Why I don’t want you to clap for me

A dark & salty nurse

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It’s not that I’m not touched, to suddenly be receiving hero worship for doing the job I always did before. A little imposter syndrome maybe, but touched nonetheless. The trouble is not the clapping. The trouble is that it’s being performed in place of the meaningful steps which would actually help me. Here’s a day in my life:

I wake up at 6, ready for what’s now going to be a very long commute on 3 different public transport vehicles because most of the stations and regular services are closed, make sure I have my ID to get onto the train at the station, my hand sanitiser and put on a headscarf that’s reminiscent of a culture I wasn’t raised in. I’ve already cut off my long hair, because I have to wash it every night the moment I get home. My nails are short and unpainted. My hands are dry and wrinkly, and look twice my age from being stripped of oils with constant hand cleaning. At the front door is my makeshift ‘decontamination station’ with plastic bags for my clothes and spray bleach for the door handle. I’m trying not to bring this back with me. My little daughter has already been sent away to the countryside weeks
before lockdown to keep her safe. I don’t know when I’ll see her again. I cover my face with any sort of makeshift cloth I can use—there are no masks for nurses travelling to work. I wear shades because there are no goggles or visors. I’m in plain clothes because we are at risk of attack or robbery— for our ID or our imagined hand sanitizer (I’ve been given none for 3 months).

This is how I set out for work. I wait an unknown length of time for the bus. The buses are still opening by the front doors, the terrified drivers swaddled in so many face scarves they look set for a mission to the Antarctic. People are scattered around the bus, some coughing. Most with an unshielded face. Some wear advanced respirator-style masks; where they got them I don’t know. They wear them pulled down over their chin, nose sticking out. They nestle them over massive hipster beards, ensuring there is no seal and the apparatus is meaningless. They pop them down to share sweets from a bag with a friend. They use surgically gloved hands to roll themselves a cigarette, which they will stick straight into their mouth later. They press the red button to get off the bus. They bite their nails, rub their eyes, move their hands straight from the railing to their shopping trolly. I try not to think of them as the walking dead but I know for a large number of them this will in fact be the case in a few weeks.

I try to keep my distance— it’s not possible. They come past me on all sides, sometimes brushing against me, there is nowhere I can stay away from them. I wish I had a sign—‘high risk of covid- stay back’ or ‘stay away from me if you want to live’ or some sort of audible alarm or announcement like you get with large vehicles—‘this key worker is turning left- please keep at least 2 metres distance’.

The trouble is, I look just like everyone else. I’m in trainers with a bag on my back. I don’t let off a visible radioactive glow the way I feel I should. I’m very aware that not only am I going to see patients who have virtually no chance of surviving covid-
gleefully unaware children. Bikes zoom past me in every direction, joggers brush past in clouds of exerted breath I can feel on my face. I want to scream at them to get away. To get inside. That their determined ‘right to exercise’ isn’t worth my patients’ right to breathe. Their own right to breathe. Their children and their parents’ and their grandparents’. The nurses’ and doctors’ and carers’ and cleaners’. We are out in this because we have to be. Because it is our job and our duty. I’d rather be inside. I’d rather be safe. I’d even rather be completely ignorant of the fact that anything less than 8 metres is not a meaningful distance. Of the fact that every bit of ground, every surface, every airspace, is more likely contaminated than not now.

Two dog walkers chat from opposite sides of the pavement, their dogs crossing their leads in an x across the path. Cars and vans block the roads that I’d normally walk out into to get past. I smile and ask to get round. The woman takes a small step. I smile and say ‘2 metres please?’ She takes umbrage and goes to ‘self-isolate in the car then’.

To miscontextually quote Watchmen, ‘I’m not locked in here with you. You are locked in here with me’.

When I’m avoiding you, when I’m asking to get past, this plain-clothes average-looking person who you assume is a germophobe and making a fuss, what I’m actually doing is trying to save your life.

Please assume anyone you see is a key worker. We don’t have sirens or a halo. Please give us space. We are aware we are a walking time bomb of death for those who come close. Please stay away. That means more than all the clapping in the world.

Let’s be clear, by and large my patients aren’t wilfully flouting lockdown. They’ve been self-isolating, more or less, for several years. The reason I see them at home is because they can’t get out. So how are they catching novel coronavirus? From the people seeing them. Family. Carers. And yes, nurses.

