Witness Name: M3/W2
Statement No.: 1
Exhibits:
Dated: 13/08/2024

UK COVID-19 INQUIRY - MODULE 3

WITNESS STATEMENT OF M3/W2

I, M3/W2 will say as follows:

1. I am a Band 5 NHS nurse at I&S and have been working in the NHS and in the health and social care sector since I arrived in the UK in February 2010. I worked as a nurse primarily in critical care throughout the pandemic.

Background

2. During my time in the UK, I have worked as a training manager in the private health and social care sector, but the majority of my time has been spent working as a nursing assistant, and now nurse in the NHS.

3. Whilst I have been a registered nurse in the Philippines since 2009 with a few months of experience, as a result of the NMC[1] rules constantly changing, it wasn't until September 2019 that I obtained a position as a Band 4 nurse, and in January 2020, further to the necessary training and studying, that I became registered and obtained my license from NMC to practice in the UK. I was then automatically promoted to a Band 5 staff nurse and have been working in that role at I&S ever since.

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[1] Nursing and Midwifery Council.

4. I was first made aware of Kanlungan in 2016 when I encountered issues with my employment. The most priority at that time was that my employer's threat for not renewing my work visa sponsorship. This experience traumatised me and gave me a lasting anxiety that I should keep my employer happy to keep me in the job. Up until then, I felt isolated and left without any support. A friend put me in touch with Kanlungan and they supported me emotionally and practically in resolving the problem I was having at work. It was the first time I felt part of a community in the UK and comfortable to open up about any issues I had been having whether that be professionally or personally.

5. I had a spousal visa with a no resource to public funds condition attached from July 2017 until October 2020 when I was granted Indefinite Leave to Remain. I had to renew my spousal visa before this as I was short of only about two months before I could qualify for the 10-year-route Indefinite Leave to Remain application. I became a British Citizen in October 2021.

My role and responsibilities during the pandemic

6. As a Band 5 nurse, I was part of the critical care team and was therefore responsible for assessing, planning and delivering care to critically ill patients. I had to manage a large patient caseload, and these patients were incredibly vulnerable.

7. Critical care is and was during the pandemic, the most high risk ward in the hospital. The job was therefore very 'hands on' in nature, and I had to constantly check patients' vitals, sometimes more frequently than hourly. These patients were in Critical Care with several pieces of medical equipment including, but not limited to, their ventilation and oxygen support, and that is why it was even riskier during the pandemic; it can be so easily transmitted as an aerosol when people are intubated with ventilation support and in that way, the risk of transmission of the virus was much higher. This is crucial context when considering how important it was that PPE fitted properly and was suited to the roles and responsibilities that I was undertaking at that time. There was also a lot of confusion amongst management about the risk of airborne transmission at the time which created more anxiety around what type of PPE we needed.

8. The Band 7 nurses were managers and coordinators in the unit and would update us with any policy or rule changes, they were also meant to ensure that we were caring

for patients effectively and safely during the pandemic, as well as assess any particular incidents or complaints that were brought to light during that time.

Availability and adequacy of PPE

9. I was on annual leave when the pandemic became a serious issue in the UK. I was supposed to be going to the Philippines on holiday between March-April 2020 with my husband. We decided not to go, and we were discussing my return to work. I was incredibly anxious as I was already hearing from colleagues how management were dealing with protecting staff. We already knew how serious this was from other countries and their leaders, and so we all felt nervous about how behind the UK's infection prevention and control (IPC) rules and guidance appeared to be.

10. I was incredibly anxious as despite the concerns from colleagues, I knew I had no choice but to go back to work after my annual leave was up, as I had financial commitments and bills to pay. The fact that I had no recourse to public funds on my spousal visa put even more pressure on me to continue working despite my fear. I was also passionate about continuing to care for my patients and ensuring they get the best quality of care they need with my compassion and advocacy for them.

