The 'Colonial Virus': Racialized Narratives During Early Covid-19 in Ghana, South Africa and Kenya*

by Leona Vaughn ⓘD (University of Liverpool), Allen Kiconco ⓘD (University of the Witwatersrand), Nii Kwartelai Quartey (James Town Community Theatre), Collins Seymah Smith (James Town Community Theatre) and Isabel Zattu Ziz (Kibabii University)

Abstract

The myth of African or African-descended people being innately resistant to Covid-19 emerged during the early days of the coronavirus pandemic ('early Covid-19') in media narratives originating in China and the Global North. This paper is based on a rapid collaborative research project which explored open-source information from the three African countries of Ghana, Kenya and South Africa to discover if, and if so how, public- and state-generated narratives of risk for preventing Covid-19 infection were influenced by this racialized myth of Black immunity to the virus. The study found that the narratives of perceived levels of the risk of contracting the virus were indeed inherently racialized and that the immunity myth was contained in widely held 'infodemic' narratives about innate African (Black) immunity. Moreover, race was also observed to play a significant role in local pandemic policies, their implementation and their impacts, including in narratives of risk responsibilization. The risk and prevention narratives about the virus, locally monikered as a 'colonial virus', illustrated a paradoxically simultaneous reinforcement of colonial imaginings of biological 'race' and 'blackness' with resistance to them. Analysing these processes of racialization in a specific time and place offers a unique insight into how racialized risk, which is inherently political and works to uphold existing inequalities of power, has impacted on African communities during this pandemic far beyond the initial myth of immunity.

Keywords: racialised risk, Covid-19, misinformation, pandemic, Africa

Introduction

The Covid-19 pandemic emerged in 2020 as a universal risk to global health. However, closer scrutiny points to the unequal impacts of pandemic policy on populations' health based on geography, social class, ethnicity, disability and gender (Marmot and Allen 2020). The preventative actions and risk narratives that were intended to stem Covid-19 (or coronavirus) infection rates undoubtedly privileged those with certain lifestyles, employment, physical abilities, resources and homes, which permitted them to fully observe the preventative methods and 'social distancing' which became the standard response globally. In the decisions over who could acceptably be over-exposed to the virus and who could be left un- or under-protected from it, the 'disposability' of racialized and minoritized groups within society, especially indigenous and African-descended populations, was made visible (UN Working Group of Experts on People of African Descent 2020). As civil rights movements globally braved national risks and pandemic

restrictions to call for Black[2] lives to matter, racial equality was also argued to be necessary and central to the post-pandemic recovery.

Shortly before categorizing Covid-19 as a global pandemic in March 2020, the World Health Organisation (WHO) acknowledged growing but often unsubstantiated claims about actions which could prevent the virus, or claims about the level of risks it presented to populations in different locations. This caused the pandemic to be called an '*infodemic*',[3] in which an excessive amount of unreliable information about Covid-19 spread rapidly, mainly on social media, creating confusion and distrust. Tedros Adhanom Ghebreyesus, WHO's Director-General, claimed that this misinformation was spreading 'faster and more easily than this virus' and as such posed a risk to public health.[4] The WHO's response was a global 'myth-busting' initiative of counter-narratives to undermine specific misleading claims (WHO 2020).

However, this initiative did not identify and address the fact that a significant part of this infodemic, especially about risk and prevention, was deeply racialized. Misinformation, or disinformation, was often based on the eugenicist, racist belief in 'biological race', which it also promulgated (Carter and Sanford III 2020; Kinouani 2020; Saini 2020; Shanks 2020; Sikka, 2020; Sowemimo, 2020).

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[2] This term is used throughout the paper to indicate people of African descent.

[3] Infodemic is defined as '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, rumours [sic] and fears mix and disperse, it becomes difficult to learn essential information about an issue.' 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**

[4] Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, at a gathering of foreign policy and security experts in Munich, Germany, 2020.

Race, Racialization and Covid-19 Risk Narratives
One example of the racialized infodemic is the idea that Black people have an immunity to the virus. This first appeared early in the pandemic in Western media coverage, originating with the story of the 'miraculous' recovery of a Cameroonian student in China (Vincent 2020). The influence of this infodemic about Black people's biological resistance to the coronavirus was then spread in US and European popular culture, often in memes or jokes about this being one of the 'few benefits' of being Black in these countries (Kertscher 2020; Reuters Staff 2020; Sowemimo 2020). However, concerns were also raised about the potential impact on perceptions of risk and safety in public health (Laurencin and McClinton 2020). Idris Elba, the Black British celebrity, commented on contracting Covid-19 in March 2020: '[t]here are so many stupid, ridiculous conspiracy theories about Black people not being able to get it [coronavirus]…[and that it] is the quickest way to get more Black people killed' (Elba 2020).

In the Americas and Europe, this myth was indeed soon overshadowed by statistical evidence that, during early Covid-19, Black and other racialized and minoritized people were actually *more likely* to die of the virus than their White counterparts (CDC 2021; European Network against Racism 2020; United Nations Working Group of Experts on People of African Descent 2020). However, the racialization of the virus in discussions of risk did not disappear. Claims about Black and other racialized and minoritized groups, particularly in the US, UK and Brazil, and their 'innate' *susceptibility* to the novel virus ensued (Haque 2020; Khan 2020; Phan 2021; Sikka 2020). Simultaneously, debates continued to consider why the African continent had not seen the high death rates that were initially expected (*France 24* 2020; Hairsine 2020), which further invigorated talk of the biological resistance of Black people in Africa (Lawal 2021; Sikka 2020; Winning 2020). In this divergent discourse on race and Covid-19, of biological immunity and susceptibility across the Black diaspora, a common ground was nevertheless revealed in the

form of 'bio-essentialism' (Sikka 2020), in which perceived differences and inequalities in rates of infection and deaths were seen as explainable only in biological terms related to race.

