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

The COVID-19 Pandemic and Racialised Risk Narratives in Kenya



Photo taken in Nairobi, Kenya, by Mustafa Omar on Unsplash



Coronavirus (COVID-19) #LivUniCOVID
Research and response

August 2020

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The COVID-19 Pandemic and Racialised Risk Narratives in Kenya

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INTRODUCTION

In the initial days of the pandemic, a Kenyan Facebook user penned a viral poem addressed to COVID-19, welcoming the virus to Kenya. It stated:

“Dear Corona virus,

Welcome to Kenya. A few things you should know. Here we don't die of flu, don't be surprised if you fail to succeed. Usishangae [do not be surprised], everything fails in Kenya.

We are not very excited to host you around, no offence but locusts arrived way earlier than you and first come first served, unless utoe kitu kidogo [you give a bribe] then you can skip the queue of our attention.

We also cannot afford to pay you too much attention because we really, really broke. In case you haven't heard our economy.... is in the toilet. Shh...whisper please. Don't expect us to fight for sanitizers and tissue paper like the westerners, we shit and wipe with bush leaves.

We are sufferers except for the few pretentious mido crass [middle-class] are taking your arrival as another opportunity for ostentatious shopping. Wako na pesa [they have money] and you should see how they nonchalantly eye each's others tray as if to see who wins with the most full shopping.

What's that?...No, no, no, no, am not calling anyone an idiot here. We jua tu [you should just know that....] ... we the poor know plain soap and water is as good as any antibacterial soap.

It's unlikely that we will stop shaking hands on your account, a greeting is not complete in Afrika if I do not leave the smell of omena [sardines] I had for lunch on the palms of your hand. How else will you know I've eaten meat? But we promise to try.

It's not like we want to ignore you dear corona, but how will we keep indoors yet we get paid per day? If we don't go to mjengo [construction work], trust me there will be no ugali [staple Kenyan meal¹] at the end of the day.

We will not stay indoors kukufa njaa [to starve to death] just because you're here to rule the outdoors. It's our outdoors, only politicians and police can keep us indoors after an election.

¹ A solid form of porridge, made by mixing corn, millet, sorghum or even cassava flour with boiling water until the mixture solidifies. It is the main starch component of meals in many Kenyan communities.

Bro, huku sio (this place is not) U.K. ama [or] U.S. Our savings culture got lost before our ancestors died, they never managed to find it and we have no social welfare other than shillingi [Kenya shillings] 2,000 per month if you are over 70. Yes, per month. We try. I know you think you will collapse our economy, LOL! [Laugh-out-aloud!] Shock on you, our government has been screwing our uchumi [economy] for several years now.... and we still here.

We ain't even gonna worry about you killing us, cancer is now friends with Kenya just in case you have been hiding in a cave until now. We also get killed by police stray bullets all the time, so dude - no biggie there. Do you even know the road accident statistics in Kenya? If you knew how we die daily of motorcycle and bus accidents, you wouldn't even bother to stop here. Sawa baba? [is that ok Sir?] Umepoteza fare [you have wasted your fare].

We are more likely to die of a cholera attack than to be killed by you bro. For us, every day is a run escape from death. We are the walking dead. Death is part of our lives, the shadow that lingers over us from the time the umbilical cord is cut and buried behind the house, to the time we fundraise for expensive arrangements to bury a no longer useful block of dead meat.

Death can befall us anytime and we are not scared. If it comes, let it come. Why worry over what we can't control? Everything dies, right? Even you, corona, will die!

We welcome all kinds of visitors to Kenya, hakuna matata [there is no worry], karibu sana [you are very welcome]. Enjoy our beaches, tourists are leaving to create room for you. Do make a visit to the Mara and by the time you leave our beautiful country all we ask is: please take most of our politicians with you, they love free rides, a lot."²

The post sought to use a sarcastic language, communication and response to the emerging COVID-19 pandemic. He sought to point out the constant struggles of living in Kenya and the many ways in which Kenyans are let down by their government. The poem also points out that when the virus finally arrives in Kenya, it will be like a regular occurrence, and its arrival will not bring anything new.

