

Sulieman

By Tim Cunningham

Each morning, we had the option to ride or walk to work, and Suleiman, one of our drivers—tall, eloquent and unflappably calm—petitioned us with a smile to ride in his car. Thumbing through his phone as the sun rose in the rearview mirror, he sat in his maroon SUV, waiting for us to fill it to begin the two-mile drive to the Ebola Treatment Unit. He stored multiple cell phones in the drink holders next to the driver’s seat which chimed with family and work calls all day long. Family first—always—even if that meant navigating the vehicle with precision around goats, children, other cars, motorbikes and potholes while on two phones (one compressed against each ear) and a third phone ringing. Concertmaster of a chaotic symphony of sound and motion, he got our teams safely to and from the ETU, every day, all day long. It was never a bother to him, so it seemed, when one of us would forget a water bottle or some instrument for the clinic:

“Suli, sorry, but...”

“You need to go back?”

“Yes.”

A frenetic swirl of his hands around the steering wheel, with both abandon and expert precision, the SUV would take a 180 degree turn in the middle of the dirt road,

“It’s no problem.”

Suleiman was always available on the phone, any hour, any day. If it was his day off or if he was too far away to come pick one of us up, he would call another driver, one of a large group of young men having been swept up in the tidal wave of the Ebola/NGO cash flow. Many of Suli’s teammates were survivors of a prior tsunami that swept Sierra Leone at the turn of this century—civil war. Those that were not then child soldiers (and even some that were) received pay from another flood of NGO money that followed the acute crisis-to-crisis news cycle around the globe. Fly in with grants, fly out when they dry up, onwards to the next war. When I met Suli, he and thousands of people in Sierra Leone were benefiting from donor organizations that saturated the land with money and temporary jobs. Vehicles and stickers, flyers and tarpaulins covered with various NGO brands littered Port Loko, the small community where we were stationed. The SUVs in the region were mostly white, some had red stickers on the rear windows with the image of an AR-15 encircled with a line through the middle. One of Suli’s drivers, Ibrahim, commented that during the civil war, when guns and perfused the country, he at least knew, and could see, who was trying to kill him.

To Ibrahim, Ebola was far worse: “You cannot see the enemy now, but we know that he is everywhere.”

Before Ebola, traffic accidents were one of the leading causes of death in Sierra Leone. Even the quietest roads in the most rural areas were insane. Pocked routes, impossible hairpin turns, goats, children, downed trees and then the lorries, not up to code—there is no code—that careened through small communities, top-heavy and overloaded with goods and people, combined to make schizophrenic all road travel. Police checkpoints, erected as Ebola took rise, at the perimeter of every district, combined with cars stopping along the roadsides to buy fish, fruit and petrol, made the stop-go traffic even more intense. Suleiman took all of this with a generosity of spirit, what I call “grandmother’s mind,” an outwardly nonjudgmental acceptance of what is before us, moment to moment. He treated each and every one of us as if we were unique, as if each of us deserved the front seat of his car.

Most of us rode with Suli home at the end of our shifts in the evenings, but in the mornings, some of us preferred to walk. A form of self-care, walking allowed us to see a different community than the one in which we spent sixteen hours or more each day. We craved patterns and ritual to combat the unexpected nature of the work that we faced in the Red Zone. A sameness of direction, the same people tending to their yards as the sun came up, the same dogs charging after us and children yelling out “aboto” at every juncture—white people, foreigners! We see you!—welcomed us, reminded us that there were aspects of this world that were not unhinged.

To walk to the ETU in the mornings, we first turned right out of “The Guest House,” our brothel-turned-hostel, then we turned left at the ancient cotton tree in the middle of the road. A series of the tree’s roots grew above the ground in a shape resembling the Zen “Enso,” a circular pattern, symbolizing the freedom of the human body to create when the mind is open, alert, and free. At night men would sit on these roots, pontificating on the day’s events, the recent tenor of their conversations: Who’s dead, who’s sick and who’s next?

