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GUEST NAME: PROFESSOR FEROZA MOTARA – HEAD OF THE ACADEMIC DIVISION OF EMERGENCY MEDICINE – FACULTY OF HEALTH – UNIVERSITY OF THE WITWATERSRAND

SPEAKER	TRANSCRIPTION
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity– Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Joining us on the line today from Johannesburg in South Africa is Professor Feroza Motara, who is the Head of the Academic Division of Emergency Medicine at the Faculty of Health at the University of the Witwatersrand and she also heads up Emergency Medicine at the Charlotte Maxeke Johannesburg Academic Hospital. Welcome to the show!
PROF MOTARA	Good afternoon Amaleya and to your listeners and thank you so much for having me.
DR. MALKA	It's such a pleasure to have you on the air. To kick off with, let's start looking at some of the work that you do within the Emergency Medicine Division at the Faculty of Health at Wits, it obviously plays a vital role in developing emergency medicine practitioners and evolving research to effectively and efficiently serve the acutely ill and injured; so please share with us some of the details of your day-to-day and responsibilities that come with holding this role.
PROF MOTARA	Okay thanks. So as the Academic Head of Emergency Medicine my primary role, as you said, is teaching and training of registrars or doctors, junior doctors, to become emergency medicine specialists. There's also a component of teaching undergraduate medical students, you know, with basic emergency medicine skills, but the main focus is on the specialists and the training of the registrars. Essentially that involves getting them through a four-year programme, through, you know, during which time they rotate through different departments and different hospitals, learning different skills and my role is mainly to coordinate that and part of that training involves them doing an MMed with a thesis that goes with that and that's what they have to graduate with from the university point of view and then they do a clinical exam which is set by the College of Medicine of South Africa. But I think I see my role as much more than just teaching them the academics and learning skills. I think my role and the focus that I have is also personal growth, it's emotional growth, it's supporting them through life's challenges that they face along the way, essentially not only to be a successful specialist, but to be a successful person in their own right, with morals, with values, with ethics, that they can play forward, essentially in their lives and that no matter where they go they take those lessons learned with them. It's not just training doctors in South Africa, we have what we call a Supernumerary Programme where we're training doctors from the rest of Africa, we've graduated quite a few Nigerian doctors, the DRC, Palestine, Libya and they come largely sponsored by their governments, they are trained, they follow the same programme as our doctors do and then once they have graduated they go back home. So, we've actually just had three of our Nigerian doctors go back home and start a faculty of emergency medicine at their university; we've got the same in Zambia. So, it's a lot more than just training Wits graduates if you want to.

DR. MALKA	That's fantastic to see that you're having this impact, not just on our country, but at a continental scale and I particularly liked what you said in terms of being able to create and cultivate soft skills amongst individuals because that's really the glue that holds everything together. You can have the book smart, but being able to have those soft skills, particularly in medicine, I'd imagine would be very, very important with patient bedside manner.
PROF MOTARA	Yes, no absolutely, you know I think most people that get into medicine have the academic acumen to be there, you know, they get selected on the basis of their academic achievements, but as I said, it's more than that, it's having the EQ and the compassion and the caring that makes the difference in the long run.
DR. MALKA	You've explained the role that you take on at Wits as an academic, but one of the other hats that you wear, which I think is very, very important, is at Charlotte Maxeke Johannesburg Academic Hospital, which currently is one of the designated hospitals responsible for managing Covid-19 cases in the Gauteng Province. To date globally, there have been 4,000,000 infections and 1.1 million deaths from Covid-19 and in South Africa the most recent stats this week have indicated that there's been around about 700,000 cases and approximately 18,000 deaths. So firstly, as a doctor and educator of medicine, how has life changed for people in the face of Covid-19 outbreak?