This report examines the language used by government, media and social media to communicate risk and experiences of the COVID-19 pandemic in Kenya. It unpacks several themes, some of them captured in the poem. Collectively, the themes contribute to the central theme of the report; the racialisation of the pandemic in Kenya. These themes include the situation

² First African Gentleman (2020) 13th March 2020. Facebook. Available at: <https://m.facebook.com/AfricanGman/posts/3513097825373981>

before recording the first infection, the origins of the disease; perceived Black immunity and resistance; government response to the outbreak; anti-Chinese sentiments; and debates on the cure and vaccine of the disease.

METHODS

I am a media technician in the department of English, Literature, Journalism and Mass Communication at the Kibabii University, Western Kenya. My work entails providing technical support to students and faculty concerning online research and application of media technology in learning.

From 11 May to 24 June 2020, I reviewed government reports, press releases, social media posts, online newspapers, and websites to examine the racialised risk narratives in Kenya, surrounding the communication of COVID-19 risk. I took a thematic approach collecting statements with a specific code and examined what they had to say on the particular discourse strand. This collection of statements allowed me to map out what 'truths' - statements that were implied as fact or came to be believed as fact - the text established under each significant theme.

I used search terms with the following keywords: 'Immunity and COVID-19/ Corona', 'vaccine and COVID-19/ Corona', 'stigma and COVID-19/ Corona', 'Chinese and COVID-19/ Corona', 'Melanin and COVID-19/ Corona', 'Madagascar cure and racism' and 'race and COVID-19/Corona' then linked these terms to 'Kenya'. I identified two main emerging ideas which I pursued in the search: 'and the racial origins of COVID-19'; and 'perceived Black immunity' to infection and resistance to the disease.

Having identified the main themes, I then conducted a detailed review of online material specific to Kenya adding any additional references afterwards (up to 31st July).

While the search was broad, I targeted online sources and the bulk of the information (approximately 70%) came from social media platforms, especially Twitter and Facebook. The rest of the sources, such as WhatsApp, government reports, newspapers and radio/television articles made up only 30% of the material.

My University work involves production and dissemination of online media and offering support to staff and students with online research. Therefore, this assignment was, on face value, quite straightforward. However, some challenges emerged as I worked on the research. As I stated earlier, I come from a very straight-jacket academic environment. Therefore, my previous experience in online research was limited mostly to refereed journals, in which case, just typing in the keywords brings a very expansive selection of articles from which to choose. An online search in social media, on the other hand, introduced a completely new approach. Social media data provided an unprecedented wealth of information on people's perceptions, attitudes, and behaviours but challengingly at a temporal scale and overbroad extent. The other challenge involved the use of search terms, with different meanings to different people. However, with some practice, I soon got the knack of how to collate and analyse it.

Data for this report was analysed through discourse analysis. It has been presented mostly in narrative form, complemented by images comprising screenshots of conversations on WhatsApp, Facebook and Twitter and by links to online videos, mostly on YouTube.

FINDINGS

This section presents the findings of this study and focusses on the racialised narratives surrounding COVID-19. The racialised narratives are analysed in relation to; the origins of the disease; perceived Black immunity and/or resistance; government response to the outbreak in Kenya; anti-Chinese sentiments; and debates on the cure and vaccine of the disease.

Situation before recording the first case

Kenya received news of the COVID-19 outbreak in China towards the end of 2019 with nonchalance. However, the casual interest with which Kenya followed developments surrounding the disease slowly turned into trepidation as the World Health Organization (WHO) upgraded the outbreak to a pandemic on 11 March 2020.³ It became increasingly clear that it was no longer a matter of 'if' but 'when' the virus would land in Africa and eventually, Kenya.

Indeed, the first cases of COVID-19 in Africa were reported on 14 and 25 February 2020 in Egypt and Algeria, respectively. Between late February and early March, more African countries confirmed COVID-19 cases.⁴ In Kenya, the period between February and March 2020 witnessed a country at cross-purposes regarding the COVID-19 pandemic.