In this paper, 'race', and associated words like 'Black' and 'White' are treated as socially constructed categories with no biological basis for differentiation (Crenshaw 1991; Murji and Solomos 2005). 'Racialization' refers to the social and cultural processes which give socially imagined ideas about 'race' a real-world meaning (Du Bois 1994; Fanon, 2008 [1952]; Gilroy 1993; Murji and Solomos 2005). Processes of racialization are also understood here as multiple ways of exerting power or control – both individually and by the hegemonic force of the state – to sort, rank, define and categorize those who are 'us' and those who are 'other' (Said 1978). Issues of race appeared early in narratives about the unfolding pandemic.

Racialized public discourses about China being where the virus originated are well recorded (Phan 2021), as is the subsequent increase in racist attacks and harassment of people racialized as Chinese (Fekete 2020; Phan 2021; Yeh 2020). Racialized perceptions of who is 'the cause' of a virus – usually a particular population, ethnic or national group – strongly echo the past pandemic and epidemic stigmatization of groups in recent times, for example, in relation to HIV and the Ebola virus (Nunes 2016; Shelley-Egan and Dratwa 2019).

In this paper, the combined impact of racialization and notions of risk – racialized risk – within Covid-19 pandemic narratives, particular in relation to African-descended people and the African continent, is framed from the outset as a 'colonial' project. This approach provides an analytical frame for all narratives of risk and race, which takes into account the dynamics of power, both historical and contemporary, and their influence. This is done not only to progress 'anticolonial' or liberatory ways of knowing, but also as a way of addressing epistemic injustices against indigenous knowledge (Mbembe 2015; Ndlovu-Gatsheni 2021; Smith, 2012; Tamale 2020).

The concepts and processes of racialization as described above, combined with the categorization and attribution of risk, risk levels and risky bodies in society (Benton 2016; Heath-Kelly 2017; Vaughn 2019), are colonial in multiple ways, in their histories and relationships to eugenicist theories (Bonds 2018), as well as in their role in the mutual reinforcement of unequal power relations in society (Olofsson et al. 2014).

Racialized risk is conceptually important in the maintenance of global racist power structures and belief systems. In the 'colonial global economy' (Bhambra 2020), structural inequalities in relation to racism and 'development' are deep and persistent (Benton 2016; Kothari 2006). Coloniality can be observed in social interactions in economic or financial assessments of risk and decision-making (Bonds 2018; Dannreuthers and Kessler 2017), or, as observed on the macro-level, within the nature of the exploitative 'risk' of economic and environmental relationships between the Global North and the Global South (Hesse 2007; Mignolo 2011; Mignolo and Walsh 2018; Quijano 2000).

The attribution of the 'risk' label and the perception of who is 'risky' favors the behavioural and cultural norms of the powerful over those of the marginalized. As Bonds remarks, risk is always a colonial and racialized concept because '[t]he construction of permanent risk is always already enmeshed within social relations that have long marked the racialized "other" as a proxy for danger and risk' (Bonds 2018: 1288).

In this paper, the 'coloniality' of the Covid-19 virus is observed while under construction, providing insights into racialized risks that are specific to both time ('early Covid') and place (Ghana, Kenya and South Africa). The data collected from open-source and other publicly available information demonstrates how inaccurate notions of biological race relating both to perceptions of African immunity and of riskiness, are being re-inscribed even within Black majority countries during the pandemic.

The existing literature on racialization is observed as mainly having been written from a

position which centres experiences in, and relationships with, Black populations *outside* the African continent (Barot and Bird 2001; Pierre 2012). Pivoting much of our global knowledge of this phenomenon on this Western-centric perspective creates the hazard of what Ndlovu-Gatsheni refers to as a form of postcolonial, epistemic 'arrogance' (2021). For example, studies of race and the interrelation with colonial power by African scholars have often been sectioned off as 'area' studies (see Mbembe 2017; Ndlovu-Gatsheni 2021; Nkrumah 1970; Nnameka 2008; Pierre 2012; wa Thiong'o 1986).

The knowledge gap in our understanding of racialization processes in Black majority countries and how this differs across the diaspora generally (Pierre 2012) is acknowledged in this paper, as is the same gap in relation to research about the Covid-19 pandemic. This research project intentionally designed a study to explore manifestations of 'race', with its deep roots in colonialism and slavery, in relation to how it appeared within contemporary media and policy narratives about Covid-19 risks in majority Black African countries. It thus offers a unique contribution of knowledge to begin to address this ellipsis.

Research Methods
Sylvia Tamale instructs us that '[i]t takes conscious unlearning and relearning to "shake off" the colonial filters through which we view the world' (2020: 58). The active unlearning of imperial power relations was therefore essential to this UK-led research inquiry into the phenomena of racialized risk in the chosen African countries. The research team, four out of five of whom are African and based in the countries studied, consciously made efforts to uncover local knowledge by engaging with multiple forms of narrative data. The team also consciously considered the coloniality of different research theories and tools (Nhemachena et al., 2016; Omanga and Mainye 2019; Smith 2012). This aspect was intentionally addressed by academic and non-academic researchers co-designing the research and its schedule, co-creating and determin-

ing the methods of data collection (e.g. search terms), collaboratively choosing tools and literature for analysis, and jointly developing methods for dissemination.

