

TRANSCRIPT

EPISODE 3: Clowning and Nursing

Hosted by: Rebecca Richards

Guest: Professor Tim Cunningham

Transcripts may have been edited for clarity.

Rebecca: Hello and welcome to Just Emergencies.

I'm Rebecca Richards and I'm very very excited to be joined today by Professor Tim Cunningham [who is] all the way it Atlanta, Georgia. He's here with me over Skype.

He's currently the Corporate Director of Patient and Family Centred Care and Emory Healthcare. And we're here today to talk about his experiences as a nurse in Sierra Leone Ebola Crisis and, as I just found out, he returned as a clown with Clowns Without Borders a year later. And he was also a performer and clown after the 2010 Haiti Earthquake. So there's a lot of interesting stuff to unpack there.

[Intro Music]

This is "Just Emergencies", the podcast where we show that global health emergencies are anything but just. In each episode we explore an issue, question, or event that makes us think about global health emergencies, humanitarian crises, and how to best respond to them.

Without further ado, let's get into the episode!

Rebecca: *So thank you so much for being on the podcast. I'm very excited.*

Professor Cunningham: Yeah thank you Rebecca. I'm excited to chat with you.

Rebecca: *So you worked in Haiti after the 2010 earthquake as a clown and performer with Clowns Without Borders. Which is maybe not something we would necessarily think of first thing: you know, big disaster, and then something as joyful as clowns going there to support the people there. Can you just tell us a little bit about the experience please and how that was for you?*

Professor Cunningham: Sure, and to clarify, I've worn a lot of professional hats.

And sort of along my trajectory, I was a professional actor first. I began work with Clowns Without Borders actually in 2003. The Haiti 2010 earthquake was my first humanitarian response. I would argue that I worked in other sort of longer-term humanitarian responses caused by greed, past wars and poverty working in other countries. But I think if we talk about an acute response in my person experience, the 2010 earthquake was the first acute natural disaster response.

And it was the work as a clown and as an actor that informed my interest to become a nurse and then study resilience and has lead me to the work that I do. So it's kind of a long trajectory.

To your question about why clowns in the face of such a disaster. Clowns Without Borders has, I would argue, a relatively simple mission: to share joy and laughter in zones of crisis. As an organisation we don't determine what that crisis zone is. We're professional actors, professional clowns, professional dancer, musicians, jugglers, entertainers and we believe in the power of the present moment. We believe in the restorative power of laughter. We have a term that we say: resilience through laughter. Which is something we witness all around the world and within the US where our organisation is based. When

folks come together and see something different and laugh and play together, you sense a very different energy. And now there's a lot of literature that suggests we also see reduction in stress levels and things like that.

So, going back to 2010, the Haiti earthquake was the largest recorded earthquake in Haiti I believe, ever. Hundreds of thousands of people lost their lives. At least a million, if not more - I forget the number -, you know people internally displaced, living in camps. And within a week of the earthquake, our organisation was contacted by other NGOs. We only go in as clowns when we're invited. Because there's certainly times and places where clowns are not welcome. Multiple NGOs reached out to us and said 'We have kids and families living in camps. They've lost everything. They need something to do.'

And we know that when people are forced to live in camps over long periods of time when there's no longer professional work to do, when there's no longer livelihoods that people can make, young kids - especially teenagers - can get together and we start to see a rise in violence, we start to see a rise in teen pregnancy. I'm not going to say that the clowns mitigate that, but I think we do help bring a sense of creativity, a sense of play, and a sense of relaxation to that work.

So, I was actually helping lead the organisation at that time in 2010 and fielding all these phone calls to send clowns. And our first response was 'We've got to make sure that folks are getting food, water, shelter, medicine.' The NGOs that we worked with said 'We're working on that, but we do want to provide psychosocial support concurrently in this response'.

So we rapidly put a team together. We can put a team together within a week. We've got about 50 volunteers across the US, all professional performers that we've got on a sort of call list. And we reach out to them and say 'can we get you here?'. And we fly them in.

A lot of our clowns in the early response were living in tents. When I went there, we all stayed in tents. Not within the camps, but right outside of the camps.

And we're basically brought from camp to camp, from organisation to organisation, to share shows and performances.

Rebecca: *That's incredible. And am I right in thinking that you had worked as a clown in a Boston based hospital before that?*

Professor Cunningham: Sure. Prior to that work, I was a clown with The Big Apple Circus. It was a hospital clown programme. So I worked at Boston Children's Hospital, Yale New Haven Children's Hospital and Hasbro Children's. And I bounced between the different health systems.

