

'COLONIAL VIRUS'? COVID-19 and Racialised Risk Narratives in South Africa, Ghana and Kenya



Photography (L - R): Alexandros Karantges (taken in South Africa) | Kevin Tucker (taken in Accra, Ghana) | Mustafa Omar (taken in Nairobi, Kenya)

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Project Background

This report is the result of a research project undertaken in partnership with partners in Ghana, Kenya and South Africa between May and July 2020.

It was supported by the University of Liverpool Global Challenges Strategy Group COVID-19 Official Development Assistance (ODA) Rapid Response Fund to tackle the COVID-19, or coronavirus, challenges faced by low and middle-income countries (LMIC).

The research team adopted an 'anti-colonial' approach to this collaborative project. The research was co-designed by the team from the outset of the proposal, through to collectively creating and determining search terms, time limits, the literature review, methods for data collection, tools for analysis and methods for dissemination¹.

The team Principal Investigator was Dr Leona Vaughn (University of Liverpool, UK), Co-Investigator was Dr Allen Kiconco (University of the Witwatersrand, South Africa) and the research partners were Nii Kwartelai Quartey and Collins Seymah Smith in Ghana and Isabel Zattu Ziz in Kenya.

¹ This was mainly through Twitter (@C19race) and a dedicated website <https://covid19raceandrisk.wordpress.com/blog-2/> for blogs and findings to be shared, including making the data collected publicly available.

Executive Summary

COVID-19, or coronavirus, from the earliest reports in late 2019 and since its categorisation as a worldwide pandemic in March 2020, has been characterised by enduring racialisation in terms of how the virus and the risk to infection has been communicated.

The virus, widely claimed to originate through what was communicated via a Western lens as 'abnormal' cultural eating habits, was from the outset racialised as a 'Chinese problem'. Various racialised terms were applied, such as the 'Wuhan virus' and the 'Kung Fu Flu', the latter term even used by President of the United States of America, Donald Trump. The global sinophobia (anti-Chinese sentiment) which ensued, especially as cases of the virus began to appear across Australia, Europe and USA, manifested in ways ranging from social media memes and jokes, through to increased racist attacks on people perceived to be of Chinese descent. Simultaneously, another form of racialised narrative began to emerge at the early stages of the pandemic regarding the risk of infection, particularly within Chinese and Western media. However, this time in ways maintained to be 'positive'. This was the narrative about how African and African descended people were supposedly immune to COVID-19.

This project sought to identify how racialised assumptions about COVID-19 risk and prevention narratives, particularly the immunity myth which appeared to emanate mainly from the Global North, impacted on the practical and political risk narratives for preventing infection in countries on the African continent.

Between the end of May and end of July 2020, at the height of the first wave of the global pandemic, this research project remotely gathered data on the risk narratives for preventing COVID-19 infection in these three African countries. This report explains the extent to which these narratives were found to be 'racialised', that is, how narratives were given explicit or implied racial meaning.

The publication of separate country reports on what researchers found in [Ghana](#), [South Africa](#) and [Kenya](#) is a way of reflecting the specificity of what was happening in relation to COVID-19 prevention narratives in media and State policy/strategy.

The data we collected, mainly from social media platforms, indicated a number of common themes for COVID-19 risk narratives across the three countries, which are analysed and aggregated in this report under the following headings:

- [Racialised Risk Responsibilisation: Blame, Stigma and Colonial Logics](#)
- [Immunity and The Racialised 'Infodemic'](#)
- [The Desire to Believe in Black Advantage](#)

We discuss these key cross-cutting themes and identify recommendations for future research in this report.

This research project was rapidly undertaken, so therefore cannot claim to be fully exhaustive in its identification of themes of racialisation. However, it gives an insight specific to time and place.

This research took place before anyone really knew the 'facts' about coronavirus. The virus is novel and as such what we observed was 'fact-making' as the pandemic began to unfold on the African continent. In other words, in the absence of facts about

COVID-19, States and populations inevitably tried to make sense of what was happening by creating their own. The facts created encompassed what they imagined the risk to be; where the risk was perceived to come from, who was viewed as the source of the risk and what actions would help prevent the risk of infection.

The World Health Organisation tried to counteract this 'infodemic' with counter narratives called 'mythbusting' (WHO, 2020). However, they did so in a neutral manner without identifying that some myths were disproportionately applied to, or believed by, racialised groups of people.

What we observe in this research is that the risk narratives and myths that entered into the State and public narratives at this time, regularly drew upon established racialised risk perception, framed by a narrative which views race as a biological fact.

In relation to who is perceived as the 'other' who threatens 'us' with exposure to the virus, and in relation to who can be blamed for increased risk of infection, the narratives we found are shown to be deeply racialised and shaped by [residual] colonial logics within all three countries but which manifest in socially, culturally and historically specific ways.

It is hoped that this report will be a springboard for further investigation led by and undertaken with African researchers and scholars in this field. To that end, we make the following recommendations for future research into the exploration of racialisation and risk narratives particularly for studies of race and COVID-19 in African and African diasporic contexts:

This research provides a starting point for future research to:

- study the impact of the COVID-19 State responses (e.g. lockdowns) on people's lived experiences in Kenya, Ghana and South Africa;
- address the 'missing voices' in this project of specific communities - women, children, migrants (internal or urban/rural, African and non-African), homeless/street-dwellers, disabled and LGBT (Lesbian, gay bisexual and transgender) groups;
- explore in more detail the racialised 'infodemic' and its origins
- undertake a comparative research project to analyse racialised risk narratives and COVID-19 in the African Diaspora (in particular those countries with high death rates for people of African descent such as UK, Brazil and USA).

This research shows the value and necessity of Afrocentricity to methodological approaches for research in the African continent. Our research identified that *how* racialisation occurs in 'post-colonial' contexts is very specific to the individual country history and cultural, socio-political and economic landscape.

Therefore in future research on the continent:

- Conceptual and theoretical approaches to risk and racialisation, in particular, need to be critically engaged with from an 'Afrocentric' position to ensure inclusivity of diverse African perspectives.
- Anticolonial research methodological approaches and considerations should be applied in all collaborations with Global South partners which resist and disrupt coloniality when co-producing our research design, delivery, analysis and dissemination.

Introduction

COVID-19 was categorised by the World Health Organisation as a global pandemic on 11th March 2020². The explicit and implicit racialisation of COVID-19 was established early on.

The virus, widely claimed to originate through what was communicated via a Western lens as 'abnormal' cultural eating habits, was from the outset racialised as a 'Chinese problem'. Various racialised terms were applied, such as the 'Wuhan virus' and the 'Kung Fu Flu', the latter term even used by President of the United States of America, Donald Trump. The global sinophobia (anti-Chinese sentiment) which ensued, especially as cases of the virus began to appear across Australia, Europe and USA, manifested in ways ranging from social media memes and jokes, through to increased racist attacks on people perceived to be of Chinese descent (see Benton, 2020; Fekete, 2020; Kuang, 2020; TUC Wales, 2020; Werleman, 2020; Yang, 2020).

Simultaneously, another form of racialised narrative began to emerge at the early stages of the pandemic regarding the risk of infection, particularly within Chinese and Western media. However, this time in ways maintained to be 'positive'. This was the narrative about how African and African descended people were supposedly immune to COVID-19 (Laurencin and McClinton, 2020).

This project sought to identify how racialised assumptions about COVID-19 risk and prevention narratives, particularly the immunity myth for African people and those of African descent, which appeared to emanate from China but be promulgated through the discourse mainly of the Global North, impacted on the practical and political risk narratives for preventing infection in countries on the African continent.

The report begins by expanding upon the conceptual and theoretical approaches to risk and racialisation which we drew upon in this work. It then outlines our methodological approach to the research project in its entirety. The country specific findings are then summarised, leading into a discussion of common themes. The report then ends with specific recommendations for future explorations in this field of research and more broadly for future methodological recommendations for research on the African continent.

² World Health Organisation (2020) *Archived: WHO Timeline - COVID-19*. March 11, 2020. Available at: <https://www.who.int/newsroom/detail/27-04-2020-who-timeline---COVID-19>

The Risk Society and COVID-19

In the 'Risk Society' thesis, the global state wherein the world has now come to view and attempt to control all matters from environment to crime through the lens of risk and uncertainty, author Ulrich Beck asserts that 'risk' affects all people equally. It is, he claims, 'democratic' insofar as it does not discriminate in whom it affects, even affecting 'the rich and the powerful' (Beck, 1992: 47; 2007). Beck's work is one of the most influential academic theory of modernity and globalization.

Groupings such as race, gender and class are 'zombie categories' to Beck (2002: 204), with limited meaning in the Risk Society, because the reality that they correspond to is claimed to be 'dead' but academic and other institutions keep reviving them (see Beck, 2002; 2007). In other words, racism, sexism and classism are deemed no longer relevant to the Risk Society in how it is structured and operates.

Beck acknowledges that persistent social inequalities are an accepted feature of modern society, yet his work does not engage with the idea that these very inequalities will influence the Risk Society (Atkinson, 2007; Finucane et al, 2000; Olofsson et al, 2014). That is, they will influence which particular groups are more likely to be claimed to be risky, which groups will be more protected from risk and which groups will be likely blamed for risk. The imagining and categorization of risk is an exercise of power in society that is minimized by Beck.