Being undertaken during the 'early Covid' lockdown with local research partners at a time when much overseas development research was being paused and eventually cancelled (Buse and Hawkes 2021), this research project created otherwise reductive avenues in order to centre Africa, African researchers and their communities as authorities of their own experiences and worlds at this unprecedented time. An important layer of the understanding of racialization during Covid-19 within the Black-majority, post-colonial African countries of Ghana, Kenya and South Africa has been acquired by taking this approach to research.

Data Collection
The aim of the research was to gather data reflecting policy, the media and public Covid-19 risk narratives across the three African countries, to analyse if, and if so how, they were influenced by the Black immunity myth, and to examine how misinformation about the disease had been racialized. Kenya and South Africa were identified as sites for research because their government officials made statements about the immunity myth. Ghana, where no such statements had been made, was chosen as a comparator.

South Africa, Kenya and Ghana all recorded their first cases of coronavirus in March 2020. During the period of the research, Kenya reported 5,206 cases and 130 deaths, Ghana 35,501 cases and 182 deaths, and South Africa 493,183 cases and 8,005 deaths. Open-source, publicly available information about risk in these countries was our primary data source. This was a necessity in research being undertaken virtually, but also social media especially were a recognized outlet allowing populations to communicate with others who were largely under strict 'stay at home' or 'shelter in place' orders.

Two hundred and forty-six (246) examples of racialized narratives about the risk and pre-

vention of Covid-19 infection were gathered in the three countries between May and July 2020. Data were mainly gathered from social media (Facebook, Twitter and WhatsApp), as well as from local newspapers, the radio and government- and state-issued narratives. The data mainly took the forms of written and spoken media discourses in newspapers, speeches, interviews, web content, social media posts, videos and films. The non-text narratives were gathered from visual representations in photographs, cartoons and memes. In response to the different ways in which narratives were manifested in local communities, the data were also widened to include social commentary, music and jokes shared on YouTube and performed locally.

At the beginning of the research, the researchers paid attention to the occurrence of certain words or phrases in their respective contexts, which were then used as search words or phrases for relevant communications. This supported the identification of local news and government publications and was applied to social media search engines.

From preliminary reading, researchers noted that two main descriptions of the virus were used in the communications: 'Covid-19' and 'coronavirus'. While Covid-19 was commonly used in mainstream communications, including government documents and media, , 'coronavirus' or 'corona' were popularly used for informal or personal communications, particularly on social media and in communities. This term was therefore the main search term used on social media platforms.

The researchers created and determined search terms for the data collection to include the continent, the country and Covid-19/coronavirus. These were *'ethnicity'; 'race'; 'racial origin of'; 'melanin'; 'Black immunity'; 'immunity'; 'inequality'; 'foreigners'; 'Chinese'; 'stigma'; 'racism'; 'internalised racism'; 'vaccine'; 'cure'; 'Madagascar cure'* and *'minority'*. In Ghana, an additional search was undertaken of '*Social Media Videos of Covid-19 in West Africa*'.

Analysis

The processes of the identification of racialization in the messaging and actions to prevent infection, including social distancing, curfews, lockdowns and other preventative measures, drew upon two key methodologies for analysis – content analysis and critical discourse analysis (CDA). Content analysis is a set of techniques for analysing collections of communications: 'who says what through which channel to whom with what effect' (Lasswell 1948: 117). It is a method of collecting and analysing data to understand the meanings ascribed to an issue within a given context (Krippendorf 1989: 403). 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 by text and talk in the social and political context. With such dissident research, critical discourse analysts take [an] explicit position, and thus want to understand, expose, and ultimately resist social inequality' (Van Dijk 2001: 352). Drawing upon both methodologies allows power and discrimination (racialization) in communications to be identified (Baker et al. 2013; Van Dijk 2001).

During this process, researchers collaborated in the analysis of identified information to create a consistent approach across the team. This involved sharing reflections on the identified messages, purposes and intended effects of the communication, which also entailed making inferences about the producers of the information, the communicators and the intended audience. Researchers were then able to identify and examine patterns in the data in a replicable and systematic manner. Country-specific and context-specific data analysis was still maintained with individual published reports authored by each researcher and research team (Kiconco 2020; Smith and Quartey 2020; Ziz 2020) but it is the collectively analysed patterns and themes across the countries that are represented and discussed from herein.

Findings

Blackness, Covid-19 Immunity and Susceptibility

The false promise of immunity for people with Black skins was dismissed in high-profile statements by the Kenyan Secretary of Health Mutahi Kagwe and South Africa's Professor Thumbi Ndung'u of Durban's School of Medicine (BBC News 2020). This indicated that the myth might be gaining purchase in parts of the African continent (Kazeem 2020; Nebe 2020), but the potential impact on the beliefs and actions taken for purposes of local Covid-19 risk prevention and management was unknown. As it is important to acknowledge the wider racialized narratives, the research observed multiple aspects of the discourse on Covid-19 risks and preventative actions. However, the research also focuses on the interaction of the myth of Black immunity with racialized misinformation about who was viewed as 'responsible' for the outbreak of the virus and how it was being spread, which demonstrated a fostering of mistrust and resentment between differently racialized communities.

