**Abbreviations**:

**F**: Facilitator

**R**: Respondent

F: As I have said that our objective, we are conducting a survey of hearing views of people working at health facilities, on how the hospital prepared as well as managed Covid-19. What are their views? So first, you tell me your position, your role and what your day is like when you are here.

**R: my task is to work hand in hand with nurses, on the tasks that they are discharging. So when I report for work in the morning, we first clean the environment, we call it dump-dusting,**

F: Ok.

**R: our environment has to be clean then we start bed making, arranging the beds for patients; in case there is dust and other things, we do that so that when it is time for mopping the rubbish should be cleaned out. Afterwards we start serving patients whether they are five in number, or whether we have been told to do something by our immediate boss, then we would do that.**

F: Umhuu.

**R: Yes, and we also do wound dressing,**

F: **meaning most times we are with the patient.**

F: You are with patient?

**R: Yes.**

F: Alright,

**R: Sure.**

F: then your work in relation with Covid-19, I don’t know what kind of patients you treat in this ward, but during this period have you treated Covid-19 patients or have you worked in Covid wards?

**R: In this ward we did not treat people who tested positive for Covid-19 but because one patient after being discharged was having difficulties in breathing.**

F: Oho.

**R: Yes, then from home the patient was rushed to 3B; at 3B its where they said they found him with Covid-19, so the thorny issue was our colleague a male nurse, was visiting the patient home to dress his wound.**

F: At home, after being discharged?

**R: So after the patient was rushed to 3B that it is where he was found with Covid. So it lead to the male nurse going for Covid-19 screening and ourselves being contacts for closely work with him and sometimes share tables when eating; so we all went for the test and that time we all were found negative.**

F: Ok.

**R: Yes.**

F: Alright, can you explain to me some of the things you know, that the hospital did or launched in preparedness to manage Covid-19 cases?

**R: What I know is that the hospital mounted tents close to the main gate, tents like where people were being scanned their body temperature, some tents for screening and some tents to keep people who are being suspected of having corona-virus and there was another tent in which there was PPE’s for the people who were working there. There was another tent it was constructed as a special mortuary that in case one of the Covid-19 patients has died, he or she should be kept there. So I saw that the preparedness, because we were not allowed to enter without wearing a face mask, we were not as well allowed to get in before our body temperature being recorded; if the temperature was too high that person was being denied entry inside here, but was being screened right there.**

F: Alright, is that all you can remember? Isn’t there other procedures?

**R: No, there is more, because when we arrive at the gate before our body temperature was recorded, we were supposed to wash our hands; there was a big bucket with a basin underneath it and after there before we get into the hospital there was another bucket as well to wash our hands again with soap and there was a guard with hand sanitizer, who would apply it in our hands and we would wash hands and get them dried as we earlier learnt. And when we are in the hospital right after the pharmacy we were also finding another guard with sanitizer and a bucket of water to wash hands, then we would wash our hands and have sanitizer applied to the hands. And at the door of our ward there was another bucket, we were again washing our hands.**

F: Being like four points there.

**R: Yes, four points and in the ward because we could change clothes, there is a sink so we were washing hands after we wash hands there was also a bottle of sanitizer, we would also apply the sanitizer before starting our day to day work.**

F: Ok.

**R: But that is after wearing protective gear like the PPE’s but in here we didn’t have a lot like it was the case in the tents because this is a ward, we start with light duties but after that when we are like changing the linen for patients that’s when we put on the full PPE.**

F: When you say full PPE what do you mean you were putting on?

**R: When it is full PPE that means were wearing head gear, and for those who put on goggles; when they are available, they were being given to us.**

F: Ok.

**R: Heavy duties or else utility gloves, disposal gown, we don’t have boost so we were just putting on our ordinary shoes and start working.**

F: The work suits were you also putting those on?

**R: Suits like?**

F: Overalls.

**R: No, we don’t have.**

F: Alright, are you aware if the hospital did set up a committee to oversee Covid-19?

**R: Yes, I know that there was a committee of superiors plus others who were put in the committee who taught us, when Covid just broke out because everybody was trained, so that committee is the one that was overseeing the trainings and also handling Covid-19 issues at the hospital, if anybody has tested positive or somebody has died of Covid-19 that committee was always there. I remember my relation died at ENT my in-law just called me that aunt is died, I only saw my in-law I did not get where the body was because there was chief matron there, it was the people in the committee they were waiting for officials from DHO to prepare the body. So I only met him and I did not even attend the burial ceremony.**

F: You have talked about training, maybe at the training were you told formally about the committee and how it could be of your assistance?