Risk Society as a thesis is therefore weakened by the absence of an analysis of the intersection with structural inequalities. When we consider how global structural inequalities work and persist, we can logically conclude that the attribution of the 'risk' label and the perception of who is risky, especially when influenced by the State, is likely to favour the behavioural and cultural norms of the powerful, over those of the marginalized (O'Malley, 2015).

This erasure of the reality of systems of oppression and exploitation in the Risk Society processes for identifying what a risk is, how to control it and how to prevent it, obscures how the Risk Society is shaped and oriented from the position of protecting 'us' from the 'others'. In short, risk is a colonial project.

The COVID-19 pandemic is an example of exactly this.

The virus poses a universal risk to the health of the world, but initial claims that this pandemic would act as a leveller in society have since been debunked by the scrutiny of the evidence pointing to unequal impacts on populations based on geography, social class, race and gender. COVID-19's devastating impacts on specific marginalized groups, especially documented in the UK and USA, and the State responses, or lack of response, to them, has revealed 'risk' to be riddled with cultural and age-specific assumptions, racialised, patriarchal, gendered, heteronormative, classed and disabled (Devakumar et al, 2020; European Network Against Racism, 2020; International Disability Alliance, 2020; United Nations Development Programme, 2020). The preventative actions and risk narratives intended to stem the rates of COVID-19 infection has privileged those with certain forms of lifestyles, employment, physical abilities, resources and homes that can permit them to fully observe the preventative and 'social distancing' methods that have become a global standard

(Malik, 2020). The ways in which COVID-19 risk is both conceived and in how it affects people's lives, is far from democratic.

On a global scale, a Risk Society-based analysis of how efforts to articulate, address and prevent risk of COVID-19 have developed, therefore has to include examination of the power differentials inherent to international systems of capitalism and structural racism which underpin the imbalanced relationship between the Global North and the Global South.

Race and COVID-19

From the outset of the outbreak of COVID-19, also known as Coronavirus, the public narratives on the risk of spread and infection were heavily racialised. The virus, widely claimed to originate through what was communicated via a Western lens as ‘abnormal’ cultural eating habits, was racialised as a ‘Chinese problem’. Various racialised terms were applied, such as the ‘Wuhan virus’ and the ‘Kung Fu Flu’, the latter term even used by President of the United States of America, Donald Trump. This early racialisation was not without consequence. It affected the whole discourse on the virus and the initial State responses to prevention, particularly in the Global North. For example, the original messaging on prevention in the UK, in the absence of an official strategy, was aimed at Chinese communities about the risk that they could pose to others if they had travelled (Ip, 2020). This largely ignored the high likelihood that travel to both China and Italy, the centre of the European outbreak, was likely to include more white people in the UK than Chinese. As cases of the virus began to appear across Australia, Europe and USA, reports of global sinophobia (anti-Chinese sentiment) ensued. These manifested in ways ranging from offensive social media memes and jokes, through to increased targeted racist attacks on people racialised, sometimes incorrectly, as being of Chinese descent (Devakumar et al, 2020; TUC Wales, 2020).

Simultaneously, at the early stages of the pandemic another form of racialised narrative began to emerge regarding the risk of infection, particularly within Chinese and Western media. However, this time in ways maintained to be ‘positive’. This was the narrative about how African and African descended people were not at risk because of supposed innate immunity to COVID-19. This mythology can be traced to the reports from China³ of one African patient’s resistance and recovery (Carter and Sanford, 2020; Kertscher, 2020; Laurencin and McClinton, 2020; Reuters Fact Check, 2020; Vincent, 2020). The influence of the immunity narrative was observed through memes or jokes about the ‘few benefits’ of being Black in those countries (Mock, 2020), to statements by politicians and celebrities directly addressing them as dangerous myths (Elba, 2020; Grieg, 2020).

The harm of this racial stereotype of Black immunity was challenged for the real potential to risk lives. The potential to reduce the seriousness with which Black COVID-19 patients were responded to and to undermine the argument for State action to prevent the spread of infection within African and African descended communities, particularly in USA and Europe.

Scientific Racism

These ideas of ‘innate’ Black⁴ immunity to COVID-19, sometimes positively received as our project will explain, are deeply embedded in ‘scientific racism’, also referred to as medical apartheid or eugenics, which has roots in African enslavement and 19th and

³To provide some context, simultaneous to this evidence was emerging of individual and institutional racism directed at Black Africans and their descendants in China through social media coverage, with the hash tag #ChinaMustExplain. This continued throughout the pandemic and the Black Lives Matter global protests (see Human Rights Watch, 2020; Walsh and Kinkoh, 2020).

⁴ Black is used here to apply to people who are African and of African descent (including African Caribbean and African American people)

20th century colonialism (Carter and Sanford, 2020; Saini, 2019; 2020; Sowemimo, 2020; Stewart, 2017). In this 'science', amongst other things including seeing disability as defect, race is seen as biological fact rather than socially constructed. It has claimed Black African people in particular to have either racial propensity or 'magical' immunity for illnesses due to [defective] biological differences. Some perceive this 'race science', especially after the defeat of the eugenics-supporting Nazi regime in World War 2, to no longer be in use. However this is not the case (Saini, 2019; 2020). Research shows that racial bias remains in relation to how current medical practitioners perceive Black patients to have higher pain thresholds (Hoffman et al, 2016; Saini, 2019). Commentators have noticed how the higher death rate for Black and other racialised minorities in the UK and USA are attempted to be explained in ways which ignore experiences of racism and racial disadvantage. The fact that Black and other racialised minority people make up the significant swathes of 'keyworker' roles deemed to be essential to the economic and physical health of both countries during this pandemic are often overlooked in favour of explanations of racial difference, susceptibility or tendency for example for pre-existing health conditions . In other words, COVID-19 has revealed that this pandemic has regularly defaulted to seeing race as a biological fact (Andrews, 2020; Evelyn, 2020; Gravlee, 2020; Haque, 2020; Haque et al, 2020; Independent SAGE, 2020; Khan, 2020; Kinouani, 2020; Lentin, 2020; Morgan, 2020; Raisi-Estabragh et al, 2020; Vaughn and Obasi, 2020).

Racialisation

'Racialisation' is the social and cultural processes which give the socially imagined ideas about 'race', real-world racial meaning (see for example Du Bois, 1994 and Murji and Solomos, 2005). In the tradition of Critical Race Theory, which emerged from the social sciences, 'race' and the associated terms of, for example, 'Black' and 'White,' are seen as socially constructed categories and not biological fact (Crenshaw et al, 1995; Murji and Solomos, 2005). Black and White are not terms which describe a biological difference in humans. They are terms argued to have only gained meaning through processes of racialisation - that is, how society has come to categorise and imagine racial difference.

This can be explained in two ways.

Firstly, how people are racialised as belonging to a particular racial grouping, has typically happened using the body [skin colour] as a 'signifier' for this categorisation (Fassin, 2011: 420).

Secondly, how language and ideas are racialised, is through the way that people ascribe 'racial meaning' to them, even when they are often claim to be 'colour-blind', non-racial or without racial meaning (Alexander, 2010; Dannreuthers and Kessler, 2017; Gonzalez-Sobrinio and Goss, 2018; Settles et al, 2018). A contemporary example of the latter is what is referred to as 'dog-whistle politics' (Haney Lopez, 2015). This involves the use of 'coded' language, that which enacts widely held stereotypes or is used to infer racial meaning, for example terms such as 'migrants' rather than 'expatriates' when discussing issues of citizenship and immigration.

Processes of racialisation are thus ways of exerting power or control, both individually and by the State. They are used to define those who are 'us' and those who are 'other' (Said, 1978). As such, they require careful analysis to understand and highlight the mechanics of how the process takes place in different ways and different contexts.

Again, looking at the UK and USA as examples, holding Black people responsible for their own increased risk of dying of COVID-19 is an integral feature of messages of racialised risk prevention. Policy narratives for maintaining 'key-worker' roles and services, traditionally fulfilled by Black and other racialised minorities, young people and migrants, while others 'stay at home' or 'work from home' are argued to imply that Black and other racially minoritised groups are in some way able to 'naturally' withstand levels of over-exposure to the virus (Andrews, 2020) or are viewed as disposable (UN Working Group of Experts on People of African Descent, 2020). In response to high death rates, the US Surgeon General Jerome Adams espoused the 'stop drinking, eating badly, doing drugs' type of messages to racialised groups, especially Black and Latinx (Kendi, 2020; Zoellner, 2020), which are also implied in the far subtler but equally instructive language of UK references to 'pre-existing health conditions' which affect Black and racialised minorities more than White. Furthermore, in terms of the criminalisation of Black people through pandemic responses, evidence is emerging of the disproportionate arrest and fines of Black people for 'lockdown breaches' in the UK⁵ and USA.

The COVID-19 'Black immunity' claims may have been the first indication of how the risk narratives for preventing infection were becoming increasingly racialised, overtly and covertly or implicitly, in relation to Black populations, especially within the diaspora (Laurencin and McClinton, 2020). Nonetheless, they were not the last. Racialisation has permeated the entire narrative, from early ideas of how the virus started, to who is immune, and in Western discussions about why Black and other racialised groups are dying at a higher and faster rate.