The immunity myth appeared to have had an influence on the public and political narratives of the risks of Covid-19 in all three countries, in both provoking action to actively undermine this misinformation and in narratives supporting this fiction. The narratives, which were deeply racialized and shaped by [residual] colonial logics, manifested themselves in socially, culturally and historically specific ways. As Ochonu recognizes in their work on race in Africa, 'race and its meanings, residues, appropriations, subconscious reproductions, and disguises are diffused in society through subtle and not-so-subtle gestures, attitudes, and informal rules of social relations' (Ochonu 2019: 28).

Analysis of the data nevertheless indicated a number of common racializing themes for Covid-19 risk narratives across the three countries. These include perceptions of the racialized 'other' who threatens 'us' with exposure to the virus, categorizations of those racialized others who can be blamed, responsibilized and stigmatized for increased risks of infection, the influence of colonial logics in relation to race and power, and the desire to believe in Black advantage. Although these themes are interconnected and interdependent, the remainder of this paper focuses on the latter two themes in detail.

The 'Colonial Virus': Power and Racialization

Racialized narratives further appeared in wider discourses on Covid-19 risks and preventative actions, demonstrating how the interaction of the Black immunity myth with racialized narratives about who was 'responsible' for the outbreak of the virus and how it was being spread shaped narratives of mistrust and resentment between racialized communities. A popular video circulating on social media (WhatsApp, Facebook and Twitter) showed a Black West African woman being interviewed about the virus, either shopping or working in a local market. In the video, other people are seen laughing and repeating what the woman is saying to the journalist. This was a clip from the news, selected from other clips, and circulated on social media. In her response, she referred to coronavirus as the 'colonial virus':

> *Interviewer: 'What is the name of the virus that is killing people all over the world'?*
>
> *Interviewee:* '[English translation] *I don't hear English well. Colo, Colonial virus. Because that sickness is not from us, came from different place and should stay where it came from'.*[5]

The woman's use of the term 'colonial virus' suggests two potential racialized meanings. One is that the virus was introduced to Africa by colonial or neo-colonial powers. The other is that locally imposed pandemic policies and practices were colonial in nature. Both are expanded upon from this point. Local populations perceived coronavirus as having been brought to their own countries by those with identities seen as rep-

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[5] This now popular term was specifically communicated in this video interview circulating on social media **https://twitter.com/Browntykilla/status/1251931493993152512?s=20**

resentative of or related to previous or current colonial or neo-colonial powers. Country-specific economic relations, new and longstanding, with other African countries, with European nations and especially with China (Human Rights Watch 2020), definitely influenced how the narratives of risk were racialized and how stigma manifested itself (Slovic 2001). Covid-19 was seen as a risk that the rest of the world was posing to Africa, an exogenous threat, a 'them' virus. This was especially made visible in the use of the Twitter hashtag #CloseBordersNow.

To bring a further nuance to this process of racialization, the virus was also referred to in public and political narratives as being brought in by 'outsiders', 'foreigners', 'tourists', 'travellers' or 'diplomats'. This is illustrated by these lyrics from a social commentary song in Ghana:

> Am3 k3 hela eba maamli eei, Ats3) l3 Coronavirus, Eshishi ji, Koloo y3 olamli.

> [Translated into English: *'They have brought the disease into the country, its name is coronavirus, which means, there is an animal in the blood'*] (Kane Group, Teshi – Accra).

This form of 'othering' was applied to all those who were perceived to be the source of the risk of the spread of infection. However, the terms 'tourists', 'travellers' and 'diplomats' in Ghana and Kenya were mainly reserved for White Europeans or Euro-Americans, but also used to indicate that they were people of high socio-economic status and, therefore, unlikely to be Black Africans. In South Africa, undoubtedly shaped by its history of apartheid, these terms implied Afrikaners and other White South Africans. Across all three countries, the terms 'outsiders' and 'foreigners' were used to signal other Africans (migrants) or Chinese people (York 2020; Musariri, this SI). It is important to acknowledge here that at that time media coverage was showing African people being discriminatorily refused help and subjected to unfair enforced lockdowns in China or eviction from the country (Human Rights Watch, 2020).

In South Africa, the Twitter hashtag #whites and #coronavirusinSA trended as Black South Africans took to social media to blame White people for bringing the virus home from their travels. Politicians added their voices to these claims, with Julius Malema, the leader of Economic Freedom Fighters, calling on the government to ban all travel to Europe and quarantine those (White) people who were infected with coronavirus on Robben Island. In Ghana, social media posts reacted angrily to media references to 'Very Important People' (VIP) cases of infection, including local and international elites and 'diplomats'. When the number of cases reached 195 in the country, the Health Minister, Kwaku Agyeman Manu, stated that VIP patients were to be treated at the Bank of Ghana hospital. He stated, 'Let me say that the Bank of Ghana health facility is not under the entire control of the government. We had to go into an agreement with them, and the bank has agreed, in addition to their own staff, to have VIP people at their facility' (Pulse.Com Interview 2020).

This 'positive' stigma given to affluent people, mainly White people or 'foreigners', was that they were the only people with the means to travel and contract the virus. They were also viewed as being to blame for its spread. This lends itself to the other interpretation of the term 'colonial virus'. It indicates that in all three countries the pandemic, and the state's responses to it, were viewed by local populations as an extension of the former colonisers' colonialist thinking. The Fanonian perspective on colonization was that it not only colonized the physical, but also the mental and spiritual being. In doing so, the processes of colonization made the colonized complicit in their own oppression, thus enabling a 'colonial psyche' to be established which did not necessitate a physical colonizing presence (Fanon 2008 [1952]).

