South Africa’s chief Covid-19 adviser writes of his time at the front line of the Covid-19 pandemic

STANDING UP FOR SCIENCE
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This book offers the first authoritative assessment of the Covid-19 pandemic, an autobiography, and a stout defence of the logic and equitability of scientific method. Salim (Slim) Abdullah Karim blends all three effectively in this book, although some of his opinions are debatable. But as Karim points out, contextualisation is the bedrock of good science, which is dialectical and part of a process.

He grew up in Chatsworth with a fascination for problem-solving inspired by Sir Isaac Newton and was a student at the University of Natal’s Medical School, where the eminent paediatrician Jerry Couser was a political and academic mentor. An interest in viruses led to his studies in virology and he was involved in the very early stages of HIV/AIDS research.

In this field he became eminent, earning the enmity of denialists such as then Minister of Health Manto Tshabalala-Msimang, the exponent of garlic and beetroot. Along the way, Karim became a public health expert, increasingly involved in the bigger picture.

He admits that he was slow to wake up to the significance of, and was even flippant about, Covid-19. But his son was among the first South African cases and a colleague of one of the first fatalities, and he mobilised the resources of the Centre for the AIDS Programme of Research in South Africa (CAPRISA) to cope with the looming pandemic.

As head of the Department of Health’s ministerial advisory committee, Karim was faced with a paucity of scientific data and a need to learn on the job.

The Office of the National Emergency Operation Centre, which he headed, was flooded with telephone calls. The health service was clearly overwhelmed.

Mae and its related responsibilities became all-consuming. Karim’s Covid-19 presentation went through six editions before his famous Easter weekend 2020 address to the nation, which made him a media star and helped to educate and reassure many through common sense and sound knowledge.

Karim is quick to the official wisdom that the hard nine-week lockdown from March 27, 2020, flattened the infection curve, enabling the health services to prepare for a winter of cases, although he does concede that this cannot be proven beyond doubt. The consequences for the informal economy were disastrous, and there is also the question whether draconian lockdown regulations were, or could be, observed in high-density townships. So his orthodox view is contestant.

It was soon established that Covid-19 transmission was primarily person-to-person, especially in crowded and poorly ventilated places.

The issue of asymptomatic infection was a particular concern. As Karim points out, this made the pandemic as much a social upheaval as a disease; in his memorable description: “a perfect storm of biology and behaviour”.

What he does not address is that this was complicated by the Stalinist approach of the South African government that revelled in its national Coronavirus Command Centre, the state of disaster, and the strictures of Nkosazana Dlamini-Zuma, who encouraged the idea of economic collapse as a gateway to radical transformations.

Similarly, the origins of Covid-19 are treated in orthodox fashion without much comment on the damaging consequences of the Chinese government’s secrecy.

The sale of alcohol and tobacco products was outlawed and both bars had deleterious consequences. Karim records that he was initially sceptical about both and remained so regarding smoking, which was medically pointless and simply encouraged illicit trading.

But he came round to supporting the alcohol ban as it reduced violence and road crashes, easing pressure on hospitals. Some of the prohibitions set by the Department of Trade and Industry were long, open-ended sanctions, cooled chicken or short-sleeved T-shirts could be sold.

Karim is suitably scathing about these measures. Genuine public health restrictions were brought into disrepute, diminishing trust and tainting the work of the Mac, which had nothing to do with these bizarre measures. Yet in November 2020, potentially suicidal super-spreaders student events were allowed to proceed.

Karim is also dismissive of the impact of Cuban doctors as a purely political gesture without medical motivation, and observes that South Africa has ‘deep pockets’ when it comes to Covid-19.

He also asks whether anyone has been held accountable for the armed forces’ purchase of Interkon. The regulatory regime he describes as a mess, gross corruption around contracts, and supply chains as a “boot- ing fest” and a “feeding frenzy” that involved public despair and severe loss of faith.

At the Mac, Karim encouraged diversity of opinion, seeking sufficient consensus to construct its advisories. Rightly, he believed that group think would lead to intellectual atrophy. What he strove for from the Mac was plausible advice based on sound science explained in understandable fashion that would earn enough trust among citizens that they would think for themselves and establish a measure of personal control.

Nonetheless, in spite of these impeccable motives he was targeted by the lunatic fringe of denialsit and conspiracy theorists. And when the Mac put forward a cautious plan to re-open schools in June 2020, he was called “Dr Death” by the Economic Freedom Fighters.

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Covid-19 is a relatively stable virus with potential for rapid vaccine development and indeed several were available by the end of 2020, a remarkable achievement attributable to new technology.

The global need for vaccine for vulnerable groups was addressed by Covax, a co-operative venture. It was, however, undermined by vaccine hoarding factors, most notably the ability of rich nations to hedge their bets by buying forward even when vaccines had not yet been tested. In other words, vaccine was commodified instead of being treated as a public good. Karim

uses the concept of vaccine nationalism, and even vaccine apartheid, but notes that South Africa was tardy in paying Covax.

Then there was the inevitable problem of mutations. These tended to be labelled geographically, a habit Karim deplores while admitting that scientific names were hard for the public to remember. So, China, South Africa, Europe, UK, etc. etc. and all taste with a viral burn.

In the case of Oravelost, whose discovery in South Africa led to a European travel ban, there was no need to label it South Africa elsewhere. The World Health Organisation woke up late to this mismatching before it adopted neutral nomenclature based on the Greek alphabet.

Along with rapid vaccine development came a revolution in scientific publication. Such a contiguous and devastating virus required a different approach to global information sharing and on one occasion Karim and his wife Quannah wrote a paper on Oravelost epidemiology in eight hours, which was published the same day.

This was also the antitode to the infodemic of lies. Karim quotes Jonathon Swift who observed that falsehood flies while truth limps along behind. With HIV/AIDS, fakery traded on fear and proved profitable for the unscrupulous.

Good science is like democracy: it has its weaknesses, but it is vastly preferable to the alternatives. The pandemic probably strengthened science’s role globally in spite of the malign influence of social media.

We are now in Covid-19’s third era, a time of mass vaccination, such as PanVida. But another pandemic will eventually emerge and Karim goes into considerable detail about potential and possible existential response structures necessary.

In particular, he suggests that South Africa should not lose capacity to manufacture vaccines be restored. None of his advocacy can be faulted, but he admits that we public health system is a shareholders because of inequity and corruption. Like everyone else, he has no ready answer to this problem.

Karim concludes by emphasizing that successful science depends above all on global co-operation. The experts much decided by right-wing politicians are building bridges where others are busy constructing barriers.

One such a bridge would be an international pandemic treaty that could be certified by South Africa among other countries.