

SISTER OF MERCY



At exactly the same time as the world was being overwhelmed by Coronavirus (SARS-CoV-2) in early 2020 and Europe and the rest of the planet went into an unprecedented lockdown, I was rushed into hospital having suffered a massive internal bleed and shortly afterwards was diagnosed with cancer. Over the following months I spent many days and weeks in hospital. Some of that time, although I remember little of it specifically, I was being cared for in the hospital Intensive Care Unit. Being cared for is an understatement. They saved my life and subsequently kept me alive until my condition improved enough for me to be moved to a general ward.

I wanted to understand, get an insight into how, in a world that places so little significance on kindness, someone whose life's work is built around kindness, functions day to day, let alone in the midst of a pandemic.

Along with the ice bucket challenge and other such stunts, we've had the collective clapping for nurses and, just as quickly as we did with the the ice cubes, we've shaken that off too. Now our restless distraction has settled somewhere else for the time-being, until something else, all-consuming and just as fleeting, comes along.

At the moment we talk in terms of during the pandemic and post-pandemic but whilst the masks may have mostly been discarded, the work of intensive care staff in hospitals internationally appears not to have eased up.

Instead of being praised and shown the respect they so deserve, medical staff around the world are now being verbally abused, threatened and physically attacked as people divide, yet again, this time over the Covid situation.

There have been countless crises throughout human history on both a personal and an international scale where it seemed all the elements were in alignment to bring about positive change for humanity. People could unite under a common denominator to work together and move forward with greater understanding, compassion, tolerance and a change of consciousness for a better world.

As we move through this latest crisis, it is apparent once again, that we humans are unable to come together in any permanent way.

The world is sick, not just in body but in mind and spirit also.

With this article I just want to give voice to one of those very special individuals who live their lives on the front line of current events.

In another time and a parallel universe, Katrin B was my tour manager. She accompanied me on my reading tour of 2004. Just the two of us travelling the length and breadth of Germany and also a little later with my band.

As well as being a musician and tour manager, Katrin is also an intensive care nurse.

This is her story:

Hi Katrin,

First of all, thank you for taking the time to read and answer my questions. I really appreciate it and I think many other people will too.

Hi Anne,

I am very sorry that you had to go through the experience of visiting an intensive care unit as a patient! Your questions are a good opportunity to sort out my thoughts. There is so much for me to say right now and if I can help make the nursing side more understandable, that would be great.

1. Was nursing or medicine something that was part of your family's history? Are or were any other members of your family nurses or doctors?

My mother Margot (1929- 2021) was born near Breslau (now Wrocław, Poland). With her mother and three younger siblings, she took part in the "Death March of the Breslau Mothers" and after a long flight ended up in Lower Saxony, where she met my father at a dance.

My father Gottfried (1923-2002) was born near Lemberg (now Lviv/Ukraine). During the Second World War he was a soldier in Yugoslavia, a prisoner in Italy and worked as a tiler in his new home country after the war.

My parents got married in 1952 and my siblings were born in 1953, 54 and 56. My mother took care of the children, the household, the orchard and the vegetable garden and managed a "hot mangle" in the laundry room for a few years.

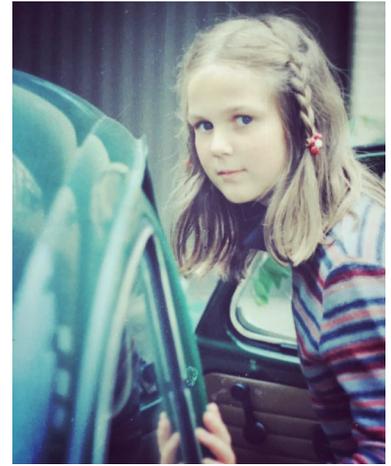
I came into the world on 15.01.1969.

My two eldest siblings have no medical training. My sister Susanne was first a doctor's assistant, then an MTA in a hospital laboratory and, after studying, a psychologist in child and adolescent psychiatry in a hospital for the last 30 years.

2. At what age were you and what made you want to become a nurse?



After graduating from high school, I started my training in 1990, when I was 21 years old. I found hospitals magical, but I can't really explain why. I was attracted by the fact that you really get so close to people in nursing. So I was probably originally a people-pleaser. I have



to communicate well with my counterpart, create an acceptable atmosphere, assess the situation, convey security, act in a professionally correct way and must not touch the dignity of the person in my care. A situation in which the normal interpersonal distance is not possible must be managed by me without it becoming embarrassing. All people show themselves purely, without filter or mask. I see a face that is often not shown even to the closest family, the best friends or even the doctors.