Rebecca: *What were sort of the differences and similarities between your experiences as a clown in the United States versus as a clown in Haiti after that tragedy?*

Professor Cunningham: Sure. One thing that's similar is that kids laugh the same way. One of my clown colleagues has this great quotation and he says 'We all laugh in the same language'. And I think that's really true.

When we're performing, the work that we do, you forget sometimes who you're performing for. Or at least, I forget that I'm working with kids who have lost everything, who have experienced extreme trauma.

Now we think about kids that I performed for in hospital, they're also going through an extreme trauma. ACEs, if you will, if you're familiar with ACEs - adverse childhood experiences. They're a lot of traumatic aspects of being in a hospital. One of the founders of The Big Apple Circus Clown Care Program, the story goes that he was in a hospital in New York City, in an ICU in the mid 1980s. And one of the physicians came up to him and said 'You know what, clowns do not belong in a paediatric ICU' and this clown looked back at him and said 'You're absolutely right, sir. And neither do children'.

What, I think, is powerful about the clown work no matter who you're performing for, is that the clowns bring a different energy to the space. And

they give the opportunity for laughter. They give the opportunity for parents witnessing their child laugh for maybe the first time since they've been in the hospital or the ICU. That's an opportunity for tears to flow. It's an opportunity for emotion to freely move and feelings to be experienced, without the threat of punishment or without the threat of losing more. You can just be present in the moment. So to that level, kids are kids when they're laughing.

Now some differences are: we think about hand hygiene. If we're performing in a bone marrow transplant unit at Boston Children's Hospital, we are gelling our hands, wearing gowns and gloves, we're not touching the children, we're not touching things in the room. So it's a difference type of performance aspect of what we can do based on hygiene, safety, infection prevention and control.

So the work in Haiti, I mean, with Clowns Without Borders we will perform wherever we're invited. So that could be the middle of a dirt road. That could be a basketball court in the middle of a community. It could be the central part of a tent camp. We'll go wherever.

I mean we did a show in rural Chiapas in the middle of a field and halfway through the show my leg started itching and burning. And I looked around and the other clowns were kind of madly itching their legs. And we realised that we'd starting performing our show in the middle of a field full of fire ants. The audience thought it was brilliant. They were laughing so hard and like 'Look at these foreigners. They have no idea what they're doing'. It's funny.

I was chased off with a group out of a dirt road once by a herd of goats who were like 'This is the path we walk. Get out of our way.' And so our shows physically get messy. We'll finish a show sometimes with Clowns Without Borders covered in dirt, sweat, mud. And you don't see that in a hospital.

Rebecca: *Yeah, I can imagine that that doesn't quite meet the hygiene standards there. Especially the goats.*

Professor Cunningham: Totally, totally.

But I think the connection is similar. And I think if you can measure heart rate variability and cortisol levels and actively measure all these things with the audience, I would believe that you would probably see similar physiological responses. Because we're human.

Rebecca: *Yeah. I watched the Youtube video - I think it was at the UVA [University of Virginia] lunch hour or something - where you talked about your experiences in Sierra Leone and how, I believe, one of your first patients or some of the patients you treated there were children there as well. Can you just tell us about your experiences in Sierra Leone during the Ebola outbreak and the work that you were doing there?*

Professor Cunningham: Sure.

And this is switching hats. So my first experience working in Sierra Leone was as a nurse. I was finishing up my doctoral work at a university in New York City. The Ebola outbreak happened - I was also working part time as a paediatric emergency nurse - and nurses needed people to help hydrate patients. To help treat and manage Ebola. So I talked to my advisers and they were very supportive in saying 'Go. Go work as a nurse. You know, put a pause on school.'

So I worked as a front line nurse. Being a paediatric nurse, I treated mostly treated. Although we, you know everyone was kind of all of the people that we worked with Ebola were all in similar wards, kind of mixed together. It was tough work. For our children... our survival rate for children under five at the time that I was working there - the short nine weeks that I was there -, our survival rate for kids under five was 20%. So of all the ten children I would treat, eight of them on average would die, under the age of five. Our rates improved a little bit the older kids got.

So it was really hard. It was really scary. And it also felt, having worked in the healthcare system in the US, to work with a team of doctors, nurses from Cuba,

Canada, from the UK, from the US... there was a level playing ground, which was really nice. We were all doing our best to control this disease and to save as many lives as possible. And letters behind our names and sort of the status that we use in healthcare, all of that disappeared. And we were really authentically all members of one team. And that of course is including all of the national nurses and physicians that we worked with as well.

And that was, with the stress and fear of being exposed to Ebola every day, sometimes covered in blood and other human fluids... to know that we were functioning like a team was really inspiring. And I think that helped our work.

