COVID-19 ODA Rapid Response Research Report, University of Liverpool

The COVID-19 Pandemic and Racialised Risk Narratives in South Africa

Photo taken in South Africa by Alexandros Karantges on Unsplash

August 2020

Allen Kiconco
The COVID-19 Pandemic and Racialised Risk Narratives in South Africa

Allen Kiconco, August 2020


- [https://covid19raceandrisk.wordpress.com/](https://covid19raceandrisk.wordpress.com/)

Cite as:

**Provinces of South Africa**

![Map of South Africa](Image 1 Map of South Africa. Internet map)
## Contents

INTRODUCTION.................................................................................................................. 4
  Race and Racialisation in South Africa................................................................. 7
METHODS ............................................................................................................................ 8
  Contradiction in the reporting of COVID-19 cases.............................................. 11
  ‘[A]ll South Africans are at risk of infection’: Jokes, Myths and Misinformation ................................................................. 16
  Stigmatisation and Discrimination.......................................................................... 23
  ‘South Africa belongs to all who live in it’? Anti-migrant Narratives ................. 25
  Lockdown: Deepening Historical Racial Tensions and Inequality ..................... 29
  The Racialisation of State Aid.................................................................................. 35
CONCLUDING REMARKS ............................................................................................... 38
INTRODUCTION

The Coronavirus disease 2019 (COVID-19), caused by the SARS-CoV-2 virus, started in China in late 2019. The World Health Organization (WHO) declared COVID-19 as a pandemic on 11 March 2020. Since then, the pandemic has significantly affected and overwhelmed South Africa. On 5 March, National Institute of Communicable Diseases (NICD) detected the first case in the country. In the following weeks, the infection curve rose, sending a wave of fear in this upper-middle-income country of 58.8 million people. At the time, studies estimated that:

“If 50% of the population gets infected then using the Chinese data nearly 240,000 people in South Africa would die, and using the Italian data about 190,000 South Africans would die. Halve these numbers if we keep infections to 25%.”

Such epidemiological projections caused concern for the State, calling for severe response measures to mitigate the impacts of the pandemic. Indeed, on 15 March, President Cyril Ramaphosa evoked the Disaster Management Act 57 of 2002 and declared a national state of disaster. The move permitted Dr Nkosazana Dlamini Zuma, the Minister of Cooperative

---

Governance and Traditional Affairs to exercise some power to limit individual rights and freedoms by implementing preventing measures. These included banning travellers from high-risk countries, closing off half of the country’s entry points/borders, prohibiting large gatherings and closing schools, among others.

However, infections increased steadily to thousands as the country recorded its first two deaths on 27 March 2020. On the same day, South Africans started a 21-day national lockdown, confining people at home, except for travelling for essential services, buying groceries, medicine and collecting welfare payments Failure to adhere could lead to a [monetary] fine, six months imprisonment or both.⁵

Most South African welcomed these response measures, viewing them as feasible options to slow the infections and prevent the health system from being overwhelmed. However, another section of society expressed grievances. The opposition Democratic Alliance (DA) took the state to court, arguing that some lockdown regulations were unwarranted, challenging the State to lift some bans, including alcohol and tobacco sales.⁶

---


Indeed, the lockdown did slow the rate of infections.\textsuperscript{7} Since the imposition of the lockdown, the country experienced a tenfold reduction in infections; a rise of 4\% as opposed to the previous 41\% on the average.\textsuperscript{8} However, the COVID-19 Modelling Consortium—set up to support state planning over the pandemic—predicted a sharper rise in the infections and deaths over the coming months. They estimated that active cases would peak to around 120,000, with the cumulative number of deaths rising to 45,000, by November 2020. Such predictions and experiences urged the President to extend the lockdown for 14 days, to 1 May.\textsuperscript{9}

However, on the 23 April, after thirty-five days of national lockdown, the President announced a process of easing lockdown, through a 5-stage strategy. The process started with a move from level 5 to level 4 lockdown. The move partially allowed the reopening of the economy, suggesting a gradual return to normal from May. The President further announced that from 1 June, the lockdown would be lowered to level three, allowing people to resume work and schools reopening.\textsuperscript{10}

\textsuperscript{7} National Institute of Communicable Diseases (NICD), \url{https://www.nicd.ac.za/}.
This report examines this experience and response to the COVID-19 pandemic in South Africa to explore how government, media and social media racialised COVID-19 risk narratives. As the following pages will show, 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.

The report is organised as follows. Following a brief discussion of race and racialisation in the contexts of South Africa, a conceptual framework guiding the analysis in this report, I explain the methodology adopted in the research. The report then discusses the findings, unpacking six themes, while collectively supporting the overall theme, the racialisation of COVID-19 pandemic in South Africa. In the last section, the report offers concluding observations.

