers to play college football. He chose Florida State because it had a medical school on campus and a first-rate coach in Bobby Bowden who swore he wouldn’t let the game interfere with his medical ambitions.

Somehow, in the space of just 2½ years, Rolle managed to complete an undergraduate degree, win a Rhodes Scholarship and become a projected NFL first-round draft pick. He decided to put off football for a year to study medical anthropology at Oxford — a decision that probably cost him a more significant pro football career. When he finally entered the draft in 2010, he fell to the sixth round before he was chosen by the Tennessee Titans, and his coaches never quite trusted that he would put football first. After three years, he retired to go back to medicine. In 2017, he began his residency at Harvard Medical School and Massachusetts General.

“You make decisions not just that behoove you but the people around you,” he says. “You rise but allow others to rise. ... If you have a choice between going to Oxford and becoming a draft pick, you choose Oxford, not only because you’re acquiring intellectual capital for yourself but because you’re allowing other people to see your story, so they think, ‘I can be a Rhodes Scholar, too.’ ”

His duties at the surge clinic will require him to show more versatility than he has ever had to, he acknowledges. In a conversation about the crisis, his tone is dispassionate despite rapidly intensifying circumstances.

“That’s been the theme, being able to adjust and adapt in different environments,” he says. “When I was in the football locker room, there was one kind of language being used and conversation being had. Then at Oxford we were talking about the world economy. And then in medical school it was another language again, speaking about organ systems. And then at Harvard and Massachusetts General it’s been brain and spine pathology and tumors. So different walks of life required me to adjust and somewhat assimilate.”

What’s comforting about people such as Rolle at this moment is their sheer expertise, the ability to go about a task with equanimity in a moment of worldwide catastrophe, while so many of us veer wildly all over the map. If you’re not rattled and depressed right now, you aren’t paying attention. The estimable and worthy people of the medical community, however, don’t have the luxury of giving into it.

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Good doctors are like good athletes or good soldiers in that they have the ability to do what George S. Patton described so well: “Now, if you’re going to win any battle, you have to do one thing,” he said. “You have to make the mind run the body. Never let the body tell the mind what to do.” Rolle and his fellow doctors specialize in making the mind run the body.

Still, the coronavirus can make a highly trained specialist feel like a beginner again. “It’s novel, it’s new, and the stakes are so high,” he says. If he fumbles around in the surge clinic trying to figure how to fit the oxygen cannulas over someone’s face, he tells himself, “They’ll teach me, and I’ll learn to do it.” The veteran pressure performer in him says, “Stay calm, get the job done and get out.”

### **Sally Jenkins**

Sally Jenkins is a sports columnist for The Washington Post. She began her second stint at The Washington Post in 2000 after spending the previous decade working as a book author and as a magazine writer.