

The Sunshine Chairs

By Tim Cunningham

The sunshine chairs were occupied in the mornings. As a patient, if you could walk out to them you would. At least we assumed you would. We hoped you would. We thought that an indicator of survival would be whether our patients would go and sit in the chairs in the morning, walk around outside of the ward during the daytime and remove themselves from the prison cell like wards that kept lights on all night. The only nights the lights would go out would be when someone siphoned gasoline off of our generators and all power failed. These cells housed seizures, groans of incapacitating pain, pools of stool and vomit, wandering and lost patients whose minds had succumbed to Ebola hours before their bodies would follow.

The chairs were all plastic; you could find them for cheap in the US for no more than twenty dollars. Green, blue, a couple of red ones were scattered around the fronts of the four buildings in which all of our patients slept. They looked like hand-me-down items common for this part of the world. These were relatively new though, delivered by some aid group, fresh out of customs two months ago.

Bleach and sunshine aged these chairs, not use. The morning time use as the sun was just high enough on the horizon suited the sick and the healthy. To sit with a fever at seven am is more tolerable than a fever at eleven am when the sun is high, baking the chair. We would find patients cooling themselves on the hard plastic facing east with a beam of sun cropping their faces from the neck up. Enough light to open your eyes and allow the day to move forward, but not so much heat that the rest of the body burning at thirty-nine degrees Centigrade, or 102 degrees Fahrenheit, would feel any more uncomfortable.

Overnight these chairs sat empty, frigid. And when the sun came they would hold their cool for some short amount of time. By the time the sun rose high enough to bake the whole chair and patient sitting in it, only the afebrile could remain. After noon the chairs became tables for playing cards, stands to hold a bottle of fluids to drink and a foil container of rice and fish. They were too hot to tolerate and only the cool dirt and concrete maintained a comfortable place to sit. Those with fevers would lay down on the concrete floor, out of the sun, making every possible inch of flesh become intimate with the dirt and stone, they more surface contact, the greater the chance for coolness. There our sickest patients would sleep, and often die.

Gibril died on the floor. On a mat on the floor. On a mat that was not much hotter than the concrete because on it was a permanent layer of dust and dried bleach. The layer of residue was more permanent than any patient who laid on it while the Ebola Treatment Unit (ETU) was up and running.

Our healthy patients with perhaps mild diarrhea, or even just a fever, used the sunshine chairs the most. Gibril looked like one of those, the healthiest, until the day he died. We would come into the ETU before sunrise while many slept and find chair patterns from the sunset sits the day before. Circles were most common. We would find a chair turned over

on its side, a couple of chairs beside each of the four entrances to the different Ebola wards, a chair all the way over by the exit where our recovered patients would strip naked, bathe and be handed a fresh set of clothes before going home. This chair, this outlier, held an elderly woman, elderly at sixty-five years old, who conquered the disease and even despite the malnourishment from its unpredictable course, was able to walk twenty meters to the exit gate. She needed to sit while washing herself, so she carried the chair with her. She bathed with soap and water, removing any remaining viral contamination. Her hair, dry and thick, absorbed a quarter volume of each pour and she smiled naked in the sun. She cooled the chair with her bath and washed away the bleach stains with her last rinse in this open-air charnel house.

The chairs told us stories by where they were placed. Was there order in their spatial design? Was their randomness a sign of collective weakness? When we had a group of patients, many of whom were not extremely symptomatic, who would sit with the rising sun, we would see more order, patterns and purpose. And when, at times, no patients would venture from the wards during the day, and when we would see bodies strewn upon the floor as if begging for gravity to pull the fever below, the chairs would have no patterns. The meaning was always different. Perhaps the chairs only had meaning to me. No, they could not have, there must have been others that found meaning in how the chairs sat on the ground. There had to have been patients that placed them to tell us something, to communicate with us, those who were unable to express what we wanted to say. We could touch only through layers of DuPont fabrications, latex and translucent plastic masks. I was desperate for something more, some meaning.

Gibril was eighteen months old (Gibril is not his real name). Even when he had a fever he looked good. He hated IVs like any almost terrible two-year old would and he pulled them out no matter how much plaster tape we put on his arm and hands. He was ferocious when an IV was in place or when we held him down to administer medications, but when he was not bothered by our medical interventions, he was very discrete, stately. Like a wary businessman offered a suspect deal, he would sit in the plastic chairs, legs crossed and observe the world as it passed by. For a time in the ETU other friends would join him, all older, and play. Mariatu, who was eight, lifted him onto his throne each afternoon so he could watch the other children indulge in gossip and cards.