We don’t get tested. Unless we are admitted to hospital, if we have any sort of symptoms (and the symptoms can be so variable) we are told to isolate at home for 7 days. I’ve already done this once, with a headache, sore throat and exhaustion. It seemed to go away after 3 days. There was no test during or after. Did I have it? Am I asymptotically carrying it and shedding it everywhere? Have I picked it up on my clothes on my way to or from work? I honestly don’t know. The most recent estimates from Iceland where they’ve randomly tested a lot of the population show that 50% of all those infected show no symptoms at the time they are tested. My calculations of the current infection rate in London based on the death statistics indicates that I’m currently exposed many times every day. So are all of you.

I disembark the bus, nobody keeping 2 metres from me, and try to pick my way through people in the labyrinth that the station has now become. I get my NHS ID checked at the gate by uniformed police. A young woman decides to rush past me on the escalator, where I’m standing to the right, trying to keep my balance without holding the rubber handrail. ’10 points’ my gallows humour suggests to me from deep inside my brain.

I get on the overground, where I need to still push the button to embark and disembark. People are mostly spread out at alternate seats. It’s still not 2 metres, but they are trying. As more and more get on this becomes impractical. I wait at least 25 minutes for the train to move.

We are joined by someone begging for change, moving up and down the carriages. How he counts as a key worker I’ve
no idea. He’s still here every morning, same person, same train. Despite announcements that the homeless were being put in hotels, I still see people sleeping rough outside the station every morning. Not as many, but still a lot. The police stand nearby, with these people in full sight. I feel bad for them. They are given responsibility without power. They aren’t epidemiologists, virologists or microbiologists. They are given a paint-by-numbers system of social distancing to try to enforce without proper knowledge of the science or backup from the courts. The measures, by the letter of the law, do not go nearly far enough. If you follow the law, as it stands, you are highly likely to become infected and die.

I disembark the train and walk to my next bus stop. There are dog walkers and joggers everywhere. There are people who were never there before, crowding the streets. I perform my awkward, politely British social-distancing attempt down the street. It’s a clumsy square dance as people come at me from all directions, at all speeds. I’m trying to keep away from them. I politely stand far to the side to try to let them pass. Others squeeze past me from behind. They walk two or three abreast down the pavement. They bring hoards of their progeny out, in pushchairs, on bicycles and scooters, swerving all over, touching things, falling on the ground, brushing past me. I can’t help but wonder if they really don’t like their children, or if they are so blind and bloody minded that they can’t see the risk they are exposing to. They may as well send them out to play on the M25.

I get to my office, in a building that has been ‘red zoned’ throughout most of it, due to covid cases having been present there. It’s now a maze to get through. I have to push and pull 7 sets of doors to get through to my office. I sanitise my hands (with gel someone gave me last week) put down my things and go wash my hands, before getting my visit list and assembling the supplies I’ll need. Basic surgical face masks, only available to us since last week, are counted out to us each day based on the number of patients we have to see. We get one per patient, which we put on at the door, along with plastic apron, shoe covers and gloves. That’s all we get. These are just people’s houses. There’s no way to properly prevent cross-contamination of ourselves and our bags or coats. We do our best. We wash our hands, we sanitise, we try to keep our distance. It’s just not possible.

My patients, without fail, are afraid. They sit and watch TV all day. They fear for themselves and their friends and families. They swing between panic and stoic acceptance of death. I’m not sure I would do much else myself.

I’m eternally grateful and appreciative of those family members who have taken it upon themselves to care for the people who are usually our patients. Not only are many of the staff off with symptoms, or because their family have symptoms, but a lot of our workforce are working from home. I have no idea how many of us are actually left on the ground. Those lucky few who have had their family step up and take over their care have avoided the daily risk we bring to them with our visits. Even with PPE, even with every precaution we can take, we cannot help but risk their death with each visit. I feel like Typhoid Mary. I have no choice.

As I try to get between patients on foot, the streets are bustling with the healthy and the asymptomatic. There is no visible difference between them. I cut through the park, aware that each footstep I place on the grass is likely carrying novel coronavirus 19. The statistical probability of it means the odds that I’m not spreading it are infinitesimally small. As are your footsteps and everyone else’s.

Parents sit on park benches, lay blankets on the contaminated grass for their babies, then pick them up and put them back in their bags and strollers. People do press-ups on the ground. Parents play tennis and ball games with their children and I see in my mind with each time the ball hits the ground a cloud of coronavirus envelop it and land on the hands of your