**R: No.**

F: No.

**R: It did not happen, they did not tell us about that.**

F: Alright, you have talked about training I would like to know how many trainings did you attend?

**R: I went like two trainings; the other one I went when Covid just broke out. We went like health workers from these wards; it was one-day training.**

F: Ok.

**R: But for doctors who were the first, they had a three day training. But we only did one day training, so we also attended training just recently, yes; that was for three days.**

F: What was the difference between these two trainings?

**R: The difference is that this time around we learnt much, they did go through a lot of things when in the first training we were rushed because the pandemic was already here. And personally I thought single day training was inadequate because you cannot take all that is expected of you to do.**

F: Ok, is there anything that you noted within the days of training that you should you attend another training that thing should be improved?

**R: I observed a number of things, the first one; things were rushed. I felt that during a second the training should be deep so that we should more about Covid and get to know the right preventive measures. So what I noted is that the first training was not intensive.**

F: But at least the second one you feel that,

**R: Yes, this time around we got it right, and we have time to ask questions because the time was enough and we were satisfied with the answers.**

F: Alright, you have also talked about PPE like on how you were putting them on, but I would like to know on availability; how accessible were the PPEs to you as health workers?

**R: Umm, its availability, I would it’s hard to differentiate with here in Malawi and other countries because we do not know how they were wearing them, but during the second training we were taught on donning and doffing,**

F: Yeah.

**R: that opened our eyes on how to put on the PPE’s when you are going into a Covid ward or maybe you’re doing some risky job; how are you supposed to dress. The first training we were not taught about that so we were just wearing them anyhow but the availability of the PPE’s was problematic because even gown was not easily accessible,**

F: Ooh.

**R: but at times we could ask from laboratory for it when you want to do that kind of job. At times you would go to theatre to ask for a head gear but i wouldn’t say that the PPEs were readily available, that when you want to do the job then you would find the material right away.**

F: Ok, alright, so the lessons aside; you have started discharging the work and people are coming; admitting Covid patients. If you look around at your colleague at the hospital did you see that you were following the relevant procedures like what you were taught? Like hand washing, even the wearing of PPE, and how to dispose them? And what you said about donning,

**R: Donning and doffing.**

F: ability of the staff to follow the right procedures, was that happening?

**R: Maybe for the superiors, who were in the committee, they could follow what was happening but for us in the surgical ward once we are here we have no time to follow what is happening out there, but when you pass-by there like I said someday I was there because a relation died of Covid-19. I saw people wearing white overalls, goggles, the head gear, boots; I saw people wearing utility gloves. People who were not wearing the PPE’s were at a far distance and the people who were disposing wastes, we see them in our corridor, so we could tell that this is coming from Covid ward to dispose wastes. So I could see that big plastic bins and they could cover it with the black bag; I could see that they are in full PPE, I could see them go dispose wastes at the incinerator.**

F: So from your explanation, those are people who were working in Covid ward,

**R: Covid ward.**

F: And they were doing their best to be in full PPE.

**R: Yes, they were doing their best.**

F: What about the staff in the other wards were they also complying with Covid-19 preventive measures?

**R: I don’t know, because in this ward it’s like I have already said, but for wards like 3B, 4A; where it is medical, where they could not tell what a patient is suffering from, maybe they are yet to be diagnosed. The staff there, I saw Welcome Trust brought some fabric gowns. So in most cases the people were wearing those gowns, plus the head gear but for boots I didn’t notice.**

F: Ok.

**R: But for utility glove I could see maybe when they are going to mortuary; in my thought maybe because the person had a medical problem maybe has died before it was established if they had Covid; maybe we should just protect ourselves. I could observe that these wards in their dressing was,**

F: Protective.

**R: Yes, in a protective way.**

F: And washing hands with soap, you could see that they were following all that?