My career choice for me was temporary "until I hopefully think of something better". Nursing is possible anywhere in the world and also part-time, I thought. I wanted a secure leg to stand on so I could get momentum with the other leg to jump on once I knew the direction.

Financial independence from my parents was important to me and I achieved this when I moved into a huge shared apartment in a very large house in a secluded location in 1991, in the Wiesenmühle, shortly after the fall of the Wall, from West to East, in the Eichsfeld, in Thuringia. A very special form of living with about 20-25 colourful people, friends, and always many guests. It was a wild, creative place with an anarchic basic order and no telephone, so we could only be reached in person. TV was frowned upon, as was electricity in general, which was really only used for light and music. We removed walls and built a music room next to the big kitchen in the communal flat and that's where my band was formed. The rapid development of this story was surprising and we started with house music.

We sawed the wood for the hungry stoves behind single-glazed windows by hand, and the trees for them were pulled from the nearby forest. Campfires often burned in the garden by the river, regardless of the season, and we regularly had large parties with many people that were considered legendary.

When I would come back from early duty, all my flatmates were still eating breakfast. A crisis of purpose followed immediately, after which I went through with my training all the more consciously. If I hadn't had the job in the hospital, I could have forgotten I was in Germany, because we were the world in our universe. The Wiesenmühle had a strong influence on my life and is also responsible for the fact that many things happened to me in the years that followed there and into the new millennium. Certainly I was never an "average carer", if such a person should exist at all.

3. Was highly specialised intensive care always your wish or did it develop during your training?

At the beginning, I had no idea about intensive care medicine until I was able to gain an insight for 6 weeks during my training. Suddenly, the work there no longer consisted of running through countless rooms, performing only individual short tasks on many patients and rushing on, but of the complete care of (at that time) one or two patients. The fact that one can also be very stressed in intensive care was not noticeable to me with these nice nurses at my side, who patiently and amusingly explained so much to me. I had the impression that in intensive care you finally have time to take care of a patient comprehensively and really do everything that is important (but now I know that this is often not true).



In 1993, with my exams in my pocket, intensive care and psychiatry were my favourites. Brightly outshining this though was the desire for a part-time job, almost no matter where, because I wanted to play the flute, build drums, dance around fires, have breakfast in peace and travel to India.

My central nursing management team had no understanding for such a slacker like me and left me sitting in front of the office without any commitments after my presentation. Through a chance encounter, waiting right there, I was suddenly and surprisingly offered the coveted half-time position in the intensive care unit and then, after a short time there, the unpaid leave for my 6-month world trip, during which I distributed my parents' "dowry insurance" on earth.

4. Can you explain the differences between a "regular" nurse and an intensive care nurse?

I started working in the intensive care unit right after my nursing exam. At that time, I was called a "nurse", but in the meantime, my profession has been renamed "health care nurse".

The induction on the ITS (intensive care unit) is time-consuming and takes about 3-5 months, during which you have experienced colleagues assigned to you who explain everything. However, to feel really safe with all the machines, in the various activities and emergency situations, you need much more time, several years of experience and if you don't have that yet, competent colleagues on the right and left are particularly valuable.

Large hospitals offer specialised further training to become an "intensive care and anaesthesia nurse specialist". During this 2-year further training period, there is a rotation through the different ITS, also assignments in the emergency room and on the anaesthesia side in the operating theatre are planned. The theoretical training comprises 720 teaching hours, a technical paper has to be written and a three-part state examination has to be

passed, all while people are working "on the side" in a three-shift system and that is really no easy undertaking all together.

Every ITS tries to employ as many of these specialists as possible, but in the end they all do the same work with the same patients, with or without specialist training, which, unbelievably, is only marginally remunerated.

Since you have to work at least 30 hours a week during further education, this was never an option for me, as my working hours were always less than that.

I have many competent colleagues (with or without specialist training) whom I admire greatly for their knowledge, their experience, the mass of their working hours, the years of their full commitment, I think: these are really genuine heroes! I'm not going to gender here, it's too much for me, but at this point: HEROES!

However, I have also seen many good people fall to their knees in all this time, they themselves become ill or else estranged. Burnout is also an issue for all those who don't make the jump in time. Many wisely run away beforehand and again and again there are sad farewells to great people with whom I had worked for decades. Since I am not the only one with a part-time job, our team for 22 ITS beds consists of about 85 nursing staff. There is always a departure in sight, because there has been a high turnover on my ward for a long time, hardly anyone reaches retirement age here. And the young, fresh colleagues often don't stay long, almost all of them eventually get the university place of their choice and move on. The younger generation is probably quicker to realise what is not good for them and then make the right decisions to find happiness, because they are smart.