Race and Racialisation in South Africa

According to 2016 statistics, 81 per cent of the total population in South Africa are classed as Africans/blacks, followed by Coloured/mixed-race (9 per cent), Whites (8 per cent) and Asians (2 per cent). In the 1950s, the apartheid system passed the Population Registration Act, providing South Africans three categories to identify with; White, Black and Coloured. All people had to fit in these categories—the Indian category was introduced much later. This demonstrates how racial categorisation was socially constructed—race was not inherent to South Africans but rather an identity that the White dominant group constructed to establish meaning in a social
context which they could rely on to oppress the minoritised groups, particularly Blacks.\textsuperscript{11}

Such a hierarchal racial structure and systematic discrimination made South Africa a deeply racialised country and consequently, one of the most unequal societies in the world.\textsuperscript{12} In 1994, South Africa put an end to decades of White minority-led apartheid, with the African majority electing Nelson Mandela as the first African President. However, after twenty-six years, South Africans continue to racially categorise themselves as Africans (replacing, the former label of ‘Black’), White, Coloured and Indian.

Moreover, they continue to inhabit social worlds that are largely defined by race, the existence of ‘white-only’ towns for example suggest that post-apartheid there has been little racial integration in residential areas.\textsuperscript{13} As a consequence, some people express resentment and negative views of other racial groups, suggesting that South Africans continue to view and experience their society in racialised terms. In social and cultural relations, therefore, race remains critical in defining life in South Africa.

As this report will show, the pandemic is no different, as it is highly racialised. Therefore, racialisation in this report will mean the act/process of giving a racial character/meaning to COVID-19 or making it serve a racist end.

METHODS

I am a Ugandan woman scholar, a specialist in African Studies, particularly Gender and Conflicts. Since 2017, I have served as a postdoctoral researcher at the University of Witwatersrand, Department of Political Studies.

\textsuperscript{13} For example, see ‘COVID-19 lockdown in South Africa’s whites-only town of Orania’. 27th April 2020. Available at: \url{https://www.youtube.com/watch?v=rB9RIwXhQX4}
From May to July 2020, I conducted a desk-based study, researching state documents, media and social media, to examine if the racialised understanding and communication of COVID-19 risk appeared.

I started the study by identifying and reading some journalistic articles on the pandemic in South Africa. From this preliminary reading, I noted that two descriptions of the virus were used in the communications, ‘COVID-19’ and ‘Coronavirus’. COVID-19 was commonly used in mainstream communication, including government documents and media. On the other hand, ‘Coronavirus’ was popularly used for informal/private communications, particularly on social media and in communities. To be consistent with official communication, I have used ‘COVID-19’ throughout this report, but following on from the preliminary reading I created and determined search terms for the data collection to include ‘ethnicity and COVID-19’, ‘race and COVID-19 ’, ‘inequality and COVID-19 ’, ‘foreigners and COVID-19 ’, ‘Chinese and COVID-19’ and ‘minority and COVID-19 ’. I relied on ‘Coronavirus’ to search social media. I then attached these terms to ‘South Africa’. While I utilised several search terms, I collected most data via ‘ethnicity and COVID-19 in South Africa’ and ‘Coronavirus in South Africa’ search terms. I used search engines, mainly Google Scholar, to allocate full-text academic articles and depended on the University of Liverpool granted access to materials locked behind paywalls.

I found that White people dominated COVID-19 knowledge production for South Africa via mainstream media, including newspapers, television and radio. Therefore, I relied on social media platforms, particularly Twitter and Facebook, to access voices and experiences of other ethnic groups, including Africans14 and Asians. However, I found less material on Asians, with a few undetailed works on Chinese experiences. Therefore, most of

---

14 I observed that publications on the pandemic in South Africa (mainly by Whites) used ‘Black South Africans’ or ‘Blacks’. However, my experience of living in South Africa and conducting this research shows that many people described as ‘Black South Africans’ in such publications prefer identifying themselves as ‘Africans’. They are also described as ‘Africans’ in population census. Therefore, I have used the term ‘Africans’ instead of ‘Black South Africans’ throughout the report.
what has been presented in the report highlight the experiences of narratives through a lens of Africans and their White counterparts. I have included internet images of three State officials that are heading the fight against the COVID-19 pandemic in South Africa. Often, I have also attached social media snapshots to support my arguments.

In July 2020, I analysed the data and wrote the report. The analysis drew upon two key methodologies, including Critical Discourse Analysis (CDA) and Content Analysis (CA). CDA, according to Van Dijk\(^{15}\) is:

“...a type of discourse analytical research that primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted 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: 352)

CA is a method to collect and analyse data to understand the meanings ascribed to an issue within a given context,\(^{16}\) usually collections of communications, including visual communication, to examine ‘who says what through which channel to whom with what effect.’\(^{17}\)

I employed both methodologies to examine written, visual and spoken government and media discourse that views talk and text as a practice to explain meaning in the COVID-19 pandemic risk narratives. I identified how language use reinforced the establishment of societal power, structure and

---


racialisation—via experiences, for example, stigmatisation, discrimination, racism, xenophobia and inequality.

FINDINGS

The findings are presented under the six main themes that emerged to describe the essence of the COVID-19 experience in South Africa, and in what ways it is, or is not, racialised.

The first theme talks about contradictions, particularly the State’s move to default race within their communication of COVID-19 statistics. The second theme tackles jokes, myths and misinformation that circulated on social media and clouded the initial days of the pandemic in South Africa. The third theme turns to experiences of stigmatisation and discrimination of some people, based on their race, class and background. The fourth theme unpacks the concern over government’s anti-migrant approach in their response to the pandemic. This discussion feeds into the fifth theme, which examines how some responses, mainly the lockdown, deepened racial cleavage and resentment in society. Finally, the report discusses the sixth theme, the racialisation of State aid.

