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## Film

## Yemen: Coronavirus in a War Zone

On average, the Saudi-led coalition bombs Yemen 12 times a day. They have been doing so since 2015. It amounts to more than 20 000 air strikes. The north of Yemen is controlled by the Iran-backed Houthis, who conquered the nation's capital Sana'a in September, 2014. The overthrown government, which Saudi Arabia is fighting to restore, has fled the country. It has established a temporary capital in Aden in southern Yemen, though various militias, including ones affiliated with Al Qaeda and Islamic State, are also vying for control. Caught in between are the people, 3.5 million of whom have been displaced. 2 million Yemeni children are starving.

In short, this is not a country that can withstand another crisis. When COVID-19 entered Yemen last year, ventilators, oxygen cylinders, and protective equipment were in short supply. Donors have made sharp cuts to aid programmes. There is a scarcity of staff. The Houthi administration stopped paying doctors in 2016. Money earmarked for medics in Aden was held up. By the time it arrived, many doctors had stopped going into work.

*Yemen: Coronavirus in a War Zone* is presented by the indomitable Nawal Al-Maghafi. She visits al-Radwan cemetery in Aden. It opened in April, 2020. By August,

it was full. "There were so many deaths, there was not even time to eat", recalls the gravedigger, Ghassan. "It was worse than the war." The Houthi administration downplayed the extent of the problem. They acknowledged only five cases of COVID-19. Al-Maghafi catches up with the Houthi Minister of Health in a hospital in the port city of Hodeida. He encourages her to focus on malnutrition instead. "Many people in our village died of corona", interjects a woman sitting nearby. "We are terrified of corona."

The arrival of Médecins Sans Frontières (MSF) to take over Aden's sole COVID-19 ward alleviated some of the chaos. "Patients used to leave hospital in a white plastic bag, now they are walking out", said one doctor. Her relief is palpable. But MSF soon left, forced out by security concerns in the wake of malicious rumours that they had been murdering patients. The documentary ends with footage of a frail young boy in the throes of severe malnutrition. "There is no clean water, no safe place to live, no nutritious food", sighs the nurse. The prospects for the child, and for his homeland, are bleak.

Talha Khan Burki



Noboru Komine/Science Photo Library

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**Yemen: Coronavirus in a War Zone**  
52 mins  
2021  
<https://www.bbc.co.uk/iplayer/episode/p091v7n7/yemen-coronavirus-in-a-war-zone>

## Patient perspectives

## Living with bronchiectasis during the COVID-19 pandemic

When Kimberlee sat on a train as it rattled through the British countryside on her way to Edinburgh, UK, for a weekend away with friends, she wasn't to know that it would be a stranger's advice that would lead to an unexpected diagnosis.

At the time, Kimberlee Cole was an active 40-year-old and had suffered with a persistent cough for some time but had taken no notice of it. As the train pulled into a station, a man got up from his seat to get off and came over to Kimberlee; "I think you need to go to the doctor about that cough you've got", he said. She had never seen the man before and has not seen him since.

When Kimberlee got back to her hometown in Eastbourne, she took the man's advice and booked an appointment with her general practitioner. A few weeks later, she was diagnosed with idiopathic bronchiectasis.

Bronchiectasis is a chronic lung disease characterised by inflammation of the airways, mucociliary dysfunction, mucus plugging, and progressive structural damage. Patients experience a persistent cough, sputum production, and recurrent infections, accompanied by the radiological findings of dilated and thickened bronchi. Each infection

causes damage to the airways, and over time this damage can lead to reduced oxygen reaching vital organs. According to the British Lung Foundation, in excess of 300 000 people could be living with bronchiectasis in the UK. There's no cure for bronchiectasis, but patients can typically live a normal life with treatment, which aims to prevent further lung damage and infection.

Initially, antibiotics gave Kimberlee some respite. "My symptoms started to improve so I just ignored it all for a while. I wasn't invited back for any reason by the consultant, so I thought it couldn't be that bad. I had the impression that I didn't need to be concerned", she tells *The Lancet Respiratory Medicine*. Kimberlee's symptoms then began to progressively worsen, and she contracted pneumonia.

