

Ali's story 15th June 2020

About me	Household	Spouse	Children	Community and area
Middle Eastern background, male and Muslim. An accountant for the health service. Have some understanding of health because my masters was in human immunity. I previously worked in hospital settings as an immunologist for about 5 years. I grew up in North Africa.	In our household it's myself and my wife, we have a little girl a boy.	My wife is White British.	A little girl who's 7 and a boy who's 12.	I came to the UK. I've lived in [City] for 25 years.

My life before COVID

Before getting symptoms, it just felt like life was normal, nothing had changed. I work all through the week until 8 o'clock at night. The weekends would be where I'd spend more time with the kids. Prior to COVID, my wife's been critically off sick from work with a long-term condition, so I was taking the kids to school. We were lucky enough that we had the grandparent's help before COVID as well.

My experience of COVID

"Around mid to late March, it was getting harder to breathe. I rang 111 got through to somebody after 4 hours. You could see the GPs weren't speaking to 111 and 111 weren't speaking to the GPs. No one knew what the other was doing, and they weren't communicating. I worked with consultants and medics, so I understood the limitations of what they know. And that probably made me more heightened to nervousness."

I remember football supporters from the office coming back from the previous day's [international football] match. That seems to be a seeding point where the office became a hub to catch it. As soon as I got symptoms I quarantined at home. My first symptoms were pain when I was breathing in - it felt like there was an elastic band around my chest. I had a slight cough that gradually moved to a frequent cough. I ended up with pains in my legs and was bed bound. Every time I got up, I felt dizzy.

I didn't go to A&E to get tested. The GP basically said to me that I should drink honey lemon tea. I thought that was a complete and utter waste of time. I put myself on a 7-day course of Tamiflu via private prescription. When my symptoms moved from a dry cough to a chesty cough, I started prescribing myself Amoxicillin. The cough then carried on for another 2 weeks, but I could work.

My wife got similar symptoms at the same time. It affected me more than it affected her - she was able to carry on cooking for the family while I was just in bed. The reality was that she was going to infect the children at some point. My son had a cough which lasted 4 weeks. I know a director at one of the hospitals, so I contacted him and said I'm a bit concerned for my son. He put me in touch with their top respiratory consultant who said "look don't worry, the cough can last a long time. We're not seeing the cases in A&E that you might think with COVID for children". This calmed me down a bit, but I was still checking his oxygen level on a daily basis. My son's symptoms lingered a lot longer, possibly because he's a very fussy eater. The positive element to this is that his weight has improved in the lockdown. My daughter had no symptoms except an unexplained rash which disappeared, and that was it.

My life after COVID

After having symptoms the first time, I was more nervous of getting it a second time and people are talking about different strains, which then worried me even more, so we've been taking precautions since. From the easing of lockdown little has changed for our household. I'm continuing to work from home and when I go out, I wear gloves and a mask.

Grandparents went into shielding straight away, so at that point we were doing everything ourselves and it's been like that since - everything has been through Skype.

Everything that comes into the household is disinfected, even the food. A lot of the food is bought through home deliveries - we don't go shopping if we can avoid it. Even the post that comes in is opened with gloves, the paper is taken out. If we're keeping it, we put it away in a drawer, keeping it that way for a week or so. Any virus on there would probably have been dead by a period of a week. Once the vaccine comes out, I'll probably reduce the cautiousness and be more relaxed around it.

Why my COVID experience matters

I think health inequalities is definitely an issue. Looking at deprivation and ethnicity data can be misleading sometimes, because some BAME groups and people tend to live in deprived areas because people with similar ethnic and cultural backgrounds live there, and because of the racism they experience when you move to more of a white affluent or deprived area. For example, you might have BAME doctors living in more deprived areas, but that doesn't mean they're experiencing deprivation or that they only live there only because they don't have financial means to move. Salaries or people's professional roles might be a better indication of inequality versus where they live, so you're not falling into that trap of automatically assuming where BAME people live is because they're deprived. You get people living or moving there because of the community and for safety. The schools are more diverse, so their kids won't be subject to racism. You're always thinking in that way when you're buying a house, or putting your children in school.

People who are leading a lot of this work on BAME inequalities are from quite privileged backgrounds. How could a White middle-aged man know what it feels like to be blocked when he had privilege given to him? You're giving a really serious issue to somebody who has no lived experience of it.

We'll talk about these inequalities and the 'snowy white peaks' of NHS leadership for the next 10 years, and not do anything. Unless they start setting and being accountable to targets to have more BAME people at Board level, nothing will change. We need to start recruiting into these roles, and actually making a decision, rather than 'oh we'll give you some coaching'.