

“Where’s the Challenge? Where’s the Crisis? Where’s this COVID?”

Interview with an NHS Nurse

By [Gavin Phillips](#) and [Unnamed Nurse](#)

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Today’s newsletter of Lockdown Sceptics features an exclusive interview with a nurse who worked in an NHS hospital throughout the pandemic and says she has never had so little to do. Now she feels compelled to speak out against the “most wilful of lies” she has witnessed, in the hope that “such a grave miscarriage of justice for health can never be allowed to happen again”.

The interview was conducted by Gavin Phillips. The nurse has to remain anonymous because if she’s named she’s likely to lose her job, given the NHS’s [draconian policy](#) about not talking to the media. But *Lockdown Sceptics* has confirmed she is indeed a registered nurse – we’ve seen her NHS id and spoken to her.

She is 100% genuine.

-Will Jones, Lockdown Sceptics, October 10, 2020

Interview with a Registered Nurse

This is an interview with a nurse with over 20 years’ experience. Jessica (pseudonym) has worked in a large NHS hospital for the majority of the time from February through September.

I have met with Jessica and have verified that she is a registered nurse. She wishes to remain anonymous at this time.

Q. Do you work in the same hospital most of the time?

Answer: Yes

Q. What size is the hospital, how many beds are there?

Answer: Over 800

Q. Different nurses often have different areas where they work in a hospital. In which departments do you usually work?

Answer: All departments. Care of the Elderly, Medicine, Surgical and Emergency area. As well as specialities like Stroke, Gynae, etc.

Q. Please walk us through a typical shift for you. The types of patients you would help and

what you would be doing.

Answer: After handover from the night staff lasting about half an hour, I would then begin my morning medication round. This would probably finish between 9am and 9.30am, by which time doctors would be on ward. I would prioritise and attend to my most unwell patients first, making sure they had the fluids or other products they need, like blood transfusions or antibiotic infusions.

If on a surgical ward I would prepare my patients for theatre, liaising with anaesthetists and surgeons to make sure they were prepared safely and all checks completed. After this I would help care assistants with washing other patients and making sure they were comfortable. A round of observations would also need to be done in the morning of blood pressures, temperatures, etc.

My lunchtime drug round would then begin and after lunch it would generally be very much about completing processes for patients' discharges, care rounds and initiating changes doctors may have made to patients' care. If on surgical wards, I would then go and collect my patients from theatre and monitor them closely during recovery back on the ward. An evening drug round and copious amounts of paperwork would then complete my day.

Q. I know that different hospitals offer different treatments and surgeries. What types of surgeries does your hospital offer?

Answer:

- All types of orthopaedic surgery. Plastic surgery, usually from a traumatic wound or a cancerous skin lesion
- General surgery such as appendicectomy and cholecystectomy
- Mastectomies and surgery for breast cancer
- Gynae surgery
- Vascular surgery
- General day surgery where invasive diagnostic procedures may be done like endoscopies and biopsies. Also stenting, usually for urology purposes
- Chemotherapy department
- Dialysis department

Q. Generally, how busy was your hospital?

Answer: Very busy.

Q. What was your hospital's busiest time of year?

Answer: I absolutely find the type of patients and the workload the same all year round.

Q. Do you recall any particular winter that was very busy and with what?

Answer: Norovirus is generally more common in winter. So, this would impact on the general hospital workload as, similar to Covid, the wards would be shut to all visitors, no other patients could be admitted to prevent contamination and therefore many beds on norovirus wards would be empty.

Q. When did you first start hearing about COVID-19?

Answer: End of February

Q. What did your superiors say about it early on?

Answer: There wasn't a great deal of information, other than what was on the news and

other media. I think staff's biggest concern was for their own safety, the main issue being PPE. Certainly, there was some unnecessary hysteria, but generally I think the wards took things day by day. I did not see any superiors.

It seemed to be that whoever was in charge of a shift (this could be a staff nurse, not necessarily a ward sister or manager) would attend a brief Covid daily meeting, but little information would be relayed on their return, maybe just how many Covid patients were in hospital or PPE advice.

Q. Was Covid expected to overwhelm your hospital?

Answer: Staff were generally overwhelmed with fear of what to expect. The world had been warned of this new killer virus and I think many must have felt like lambs fed to the lions.