In the African diaspora of the UK and USA, therefore, people of African descent appear to be easily held individually and collectively responsible for their own exposure to the virus, especially in relation to the risks they are viewed to be taking in their employment, living arrangements and poor health (often a result of structural racism), their religious practices, and even their desire to protest against the other global pandemic of white supremacy (Braidwood, 2020; Bush, 2020; Butler, 2020; Clarke, 2020; Cook et al, 2020; Ilyas, 2020; Mason, 2020; Nuki, 2020).

Racialised risk narratives which hold Black people responsible in this way have been and continue to be specifically observed in COVID-19 responses during this pandemic (Devakumar et al, 2020; Kendi, 2020).

This does not speak to 'zombie' notions of systemic racial inequalities (Beck, 2002: 204). These are the lived realities in the highly inequitable and unjust Risk Society. However, a theoretical model which does not factor in white supremacy, or other forms of structural oppression, cannot speak to the 'riskification' of Black peoples lived experiences globally.

This motivated our study of if, or how, racialisation appeared in the risk prevention narratives being shared in Ghana, Kenya and South Africa.

⁵ Black and Asian young males are twice as likely to be fined by Police for breaching lockdown rules under the Coronavirus Act, 2020 than their White counterparts according to National Police Chiefs Council 'Analysis of Coronavirus Fines' available at <https://news.npcc.police.uk/releases/independent-analysis-of-coronavirus-fines-published>

Methodological Approach

This research project was co-designed by the team from the outset of the proposal, through to collectively creating and determining search terms, time limits, the literature review, methods for data collection, tools for analysis and methods for dissemination.

This may be referred to as a 'decolonising' research methodology, an essential aspect of ensuring that research projects anticipate, mitigate and address any real or potential harm to both researchers and the communities we are researching (Balch et al, 2020; Renton and Vaughn, 2020). A decolonial approach is one where researchers challenge the Eurocentric research methods that so often undermine the local knowledge and experiences of the marginalised population groups being researched (Nhemachena et al, 2016; Tamale, 2020; Tlostanova and Mignolo, 2012). It is also an approach which appreciates the power dynamics of Global North/Global South research collaborations and seeks to always acknowledge the role of power systems such as colonialism, capitalism and racism (Rutazibwa, 2020).

However, 'decolonisation' within the Global North is argued to be mostly undertaken intellectually but not in practice (Moosavi, 2020). With this in mind, this project went beyond amplifying the voices of Global South researchers and scholars, we consciously centre African voices in the countries studied within all of the research processes and we consciously and repeatedly did this throughout the life of the work (Vaughn, 2020). This included ensuring all researchers could access articles and information through the University of Liverpool library system, providing researchers with external hard drives to save data as they were operating in areas where electricity and Wi-Fi connections could become unstable or disrupted during lockdowns. We established practical ways of working equitably. Irrespective of location, all researchers were paid on an equitable level. Online weekly research team meetings were chaired by each researcher on rotation and agendas were co-designed. It is important to acknowledge here that these meetings were also a form of support to the research team operating during a global pandemic. All members were undertaking research in a lockdown situation, which varied by country and by personal circumstance. The meetings not only supported our team development and the development of the research, they provided regular contact and personal support to each one of us.

In advance of data collection and analysis, through these meetings we co-created shared theoretical and practical understandings. By creating a website and blogs we made our work visible from the outset to the public and gave each researcher an opportunity to articulate the project as it evolved. We worked together to check the accessibility of what we wrote so that the widest possible audience, especially in the three countries researched, could gain access and understand what we were doing. In this way we were ensuring transparency in our research, which continued by making all of the data collected accessible through the website created.⁶ This also sometimes meant changing what we originally planned for the research, when we understood the colonality of its impact. One such aspect was changing our plan to publish one research project, to publishing 3 country specific project reports and an overall

⁶ The data collected is publicly available through <https://covid19raceandrisk.wordpress.com>

project report. This was because we realised how much the original plan could erase what the individual researchers had uncovered and developed and also homogenise the very different experiences of three different countries in a way which reinforced the colonial idea of Africa as a country and not a continent. By moving to these additional reports, this also gave exposure to each researcher in their own right and gave them a specific publication – a common way in which Global South researchers work can be made invisible.

Our findings are thus led and shaped by African experiences and expertise⁷. Our data analysis processes for example would not have given a true understanding of implied or inferred racial meaning in the data we collected and may have generated misleading findings, without the collaborative approach of researchers who were ‘outsiders’ with those who have ‘insider’ knowledge (Merton, 1972). We worked together to question power with each other and through each other’s analysis – confronting issues as ‘insiders’ we were desensitised to, or as ‘outsiders’ we were assuming or were ignorant of. In taking this approach we co-created new insights and understandings of risk and racialisation in the COVID-19 risk prevention narratives from what Asante called an ‘Afrocentric’ perspective (Asante, 1980/2003; Mazama, 2001; Omanga and Mainye, 2019; Tamale, 2020).

The nature of our collaboration is thus not just decolonial, it is actively anticolonial (Vaughn, 2020), as Tamale notes:

“[I]t takes conscious unlearning and relearning to “shake off” the colonial filters through which we view the world.”

(Tamale, 2020: 58)

Taking an anticolonial methodological approach has allowed us, in three ‘post-colonial’ African countries, to explore and articulate the multidimensional ways in which racialised risk prevention narratives for COVID-19 exist in these specific cultural, social and political contexts.

Analysis

Publicly available information was our primary data source – with social media being a significant source of evidence. Local social media, newspapers, radio and government/State narratives, provided the research team with raw data to identify and analyse racialisation in the actions to prevent infection, including social distancing, curfews, lockdowns and other preventative measures.

Researchers drew upon two key methodologies – Critical Discourse Analysis (CDA), to include written, visual and spoken media discourse, and Content Analysis, to assist in the identification of power and discrimination (racialisation) in the communications (Baker et al, 2013; Krishnamurthy, 1996). Critical discourse analysis (CDA) is defined as:

“[A] type of discourse analytical research that primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted

⁷ Single authored country-specific reports on local findings are available here: <https://www.liverpool.ac.uk/humanities-and-social-sciences/research/coronavirus-research/racialised-risk/>

by text and talk in the social and political context. With such dissident research, critical discourse analysts take explicit position, and thus want to understand, expose, and ultimately resist social inequality.”

(Van Dijk, 2001, p. 352).

Content Analysis is a set of techniques for analysing collections of communications, or in other words to analytically consider “who says what to whom through which channel to what effect” (Lasswell, 1948: 117). It is a method to collect and analyse data to understand the meanings which are being ascribed to an issue within a given context (Krippendorf, 1989: 403). This was useful to consider non-text and talk narratives, such as visual representations in e.g. memes. Taking guidance from these two theoretical approaches helped the research team overcome some challenges during the project.

The majority of this data was acquired through social media, as this was the most prolific communication platform which could give an insight into the types of COVID-19 narratives that were prevalent at this time and within the specific countries we were looking at. Therefore in most countries the data was derived from narratives ranging from official policy and communications from Government to social media posts, memes and jokes. The collection was straight forward, i.e. screenshot or download, as was the analysis, i.e. analysing the use of words or visuals to communicate a message. However, we did not anticipate, especially in Ghana and to a lesser extent in Kenya, working with the culturally specific local ‘social commentary’ provided on social and political events through e.g. local storytelling, street performances and music traditions. These only came up in informal conversations about what was happening locally but due to external inquisitiveness soon became a part of the data collected. Researchers then had to adopt a different approach to data collection. They had to transcribe what was being heard on the streets or via recordings of performances on e.g. YouTube, and analyse the meaning not only through the words that were used (including making literal translations of the local language or dialect used) but also through their personal understanding of the particular tradition of e.g. sarcasm/satire, political, religious or geographic affiliation, community resistance or anti-colonialism.

Collectively we analysed data that was emerging, which we shared with all members of the team using an online Dropbox. This meant that everyone’s data and all articles were available to all members of the team. This helped to begin to formulate ideas on emerging themes and also identify whose voices were missing. Once all data was collected, the country specific reports were developed to represent the detailed analysis that the researchers undertook. From this, we were collectively able to categorise those themes which were shared across the countries, including gaps in our knowledge and data, which are represented later in this report.

Summary of Country-Specific Findings

This section presents a summary of the specific findings in each individual country by the local researcher/s. This gives insight into the local contexts - their responses to COVID-19 and the nature of the racialised narratives of prevention.

Ghana

In countries like Ghana where the populations are Black, it is easy for issues of racism to go unnoticed or be denied completely. We, however, acknowledge that there is a structurally racist system in place globally, that ensures that Africans do not have the ultimate decision-making power that controls their lives and resources. Ultimately, this system creates a situation where resources are placed unequally in the hands and under the control of white people, making it difficult for Africans to access it for the benefit of their own countries.

The subtleties of racism in a 'post-colonial' country like Ghana can be understood through the lens of 'Internalised Racism'. To understand internalised racism, it is important to see it as not simply a result of racism but a form of racist systemic oppression wherein 'internalisation' is the *modus operandi*. In other words, it is a racist system which does not require 'racists' to be present. It manifests itself in at least four ways, including decision-making, resources, standards and misnaming. Euro-centric standards are seen as standard and superior, while African values are considered inferior. Consequently, Africans and other minoritised groups often misname the problems that are the result of this racist system. Instead, they sometimes blame each other through for example cross-racial hostility, where one oppressed racial group supports the oppression of another oppressed group by upholding and participating in a social structure shaped by ideologies of white supremacy.

