



# Life in the Time of Hamna and Social Distancing

By Susanne D. Mueller



This social distancing reminds me of *hamna* and Dar es Salaam, where I lived when I worked for the United Nations in 1978. Independence Avenue was awash with Mao Tse-tung's *Little Red Book*, but basic commodities were scarce. The local *duka*, Urafiki, stocked tins of Chinese frog legs and jam but not much else. The owner's response to most requests was "*hamna*", "there isn't any".

Social distancing or keeping physically apart from others arrived here in March to reduce the spread of COVID-19 and keep patients from overwhelming hospitals. It was all that remained given *hamna*—early denials about the severity of the virus and a lack of planning leading to limited or no testing and contact tracing, coupled with shortages of swabs, test kits and the chemicals to process them, masks, ventilators, and personal protective equipment for healthcare workers. *Hamna*. Not in Tanzania, but in the United States. What to do?

With no vaccine or treatment and no widespread testing, contact tracing, and mandatory wearing of masks—all of which might have slowed the spread of the virus early on—officials fell back on isolation, the medieval response to plagues. In Massachusetts and elsewhere the result was a lockdown of all but essential services. The message was to isolate and stay at home except for necessary trips to the grocery store, the pharmacy, or for walks, and to keep at least six feet apart from anyone else.

The not so hidden message was that we were mostly on our own, a terrifying thought in the face of a deadly virus.

I called a world-class teaching hospital in Boston preemptively, wanting to know what the testing protocol was, just in case. I was horrified to learn that the hospital was using outdated criteria from the US Center for Disease Control (CDC): having travelled to China, Italy and Iran (even though there were already known hot spots in the U.S. including in California, Washington state, and in Boston where a “super spreader” event, a Biogen conference, had ignited contagion); having been in contact with someone who had the virus (as if that were any more likely than knowing how one had got a cold, especially given the reality of asymptomatic carriers); having serious symptoms (even though that might mean delaying until it was too late for life saving care).

The criteria were just plain wrong, but I later gathered they were also the hospital’s desperate response to *hamna*; it needed to restrict and “triage” testing because of a lack of supplies, to cancel elective surgery and non-essential appointments in order to contain the spread of the virus, and to make room for its victims. We were caught up not only in the reality of *hamna* but of questionable information. So many whys, so few acceptable answers, and so much distancing from the truth.

Why was CDC issuing such ill-informed and outdated guidelines? Why could the richest country in the world not test widely or produce nasal swabs and other essentials even given the disinformation, attacks on science and lack of support coming from the top? Was all this really happening and how could we effectively respond to COVID-19 in ignorance of its prevalence and etiology or quarantine its victims if we did not even know who most of them were? The term “fourth world country” came to mind: rich and cutting edge in so many ways, painfully incompetent and embarrassingly inept in so many others.

Also, why did the CDC recently suddenly instruct us to wear masks when earlier they and other medics—not even politicians—claimed that it was unnecessary? Plus, masks were not exactly readily available.

Given to questioning received authority that defies common sense, I bought a mask at the beginning of March, long before the information *ying* changed to *yang*, as I did not believe a word of it. I figured the advice stemmed from *hamna* rather than from science, and concluded that, while not fully protective, wearing a mask was a bit like locking the door: necessary, inadequate, but the best one can do. On one’s own again as truth itself seemed to evolve or self-destruct. Was this another form of distancing?

As the gravity of the situation increased and cases mushroomed, choices concerning social distancing loomed. Exactly what did this entail?

Initially, I was in a partial state of cognitive dissonance. I always thought I was a cool cookie who never got flustered, even in super crises. After all, had I not survived the 1982 coup in Kenya where looters ran straight past my place as I tried to figure out if there was any part of my flat where I would not be opposite a window even as gunshots echoed? Had I not coped admirably with health emergencies in Tanzania and Malawi? And did I not continue to write the truth as I was being harassed?

That is what I thought until I realised that this was different. In those situations, there were clear consequential choices and decisions to take. But here there was and is nothing we can do but engage in social distancing. There is no action we can take to change the reality. Once we stop social distancing and end the shutdown the virus will still be out there waiting for us. That is the most daunting realisation, that there is little else to do, the situation is out of control, we are vulnerable

and mostly in the hands of the fates until science comes up with a vaccine. And this is the twenty-first century.

I understood this intellectually, but my body rebelled. With no objective changes in my life or any real reason, I seized up, my chest tightened, and I felt physically anxious. I did not see why this was happening and was annoyed at myself. After all, I was not sick or super vulnerable compared to individuals who were on the frontline, or poor and living in overcrowded hotspot neighborhoods like Chelsea in Boston, where social distancing is not even possible. Nor did I have a relative in long-term care, the shocking source of 60 per cent of Massachusetts' deaths from the virus. I was ok, but I was not. I felt guilty and awful and scared until a former colleague from Rome called and said everyone there felt the same; horrid, fearful, lacking control, and stuck.