5. The intensity (as the name suggests!) of intensive care is immense in "normal" times. How has your role changed since the start of the coronavirus pandemic?

Normally, I feel that the ICU is a taboo subject for everyone who is not directly affected or involved. It is a closed world of its own, even for other hospital staff or nurses elsewhere, we are a closed book.

Our importance always appeared in the headlines and quickly disappeared again. Had anyone read the reports? Heard the outcry? Did anyone take to the streets for better working conditions and quality in care, i.e. also for good care in case of illness?

And now we are suddenly on display: the figures of the DIVI statistics (how many Covid patients in Germany occupy beds in the ICU) are now read by many people every day like they read the stock market prices or the weather report.

For some fellow citizens, we are emerging from the fog for the first time, people clearly seeing our relevance. In many interviews it was asserted that a ventilator alone is worthless without operating personnel. Huh? What? Was that not clear? Apparently not, otherwise the government would not have commissioned the construction of so many ventilators in the spring of 2020. As is so often the case, care was simply forgotten in the considerations. The market for intensive care staff has been empty for a very long time. The restrictive lower staffing limits were quickly suspended and my federal state of Lower Saxony quickly changed the occupational health and safety laws: I am now "allowed" to work up to 12 hours a day and up to 60 hours a week. Fortunately, this has not been necessary so far and I have no idea how long my body would put up with something like this. I fear it would not be for too long. Besides, I'm a single parent, how would that work?

Whereas we used to be workers in the health system, often unhappy and unobserved, our workplace has become THE eye of the needle of the pandemic and the attention that goes

with it. WE in the ICU are the reason for the restrictions, because OUR overload must be prevented.

WE ARE TO BLAME BECAUSE WE ARE SO FEW.

The system of intensive care units, especially the ECMO centres and why a bottleneck has arisen there, seems to be incomprehensible to many. The bare figures of the DIVI statistics do not explain themselves either and are thus often misinterpreted by crowds of people without a professional background, but nevertheless with great volume.

There is insane pressure on the system, a real battle for beds, more blatantly fought than ever before. Every cancelled surgery due to lack of beds is nasty and hides a tragic story.

I work in a maximum care hospital, in an anaesthesia ICU, in an ECMO centre, and now also in a Covid ICU. The anaesthesia department has 28 ICU beds. At the beginning of 2021, 18 covid patients were in the isolated area for weeks at a time, and in the 10 beds of the non-covid area another 8 covid patients with now negative smear tests, but they were still seriously ill with defective lungs. This means that for our "regular customers" only 2 beds were left from the former 28 beds.

There have always been bad phases with many critically ill patients at the same time, only usually they did not all have the same diagnosis. The patients in the anaesthesia ICU are usually pleasantly interdisciplinary, and acutely critical and complex cases alternate with long-stay patients and newly operated patients who are monitored until breakfast. In the flu season, it was always clear that it would be over within three months at the latest and there were significantly lower case numbers than with Covid, and yes, also in 2018. The flu season was simply a period in the annual cycle like the motorcyclists who had accidents or the fruit tree pickers who crashed off their ladders!

How does the country look at ITS nurses? I feel that I am being dehumanised in the public discussion: I should just shut up and go to work, be happy that I have a secure job, such an excellent order situation, after all I chose it myself. Laws are passed to squeeze even more labour out of me if necessary. Politicians dream of vaccinating me by force. And my complaints are put into perspective because, after all, I have always complained, it's nothing new, everything as usual. The situation can't be that bad, otherwise I would only post weeping videos on the social networks and wouldn't have the time to write this text. Nursing is degenerating into a faceless army that has to save the world for all of us now and without contradiction. And what about the increased likelihood of getting seriously ill with covid, because of an increased viral load when coughed up? Tough luck! Eyes open when choosing a profession! It's your own fault!

A whole shift in full protection, an FFP2 with a valve strapped tightly to the face: after a short break in the summer, the time has come again, the first Covid patients are lying isolated with us and other colleagues are fleeing, we are getting fewer and fewer, sick notes are also piling up. All the time, new staff are being trained to fill the gap, nurses from other ITSs come to help at short notice, there are also temporary students, but the experienced permanent staff of the ward is thinning out more and more and beds have to be closed (the German *Ärzteblatt* reports on 16.9.21: 3,000 ITS beds in Germany closed due to lack of staff).

There is still room for improvement in this disaster for me, because I haven't cried yet. Some people probably expect the documented personal breakdown of the carers, crying videos on FB, before they might start thinking about the situation as serious. Or they may have to despair themselves because there is no place for their loved one in an ICU, or no place within acceptable proximity, or no place in an ECMO centre for very critical illness, to realise that the care crisis is OUR ALL business.