In South Africa, pandemic responses were referred to in social media narratives as indicative of the apartheid-era or other colonial hangover. Some people in these countries took to social media to criticize how 'white' technolo-

gies were being prioritized over potential locally produced technologies when considering clinical and pharmacological interventions. In treating their indigenous populations through, for example, policing, and undermining local knowledge systems, including natural medicines, therapies and the role of spirituality or faith, as unscientific or parochial, instead they held other (mostly Western) expertise in higher esteem (Quijano 2000; Tamale 2020; wa Thiong'o 1986). The widespread disparagement of local 'treatments' or potential 'cures', especially as promoted by Madagascar and Tanzania, and now being scientifically investigated by the WHO (WHO 2020a), was viewed in public narratives as instances of the dismissal of local knowledge by government officials. Two Twitter users posted as follows:

> *The Black mind has a problem. Madagascar claimed to have a cure to COVID19 but fellow African men told them to shutup (sic) their primitive ass but here we go with Oxford clinical trial and we all accept because we believe they are superior to us. Free your Black soul from racism* (27 June 2020).

> *Our own problems, sometimes we don't believe in ourselves, we see Western people as gods who we see. Madagascar produces a cure… but the pretentiousness with which Western countries with their armies of scientists, PhDs etc. welcomed this potential cure reeks of colonialism and racism* (26 April 2020).

Perceptions of privilege on the basis of race and class (Pierre 2012) were acutely present across public and political narratives of the lockdown measures in all three countries, where poverty and social and physical stratification in the forms of wealth, housing enclaves and spatial ethnic concentration are common societal characteristics (Nnameka 2008; Villet 2018). Risk prevention in these types of narrative was communicated as focused on protecting the people in the city's suburbs, who were by implication affluent Black Africans and White people, as opposed to actions to protect those Black Africans living in the impoverished rural areas or in informal settlements or 'slum' neighbourhoods (Shoki 2020). This echoed the much-criticized recent responses to Ebola in African countries that prioritized health interven-

tions for the privileged and militarized interventions for the poor (Benton 2017; Hirsch 2021).

One Kenyan development consultant argued that the Kenyan government emphasised the importance of individual action to contain the Covid-19 epidemic in the country, downplaying the socio-economic realities of the major cities where most infections were located. He stated, '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'. The expert warned that the government's approach and guidelines for preventing the spread of the virus could have wide impacts on health and the economy (Njue 2020).

Specific criticisms of state action, or inaction, were observed in narratives on specific topics. The instructions to local populations to follow social distancing and 'stay at home' were critiqued as Eurocentric and non-translatable in the local context, thereby giving an unfair advantage to Whites and the wealthy. One Ghanaian artist reflected on the realities of survival in a thought-provoking blog post, which was widely shared on social media. He lamented:

> *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?* (Mills 2020).

Local government and media narratives about people described as 'selfishly' or 'recklessly' flouting pandemic rules were notable in our analysis, being applied exclusively to the young and the poor, who were invariably Black Africans.

The brutal enforcement of pandemic policies by the police and military powers – for example, of mask-wearing, curfews and 'stay home' orders – were extensively covered in social media and mainstream media videos and reports, as in the graphic below. Public discourse about how risk was managed in all three countries communicated it as militarized or state violence that was inherently racialized and classed (Benton 2017; Hirsch 2021).
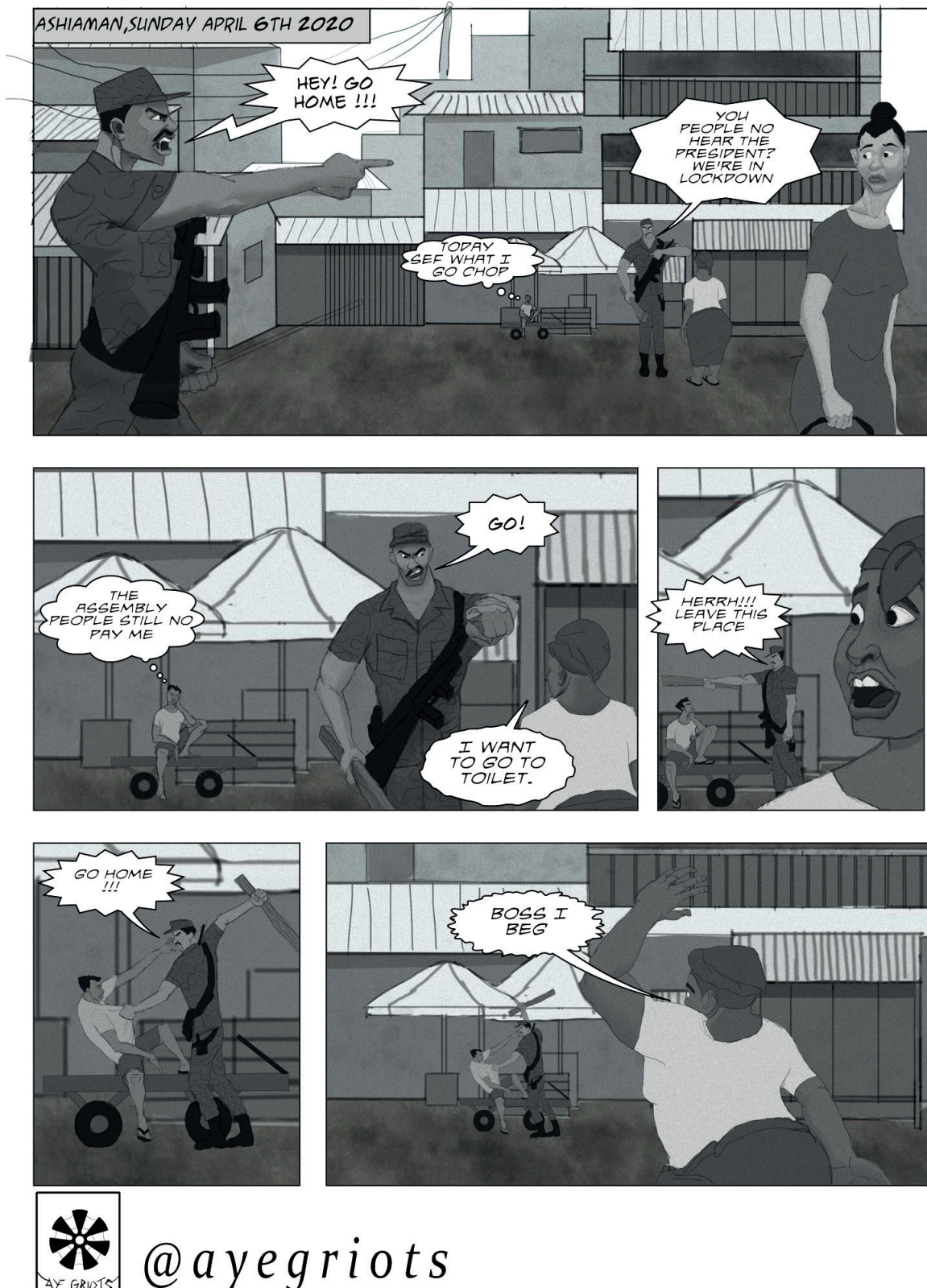