On the one hand, the Government, led by President Uhuru Kenyatta and Health Minister Mutahi Kagwe, appeared to be keen on shoring up the state of preparedness of the country's healthcare system.⁵ Towards this end, the national Government started implementing mandatory screening at all points of entry to minimise the risk of importation of the virus from affected countries. Other measures at the time included setting up of treatment and isolation facilities at Kenyatta National Hospital and Mbagathi District Hospital, both situated in the capital Nairobi, to increase isolation capacity.⁶ County governments were equally caught up in this 'preparedness' frenzy, setting up COVID-19 treatment and quarantine centres. Indeed, Machakos,

³ World Health Organisation (2020) *Archived: WHO Timeline - COVID-19*. March 11, 2020. Available at: <https://www.who.int/newsroom/detail/27-04-2020-who-timeline---COVID-19>

⁴ The Elephant (2020) *Mapping the COVID-19 Pandemic in Africa*. February 14, 2020. Available at: <https://www.theelephant.info/mapping-the-COVID-19-pandemic-in-africa/>

⁵ Ministry of Health (2020) *Interim guidelines on management of COVID-19 in Kenya*. Available at: <https://kma.co.ke/Documents/Case%20management%20protocol.pdf>

⁶ Ministry of Health (2020, February 27). *CAS Rashid assures on measures taken to control COVID-19 Nairobi February 27, 2020*. Available at: <https://www.health.go.ke/cas-rashid-assures-on-measures-taken-to-control-COVID-19-nairobi-february-27-2020/>

Tharaka-Nithi, Kirinyaga, Meru and Mombasa counties announced in March that they were 'ready' to deal with COVID-19.⁷

On the other hand, however, ordinary Kenyans treated the whole spectacle with scepticism, for various reasons. Firstly, most of the reported cases in Africa were of persons of Caucasian descent, recently arrived on the continent from Europe, Asia or America.⁸ This lent credence to the notion that the disease could only affect Caucasians.

Secondly, claims of readiness to manage the COVID-19 by the national and county governments were seen as exaggerations at the least and outright dishonest at the most.



Here was a disease overwhelming European countries, with their state-of-the-art technologies and very sound healthcare systems. Yet, Kenya, with a weaker healthcare system and less advanced technology, was declaring a readiness to manage the disease.⁹ Therefore, Kenyans viewed this 'preparedness' with cynicism, with people poking jokes at the Government on social media which continues to the current day even levied by medical doctors¹⁰:

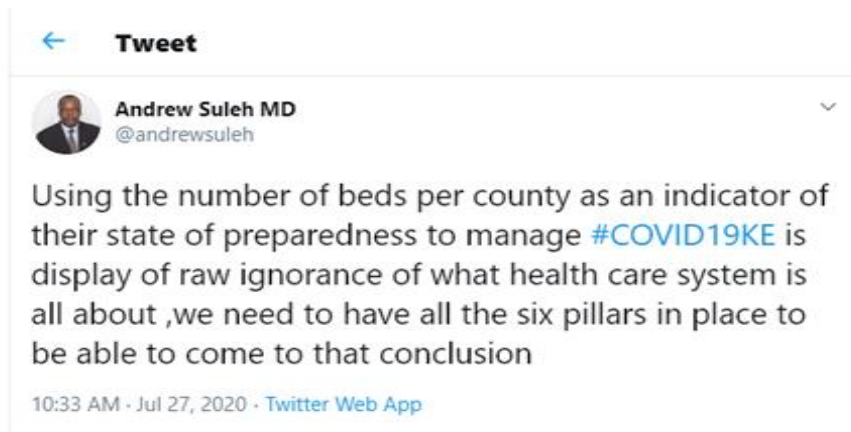
⁷ Daily Nation. (2020, March 16). *Counties step up preparedness to handle COVID-19*. Available at: <https://www.nation.co.ke/counties/Counties-get-ready-to-tackle-virus/1107872-5493022-15d4a5jz/index.html>

⁸ See reports from BBC (2020). *COVID-19: Nigeria confirms first case in sub-Saharan Africa*. Available at: <https://www.bbc.com/news/world-africa-51671834>

National Institute for Communicable Diseases (2020). *First case of COVID-19 reported in South Africa*. Available at: <https://www.nicd.ac.za/first-case-of-COVID-19-COVID-19-reported-in-sa/>

⁹ See @arap_Too_vic https://twitter.com/arap_Too_vic/status/1242410213963182081?s=20 and 'Impact of coronavirus on Kenya's health system || #NMGLeadershipForum'. Available at: <https://youtu.be/wIEBH2-PAbQ?list=TLPQMjkwNzlwMjAU6ye1qy-eHw>