11. As I had heard from colleagues that managers were showing their reluctance when staff asked for PPE, and I was becoming increasingly anxious. This, together with the rising cases and fear of exposure and transmission, my husband had bought me my own PPE online in advance to wear at work on my return from leave.

12. I returned to work in April 2020. Between April and June 2020, I received no additional training on how to respond to the risk and presence of Covid-19 in the hospital. Only after June 2020 was information about Covid available via the staff intranet but even this was mostly general information about the virus rather than detailed guidance for clinical workers. I relied on my managers for information about what to do and they had little to share and generally advised that we should treat Covid-19 like normal flu and wait for further instruction from the Infection Prevention and Control team at the hospital.

13. There was also no clear guidance during this period about if we should self-isolate as healthcare workers if we had Covid symptoms, or for how long. I understand that from April 2020 Covid testing should have been available for healthcare workers with

symptoms, but this was not made available to me at work and I did not receive any tests despite having symptoms more than once between April and June 2020. I didn't take a Covid test until around June 2020 and this was a test I ordered from the public facing Government website for ordering PCR tests.

14. I kept raising concerns and telling them that measures needed to be put in place to ensure that staff and patients were protected, and I also expressed how anxious I was that I was working in such a high risk department with extremely vulnerable patients, and yet nothing was being done to safeguard us from the virus. Additional worry for me was that I already have health issues that might get worse or aggravated if I contracted Covid so my husband also bought plenty of over-the-counter medications, vitamins and supplements that he had thoroughly researched and believed might help if the worse happened.

15. Also in April 2020, I wore the PPE that my husband had acquired for me privately. I wore a plastic hair covering, gloves and apron and a FRSM surgical mask. I also wore a respirator hood at times, which my husband has purchased, due to the lack of available FFP3 masks. I was immediately reprimanded for doing so. Managers told me that I was making staff, patients and visitors feel uncomfortable and told me that there was no need for wearing PPE because the IPC team hadn't directed us to do so. It was for them to tell us when to wear PPE, how to wear it, and under what circumstances we were able to wear it.

16. I said that I understood the position but that I really felt the need to protect myself and my highly vulnerable patients. I explained that I was also worried about catching it and transmitting it to my husband who is also a frontline worker, and the fact that we could become super spreaders of the virus.

17. My managers said that if I didn't stop wearing my own PPE that they were going to take 'serious measures' against me and that I would 'get into trouble with Infection Prevention and Control'. They made me feel self-conscious that I was going against their protocol and guidance policy if I was to continue wearing PPE without what they considered valid reason to believe that I needed to. I felt as if this was a threat to my job, I felt insecure and that I could receive disciplinary action, lose my job, or be transferred to another hospital, if I didn't stop wearing my mask. I was so anxious about what to do and my mental health was already deteriorating as a result.

18. I felt that the managers were not doing enough. They could have queried the position with Infection Prevention and Control straight away and ask for measures to be put in place and advocate on behalf of staff that were on the frontline and were extremely anxious when trying to treat vulnerable patients. I also felt like because of my background as a migrant worker, that I wasn't being listened to and that my concerns were not being treated seriously because of that.

19. When I agreed to stop wearing my own PPE, I felt as if that was almost a victory for management and they were noticeably relieved. I was so worried about protecting myself and my husband as well as our patients and the wider public.

20. It wasn't until June 2020 that the IPC team gave instructions on this and PPE measures began to be introduced though they were minimal The first PPE measures implemented in the hospital that I worked in relating to my role was only to not wear uniform anymore on the way into hospital and that we had to change into it when we arrived.

21. At this point, we were told to wear masks only when interacting with a patient that it had already been confirmed had contracted the virus and was presenting symptoms. Even in those circumstances, you would constantly be scrutinised and asked by management why you were wearing a mask. You always had to justify it and management were constantly questioning whether there was a need for it.