The impact of racialisation on COVID-19 risk narratives in Ghana is thus explored in this report through the prism of colonialism. Racism is situated here as the result of a history of colonial oppression in which the material, intellectual, spiritual and emotional resources of one people are put in service of another through force, deception and disrespect of their culture. The report has demonstrated that some of the audio-visuals, media coverage as well as government policies contain within them themes of internalised racism, which has an impact on COVID-19 in Ghana

Before the first case of COVID-19

The report outlines how prior to the reports of any cases in Ghana, that alongside theories of the virus not existing at all, theories of Black immunity were circulating through ideas of resistance to the virus were linked with living in a hot African country, even by medical experts. In the early stages of the pandemic, these themes in the social and media narratives about African immunity and resistance to COVID-19 framed the risk of infection both as being externally posed to the country and as being one that Africans, especially those who were Christian, could innately resist. This affected not only the attitudes of Ghanaians toward the virus - Chinese or Asian

looking people in Ghana became the target of discrimination.- but also influenced government policymakers towards closing the country's borders and ports.

Reporting of the first case

Through the prioritisation of closing borders to foreigners and the use of emotive language such as 'influx' and 'infiltrated', the risk was communicated as something imported and affecting people from outside of the country, which posed a threat to Ghanaians. This originally reinforced ideas of African immunity and then, when this was shown to be untrue, it led to blaming the virus on foreign travellers. The 'imported' nature of Ghana's first positive cases thus affected the popular narratives (communicated through song and social media) of COVID-19 - a 'colonial-virus'⁸ that only infects travellers to or from Western countries and China.

After the first case of COVID-19

A form of internalised racism influenced the neo-colonialist system in Ghana and their decision-making process, wherein the Western information is seen as superior to local knowledge. Due this internalised racism, the government prioritised and implemented Euro-centric standards of lockdowns of 'Stay home/Stay Inside', with the imposition of a Western concept of home. Yet, the government understood that ordinary Ghanaians were not able to live up to these standards of physical distancing styled after ideals, which do not reflect their lived reality. Policymakers missed the reality that while they could live like the colonialists, many ordinary Ghanaians could not:

*"You live in a multi-bedroom home with over one hundred meters square of walled compound around you... Your kitchen is fitted with huge freezers and fridges all stocked with more than six months' supply of food and drinks of various kinds... Do you know what home is to me? Do you have the slightest idea how it feels to stay locked up within those four bare walls of space smaller than a fifth of your car garage? With a single window that opens over a putrid and stagnant neighbourhood drain? Can you show me how to stay locked in when my front door opens directly onto a busy pedestrian pavement beside a highway? Do I keep it shut and suffocate in that prickly and putrid air within those walls or do I open it and expose my shame and embarrassment to passers-by"?*⁹

As cases rose, the government and Bank of Ghana hospital had agreed to use their facility to treat banking staff and Very Important People (VIP). The minister received lots of backlash and verbal attack from ordinary citizens and journalists. Such

⁸ A term used in a viral video filmed at the Blue Gate area of Ghana, which circulated on WhatsApp – implying that the virus has been brought or created by colonialists

⁹ Nii Lantei Mills (2020) Survival. Blog available at: <https://www.africaglobalradio.com/survival/>

statements from government officials demonstrate how notions of neo-colonialism borne out of racist thoughts in relation to human hierarchy and importance, intersect with the class struggle in Ghana.

Seeking External Intervention

It is worth noting that we identified themes of resource (un)availability in Ghana regarding COVID-19 in our collected data. The decision, diametrically opposed to the current Government political mantra 'Ghana Beyond Aid' (Government of Ghana), to go to the European and American financial institutions to aid the country were central to this. This situation lays bare the global inequalities in the distribution of resources to tackle the pandemic on the African continent, and Ghana as a country, all of whom have been occasioned by years of wealth extraction, exploitation and under-development.

Conclusion

The data collected and analysed within this short research project during the COVID-19 pandemic illustrates some of the subtly racist character of the narratives of prevention and risk of infection that still exists in a predominantly Black country. The COVID-19 pandemic in Ghana has been shown in this research to be much more than addressing a health issue; by analysing the content of the narratives of risk and prevention, it is simultaneously challenging the notion of racism in a Ghanaian context. It has addressed a host of factors which make an impact on the society when observed in its racialisation. Developing recognition and appreciation of the country's systems, however, the neo-colonial model upon which it is based is thus significant as a foundation for making claims both as a pandemic and as a racial issue in the community of Ghana and wider society.

Kenya

Kenya received news of the COVID-19 outbreak in China towards the end of 2019 with nonchalance. However, the casual interest with which Kenya followed developments surrounding the disease slowly turned into trepidation as the World Health Organization (WHO) upgraded the outbreak to a pandemic on 11 March 2020. It became increasingly clear that it was no longer a matter of 'if' but 'when' the virus would land in Africa and eventually, Kenya.

The national Government started implementing mandatory screening at all points of entry to minimise the risk of importation of the virus from affected countries. Other measures at the time included setting up of treatment and isolation facilities at Kenyatta National Hospital and Mbagathi District Hospital, both situated in the capital Nairobi, to increase isolation capacity. County governments were equally caught up in this 'preparedness' frenzy, setting up COVID-19 treatment and quarantine centres. Indeed, Machakos, Tharaka-Nithi, Kirinyaga, Meru and Mombasa counties announced in March that they were 'ready' to deal with COVID-19. However, ordinary Kenyans treated the whole spectacle with scepticism, for various reasons. Primarily because most of the reported cases in Africa were of persons of Caucasian descent, recently arrived on the continent from Europe, Asia or America. This lent credence to the notion that the disease could only affect Caucasians.

Kenya declared her first case of COVID-19 on 12 March 2020. The patient, a Kenyan citizen of African descent, had travelled back to Nairobi from the United States of America (USA) via London, United Kingdom (U.K.) on 5 March 2020. Kenyans, who tend not to trust their government, were sceptical of the figures and saw news that the World Bank had pledged to support African countries with \$50 Billion as the biggest motivation for the country to declare its first case of the disease.

From the onset of the pandemic, the notion that COVID-19 is a foreign, and specifically Chinese disease, has continued to dominate communication spaces in Kenya. The report summarises data that indicates COVID-19 is largely considered a foreign disease in Kenya, with foreign origins, and primarily affecting foreigners of Caucasian descent. The analysis of narratives from Government and on social media in Kenya identified a number of themes:

Racialised Narratives on the Origins of COVID-19: The Myth of Black Immunity

This report reveals the widely held belief that Africans are physiologically different from Caucasians, and that this difference somehow has made them more resistant to certain infections, such as COVID-19. This featured very prominently in discussions in public communication spaces. The notion of Black immunity was strengthened by reports of a Cameroonian student who was cured of COVID-19 ostensibly because he was Black, and by the reported handling of the pandemic in Kenya's next-door neighbour, Tanzania.

Some Kenyans pushed the argument that processed foods weakened the immune system and that since Caucasians and Africans of higher social classes relied heavily

on processed foods, they were more susceptible to the disease. The 'processed foods hypothesis' claims that people of Caucasian origin are genetically weak because they consume processed foods, as opposed to Africans who eat natural foods that strengthen the body's immunity. There is a general belief in Kenya that Caucasians' diets are predominantly made up of processed foods, pastries and deep-fried foods. Therefore, Africans are generally believed resistant to flu-like infections because of their diet, predominantly comprising of natural foods. This narrative gained



VikkieTaj
@VikkieMbogo

BLACK DONT CRACK. CORONA IS
JUST A LITTLE FLU TO OUR IMMUNE
SYSTEMS.
KENYANS LETS GET BACK TO
INDIGENOUS FOODS ...

13:35 · 13 Mar 20 · [Twitter for Android](#)

momentum when the earlier statistics of COVID-19 infections in Kenya showed that most of the infections were concentrated in Nairobi and Mombasa cities, where the people who inhabited there were believed to rely heavily on processed foods. Furthermore, the statistics indicated that even in Nairobi, there were very few reported cases in informal settlements, where people relied heavily on staple food, *ugali*. The report observed specific efforts by government, non-governmental agencies, and like-minded individuals made concerted efforts to counter this narrative in their communications.

Anti-Chinese Sentiments related to COVID-19

Another racialised aspect of the pandemic in Kenya was the stigma directed at people of Chinese descent. Some even perceived the disease to be a form of punishment targeted at Chinese people for transgressing the laws of nature by consuming prohibited foods. Notably, the virus was seen as a culture-specific problem, caused by a specific transgression, foreign to Kenyans, targeting only Chinese people. Another narrative was the conspiracy theory that linked the disease to geopolitical wars involving the 'imperialist' powers - United States of America, China and Russia.

Even though these anti-Chinese sentiments did not result in actual violence against Chinese people, it brought to the fore underlying Sinophobia in Kenya. It did result in ugly social media trolls directed at the Chinese and the government of Kenya for protecting Chinese people.

The most interesting aspect of the Sinophobia in Kenya is the contradictory fact that many of the first cases of the virus were linked to European, rather than Chinese travel, but there is no equivalent anti-European feeling. Therefore, it can be attributed to the general feeling among ordinary Kenyans that their leaders are auctioning Kenya to the Chinese.