Contradiction in the reporting of COVID-19 cases

The director-general of the WHO, Dr Tedros Adganom Ghebreyesus lauded President Cyril Ramaphosa for a timeous intervention of a national state of disaster, which released emergency funding to enforce ‘Africa’s strictest lockdown’. BBC also praised him for ‘ruthlessly efficient’

---

leadership and approach to protect citizens from the virus.\textsuperscript{19} Similarly, voices and experiences reported in an online survey show that many South Africans approved of his management of the pandemic.\textsuperscript{20} They thought he approached the entire process with empathy and conviction. In his speeches, the President often acknowledged his people’s solidarity and compliance to fight against the virus. While such critical responses and citizen solidarity, or compliance, slowed the rate of infections, the rates of mortality alongside the social and economic impacts of the pandemic were evolving at the time of this writing. Indeed, a survey conducted by Human Sciences Research Councils (HSRC) showed how some sections of society found it challenging to comply with some COVID-19 measures.\textsuperscript{21} Similarly, the data submitted via Statistics South Africa showed how the pandemic was devastating the economy.\textsuperscript{22}

NICD offered regular updates on the infections throughout and beyond the lockdown, showing that numbers continued to rise. At the time of this writing, 31 July 2020, total infections stood at 493,183; recoveries at 326,171 (translating to a recovery rate of 68%) and deaths at 8,005. The Ministry of Health often summarised statistical information, particularly in the format shown below, for easier access\textsuperscript{23}:

\begin{itemize}
  \item \textsuperscript{23} National Institute of Communicable Diseases (NICD), https://www.nicd.ac.za/.
\end{itemize}
However, these statistics were incomplete and contradictory and they did not relate to ethnicity/race. 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. The experience also undermined the State’s message of transparency in their management of the pandemic, with the Department of Health particularly
receiving criticism on this front. Media Hack, an organisation collating COVID-19 data offered caution on their website to capture this concern:

“Every day we collect data related to the Coronavirus pandemic in South Africa. The data released by the department of Health is very limited and irregular. We often have to source and verify the data from multiple sources.”

In a press briefing, a journalist asked Dr Zweli Mkhize, the minister of the Department of Health, why his department was not releasing data as related to ethnicity. The minister emphatically responded:

“To try and racialise this infection – whether it is poor or rich, whether it is Black or White – may be misleading.”

Similarly, South Africa’s third-biggest political party, the Economic Freedom Fighters (EFF) Members of Parliament tasked Dr Zweli Mkhize to follow the examples of the UK and US and provide race components of COVID-19 statistics. The public made similar demands via social media. Consider @fastforward2020 the flowing tweet:

27 See the parliamentary exchange in this video https://twitter.com/CoronavirusSA
28 https://twitter.com/fastforward2020/status/1266103624444391425
The minister’s response during a press briefing and parliament session suggested that since COVID-19 affected everyone, analysing and releasing data in relation to race/ethnicity, further racialising the pandemic, was not helpful. However, his response contradicted the emerging State and media reports showing that rich White areas in the country, including in Cape Town and Johannesburg, were outbreak epicentres. Yet this reporting was again claimed problematic because:

“[I]t feeds into and amplifies South Africa’s tendency to default to race, and creates real, local divisions that mirror and deepen those already hardcreted (sic) into South Africa’s cities by apartheid spatial engineering.”

From the start, the State seemed to sideline the country’s divide over race and wealth inequality. Potentially as a move not to actively racialise the pandemic. However, my study shows that 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

A few hours after the Department of Health confirmed the first case on 5 March, South Africans, including public figures, started joking and poking fun at the virus on social media.30 Such jokes contained memes featuring prominent politicians (such as former President Zuma) as well as video clips and pictures of people posing with comical homemade protective gear as part of COVID-19 challenge.31

In early March, I visited a hair salon in Johannesburg to plait my hair in preparation for my Sierra Leone trip in mid-March, later cancelled. I overheard some salon people joking that ‘the virus was not affecting Africans, only Whites and Chinese.’ This experience in such social settings corroborated the rumour/claim observed on social media: the emergency of the myth of immunity, suggesting that people with African backgrounds were immune to the novel COVID-19 virus.

The immunity narrative became popular on social media, notably after it emerged that Pavel Daryl Sem Senou, a 21-year-old Cameroonian student in China was cured of the virus. Studying at Yangtze University in China, Senou was admitted to hospital after contracting the virus in early

30 For example, see, MbalulaFikile, Minister of Transport, https://twitter.com/MbalulaFikile/status/12370521926343426
February. He was successfully treated and left the hospital on 10 February 2020. According to BBC:

“The CT scan showed no trace of the illness. He became the first African person known to be infected with the deadly Coronavirus and the first to recover.”

As a consequence, several unsubstantiated reports emerged, claiming Africans were immune to the virus. On 11 February, Zanomoya KaTshotshu Mditshwa, a South African Facebook user posted a picture of Senou, with a Chinese doctor, hugging and both giving a thumbs-up in his hospital room. The user captioned the picture with the following words:

“OUR MELANIN IS OUR DEFENSE

SENOU is a young Cameroonian student in China recently infected with #Coronavirus he was released from the hospital this morning cured of the virus. Chinese doctors have confirmed that he remained alive because he has Black skin, the antibodies of a Black are 3 times strong, powerful, and resistant as that of a White. #Coronavirus killed more than 800 people at less than 1 month in China, not easy to survive this virus.