22. It was also around this time that we had to be 'fit tested' for PPE, though we were not expected to wear it all the time.. There were different types of masks and you'd need to carry out movement tests to ensure that you have the correct and most suitable mask for you in your role. I was tested numerous times unsuccessfully, and I believe this is because they were initially sourcing the cheapest PPE available and so it rarely fit properly.

23. Very late on in June 2020, they began putting measures in place that meant that staff within the critical care ward had to wear 'full gear' PPE. This includes goggles, FFP3 mask, face shield, gown, gloves, hair cap and shoe cover. On other hospital wards, they were still not allowed to wear any PPE unless it was already apparent that the patient had contracted the virus, or when they needed to test patients that came in with suspected covid symptoms. This meant that there was already potential exposure from nurse to patient, but managers would still say that unless the patient was on oxygen

or intubated, that it wouldn't matter and that we'd all be fine. They did not factor into their decision making or assessments the fact that frontline workers were being potentially exposed to the virus both inside and outside the hospital, and potentially passing it on to both patients and members of the public outside the hospital.

24. In July 2020, I was redeployed from critical care to another ward at very short notice. I believe this was in response to my complaints about the lack of suitable PPE. I was told that this ward was low-risk so I wouldn't need PPE but as far as I know there was no risk assessment carried out. I had no PPE in this ward until September 2020.

25. It was only by the end of September 2020 that my managers concluded that I had to wear the correctly fitting mask. However, they didn't have enough available yet so it was only then that I was allowed to wear a surgical mask with full PPE. I kept changing my PPE regularly if I was wearing just an apron or full blue gown apron, with or without face shield) when carrying out Covid tests (via nose and throat sample) on patients. Then, in around December 2020, a senior nurse from Critical Care got in touch with me, tested me again and made sure that I was provided with a big plastic-rubber mask which was more expensive than the normal FFP3 white mask. I was told to put my name on it and keep it safe and cleaned every after use with a patient. Even then, I had to keep testing it because it was clear that it still didn't fit properly and I expressed concerns that I wasn't protected because of this.

26. It was also confusing because the rules kept changing and policy and protocols changes from one area or unit to another, so you had the critical care ward acting in a different way to other wards. For example, different advice was given around PPE for work with similar risk levels, and different isolation periods were advised by different managers. It felt like the policies weren't properly thought out.

27. There were supply issues from the very beginning and this further fostered a hesitance to wear PPE and a reluctance from managers to allow you to do so. Supplies were always low. Throughout the entire pandemic we were continually told that we were only allowed to wear the PPE when absolutely necessary. It was not as if we ought to wear it, but it was only if you '*really* needed it.' We all felt that we had to ration the PPE that was available, and use it sparingly. We were also aware that those with immune suppression problems or those who were highly vulnerable would take priority, and so

we were always worried that we would be taking away from others when using the PPE.

28. To make matters worse, managers and coordinators would say that we would need to monitor the PPE stock ourselves. In other words, we would need to say if we were running out of PPE or about to run out we need to let them know. That was because it would take time for them to order additional PPE from the IPC team and other sources, and that there would be an inevitable delay in us receiving it due to high demand across the country and national shortage.

29. As above, It wasn't until December 2020 that I received a big plastic-rubber mask that actually fit me and I was told to 'guard it with my life' because of the expense and shortage. The mask came in the form of a clear visor with filters on its sides and labelled with my name.

30. Because of the shortage of PPE, at the beginning of 2021, we were told that we needed to wash the PPE that we had used, even though this was supposed to be disposable and of single use. We would need to wash face shields and then put them back in the drawer for us to use again, or worse still, for other colleagues to use if there was none left. Needless to say, this meant that there was a massive risk of cross contamination and spreading of the virus across the team. At some point, we were also told to label one face shield to keep on using more than once as long as we cleaned it with detergent wipes for every after-patient care.