**R: Yes, when I get like at the door of 4A ward I could see the workers there and that there was a bucket and soap there, and a guard applying hand sanitizer to them. I could see that but as I have already said that we could just see that and we were also busy doing other things. Yes, whenever you visit these wards you could see that they were trying and especially the gowns they were always in them. I could see that when they are coming from mortuary they will put it in the bucket to have them washed and one time I asked them ‘when you have taken it off, then you would put on another gown?’ and they replied that ‘yes, people from Welcome Trust come to collect them, to wash them on their own’.**

F: From your explanation that staff following the necessary measures do you think this has changed? Comparing that time and now, do you think things are changing and how are they changing?

**R: I’m seeing that things are changing, let’s say in our case when we are coming here to work; it means we are wearing a new face mask like this one. Clean one, I should just say and when we walk in the corridor, and we are sweating; when we get here,**

F: Yeah.

**R: we dispose it, and taking another one, like myself you got here whilst i have put on another one, because they are kept somewhere to avoid people taking them anyhow. So i was waiting for the in-charge to give me the permission to take, so things have changed because on your own your conscious will bother you that you cannot just be without wearing a face mask, without washing hands with soap; when you get home even children will be watching to make sure that ‘has mom washed her hands’, so us being health workers they would say ’I didn’t see you washing hands’, until you assure them that you have washed hands. Meaning that even at home or here at hospital I can see that there is a difference.**

F: Alright, right now I’m reviewing with what you explained earlier that when you arrive at the gate, you have to wash hands and then pass through four screening points,

**R: Yes.**

F: and when you arrive here, you wash hands and make sure that you are wearing all the protective gear that every staff was abiding by these measures. So if we could put all that on a graph would you say people are continuing with this or it is declining because people are stopping abiding by this?

**R: I think the graph is declining.**

F: It is declining?

**R: Yes, because I’m usually arriving early these days and I find that the HSA are not here; they are yet to start screening people. I would say that for me it’s now two weeks without my body temperature being scanned. So that’s where I wonder that isn’t the committee seeing this’? I thought we also have people working in night shift at the tents, ‘cant those people continue working until morning”? So that during their morning handover with day staff that is when they will be knocking off but today I have seen people entering the hospital without even a face mask. Just passing there and in some cases the HSA running after the people shouting that they should go back, meaning that the HSA are coming late. But when it comes to buckets we are still seeing them in places they used to be but I think people are no longer washing their hands, because previously we were even being on queues, because you cannot get in,**

F: without washing hands.

**R: and sometimes the guards are even there.**

F: The guards are there, yes.

**R: They are now sleeping on the job; the sanitizer i no longer see it, to be applied to people as it was before, but now the graph has declined.**

F: What do you think has led to this negligence? What could be the reason?

**R: The negligence, people are thinking that Covid is now ending, because there are few people that are testing positive of coronavirus. The country is now registering like four new cases, sometimes eight: at times one. So people are now loose, that even in minibuses; I sometimes board minibuses and find that I’m the only one wearing a mask but still I make sure that I’m putting on a mask until I get home, that is when I dispose it off. But people are on a laxity in minibuses even when we are walking or here at the entrance gate, I’m seeing people without a mask meaning that the hospital is sleeping on the job on safeguarding people who are entering at the gate because people are getting in without a mask, previously that could not happen. If you do not have a mask, no entry.**

F: You cannot get in.

**R: Yes, but now people are getting in.**

F: What do you think should happen?

**R: I think the committee should continue being active as it was from the start, doing that then we would control the pandemic because when we were at training we were being taught that John Phuka who is chairing the Presidential Taskforce on Covid-19, has complained that people are not adhering to the precaution measures; so because of that many people can now get infected of the disease than before. So I think the committee here at Queens is negligent because had it been it is active as it was before this could have not happened.**

F: Ok, so in your explanation you said there are tents at the gate.

**R: Yes.**

F: There are wards that checks on patients.

**R: Yes.**

F: But fortunately Malawi did not register high number of cases as it was the case in other countries, had it been that the cases soared, do you think the hospital could have afforded to support high numbers of Covid-19 cases? If it would have not, then why?

**R: I think the capability was there, that they could have afforded, because the tents are many that some tents were not occupied meaning that the cases were not many because had it been otherwise, we could have been seeing the other tents full.**

F: Yeah.

**R: And wards that were spared like 1A, ENT and they also opened another one 3A; all those could have been full of people. But it turned out that at 1A, was occupied by expectant women and you could find that there is one patient, maybe two; at ENT you find few people as well. But had it been that the possibility was there.**

F: Umm.

