

# MailOnline reporter reveals the alarming confusion she witnessed among nurses during her own Ebola scare in hospital at center of U.S. outbreak

- **Laura Collins was reporting on the outbreak in Dallas when she fell ill after interviewing family who had contact with victim Thomas Duncan**
- **She presented herself to Texas Health Presbyterian Hospital - which had treated Duncan and the two nurses who got the virus from treating him**
- **Collins' nurses didn't seem to know what they should be doing**
- **They were unsure of how many layers they should wear, in what order to put them on and even removed the gear just feet away from Collins**
- **Hospital has come under fire for inadequately containing the virus**

By [Laura Collins In Dallas, Texas for MailOnline](#)

**Published:** 17:50 EST, 16 October 2014 | **Updated:** 01:21 EST, 17 October 2014

On Saturday October 4 at around 12.30pm, I found myself sitting in an isolation room in Texas Presbyterian Hospital ER.

A few moments earlier the doctor on duty had waved from his desk outside my glass box, identifying himself as the medic speaking to me over the phone.

He had placed a call to the Center for Disease Control, he explained, and was just waiting to hear back from them before deciding how to proceed.

I thanked him and told him I sincerely hoped I was wasting his time. Certainly under normal circumstances the symptoms I was experiencing would not have brought me to an ER.

I had started feeling unwell late the previous evening, was sweating through the night

and woke nauseated and with an upset stomach. Usually I would have put it down to too much coffee or bad crab cakes.

But these were not normal circumstances. I was in Dallas covering the Ebola outbreak.

What didn't help calm my growing sense of worry was the lack of training shown by the nurses caring for me.

I had landed two days earlier and went straight to the home of Aaron Yah, 42, and Youngor Jallah, 35. At the time I knew only that Mr Yah had been quoted speaking as a friend of Thomas Eric Duncan, the 42-year-old whose life was claimed by the virus last week.

Mr Duncan had come to America to marry Louise Troh, 54, the woman he called the 'love of his life', mother to their 19-year-old son, Kasiah Eric, and also the mother to, as it turned out, Youngor Jallah.

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**Worrying:** Laura Collins was alarmed by what she saw at Texas Healthcare Presbyterian Hospital



**In the dark: The nurses in the ER didn't seem to know the protocol for putting on their personal protection suits (pictured here are nurses in New York demonstrating how they would receive an Ebola patient)**

[Ebola nurse Nina Pham's dog Bentley in quarantine](#)



I didn't know when I knocked at Mr Yah's door that he and Youngor and their four children, aged 2, 4, 6 and 11, had been in the Ivy Apartments home in which Mr Duncan fell so violently ill.

That's the thing about knocking on doors in the hope of finding information; you don't arrive forearmed with it.

So when Youngor said: 'We are about to pray. You can either come in or come back later,' I stepped inside. No journalist when presented with an open door allows it to close.

It was only after I sat while Aaron read sections of the bible; only after I witnessed Youngor exhorting God to destroy Ebola as tears rolled down her cheeks; only after I spoke with Aaron at the family's table, their youngest child clinging to my leg, that I learned the truth.

Aaron was not merely a friend to Mr Duncan. Youngor called him 'Daddy' and on Sunday September 28 she called the ambulance that took him back to Texas Health

Presbyterian Hospital – the hospital he had been sent home from with antibiotics two days earlier.

It was Youngor, a nursing assistant, whom Ms Troh called as Mr Duncan's condition deteriorated so rapidly on Sunday morning. It was Youngor who had made him tea that he could not drink and wrapped him in a blanket as his temperature spiked to over 103 degrees.

And it was Youngor who told the Emergency Responders that day to be careful because he had just arrived from West Africa. 'Viruses' she said and at that they immediately put on their masks.

But I didn't know any of that when I stepped into the family's small, dark apartment and I didn't know that they were in isolation. Shockingly even the family was unclear as to just what they were and were not allowed to do.

And so, when I felt unwell within two days of my visit – Ebola has an incubation period of between 2 and 21 days – I did what I would never usually do. I went to the doctor.

Intellectually I knew the risks of my symptoms being related to my visit with the family, who are themselves considered high risk, were minuscule.

*What about the little child at my ankles? I had a graze; children have sticky hands. The certainty of my logic was quickly eroded by a creeping anxiety*

Ebola is only contagious when the sufferer is showing symptoms. Even then there must be direct contact between bodily fluids and a point of entry – the mouth, nose, eyes, a cut or a graze.

Logically I knew none of this applied. At least I was pretty sure none of it applied. Once the risks of the situation had been established we had been meticulous about applying and reapplying antibacterial liquid in the house that day. Aaron even wiped down my seat before I sat in it. I had drenched my iPhone and car steering wheel in the stuff when I left.

But then there was that child coughing and that sneeze. And what about the little one at my ankles? I had a graze; children have sticky hands. The certainty of my logic was quickly eroded by a creeping anxiety.





**Scare: Collins went into the house to interview Aaron Yah (left) and Youngor Jallah (right) - relatives of Ebola victim Thomas Eric Duncan. It was only when she had been in the house for a while did she realize how much contact the family had had with the first man to die of Ebola on US soil**



**Defensive: The hospital has defended its actions - despite two nurses who treated Mr Duncan contracting Ebola. Officials said it had followed CDC protocols - which are changing daily as more come down with the virus**

Ultimately, I reasoned, that if I DID have cause for worry then not getting it checked out would be unforgivably irresponsible and place others at risk. It over-rode my innate instinct not to make a fuss.

So that Saturday morning I filed my article and drove myself to the hospital.

The flicker of fear in the receptionist's eyes as she thrust a surgical mask towards me, having first placed one on herself and handed one to her colleague at the desk beside her, was disconcerting.