#237 #CAMEROON #Melanin #AFRICA”

This is a story shared with me by one of my friends from Sankofa. This is why the Caucasians is always at war with our Black skin because they know our melanin is our defense against all that they throw at us. This proves yet again that the Black man is indestructible, our bodies are made of the same substances that make up this Earth because we are owners of this universe they will never wipe us off, history has already proved that.”

---


33 For example, see Williams, J. (2020). People of color may be immune to the Coronavirus because of melanin. Retrieved from https://archive.fo/oioB5#selection-211.0-211.68
This post was shared more than 2,000 times before it was deleted. On 14 February 2020, City Scrollz, a news website, published a short article also suggesting Senou was cured because he was African. The piece stated:

“Doctors seeking for a cure to treat the dreadful virus were amazed to see Senou still alive and fit. The Chinese doctors confirmed that Senou stayed alive because of his blood genetic composition, which is mainly found in the genetic composition of Sub-Saharan Africans. Chinese doctors also said he remained alive because he has Black skin, the antibodies of a Black are three times stronger, powerful and resistant compared to that of White”.

The article, also widely shared on social media, quoted Zanomoya KaTshatshu Mditchwa, suggesting that Africans were pleased with this development that melanin was a natural antidote to COVID-19.

During this time, some people suggested that the virus would reach South Africa through (White) travellers returning from Asian and European hotspots. Certainly, the first victim was a 38-year-old man returning from a trip to Italy, with a group of ten people, including his wife. While the Department of Health did not disclose race in their announcement, some people concluded that the person was White, asking, ‘who else travels to Italy at this time of the year?’.

Thus, the immunity narrative persisted, often drawing support from the lower infection rates on the African continent. Publications by recognised news agencies with clickbait titles unintentionally endorsed this narrative, exacerbating the situation. African Twitter users’ reactions to a France24

---

34 The post can be retrieved from https://perma.cc/8TVH-KE3S
article entitled, ‘With only three official cases, Africa’s low coronavirus rate puzzles health experts’ are informative of this point.\textsuperscript{38} Another set of publications also emerged, attempting to unpack theories that could explain lower numbers of infections on the continent.\textsuperscript{39} However, such experience shows that like other world countries, South Africa experienced a ‘misinfo-demic’ in the initial days of the pandemic.\textsuperscript{40} This possessed notable potential damage to COVID-19 response measures in the country if not urgently and appropriately addressed. However, the State remained silent.

In efforts to raise awareness, South African high profile figures went public about their testing for COVID-19, including African Christian Democratic Party (ACDP) leader, Reverend Kenneth Meshoe and Netball South Africa (NSA) president Cecilia Molokwane. In early March, Molokwane travelled to the UK on NSA business. Upon return, she tested positive at OR Tambo International Airport and went under quarantine.

Scholars and medical experts also came forward to attempt to counteract the immunity narrative. Professor Alex Broadbent of the University of Johannesburg stated:

“I can confirm that there is absolutely no evidence to think that there is genetic immunity to COVID-19 among any group - Africans or otherwise.”\textsuperscript{41}

\textsuperscript{38} See reactions here https://twitter.com/FRANCE24/status/1234115814720077826.
Professor of Health Science and veteran medic, Francis Leonard Mpotte Hyera, dismissed the myth that viewed COVID-19 as a ‘Eurocentric’ disease.42 Serving as Eastern Cape’s COVID-19 public health medicine consultant and adviser, Professor Hyera called upon Africans to join the panic over the pandemic. In a statement, published on Walter Sisulu University’s website, he stated:

“Many people allude to COVID-19 as a disease of White people, just as they had assumed back in the 1990s when African people thought HIV/AIDS was a European disease - only to find themselves infected and dying of HIV.”43

Similarly, reflecting on how South Africans responded to the first COVID-19 infection, Professor David Everatt of the University of the Witwatersrand stated that the experience:

“…pointed to the immediate racialisation of the first South African infection. This was a disease of White globe-trotters. This was a problem for rich Whites, not for “us” (mainly poor Black people). [...] The same reaction greeted HIV when it debuted in the 1980s and was written off as the gay-related immunodeficiency syndrome. It was a disease of “moffies” – a derogatory term used to describe gay people in South Africa – a Western disease, a White disease, and a “them” disease. It was self-evidently not “our” macho, heterosexual problem. Until it was. And then it slaughtered people and is still doing so.”44

Such commentators argued that there was no scientific evidence to prove that Africans had a natural immunity to the virus. Concerned about the repercussions/unintended consequences if this narrative remained

43 Ibid.
44 Everatt, D (2020). Numbers can kill: politicians should handle South Africa’s coronavirus data with care.
unchallenged, they called for immediate sensitisation of the masses. According to Professor Hyera:

“People panic because there isn’t enough community awareness on the disease causation and prevention. There is a lack of research and clear communication from our local environments except from the President. The biggest challenge is that we are less prepared for this outbreak in terms of awareness creation.”