After the tree, we walked downhill, passing a regional hospital on the right. A few neighborhood dogs ran toward us, barking viciously, but they only came so close. On the left were small shops, half-stocked—if they were open—because of the national restrictions on gathering in public spaces. One woman, always surrounded by children, sold us our spicy fried fish for lunch. It came in pink paper, soaked by the palm oil she used for cooking, all wrapped in black, plastic bags. Kids used the discarded bags as material for the kites we saw flooding the skies of the surrounding neighborhoods. Some brave children walked with us, always, just for a while, laughing and trying to hold our holds. Some showed us their kites before they hoisted them aloft. Our path to work then took us on a downhill slope that grew steeper as it neared a river.

Above the river’s banks sat a factory, unforgivingly cut into the side of a hill and clearly unwelcomed by the land, but at least now, it was not spewing black smoke from its towers as it usually did, before Ebola. Two men sat out in front of its locked gates, smoking cigarettes. Angel, one of our sprayers at the ETU, used to work there. He said it was run by a Chinese company that shut it down when Ebola hit—only a few guards remained to keep it safe. Angel said he’d trained as an electrician there.

“But the pay is much better with Ebola,” he reminded us that frequently.

On the other side of the bridge, there was an uphill turn. One of the early survivors of our made mud bricks there at the apex of the road’s curve. Every morning, globs of drying mud in rectangular shapes greeted us, as did the survivor.

He waved to us and said, “Thank you.”

Every evening, these bricks were solid and robust, ready for construction. Around his home grew endless rows of mango trees running deep into the surrounding hills. Though not yet ready to bloom, there were a few small, green fruits showing on their branches. A lone mango tree, within a mile of more walking, would soon enough greet us at the entrance of the ETU. This tree was only three years old and too young to bear fruit. Instead, it was laced with strips cut from lappas—brightly colored fabric with intricate designs. Each strip was tied around the tree by a person who survived Ebola. Their last gesture at our ETU, before being given transportation home, was to tie this piece of a lappa on the tree to share the uncommon sentiment of hope, to express that for a lucky few, Ebola was not a death sentence.

More trees, more children, familiar faces, SUVs carrying our Cuban colleagues from the tent camp where they slept, and ambulances, so many ambulances, filled the roads. Suli would have passed us a few times by now, honking and waving each time as he brought clinical staff to work. A few more turns in the road, then a flat stretch near the woodshop where a man built IV poles for us. Beyond the woodshop was the home of a one-armed man. He had been sleeved during the civil war; it was not uncommon to meet people missing limbs everywhere we went in-country. He smiled and waved at us each day he saw us pass. Past the one-armed man’s home, fields opened up to us. No more houses, just vast space and open sky. The grass, before being set aflame during the annual controlled burn, bent and arced with the gentle winds in the dry in the winter air. Then in a matter of days, the fields would turn black with these burns—a glow of red and grey smoke would soon enough tell us we were near the ETU. At its entrance, we’d line up and greet Abdul. He’d scan our foreheads for fever, make us wash our hands in bleach, and then we were in. Time for work.

Like our daily walks and routine rides home with Suli, witnessing death became another pattern—rapidly, our new normal. For the first few days during my time there, I tried to write down the names of every person who’d died in our unit. As fast as empathetic fatigue set in and exhaustion became ever present, the numbers added up too quickly. The dead became a blur to me. I lost count, I lost track, I lost my bearings.