Then came the blue overalls, the hat, the tunic, the gloves and apron.

She handed me a thermometer while urgently trying to contact 'Angel' on the telephone. Angel seemed to be the one who everybody was sure would know what to do.



The thermometer was removed from my mouth, read with a grim expression and I was ushered through to what appeared to be an entirely deserted ward.

I was shown into an examination room, its glass door closing on my apologies for probably wasting everybody's time, and left to ponder the anxiety-inducing notion that everybody here appeared to be taking this very seriously.

*It struck me there and then. They weren't sure how to handle this. This was the hospital at the heart of the crisis, at the epicenter of the first Ebola outbreak on US soil and they didn't know*

And as I sat there at the end of the bed, dry-mouthed and woozy, I listened to the conversation I could hear between the nurses beyond my door.

They were discussing what they were meant to do with me and specifically what they were meant to do when it came to putting on their protective clothing. They were to and froing about how many layers they should wear and in what order they should put each item on.

Crucially, they were going over what the protocol was as far as removing that clothing was concerned: in what order did each item come off and what should be bleached when everything was disposed of.

It struck me there and then. They weren't sure. This was the hospital at the heart of the crisis, at the epicenter of the first Ebola outbreak on US soil and they didn't know.

I must point out here this is not a criticism of the nurses I encountered but of the state of readiness of the ER.

As I sat and listened it was patently clear that this had not been rehearsed and there was no checklist there for them to refer to.

'So it's booties, then gloves?' one asked. 'Or gloves first then bleach?' 'Bleach, bleach,' another reminded. 'And should I just use tape?'



**Sacrifice: Nurse Amber Vinson is escorted onto a private jet on her way to Emory Hospital in Atlanta for treatment. Collins said that she was not criticizing the nurses - but those who should have been training them**

Writing about my own experiences goes against the journalistic grain. For me the focus should be on the story rather than on the person getting it.

But with the news that two of the nurses - first Nina Pham, now Amber Jay Vinson - who cared for Mr Duncan have tested positive for Ebola, that conversation and the uncertainty of those frontline workers seems to me to have become a valid part of that story.

Most of all the reference to using 'tape' that I heard clear as day sends a chill.

This week the Director of the National Nurses Union, RoseAnn DeMoro has spoken out directly contradicting the CDC's claim that it was a breach in protocol that led to Miss Pham's infection.

She has claimed that more than one healthcare worker has told of using surgical tape to properly seal their protective clothing at the neck – tape that they found difficult to remove safely.

And nurse Briana Aguirre, who helped care for Miss Pham, told the **Today** show on Thursday how although protective gear had been upgraded from the original mask, gown, gloves and booties - there was a gap of several inches at the neck. When she asked why her neck was exposed, she was told to cover the gap with strips of one-inch tape.

Accounts have emerged of contaminated waste left to pile 'ceiling high' in the room where Mr Duncan was treated, of nurses who cared for him attending to other patients, of protocols not in place and health professionals unprepared and unprotected.

*I stress I am not criticizing the nurses, but the fact that they were so clearly under-rehearsed – if rehearsed at all - in this absolutely crucial aspect of containing the virus killing a man in his hospital bed just a few floors away*

Texas Presbyterian has vigorously defended itself against the complaints allegedly made by members of their staff, claiming that all CDC protocols had been followed.

But from what I observed in my isolation room that day they sound entirely and horribly credible.

Again I stress I am not criticizing the nurses but the fact that they were so clearly under-rehearsed – if rehearsed at all - in this absolutely crucial aspect of containing the virus killing a man in his hospital bed just a few floors away.

After much debate a nurse entered my room, swathed in protective clothing - face mask, visor, gloves, booties, apron, gown, hood. She took my temperature. It was 99.5 degrees, the same 'low level fever' that nurse Amber Jay Vinson, was running when CDC cleared her to board a commercial flight from Cleveland to Dallas on Monday.

The nurse told me she was wearing three layers of everything – including gloves - and she apologized for fumbling as she attached a clip to my finger to hook me up to a monitor to read my heart rate.

But at the end of the examination – before any word had come back from CDC - she stood right next to me, working through each layer and removing them one by one, rubbing what she was still wearing with bleach and doing the same with the discarded one before placing it in a container.

I couldn't help wondering at the time, shouldn't there be some sort of double seal in all of this? A space between me and the ward beyond where all this should happen? Why bother getting suited up before coming in if you're going to take it all off and be completely exposed before leaving? Was that happening at Mr Duncan's bedside?



**Exposed: Nurse Briana Aguirre indicates where her neck wasn't covered while she treated her colleague Nina Pham who contracted Ebola at Texas Health Presbyterian Hospital in Dallas**

After what seemed like an eternity the doctor to whom I had spoken via phone came in to tell me that he had heard back from the CDC and they did not believe anybody in the community was infectious.

He said he would add my name to the CDC's list and instructed me to come back and get checked out again, 'if my condition worsened.'

A couple of days later a nurse from the ER telephoned to see whether or not my condition had indeed deteriorated. I was sitting in a parking lot in Dallas. I was both touched by the follow-up and consumed by the question, 'What if it had?' Why had they let me walk out if they thought there was even the vaguest possibility that it might?

Wasn't this the same ER that had let a patient walk out only to return with such devastating consequences two days later when his condition worsened?

As I left that Saturday I was mortified at having wasted medics' time and causing them unnecessary anxiety. But the doctor told me not to be. He said he was grateful I had come in and that I had done the right and responsible thing by taking every action to limit any possible risk to the wider public.

Can the same be said of Texas Presbyterian Health and the CDC?

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