**R: They could have overcome.**

F: You could have overcome?

**R: Yes, we could have overcome with hard work.**

F: Alright, so with what you have explained on how the battle with Covid-19 has been like and your thoughts that you have given, the set guidelines; how they were attending to patients. What can you commend the hospital for that during this time it was well administered? That was well prepared for and what can you recommend that they should have improved?

**R: What I saw,**

F: that it was well administered,

**R: That it was well administered?**

F: Or what you still see that it is continuing to being well administered? And what do you think needs to be improved?

**R: What I saw that it is being well administered is availability of resources was there, because we did not have a scenario where we failed to execute our job because we do not have a face mask or a glove. The resources at least were available.**

F: Ok.

**R: But, the laxity that I’m talking about, is what I think they can improve and what they can also improve is on cases of Covid of staff members here; the hospital was not making an effort to check up on them, because for those that were being admitted here, they were following them up, but for those at home; they have just been told ‘you will be on quarantine,**

F: that one has not been admitted?

**R: No, he or she has not been admitted, he is in mild state; for that case wasn’t the hospital expected to follow up on that person to see if at home they are following all the set guidelines? On that I thought that there was laxity.**

F: But, if the staff is in that situation to confirm that he or she is negative, they were supposed to visit him or her?

**R: No, I am one of the staff.**

F: Ok.

**R: They never paid me a visit. But they could just call me to ask how I’m feeling, ‘do you have mask’? Then they would send me.**

F: But, to resume working they came for a test?

**R: Yes, but I came here,**

F: they did not come at your house?

**R: No, I came here I waited at the tent maybe up until past ten, after workers from laboratory then they tested me.**

F: Alright, then what else you saw?

**R: There I also saw that there was a weakness.**

F: Because the staff from laboratory was not there.

**R: Umm, maybe the other staff but to my side.**

F: Yeah, alright, so as I have earlier said that we were fortunate that the cases were not so much because in other countries they could register a thousand cases per day. If that situation could have got to here in Malawi, what do you think in reality could have happened here at hospital? That we have thousands and thousands of cases that needs critical care at Queens.

**R: We could have not managed; it could have been a very big problem.**

F: Ok.

**R: Yes, it could have been a big problem because staff could be inadequate, the space could have been inadequate as well as equipment could have also been insufficient. I think it could have been challenging.**

F: What do you think the hospital was supposed to do? Or should have done to make sure that everybody in need of treatment receives it?

**R: Then I think they could have got another place, some private place somewhere, and maybe mounting tents at that place. So that when the cases rise the people should be kept there because here at Queens had it been it was so congested then it could have also affected other patients and that could have worsen the situation because the diseases could have soared highly.**

F: You have said we should have got another place but we had another place Kameza.

**R: Dad it been that it was running smoothly then it means that the other cases could have not even got here.**

F: Umm.

**R: They could have stayed there because we already had few.**

F: In many countries when cases are spiking like that they use a strategy called reverse triage, so that they should screen the patients hastily and those that are not critical should get recuperated at home. In the hospital there should be only those that are very sick; do you think that strategy can work here?

**R: The strategy could have worked if they could have applied it but because they didn’t go in the wards to screen the patients then it was difficult, but I observed that they reduced the number of admissions for those who were not in critical stage because they were being admitted at ATC, but here we were having few patients; few patients only those who were critically ill were the ones who were being admitted,**

F: But with the way we stay in our hospitals, do you think it is ideal to send patients home?

**R: No, it was not ideal because even some were being sent back that they were not critical but still the people were sick.**

F: They were sick?

**R: They were sick, yes. Some of them when you go out you find them sleeping on the roads, waiting for a bicycle or maybe waiting for someone to carry them on the back to have them board a minibus. Things like that were indicating that even though the people were being discharged but still they are sick.**

F: Alright, during that time there were people who were coming in as VIP’s; these influential people in our communities because at Mwaiwathu, Seventh Day, they were not admitting patients. I would like just to get it from you if there was a need to have special care for people like VIPs, those kinds of people how were they supposed to be handled when they are here?

**R: This is a public hospital, there was no special handling of them but maybe had it been we have a private facility; they could have been treated right there. But here the treatment is uniform, yes that everybody gets the same treatment. They were coming indeed, they were sleeping in the wards but I didn’t see an arrangement that they should be kept in some special ward, no.**

F: You think that it is not proper that they should be attended to in a special way?