6. What do you feel and think when you hear pandemic deniers say that the coronavirus is a conspiracy or is not as serious as we are led to believe?

The deniers of the pandemic make me angry! Every now and then I have discussions with "lateral thinkers" and cannot come to an agreement with them on their view of the situation.

For me, the "Only the old and the previously ill die anyway" or "Death is just part of life" view throws all the ethical foundations of our society out the window. This attitude does not correspond to my experience with relatives of seriously ill patients, who usually demand maximum therapy for their loved ones, regardless of their age and previous illnesses.

In my opinion, "open everything and let the virus pass through" requires a solution as to how to deal with the most seriously ill in this case. I can't find an approach anywhere among the deniers, I can't find any answers, although I would really be interested. One could demand that all people should write a living will or that palliative care should be expanded further and faster, even euthanasia could be rethought (all points that would be important to me even without a pandemic!). But the discussion stalls at this point, since the virus, the credibility of the PCR test, the Covid disease and/or the consequences of the exponential growth of the pandemic are denied. "The lungs aren't destroyed by a virus at all, but by radiation from 5G, viruses don't even exist," a fan of my former band, a healer, writes to me. And if "none of that even exists", there is no need to present a solution. Quite simple, actually."

It makes me angry, especially when my perception is countered with the accusation that I simply cannot see beyond the end of my nose, that I am simply dramatising and that everywhere else the hospitals were at a low ebb, bored.

Especially when there are really good documentaries on TV that accurately show the situation, such as the documentary about the Covid ITS at the Charité in Berlin, I can hardly read the comments on social media that go with it, because they leave me stunned. They say: everything is fake, actors, paid statements by liars, they are dolls in the beds, they don't have Covid but are accident victims (because of the pressure sores on the chin and nose after the abdominal positioning), and so on. Germany is suddenly a country full of specialists in intensive care medicine. They write rubbish that screams of stupidity and that is very difficult for me to bear. When I comment there myself, "laughter" is still the most harmless reaction, because I am often insulted. (The docu-series "Charité intensiv - Station 43" was awarded the German Television Prize 2021 in the category "Best Docu Series" this month. But I also recommend the SWR docu-series from Freiburg University Hospital "Every Life Counts". Watch both, then know about it!).

I am really not a friend of our government and I think they are doing a lot of nonsense right now. I don't find many measures sensible and all the people who suffer personally, professionally or financially as a result have my full sympathy! Oh, and the children: my son was not in school for a very long time, for months, I know, all that is a big mess.

However, I take the disease Covid very seriously, because I see people dying (sic!) of this disease. I read their medical histories and the course of the disease often has a dizzying dynamic - a bit like in a game from my childhood: "Went to the garden, ate cherries, got thirsty, drank water, stomach ache, dead" (hahaha, does anyone remember that?).

In the new wave, in September 2021, the patients were even younger than in spring. It really gets me down when the 30-year-old man for whom and with whom I had fought against invasive ventilation last night (alternating high-flow and CPAP mask, holding hands against panic, etc.) lies there the next evening like this: incubated, ventilated, just

resuscitated and connected to ECMO, everything just happened, a battlefield before my eyes. He has no previous illnesses, is unvaccinated. Yesterday he was still watching "The Giovanni Zarrella Show" and was getting on my nerves with the loud pop music. Yesterday. I watch videos of these deniers because I want to understand what these people think, but the contributions do not convince me. Schiffman, Wodarg, Bhakdi, Füllmich, Ballweg, Ken Jepsen etc.: they simply do not convince me. There are always lazy trains of thought that make every narrative implausible to me. And this right-wing Nazi filth that is mixed in everywhere, absolutely out of the question!

The situation at Covid ITS is really delicate, everyone is at the limit of their strength.

#groomedyourself

7. Have your experiences in the last year made you doubt whether you want to remain a nurse?

Of course, over the years there have always been days that didn't work out at all, that in extreme cases were even traumatising for me and that I will never forget. But all in all, I like being a "nurse", yes! that is my job, which I often do with fun and joy (when I have picked myself up and arrived at the hospital...) and the days off due to part-time work give me energy.

I've been expecting the scenario of a pandemic coming and me being affected for 30 years, but now it's a really stupid feeling. At the end of the day, I am not a nurse, but a mother or simply a human being.

The years in my life that were crucial for training were spent with music, travelling, strolling and motherhood, so a change to another profession is becoming increasingly difficult to imagine at the age of 52.

