UNMC Infectious disease specialist gets rare opportunity treating Ebola patients

Courtney Bieman
Editor-in-Chief

At 7 p.m. in an empty Walgreens store a stranger barged in carrying what looked to be a gun, demanding money. Being only 17 and a senior in high school, employee Levi Hadley had to go through an event that no person should ever have to experience. On Nov. 23 something unfortunate happened to the Walgreens on Q Street, a robbery occurred that night with a student from Millard South becoming the closest to the register.

"There was nobody there but my manager and I, and I happened to be the closest to the register," Levi Hadley said. "I don’t really remember what he looked like besides he was young and wearing all black. When he first came I didn’t see the gun, and when I did it looked fake. At first I thought he was joking, but I didn’t want to test it. He was yelling at me to give him all the money and to hurry up. When he left a woman with a child came in the store and he pushed and swore at her." Hadley said.

When put in a situation as grim as the one Hadley was, many people could have many reactions. Some may cry, faint, or have countless things going on in their mind. Not once in people’s lives do they think that a gun may be pointed at them. The reaction could be very out of character. Hadley recalled remaining for the most part calm, no breakdowns or anything. He just wanted the event to be over done with.

"I was mostly just in disbelief. I didn’t have any other thoughts. My main priority was to get him out of the store as fast as possible and not to get hurt," Hadley said.

The afterwards of an event like this can be the hardest on people. Being so young, it could possibly create a new paranoia or even fear to return to work. Coping is a skill that some have and others just aren’t as lucky. Having a gun pointed at yourself is a memory that etches itself into someones brain. It will never leave, and some may have bad flashbacks to it, or panic attacks because of it. Some may have bad flashbacks to it, or panic attacks because of it. It can happen to anyone who works in such places. Hadley ended up returning to work, others may have not. If he would have messed up, and the gun was real, that could have been the end for him. To think life can really be that precious means it shouldn’t be taken for granted. Though

"After it happened, my shift lead called the cops. They came in and got the man out of there. They never told. I just wanted to be quiet, but the cops kept asking questions. I did get the next day off school and visited a counselor," Hadley said.

TheWalgreens located at 155th and Q Street was robbed last November. Photo by Kinsey Herzog

Dr. Philip Smith was in charge of the treatment received by UNMC’s Ebola patients

Student employee robbed at gunpoint

Kinsey Herzog
Staff Reporter

Months after the first Ebola patient arrived in the United States, a local infectious disease specialist Dr. Philip Smith is still busy. Smith was in charge of the treatment received by three Ebola patients, Dr. Rick Sacra, Ashoka Mukpo, and Dr. Martin Salia, who were at the University of Nebraska Medical Center last year. All of this has created a massive amount of interest in Omaha and one of its premier newspapers, the Omaha World-Herald, well over $500 million’s worth of media coverage. Smith estimates he’s done about 30 interviews with numerous news outlets, but he’s still willing to speak about his involvement with the high-profile cases.

"Actually I like talking about it," Smith said. "It’s a fascinating issue, and the public interest is high—it’s just a matter of time before it fades away.

We spoke on a Friday morning in the midst of the announcement that a fourth patient would be admitted to UNMC for an unidentified patient, who was recently discharged, was admitted as a precaution after being exposed to the virus. The World Health Organization declared the 2014 outbreak, the largest in history, over last week after the United States had been declared "Ebola free" with no local transmissions for more than 42 days.

The aftermath of an event like this can be the hardest on people. Smith said, "Many cases in Western Africa were caused by unsafe burial practices involving the direct handling of corpses. The chance of there being an outbreak in the United States is extremely small.

"In a country like ours with advanced public health and isolation equipment and ability to spread knowledge to people, I don’t see any way we’re going to end up with widespread Ebola," Smith said.

The University is home to a biocontainment unit, a facility specially equipped for the treatment of highly contagious or infectious diseases such as Malaria, SARS and Ebola. As there are only four such units in the country, the choice of where to send the patients was not difficult. Dr. Smith is the unit’s medical director.

"We have the capability because we were in the unit," Smith said. "Usually when we take care of sick patients in the intensive care unit in the hospital, there are many other consultants on the case and you feel responsible, but it’s not all on your shoulders. With this case, because it was in the unit that I’m directing, I felt personally responsible. I also felt personally responsible for the safety of our forty staff. I worry about them even though they’re superbly trained and disciplined and they’re doing everything right. This virus is contagious enough that one mistake and you can end up having a staff person getting infected—as happened in Dallas. So it was a lot of responsibility."

At the time it was proposed, it was an “unusual thing to build.” A SARS outbreak in Canada prompted Smith to lobby for its construction. Since its completion in 2005, the unit has rarely been used for overflow and running drills.

"It was my idea, but it took the work of dozens, maybe hundreds of people with all the planning and building and staffing and everything," he said. "When you’re an infectious disease doctor and it turns out there’s funding to build something like this that’s almost never been done, it’s like Christmas in July. It’s almost too good to be true.”

Sacra, Mukpo, and Salia were the first infectious disease patients to use the facility. Sacra and Mukpo were both discharged with clean bills of health, but Salia died soon after being admitted to the hospital. He had been treating patients in his home country of Sierra Leone when he contracted the disease and was already in critical condition when flown to Omaha. Despite not knowing the man personally, the staff who worked on his treatment "felt a sense of loss" upon his death. A small funeral service was held. A member of the church Salia belonged to in Sierra Leone was present.

"We got to know his family. We knew that things were very hopeful when he hit the door, but still everybody worked hard and felt a sense of loss when he died," Smith said. "This person wouldn’t have survived anywhere.

Dr. Smith believes that the work he and his staff have done has benefited other health care workers both in the United States and Western Africa. Through their experience they have discovered the importance of such aspects of treatment and outbreak control as giving correct amounts of fluids at different stages, careful observation of blood parameters, and proper isolation.

Their hard work has not gone unnoticed. The nurses on the case recently attended a panel discussion where they received a standing ovation upon relating their experiences to the audience. Last week, Smith was invited by Nebraska Senator Ben Sasse to attend the State of the Union address.

"The courage, precision, and hard work of these doctors, nurses, and medical professionals saved lives, educated health providers, and calmed public fears," Sasse said in a prepared statement.

The Walgreens

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