



## SAARP SOCIAL SERVICES - PINELANDS

(Reg No 2006/003084/08)

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Monthly Meetings: 3rd Thursday at Pinelands Bowling Club,  
St Stephens Rd.

Doors remain closed due to Covid-19.

### NEWSLETTER : JULY 2020

Hello again

I trust this letter finds most of you dealing with the dreadful stress of lockdown as best you can. My heartfelt condolences go out to all those who have lost close friends and family members during this unprecedented time – so many lives cut short unexpectedly, the heartache and hurt, the unavoidable guilt. It's all so, so sad.

South Africa has been on lockdown since 27 March and Saturday 4 July brings us to 100 days! We still haven't reached our peak of infections and deaths, and the virus is likely to be with us for months - if not years - to come, while we try to build a new way forward.

An article produced by an interdisciplinary group of academics working on Covid-19 at Wits and Stellenbosch Universities was recently published in *The Daily Maverick* (all technical and medical data was checked by research professionals in accordance with the latest science, so no fake info). As it's a lengthy document, I intend extracting interesting bits from it to help us understand how this coronavirus works and what we can do to help make easing lockdown a less risky process. The copy I am working from is entitled *Understand the three things that can make the most difference to easing the lockdown and reopening South Africa with the least risk.*

***The Cause of the Problem:*** When we cough, sneeze, talk, sing or simply breathe, we spray respiratory particles of moisture into the air; for someone infected, live virus will be present in these particles and, with poor ventilation and no air movement, they can hang in the air or settle on surfaces where they can survive for some hours.

***The Three Ds – Distance, Dose and Dispersion:***

(a) Distance: The further away you are from an infected person, the less likely you are to be infected by them or to breathe in particles they have expired. Physical distance is therefore a major defence from infection.

(b) Dose: To become infected you need to have contact with a *minimum dose*, which takes time and exposure to people with the virus. The *longer* you are exposed to an infectious person, the *more people* you are exposed to, and the *fewer barriers* (like cloth masks) between you, the more likely you are to be exposed to the virus. People with symptoms or about to develop them are generally more infectious, ie they produce larger doses of infected respiratory particles.

(c) Dispersion: Because smaller particles hang in the air, the *movement* of air makes a really big difference. Outside, particles disperse quickly, particularly if there's a wind or breeze.

***How the three Ds interact:*** If you are outdoors and at least 1 metre (preferably 2) apart from others for less than 10 minutes, your risk of becoming infected is incredibly low; but stuck in a room with closed windows and someone with symptoms, your risk of getting the disease increases, whether or not you are wearing a cloth mask. It is emphasised: *Masks and 2 m distance are not enough if you are with people in an unventilated space all day.*

**WHAT CAN WE DO?**

1. ***Physical distance:*** This is your major defence from infection. Although the virus spreads easily, short periods of contact will not get you infected eg passing someone in a supermarket, paying for your groceries or brushing past a runner in a park is no

problem. *Avoid* travelling in a taxi with closed windows, working with a sick colleague at a work station, or singing in a packed church.

2. ***Go for Outdoors and open all Windows:*** Outside air is your best friend; inside, open all windows whenever possible. Dress warmly in winter – more activities will be utilising outdoor spaces than we're used to; eg an outside braai or picnic is much safer than visiting someone at home.
3. ***Wear Masks:*** Cloth masks trap virus-containing respiratory particles and help prevent them from hanging in the air – if everyone wears a mask, the amount of virus in the air is much reduced *and we all protect each other*. It is vital that your mask is worn correctly: it must cover from the bridge of your nose to over your chin at all times. Masks should be washed daily with soap or detergent. Remember, indoors it is necessary to have all three - *masks, ventilation and distancing* – working together.
4. ***Work in homes:*** If someone needs to work in your home (eg plumber), insist on windows being open, and don't stay in the same room for long. Wear a cloth mask, carry and use your own sanitiser, and keep your distance.
5. ***Soap and Surfaces:*** Washing hands with any soap for 20 seconds will kill the virus. Soap works much better than alcohol-based sanitiser, is cheaper and will result in fewer cracked hands. Minimise touching and wipe down frequently-touched surfaces like door handles, lift buttons, railings and credit card machines.
6. ***How should you isolate?*** If living with other people, try to spend time in a room on your own, or outdoors; avoid communal spaces (spend as little time as possible in kitchen or bathroom); wipe surfaces you've touched, wear cloth masks, and open windows.
7. ***No Shaming:*** Don't judge or stigmatise people with Covid-19 – getting infected doesn't mean they were careless or have bad hygiene – anyone can get infected.

