

The Nurses

The Ebola fighters in their own words

Dec. 10, 2014

Kaci Hickox, 33

Nurse with MSF quarantined in U.S.

I was deployed to the second largest town in Sierra Leone, called Bo. I was the Medical Team Lead of a 35-bed Ebola Case Management Center. We worked 12-to-14-hour shifts six days a week, and working in the PPE was cumbersome.

Every inch of your body is covered. It's very warm in Sierra Leone, in the high 90s when I was there, and the suit isn't breathable. Worst of all, the suit doesn't give you the opportunity to look people in the eye easily, and with the mask over your mouth you feel like you have to yell to

communicate. You feel like you don't have time to really care for patients the way you would like. I think a lot of people in the U.S. think of Ebola treatment as ICU-level care, but the truth is, keeping patients clean to make them feel good and encouraging them to drink and eat is the core of Ebola treatment in West Africa.

There were so many devastating moments. There was a friend of mine who was from Sierra Leone, and I was the one who told him that his test came back positive



Bryan Schutmaat for TIME

for Ebola. I chose to tell him at a distance from across a fence so that I could do it in my normal clothes and look him in the eye. He had the most blank look on his face. It was complete shock. He walked away and went back to his room where I couldn't see him. He didn't want to speak anymore. When you tell someone they have Ebola, they know what it means. They're scared. They're sad. They're just waiting to see what's going to happen because that's all we can do. There is no cure. He was young and strong, but he did not survive.

But there were also moments that brought hope. When someone survived, the whole clinic team gathered together. The patient would take a final shower of chlorine and soap and leave the patient area with fresh clothes. Everyone clapped and danced. There was one woman who was being discharged, and I asked her if she was excited. She said, "Yes, I lost two of my children to Ebola, but I have one daughter left on the outside and I want to go take care of her." It was so beautiful.

When it was time to leave Sierra Leone I was torn. On the one hand I was tired and I knew I needed to go home. But you put all this time and energy into this clinic and the local staff. It's really difficult to leave knowing the outbreak is nowhere near being over.

When I stepped off the plane in Newark Liberty International Airport in late October, I knew I would be asked questions because I was aware there was a monitoring process taking place in the U.S. When I handed my immigration forms to the immigrations official, I told him I'd been in Sierra Leone and I was treating Ebola patients, and he said, "O.K., no worries, they'll ask you some questions."

He walked me to the CDC quarantine office in the airport. They took my temperature, which didn't surprise me, and it was normal. It didn't surprise me when they asked me questions about my work and possible exposures. What did surprise me was that no one seemed to be in charge. Everyone seemed very nervous and scared. No one was clear about what they were doing and why. That was what started making me nervous.

I was in the airport for over six hours. At one point, the New Jersey director of infectious disease at the department of health called me and said, "We are going to have to quarantine you." I said I didn't understand why. I didn't have any symptoms, and if you're not symptomatic you can't transmit Ebola. I only had contact with Ebola patients when wearing full personal protective equipment. He alluded to the fact that it wasn't him making the final decision. I wondered who was.

A few hours after I arrived, someone took my temperature again and said I had a fever. I disputed this because by then, I was very frustrated and my face was flushed, which could result in a false positive reading using a temporal scanner thermometer. They said, "We are going to need to take you for evaluation." I had to ask which hospital I was being taken to—they didn't tell me that information without me asking—and I waited another hour before the ambulance arrived to take me to the hospital, where I was put in a tent. I tested [negative] for Ebola. Eventually I was released to be quarantined at my home in Maine, something I contested again. A Maine judge overturned the quarantine.

I have witnessed the devastation Ebola causes and have personally experienced the stigma that fear of this disease brings. Still, I hope that compassion and knowledge will soon overcome the fear so that we can beat Ebola. I do want to go back to West Africa, but for now, I'm taking things day by day. —as told to *Alexandra Sifferlin*

Iris Martor, 32

Nurse at the More Than Me Academy, a school for vulnerable girls from the West Point slum of Monrovia

We have these big buses in Monrovia. On these buses you have, like, 200 passengers, and on my way to Monrovia from where I live is a long journey. So you have a lot of people from different walks of life and a lot of different conversations that come out. So it was in the buses I first heard about Ebola.

Initially two people will say the government is telling the truth about this new sickness we are hearing about. But 198 will say the government is lying. I was sitting next to some

person when the argument came to hand. I decided to ask, “What is this sickness that the government says is coming?” He explained it to me. I became interested, and I started to follow up. So for me, I said, if the international community is putting their money in for this sickness, I want to believe it. But the majority in Liberia did not believe.