31. Even at this point, when I tried to source my own PPE (as a result of the sheer shortage in the hospital), they would rather I did not wear anything, than wear PPE that wasn't acquired by the hospital.

32. Nothing was in place to enable us to take a uniformed approach to PPE across the hospital. It was so taxing on us, emotionally and physically. We were being faced with something deadly and unknown, and we did not know what was going to happen next, and we did not have any faith in the managers or the IPC rules to properly protect us and our patients. At no point between January 2020 and March 2021 - when I had to stop working due to Long Covid – was there enough PPE available for everyone to be suitably protected.

Access to testing for patients and frontline workers

33. It wasn't until June 2020 that they started testing for patients but only when they had presented with obvious symptoms. Patients without symptoms were first tested in November 2020. Even after this point, the approach to testing was inconsistent and doctors would respond differently to a positive test. Some doctors would insist on following guidelines to reschedule non-emergency surgeries where the patient tested positive for Covid to protect staff and other patients, whereas others would say that it was okay and allow the patient to have surgery anyway. Not only did this expose us to greater risk, it also made it hard to advise patients as they received inconsistent information. I felt that I looked unprofessional being unable to give patients consistent advice, and it was difficult being on the receiving end of their understandable frustration and complaints.

34. I wasn't tested until after I had already contracted the virus in late November 2020. It was only then that they began testing staff and patients more routinely. I believe I had Covid two or three times before November 2020 when I had symptoms, approximately monthly from August 2020, but I didn't have a test to verify this.

35. Throughout the pandemic there was different criteria for getting tested depending on the department. Staff with symptoms began being tested at work in November 2020. However, from December 2020, we were only told to test if it was within a three-day window of developing symptoms or being a contact of someone who tested positive. In January 2021, the window for testing was extended to five days. Outside of this window, it was considered that there was no need to test.

36. The advice on self-isolation was also inconsistent. Sometimes we were advised we only needed to self-isolate if we had all the Covid symptoms, at other times only if we had a fever, and at other times if we had any Covid symptoms. When I was working in critical care, it was understood that the isolation period was 10 days when we had Covid symptoms and/or a positive test. Whereas when I was moved to the surgery influx ward, my managers told me I only needed to self-isolate for 5 days, and that as long as I didn't have symptoms I should return to work because the 10 day isolation period only applied to non-healthcare workers. I consulted my previous manager who told me this was not true, but there remained inconsistent messaging on this for several months. On one occasion, a colleague came back to work while she still had symptoms and this caused me a lot of anxiety.

37. Staff members without symptoms didn't start being tested until early 2021, and even the only clinically vulnerable staff members. I felt that this approach to testing was intentional, and that they would rather I worked with the virus with all the risks that comes with, than not work at all.

Access to mental health support

38. The pressure on my mental health whilst working in the NHS during this period is indescribable. I was constantly anxious, exhausted and felt horrified both by our working conditions and the suffering our patients were enduring. At no point did my managers indicate that there was any mental health support for us as healthcare workers to help us cope. They didn't acknowledge the burden on our mental health or encourage us to seek help. I believe that there is an employee assistance wellbeing programme available to staff, but this is the same service available at all times and it was not clear what was available through this service, particularly at such a busy time. No additional support or advice was put in place to support our mental health and mental health didn't appear to be a subject of concern to my managers.

Long Covid - Symptoms, Diagnosis and Impact

39. Contracting the virus and the measures and rules in place to protect frontline workers during the pandemic, has had and continues to have an immeasurable impact on the mental and physical health of both me and my colleagues.

40. I now suffer with long covid and have found obtaining a diagnosis and accessing care and treatment extremely difficult.

41. The symptoms that I suffer from include, but are not limited to:

    i. Memory issues and 'brain fog'.
    ii. Extreme fatigue
    iii. Joint aches and pains
    iv. Muscle aches and pains
    v. Severe dry eyes and skin
    vi. Eczema and allergic rhinitis
    vii. Low blood pressure
    viii. Frequent fainting episodes

ix. Physical exertion and low stamina.
x. Extreme shortness of breath; and
xi. Heart palpitations.