¹⁰ Suleh MD, A (2020) 27th July 2020. Tweet no longer available: <https://twitter.com/andrewsuleh?lang=en>



Such a language used on social media portrayed a president who is not severe in his approach, a depiction of the perceived casual nature of Kenya's government in handling socioeconomic issues. The language also alludes to Kenya's failure to address the challenges of the healthcare system. However, it is essential to note that such conversations on the inadequacy of Kenya's healthcare system are not new. Pundits argue that Kenya's healthcare system is mired by systemic and structural failures, which are primarily caused by endemic corruption. The crux of the argument is that Kenya's government is not only incapable of managing the pandemic but will also use it as an opportunity to embezzle money.

Against this backdrop, Kenya declared her first case of COVID-19 on 12 March 2020. The patient, a Kenyan citizen of African descent, had travelled back to Nairobi from the United States of America (USA) via London, United Kingdom (U.K.) on 5 March 2020. The authorities traced the 22 close contacts of the patient and quarantined them at the Mbagathi hospital isolation unit in Nairobi. The authorities also traced 23 other persons of various nationalities who were on the same flight with the patient and advised them to self-quarantine for 14 days.

Following declarations of these cases of COVID-19 in Kenya, social media was awash with news that the World Bank had pledged to support African countries with \$50 Billion.¹¹ Kenyans, who tend not to trust their

¹¹ See World Bank (2020). *World Bank's Response to COVID-19 (COVID-19) in Africa*. 2nd June 2020. Available at: <https://www.worldbank.org/en/news/factsheet/2020/06/02/world-banks-response-to-COVID-19-COVID-19-in-africa>

government, saw this as the biggest motivation for the country to declare its first case of the disease¹²:



Erick Atitwa
@AtitwaGmail

#coronavirusinKenya.the first corona virus in kenya and Ethiopia could be as a result of the govt hearing the UN announce yesterday that it would offer 1Billion dollars to Corona hit nations.Uhuru thinks that UN is foolish enough to send him money via mpesa.UN will bring experts

4:43 PM · Mar 13, 2020 · Twitter for Android

Racialised Narratives on the Origins of COVID-19

From the onset of the pandemic, the notion that COVID-19 is a foreign, and specifically Chinese disease, has continued to dominate communication spaces in Kenya.¹³ This perspective could be partly attributed to the belief system of most Kenyan communities, which associates 'strange' diseases to punishment for man's transgressions against the laws of nature.¹⁴ In the context of COVID-19, the belief that the disease originated at a Wuhan wild animals market due to an interaction between humans and wild-meat from bats, snakes and or pangolins has gained prominence in Kenya. This was

¹² Atitwa, E (2020) Tweet no longer available: <https://twitter.com/AtitwaGmail>

¹³ See 'CS Kagwe confirms the first coronavirus patient in Kenya'. March 13, 2020. Available at: <https://youtu.be/ShTQoOzNYVE>

¹⁴ Rashed, T. G., and M. Galal (2015) 'Culture and health: A study in Medical Anthropology in Kenya'. Annual International Conference of the Institute of African Research and Studies 'Human Security in Africa', Institute of African Research and Studies, Cairo University, Egypt, 26- 28 May 2015. Available at: https://d1wqtxts1xzle7.cloudfront.net/63624940/Culture_and_Health_A_study_in_Medical_Anthropology_of_Kenya_220200614-91461-1hr3imi.pdf?1592152574=&response-content-disposition=inline%3B+filename%3DCulture_and_Health_A_study_in_Medical_An.pdf&Expires=1597151799&Signature=DKFfFHbj36m27U3nIoIy66jZF5nkzzq8oUKUo-71g~l515rgaOy8SqCK5xMzU-sGd~m960mjHT2H-OqBz6hCj41NdTT6VHvqAB-N-HKDot6Fi-cf6j4OoXwair0SaRBFZKiWujx3b5YO2OCMnM3M-lqrgob7MEapqJZdeu8mzxroF6DZ4TMJ5s1zPybOpANHyqy4uE13xYbnZAUTptgEO5yOe~-4CIWMoZuKiIEE5QWctbvCiX4vyd4pmmertWKAykoFkJKZjtUNBnJofALkU2vLj6xdbV~Tj6gaNadt1EC5JlWcDcgxx6dKp5IWWWGD76OIgkZM1TALkp7oF-UoA_&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA

especially after preliminary (although inconclusive) studies at the beginning of the year seemed to point towards this direction.¹⁵ In all Kenyan communities, eating of bats and snakes is considered not only taboo but a transgression of the laws of nature.¹⁶