Government Response to COVID-19

The government was also on the receiving end of Kenyan's anger for its handling of the disease. These attacks on the government for its response to COVID-19 revolved around two racialised issues. First, how the police service implemented dawn to dusk curfew was likened to the response to an outbreak of bubonic flu by Kenya's colonial government. Secondly, some of the restrictions and regulations appeared to be harsh to ordinary Kenyans and appeared to favour Caucasians and wealthy Africans, who had the resources to adapt and survive.

Racialised Cure and Vaccine Narratives

The controversies surrounding the cure and vaccine for COVID-19 stirred up racialised debates, with the most emotive issue regarding the cure being the controversial Madagascan cure. Some accused the government of Kenya of favouring only solutions offered by the West, and ignoring the Madagascan cure because it originated in an African country. Comments by French scientists and a BBC medical correspondent that a vaccine should be tested in Africa before being rolled out to the rest of the world sparked outrage, with the racial angle emerging very strongly as a discussion point in local social media narratives.

Summary

The racialised narratives may have affected the general state of preparedness in Kenya, since it could have contributed to the almost casual way in which the pandemic has been handled in communication spaces. As evidenced from the foregoing discussion, Kenyans may have failed to accord the pandemic the seriousness it deserved, in the belief that it is a Caucasian problem.

South Africa

This report examines the experience and responses to the COVID-19 pandemic in South Africa to explore how government, media and social media racialised COVID-19 risk narratives. Race and COVID-19 risk and response were closely related/linked with narratives involving a racialised interpretation of meaning. The State, media and social media utilised the notion of race for communicating this risk. People categorised or differentiated risks, responses and experiences based on race, suggesting that the pandemic in South Africa was racialised.

Analysis of the data collected identified the following themes:

Contradiction in the reporting of COVID-19 cases

This theme of contradictions in reporting cases of infections and deaths, particularly focused on the State's move to default 'race' within their communication of COVID-19 statistics. Often, the released statistics indicated regional, age and gender details of affected people, with more men and older people dying. However, there was a noticeable lack of reported and accessible data on the racial/ethnic composition of those infected and dead. For a country with a history of racialising everything, releasing data without the race component was a noticeable contradiction. Some Africans speculated that the State was concealing race statistics to protect Whites because they were more vulnerable and affected, which also linked to the idea of White people being the main group contracting COVID-19.



From the start, the State seemed to side-line the country's divide over race and wealth inequality. Potentially as a move not to actively racialise the pandemic. However, the media and people, especially through social media, racialised the pandemic at every stage. Starting from the initial days of the virus spreading in China and Europe to the easing of the lockdown in South Africa. Therefore, the concealment of statistics relating to race created a substantial concern. Insufficiently identifying the affected

population ultimately opened space to ruminate that the historically marginalised ethnic groups in South Africa could have shouldered the most considerable burden of the pandemic.

‘[A]ll South Africans are at risk of infection’: Jokes, Myths and Misinformation

This theme was about how jokes and myths about African immunity and misinformation about natural remedies that circulated mainly on social media, clouded the initial days of the pandemic in South Africa. Tweets proposed that God’s favour and protection were on Africans’ side. Notably, the subtext was that the virus was some sort of revenge to the Whites for the pain they continue to cause to Africa and Africans via slavery, colonialism, racism and imperialism. The South African data indicates how this racialised narrative may have influenced initial community response to and experience of COVID-19 on the African continent; it contributed to the disregard for vigilant action set out in the initial risk mitigation measures by the South African State.

Stigmatisation and Discrimination

Stigma and stigmatisation did not spare the community of around one million Chinese in South Africa amidst the outbreak. As COVID-19 spread from China to Europe and the US, such racial stigma and stereotype extended to tourists, expatriates and people travelling from these countries and continents. South Africans viewed the virus as an import, spread by such foreign visitors.

‘South Africa belongs to all who live in it’? Anti-migrant Approaches

Anti-migrant responses and Xenophobic experiences were observed emerging in the data. While the Constitution explicitly states that ‘South Africa belongs to all who live in it’, some State measures to combat the spread of the virus contradicted this stand and sent a wave of fear among its millions of African migrants.

Lockdown: Deepening Historical Racial Tensions and Inequality

The lockdown increased accusations over racial privileges and inequality that the State initially side-lined. Tweets show the racial cleavage continued in the narrative of blaming White people for importing the virus and Africans’ subsequent suffering, including grievances at the outward discrimination in how the police and army treated White people versus Africans.

The Racialisation of State Aid

Discrimination based on colour, are among the concerns some White South Africans also expressed during the lockdown, particularly in relation to Government aid for White owned businesses.

Summary

Initial responses to the COVID-19 pandemic in South Africa were characterised by preventive action, including counteracting misinformation and the early imposition of national-wide lockdown that slowed infections. The State abided by regulations as recommended by the WHO and South African epidemiologists. The timely easing of the lockdown, reopening of the economy and the transition to normalcy demonstrated the State's commitment to adjust its position and approach to the changing situation. However, during this entire process and experience, the State side-lined race, possibly as a move not to racialise the pandemic, due to the country's apartheid history. Yet, as the report has shown, this was not possible. While the consequences of this state approach were evolving at the time of this writing, invisibilising ethnicity/race deepened resentment in the country. The very experience the State may have desired to avoid. Analysis of language used in communication and responses to the pandemic shows that risk narratives are and continue to be highly racialised in South Africa.

Discussion

The daily publication or communication on COVID-19 cases and death statistics normalised and diffused 'risk talk' about the virus throughout the political and media narratives almost all of the time during this project. 'Risk' had become embedded in the everyday experiences of life in these countries, as in the UK, as the pandemic unfolded.

For our team of researchers, this was simultaneously something we had not seen or perhaps noticed before but also provoked memories of studying, observing or living through previous international health emergencies such as HIV/AIDS and Ebola.

Therefore the challenge for this short project was not just to manage the impact COVID-19 was having on all of our lives but also methodologically to undertake data collection that could provide specific examples to evidence the extent to which narratives of risk, usually linked to fear and blame, were being racialised.

As the previous section highlights, there are specificities to this project's findings by each country, each with their own specific cultures, politics, economies and histories.

However what is a shared history, is that of colonisation by the British, and others.

The legacies of this colonisation are evident in their built environments and the infrastructure and ways of working of their political, health, economic and cultural institutions. Yet it goes beyond these features. The structural racism on which colonialism was predicated and maintained, or more specifically the beliefs of [Black] African inferiority and White supremacy, cannot be disentangled from the physical. They are residual legacies. Collectively, this significantly affects how racialisation manifests in the narratives in all three countries. Through this lens, what this section will do is further discuss and analyse what was commonly present in the racialised narratives that we considered and also what was absent.

This research took place before anyone really knew the 'facts' about coronavirus. The virus is novel and as such what we observed was a process of 'fact-making' in public and State narratives as the pandemic began to unfold on the African continent. In other words, in the absence of facts about COVID-19, States and populations tried to make sense of what was happening by creating their own. The facts about what they imagined the risk to be; who or where was the source of this risk and what actions would help prevent the risk of infection. All of which inevitably drew upon established racialised narratives around risk in relation to who is the 'other'. This was observed to happen as processes of active 'othering' but also, in relation to State and individual Black African narratives, the acceptance of, and at times resistance to, being 'othered'. The following themes in racialised risk narratives across South Africa, Kenya and Ghana are therefore explored further from herein:

- Racialised Risk Responsibilisation: Blame, Stigma and Colonial Logics
- Immunity and the Racialised Infodemic
- The Desire to Believe in Black Advantage

Racialised Risk Responsibilisation: Blame, Stigma and Colonial Logics

A very relevant and useful feature of the 'Risk Society' thesis which is important to consider in the analysis of the processes of racialisation of risk narratives across these three nations is the idea of 'individualisation' (Beck, 2007). Individualisation is a technique for decentralising risk responsibility and shifting this to individuals within society. This could be on an institutional level or on a State level. When this happens on a State level, through legal or policy directives, this technique is described as a form of 'responsibilisation'. Responsibilisation is a process wherein the Government distances itself from traditional State functions and thereby liability for blame when they are not fulfilled (Foucault, 1991; Garland, 2003). An important tool in the processes of individualisation and responsibilisation are risk narratives and their amplification in society through communications such as television, social media and public policy (Iyengar, 1992; Kasperon et al, 1988; Renn, 1991; Slovic, 2013). Individualisation and responsibilisation are a key component of the COVID-19 narratives on risk prevention, as Njue observed in recent reflections on Kenya's response to the virus:

“Individual responsibility without decisive state coordinated enforcement and facilitative efforts will not bring COVID-19 under control. Some people follow guidelines and others do not. While for some the flouting of guidelines may be chosen, there are many more who simply are unable to follow the rules due to the nature of their workplace and space; their economic and social needs make adherence impossible.”

(Njue, 2020)

The use of a 'personal responsibility' frame to explain why risk is higher for some groups than others, can obscure systemic inequalities, especially those based on race and class (Iyengar, 1992). In this way, States obscure the reality that the differential levels of risk that COVID-19 pose to different groups in society is directly correlated to the structural harms of inequality. Through this way of seeing and categorizing risk, people and not the State, can be held responsible for their own risk status.