42. I am on lifelong medication; beta blockers, as well as nortriptyline. I feel I am a guinea pig in trial medication for Long Covid. If I do not take my medication I almost am unable to function. My condition, even whilst medicated, still affects my daily life and employment even up until today. It is incredibly difficult for me to think clearly and I sometimes forget the tasks that need doing. I feel this has massively affected my confidence and trust in my own work and places me at risk at work and the care for patients.

43. I faced barriers when trying to get support to manage these symptoms. I went to my GP in January 2021 to ask for help and advice with my symptoms. I was so upset that they were dismissive of my symptoms, refused to provide me with any support and instead labelled me as a hypochondriac and diagnosed me with anxiety. It was only ten months later after pushing for a proper diagnosis with the support from Kanlungan, that I was referred by my GP to the Long Covid Clinic in October 2021. I was assessed by the Long Covid Clinic in October 2021 and all of my symptoms were validated. However, there was a long waiting list and I did not receive support from the Long Covid Clinic until March 2023.

44. The Long Covid Clinic expressed serious concerns that my GP hadn't picked this up when they were first presented with my symptoms. They apologised for the delay in beginning symptom management, explained that they were understaffed and expressed regret that they could not see me within the two-week referral target. The Long Covid Clinic told me that what I was suffering from was Long Covid, and that this was a disability. Had I been referred to the clinic sooner, I am sure my symptoms would have improved earlier and the impact on my life wouldn't have been so devastating.

45. My employer has not provided me with sufficient support to help me manage my disability at work.

46. On 1 September 2022, the NHS rules around sickness absences related to Covid-19 changed so that Covid-19 Sick Pay would end and staff would return to sick pay based on their normal contractual terms and conditions. This caused me a lot of anxiety because I still wasn't well enough to work but I knew I wouldn't be able to afford to live

on Statutory Sick Pay and/or disability benefits. I began discussing a return to work at this stage because I was terrified of losing my job.

47. In November 2022, I had periods of being unable to walk but I felt I had to prove that I was trying all efforts to return to work again and to avoid losing my job. I attended and requested for my medical appointments to be scheduled earlier if possible. My husband, who is also a frontline healthcare worker, had to continue working full time to cover our livings costs. As a result, he could only care for me outside his long working hours. Around this time, we had a very difficult conversation and came to the decision that I would need to stay with my family for a while in order to get the care I needed. I was very sad to have to go but I also knew that I needed the support of my family, this involved having to take an exhausting and difficult journey to the Philippines. I explained to my employer that I needed to be out of the UK for this period, and in response they told me they didn't understand why I still needed sick leave because if I was well enough to travel, I should be well enough to work. In reality, I wasn't well enough to travel, but I had little other choice. The stress of these discussions made my symptoms worse for days. I realised that my managers did not have the skill or knowledge of how to deal with Long Covid symptoms, and it has had a serious and ongoing impact on me.

48. To show my effort, I told my managers in early 2023 that I could try a phased return to work and get support from the Long Covid Clinic (LCC) but they were not happy with the initial proposals. Having discussed with the LCC, I suggested a gradual return to work at two hours a day for three days a week, so six hours in total. They said that there would be a risk of termination if this were to be the case. I therefore asked for reasonable adjustment to allow for less physically demanding work at the hospital.

49. After lengthy negotiation, I returned to work in May 2023 on a phased return of 1-4 weeks at 6 hours a week, and then for weeks 5-8 I would need to work 7.5 hours. I began with working from home before returning to work in a clinical setting. However, full pay would only be paid for the first four weeks, after which wages cut to only hours worked, which would be equivalent to an around 85% pay cut.