**R: No, because everybody is feeling the pain in a similar way.**

F: Alright, although you were not directly working in a Covid ward but what was your worry working at hospital during the period there was Covid-19 pandemic? What was your worry and fear?

**R: The fears were many because it was evident that the pandemic was enormous, so we could be us staff working in the ward and a patient but still how the other staff has spent his weekend, we didn’t know. Or maybe the patients or their guardians, we could not know.**

F: Umm..

**R: It was depressing. To walk in the corridor the people that you will meet, you do not know. So with the masks we are wearing, if happens that the A-95 are not available so that we can put on, it was scary that we could get infected with the disease. We could see that our security was inadequate.**

F: But looking at the strategies that the hospital put in place, were you not feeling that I’m not well protected’?

**R: Yes, but with the traffic that is there in the corridors, it is a must that you will discharge some duties outside the ward; you maybe get to SSD to get some pads or you are going to pharmacy. We were still meeting people in the corridors that will make you feel that ‘I’m not well protected’. But the measures that we should wash hands, we should avoid touching our face, we should wash hands with sanitizer; those measures were enough that if everybody was adhering them, then they could have helped.**

F: Ok, at home, or the area that you are residing with people who knew that you are working at hospital, how was the relationship with those people? How were they seeing you?

**R: It got to the point we couldn’t see each other, to the extent that when everybody is home they will just rush straight to their house; maybe only those best friends those ones we could meet but some I could not meet them. Like at church, one time I got sick; that is before Covid. But I got sick, women from the church failed to come visit me.**

F: Umm.

**R: They said ‘we do not know what she is suffering from, she works at hospital, so there is no reason to visit her’, ‘let’s visit the other one that has a tooth problem because we know that she has a teeth problem but the other one, no we should not visit her’, there was no one who came to see me.**

F: It means you experienced stigma.

**R: Yes, the stigma was there.**

F: Ok, how about family members at your home? How did they took it?

**R: Family members,**

F: children,

**R: the children took it well, the other because he is knowledgeable, he said ‘mom you are sick, I think you should not go stay at College of Medicine, there you will be stressed and you wouldn’t have any companion’, because they sat down and discuss about it, so he said ‘we have agreed that you should stay, you will have your room’, and they were not even entering the room. Then if they want to pass me food, they would leave it close to the door; I would open the door, wearing mask plus shield then i would take and eat. After I eat then I would give the plates through a window then they would wear gloves and clean the dishes and aside where they were placing my food they put a bucket, where there was chlorine so when they are bringing, the ones they have cleaned they were putting them there, so that they should be able to handle them when giving me food.**

F: So, they were very supportive.

**R: And I have never seen children with so much love like that.**

F: So that sickness it was not Covid?

**R: No, that time I got sick they helped me, they did not know anything.**

F: Ok.

**R: And some time passed, after they tested us following that case where a patient tested positive. I mean our colleague went to work to a patient who was positive. That case after they tested us we were found negative, so I came during that period but after some time, our ward in-charge tested positive for Covid-19. So they ordered that we all should be tested and later two of us the results were positive; myself and some boy that it when I stayed in quarantine and that is when the children were helping me.**

F: Alright, was there a time that workers in this ward had concerns relating to Covid, which you raised with your superiors and they helped you or they didn’t help?

**R: I don’t remember, maybe in my absence.**

F: Maybe in your absence?

**R: Yes, but during the time I was present there was nothing like that.**

F: Sometime there was the issue of risk allowance, which was raised and the risk allowance was raised for all health workers and there was an allowance to people working in Covid ward.

**R: Yes, they were receiving.**

F: What I would like to ask is you as a health worker had it been you were not receiving the risk allowance, could have this affected your work, during the Covid period?

**R: Had it been that we were not aware that there is risk allowance, there could not have been anyone who could have been affected.**

F: Yeah.

**R: But since we knew that there is risk allowance, which is supposed to be given to us who care for patients,**

F: Sure

**R: and now not being given the allowance; we could have reacted, realising that maybe the superiors overseeing about these things are receiving,**

F: They are receiving.