It is in this context that one of the earliest narratives that emerged to explain the cause of the pandemic was linked to race. The experience related to the first reports of the COVID-19 outbreak in China, which associated the disease to consumption of contaminated bat meat. In the first months of 2020, Kenyan social media was awash with pictures and videos of markets in China selling (and even people eating) assorted animals.¹⁷ Their meat was considered taboo in Kenyan contexts. Therefore, the pandemic was seen as a form of punishment for Chinese people, for eating forbidden foods. Notably, the virus was seen as a culture-specific problem, caused by a specific transgression, foreign to Kenyans, targeting only Chinese people. Thus, COVID-19 was seen as a Chinese problem, and for this reason, there was no need for any action to prevent or even prepare for the infection within the Kenyan community.

Closely related to the notion that COVID-19 was divine punishment for



VikkieTaj
@VikkieMbogo

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

13:35 · 13 Mar 20 · Twitter for Android

eating forbidden foods, was the
'processed foods hypothesis'.
According to this hypothesis,
people of Caucasian origin are
genetically weak because they
consume processed foods, as
opposed to Africans who eat

natural foods that strengthen the body's immunity. There is a general belief in Kenya that Caucasians' diets are predominantly made up of processed

¹⁵ See Maron, D F (2020) 'Wet markets' likely launched the coronavirus. Here's what you need to know.

April 15, 2020. Available at: <https://www.nationalgeographic.com/animals/2020/04/COVID-19-linked-to-chinese-wet-markets/>

¹⁶ Rashid and Galal (2015) *ibid*

¹⁷ See for example social media video 'WUHAN MARKET Before COVID-19'. January 30, 2020. Available at: <https://youtu.be/0V7fyjaFOwQ>

foods, pastries and deep-fried foods. Therefore, according to this hypothesis, Africans are generally resistant to flu-like infections because of their diet, predominantly comprising of natural foods¹⁸.

Another narrative related to the origins of the pandemic was the conspiracy theory that linked the disease to geopolitical wars involving the United States of America, China and Russia.¹⁹ Probably the most prominent proponent of this conspiracy theory was Tanzania's president John Pombe Magufuli. On 3rd May 2020, in a live television broadcast, also streamed live on YouTube, President Magufuli argued that COVID-19 is entirely a foreign conspiracy to perpetuate the lie.²⁰ In the video, he argues that the conspiracy was perpetrated with domestic collusion from 'some healthcare workers and scientists who may have been put on the payroll of imperialists.' According to him, the West even sent fake test kits to Africa, kits that gave false-positive results, just to create panic in Africa.

To prove his conspiracy theory, he revealed that he had secretly provided non-human samples for the COVID-19 test. These samples included goat and even pawpaw extracts.²¹ According to President Magufuli, all the samples tested positive for COVID-19, casting severe doubts on the credibility of the tests. Indeed, Tanzania stopped its mass-testing program forthwith.

¹⁸ @VikkieMbogo (2020) Tweet available at:

<https://twitter.com/VikkieMbogo/status/1238413364000436224?s=20>

¹⁹ <https://www.theatlantic.com/ideas/archive/2020/04/chinas-COVID-19-conspiracy-theories/609772/>

²⁰ <https://youtu.be/DbSZd8oyaGE>

²¹ Aljazeera. (2020). *Tanzania president questions COVID-19 kits after animal test*. Available at:

<https://www.aljazeera.com/news/2020/05/tanzania-president-questions-COVID-19-kits-animal-test-200503174100809.html>

The Myth of Black Immunity

COVID-19 has been racialised in some countries in Africa, and Kenya is no exception. Some Kenyans believed that certain segments of the



population, such as people of African descent, were immune to infection. This Black immunity myth to pain and disease is not new²². It has previously been used to justify atrocities such as slavery and is still bandied around by some today.