50. Suitable parking is an obvious barrier for me to return to work and I am in the process of applying for a blue badge, but my employer has said that they will not reserve a close parking space for me. I am trying to find ways to travel to work without this being too physically demanding, but my managers have not been helpful and have just told me to liaise with parking managers myself.

51. I felt continual pressure to keep my pace to a 20-hour work week and managers told me that if I couldn't provide a date as to when I would be able to return to full time hours, there was a risk of employment termination. The process of transitioning from working at home, to working in a clinical setting was stressful. Although I was still employed by the NHS, I was assigned to the medical redeployment channel and effectively had to apply for new clinical jobs over several months. The process was tiring and involved a lot of uncertainty. I was often told I had to undertake various prerequisite trainings before I could start new roles despite my long experience in critical care. However, when I finally returned to work in a clinical setting in October 2023, I felt that there wasn't enough support and specific training about how to use my experience whilst managing my completely changed capacity with Long Covid. In my first week back in a clinical setting, I worked 40 hours which left me completely depleted. I was also concerned to see that there seemed to be less concern amongst other staff about wearing PPE despite the reduced but ongoing risk of Covid infection and Long Covid. I am concerned that I could catch Covid at work again, and my ability to work and manage my symptoms will reduce even further.

52. By the end of my first week being back in clinical duties, I fell ill and developed aches and pains on my left shoulder and was told by the out of hours GP that my recovery would take 18 months to 3 years and advised that I tell my manager so that I would not aggravate my symptoms further. They advised that either management should make reasonable adjustments or just could not go back to work anymore so as to avoid any more strain on my bad shoulder. I was scared of losing my job again so I tried to manage my symptoms the best way I could with the pain relievers and supplements I was already taking before for my Long Covid symptoms began. On the weekend following my first week back to clinical duties, I had severe symptoms and had to phone off sick the following week and returned to work on the Thursday, masking my pain and anxiety with lots of positivity that I can do my job. Nonetheless, I had to tell my new manager then to be aware that I am not a hundred percent well and that I will let her know if my trial being back would make my recovery worse.

53. I feel as if there is a completely lack of adequate policy and protocol regarding Long Covid and employees affected returning to work, as there is still relatively little known about the condition and best practice.

54. Managers have shown no compassion for what I have been through, and have judged me for suffering from long covid. They are dismissive, have shown a complete lack of awareness of this as a disability, and there has been no patience to wait for recommendations from my occupational therapist to see the ways they can better support me. Instead, I have just been told to 'be accountable' for the work that needs doing.

55. It was only in November 2023 when I met a manager who told me herself that she also suffers from Long Covid symptoms and that she is lucky that her job requires more admin/desktop duties than my more junior nursing role. She said that no one could understand about Long Covid symptoms unless they have got it or experienced it. Even so, she recognised that my previous managers had been quite cruel and invasive about my situation.

Mental Health

56. The pressure on my mental health whilst working in the NHS during this period was indescribable. I was constantly anxious, exhausted and felt horrified both by our working conditions and the suffering our patients were enduring. At no point did my managers indicate that there was any mental health support for us as healthcare workers to help us cope. They didn't acknowledge the burden on our mental health or encourage us to seek help. I believe that there is an employee assistance wellbeing programme available to staff, but this is the same service available at all times and it was not clear what was available through this service, particularly at such a busy time. No additional support or advice was put in place to support our mental health and mental health didn't appear to be a subject of concern to my managers.

57. Working through the pandemic under that conditions that I did, and the way I have been treated by managers, as well as my disability has seriously impacted my ongoing mental health. I feel anxious, depressed and isolated, feelings that I know are shared by many of my colleagues. Thankfully I have been in constant contact with Kanlungan who have provided me with mental health support for the last two years but they have limited funding and availability. I don't feel comfortable accessing mental health services with my GP given the issues I have had with them surrounding my long covid diagnosis.