**R: whilst the rest we are not receiving. Like myself I still get worried because the risk allowance that I’m receiving is the one that is in the category of the lowest. The people that do not usually attend to patients, so they gave me that kind of risk allowance, I can say the lowest.**

F: But i thought they were giving the allowance according to position right?

**R: Yes, cadre.**

F: Cadre.

**R: Yes, but we work hand in hand with the nurses; so we don’t see the reason to separate us.**

F: Alright, I’m concluding now, is there anything about Covid-19 pandemic that you don’t fully understand that you wish you could get to understand?

**R: What I wish to fully understand is the way it spreads; I find it hard to comprehend because they say maybe it is transmitted through saliva not air right? Saliva, so they I’m wearing a mask and you too are wearing a mask, does that not mean the saliva is being stuck in the mask? And in my case where did it come from, because in this ward they know me, I’m the one who is responsible about IP here and I make sure that sanitation is in check here. So I’m always wearing face mask and there is no day that I did not put on a mask since Covid-19 broke out. So when they come to pick me up, I’m always wearing a face mask, but I got sick and it makes me wonder that where did I got that saliva? On that one I don’t understand.**

F: The transmission how does it go.

**R: Yes, on that one, I don’t fully understand, because I always protect myself even my colleagues were surprised that even you?’**

F: How have you got it?

**R: The way you were doing? Because during the test i was keeping distance with the others, i wanted to be last to avoid contact with the others.**

F: Turning out that the reckless ones, tested negative.

**R: The careless ones were the ones that tested negative, because I remember right there some nurse who was testing us was just screening people not even wearing a mask and I got surprised by her. And she was saying ‘nobody has tested positive so there is no need to stigmatise them’, but in my case i was trying to the best of my ability, I was even wishing to wear two masks.**

F: Another question I forgot to ask you is your experience being tested or maybe you have interacted with other patients who were tested; they do use nasal,

**R: Yes, nasal.**

F: Swab.

**R: Swab, yes.**

F: What was your experience with it?

**R: Since I have been tested for three times now.**

F: Three times.

**R: Because the first time they tested through nose and throat.**

F: Ok.

**R: The second time, they tested me through the nose, and that the time they found me positive. The third time, that was to confirm that I’m better, it was the nose.**

F: The nose again.

**R: It is very painful.**

F: Painful.

**R: Because when they are testing you find your eyes have started producing tears and at the end of the nose you feel some (??)**

F: Ok.

**R: Sure.**

F: And if there was an easier way of testing of using saliva maybe,

**R: Yes, that could have been better but maybe in my case i was not worried because I knew that was the way, there is nothing else you can do apart from this. But it was not taking long.**

F: My last question, if the hospital management calls you and ask you that ‘amongst the things we prepared about Covid-19, which are the things you can prioritise, maybe three or two you can advise us as management to improve. In case the cases start rising again or we could face another pandemic in future’. What are the things you can advise the hospital management?

**R: I would advise them that they should not be on laxity as it is the case now, because it is obvious that they are now on laxity because had it been they are able to give directives to people doing the jobs, starting from the gate to the corridor up until the ward here; that the things should be like it was at the start, they people could have not been sleeping on the job but because it seems they are on laxity and then people have what?**

F: Are also on laxity.

**R: Are also on laxity, but had it been there were strict,**

F: With their supervision.

**R: Yes, with their supervision, things could have been better.**

F: Ok.

**R: And another thing I could have advised them is that resources should be available, we should not have shortages like yesterday we just stayed because there was no apron. Friday, so I stayed for sometime waiting that I should wear an apron.**

F: Then you will start working.

**R: Yes, things like those. You go to pharmacy they say out of stock, so things like those are the ones we appeal to management to make sure that the resources are available. And they should continue being hardworking that the rest should follow suit,**

F: Alright, those are the questions that I had for you, I don’t know if you have any comment.

**R: My comment, is only to commend the study that you are conducting as Welcome Trust because it is the only way you can know the glitches and the areas that we are doing well and this study can also help that the things should continue being on right path like it started. Yes, that is what I can say.**

F: Alright, I really appreciate for your time; this would help us as I have said that this would give information that will health authorities on what to improve in preparation of pandemics.

**R: Alright.**

F: So, I should appreciate for your time, as I already mentioned that our aim is to get information that will help the hospital and the government on what to improve the central hospitals in preparation to fight the covid pandemic.

**R: I also appreciate.**