PROF MOTARA	Shew it's made us unlearn and rethink everything that we've done previously. While we have always been a designated hospital for all the hazard diseases, you know, the Ebolas and the hemorrhagic fevers, we've always had patients there, not on the scale that we've had with Covid obviously. So we've always had a disaster medicine plan and programme in place that we tested regularly, but you know, obviously this has meant we've had to rethink everything that we've done before, you know, right from the entrance of the hospital, the way we've treated patients, the way we've protected our staff, simple things; social distancing on a ward round, you know, have a teaching round around a patient and we normally just all huddle around the bed and a table and have a discussion, now we've had to ensure that you know there's that social distance so that we could make sure everyone is safe. So, it's really largely made us re-evaluate much of what we were doing and I think going forward it's also going to mean a totally different way of doing things in the future, the old standards and the old ways of doing things are no longer practical and acceptable. We started our Covid intervention as early as January, before there was even designated hospitals, when the outbreak was still largely contained in China and, you know, we followed it closely in a group that I work with and the Emergency Department, Internal Medicine, ICU got together and we said look, it's only a matter of time, you know, at the rate it was spreading, before it hits South Africa and our first meeting in fact was at the end of January and we started already planning, you know, putting things in place and drawing up protocols for screening and how we would, you know, eliminate patients who, or rule out you know possibilities of infections and things like that. So by the time we got to March the 7th when we received the first public sector patient in the country, we already had a significant amount of processes and protocols and changes that we'd already put in place, from then it was just a matter of escalating all those plans as the numbers increased. Obviously we've had to re-engineer our emergency department, we've had to put in areas which were due strictly with Covid and separate out, because we were still getting our normal patients albeit not the same numbers that we normally did, so we separated out the Covid from the non-Covid patients, we put up tents outside the emergency department, which we used initially

	largely for screening and swabbing patients. Other things that we did in the hospital, cancel or elective surgery, review how patients were coming to the pharmacy to collect medication because obviously they couldn't use public transport and things like that at the time, we had to screen all four and a half thousand plus of our staff members every single day that they came to work. So, there were lots of challenges and I think amongst them staff fear and you know, anxiety, especially if you think about the emergency department where you don't know what's coming through the door and literally every single one of those nurses, doctors, porters, cleaners would potentially be taking this bug home to their families, to their parents, to their children, so there was a fair amount of anxiety that went with it.
DR. MALKA	Those are tremendous logistics that you've just shared with us, screening four and a half thousand people every day as they come into work, looking at how you displaced and cancelled some of the elective surgeries and today as we move ahead, you are juggling the day-to-day of normal cases that come in and you're still managing Covid-19 cases simultaneously.
PROF MOTARA	Yes, so the numbers of Covid patients have significantly decreased, I think if we're seeing at the moment one or two a week, that would be a reasonable sort of judgement of what we're getting from Covid. The vast majority of the patients we're seeing now are really ill patients who couldn't access or didn't access healthcare during, you know, that major Covid pandemic period, sort of May, June, July timeframe, so they are now coming in obviously, you know, cancer patients that have relapsed their treatment, medical patients who haven't had medication, so they're all relatively more ill than they would otherwise have been had they presented, but a lot of them was fear and you know a lack of access basically, during that critical time. So we're now seeing the majority of our patients being really ill, medical patients, but not Covid
DR. MALKA	So the pandemic had a massive impact, not just on what could come through the door as Covid, but also the implications on people's general health because they were holding off on coming through, as you say, from fear, from accessibility points.
PROF MOTARA	Absolutely yes.
DR. MALKA	One of the things, though, that you did and your team, was to focus on the protection of healthcare workers and I believe that you had developed a device which helped limit contact; tell us more.
PROF MOTARA	Okay so essentially when we realised at the beginning, as I said in January, we realised that this was droplet spread or aerosolized, at the time it wasn't sure and we needed to look at how we would protect our frontline staff. One of the things that you would do for a patient in respiratory distress or is struggling to breathe would be to intubate them, to put them on a ventilator and that essentially entails putting a tube down the throat so that you protect the patient, anyway and as you can imagine, because you're working in the mouth in the airways, with suction, with oxygen, it's a highly aerosolizing generating procedure. So we looked at what was around and there wasn't much, there was a Taiwanese doctor who developed a very simple square box that he put over the head of the patient, but we didn't find that that was very practical or user friendly, so a group of consultants in my department and myself got together and we took a cardboard box and cut holes in it and put covers, you know, with pieces of paper on it and we figured that this might work...
DR. MALKA	A good prototype.