But the question of whether I should really continue to work in intensive care medicine does come up. Especially everything that belongs to the topic of "overtherapy" sometimes attacks me. Then I feel that there is too little hope for a good outcome for individual patients and then I doubt the sense of my work or the complex therapy. And all our Covid patients: many die despite maximum effort, which is very difficult for all of us to bear right now. Recoveries that simply do not progress. Lungs that just don't want to recover, not one little bit and they all have the same thing. Some of these patients stay with us for up to 4 months, but of course there are also miracles, in one direction or another.

I would be too happy to resist if a society wanted to take me for granted and did not value my performance, neither empathetically nor financially. I am not a mercenary who goes off to fight a dirty war!

When I have time and leisure, I have to think hard about where my path could lead, because so far I can only do intensive care. #caredforyourself

8. How do you combine the two elements, music and nursing, in your life, both intellectually/emotionally and physically?

These two elements are not connected, they are rather completely opposed. But perhaps it is these opposites, which are actually irreconcilable, that make me. Accompanying the dying, the constant contact with death, misery, illness, human dramas, hope and hopelessness, grief or the intensive care unit in general are a part of me, which certainly also flows into my music, somehow.



I have never made happy music to celebrate. My desire has always been to create a beautiful sound that ideally enchants and carries me away, paints me colourful pictures, takes me into another reality on a wonderful journey, quickens my pulse, lifts me off the ground, carries me up, holds me and makes everything else in the world unimportant: a sound that sweetens my life and my dreams. Melody as intoxication. Melancholy was often there, but always combined with hope, never with despair, because everything will be all right, in the end. I was addicted to this sound, certainly my/our biggest fan.

In the musically most successful time of my band I had the feeling with my feet in these two areas my life is quite crazy, because one world can't understand the other. Zero! Not at all! When I was playing 75 concerts a year, I felt it was very strange to hit the intensive care wonderland with the same body shortly after the concerts. But at the same time it always grounded me after the high. After all the jubilation, the many endorphins released and the very special life on tour, the work there brought

me down to earth well from the illusion that I was now a star.

Only very occasionally does something come together directly: I remember a resuscitation of a young man who had gone to the emergency room of another hospital late in the evening on two legs and then came to us at 2:45 a.m. with meningococcal sepsis (he had not been vaccinated against it and yes, there are other dangerous contagious creatures than Sars-Cov-2). A new song by my band was playing on a continuous loop in my head. It was really weird, because the rhythm was made by a resuscitation machine called LUCAS, which compressed the thorax at about 100 bpm, seemingly endlessly pumping, while we put in venous and arterial lines, gave drugs to sedate and stabilise the circulation, squeezed blood products into the body and set up a Cytosorb filter. Death was documented at 05:50 and in a flash there were no longer 8-10 people in the room, but only 2. It became lonely with full lighting, the music inside me continued to play even without Lucas and I gave this dead man the song before I left for the celebration morning.

But nursing wears you down in the long run, especially shift work takes up a lot of your life, and after 30 years, night work is getting harder and harder for me. In times of staff shortage, there are services in the ICU where I feel as if someone had beaten me up afterwards, because everything hurts then, there is no more music playing, neither inside my head nor outside.

9. If you could fulfil one wish right now, what would it be?

The shortest and simplest answer in this interview is this:

I wish for health for myself and my loved ones, because everything else comes naturally. But I also have a wish for everyone, because I think every single person should think about it deeply:

How would I like to die and how do I imagine the end of my life?

Which medical measures do I reject and which do I advocate when my own consciousness no longer allows me to express my will?

Then please also discuss these thoughts with your loved ones, write a living will and issue a health care proxy.

Everyone should do it!

And as age increases, pre-existing conditions or infirmities are added, surgery is imminent, my wish for every aspect gets one more urgent exclamation mark!!!!

10. Nursing or music?

I wouldn't want to miss the years I spent on the road in Germany and Europe with music in my heart. That was a very important phase. To have been part of my band for a total of 11 years is something very special and beautiful, and I am very grateful for that, because I have experienced great moments. And then also to have accompanied you, Anne, for a year, that was a very extraordinary experience.

While music came strongly to the fore in the years around the turn of the millennium, care is a more continuous part of my life. At the moment, my musical vein competes with my passion for photography, handicrafts of all kinds and my love for the plants in my garden or the desire to run around in the forest. Music will never disappear completely, but I guess everything has its time.... I recorded a song and made a video for it, I really have to do that again. And a fortnight ago I was a guest with my flute at a friend's concert in a castle, which I enjoyed very much.

Thank you, dear Katrin, and thank you for all that you and nurses everywhere do and make happen.



Thank you for your interest in my profession and the possibility to bring the situation of intensive care closer to more people!