Conflicting information on PPE, different countries around the world seeming to have more adequate protection and the dilemma of whether staff should separate from their own families to protect them from this transmissible threat to life that was Covid.

Nurses had fewer patients now as there were fewer patients overall and many redeployed staff, so I don't think staff could have felt overwhelmed from a workload point of view. But working with the pressure that life was no longer as we knew it took its toll on everybody

Q. At what date (approximately) did you start seeing Covid patients?

Answer: Beginning of March.

Q. What were their symptoms?

Answer: Low oxygen levels, sometimes a higher temperature but often no symptoms that would distinguish differently from their other underlying conditions. I did not come across any patient reporting more unusual symptoms like loss of smell or taste. Neither did I see any patients that developed any associated clotting problems.

Any deteriorating patient would develop worsening function in all body organs and systems but these cannot be called symptoms of Covid. It's just more the fact that a patient was dying in the same way every other failing bodied patient has died.

Q. Were their symptoms any different to other serious respiratory viruses that you had seen and treated in the past?

Answer: The Covid patients presented no differently to any other respiratory illness, which most Covid patients already had a history of anyway. Previous to Covid we would see patients with the same symptoms in conditions like exacerbation of chronic obstructive pulmonary disease, community acquired pneumonia, hospital acquired pneumonia, some types of heart failure, sepsis and general frailty.

Any infection, as we all know, could present with a high temperature and quite understandably if a patient was admitted with a chest infection, we could also see deteriorated respiratory function which would be low oxygen levels. A simple chest infection in the main could look identical to Covid.

Q. Did you see any Covid patients under 20 years old?

Answer: No

Q. Did you see any Covid patients under 50 years old?

Answer: No

Q. What was the general age range of the Covid patients?

Answer: Over 70

Q. Were the elderly moved to Care Homes?

Answer: Not immediately. Most were detained in hospital for a long time, absolutely unable to see any of their family. These patients would not be for resuscitation so essentially their treatment would be palliative. I do not think that hospitals are the best places to find comfort, dignity and symptom control so it was distressing that many patients could not be discharged sooner.

Q. As you mentioned, this virus mainly attacks the elderly. With the lockdown rules and the elderly unable to see their family for months, what effect has this had on their mental health?

Answer: It has affected their mental health enormously. Bewilderment, loneliness and isolation. I know many elderly people who have had to choose between obeying the fear and seeing their own grandchildren, with many hearts creakingly choosing the first.

They should never have been put in this impossible situation, compounded all the more by the fact these could be the final months or years of their lives.

Q. Approximately what percentage of the Covid patients had other serious pre-existing conditions?

Answer: 100%

Q. Please give us some examples of those pre-existing conditions?

Answer: Heart failure, Parkinson's, strokes, leg cellulitis and leg ulcers, diabetes, kidney disease and general anopia are some examples.

Q. Is it true that other viruses like flu and pneumonia mostly kill the elderly who have at least one pre-existing condition?

Answer: Yes

Q. In your over 20 years of experience, did you see a specific difference between Covid patients and other patients you have treated that had a severe viral infection?

Answer: No

Q. What were the treatments you gave to Covid patients?

Answer: Oxygen therapy and IV fluids. Often antibiotic therapy also.

Q. During the height of this alleged pandemic in April, how many Covid patients were in your hospital?

Answer: I am not sure, maybe 100 to 125.

Q. Was there a point at which you thought that this was not a pandemic?

Answer: I did not think this was a pandemic from the start. I think people were being intentionally frightened and this is what captured my attention. So, I decided to sit back and observe for differences between Covid and normal health problems. But no differences whatsoever were revealed to me.

Q. Were there any other patients in your hospital from April through August?

Answer: A very minimal amount.

Q. How empty was the hospital during those months?

Answer: Extremely empty. Bays that were normally full were completely empty. On several occasions I have had no patients at all for an entire 12-hour shift.

The hospital has speciality wards for medical emergencies such as strokes, which were always full (before Covid). An emergency episode like a stroke can be easily diagnosed and treated with thrombolytic therapy, a hugely vital service preventing death and worsening brain injuries. The stroke ward was virtually empty.