I'm a clown, so every now and then I would juggle for the kids in the unit. I had a couple of magic tricks that I would hide within the unit. Anything that we brought into the Ebola Treatment Unit could not leave because of contamination. So it would be thrown into a burn pit.

So I had a few objects that I hid in our confirmed ward that only I knew where they were. So I'd come pull them out and do some magic tricks and that. And it was amazing to see children smile and laugh the same way I've seen healthy kids smile and laugh when I would do dumb stuff like juggle. And some kids, smiling on their death beds. Some kids able to still be distracted as literally they were actively dying of Ebola. When there was a distraction, when there was a different way to connect with them. When the other kids would play around them you could see these kids - sicker than any kids I've ever seen in my career - sitting up smiling and laughing. It's really crazy to think about. And makes me ask 'What is that about us as humans and being humans that gives us that ability despite everything else falling apart?'

Rebecca: *You've done work around self-care in nurses. So from what you've just shared that was, what I can only imagine, an incredibly stressful experience. Was there any time for you to practice self-care for yourself? Or was it, you know, head down, bum up and worry about that later, sort of thing?*

Professor Cunningham: That's a great question. My current role at Emery Healthcare is looking at how we use self-care to help build resilience. That was my role at UVA as well.

In Sierra Leone, we all had forms of self-care. Probably some healthier than others. Drinking certainly was one. Also playing music; there were a couple of ukuleles floating around. We would sing together at night sometimes and play music. In our teams we'd play cards. Some of us would walk to and from - it was about a two mile walk from where we stayed to the Ebola Treatment Unit -, some of us would walk to and from shifts. And that, too, even getting that sort of lower level of exercise was a form of self-care.

A think a lot of us practiced it without saying 'I'm doing self-care now.' That's fine. I think the more we preach and brag about self-care, I kind of think it becomes *selfish-care*. Those of us who were practising something I think did better psychologically than those that were 100% in the work, all the time.

Sometimes you can practice self-care within a minute or five minutes, you know. It doesn't have to be this all-consuming thing. But I think it is a way to provide balance.

And I don't know, I felt it when I saw kids laughing and playing. We'd walk to work in the mornings, knowing that we were going to see some horrible stuff. But we'd walk by these fields and we see kids running and playing and flying a kite. Kids would run out to us and say aboto, aboto, which means 'hey, foreigner' or 'hey, white person'. And they would want to play with us.

So I actually wrote a children's book that we've recently published about kite flying. It's called a Good Kite and it's dedicated to the first child that I treated with Ebola that died. I met him on my second day in the Unit. It's dedicated to him and he's also the narrator of the book. And he teaches us in the book how to fly a kite. You take a piece of plastic, some string - it doesn't what colour the plastic is. You need wind, you need to run fast, and here's how you fly a kite.

And that book was inspired by seeing kids fly kites walking to and from the Treatment Unit.

And reflecting on... I've worked in other humanitarian settings: Typhoon Yolanda - it was called Yolanda in the Philippines, the rest the world called it Typhoon Hyenne -, about a year ago I was in the Kutupalong refugee camp in Bangladesh. Other places I've worked with Clowns Without Borders, I've always seen kids flying kites.

And I have a mentor, a man called Unni Krishnan who's now at Save the Children Australia who told me a story years ago when he was working - this was during the Biafra Civil War - where he would fly in with aid workers, looking for places that were safe to land. And after the bombs and the fires had stopped, they would always see kites up in the air. And he even talks about that as a potential measure of resilience; the more kites you see, the more you know those communities can recover. So I think that's a really beautiful metaphor, you know, what encourages us to look up rather than looking down.

Rebecca: *So in your experiences there have been two international languages of children: laughter and kites?*

Professor Cunningham: Laughter and kites. Absolutely. Laughter, kites, and football. Everybody plays football.

Rebecca: *Of course!*

And so just in case people were interested in this book they can get it at agoodkite.com. You've got a programme set up where people can buy one and give one book. It's a little bit more expensive than just buying the single book, but that means that you'll donate a book to an NGO that can get a copy of the book - which is in English and Arabic - into a refugee setting and provide that book to families and their children.

Professor Cunningham: Exactly.

The reason that we're doing that is that my illustrator who I work with - Diala Brisly - is from Syria. And when she read this story and started building art for it, she said this story is about Ebola but it's much bigger than that: being about resilience. And as someone who's been displaced by the war herself, she wanted to make sure that we copies in Arabic - so there's English and Arabic on the pages - so that we could donate to displaced families.

