## **PostEverything**

## I'm the head nurse at Emory. This is why we wanted to bring the Ebola patients to the U.S.

These patients will benefit - not threaten - the country.



**By Susan M. Grant** August 6, 2014 Susan Mitchell Grant, RN, is chief nurse for Emory Healthcare.

A second American infected with the potentially deadly Ebola virus arrived at Emory University Hospital on Tuesday from Africa, following the first patient last weekend. Both were greeted by a team of highly trained physicians and nurses, a specialized isolation unit, extensive media coverage, and a storm of public reaction. People responded viscerally on social media, fearing that we risked spreading Ebola to the United States.

Those fears are unfounded and reflect a lack of knowledge about Ebola and our ability to safely manage and contain it. Emory University Hospital has a unit created specifically for these types of highly infectious patients, and our staff is thoroughly trained in infection control procedures and protocols. But beyond that, the public alarm overlooks the foundational mission of the U.S. medical system. The purpose of any hospital is to care for the ill and advance knowledge about human health. At Emory, our education, research, dedication and focus on quality — essentially everything we do — is in preparation to handle these types of cases.

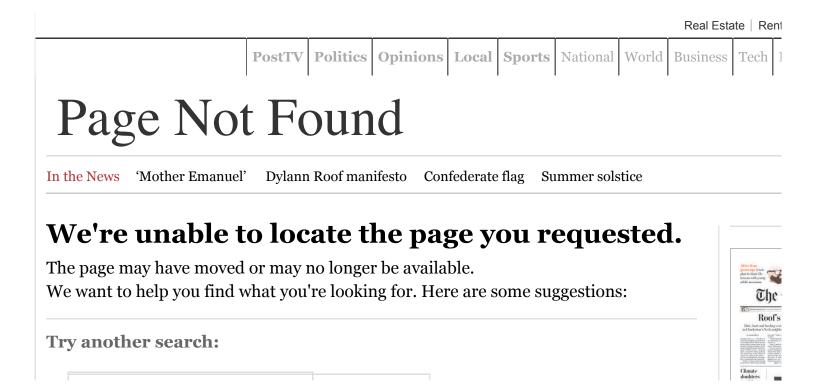
Further, Americans stand to benefit from what we learn by treating these patients. (Bound by federal law, Emory cannot name the patients. The HIPAA Privacy Rule forbids health-care institutions from releasing identifiable health information.) Ebola won't become a threat to the general public from their presence in our facility, but the insight we gain by caring for them will prepare us to better treat emergent diseases that may confront the United States in the future. We also can export our new knowledge to treat Ebola globally. This pathogen is part of our world, and if we want eradicate these types of potentially fatal diseases before they reach our shores uncontrolled, we have to contribute to the global research effort. Today, diseases do not stay contained to one city, country or even continent.

Most importantly, we are caring for these patients because it is the right thing to do. These Americans generously went to Africa on a humanitarian mission to help eradicate a disease that is especially deadly in countries without

our health-care infrastructure. They deserve the same selflessness from us. To refuse to care for these professionals would raise enormous questions about the ethical foundation of our profession. They have a right to come home for their care when it can be done effectively and safely.

As health-care professionals, this is what we have trained for. People often ask why we would choose to care for such high-risk patients. For many of us, that is why we chose this occupation — to care for people in need. Every person involved in the treatment of these two patients volunteered for the assignment. At least two nurses canceled vacations to be a part of this team. They derive satisfaction from knowing that, after years of preparing for this type of case, they are able to help, to comfort and to do it safely. The gratitude they receive from the patients' families drives their efforts.

As human beings, we all hope that if we were in need of superior health care, our country and its top doctors would help us get better. We can either let our actions be guided by misunderstandings, fear and self-interest, or we can lead by knowledge, science and compassion. We can fear, or we can care.



## $More\ from\ PostEverything:$

Why do two white Americans get the Ebola serum while hundreds of Africans die?

My own infection is proof that someone can easily carry Ebola into the U.S.

I fed my newborns formula to keep them alive. Still, I felt guilty about it.

GALLERY: The struggle to curtail the Ebola outbreak