I know there is some belief that hospitals were empty because our usual patients were too afraid to come to hospital because of the pandemic. However, the majority of patients never brought themselves into hospital anyway, being so ill that somebody would need to call an ambulance for them as they had suffered a stroke or an epileptic fit or a fall.

In the main it would be a carer, district nurse or kindly neighbour that phoned for an ambulance on their behalf, but it seems that these calls just weren't being made. It makes me shudder to think that these people, mainly the elderly again, collapsed and likely died at home as coming into hospital for treatment no longer seemed an option for them.

It is a simple observation and I would welcome any government official to compare hospital records from this year to every other year and examine why this category of patients were suddenly missing.

Q. Were all other serious surgeries postponed during this time?

Answer: I believe all other surgeries were cancelled apart from some orthopaedic trauma and general trauma. I am not sure about chemotherapy but I think all services were very limited if not ceased completely.

I nursed a 50-year-old lady last week who was diagnosed in January with aggressive breast cancer. Her mastectomy was planned for early March but was then cancelled. She had no contact with the Oncology Team and only just had her mastectomy three weeks ago. When I met her, she was waiting on the results of her recent MRI to see if her cancer had spread anywhere else. She has really experienced a lot of fear this year.

Q. What were you and the other nurses doing on your shifts in a hospital that was virtually empty?

Answer: Nothing. Although I did busy myself on one occasion doing an incident form as the stock supply of basic equipment was unacceptable.

Q. Were any other nurses or doctors questioning this?

Answer: No

Q. Could your hospital have coped with the Covid cases and carried on offering regular health care as they have done in previous epidemics?

Answer: Yes

Q. For clarification. Your hospital was nearly empty for five-plus months. People who desperately needed surgeries and other treatments were postponed for many months. Was this necessary in your professional opinion?

Answer: No

Q. Have you spoken to other nurses in different hospitals? What have their experiences been?

Answer: They all agree that hospitals have been empty, but most believe this was necessary to protect the public. But many never question it at all.

Q. While the country was clapping for the NHS, you were sitting in a nearly empty hospital. How did this make you feel?

Answer: I felt a terrible fraud when the whole country was clapping the NHS. Once, when I was on duty at the allocated clapping time, the staff that had had a rather quiet day, then insisted that everybody stand up and clap themselves as well.

I have to say this rather turned my stomach, and I had to make my excuses and lock myself in the toilet. I felt rather desperate to find colleagues that might be questioning it all, like myself, but it was clear to see that everybody was believing the media narrative.

I also felt despairing for my patients. Many were very alone and afraid, unable to see their loved ones. I think my saddest experience in all my nursing career was back in March when I had to lend my mobile phone to a dying man so he could say goodbye to his daughter. It felt utterly unfathomable that myself, this man and his remotely present daughter could find ourselves in this situation, and we all cried.

Q. Has your hospital started to help people in September?

Answer: Yes, services have been reintroduced gradually.

Q. Were you ever told by your superiors not to speak to anybody in the media about the fact your hospital has been virtually empty for five months?

Answer: No, not directly, but that has been my understanding.

Q. In recent weeks the government has been mentioning increasing cases of Covid. Cases of a disease are more serious than someone who only tests positive, but has little or no symptoms at all. But the government has not made it clear to the public the difference between the two, or whether they count all people who test positive as a new 'case'. Have you seen an increase in Covid patients being admitted to your hospital in the past six weeks?

Answer: No

Q. The Government has been saying that Covid is an unprecedented threat to public health and is a national crisis. It has implemented the most draconian restrictions on people's liberty this country has ever seen. But your experience tells a totally different story. Was it strange seeing the stories in the mainstream media of a supposed Spanish Flu (1917-1918) type killer virus, but you are seeing nothing like this in your hospital?

Answer: Yes, it felt completely surreal. A wave of disbelief that I found really quite crippling at first. Many people in my family were asking my opinion on the coronavirus in the week or two before lockdown. I confidently reassured them that everything was okay and although much news was being made of it, this was really nothing that new. As always, we should be a little more mindful of the elderly and vulnerable, but compassion and common sense would eventually prevail. How wrong I was.

My partner was furloughed, the schools and high street closed immediately. Any forms of

normal recreational escapism disappeared overnight, compounding the fear suddenly unleashed on our lives. I knew far greater health threats were occurring as a side-effect to all the unforgivably irrational management measures of Covid.