Disproportionate impact on Filipino/ethic minority/migrant workers

58. Towards the end of June / early July 2020, my managers had told me that they were aware that those from minority backgrounds were being disproportionately impacted and that they were going to do an assessment of how they could help me in my working environment. It was a questionnaire form that they completed. It felt completely like a 'tick box' exercise, paperwork that they had to complete to show that they had followed policy. I didn't know about it until a new manager (who seemed more concerned about the risks and impacts for BAME staff) discussed the need to fill in the form in around September 2020. They did nothing to follow it up and it appeared to have no substance.

59. In fact, as I explain above, they continued to dismiss my concerns over PPE and treat me differently from my white colleagues. An example of this is in July 2020 after I consistently raised concerns about the lack of PPE in the critical care ward. On a Friday I was told by one of my managers that I would be transferred from critical care to a less high risk area, a new ward preparing inbound patients for surgery, which included testing them for the virus. I was told that I would be moving the following Monday. I asked whether I had a choice, and my managers told me I didn't

60. In this ward, there was a high turnover of patients, incoming from other wards with several varying levels of PPE and IPC guidelines and frequent discharges. I remembered it being described by other staff as chaos due to lack of resources and other factors while we try to provide our best care to patients in those circumstances. It seemed to me that it was impossible to monitor the Covid risk in this area, and there was no risk assessment carried out for my reassignment in any case. I felt that they transferred me so that I could no longer complain about the lack of PPE, and the implication was now that there was even less reason for me to wear it. However, there was obviously still a serious risk of exposure in the ward that I had been reassigned to.

61. In this new ward, there were no biohazard bins, no curtains to isolate those who tested positive, and a complete lack of PPE. I raised these risks repeatedly, as did my colleagues, but I was ignored. It seemed to me that complaints raised by my white colleagues were taken more seriously. I lost all confidence to advocate for myself in these areas, I was not sure about the exact needs for protection as I was unfamiliar with the team and the workload and what was required.

62. Many of my colleagues were also from migrant backgrounds and throughout the pandemic we felt that we were not being taken as seriously as our white colleagues. Our communities were being disproportionately impacted by the virus, and we did not feel safe. Additional steps ought to have been taken to protect us in light of this, but when we raised concerns about institutional racism and the impact that this was having during the pandemic - that they not taking our worries over protection and transmission seriously, particularly given that we were more at risk - managers were defensive and dismissive.

63. My colleagues who were also reassigned to the surgery influx ward told me they also didn't want to go and that they feared the risk and lack of protections, but they couldn't refuse because of their visa status. When I was in the redeployment channel waiting to get a new job after I returned to work in May 2023, I met another migrant nurse who was suffering with Long Covid and feared she would lose her visa because her symptoms meant she couldn't return to her previous job, and didn't know if she would be able to get a new role through the redeployment channel.

64. I had similar experiences at the Long Covid clinic where I met other ethnic minority healthcare workers suffering with the condition, but who felt they had no option to return to work despite their debilitating symptoms because their leave to remain was dependent on their work. Others I met at the clinic were so debilitated by the condition they had no option to continue working, and they were in financial trouble and fearing destitution as a result. I was acutely aware that this could have been my situation as well if I hadn't got my British Citizenship in October 2021, and that had I still had an NRPF condition on my visa as I did for most of 2020, I could have been made destitute by this virus.

65. I am left feeling a complete lack of trust that the NHS will keep me safe as a frontline worker. I have felt discriminated against not only because of my background, but also my disability. I have received no recognition for the fact that I caught Covid at work in service to the NHS during the most difficult time in our history, and without proper rules and regulations in place to protect me. I worked as hard as I physically could, and at great detriment to my own health, to try to support the NHS through the surges of Covid cases, and I expected to be supported in the same way in return. Instead, I have been treated with contempt and suspicion, fearing for my livelihood and without suitable support in returning to work.

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Name **M3/W2**

Signed: **Personal Data**

Dated: 13/08/2024