Indeed, National Institute of Communicable Diseases revised their website content to address this concern; ‘As there is community transmission of SARS-CoV-2 in South Africa, all South Africans are at risk of infection with SARS-CoV-2 (illness called COVID-19).’

Regardless of such efforts, the rumour persisted. South Africans joined their African counterparts and Blacks around the world to continue celebrating the idea that people from African background were immune to the virus. Indeed, searching ‘Coronavirus Black People’ or ‘CoronavirusSA’ on Twitter shows how jokes persisted throughout March. Tweets highlighted the practice of Africans baptising the virus with cool and humanising nicknames, including ‘The Rona’ and ‘The Roni’.

---

46 See National Institute of Communicable Diseases (NICD), https://www.nicd.ac.za/.
Jokes, such as this one depicted to the left from @SnrBaldwin on Twitter\textsuperscript{48}, acknowledged that supposedly no African had tested positive for COVID-19 in South Africa. Alternatively, it was proffered that if Africans were infected, they were more likely to recover compared to Whites. Others spoke to the reliance on foodstuffs like ginger and garlic to combat the virus.

Some Africans speculated that the State was concealing race statistics to protect Whites because they were more vulnerable and affected. 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.\textsuperscript{49}

Therefore, it is my interpretation that the myth and rumours made Africans feel superior to other races as the pandemic exploded in Europe and the US. The South African data indicates how this racialised narrative may have influenced initial community response to and experience of

\textsuperscript{48} Retrieved from \url{https://twitter.com/SnrBaldwin/status/1238853889815912450}
\textsuperscript{49} See Twitter Hashtags: ‘Coronavirus Black People’ via \url{https://twitter.com/search?q=coronavirus%20Black%20people&src=typed_query} and ‘Coronavirus SA’ via \url{https://twitter.com/AdvoBarryRoux/status/1236889319304040448}
COVID-19 on the African continent. It is my impression that it contributed to the disregard for vigilant action set out in the initial risk mitigation measures by the South African state. For instance, a few days after President Ramaphosa announced a state of disaster and Dr Nkosazana Dlamini Zuma prohibited large gatherings, people continued to gather in number for ceremonies including burials.50

**Stigmatisation and Discrimination**

In one of his addresses on COVID-19, Dr Tedros Adhanom Ghebreyesus (WHO) warned:

“Stigma, to be honest, is more dangerous than the virus itself.”51

Indeed, since the outbreak of the virus in China, people of Chinese descent across the globe had experienced racist and stereotypical comments about their culture contributing to the spread of the virus.52 As the above twitter snapshot suggests53, such stigma and stigmatisation did not spare the

---

53 Retrieved from https://twitter.com/YouthTourismSA/status/1236614715884830720
community of around one million Chinese in South Africa amidst the outbreak. Media reports showed that members of the Chinese community received anti-Chinese sentiments, online and in communities. Eyewitness News found that ‘They do feel that they are being treated differently by South Africans now’ in response to the account of Erwin Pon, from the Chinese Association in Gauteng province, that:

“[A] lot of people are taking advantage of the Coronavirus to take a swipe at the Chinese people. You get certain comments like ‘Uh, it serves them right, they eat anything that is living on this planet and I hope this wipes them out. I hope all die’, and you know it’s quite hurtful.”

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. It was reported that residents in downtown Johannesburg shouted ‘corona, corona’ every time the tourist bus passed by. Indeed, when White-dominated Cape Town emerged as an epicentre, some people said it was because tourists from COVID-19 hot spots of the world had flooded the city in the initial days of the pandemic.

Ordinary people also targeted groups viewed as privileged or influential, particularly wealthy (White) nationals returning home from abroad.


55 Eyewitness News (2020) ibid

Notably, Africans took to social media to blame White people for supposedly bringing the virus home—the twitter hashtag #Whites trended in South Africa with angry claims and attacks against White people. Julius Malema, the leader of EFF, added his voice to these claims. He called for a ban on all travel to the country from “coronavirus-infected countries, in particular, Europe” – and demanded that anyone who tested positive for the virus should be quarantined at Robben Island, the island where anti-apartheid leader Nelson Mandela was imprisoned.57

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

Besides stigmatisation and discrimination based on anti-Chinese sentiments, racism and inequality, I observed anti-migrant responses and Xenophobic experiences emerging in the data. As an African foreigner working in South Africa, I paid keen interest with this particular data. Over the years, I have learned to live with xenophobic fear and paranoia by maintaining a limited contact with South Africans at work and in the community. Instead, I rely on networks with African foreigners, particularly East Africans, to support my stay and to navigate South Africa. Coming from the Bantu ethnic background, I relate closely with the notion of Ubuntu that generally informs ethics in African Bantu societies.58 However, the experience of xenophobia in South Africa has challenged my understanding and faith in this collectivist approach to life, characterized by harmony and loyalty. COVID-19 has exacerbated this position.