In this study, Government was a regular focus of criticism in public COVID-19 risk narratives. However, when risk narratives were observed as making individuals responsible for traditional State functions, i.e. public health protection, by both the State and the public, this was often done in ways both racialised and classed¹⁰. The interaction of misinformation in narratives about who was 'responsible' for the outbreak of the virus and how it was being spread, with other myths about supposed Black immunity were demonstrated to foster mistrust and resentment between communities. There are also country-specific economic relations, new and longstanding, with other African countries, European nations and especially China,

¹⁰ Emerging information from Kenya (Njue, 2020) also indicates gendered responsibilisation, making women disproportionately responsible for controlling the spread of infection but not including them in decision making.

which also influenced how the narratives were racialised and stigma manifested.

Hypervisibility of Race

Race was highly visible in some narratives. COVID-19 was absolutely seen as a risk that the rest of the world was posing to Africa. An exogenous threat. A 'them' virus. The popular terminology of the 'Colonial virus', speaks to many facets of the modern-day relationship between African countries and others, especially Europe and China.

The adoption of measures to control this risk were portrayed in language from the State and the public in phrases resembling warfare such as 'fighting', 'declaring war' or stopping 'infiltration' or 'attack' by the 'others'. This othering was applied to those who were perceived to be the source of the risk, bringing this virus to their country. Frustrated calls from the public and others to their States to close the borders, were unanimous. The risk label was applied universally to all 'outsiders', however the clearest stigmatisation was of Chinese and African migrant communities, with examples of these groups being excluded from help and support during the pandemic in all of the countries to varying extents. South Africa was an interesting comparator. In the public realm, the hypervisibility of race in risk narratives acutely focussed not on migrants but on racialised South African citizens; the experiences and threats of Black versus White. Yet, State narratives seemed to actively avoid explicitly talking about race.

Invisibilisation of race

Race was not always so explicitly referred to. In some cases, most obviously South Africa, race seemed purposefully attempted to be obscured. Within the popular 'outsider' narratives, there were softer implications about who this applied to and interesting attribution of 'positive stigma' especially in the narratives of the media and the State.

A heavy reliance on tourism and international trade in these countries, in particular Ghana and Kenya, were seen to influence compromises, advantage and special provisions which created divisions between local Black African populations and others. In the reporting of COVID-19 cases especially, certain language was used to indicate racialised 'others' - the term 'diplomat', 'travellers' or 'tourists' were often used to imply White, European or Euro-American people.

Again there is some nuance to this. In Ghana and Kenya these terms meant the people were not African, and in the unlikely situation that they were, they were rich. In South Africa, these terms were used to imply that they were either White South African or White Europeans. Again, South Africa was a more precise example of State and media efforts to purposefully make race invisible in the reports of COVID-19 cases. In a



country with such a racially divided history, this meant that space was opened for others to apply their own racialised interpretation.



Across all the countries, whatever their specific racialised imaging, this group were seen as the most likely to be affected by the virus and therefore were held responsible in much of the public narrative, and some political ones, for bringing it to threaten others.

However, this group were also given distinct privileges in the political narratives on risk.

The swift actions of other Governments to remove their citizens from African countries before the country itself had taken any actions on preventing COVID-19 was referred to by researchers and is evidenced in some of the data. Another specific example of 'favourable treatment' which was shown through public narratives to be something that would never be afforded to ordinary Black citizens, is given in Ghana's media references to 'VIP' cases and Government agreement to 'VIP' treatment centres for 'banking staff and diplomats'.

This perceived race and class privilege was reinforced by the narratives of the lockdown measures across all 3 countries where poverty, social and physical

stratification, in terms of wealth and housing enclaves and ethnic concentration, are common characteristics. Narratives showed that risk prevention was primarily focussed on protecting the people of the suburbs, who were by implication affluent Black Africans and white people, as opposed to actions to protect those living in the impoverished rural areas or informal settlements or 'slum' neighbourhoods (Shoki, 2020).

Colonial Logics

These examples speak to colonial 'messaging'. Countries in the colonial afterlife often undermine their own present day and historical knowledge systems (including natural medicines, therapies and the role of spirituality or faith) by referring to them as unscientific or parochial and instead, holding others (mostly Western) expertise in higher esteem. This occurred in States narratives favouring ideas of Eurocentric methods of social distancing and 'staying at home', which were hard to translate to the local context and decrying local treatments or potential cures (now being investigated scientifically by WHO¹¹).

¹¹ Ironically, following German and Danish testing on artemisia which 'showed some effectiveness against the new coronavirus in a laboratory setting' (Mwai, 2020), the World Health Organisation recently announced its protocol for testing African herbal medicines as potential treatments for the coronavirus and other epidemics: World Health Organisation (2020) 'Expert panel endorses protocol for COVID-19 herbal medicine clinical trials' World Health Organisation. 19th September 2020. Available at: <https://www.afro.who.int/news/expert-panel-endorses-protocol-covid-19-herbal-medicine-clinical-trials>

More pointedly, such coloniality speaks to the [lack of] importance States attribute to Black African life in comparison to White or others. This narrative of States racialised favouritism, or residual or 'internalised' coloniality (Tamale, 2020), underlies much of the criticism of local actions, especially in relation to policing.

Brutal enforcement of COVID-19 responses such as mask-wearing, curfews and lockdowns, which targeted poor and exclusively Black neighbourhoods, were part of the public narratives about how risk was being managed in all three countries. From police killings in all three countries, in areas where poor people lived in crowded conditions and severe poverty, to a lack of enforcement against infringements against White South Africans, the responses were seen to be inherently racialised:

ASHIAMAN, SUNDAY APRIL 6TH 2020





media narratives as an apartheid-era [colonial] hangover.

However, it is interesting to note that at a time when global Black Lives Matter protests erupted, this was not a phrase referenced in the public narratives we collected about the use of excessive military or police power on Black African communities to enforce lockdowns, mask wearing or curfews.

Disproportionately heavy-handed and unequally applied to close down political or religious dissent, especially in poor working-class Black populations is viewed as another form of internalised colonialism (Adebisi, 2018; Killingray, 1986; Opolot, 1992). The diverse legacies of colonialism across these African countries found in the built environment, infrastructure, institutions and logics of decision-making, thus are highlighted further and cannot be ignored in the processes of racialisation in the risk narratives for COVID-19.

In our research, descriptions of 'recklessness' or 'selfishness' were interestingly never applied to the white communities in the narratives promulgated by Government and media.

They were terms applied to the young and the poor, with the resulting Government actions shown in our data to be perceived to only affect Black people.

State violence was often used to enforce the political responses to control the risks of infection during this pandemic. The application of this violence was only observed in narratives pertaining to Black populations. In South Africa in particular, this was called out in social



Immunity and The Racialised 'Infodemic'

The specific myth or misinformation of Black immunity and its ramifications are returned to here, as they underpin a lot of the earlier narratives of racialisation.

'Infodemic' is defined as term which is "a blend of 'information' and 'epidemic' that typically refers to a rapid and far-reaching spread of both accurate and inaccurate information about something, such as a disease. As facts, rumors [sic], and fears mix and disperse, it becomes difficult to learn essential information about an issue."¹² This became increasingly used in relation to international responses to COVID-19 information and myths:

"We're not just fighting an epidemic; we're fighting an infodemic," said Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO) at a gathering of foreign policy and security experts in Munich, Germany, in mid- February, referring to fake news that "spreads faster and more easily than this virus."

(United Nations, 2020)

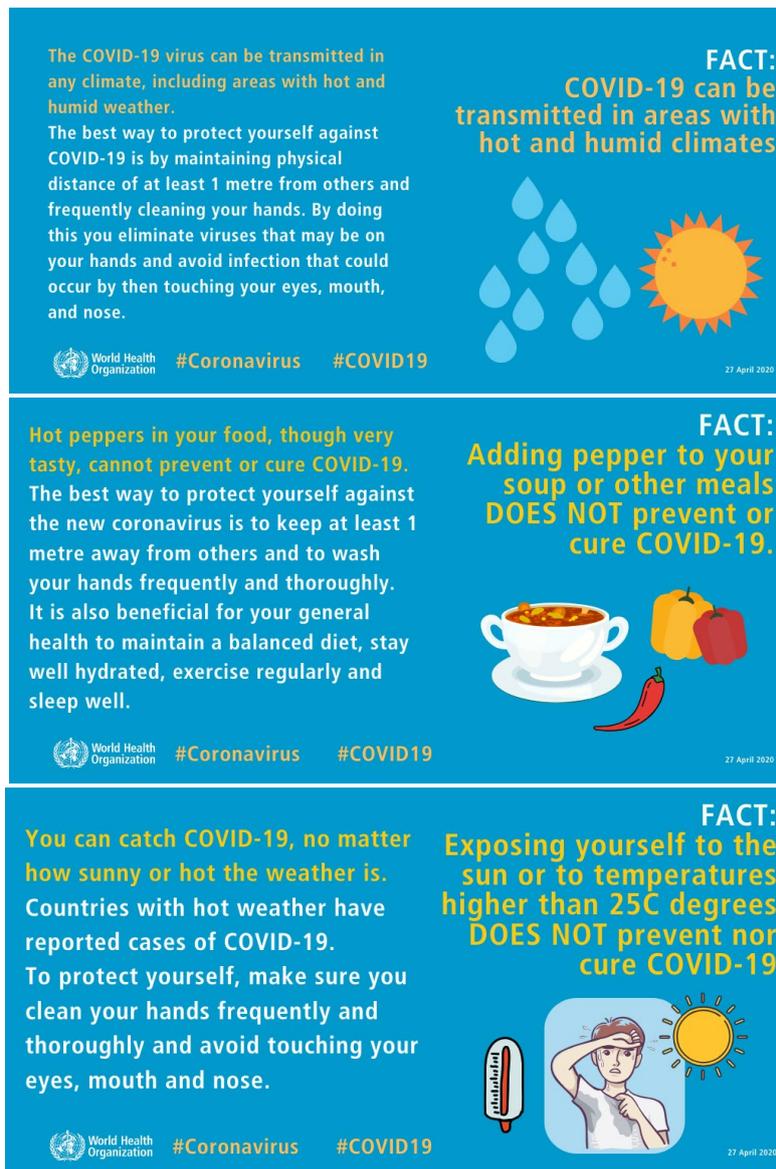


What we observed in this research was that for these three African countries, the nature of the infodemic about COVID-19 was and is often racialised.