PROF MOTARA	Ya that was our first prototype, absolutely, and we then got, my brother actually came on board, he's a cardiologist, and he said oh well what are you going to do with this box, so I said well we're looking for money to have it, you know, manufactured and he said well okay, give me the stuff and I'll have it made for you. So he actually made us the first prototype that came off the box. We then reviewed it and looked at it and tried it and made a few modifications and then got hold of SPIRE which is the Rand Mutual Bank Fund for the pandemic and they actually came on board and got Paramount involved to manufacture it and Paramount's day job essentially is to manufacture military helicopters and equipment, so you know, it was bringing together a whole host of different people who had absolutely no link in terms of medicine, but ultimately were able to produce this device and essentially what it was, was a perspex block that could collapse for storage and we would place this over the head of the patient, with the doctor doing the intubation on the one side, obviously facing the patient, and with holes on that side with the doctor being able to protrude their hands through there and reach the patient, so essentially preventing any of those aerosol droplets spreading into the atmosphere or onto the doctor, thereby protecting them and I must say in the entire seven months that we've been dealing with the pandemic, we've had a totally of only six doctors infected and that was at the peak of the pandemic in June, other than that we haven't had any of our staff Covid positive, so I'd like to think that it did make a difference.
DR. MALKA	That's a great testament to the protection of staff in the facility, but also a wonderful testament to the openness of collaboration and looking at bringing in multi-parties from different sectors of industry to pull together and to develop something that's effective.
PROF MOTARA	Yes, no look I think that's one thing I have, that we all have taken out of this Covid pandemic, is that you know, the most unlikely sources of support and inspiration and collaboration have come on board, you know, it's just been really great to see the willingness, particularly from the public sector and the private sector, where usually the two didn't really get on in terms of initiatives and getting things done, but Covid has actually brought a lot of people together that wouldn't otherwise have become engaged in any kind of project or collaboration, so it's been really positive in that regard.
DR. MALKA	Well I hope that's one thing that will stay in play after the pandemic leaves us.
PROF MOTARA	Absolutely.
DR. MALKA	The last thing that I wanted to talk about concerning Covid-19; it's had a tremendous impact both socially and economically across the globe and there will be long-term devastating consequences, but some countries at the early stages seemed to be coping better than others and one of the things that struck me when I read this particular article was that it commended New Zealand, Finland, Germany and Taiwan on their responses and when I looked further into that article, the beauty for me with us being a gender based programme, is that those countries are all led by women, like Jacinda Ardern, Sunna Martin, Angela Merkel, Tsai Lng-wen and female management characteristics like collaboration, transparency, empathy and delegation were credited for creating a safe base that helped them on their road to recovery; could you share some of your views on women in leadership?
PROF MOTARA	So absolutely, I always say I am biased and too bad if it is not going around very well, but I think female leaders are more pragmatic, they're more practical and they're, as you said, able to instil the empathy and the caring, you know, that's needed in a crises. I think definitely they're more transparent and one of the things that really strikes me is that I'd like to

	<p>think we make decisions that are more for the better of people rather than just for the politics and for the publicity gain and we also listen, you know, I think we make better listeners and better carers. So the fact that so many women, you know, countries that you said, that have had women have put into practice what the scientists have said we should do. I mean we just need to look at North America at the moment and what's happening over there and in the UK, you know, where they have really two very strong-minded male leaders and what a mess their countries are in, in terms of the Covid pandemic. So absolutely I think women will make better decision makers in terms of dealing with, not just Covid, generally.</p>
DR. MALKA	<p>There's definitely a consultative process that seems to take place and acknowledging different viewpoints, really listening, like you said, that was one of the core skills on listening to people. In your opinion, what areas do you think we need to build on the most to help benefit women optimally in the future?</p>