When the virus spread into South Africa, people in African foreigner networks were concerned about their fate, particularly accessing appropriate medical help if infected with the virus. Such concerns were not

57 Ibid.
unfounded. 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. I mention some of them below.

As soon as President Cyril Ramaphosa declared a state of disaster on 15 March, Dr Nkosazana Dlamini Zuma closed off 35 of South Africa’s 72 ports of entry. Emerging reports by migrant and human rights organisations showed that refugee reception offices were closing and suspending renewing and issuing asylum permits, particularly in Port Elizabeth, Cape Town and Durban. Then, the State via Department of Public Works announced plans to erect a 40 Kilometre bordering fence with Zimbabwe, ‘to secure porous entry points in a bid to curb the spread of coronavirus.’ In the announcement, Patricia de Lille, Public Works Minister, stated:

“This is to ensure that no undocumented or infected persons cross into the country and vice-versa.”

The 1.8-metre high fence, costing approximately 37.2 million Rand would take one month to build. Furthermore, Ronald Lamola, Minister of Justice

---


64 As quoted in (ENCA, 2020), COVID-19: South Africa to build R37m Beitbridge border fence.

65 The Minister via Twitter offered clarifications indicating that, the move was not to build a new fence but repair an existing one. Communication can be retrieved from [https://twitter.com/PatriciaDeLille/status/1251180195953901570/photo/1](https://twitter.com/PatriciaDeLille/status/1251180195953901570/photo/1)

initially stated that corner shops (locally known as *spaza* shops) would remain open to enable people to buy necessities during the lockdown. The idea was to limit people’s movements. However, Khumbudzo Ntshavheni, Minister of Small Business Development, later contradicted this State measure in a ministerial briefing on the basis of citizenship:

“We must indicate that those spaza shops that will be open are strictly those that are owned by South Africans, managed and run by South Africans. We are going to support the spaza shops in terms of bulk buying and we will indicate the mechanisms we will put in place for the shops. We want to make sure that the quality of food and surely the quality of products is there.”

Indeed, on the first day of the lockdown, South African Police Service (SAPS) targeted and shutdown *spaza* shops owned by African foreigners, forcing people to move long distances to buy necessities. On 6 April, the state permitted all *spaza* to operate. However, the damage was already done.

During the lockdown, refugees and asylum seekers were excluded from State support, including food aid, leaving them to deal with their

---


precarious situation by themselves.\textsuperscript{69} Similarly, African migrants experienced medical xenophobia,\textsuperscript{70} with frontline healthcare workers denying African migrants access to State hospitals.\textsuperscript{71} Such discriminatory experiences prompted human rights organisations to approach the State, criticising and demanding an end to such bias in the COVID-19 response.\textsuperscript{72} They argued that an anti-migrant approach and xenophobia rhetoric measures undermined the State’s response to the pandemic.\textsuperscript{73} To combat the spread of the virus, such commentators recommended that the state must not discriminate among people living in South Africa. That public health programming must engage with everyone, including migrants, refugees, and asylum seekers.\textsuperscript{74} These experiences show that, as COVID-19 infections rose in South Africa, so was distrust and hate following in its shadow. We could rely on the concept of fear to interpret such experiences as a natural human response to COVID-19. Experiences of fear and uncertainty of the pandemic resulted in narratives of the ‘other’ in South Africa, with one group placing blame on others. The practice of ‘othering’ further caused social disunity and discrimination, taking different forms, including racism and xenophobia. Notably, the South African case shows that the racialisation of African

\textsuperscript{70} In the contexts of South Africa, ‘medical xenophobia’ describes ill negative perspectives of healthcare professionals towards African migrants. To address this medical xenophobia, the state revised the National Health Act states to state that it is unlawful to deny migrants access to healthcare. Accessed here http://www.mahpsa.org/wp-content/uploads/2017/09/S27migranthealthA5-2017-print.pdf
\textsuperscript{72} For example, see Human Rights Watch (2020) ibid
\textsuperscript{73} Allafrica, 2020. South Africa: Coronavirus Uncertainty Affects Asylum Seekers
foreigners and Chinese—the ‘other’—was about the politics of access during the pandemic; a struggle for resources.

The State and the mainstream media justifiably focused on health and economic implications of the pandemic, neglecting social concerns, including the simultaneous spread of racism and xenophobia. Despite reports of such experiences, the State did little to address fears and reduce further spreading of racism and xenophobia. However, the experience suggests that such politically motivated, contradictory and counterproductive responses undermined State responses to the pandemic.

**Lockdown: Deepening Historical Racial Tensions and Inequality**

A few days after the Department of Health announced the first case, a middle-aged African man sought to set the record straight. In a viral video, he recorded himself in his car, mocking the State announcement. Greeting viewers as ‘comrades’, he stated:

“Corona is not your disease. Corona is for people who have a budget, people who can go to Italy in March, just go to Italy. You are worried about the price of petrol going up”.75

The man joked that COVID-19 was the disease for wealthy South Africans. He advised his (poor) ‘comrades’ to be concerned about the common diseases, including high blood pressure, cholesterol, gout, TB and HIV/Aids. The video spoke to a legacy of socio-economic cleavage based on race—a divide between Africans and White South Africans. As stated earlier, South Africa is one of the most unequal countries in the world. It is reported that on average, White people earn four times more than their African

---

75 See video here https://twitter.com/Sentletse/status/1237108672549052417?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1237108672549052417&ref_url=https%3A%2F%2Fmg.co.za%2Fanalysi%2F2020-03-19-coronavirus-what-lies-ahead%2F
counterparts do. Similarly, the wealthiest 10 per cent (White) nationals own more than 90 per cent of the country’s wealth and resources.\textsuperscript{76} Such experiences show that race and deprivation continue to be closely linked to the legacies of apartheid, an experience the State struggles to redress.