This was detected primarily through social media posts and memes or jokes, but also in messages from political and religious leaders, and occurred primarily in two key ways. Firstly, there was explicit racialisation in terms of who was believed to be more or less at risk of infection (immunity/susceptibility) and in terms of who was

perceived as presenting the most risk to others i.e. who were the main 'spreaders' of infection. Secondly, there was implicitly racialised misinformation, again about immunity and susceptibility, but also about prevention, treatment and cures. In efforts to counter the plethora of false information about how to prevent the risk of infection, the UN and WHO developed a public resource for 'mythbusting' (United Nations, 2020; 2020a). This included addressing the misconceptions which could be argued to only affect people in the Global South, or those descended from these areas. These were mainly the myths that hot climates or sunshine meant that the risk of being infected with coronavirus was reduced and that adding hot pepper to food would not prevent infection:

¹² According to Merriam-Webster 'Words We're Watching: Infodemic'. Available at: <https://www.merriam-webster.com/words-at-play/words-were-watching-infodemic-meaning#:~:text=Infodemic%20is%20a%20blend%20of,something%2C%20such%20as%20a%20disease.>



Source: World Health Organisation (2020) 'Coronavirus disease (COVID-19) advice for the public: Mythbusters'

These MythBusters are well-intentioned. They use simple, or some may say patronising, language but in terms of addressing the racialised impact of this misinformation the strategy fails to specifically articulate the need for this campaign to counteract the myths, of unknown origins, which were clearly racially imagined.

Actively addressing misinformation, but not considering the racialised nature of this, may only have reinforced the 'deficit' framing of local indigenous knowledge as 'backward' natural, spiritual, religious or mythical beliefs. This, combined with an absence of transparency and data-sharing on the risk of coronavirus that is locally produced and trusted, leaves a void that can be filled with powerful and persuasive social (sometimes religious), media (even celebrity) and political narratives.

Power is the main dynamic in what information prevails. It is not known who was involved in creating the content for this campaign, but as observed in our Ghana report, when it comes to harmfully racialised misinformation and myths those who are

most affected by its impact should be empowered to counteract them with their own knowledge and expertise:

“There is no robust system to counter false information from outside Ghana with local scientific facts or knowledge.”

(Smith and Quartey, 2020)

Finding the source of memes, WhatsApp videos or jokes was mostly an impossibility for this research project. Many of these were overtly racialised in nature. Understanding who has created them, from where and for what purpose could shed light on these powerful influencers of beliefs, especially in relation to COVID-19 origination and prevention risks. We observed the subtle influence they had on people and how they created or reinforced racialised ideas. There was a clear unquestioning aspect to some of these communications. They were often perceived as ‘positive stereotypes’ rather than explicitly offensive or racist, and this was likely because people don’t know where they have originated from. There will likely be an assumption that ‘positive’ myths have emanated from within the group they are seen to bestow advantage upon (i.e. Black immunity myths come from Black people). The diagram below from Wardle (2017) describes the ‘7 types of mis- and disinformation’, which can support strategies to counter them:



From - Wardle (2017) 'Fake News. It's Complicated'. First Draft News, 16th February 2017.

This model is based on understanding the origination and motivation of mis/dis-information. However, it is worth clearly restating that in our attempts to study the racialisation of misinformation, we were hamstrung by the inability to see where information was emanating from. Therefore, our work shows the racialised impact of these narratives of misinformation but cannot help to understand the intention behind the misinformation as Wardle outlines.

The Desire to Believe in Black Advantage

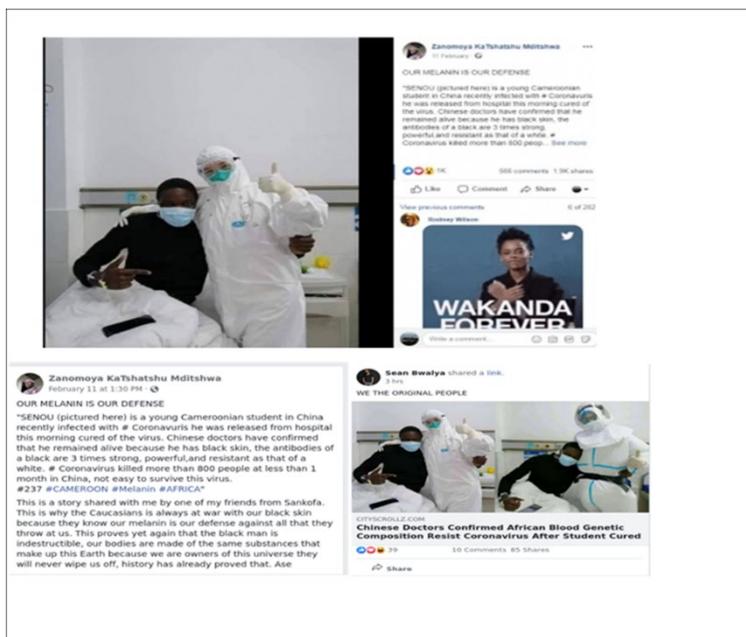
The mythologies about treatment and prevention, of which immunity is one, was starting to gain attention in regional action to undermine 'misinformation' or 'fake news' (BBC, 2020; Kazeem, 2020; Nebe, 2020). It was clear that this misinformation posed a risk to the effective COVID-19 responses by institutions, governments and people in African countries. Nonetheless, it was in the main positively received in risk narratives.

Using an Afrocentric lens (Asante, 1980/2003), it is understandable that there is a desire to have something to shift the balance of rhetoric about Africa, Africans and people of African descent. The Afrocentric concept is explained by Mazama as a paradigm to address the problem of:

"[African descended people's] unconscious adoption of the Western worldview and perspective and their attendant conceptual frameworks... [relegating African people to] spectators of a show that defines us from without."

(Mazama, 2001:387)

Not wanting to be seen as a victim and inferior is attractive to any individual or group who regularly experience discrimination and oppression. The popularity of these narratives of innate African [Black] strength and resilience to the virus is in a sense a response to the relentless pressure of global racism, likely heightened by the increased visibility, especially on social media, of racist brutality and the call of Black Lives Matter.



For individuals and the State it offered an alternative discourse which could disrupt the non-stop stream of negative portrayals of Black people, particularly Black Africans. In terms of the latter, Africa being 'under-developed' or 'developing' nations that have not yet caught up to the 'advanced' nations of the Global North underpins not only media narratives, but even the narratives of international development. Therefore it is understandable for African and African descended people's narratives to cling onto, especially at this time, any form of

perceived advantage over so-called developed nations and an advantage to being Black in such an unequal world. This mythology drew upon spiritual belief (in respect of the African relationship to nature), religious belief and even references from popular culture such as the Marvel comic and film *Black Panther*.



"No-Handshake" Policy



Wakanda Salute

The miraculous resistance that increased melanin was proposed to offer in these narratives however, are problematically predicated on the 'magical negro' belief (Glenn and Cunningham, 2009; Sowemimo, 2020) and steeped in Western eugenicist notions.

The irony of the race-based immunity myth is beyond tragedy (Laurencin and McClinton, 2020).

If this specific stereotype myth had a role to play in the excessive infections and deaths of African and African descended people, in the USA and UK in particular, we are yet to know. The potential impact has not yet been empirically traced or captured, if it is at all even possible, but is theoretically multi-fold. The impact the myth appears to have had in the countries we studied is that whilst racialisation began in conceiving Black people as 'magically' immune to the virus, the 'othering' logics have continued in medicalised investigations into Black people's immunity or propensity to the virus and persists in the colonial thinking of using African and African descended populations as priorities for testing vaccines (BBC, 2020; Carter and Sanford III, 2020; Kinouani, 2020; Mock, 2020; Reuters Fact Check, 2020; Sowemimo, 2020; Stabroek News, 2020).



Equally across all the countries in this study, the belief that race is a legitimate category and interpreter for biological difference, rather than a notion which is socially constructed is observed throughout the narratives of risk and risk prevention.

Racial myths moved so quickly in this period, from celebrations of natural immunity to concerns about natural susceptibility and back to the belief in African immunity. However, the belief in innate biological differences remained consistent throughout (Saini, 2019; 2020).