PROF MOTARA	<p>So I think one of the things we need to overcome, particularly in South Africa, I think we have two big issues that are always in the background, one is patriarchy and the other is gender based violence. I think with both those underpinning any kind of career or pathway that a female needs to follow, those things are always in the background and if we can instil in our very young female learners at school and even before school, that they have a self-worth and that they have a role to play and that just being a male who is around you, doesn't give you that right to determine or to dictate what your outcome will be and that they can be any and do anything that they want to. If we can get our girl children to believe that, I think we're going a huge way to overcome those hurdles. We're still overcoming all the apartheid discriminatory practices and attitudes, we still have a long way to go to overcome the patriarchal way of thinking and that's across all societies, you know, it's just a black society thing, it's across all our communities where that's still very much an issue and if I think of when I was at medical school in the 80's, we were a class of 220 and of that maybe 40 were female and maybe of that, 20 were black, and if I look at the classes now, at least 50% or more are female with a lot more transformation. The challenge obviously that we have is that we have children from very diverse backgrounds and underprivileged backgrounds and they don't always cope well, you know, on getting into a university environment. If you think of a child who comes from a really poor rural background who's never worked with a computer and is now in a medical school and has to deal with online lectures, you know, the challenges are huge, so I think our role as teachers and as educators in that environment is to help these young learners and young students overcome those difficulties.</p>
DR. MALKA	<p>And when you were talking about the effects of patriarchy and gender based violence, it's not just changing attitudes across communities, but it's also changing attitudes on a gender level, because sometimes I think women are as guilty as men in terms of perpetuating old psyche.</p>
PROF MOTARA	<p>Absolutely and you know it's also the way we've been brought up, you know if you're married, accept that your husband...you're in your husband's family and you're in his home, accept that, you know, don't be rude, don't be disrespectful, don't fight and argue back and you know you don't have to do anything aggressively or violently, but there are ways of standing up to it and actually saying no man will do that to me, you know, I will not stand back just because you're a male and you're telling me to. So I think I agree with you, it's a hugely...but it's such an ingrained sort of ethos in our social psyche, but it is slowly I think unravelling, there's coming a lot more of an awareness in our younger generation that this is no longer acceptable and I</p>

	thinks like the ‘Me Too Movement’ where women have finally gotten up the courage to speak out against powerful men who have been in abusive positions, is helping that to say well it’s just no longer acceptable and it’s okay for me to talk about it.
DR. MALKA	Prof Motara, you’re a strong woman, you have made it in the medical field, not just as a doctor but also as an academic and when I look at your profile, it shows all of your achievements, it shows your commitment and ultimately your education has lined this path for you to be able to hold several important roles and in doing so, you’ve become a role model to young women, not just in South Africa, but across the continent. STEM subjects, so science, technology, engineering and mathematics have been cited as pivotal for jobs of the future, but when we look at various reports, it shows that women are underrepresented in these disciplines, which is obviously going to create a gap and disadvantage when we see jobs of the future and work opportunities which have changed dramatically; what’s your view on this?
PROF MOTARA	So again, it’s stereotypes and prejudices that have led us to that point. If you think of when you were growing up, following a career in engineering or in computer science or something, was not seen as a career for a woman to do, you weren’t even considered for them, but I think that’s slowly breaking down and it starts again, as I said, at our primary school level and even before then, stereotype of little girls playing with dolls and little boys playing with cars is a typical thing, you know, and if you get a little girl playing with a car or taking apart a lego or something, that’s kind of frowned upon. So it starts at that level, if we can engender our young female children to believe that it’s okay for you to play with a car and take it apart and put the wheels back together and play with a lego and create a robot and do things like that, it starts at that level, to break down those stereotypes. I’m very happy to note that, you know, if I walk around on campus for example, to note that there are a lot more female students in the engineering department, in the IT department, in the computer science department, while it is not at a level where we want it to be, I think there are small inroads that are being made, but again, it’s up to us who are the female leaders particularly, because it’s not going to be the men that are going to let, you know, let this happen, it has to be the female people that are in positions that can make the difference to make that difference. So take in more female candidates, mentor them, guide them, you know, encourage them and support them because, you know, people forget that as a female student, you have more than just your academic responsibilities, you still have to be a housewife or a mom or a daughter looking after parents or things like that. So those challenges are underlying, I mean if I think of myself as a university student, I looked after my brothers and a cousin and used to come home and cook and clean and do washing and ironing and still study, but you did it because you knew you had to, it was up to us to support the other children and recognise that they may need the extra support.
DR. MALKA	Women’s second shift, as I call it, is sometimes not taken into consideration because you’ve got to contend with your day job and then you have to contend with your home job.