As a consequence of such extreme material inequality, Africans resent and hold negative attitudes towards their White counterparts.\textsuperscript{77} Experience suggests that the pandemic has exacerbated the resentment. For example, on 23 March, reports emerged that South Africans, stranded on cruise ships in Italy, were pleading for state help to return home.\textsuperscript{78} Africans took to social media with memes, mocking their fellow citizens and their situation in Italy. As the attached twitter snapshot suggests, people, mainly Africans, interpreted the stranded group of South Africans to be Whites, needing no State intervention. Indeed, many people dismissed the issue, declaring that ‘They belong to the sea now.’\textsuperscript{79}

\textsuperscript{79} See twitter reactions here https://twitter.com/News24/status/1242042438954467328
South Africans experience the legacies of apartheid everyday but never at the scale as inflicted by the pandemic. COVID-19 measures, particularly the lockdown, deepened the toxic legacies that need urgent addressing.\textsuperscript{80} When South Africa went into lockdown, people received this measure with mixed feelings. Some commentators saw the lockdown as an opportunity to forge unity among South Africans. Professor David Everatt (White) who was cited earlier stated that:

“White South Africans right now have a rather comfortable, tiny insight into what life under apartheid was like. It can be a powerful moment to empathise with what it was like to be Black under apartheid – and this time, Blacks and Whites are all being treated the same. They are all irritated by a state that seems bent on exercising power in small, nasty ways. That’s why this can be a great moment, because Black and White South Africans really are all in this together, and they all increasingly dislike their state together. If White people can stop acting as if they are individually and personally being attacked, and understand the shared nature of both unhappiness and anger, there is real potential for some (much delayed) healing.”\textsuperscript{81}

However, other commentators argued against this egalitarian generalisation of Africans and Whites ‘really are all in this together.’ They stressed that the lockdown was a privilege that many poor South Africans,


occupying 13 per cent of all households, could not afford given their congested informal settlements.

My findings show that the lockdown increased accusations over racial privileges and inequality that the State initially sidelined. Tweets show the racial cleavage continued in the narrative of blaming White people for importing the virus and Africans’ subsequent suffering. The underlying racialised inequality and future uncertainties fuelled this racial tension during the lockdown. In the first few days of the lockdown, another viral video showed White neighbours gathered outside their homes, enjoying a braai (barbeque). On the other hand, videos and reports emerged of South African Police Service (SAPS) and South African National Defence Force (SANDF) using excessive force and violence to keep Africans inside their homes. This experience continued even when the country moved from level five to level four lockdown, with the state deploying 73,000 more soldiers to enforce the lockdown restrictions. Such experiences remarkably influenced people’s loss of sense of camaraderie and support

---


84 E.g. see twitter hashtag #coronavirusinSA.

85 See video [https://twitter.com/ChabaNagi/status/1244336535132155904](https://twitter.com/ChabaNagi/status/1244336535132155904)


for the President and State’s approach to managing the pandemic. I observed that people took to social media to express their grievances at the outward discrimination, regarding how the police and army treated White people versus Africans. Consider these two Twitter users:

**Tweet**

TRIGGER-SPACE
@RealTrigger101

I will never forgive the ANC government, Cyril Ramaphosa, SANDF and SAPS for abusing the people during this lockdown, kicking and killing us, while whites were having a braai, and not a single one of them touched, I will never!
#LOCKSOUTHAFRICADOWN
#LockdownExtended

7:37 AM · Apr 10, 2020 · Twitter Web App

**Tweet**

Nhlanipho King Langa
@nKingLanga

I guess that colonial mind control from Apartheid era still works wonders today:SANDF and SAPS are scared to take action against whites but apply full force when it comes to Africans. Let history hold the @PresidencyZA, @MYANC and @CyrilRamaphosa accountable, for this is TREASON.

6:28 PM · Apr 11, 2020 · Twitter Web App

Such statements show that South Africans relied on race, colonialism and racialisation language to express their grievances and dissatisfaction with the emerging events.

---


89 Retrieved from [https://twitter.com/nKingLanga/status/1249011345267326976](https://twitter.com/nKingLanga/status/1249011345267326976) and [https://twitter.com/RealTrigger101/status/1248485327775264769](https://twitter.com/RealTrigger101/status/1248485327775264769)
Similarly, political and influential figures used race and racialisation of the pandemic to call for inequality redress in the country. On Tuesday 27 April, South Africans commemorated the Freedom Day, a public holiday marking South Africa’s first democratic Election Day in 1994. Many commentators expressed concerns regarding the pandemic and the legacy of inequality.\footnote{Npr captures the inequalities in pictures, available at \url{https://www.npr.org/sections/goatsandsoda/2020/04/21/837437715/photos-lockdown-in-the-worlds-most-unequal-country}}