The incident that occurred that really brought fear into the minds of Monrovia was when the outbreak started in Redemption Hospital [in early June]. A nurse and a few other health workers at the hospital died of Ebola. This nurse treated a patient that came from Sierra Leone, and most of her colleagues attended to her, and eventually she died, and then this Ugandan expatriate [doctor] contracted Ebola and also died. And then everybody began to see the evidence of Ebola.

When Redemption got hit, people were really scared, and they stayed away. The other hospitals were scared too—when a staff member got infected and maybe died, then everyone got afraid. So that is how eventually all the health facilities and clinics started to shut down. Even private hospitals, at a certain point in time, closed down.



Jackie Nickerson for TIME

In the rainy season, you have a big increase in malaria cases and in diarrhea cases—you find a lot of sick people normally. Then we had this stranger called Ebola. So all the hospitals were closed, and the only places that were open were ETUs [Ebola Treatment Units]. So it meant that every person that was sick in the community needed to go to the ETU to be triaged from there. To be tested, to say O.K., this is positive, go [to the treatment center], or negative, so get some treatment and go home. And the ETUs didn't have the capacity to take many people.

The point [when I realized I had to do something] was when we were finding out that people were dying from other sicknesses. It was August. We decided to bring in the home-care nurses because malaria was killing children and adults. Other sicknesses that could be treated were killing people because there were no facilities that they could go to. We go to the homes of the sick and do the assessment. If we see that the patient has signs that are related to Ebola, we link them to the ambulance service. And they take them to the ETU. Where there is no case [of Ebola], we do another investigation to see what is going on.

Before Ebola, I was already the school nurse. Then after Ebola started to escalate, we started to go into the community to look after our students, to really care for them. We didn't want any of them to get sick, and praise be to God none of them had gotten sick of Ebola. So I and my team, we would go house to house where our students lived in West Point. And we sensitized them and we gave them materials to help. [But] what could the aid do, if I only sensitized my student, and I see this neighbor and that neighbor have Ebola? I leave that neighbor alone, and the neighbor contracts the virus, there is a possibility that my student can contract the virus. So when the number of sick people began to increase, More Than Me saw the need that they should do a bigger intervention than just limiting to their students. Now we visit every house where there is a sick person.

Home care is dangerous because you don't know the environment. If it is in a hospital setting, you are sure of your environment because that is where you work. And you know that this is an ETU, and everyone has Ebola, so you know how to act. But going into a home where it is not confirmed whether the patient has Ebola or not, that makes it dangerous. Whatever way you do it, it is a risk. So we did it in a way to reduce the risk. The only way you can get Ebola is through direct contact with the body fluids of an infected person. So whether a person shows signs of Ebola or not, consider a sick person as a suspect. That is clear. So don't touch. Don't even sit. Now you talk to the patient at least one meter apart. Based on what the patient says, based on what you have seen—if you are a professional nurse, if you see these signs, it suggests this. Sometimes it might suggest two things, but if you probe and ask follow-up questions, then you rule out one and it points to one. So based on that, you treat.

As a nurse, when you are graduating, you swear an oath to take care of life. Initially I was afraid. I should admit that. I don't want to die. I have my family, I have my children. But if I don't help, I will still not be free. I might be more exposed, and this time around my entire family could be wiped away. God forbid, if I died in the fight maybe my children and my parents could live. So I decided to take that courage and to go out there and help my fellow Liberians. Because that is the oath that I swore. If someone from America comes to help my people, then why can't I? This is my country. I should take the first step, and someone can walk in my footsteps.

The cases are going down, yes, but in my opinion, it is not time to celebrate. It is time to be more cautious. Ebola has not been completely eradicated. It is still around. The more we start to get complacent and become careless, there is a possibility that it may shoot up again. As long as Ebola is still in Guinea and Sierra Leone, I can tell you that Liberia will not be free. If I become a decisionmaker in this country, I would like for this country to always have a contingency plan. If we had had a contingency plan, [Ebola] wouldn't have spread as it did. So there should be a lesson learned for any Liberian who lives after Ebola is gone. Policymakers should be able to look at this experience and really plan for the future. Because tomorrow it may not be Ebola, it may be some other things. —as told to Aryn Baker

Nina Pham, 26

Nurse at Texas Health Presbyterian Hospital

The first time I heard the word Ebola, it was probably when they were doing all the coverage about Dr. Brantly and Nancy Writebol. When I heard it in Dallas, it was a couple of hours before I was to get Mr. Duncan as my patient.

That day, my manager came to me and told me we had this patient in the ER who was going to come up to the intensive care unit—and that we were ruling him out for possible Ebola. I was obviously scared, but I chose to keep my assignment. It's part of who I am—nursing is a calling. There was a patient who needed help, and I was going to help him. I wouldn't have denied the assignment.



