

My name is Dr Kerry Kalweit. I was the recipient of the MMEG in 2016. The grant allowed me the freedom to continue studying my medical degree whilst simultaneously continuing to run a non-profit organisation for children with Type 1 diabetes in South Africa.

I graduated last year and am currently completing my internship training at a tertiary hospital in East London, a small coastal city in South Africa. This year is quickly morphing into a monster. My country was already facing a quadruple burden of disease - namely noncommunicable diseases (like diabetes, hypertension and cancer), trauma and accidents (including gender-based violence), infectious diseases (like HIV and TB) and maternal and child mortality. Now with COVID-19, our healthcare system is not coping.

There have been a few stages to this:

At first, our President announced a hard lockdown (level 5). Everything was shut down. Schools, businesses, churches. Only essential services were allowed. No one could leave their house for anything other than medical attention or food. This stage was supposed to last 3 weeks, but was extended to 35 days. This allowed hospitals to restructure, build and organise patient flow, wards and protocols on dealing with the inevitable panic. It seemed surreal because patients with a cough (likely heart failure or TB) were put through a rigorous screening and testing procedure - but this helped us refine our processes. Test samples were being couriered 400km away to a larger city for processing with turn around time for results stretching upwards of 7 to 10 days. We often completed treatment for these patients before their COVID test results came back, many well enough to go home and self-isolate. At this time, we had one person test positive per two weeks, mostly coming from local prisoners or wardens. On a personal note, living with Type 1 diabetes, I use regular exercise as part of my management to control my blood sugar levels, but with the lockdown regulations, I needed to adapt. I brought my workout clothes to the hospital and ran loops around the buildings after my shift since all gyms were closed and exercise outside of our homes was not allowed. The endorphins also helped calm my anxiety from the daily changes in protocols and guidelines at work.

On 1 May, we entered into Level 4. Here more cases started to come in from surrounding communities. On one of my calls, we intubated the first patient who needed ventilation at our hospital. The young man was 35 years old with no co-morbidities and unfortunately, despite our best efforts, he didn't make it. This made things very real for me. I have thought about him and his family for a long time, and get angry when young people express a blasé attitude toward this disease. As the weeks rolled by, more and more patients were being admitted. We had to convert medical wards into Patient Under Investigation (PUI) wards for those waiting for their results and designate other wards as confirmed COVID positive wards. Thankfully we began onsite COVID testing so results were now available in less than 24 hours, and for emergency cases that needed ICU, in under 2 hours. Level 4 allowed exercise within a 5km radius from your home but only between 6am and 9am- a very inconvenient time if you start work early. So I started following some home exercise videos and online classes where no equipment was needed.

The South African National COVID Response Team had identified nine geographical “hot spots” of increased incidence of COVID, which included major metropolitans, and my good old town East London. Within these regions, restrictions on travel were to remain strict. Level 4 is also renowned for the massive controversy that ensued when our President announced in his

national address that cigarette sales would be allowed again, only to have the Minister for Cooperative Governance and Traditional Affairs revoke that decision the next morning, citing health and safety measures as the reason. To say that the public was enraged is an understatement. Still currently, sale of cigarettes is still banned (not that I am personally complaining).

Then came the 1 June - Level 3. The public rejoiced as the economy opened up - manufacturing, construction, mining, churches (up to 50 people per service), take-outs (strictly delivery only) and alcohol was back. What. A. Complete. Nightmare. South Africans actually queued for hours to purchase their favourite ethanol beverages all around the country. Within a matter of hours Emergency Rooms were filled with trauma cases from motor vehicle accidents, stabbings, shootings, domestic violence and all out chaos. The country saw an unprecedented spike in trauma cases in the first week after the ban was lifted. All the beds that were saved for COVID cases in the weeks leading up to this point were immediately filled.

I understand that a delicate balancing act needs to be achieved in reducing COVID-related morbidity and mortality whilst simultaneously taking into account the hardship and suffering that has followed our hard economic shutdown. Unfortunately in a country with the highest number of HIV infected people, it was not possible to predict that our death rate would remain as low as it has (as of 29 July, our case fatality rate was 0.256%). Thus, I commend our government for taking an initial bold stance to this pandemic. The first five weeks allowed hospitals to prepare for the exponential wave of cases we are currently facing. However, once that preparation was over, it feels that very few of the arbitrary rules (Eg. no buying summer clothing) made any difference to our case numbers.

Our community testing strategy was also poor in that it overwhelmed our laboratories to process thousands of samples from asymptomatic cases so that turn around time became approximately 10 days, after which the results are pointless if people were told to self-isolate while waiting for the outcome. This has since been addressed as we are now testing only symptomatic patients.

In a surprise announcement, alcohol was once again banned on the 13 July with immediate effect by our President. As a healthcare professional, I celebrated amongst the angry citizens. The number of trauma cases admitted per day were cut by almost 75% at our hospitals, especially over the weekends. Since July, I have moved to the Surgical Department, so we can now better be utilised in screening and testing all patients coming to the hospital instead of dealing with alcohol-related trauma. I am aware of the economic costs of these decisions to business owners and employment; however, South Africa needs to address its relationship with alcohol in a more sustainable manner.

It's now the end of July. According to models, our COVID numbers should peak in mid to late August, so the worst is still to come. All I can say for certain is that healthcare is a team effort. Amongst colleagues, amongst departments, amongst the community. Please play your part and help prevent further cases.