I really cannot call them safety measures. Rather than protecting health I in fact saw greater neglect as fearful staff were told to limit their time with patients and the care that these people deserved in the last days and weeks of their lives simply wasn't there.

Many patients I see now will have stories of how they could not access any services, follow-up appointments or GP appointments. This is not what I became a nurse for and if healthcare has failed them in any way, all I can give them now is my sincerest apology.

Q. What are your reasons for taking part in this interview?

Answer: As a nurse, acting in the best interests of patients and the wider general public has always been the most integral part of nursing for me. Sometimes my views may be opposed by other health care professionals, but I will always advocate for my patients to ensure they have the fairest and best treatment.

When the pandemic began, I certainly did not see action taken in the patients' best interests. Keeping relatives away from their dying loved ones in hospital must surely be an infringement on basic human rights.

Scared staff were told to limit the amount of care given to patients, all very elderly, thereby compromising their personal hygiene, care and dignity. Doctors paid much less attention to all other health conditions as patients were not for resuscitation and considered "end of life".

This hospital formula in response to the alleged Covid pandemic I believe is a direct link to increased deaths. If Covid produced different symptoms to other viruses, it would be an undeniable new and frightening virus, but life in hospitals looked exactly the same. If the stories of "this unprecedented new virus" were not constantly flooding all news and media, we would never even have known of its existence.

We must also not forget the patients who have been denied healthcare for many months. The many, many patients that have been unable to access services, outpatient clinics were no longer open, a crucial service of reassurance and possible detection of changes to their health conditions.

This would have caused enormous anxiety to those denied. I have met patients that have had surgery cancelled. A lady that broke her arm in February has had it hanging limply by her side since, losing muscle tone, good circulation, affecting her life and ability to work. She has attended A&E twice begging for surgery, even saying she would sign a disclaimer if she contracted an infection. But of course, she was refused and her despair and desperation ignored.

So, depression sets in. Depression, anxiety and general loss of confidence in our public bodies will all lead to serious mental health problems and therefore increased suicides. Loneliness and isolation experienced in lockdown can affect us all, healthy or otherwise, this too will undoubtedly have devastating consequences on the mental health of individuals.

The speed at which I could see my colleagues buckling against the fear and brainwashing was also hugely unsettling. Orders were simply followed without question, which in turn fills

me with fear, as a healthy world can only be achieved where ideas and instructions are studied, challenged and debated.

I can only say the most wilful of lies were being told during the height of the pandemic and continue today. Chief nurse Ruth May has said that nurses were at the forefront of the COVID-19 response and have worked so hard. She has said she is proud of how nurses have stepped up to the challenge. I do not consider this to be truthful at all. Some wards were full, but with no more patients than any other times and lots of redeployed staff. The workload was definitely less. Other wards were rather empty. Where's the challenge? Where's the crisis? Where's this Covid?

I know there are figures upon figures, statistics upon statistics, that the Government is picking and choosing to endorse the fear and create scare tactics, but for me, the numbers do not account for much. They've 'cooked the books' and the masses have been manipulated.

For me, it's over 20 years of experience, professional and human instinct and being on the front lines for over six months. I have seen confusion, avoidable suffering and death with my own eyes, so I have no need for the numbers.

I consider this interview to be the greatest practice of patient advocacy I can ever demonstrate. I will do whatever I can, I must raise awareness to the real truth so that questions can be asked and enquiries may begin. My real hope is that such a grave miscarriage of justice for health can never be allowed to happen again.

Q. Thank you for taking part in this interview, I appreciate it and I'm sure many others will appreciate it as well.

Answer: Thank you for giving me an opportunity to inform people about what I have seen over the last six months.

Closing thoughts

As "Jessica" has stated, she has been sitting in a nearly empty hospital throughout this alleged pandemic. Other seriously sick patients have been deprived of medical attention for six months. The entire country has been scared witless by a massive fear campaign orchestrated by this government and spread by the mainstream media.

The suffering that the people of our country have endured is incalculable and unprecedented. This Government needs to be held accountable for its actions. If any police, lawyers, nurses or doctors want to tell their story during this Covid period, or want to help in any way, please contact me at gavinph@protonmail.com, Twitter: [@photopro28](https://twitter.com/photopro28) . The truth must be brought to light.

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