Bryan Schutmaat for TIME

From left: Amber Vinson and Nina Pham

I replay it over and over again in my head how I could have gotten infected. If I had to guess when it happened, it probably would have been in the first couple of days, when Mr. Duncan wasn't in control of his bodily fluids, and he didn't have catheters and tubes in place. We had to go in there and do blood sticks and deal with intimate procedures that were very high-risk.

I did everything the CDC and the hospital recommended, from how to put on the personal protective equipment to how to take it off. I even interviewed with the CDC in the hospital after I took care of Mr. Duncan, and they deemed me no risk. So it was just a shock when my chief nursing officer, Cole Edmundson, and a CDC officer came to see me in their full protective equipment. I saw Cole's eyes, and they were red from crying. I knew immediately it was not good.

I think my heart just sank. I was in a little bit of denial at first. I started calling my family and telling them what happened, and that I loved them. Because Mr. Duncan had died three days prior, flashbacks started coming to my head of how his disease progressed and eventually led to his death. That's the kind of thing that came to my mind when I found out.

But now, I hope we as Americans know it's still such a big issue in West Africa, and I think it's important as a global community to help each other out. It's not about closing off our borders or leaving people to fend for themselves. —as *told to Alice Park*

Amber Vinson, 29

Nurse at Texas Health Presbyterian Hospital

When we got our patient at Texas Health Dallas, Thomas Eric Duncan, I was assigned to the medical ICU and was selected as part of the team. There was no question in my mind whether or not I would take care of the patient. There was a patient in my unit on my floor. It was my responsibility to take care of him. Even when my assignment was done, I volunteered to keep caring for him. I was well educated on taking on and off the protective equipment, and I was capable of doing it. I just didn't feel right putting it off on another coworker.

During the care, there was a primary nurse, a secondary nurse and a runner. When I was assigned, I was the secondary nurse. My primary nurse would do a lot of the charting, and I would do a lot of nursing care in the room, so she and I got a lot closer, and we would talk and text outside of work. I would talk to my co-workers to see if my feelings were similar to theirs. In the room, we had to make sure we did everything, each time, by the protocols. It was stressful.

I've been a nurse for five years now, so I felt comfortable with the nursing part of the care [for Ebola patient Thomas Eric Duncan], but it was everything else that

surrounded it that was hard, like the media coverage. We have a different perspective being in the room and taking care of the patient, so it was hard to see a lot of the things they were saying in the news. It was emotionally and mentally taxing.

I'm planning to get married this May, and when I got the news that I was positive for Ebola, the wedding planning just went out of my mind. My physician called me on my cell phone and said, "We got the result back, and it's positive." I almost didn't hear it. After that, it's kind of a blur, really. I saw a photo of myself on the news while I was in my ICU bed. How does the media find this information so quickly? It was only a few hours ago that the doctor had told me that I had Ebola, and now the world knew.

The media was disappointing in some ways, because it promotes fear and doesn't really get the whole story. I felt this especially in the plane coverage. I was on a plane on a Monday, and a full day later is when my first symptoms occurred. While I was on the plane, I was not sick at all. I didn't have a temperature. All my bodily fluids were inside of my body. There was no way for anyone else to get sick on my flight to or from Ohio.

I am very quiet and shy and keep to myself, so this whole experience has been something I never expected, or could prepare myself for. My nursing team and my family would push me not to watch the news and not to hear and read all the comments. I kind of sucked it up. I was in the hospital, so it was all happening when I couldn't do anything about it.

While I was sick, I could talk to my family. My mom and fiancé were in Dallas, so I would talk to them on the phone. I had a rough period at Emory. I was very dehydrated and very out of it. All my strength and mental capacity was focused on making it to the bathroom and back. I was focused on not having my team have to come in and clean up virus off the floor if I didn't make it to the bathroom on time. The nurse in me doesn't want anyone to have to clean up after me.

I still want to do my part to help. I feel like a lot of people think Ebola is gone because no one in the States has it, but the crisis is not over. It's still a very big problem in West Africa. —*as told to Alexandra Sifferlin*

[TIME's 2014 Person of the Year: The Ebola Fighters](#)

[Why We Chose the Ebola Fighters as Person of the Year](#)

[Read the Ebola Doctors' Stories](#)

[Read the Ebola Caregivers' Stories](#)

[Read the Ebola Scientists' Stories](#)

[Read the Ebola Directors' Stories](#)

© 2015 Time Inc. All rights reserved.

Powered by [WordPress.com](#) VIP