PROF MOTARA	Absolutely and I think that what’s likely forgotten and you know in our communities and in our suburbs and old locations or informal settlements, you know, you think of the number of young girls who had to become parents overnight to children or siblings where the parents have died of HIV and Aids, those child headed households, there’s huge responsibility and expectation from those children to provide for a sibling or a home for a child and they still have to go, if they’re lucky enough to have gotten into a

	university, still have to go and go and study and come home and do, as you said, all the rest of it and then still sit down and study and deliver. So there are huge expectations from them in those conditions.
DR. MALKA	I really have an appreciation for the load that women bear. Looking at yourself, you mentioned if we see the landscape today in academia you've probably got about a 50% even split between men and women, when you were attending university there was an 18% split between men and women; please tell us what role education has played in your life?
PROF MOTARA	Oh I think ever since I can remember, my dad was a teacher, and ever since I can remember it was drummed into us that you had to study, that the only way that you could get yourself out of the rot that was apartheid, it was the one thing no-one could take away from you was my dad's favourite saying. Study and get a degree and improve yourself because that was the only way you are going to improve your quality of life and I think if we're talking women particularly, it's essential, because if you educate a female, she's going to be a mom to children who she can set an example for, she elevates the socio-economic status because she's now in a position to feed them and clothe them and provide a better home for them. So I think for me just having parents that have always instilled in us, you know, growing up during apartheid and parents that always instilled in us the value of education, it was always a priority, it wasn't a negotiable in our home. You didn't have access to lots of all the luxuries because, you know, my parents were struggling and they worked and my mom literally had a job, came home, did some baking, she used to sell cakes and biscuits and things like that to make some extra money to send us to university, and obviously at that time bursaries and scholarships and all that were very limited for any non-white student. We were told, you know, you're getting an opportunity to go to university, you have one chance and if you don't succeed you have to come home because there wasn't spare money to keep you there, so you knew you had to make things work and be a success at it and it's also I think instilling the values that I was the eldest in my family and as the eldest you almost had to be that example to the younger siblings, to be a success and to provide support then when you were done for the younger siblings. I think the black tax that they talk about has been around for a lot longer than people would like to think about, but definitely for us and I think having learned those values I have found that, you know, it's been something I have passed onto my children and you know everyone says you don't always need a degree to be successful and that's true, because you can learn a trade and you can learn a skill and still put it to good use, but that's still part of an education.
DR. MALKA	You are absolutely right; it is all about education and furthering yourself and development. You've given us some insight in terms of your formative years, one of the questions that I ask all my guests on this show who've made tremendous achievements in their respective disciplines, is about some of the factors that they consider have contributed to their success. A lot of people talk about hard work or a particular person that influenced them; in your opinion, what would you say have been some of the key drivers to your success?
PROF MOTARA	I think without a doubt, my parents, my mom and dad who instilled in us values of giving back, of being appreciative of what you have, of supporting and helping where you can. My dad always said to us you can be a street sweeper, there's no embarrassment in being a street sweeper, but you make sure you're the best street sweeper that you can be. So, you know, it's lessons like that that have driven me throughout my career, throughout my life, simple things like overcoming the imposition of apartheid, not being able to go to a library and borrow a book that I loved reading and because my

	<p>parents had limited funds there wasn't always money to go and buy a book, but we couldn't go to the public library and borrow a book and things like that spurred me on to say well one day I'll be able to buy my own books, you know, if I work hard enough and I earn enough, I'll be able to buy my own books and make a difference and give books to children who don't have. So I think for me values that would enable me to give back to those less fortunate and that's one of the reasons why I did do medicine and I stayed in the public sector throughout my career, is that I always thought that you do it for the right reasons, so it wasn't just oh well, you know, being a doctor in any community, especially in the 70's/80's, was a very high prestige job and you know you were looked up upon by your community and by the people around you, but it wasn't that, it was being able to say I've got this job, I've been lucky enough to be and privileged enough to have been able to do this, how do I give it back and how do I play it forward to people who are less privileged than I am. So I think definitely one of the key drivers and the key inspirations have been my parents and part of...one of the things that almost encouraged me or pushed me to carry on was to make them proud and for them to be able to see that their hard work and their sacrifices and what they've put in actually bore fruit and paid dividends, so definitely they were instrumental in me becoming who I am.</p>
