# Sorting the Trash

A monologue by Gwendolyn Rice

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**Scene.** *Jeanine, early 30s, wears a white lab coat and scrubs. She is sorting medical supplies.*

**Jeanine**

Whenever I think that my job is too hard, and I do think that sometimes, when I think that, I remember the kids I saw in Sierra Leone who sort trash. Burned and barefoot and filthy in a way that will never be clean, hundreds of them go out every day to sift through landscapes of trash looking for plastic bottles, shards of glass, and metal parts that they can sell to junk dealers. My friend Makala told me it's how their families survive.

The biggest garbage heap in Freetown, Sierra Leon is smack in the middle of the city. It's like a smoldering, shifting mountain of refuse. The trash oozes down to sea level like lava from a volcano. Bags, boxes, piles, pools of garbage spill out of storefronts, tumble down alleys, collect on corners and swell along the shore. Then in the rainy season, acres of trash are submerged, mixing with raw sewage, but they still go out. Those kids still sift through the muck, looking for aluminum cans, for wires they can strip, for food sometimes.

See, when a civil war consumes your country for a decade, there are a lot of things that suffer. Turns out when the shooting starts, one of the first things to go is city services, and it may not be a crisis at first, but. . . then it's overwhelming. No one knows what to do with the trash and there's more every day. And in a place where childhood mortality is already around 30%, it's only making things worse.

I'm an epidemiologist with the W.H.O., the World Health Organization, and I can tell you, when we go to Sierra Leone, we travel light. Everything in our supply crates—including the wooden crates themselves—will eventually go into one of two categories: hazmat medical waste, which will be burned under very strict protocols, or utilitarian items: things we can leave behind that can be useful to people after we're gone, like the boxes. To keep our supplies safe from the rain and the bugs and the mud, almost every part of the clinics we set up is constructed from these interlocking plastic boxes. They're waterproof. Rodent proof. They have all kinds of uses. Stack them up and they make good desks, tables, chairs, sinks, exam tables. I've seen women carrying them around markets. Serving meals on the lids. Old men play checkers on the overturned boxes, sitting under shade trees in the middle of the scorching afternoons. But mostly teenagers drag them through the garbage dumps, collecting more bits and pieces. Valuable things go in the box. Everything else is just, well, trash. They learn really fast how to tell the difference.

When we set up an emergency clinic in Freetown last summer, it was because all of the phlebotomists, two of the infectious disease guys, and 16 of the nurses had already died of Ebola. In an urban area where too many people live too close together, a disease like this—that you could catch from a sneeze, or contaminated clothing, or handling infected bush meat—was already a mathematical disaster. We confirmed 200 new cases a day. The survival rate started at 10% and crept very slowly towards 40% by the time we left, which still feels like losing.

The W.H.O volunteers partnered with local health workers for two-hour shifts in the tent clinic outside the regular hospital. Longer than a couple of hours and the heat would get us. We were outfitted in three layers of latex gloves, a full sterile gown, rubber boots, eye protection and a full hood. We set up chlorine bleach showers and burned infected clothes. We isolated the new

patients and treated their symptoms as non-invasively as we could. IV fluids. Some pain medication. No skin to skin contact. Just waiting to see if the symptoms would get worse or get better. Mostly they got worse. Then we sealed the dead in special body bags without letting the families touch the hands or the faces or the hair of their loved ones for one last time. It was just too dangerous.

Our disposable gowns piled up, spattered with mud and blood and vomit and god knows what. We hired a couple of local kids to guard the area so no one would be tempted to salvage and sell the medical waste. And in deference to the garbage pickers – which was the livelihood for most of our patients – we sorted any scrap we could disinfect into piles. The empty plastic boxes disappeared quickly, along with water bottles, glass vials, and metal spools used to hold medical tape.

One day a woman was dragged in to the clinic almost unconscious, with a tiny baby in her arms. The entire team diagnosed the woman in about three seconds and one of the techs went to get another body bag. We tried to put in an IV needle, but the vein just collapsed. We didn't try again.

My friend Makala took the baby. She was one of the local nurses who helped us set up the clinic. She rescued one of those empty plastic boxes from the trash pile and put the little girl in there, so the mother could see her daughter during her last moments. It wasn't long.

The clinic staff followed established protocols for disposing of the woman's body. But we didn't have any real instructions for what to do with an infant. I mean, she looked surprisingly healthy—big round cheeks, no temperature, no rash, but none of us had ever seen the disease present in someone so young – most pregnant women with Ebola die before they give birth or they miscarry. The regular hospital couldn't risk putting her in the nursery with the other babies, but we really didn't have the personnel for this. There were some rumblings about sending her somewhere–maybe an orphanage, or back to her village. And I remember thinking what are the chances . . . I mean, how could she *not* be. . .

But Makala didn't hesitate. She told one of the other nurses to find a clean blanket and tape together enough sterile dressings for diapers for 21 days. Makala named the tiny girl Chiamaka, which means "God is beautiful" in Igbo, and then put a sign with her new name on the plastic box, and lined it with bright yellow sterile gowns. We took turns trying to feed her with an eye dropper, a syringe, even putting a latex glove over a bottle of UHT milk and poking some holes in the finger. Chiamaka drank a little. She slept a little. But mostly she cried. Big, strong, healthy baby cries, which was a good sign, even if it made our shifts seem even longer.

As miserable as it was to watch so many of the patients struggle and suffer and so little we could do to help, it was heartbreaking to listen to that beautiful baby cry, with her eyes like brown river rocks and her tiny, frizzy curls. Every day we took her temperature and held our breath. And every day it was normal. So it wasn't long before the nurses were carrying Chiamaka on their hips while they made their rounds, or just tying her to their backs in makeshift slings. During the hottest part of the afternoon she slept in her little plastic box, looking like a doll on the shelf of a

toy store. When she was awake, she was in someone's arms. Because that's what you're supposed to do. When you hear that cry, you reach out. That's what you *should* do.

But on day 17 Chiamaka suddenly started convulsing. And hemorrhaging. Like I said, it's so different in kids. All of the nurses at the clinic were tested immediately. A dozen had been infected with Ebola. Out of the twelve, only Makala survived.

When I got back to the States I was quarantined for three weeks as a precaution. I knew I was really back when I didn't smell garbage and bleach in every breath. And it was so quiet and cool. But I couldn't stop thinking about Chiamaka. And for the longest time, I couldn't stop sorting my things into piles for the trash pickers. Disinfected plastics. Metals. Glass. Things that are still good and useful. Things that are clean and would have a long life after I left. Everything else in hazmat bags. Strict protocols.

Except I don't know what pile to put the baby in. So many people's lives depend on understanding what's valuable the second you see it and knowing what to put in the. . . . So much depends on the way you sort it out.

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