It was during week eight, of my short time there, that I encountered the dog. The morning started off the same: same faces, same animals we passed, same healthy people selling fried fish, same kites. We had turned down Suleiman’s kind offer, again for a ride to work, promising we’d join him on the way home. We crossed the bridge and passed the empty factory, we walked by the brick maker and saw the mangoes now almost ready to eat. Then, at a blind intersection, and there, in the middle of the road, lay a dog. Her legs hugged the pavement, askew at unnatural angles while blood oozed from her mouth and rectum. A gaping

wound exposed her digestive organs. Her nipples were long and worn as if she'd birthed many litters, they also sprawled onto the road, discordant and grotesque. She lifted her head a few times when we walked up, closer to her, and then with moribund twitches and a whimper, a preamble to her last breath, she died. The five of us who were walking to work that morning froze. After she stopped moving, and if you could ignore the blood and bowels exposed, she looked almost as if she was curled to nap in the sun. There was nothing uncommon to see a dog napping in the middle of the road around Port Loko—they just always got up and out of the way of the cars before they could get hit. People stared at her, some jeered. Cars and NGO SUVs swerved around the dog's body, because there were important things to get on to. Other dogs stood at the side of the road somberly.

I felt a weight I hadn't experienced for a long time, maybe since the day Sarah pointed out the dead fourteen-year-old girl on the floor of the pediatric ward, just my second day in the ETU. It was an emotion I'd stopped feeling weeks ago—something like sadness. My throat tightened, and my eyes welled. I choked on an inhalation, shaking. I felt ashamed at first, but when I looked up, I saw that my colleagues too were crying.

We walked on towards the ETU in silence.

Coming from a country where pet dogs receive better nutrition and easier access to healthcare than the poorest one-billion people on this planet, I'm normally far less sentimental about animals. But in that moment, my heart broke in a different way and into thousands of pieces that I didn't even know I had in me. Then they all came to me, the losses of Ibrahim, Hassan, Mariatu, Sallimatu, Kadiatu, Mobinty, Mustapha, Zainab, Animata, Sampa, Tenne, Adama, Alhaji, Mariatu, Wotay, Gibril, those whose names we never knew, and those whose names we had lost track of. And then I felt a profound guilt. This dog had evoked an emotion that I had lost when working with dying people in the ETU. That work had become so rote, I had forgotten to feel. What kind of person had I become in such a short amount of time? Now inured to human suffering in so short a time, how could I ever effectively practice as a nurse again? If I had become so emotionally disconnected from death, would I stop caring completely about all people? How would I be when I went back home to the U.S? Would I miss crucial details about a patient that could cost them their lives because I was becoming numb? Too many questions ran through my head, tides of doubt, anxiety ridden non-sequiturs plagued me. Our walk was supposed to be the calm before the storm. That day everything flipped. I don't remember what happened in the ETU during my shift that followed: who died, who we treated, I spent that day too deep within my own head.

During the car ride home that afternoon, we flew by the hairpin turn where we witnessed the carnage in the morning, the dog was gone and there were no blood stains on the road. Like it didn't happen. At a grueling pace, life moves on. The sun setting behind Suli's SUV did not let that notion go unmissed. Suli could sense a different energy in his car on the ride home and so he put his cell phones on silent. He also shook our hands when we got out of the SUV, back at "The Guest House" and gave out a few hugs.

He told one of my colleagues: "This is hard work, impossible work. Thank you for trying to help."

A year after the last case of Ebola was detected in Sierra Leone, we learned that Suli died in an automobile accident. We never got details about what caused the accident or whom, and we never heard if Suli received a proper, hero's burial. That he and so many of his friends, family members and colleagues from Sierra Leone, were able to stay with the three-years of suffering brought on by Ebola, to connect with us, care for us, bring peace to us despite our wild ex-pat aspirations bringing an end to the epidemic, and most importantly, to maintain a sense of humanity that I realize I lost in just a matter of a few short weeks, for that and for the profound loss of people like Suli, I have no words, just a sense of wonder and gratitude.

Tim Cunningham has been an actor, clown, nurse and assistant professor. Currently he is a nurse administrator for Emory Healthcare. The lessons Cunningham learned while working with people infected by Ebola virus continue to inform his current practice while also haunting him when he reflects on the global disparities of health. @timcunninghamrn www.agoodkite.com.

© 2019 *Intima: A Journal of Narrative Medicine*