The sense of vulnerability worsened when a friend in New York told me a colleague of hers had died in hospital from the virus. He was a fifty-one-year-old fit marathoner who was improving and then unexpectedly died. A few days later, another friend here said her twenty-three-year-old daughter had all the symptoms of COVID-19, with increasing difficulty in breathing. Even then, her doctor only followed her remotely, and never saw her in person. No x-ray, no oxygen, no contingency plans. Yet more distancing, but this time from clinical care. How frightening.

To cope better, I injected a strict routine into my day. Instead of ending up in my nightgown in front of the computer at 4 p.m., as once happened, I got up, made my bed, dressed, and ate breakfast. Then, and only then, would I allow myself to use the computer. And I continued to take long walks to reduce the stress of isolation and the daunting reality that this will continue for a very long time.

I also switched from doing research and writing to mundane tasks. I wanted to keep my mind occupied but did not want to think about the unthinkable. I was having a hard time focusing on anything serious just as my friends in Rome were. I cleaned my apartment and went through lots of stuff. So far, I have tossed out seven grocery bags of papers and journals and gone through a backlog of *Economist* and *New Yorker* magazines.

None of this changes the reality of a fundamentally altered world where everything that made it normal and interesting is evaporating. We have been reduced to hunting and gathering at the grocery store as a chance to see other human beings. I even long for the traffic I once disliked, but apart from shopping for food, I am here trying to normalise the abnormal.

I didn't have internet access at home because I used a computer at the university, where I had excellent IT support. It also suited me to turn off the computer, go home and have a clear end to my day. But then with the shutdown, including the closure of universities, I realised that I needed to connect or I would be not just socially isolated but isolated from everything else: news, information, concerts, lectures, and no email. So, I finally bit the bullet and called up a provider. They said they could not come for ten days.

As I waited, my neighbor allowed me access to his server. By 30 March, the installation date, the COVID-19 situation had worsened. To allow installation or not to allow installation, that was the question. I thought about postponing but then asked myself, until when? I knew things could only get worse and thought that the company might halt installations altogether, leaving me totally cut off. Yet, in this time of *hamna* and social isolation, I also realised that it would be very unwise to have the technician come into my place, as he would also arrive with his daisy chain of contacts from work and family, and possibly with the virus. I was still debating the matter when he appeared at 8 a.m. sharp. I greeted him at the door with a mask and gloves on, and opened all my windows, even though it was freezing. The installation took five hours.

Scientists say that the virus can live on surfaces for up to three days and hang around in the air for up to three hours just from people breathing and talking. Yet even though I knew all that, I removed my mask an hour after the technician left because it hurt. I realised that if I was unlucky, I could get the virus from the droplets in the room. I knew this because when government scientists advised us to wear masks they also said that these droplets could transmit the virus. Earlier, they had said it was not airborne and only could be transmitted from person to person. So, I spent the next fourteen days wondering if I would come down with COVID-19.

I go to the grocery store, but a lot of friends are ordering in from Whole Foods and Amazon, which are part of the same Bezos conglomerate. I prefer to choose my own food and don't understand why I would be more exposed in a grocery store since the same employees are picking up and packing the items to be delivered. Furthermore, Amazon employees have already complained about a lack of protective gear and the presence of COVID-19 in the company's warehouses.

Some people obsess about whether they should leave their mail unopened for a day as the virus can live on paper even though experts say this would be a highly unlikely mode of transmission. Others take their shoes off when returning home. Out on walks, people are increasingly covering their faces. *The New York Times* recently noted that the downwind from runners could necessitate staying twenty to thirty feet behind each other to avoid contagion.

Everybody draws their line somewhere. I don't do any of this fine-tuning, but I am not using the subway or going to my favorite outdoor market downtown either.

No one really knows how much social distancing is enough. One reason is the absence of solid information. The other is a lack of trust because of so much false and inadequate information. Because of *hamna* we don't even know how many cases we have as there is still so little testing and contact tracing being done and so many barriers to doing both.

I try not to dwell on this too much. I think about Nairobi when so many buildings popped up as if there was no tomorrow. So many suburbs destroyed, so many regulations ignored when so much *kitu kidogo* greased corrupt palms. Then, over time, some of those buildings just collapsed.

Here, the *hamna* that brought us social distancing, incorrect information, and remote medical care also reminds me of those Nairobi buildings. Covid-19 has revealed hollow edifices and laid bare systemic failures just as Nairobi's shoddy construction did. And it is the overtaxed doctors, the nurses, state governors and ordinary people that have been left to pick up the pieces.

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