Now 25 years on since her initial diagnosis, Kimberlee manages her condition with a personalised self-management plan. She takes antibiotics during flare ups, steroids, nasal sprays, uses a nebuliser, and has seen a respiratory physiotherapist for advice on airway clearance techniques. Kimberlee pays huge tribute to the work of the British Lung Foundation in lobbying the UK Government to



Kimberlee Cole

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For **BreatheEasy Eastbourne** see  
<https://www.blf.org.uk/support-in-your-area/breathe-easy-eastbourne-support-group>

For more on the experience of using facemasks in people with chronic dyspnoea see [Spotlight](#) *Lancet Respir Med* 2021; 9: 12–13  
For PhotoVoice see <https://bit.ly/38FJtff>

improve treatment for multiple lung conditions. Despite improved treatment, Kimberlee speaks of the daily battles of living with bronchiectasis; “I’m very up and down during the day”, she says. “It depends on different factors, such as the temperature or air pollution. A change in the air can even trigger a cough, which can then continue for the next 4 h. I must be constantly prepared and bring a hanky with me. It’s not very pleasant for the people around me, but I can’t avoid it; I have to clear my airway.”

COVID-19 has presented further challenges. Kimberlee is a self-proclaimed “do-er”, enjoying pottering in the garden, perusing Eastbourne’s best charity shops, and days out with her daughter and 8-year-old grandson. Kimberlee spoke enthusiastically about the part she played in setting up BreathEasy Eastbourne with her husband—a 120-member strong support group for people living with a chronic lung disease in her community.

Like many of us, she has struggled with the mental health effects that have come from less social interaction during the pandemic. Having to shield meant that Kimberlee was unable to continue this voluntary work as before, to the detriment of herself and the individuals for which this charity is crucial. Kimberlee has been occasionally doing her own grocery shopping and spoke empathetically of those in her support group who are having a tougher time. “Some haven’t stepped outside the door since March, 2020, because they are so afraid—people who are on oxygen, who live alone, and don’t see anybody. It does worry me that if I were to get COVID-19, I wouldn’t be able to be put on a respirator because it could damage my lungs even more.”

When Kimberlee has gone out, she has felt a stigma related to her cough. On a recent outing, she received abuse, “I was in a queue at the supermarket and I wasn’t wearing a mask, as it can be so suffocating. When I coughed, a lady started being abusive towards me. Even when I showed her my exemption lanyard and politely

explained my diagnosis, she continued to be rude. I think she thought I was making it up. Now I just try and put up with wearing a mask even if its detrimental for my health, just to avoid the worry of being criticized in public”. During this time, it is more important than ever to be considerate of those living with a chronic respiratory health condition.

Despite recent challenges, Kimberlee has not paused in her pursuit to connect and support others in her local community. The BreatheEasy charity group now runs regular meetings virtually and Kimberlee manages the newsletter to keep everyone connected. Kimberlee has worked with Antonia Slater, Brighton University (UK), to set up a project called PhotoVoice. Members of the group are given a subject, such as isolation or breathlessness, and are asked to write and take a photograph of how it makes them feel or affects them. The pieces are discussed in a virtual meeting and then go into an exhibition. “The project has helped participants to connect with others with a chronic respiratory disease. We were all able to reflect on our resilience—physical, spiritual, social, and emotional, while supporting one another during a particularly difficult time in the first lockdown, when access to usual health and wellbeing networks were limited”, says Antonia. Kimberlee hopes these initiatives help people feel less alone and enables them to take comfort in the shared experience of living with a respiratory condition, particularly during such a difficult year.

Although research into treatments for bronchiectasis has greatly improved, Kimberlee says there is still work to be done. “Medical professionals often focus on treatment that will help you take your mind off the symptoms”, she says, “but sometimes all you want to do is talk about it. Patients want more time to explore their illness. It would go a long way just to sit down with an expert for an hour and talk at length and ask any questions. Am I being treated holistically? Is there another avenue I can explore? Is my experience similar to what other patients experience? Doctors should be proactive in eliciting these questions from patients”.

Kimberlee’s position as a patient representative in various capacities puts her at the forefront of this endeavour to improve quality of life both physically and mentally, for those in a similar position to her. She clearly takes huge pride in her work with BreathEasy Eastbourne and the British Lung Foundation. She is now working on a project to try and set up a programme with the University of Brighton to enable people to access pulmonary rehabilitation even after they have completed NHS rehabilitation.

But, like many of us, Kimberlee can’t wait to resume her day-to-day sociable lifestyle, see her grandson, and catch the train for a city break once again when COVID-19 is under control. “My future isn’t something I know a lot about. When you’ve got a lung disease you wonder how much life you’ve got left and you want to live it to the fullest.”

Lucy Williamson



Kimberlee Cole