Figure 1: WhatsApp graphic (source unknown, 6 April 2020).

The figure above depicts the killing of a civilian by a military officer in the Ashiaman area of Accra, Ghana, an informal settlement where some people sleep where they work, at the start of the first lockdown. In both Kenya and South Africa too, within the first days of the lockdown, both mainstream and social media were awash with images of police brutality. During the first ten days of Kenya's dusk-to-dawn curfew, at least six people were killed by police, including thirteen-year-old Yassin Hussein Moyo, shot dead while standing on the balcony of their home watching the police enforce the curfew in Kiamaiko, one of Nairobi's informal settlements (*Daily Nation* 2020; Human Rights Watch 2020). In South Africa, reports and videos emerged of the South African Police Service (SAPS) and the South African National Defence Force (SANDF) using violence to keep Black Africans inside their homes, at the same time as a viral video showed a White neighbourhood enjoying a *braai* (barbeque).[6] Social media references to racial injustice were acutely obvious in South African commentaries. Consider these two South African Twitter posts:

> 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 (11 April 2020).

> I guess that colonial mind-control from apartheid era still works wonders. SANDF and SAPS are sacred [sic 'scared'] to take action against whites but apply full force when it comes to Africans (10 April 2020).

The diverse legacies of colonization and colonialism across these African countries that can be discerned in the built environment (Nnameka, 2008), as well as the infrastructure, institutions and logics of decision-making, cannot be ignored in the processes of racialization in the risk narratives for Covid-19. Specifically, the colonial monument of biological or scientific 'race' appears in pandemic narratives as an internalized belief in immutable fact.

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[6] See video **https://twitter.com/ChabaNagi/status/ 1244336535132155904**

Racialized Infodemic: 'Positive' Self-Racialization?

The research showed that, in the absence of locally available and reliable facts about Covid-19 at the early stage of the pandemic, populations created their own information, which encompassed what they imagined the risk of infection 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. All of these invariably drew upon established racialized narratives of risk, informing and constructing the social boundaries of who is the 'us' who were at risk and who is the 'other' who was posing a risk, as previously described.

The phenomenon of accepting 'self-othering' or self-racialization, claiming bio-essentialist theories as positive characteristics of Black Africans, was an aspect of creating the boundaries of 'us':

> *Our Melanin is Our Defence. Senou is a young Cameroonian student in China…Chinese doctors have confirmed that he remained alive because he has black skin. The antibodies of a black are three times [as] strong, powerful and resistant than that of a white…the black man is indestructible….* (Ghana Facebook User, 11 February 2020).

This form of positive self-racialization was prolific in individual Black African narratives about the 'natural' biological resistance of Black Africans to Covid-19.

The process of 'othering' is usually a dynamic of power wherein the powerful 'other' stigmatizes and excludes those with less power. Yet in the above example, as in a number of others, we saw the dynamic of the 'othered' group 'othering' themselves. This gives an insight into how what Du Bois termed the 'double consciousness' of Black people can affect Black Africans when they view themselves, consciously or subconsciously, in relation to Whiteness (Du Bois 1903/1994; Gilroy 1993). The examples we gathered showed the regularity of this duality of seeing one's self independently and also viewing one's self through the lens of others. In the example above, the latter occurs through Black Africans adopting 'scientific' racism beliefs about themselves,

including the stereotypes of the innate physical strength of Black people, beliefs which came to prevalence during African enslavement.

The myth of the biological immunity of Black people underpinned much of the racialized info-demic, specifically promoting the belief that Africans had a reduced risk of infection. 'Double consciousness' cannot explain all the phenomena here, as there is no way to know the origins of the mass information circulating on social media, especially Black immunity jokes and memes.