A charity based in the USA had laminated a few children's books and sent them to a treatment unit in Liberia. Some found their way to us in Sierra Leone and into the hands of Mariatu who would read the pictures to Gibril out in the sunshine chairs. She could not read English, but would, in expansive detail describe the images to Gibril of the color-changing lizard roaming the globe in search of love and acceptance. Gibril listened intently and I think would smile when he was with her, but not when we were around to observe. He never betrayed emotion to us, never sadness, never happiness.

Gibril's chair lifted him off the ground. His feet dangled a least a foot above. Within the chair, because of his small size—malnourished to our oversized American standards, but normal for a child his age in this community—he rolled, shifted and sat in all impossible positions. When we would come visit in the afternoon he would maintain a pose and stare at us, poised to run or remain frozen until we left. He was mischievous. He was in control. Mariatu did well, as did some of the other chair sitters. They were all below the age of thirteen. Some died, the rest went home. The hopeful sign of a circle of chairs in the morning diminished over time. Some days there were fewer chairs in the circle as compared to days

before. Other days we would find a lone chair, standing on its legs just outside of the ring on the gravel indicating that the day before there may have been an argument between the children, a fight even. Someone was left out for the day and the grudge resided in the chair that was out of place.

The patterns were less consistent as this core group of children left. In the early days of this particular group's arrival, we would refer to them as the "Lord of the Flies" kids. We only saw these children for an hour or two each day. The intensity of the heat, our lack of adequate supplies, many other factors did not allow us to provide consistent care to these children (and the adults in the other wards of the ETU) and so we would enter, take in the new layout and create fantastical stories of how these children were banding together to survive. And twenty percent of children under five, and forty percent of children between five and eighteen did. They survived, they helped other children survive, they fed each other, encouraged others to drink, and brought the small children, like Gibril, out to sit with them in community.

Then, the strongest and healthiest were able to go home. The weakest were found dead in the mornings on the floor, sometimes the living children would cover their bodies with a lappa and tell us in the morning where we would find the body. Isatu told me one morning about her friend that died just after sunrise. She pointed into the shadowy ward while squinting in the warm morning haze, "She, in there..., she dead." The other children continued to play cards and watch us soak their compatriot's body in bleach. This was the new normal.

Phlegmatic Gibril remained. His friends were discharged, or died. Mariatu was one, who, after a week had no energy left to read to him and put him in his chair. When she died he never sat in a chair again.

Gibril spent less time outside. Days would pass as it seemed like none of the children touched the chairs, adults also, seemed to avoid them. Our census in the unit declined as fewer patients were coming in and more of our patients were leaving by one of the two only mechanisms, death or discharge. Alone, Gibril found himself in an empty ward. He owned this place, this, his palace.

Someone had dragged a single mattress across the floor into the middle of the ward. The mattress lay perpendicular to the entrance and bifurcated the front of the ward to the back. Gibril had no one but himself. He would collect pieces of clothing on blankets laying in the ward to keep warm when he needed. He cleaned himself; he managed all that he needed to manage. At times, when he had no needs, he would lay on his back on the mat, look at the ceiling and talk to himself.

The last day I saw him breathing was very hot. The weather from early February to the middle of the month was crescendo of temperature with each passing day. Gibril was febrile, but sleeping. If he had cried, which I only saw when we were trying to start an IV, you would presume you would hear echoes in the cavernous, empty ward. His note, written by the Cuban nurse who had treated him forty-five minutes sooner said that his fever was forty-one degrees Centigrade, he took paracetamol orally and did not vomit. "Patient encouraged to drink ORS, but patient refused."

Gibril was on his back eyes closed and with a smile on his face.

His left foot was flat on the mat bending his knee upward to the ceiling. His right ankle lay atop his left knee at the distal insertion of his thigh. His legs were crossed again. He watched, with his eyes closed, something with a business like attentiveness and without fear,

without concern. He looked present and comfortable. If he knew he was about to die, then I would say he lay still like a martyr who welcomes his adversary while believing in a greater good, perceiving a wisdom superior to the living of a better time to come.

I saw presence, calm.

He was royalty laying on his stately mattress, a cross-legged prince. His body told us that everything was fine, that it was in the right place. It was as if we were not needed, perhaps it was time to go, to heed the advice of the teenager who yelled at us from the Freetown stadium parking lot many weeks ago when we started our Ebola training, “Leave Sierra Leone, leave my country now!”

The next day when we entered the ETU all of the chairs were lying on their sides as if a displacing wind had whipped through the unit. A green, bleach-pocked chair blocked half of the entrance to Gibril’s ward where his throne had fallen. His body greeted us. It glowed, lit by a ray of sunlight that pierced the eastward facing entrance.

He lay perfectly still, perfectly silent.

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