This underlines how powerful notions of race and the processes of racialisation

continue to be as false explainers of human difference in relation to health. The power of colonial epistemologies in shaping how Africa engages with conversations on race and the stubborn residue of colonial logics are revealed. They are as strong in these African countries as within the places where theories of biological race and racism originated. The eugenicist thinking of race science in Europe and the Americas (see Galton, Marion Sims etc), is seen to have influence here which echoes the debates being led by the Global North: *'What is it about Black people that makes them more susceptible or immune to COVID-19?'*

Summary

Racialisation in the risk narratives for preventing and managing COVID-19 in all of these diverse African countries may manifest in different ways but all are observed to essentialise race and race-based assumptions in their processes.

Many social and political narratives showed how at the outset the ideas of Black immunity, which to some extent is creeping back through questions about why African countries have had lower deaths¹³, melded together with the ideas that this virus should not or would not affect Black Africans. The anti-Chinese sentiment was in some circumstances shaped by the local political and economic relationship with the country, but overall was a part of the presumption of COVID-19 being a 'them' virus. Or even a 'colonial virus'.

In the later stage of the pandemic, when cases began to emerge and countries put in place their pandemic policies, narratives demonstrated a different form of racialisation. Again, these emerged in different ways in different countries, but were similar in how they were classed and raced, often to the detriment of Black Africans.

Here, as it would appear in the Global North, the eugenicist, colonial idea of biological race rears its head throughout the COVID-19 pandemic (Saini, 2019).

In the context of UK and USA, the distribution, impact and experience of COVID-19 risk and prevention efforts are powerfully racialised¹⁴. The increased risk and susceptibility to the virus has nothing to do with biology. It is a result of longstanding, persistent and structural racial inequality; Black people, especially those in the working classes, are argued to be disposable in this pandemic (United Nations Working Group of Experts on People of African Descent, 2020).

However, this also shows how the evolving analysis of COVID-19 in terms of race and health is dominated by experiences of white-majority countries of the Global North. There has not been an assessment of in how Africans have experienced COVID-19 and what part global racism and the intentional 'under-development' of Africa (Rodney, 1972), and other areas of the Global South, has played. In other words, to speak with any authority on racialisation of the COVID-19 experience for all Black people, the international systems of coloniality, anti-Black racism and racial capitalism¹⁵ must be engaged with.

¹³ See Reuters (2020) 'Puzzled scientists seek reasons behind Africa's low fatality rates from pandemic' 29th September 2020.

¹⁴ See for examples Andrews, 2020; Evelyn, 2020; Gravlee, 2020; Haque, 2020; Haque et al, 2020; Khan, 2020; Lentin, 2020; Raisi-Estabragh et al, 2020 ; United Nations Working Group of Experts on People of African Descent, 2020; Vaughn and Obasi, 2020.

¹⁵ See Gore (2020) 'COVID-19 and Racial Capitalism in the UK: why race and class matters for understanding the coronavirus pandemic'

Recommendations

This project was extremely short and time-bound. Our analysis has therefore identified the main themes in racialised risk communication narratives within these three countries at a specific point in time.

It has highlighted how racialisation manifested in terms of who was perceived to be at risk or not at risk of infection, who was deemed to be worthy or unworthy of protection, who was deemed to be to blame for introducing the risk and who was to be held responsible for increasing risk to themselves or others. This was shaped to a large extent by residual colonial thinking and processes of 'othering'.

Analysis also showed how pervasive the idea of race-based resilience was. It was at times explicit and at times implicit, but the desire to believe in any form of advantage this could provide to Black African people was observed in different ways to be expressed by both the State and the public.

The interaction of these racialised narratives about COVID-19, at a time of real fear, uncertainty and anxiety, was observed to exacerbate or create mistrust and resentment between communities at a time when unification was arguably most needed (Brown, 2020).

Furthermore, this project identified the need to critically analyse and engage with 'globalisation' or 'modernity' theories such as that of the 'Risk Society', but also any development theories, as they are thoroughly Western-centric (Quijano, 2007). This was a learning process for the research team of African and UK based collaborators. The orientation to western methods, frameworks and perspectives for understanding social phenomena such as risk narratives, is oftentimes an impediment for those who undertake research on the African continent, a large number of whom are White Westerners (Kiconco, 2020). However, this was also an issue we reflected upon and addressed as a team of Black researchers - one Western and three African but from different countries across the continent.

Risk is a subjective concept and who is perceived as being risky or at risk will be shaped by your own positionality. The Risk Society is so clearly located in a Western perspective, especially when it is considering risk as globally democratic and fair. The long history of exploitation and under-development of the Global South by the Global North proves this not to be the case. We need critical approaches to 'globalisation' theories which are predicated only on knowledge created in Global North, and which robustly engage with systems of power and oppression (Quijano, 2007; Rutazibwa, 2020). We need to consider the usefulness of the 'risk society' theory in particular for understanding the experiences of the Global South, especially the diverse range of experiences across Africa.

The 'risk societies' of the Global North clearly have a problem with 'race' - making racialised people hyper-visible and responsible for risk, yet contemporaneously rendering racism as a risk to society completely invisible. This can be argued to be observed through the reluctance to articulate racism and other social injustices as social harms which pose an acute risk to health and life chances during this pandemic in Global North State policy and actions (Andrews, 2020; Devakumar et al, 2020;

Haque, 2020; Kendi, 2020). The danger however, is that a form of *epistemic*¹⁶ arrogance will be established in how we develop a global understanding of racialisation and risk. One which assumes that theories created in the Global North, which do not appreciate or reflect Global South experiences, can be universally applied and made generalisable. A retelling of risk society theory, for example, from the perspective of the Global North as the 'others' that Global South societies should be orientating itself to be protected from, would be instructive.

The scholarly divisions between 'African studies' from other disciplines has meant that ideas on globalisation, race and racism are argued to be in danger of developing concurrently but not intersectionally i.e. socio-political studies of race, racism and racialisation are not, as a matter of course, engaging with work and research on International Development /International Relations/African Studies. There is a need, especially at this time for more contemporary discussion to 'break down the disciplinary barriers between continents and people'(Zack Williams, 2020) , which does not treat the Black experience as homogenous and reflects the vast diversity of colonial 'afterlives' across the African continent, in relation to Black Lives Matter especially.

We acknowledge that there are limits to how exhaustive and generalisable such a short research project can claim to be. On the basis of what the data indicates, we have identified a number of recommendations for further exploration theoretically and empirically in the hope that this report will be a springboard for further investigation by and with African researchers and scholars in this field, as well as provide support for future discussions of racialisation of narratives and responses to COVID-19 in other countries.

These recommendations are made under two headings:

1. Future research into COVID-19 and Racialised Risk
2. Future Research in Africa

¹⁶ 'Epistemic' in this context meaning knowledge or way of knowing.

Future Research into COVID-19 and Racialised Risk

This report represents an analysis of the narratives we discovered within this short window of time from communications on risk and risk prevention from social media, mainstream media and Government. We accept that we could not confidently source the origins of social media narratives (Twitter or What's App in particular). We do not claim to be fully inclusive of all communications at that time from all parts of the country demographic, nor did we attempt to provide analysis of the lived experiences of how COVID-19 responses were implemented. We don't know if there has been a correlation between the racialised imaginings in narratives of risk and prevention and the lived experience of people seeking support to protect themselves or be treated for COVID-19.

We therefore recommend future research to:

- **study the impact of the COVID-19 State responses (imposition of lockdowns, curfews, healthcare provision, policing, legislation and fines, lockdown easing, social distancing requirements etc.) on people's lived experiences in these countries;**
- **address the 'missing voices' in this project of specific communities in these countries in relation to racialised COVID-19 risk prevention narratives - women, children, migrants (internal or urban/rural, African and non-African), homeless/street-dwellers, disabled and LGBT (Lesbian, gay bisexual and transgender) groups;**
- **explore in more detail the racialised 'infodemic' and its origins;**
- **undertake a comparative research project to analyse racialised risk narratives and COVID-19 in the African Diaspora (in particular those countries with high death rates for people of African descent such as UK, Brazil and USA).**

'Afrocentric' - Future Research in Africa

In undertaking this research we began to appreciate how the lens for seeing racialisation often centres whiteness and the Global North. There was limited literature on the processes of racialisation from different African perspectives, with existing writing mainly focussing on the apartheid regime and post-apartheid South Africa. The residual colonial logics that exist in different ways in the three countries studied, required an informed analysis which only the African researchers could provide, of how racialisation manifests in ways that are not always easy to see. This made us question how narratives are understood to exist, for example through creatively considering social commentary music or jokes, and our method for analysis which required 'insider knowledge' from researchers to interpret (literally and metaphorically) accurate meaning. The need for including African people in processes of research is thereby shown to be essential and echoes the United Nations call for Africans and those of African descent to be involved in COVID-19 decision-making (United Nations Working Group of Experts on People of African Descent, 2020).

It is from this position that we recommend for future African research methodologically to adopt:

- an 'Afrocentric' approach to research on the African continent for developing our understanding of the two key theories we discuss in this project - that of racialisation and the 'risk society'. This includes ensuring the inclusion of African-based researchers.
- anticolonial research methodological approaches and considerations in all collaborations with Global South partners which resist and disrupt coloniality when co-producing our research design, delivery, analysis and dissemination.

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