This research project collated evidence, especially in South Africa, of a number of public, medical and political statements that sought explicitly to undermine the immunity myth (Everatt 2020; Hermans 2020). However, these statements were outnumbered by examples of public and social media narratives that operated in support of the fiction that Black Africans were unable to succumb to the virus. One such example is this headline from an online news outlet which presents itself as African news, implying that the myth has been scientifically proven: 'Chinese Doctors Confirmed African Blood Genetic Composition Resists Coronavirus After Student Cured' (Cityscrollz.com, 15 February 2020). This article was retweeted and shared by social media users in all countries, but it is located on a web server in Los Angeles, USA.

Beyond the immunity myth, racialized myths and misinformation on Covid-19 risks, prevention, treatment and cures were both explicit and implicit in social media posts, memes or jokes and messaging in public, political and religious leaders' narratives. The explicit racialization was observed in the use of racial categories to signify who was believed to be least at risk of infection (*immunity to Covid-19*), as well as who was believed to be more at risk of infection (*susceptibility to Covid-19*) and who was perceived as presenting the most risk to others, i.e. those viewed as 'spreaders' of infection. For example, in these three quotes, explicit racialization is demonstrated in which Africans are 'positively' racialized as innately immune, and indeed as stereotypically magical, while White people are

claimed to be more likely to fall ill, and Chinese people are negatively stigmatized as 'spreading' the virus:

> I don't know what magic Africans have used... we host the Chinese citizens in huge numbers... I'm starting to think we are immune to that virus (Kenya Twitter User, 13 March 2020).

> Does Uhuru [Kenyan President] love this country? Because if he did, no Chinese flight would be allowed to land in Kenya (Boniface Mwangi, Interview with Anadolu Agency, 28 February 2020).

> Dear blacks, don't panic. It's white people affected. If there was a black person we'd be knowing his underwear size too, but because it's white people, they hide their profiles and locations. Worry not, dark ones. (South Africa Twitter user, 14 March 2020).

Implicitly racialized misinformation appeared mainly in the form of the 'misinformation' identified by the WHO. This claimed that hot climates or exposure to sunshine meant that the risk of being infected with coronavirus was reduced, and that eating specific foods would ward it off. These were adopted and adapted within popular notions in all three countries. Firstly, there was the notion that traditional deities and prayer would prevent Black Africans from being affected by the virus.[7] In Ghana, Dr Daniel Asare, the Chief Executive Officer of Korle-Bu Teaching Hospital, stated in an interview on GhanaWeb: 'We're very lucky as a country because of the high temperatures [thus] it will be very difficult for the virus to spread. God has blessed us with this sun and the period of harmattan. Coronavirus cannot enter. Viruses don't thrive well under the scorching sun' (6 February 2020). Locally, the idea sprang up that Black African cultural diets, combined with natural strength, would support resistance to infection, such as the Kenyan Twitter user who posted: 'Black don't crack. Corona is just a little flu to our immune systems. Kenyans, let's get back to indigenous foods' (13 March 2020).

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[7] '*Ga* traditional leaders perform rites to drive away Covid-19'. Available at: **https://www.youtube.com/watch?v=heTRzRedWOk**

The lack of official information being provided on the virus in South Africa, especially about ethnicity, often created the impression that those 'affected' by the virus were not Black Africans, thereby reinforcing the myth of immunity (Schmidt et al. 2020). This Tweet is an example of a response to another user who posted about the immunity myth: 'You do realize the virus can infect anyone. Just because it will take longer for the symptoms to show in black people and it's easier to be treated, this doesn't mean we must be careless because we're black' (14 March 2020). The Twitter user seeks to correct the original post by saying that the virus 'can infect anyone', but then goes on to make two unsubstantiated but popular claims of their own about Black people and the virus in additional tweets: first, the claim that the virus symptoms take longer to show in Black people; and second, the claim that it is easier to treat the virus in Black people.

In this example, both users indicate that they are Black South Africans and yet reproduce anti-Black racism (van Dijk, 1992) by reinforcing false ideas relating to Black biological resistance to Covid-19. This was a trend within the data we acquired which spoke to the phenomena of 'positive' self-racialization. In full acknowledgement of the detrimental impact of reductionist, racialized thinking, this trend can also be interpreted through an Afrocentric lens (Mazama 2001) as an understandable desire to believe that Black Africans have an advantage during the pandemic.

This Kenyan Twitter post encompasses this interpretation, indicating that African commentators knew Black people were not immune but embraced the myth in an attempt to stay positive as the pandemic unfolded: 'Africans bragging about being immune to coronavirus doesn't necessarily mean we are oblivious of the fact that we can actually get it. We know we can and are taking the necessary precautions. That's just us trying to stay positive and free of fear, so just play along' (13 March 2020).

Mythical narratives of immunity nevertheless drew upon a number of cultural touchstones. Spiritual beliefs were often expressed within tropes about Black Africans' 'innate' relationship to nature. Religious belief was often linked to fervent displays of worship (Christianity) and connected to indigenous belief systems. Popular characterizations of Black people depicted them as having 'magical' properties, such as visual memes drawing on the *Marvel* comics and the film *Black Panther*.

In such an unequal world, the perceived advantages of the resistance and resilience that increased melanin was proposed to offer – in particular over so-called developed nations and thus over White people – was regularly embraced in both public and political narratives. Not wanting to be seen as a victim and inferior is understandably attractive to any individual or group who regularly experience discrimination and oppression. The popularity observed of narratives of innate [Black] African strength and resilience to the virus is likely a response to the relentless pressure of global anti-Black racism, heightened by the increased visibility, especially on social media, of police brutality and the call for Black Lives to Matter.

