Fears and Realities:
Managing Ebola in Dallas
Epilogue

Late Tuesday evening, October 14, 2014, Centers for Disease Control and Prevention (CDC) doctors debated with the Dallas Emergency Operations Center (EOC) whether the country was on the verge of an Ebola epidemic. The CDC officials wanted to designate a second Dallas hospital, Parkland, for future Ebola patients. But Dallas County Judge Clay Jenkins and Texas Health Commissioner Dr. David Lakey objected: that would take two of Dallas’ hospitals out of general circulation, creating an impossible burden on the remaining three to treat all non-Ebola patients in the region.

Instead, Lakey and Jenkins decided to move the two nurses with Ebola out of Presbyterian Hospital. In Lakey’s view, the Presbyterian staff were exhausted. In addition, many of them were themselves under medical observation after their colleagues contracted Ebola. So at midnight Tuesday, they asked Texas State Department of Health Services (DSHS) Assistant Commissioner for Regional and Local Health Services David Gruber to organize transport for the two patients.

Gruber spent much of the night on the phone to ambulance companies (the first one refused to provide transport), the State Department, which owned an airplane specially equipped for infectious disease patients, the CDC and the contractor who operated the aircraft. Altogether, he dealt with 10 different organizations. Happily, a small group of people represented those organizations, and “every one of them pretty much had decision-making authority,” recalled Gruber.

Amber Vinson left first on Wednesday, October 15, bound for Emory University Hospital in Atlanta. It then took 15 hours to decontaminate the plane and return for Nina Pham, who was transferred Thursday to a National Institutes of Health clinical center in Bethesda, Maryland. The patients themselves, as well as the personnel who attended them, all wore personal protective equipment (PPE). On October 22, Vinson tested negative for Ebola.

1 The aircraft was specially equipped to carry an isolation pod.
2 Author’s telephone interview with Assistant Health Commissioner David Gruber on March 3, 2015. All further quotes from Mr. Gruber, unless otherwise attributed, are from this interview. Gruber’s department also had responsibility for health emergency preparedness.
and was moved out of isolation; she was discharged on October 28. Pham tested negative and was released on October 24.

Separately, 160 passengers who sat near Vinson on the flights she had taken just before diagnosis were contacted and monitored; none contracted Ebola, and monitoring concluded on November 7. By then, the DSHS reported that it had monitored a total 177 individuals, including healthcare workers, household members or others who had been either in direct contact with Eric Duncan, Pham or Vinson or had handled medical specimens or waste.

Meanwhile, there were political consequences to the Ebola outbreak that percolated for weeks. On October 16, Texas Governor Rick Perry returned early from a trip to Europe in order to assert his oversight of the response effort. The Perry-appointed Texas Task Force on Infectious Disease Preparedness and Response on October 31 issued early recommendations for healthcare worker monitoring and passenger screening; it published a final report on December 1. At the federal level, Congress approved a $5.4 billion emergency Ebola-funding package. On October 17, President Obama appointed Ronald Klain as federal Ebola “czar” to coordinate the response nationwide.3

The CDC made changes as well. On October 16, it changed the recommended fever protocol from 101.5 to 100.4 Fahrenheit. It tightened its guidelines for PPE. The CDC also acknowledged that not every hospital could handle Ebola. It asked hospitals to volunteer as Ebola centers; 35 that did so met the CDC standards. Separately, many hospitals across the country ordered full-body hazmat suits and devoted hours to training staff in how to don and remove them. Some renovated in order to create isolation areas for suiting up. Ebola testing capacity expanded to 42 laboratories in 36 states.4

States and the federal government took a new look at quarantine for those arriving from Africa. Screening for Ebola was established at 12 US airports that received flights from Africa. On October 24, some governors—including New York and New Jersey—adopted a mandatory 21-day quarantine for travelers who had had direct contact with Ebola patients. This strategy backfired and caused consternation as the CDC, other components of the federal government and states sought to come to terms with public fears without violating civil liberties. On October 27, after fierce criticism from a nurse detained in Newark, Governor Chris Christie released her after three days and sent her home to Maine, where she remained in relative isolation and under observation for the remainder of the 21-day incubation period.5 She did not contract Ebola.

Dr. Lakey remained in Dallas until late October. Looking back on the Ebola outbreak, he remarked: “As you approach [disaster] events, there will be surprises. Your plans are not going to be perfect and you need to accept

that and be willing to change your plan in order to meet the challenge that you face on the ground." ⁶ As of February 6, 2015, Ebola had infected more than 22,000 people and killed more than 9,000, chiefly in Guinea, Liberia and Sierra Leone. ⁷ The World Health Organization was much criticized for its failure to identify the epidemic early and respond swiftly. In the US, 11 individuals—almost all flown in from Africa—were treated for Ebola. Only Pham and Vinson contracted the disease in the US.