Because if you think about it, when you flee, probably the last thing one anyone's mind is to collect children's books and run. But we know the benefit of reading, We know how books bring people together. So we are actively partnering with other NGOs to donate free copies to displaced families.

Rebecca: *That's incredible.*

Just quickly before we finish up: so you said that you returned to Sierra Leone with Clowns Without Borders again. What was that experience like the second time around?

Professor Cunningham: Sure. So about a year after Ebola was deemed no longer present in Sierra Leone, Clowns Without Borders was invited to go work in an area just outside of Freetown and perform for kids. And I tell you, I was excited to be able to go back. I was excited to be able to sit and share meals with families where we eat with our hands. And I was excited to be able to hug people and give high-fives.

But the first day of our performances, we were walking to the show and I was wearing my clown costume and a small child ran up to me and just grabbed my hand. Holding hands, you know. And my first reaction was to pull away and think about 'Oh I have to wash my hand in bleach right now'. And in that moment I realised that I still was carrying a lot of trauma from the experience. So it took a lot of mental practising to say 'It's safe now. It's ok.' And to see healthy kids and families playing, when I was there previously the majority of the people that we saw were not healthy.

It was really refreshing for me. And like I was saying earlier: the kids were playing the exact same way that kids play. When we were in the middle of a show, you would never know that you were surrounded by many Ebola survivors and I would say that at least 75% of all of our audiences had lost at least one family member or friend to Ebola. And it was magical to be welcomed into people's homes. And many folks shared their stories of Ebola: of death and survival.

I think one thing that's interesting about Clowns Without Borders is that our organisation is giving entry to a lot of areas where sometimes the UN won't even go. We've been invited to perform within red zones, within Haiti for example, that are deemed too unsafe. But a lot of other small communities say 'You're not preaching. You're not teaching. You're here to entertain kids.' And no matter who you are or what you do, I think if you have kids, I would say that most of the people on this planet who have kids, you want what's best for your child. And it feels good for your child to laugh.

So I think that the invitations that the clowns get, I think is really interesting and remarkable. And we see a lot of things and part of our organisation tries to share those stories as best we can in a world that is crammed with news from the BBC and Fox News and CNN and Al Jazeera ... all these news stations that seem to tend towards looking at the failures of our world. Which we need to think about, right? But there's also a lot of joy and resilience out there that I think those stories merit an audience as well.

Rebecca: *So I'm assuming that if people want to find out more about Clowns Without Borders, there's a website that they can visit. If people are interested in learning more about anything else that we've talked about - I've already mentioned the website for your book: agoodkite.com -, if they're interested in learning more, reading more, listening more, watching more... is there any place that you can recommend that they turn to?*

Professor Cunningham: That's a great question. There's a lot of good stuff out there.

For Clowns Without Borders, that website is: www.clownswithoutborders.org. For those of you listening in the UK, there's a sister chapter of Clowns Without Borders UK. We have about 15 sister chapters around the world.

For the bigger picture, I don't have a lot of specific sites that come to mind off the top of my head. I love to follow posts by Plan International, some of the work that UNICEF is doing I think is quite remarkable. So I'll just kind of do a scan through the different large NGO websites: Partners in Health, Doctors Without Borders.

I think it's important to try to find a balanced point of view. And I think the only way we can do that is by reading multiple different sites. And meeting colleagues who are working for those different organisations.

If people want to tweet at me and want to ask other specific questions, you can find me at [@timcunninghamrn](https://twitter.com/timcunninghamrn). And I can maybe help point folks in other directions, too.

Rebecca: *Fantastic.*

Thank you so much. This has been incredible. It's definitely the podcast episode that's brought me the closest to tears so far and has evoked quite an emotional response there. So I can only imagine what those experiences were like for you.

So thank you so much for sharing those experiences with us.

Professor Cunningham: Thank you so much. I'm really really happy that you're doing this and I hope folks are able to connect with you and learn so much about this amazing planet we live on.

[Outro music]

That's it for today – we hope you enjoyed the today's episode.

Episode transcripts are available below the episode description. We also have shownotes on our website, where we not only list all the references mentioned in this episodes, but also give you some further resources if you're interested in learning more about today's topic.

If you have any questions, comments, or ideas for topics *you'd* like to hear about in future episodes, please emails us at ghe@ed.ac.uk. We're also on twitter as [@GanguliMitra](https://twitter.com/GanguliMitra) and [@reb_richards](https://twitter.com/reb_richards).

Be sure to check out and explore our website “Justice in Global Health Emergencies and Humanitarian Crises” for more great content, just go to <https://www.ghe.law.ed.ac.uk/>.

Thanks for listening and see you again on the first Monday of the month for the next episode.

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