Nevertheless, however positively the intention of their use, the fact that the racialized infodemic narratives problematically see 'race' as biological, with many of the notions being direct derivatives of slavery-era, colonial and eugenicist ideas, cannot be ignored (Carter and Sanford III 2020; Saini 2020; Sowemimo 2020). This reflects Ochonu's conclusions on race in African contexts, that '[r]acial anxieties and codes hover ubiquitously and ambiguously over many social transactions, structuring behaviours and ways of seeing, being, thinking, and acting, and producing quotidian lexicons and popular social epistemologies' (Ochonu 2019: 29).

Conclusion

This collaborative qualitative research examined how the particular myth that Black people are immune to Covid-19 impacted on the narratives of risk in Ghana, Kenya and South Africa. It has led us to an understanding of how misinformation about the disease was racialized both offi-

cially and by the local populations themselves. Insights are provided into how the mythical idea of Black immunity to the virus, instigated outside of Africa, was combined with longstanding beliefs within these three African countries in colonial racial categorizations. In some places, this breathed life into the notion that the coronavirus would not, or should not, affect Black Africans based on their natural, biological resistance. This notion was directly observed in government, media and public risk-prevention narratives, which consequently impacted on the 'othering' processes that were intrinsic in the assumption that Covid-19 was a virus of 'foreign outsiders'. Yet the rising figures for infections and deaths during the time of the research and beyond showed this to not be the case.

The racialization of risk and blame or responsibilization narratives fostered distrust and resentment between racialized communities. When cases began to emerge and these countries put in place their pandemic policies, the state, media and public narratives demonstrated a different form of inherently racialized social boundary-making for those perceived as 'us' and as 'other'. Emerging in diverse ways in different countries, they were nonetheless strikingly similar in showing how class and race intersected to the detriment of Black Africans. Collectively, the findings demonstrate the colonial legacy that sutures and sustains relationships in these countries along the lines of geography, space, race and class (Hirsch 2021; Pierre 2012). As Hirsch states in a paper on Ebola and risk responses: 'an approach drawing on Black studies and geographies has the potential to unearth racial and postcolonial inequalities inherent in the spatial organisation' (Hirsch 2021: 6).

The processes of racialization which manifest themselves in the narratives about Covid-19 risk prevention give credence to use of the colloquial term 'colonial virus'. Narratives essentialized race and endorsed race-based assumptions about the self and others in ways that chime with what Hesse calls 'onto-coloniality': 'a distinctively modern colonial, social reality... brought into

racialised being by colonial regimes of demarcations, designations and deployments' (Hesse 2007: 658). The virus has revealed a new, more modern form of colonialism.

Our findings suggest that colonialism and coloniality continue to scar human relations in all three countries in discussions of race, especially of Blackness (Pierre 2012). 'Scientific racism' and eugenicist beliefs appear to be as strongly influential in these countries as within the places where these flawed theories originated. This underlines how commanding notions of race and the processes of racialization still continue to operate as powerful, false explainers of human difference, especially in relation to health, and even in Black-majority countries.

The understanding of processes of racialization within the African continent, broadly and specifically during the pandemic, are still underresearched. This is important when considering the debates being led in the Global North, but affecting the Global South, about Covid-19 risks, prevention and race. The debates are heavily influenced by pseudo-scientific ideas of 'race' when they are essentially asking *'What is it about Black people that makes them more susceptible or more immune to Covid-19?'.*

Perhaps, with more research from an Afrocentric perspective across the African diaspora, the question can be reframed as *'What is it about racism that is putting Black people around the world at greater risk during this pandemic?'.*

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Note on the Authors

Leona Vaughn is Honorary Fellow for Slavery and Unfree Labour Research at the University of Liverpool and, since 2021, has been the Vulnerable Populations Lead for the Finance Against Slavery and Trafficking (FAST) initiative within the United Nations University Centre for Policy Research. Leona is a sociologist with over 25 years of experience working as an equalities and social justice expert. Email: leona.vaughn@liverpool.ac.uk

Allen Kiconco holds a PhD in African Studies from the University of Birmingham. Allen is a leading international scholar in the field of modern slavery, with specific expertise on gender and gender-based violence in East and West Africa. Allen was a Postdoctoral Fellow at the University of the Witwatersrand in South Africa in 2017-2021 and is the author of *Gender, Conflict and Reintegration in Uganda: Abducted Girls, Returning Women* (Routledge, 2021). Email: kiconcoaa@gmail.com

Nii Kwartelai Quartey holds an MPhil in African Studies. Nii is an experienced qualitative multi-lingual researcher, particularly in using arts-based methodologies to explore and map the realities of modern slavery in James Town (Accra). He has worked with the University of Ghana, University of West of Scotland and Kwame Nkrumah University of Science and Technology. Nii has been Principal and Co-Investigator on numerous projects, exploring Safeguarding and Hidden Stories of Modern Slavery in James Town. Email: niikwartelai79@gmail.com

Collins Seymah Smith is a Theatre Director and Researcher leading and managing all community outreach education programmes across Accra. As a Community Development advocate, he has coordinated a series of behaviour change workshops focused on gender-based violence in communities using interactive theatre. An experienced project coordinator and monitoring officer, he is adept at collating monitoring and reporting data. He is fluent in English and a number of local languages. Email: seysmith80@gmail.com

Isabel Zattu Ziz is a Senior Media Technician at Kibabii University whose work entails training students in media practical courses. She holds a BSc and an MSc in Communication Studies. She has vast experience in the area of community communication and media practice. She worked as a media technician at Rongo University and as a photographer/videographer at media Mashariki for seven years. Isabel is also a budding researcher and author. Email: zattuziz@gmail.com