DR. MALKA	<p>That's a wonderful tribute to your parents and besides your mom, who would you say have been some of the other strong women in your life?</p>
PROF MOTARA	<p>I think, you know, I look at people like my great granny who was at 103 when she passed away, but at 96/97 was still in the kitchen cooking and still ruled the roost if you were at my granny's house, you know, people like that, if I looked at and growing up, you know, people like Winnie Mandela and I know there's a lot of controversy about her, but if you, you know what we were exposed to as children and the hardship and the way she sacrificed and the way her children struggled and, you know, people like that were always an inspiration, to look up to in terms of that if you believed in something strongly enough that you would be prepared to sacrifice and struggle through whatever was placed in your pathway. So definitely there were women in my family that were an inspiration, I mean I had aunts and grandparents who were like the first Indian women to have graduated at a college in Durban, you know, the first Indian women that played a violin or things like that. So there was always someone in the family and outside that would be that inspiration for you to follow.</p>
DR. MALKA	<p>There seems to be great female genes running in your family line.</p>
PROF MOTARA	<p>[laughing] I'd like to think so; hopefully I've carried them through.</p>
DR. MALKA	<p>We've talked about your development, we've talked about those formative years; becoming a doctor, what would you say has had the biggest impact to make you the person you are today?</p>
PROF MOTARA	<p>Look, I think growing up in apartheid was definitely one of them, you know at 13 I realised that I was not seen as other people of equal worth and you know, I was being judged because of my colour and straight from a relatively protective Indian home, so it took a while for that to sink in and, you know, realising that at 13 years old that I wasn't good enough or you know equal enough to fit into any society. I told you about not being able to get books, I couldn't go to the public library because I wasn't white, having to get ministerial consent for an application to study at Wits in 1982, because obviously it was still a white university at the time. So those are things that, as a teenager, made me realise that I had to do something that would make a difference that would change things. I think another pivotal moment was</p>

	<p>the birth of my daughters and realising that I was no longer living a life just for myself, but that I was responsible for making the world a better place for my daughters, you know, going forward and as a single mom bringing them up and trying to instil the values and the morals and the positivity that they could carry forward. I think one of the other important things was the death of my dad a few years ago, you know, him and I had a very close relationship and he always had words of wisdom, you know, like I said to study, it's the one thing no-one can take away from you, be the best street sweeper you could be, those are things that I carry with me, but his death made me realise the importance of faith and belief and that there's always a higher power in your life that controls what happens and what you do and that whatever happens in your life I think has got a reason. You may not see the reason or it may not be apparent to you at the time it happens, but with hindsight after a while you actually look back and you think oh, that's why that happened, it was so that I could learn this and this lesson. So I think there's always a value and a moral and a lesson to be learned and one of the most important things I think I've realised or that I've learned as I've gotten older, is that by giving you actually receive so much more, so whether you give of your time, of your knowledge, of your caring and giving without expecting anything in return, has brought me the greatest joy and having a doctor come back to me, you know, five, six, seven years after they've qualified and say to me, oh remember Prof you told me this and this and this and now I realise why it was important. So those moments make it worthwhile doing what I do.</p>
DR. MALKA	<p>Thank you for sharing that introspection of your life as well as lessons learned and the value of giving and the receiving part sometimes coming much, much later, but still creating this aspect of worthiness and wellness. And lastly, as we close out today's conversation, could you share a few words of inspiration that you'd like to pass onto girls and young women in Africa that are listening to us?</p>
PROF MOTARA	<p>Ya I think as girls and as young women, we need to realise that you have the potential to be anything you want to be, that you have it within you, you have the strength within you and sometimes even when you think you don't have that strength, you know, you're in a situation and you amaze yourself at what strength you can draw upon. I think you need to appreciate that you're special and in this climate of gender based violence and discrimination that you do not have to accept that, that you can say no and you determine what you will have in your life and it can't be imposed on you and I think as older women, it's up to us to instil those values in to the younger generation.</p>
DR. MALKA	<p>Thank you so much Prof Motara, for those wonderful words of wisdom and inspiration, it's been a pleasure having you on the show today.</p>
PROF MOTARA	<p>Ah it's been an absolute pleasure to have this chat with you Amaleya and thank you so much for having me, I really appreciate it.</p>
PROGRAMME END	