In a statement, Julius Malema stated that,

“Our state loves [...] to keep White people happy and safe, even at the expense of Africans. The corona outbreak has brought into sharpest focus, the [...] inequalities that exist between Black and White people in South Africa. Even when they want to be in self-isolation, our people do not have spacious houses to isolate into because they stay in shacks”.\footnote{See message via \url{https://www.youtube.com/watch?v=hXwfbAqJYEs&feature=youtu.be}}

Indeed, reports show that some public health strategies including social distancing, handwashing and lockdown were a privilege that many poor South Africans could not afford in their informal congested settlements, with limited access to amenities including running clean water.\footnote{IOL (2020). Khayelitsha residents picket for water as national COVID-19 lockdown looms.}

In his speech, President Ramaphosa admitted that the pandemic was underscoring the enduring inequalities between rich and poor South Africans,\footnote{CBC (2020). South Africa marks Freedom Day, but Coronavirus is highlighting racial disparities. Retrieved from \url{https://www.cbc.ca/news/world/south-africa-coronavirus-1.5546227}} stating:

“[S]ome people have been able to endure the coronavirus lockdown in a comfortable home with a fully stocked fridge, with private medical care and online learning for their children…For millions of others, this has been a
month of misery, of breadwinners not working, of families struggling to survive and of children going to bed and waking up hungry.”

Equally, Nobel Peace Prize winner and retired Archbishop Desmond Tutu expressed concern in a statement issued via Desmond and Leah Tutu Foundation. He asserted that South Africa:

“[Is] not the fair and just country that it should be. The virus has done the country a ghastly favour by exposing the unsustainable foundations on which it is built […] that must be urgently fixed’.

It was my understanding that the State wilfully defaulted race in their narratives on the COVID-19 pandemic. The State paradoxically understood the distress the lockdown caused the majority (Africans) citizens, yet support was not forthcoming. Therefore, the desire to absolve the State of the responsibility of supporting people in distress drove the decision to relax the lockdown. Even at the time of this writing, it is not clear how relaxing the lockdown will be enough to revive livelihoods, but it is apparent that more people, possibly Africans, could lose their lives to COVID-19.

The Racialisation of State Aid

‘Whites Banned from Receiving Government Aid in South Africa during World COVID-19 Crisis’ shouted a headline for a publication on ANC Sectioned Genocide website.

---


The article, also a call for funding to purchase groceries for poor White communities, went viral on Facebook since 27 April 2020 claiming:

“Whites are not able to receive any state aid during this devastating time all over the world. Whites are being turned away from receiving state food parcels and necessities.”

Discrimination based on colour, are among the concerns some White South Africans also expressed during the lockdown. The State set up a rescue package totalling to 500 billion rand, with about a fifth aiming at helping the poor and unemployed. The balance was to help businesses keep afloat as a way to revise business and tourism. However, facilities established to disperse the grant including the Business Growth Fund, the Youth Business Relief Fund and the Tourism Relief fund would rely on the applicant’s compliance with the Black Economic Empowerment (BBE).

However, White South Africans expressed concern about this response, claiming potential discrimination based on race. Articles like the one above called on White South Africans to fight back against racist state response and treatment during the pandemic. Indeed, Afriforum, the White minority forum and trade union Solidarity particularly threatened legal action against the tourism department, which they accused of overlooking White-owned businesses for assistance. Solidarity’s Chief Executive stated:


98 In 2003, the state introduced the BBE initiative to address economic inequalities entrenched in the apartheid regime. Among other things, the BBE initiative demand companies to increase the number of African shareholders and senior managers.
“It is scary that there could be constitutional grounds in a crisis like this which allows the allocation of emergency funds to take place based on race.”

The Minister of Tourism responded saying that while BBE codes would guide this State offer, ‘Any person or business in the tourism sector can apply for the fund, regardless of the colour of their skin.’ At the time of this writing, these negotiations and debate continued to stir resentment and negative views of one race against the other.

---


100 As quoted in Reuters. Coronavirus stirs rancour in South Africa on democracy anniversary.
CONCLUDING REMARKS

Initial responses to the COVID-19 pandemic in South Africa was 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 response to the pandemic shows that South Africa experienced the racialisation of COVID-19. Indeed, the report has identified and discussed several themes/issues to illustrate this emerging concern in South Africa’s COVID-19 pandemic. These include reporting contradictory statistics; stigmatisation and discrimination of Chinese and Whites; anti-migrant approaches; the deepening of racial and inequality cleavage and the racialisation of State aid. Collectively, these experiences show that the pandemic was racialised from start to easing lockdown. Notably, the analysis of these issues suggests that risk and response to the pandemic were and continue to be highly racialised in South Africa.

At the time of this writing, the pandemic in South Africa was taking a wrong turn, with more people expected to lose lives in the coming months. Therefore, it is necessary to conduct more detailed research investigating
how the racialisation of the pandemic influenced and continued to influence perspectives of risk, responses and impact after lifting the lockdown, yet the virus infections increased.

Allen Kiconco

*Dr Allen Kiconco is a Postdoctoral Fellow based in the Political Studies department at the University of the Witwatersrand, Johannesburg, South Africa.*

*Email: allen.kiconco@wits.ac.uk*

- [https://www.liverpool.ac.uk/humanities-and-social-sciences/research/coronavirus-research/](https://www.liverpool.ac.uk/humanities-and-social-sciences/research/coronavirus-research/)