***Covid-19 is real – Take it seriously:*** If we all act together and help each other, we can dramatically limit its spread, reduce deaths and protect our hospitals. The virus is here to stay for a while and is rapidly spreading; but we need to live, to see each other and to work. South Africa had an early and strict lockdown, but we always knew we couldn't do this for long. We must not give up on containing the spread: there is a lot that we individuals can do practically to protect ourselves and each other as South Africa reopens.

The authors' Summary:

1. ***Do everything possible Outdoors.***
2. ***Open Windows.***
3. ***Wear masks.***
4. ***Keep at least 1 metre Distance (2m is better) from people.***
5. ***Avoid crowds.***
6. ***Be Quick***

## **MASKS vs FACE SHIELDS**

A mask is considered a "50%" barrier and is compulsory under SA legislation when in public; together with 1-2 metre distancing, it works. Plus washing hands regularly, and don't touch the face or mask.

The face shield is *not* a replacement for the mask, although some folk think it is. Unfortunately, it still promotes the movement of droplets. The benefit of a face shield is seen in the context of being in small confined spaces with many people, and then worrying that micro droplets might enter the mucous of the eyes. If we are social distancing correctly this should be a minute problem. It is more of a problem for medical professionals.

***Thus one can wear a mask without a face shield but not the other way around.  
Or one can wear both.***

(Remember we wear a mask to help prevent the person next to us from getting sick, and s/he does the same out of respect for us.

We don't want to ever look back & think we were complicit in someone else's death just because of our own actions. ***Let it not be about Me, but about We.***

Now for a bit of fun!

### HOW DO COURT REPORTERS KEEP STRAIGHT FACES?

My brother, a lawyer himself, sent me the following from a book called *Disorder in the Courts*, a collection of things people have actually said in court, taken down word for word and published by court reporters - who had the torment of staying calm while the exchanges were taking place! (Note: A = Attorney; W = Witness)

- A: What was the first thing your husband said to you that morning?  
W: He said, "Where am I, Cathy?"
- A: And why did that upset you?  
W: My name is Susan.
- A: What gear were you in at the moment of the impact?  
W: Gucci sweats and Reeboks.
- A: What is your date of birth?  
W: July 18<sup>th</sup>.
- A: What year?  
W: Every year.
- A: Are you sexually active?  
W: No, I just lie there.
- A: How old is your son, the one living with you?  
W: 38 or 35, I can't remember which.
- A: How long has he lived with you?  
W: Forty-five years.
- A: This *myasthenia gravis* – does it affect your memory at all?  
W: Yes.
- A: And in what ways does it affect your memory?  
W: I forget
- A: You forget? Can you give us an example of something you forgot?
- A: Now, Doctor, isn't it true that when a person dies in his sleep, he doesn't know about it until the next morning?  
W: Did you actually pass the bar exam?
- A: The youngest son, the 20-year old, how old is he?  
W: He's 20, much like your IQ.
- A: Were you present when your picture was taken?  
W: Are you shitting me?
- A: So the date of conception (of the baby) was August 8<sup>th</sup>?  
W: Yes.
- A: And what were you doing at that time?  
W: Getting laid.
- A: She had three children, right?  
W: Yes.
- A: How many were boys?  
W: None.
- A: Were there any girls?  
W: Your Honour, I think I need a different attorney. Can I get a new attorney?

- A: How was your first marriage terminated? W: By death.
- A: And by whose death was it terminated? W: Take a guess.
- A: Can you describe the individual? W: He was about medium height and had a beard.
- A: Was this a male or a female? W: Unless the circus was in town I'm going with male.
- A: Is your appearance here this morning pursuant to a deposition notice which I sent to your attorney? W: No, this is how I dress when I go to work.
- A: Doctor, how many of your autopsies have you performed on dead people? W: All of them. The live ones put up too much of a fight.
- A: ALL your responses MUST be oral, OK? What school did you go to? W: Oral.
- A: Do you recall the time that you examined the body? W: The autopsy started around 8:30 pm.
- A: And Mr Denton was dead at the time? W: If not, he was by the time I finished.
- A: Are you qualified to give a urine sample? W: Are you qualified to ask that question?
- A: Doctor, before you performed the autopsy, did you check for a pulse? W: No.
- A: Did you check for blood pressure? W: No.
- A: Did you check for breathing? W: No.
- A: So, then it is possible that the patient was alive when you began the autopsy? W: No.
- A: How can you be so sure, Doctor? W: Because his brain was sitting on my desk in a jar.
- A: I see, but could the patient have still been alive, nevertheless? W: Yes, it is possible that he could have been alive and practising law.

Cheers for now.....Ruth

