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DOI: 10.1056/NEJMp1707436

The Chair Grant

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For the year between graduating from college and beginning a doctoral program in clinical psychology, I worked as a researcher in a cardiac surgery department in my hometown of Halifax, Nova Scotia. But on Mondays, Wednesdays, and Fridays, I would leave work in the early afternoon, head down to the hospital lobby, and wait for the shuttle to another part of campus. The 10-minute shuttle ride was my metaphorical and literal transition from hospital employee to patient — though I would keep my hospital badge on, trying to hold tight to the dignity afforded to employees but rarely to patients.

For those 3 days each week, I would sit in the medical day unit (MDU) waiting room — with its pink plastic chairs, outdated magazines, and a television seemingly perpetually broadcasting the *Ellen* show — until a nurse called me back to take my place in an infusion chair. Then the nurse would dutifully hand me a yellow mask, access my port, and begin infusing the 2 liters of normal saline with added potassium that helped to fend off the chronic dehydration that had set in after my proctocolectomy surgery for Crohn's disease years earlier.

I ended up spending several weeks that year on an inpatient floor as well, impatiently exhausting treatments that might settle my disease and the symptoms that could obstruct my pursuit of an academic career. Fastened to my patient role (compliments of the IV pole that tethered me to the wall), I tried desperately to humanize myself to every doctor and nurse, always beginning my recitation of my medical history with my social history and reminding them that I, too, worked at the hospital. I stuck Post-It notes on the wall behind my bed, revealing data unrelated to my chronic illness but vital to my humanity, such as "I am a big sister" and "I climbed Machu Picchu" and "I like cupcakes" — so that anyone coming to round on me could see who I was, under the hospital gown and the vague antiseptic smell my disease had earned me. Floor nurses would do double takes when the chief of cardiac surgery, a lanky, sweet man who was my boss at the time, came to visit me, wondering what he was doing on a general medicine floor. I submitted my graduate school applications from that hospital bed, and my hospital roommate and I crossed our fingers as I clicked the submit button.

For many patients, hospital discharge paperwork is a ticket home. But for me it was back to the MDU. There, I would spend the infusion time chatting with nurses, asking about their children's soccer tournaments, wheeling my IV pole around to inpatient floors to visit friends who had their own chronic illnesses, but also doing literature searches for work and drafting institutional review board submissions. My days were unevenly split between my identities as researcher and patient, but the patient never disappeared despite the hospital lanyard around my neck, and the researcher never turned off while an IV pump was churning beside me.

Given the hundreds of hours I spent in the MDU, it's not surprising that that was where I found out I was accepted to my first-choice graduate school. It was also where nurses brought me countless purple popsicles because they knew I loved them, and it would be where I said a tearful goodbye to those nurses before I left for school in the fall.

There were few other patients who earned as many "frequent flyer" miles as I did that year, but some came in each day for a week or once a month for a treatment. The nurses bustled between the infusion rooms lined with their cushioned recliner chairs, checking on patients receiving

chemotherapy or iron, immunoglobulin, or Remicade.

New MDU patients would circle the T-shaped hallway trying to figure out which infusion room the front desk had relegated them to. Nurses would point toward the kitchen and mention the egg-salad sandwiches in the fridge, while the experienced MDU patients showed the newer ones how to grasp the IV pole with both hands to push it over the lip of the kitchen doorway and gently suggested that the egg salad tended to taste better on white bread than on whole wheat.

When patients, some of whom had come from distant ends of the province for care, were fortunate enough to have loved ones cheering them on, the nurses would do their best to accommodate the guests with chairs and styrofoam cups of lukewarm water. Those chairs, however, were in short supply, so only a fraction of patients could receive their treatments with a loved one holding their hand or distracting them with jokes. It made me think of hospitalizations years earlier when my best friend would climb into bed with me when there were no chairs to be had but the need to be comforted felt impossible to quell. As a fellow patient, I took note of the gap in resources: though not strictly essential to their medical services, provisions for a supportive companion might make an enormous difference in patients' experience of care. As a researcher, I wanted to do something about it.

So I decided to write a grant. The hospital had just announced the current round of its annual grant program for addressing patient-centered needs that tended to be overlooked by regular departmental funding. I called the grant, "Providing holistic support for medical day unit patients and families." "The chair grant," as I came to refer to it, seemed to encapsulate the chimera that I was, the fusion of patient and researcher. The goal of the grant was to fund the purchase of 24 chairs for MDU patients, so that having a loved one beside them was a right and not a luxury. Five days before my 23rd birthday, a concise e-mail arrived in my inbox with the news that the grant had been funded.

Before that year, I would never have been so indescribably thrilled about two dozen chairs. But in truth, it was not about chairs: to me, it was about comfort, compassion, dignity, and support. It was about not being only a patient or only a researcher, about not thinking that sitting in an infusion chair nullified my worth as a researcher. It was about using the skills I had cultivated as a researcher, tended by thoughtful mentors, to address a problem that I saw and felt as a patient.

And it was also, wonderfully and funnily enough, about two dozen chairs.

Disclosure forms provided by the author are available at NEJM.org.

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DOI: 10.1056/NEJMp1704381