The centuries-old belief in physiological differences in the races has continued to mask the dangerous effects of discrimination and structural inequities. COVID-19 risk narratives have flowed right through the existing social beliefs structures, creating grounds of conceptualising race as a risk factor. Kenyans saw themselves as immune to the disease²³. They believed the African immune system could be attributed to the hardships that Africans generally face, which make them hardy and resistant to ‘small’ infections such as flu-like diseases.

²² Dr Thomas Hamilton, for instance, was obsessed with proving the existence of physiological differences between Black and white people. He tried to use science to prove that differences between Black and white people went beyond culture and were more than skin deep, insisting that Black bodies were composed and functioned differently from white bodies. The myth brought misconceptions like Black people had larger sex organs and were, therefore, more prone to promiscuity; smaller skulls implying less intelligence; smaller lungs that could be strengthened through hard work, therefore justifying forced labour; higher tolerance for heat, as well as immunity to some illnesses and diseases. All the aforementioned perceived differences were used to justify the ill-treatment of Black slaves Villarosa, L. (2019). *Myths about physical racial differences were used to justify slavery*. August 14, 2019. New York Times Magazine. Available at: <https://www.nytimes.com/interactive/2019/08/14/magazine/racial-differences-doctors.html>

²³ @okothkelvin_ (2020) Tweet no longer available: https://twitter.com/okothkelvin_

The Black immunity narrative appeared to get a shot in the arm when a story emerged that a Cameroonian student Senou, studying in China was cured of COVID-19, ostensibly because he had Black skin²⁴. This arose because of widespread allegations that the Chinese doctors who were attending to him claimed that Senou stayed alive because of his blood genetic composition, familiar to sub-Saharan Africans. The social media conversations around this particular student, some of which are captured

Zanomoya KaTshatshu Mditshwa
11 February · 🌐

OUR MELANIN IS OUR DEFENSE

"SENOU (pictured here) is a young Cameroonian student in China recently infected with # Coronavirus he was released from 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. Ase

Sean Bwalya shared a link.
3 hrs

WE THE ORIGINAL PEOPLE

CITYSCROLLZ.COM
Chinese Doctors Confirmed African Blood Genetic Composition Resist Coronavirus After Student Cured

39 10 Comments 85 Shares

²⁴ See *Zambian Eye* (2020) African Blood Resist Coronavirus. February 15, 2020. Available at: <https://zambianeye.com/african-blood-resisit-coronavirus/> ; Reuters Fact Check (2020) False Claim: African Skin Resists the Coronavirus. March 10, 2020 Available at: <https://www.reuters.com/article/uk-factcheck-coronavirus-ethnicity/false-claim-african-skin-resists-the-coronavirus-idUSKBN20X27G> and Namibia Fact Check (2020) FALSE: Dark skin and African genes do not prevent coronavirus infection. March 10, 2020. Available at: <https://namibiafactcheck.org.na/report/false-dark-skin-and-african-genes-do-not-prevent-coronavirus-infection/>

in the snapshot above, demonstrate a widespread perception that indeed he was healed because of his Black heritage.

The Black immunity narrative gained further credence in Kenya with the handling of the pandemic by Kenya's next-door neighbour, Tanzania. Tanzania's president John Magufuli argued that Africans were resistant to the disease, which he called just another type of flu, and urged Tanzanians to use African herbs to treat the disease, insisting that Africans have always successfully treated similar diseases in the same way.²⁵ Arguing that Africans cannot die from flu, he further disclosed that his son had been diagnosed with COVID-19 positive, but had self-medicated with herbs. A statement from such a figure of authority carries a lot of weight in an African setting. Addressing worshipers at a church in the capital Dodoma, the president claimed:

*"The corona disease has been eliminated in Tanzania, thanks to God."*²⁶

Since then, Tanzania has maintained that there are no COVID-19 cases in the country. The Government has fully opened up the economy. The Tanzanian case has only served to strengthen the racialised narrative in Kenya, that Black Africans are immune or resistant to COVID-19.

The Black immunity narrative was also justified by the 'processed foods' angle, in which proponents claimed that the disease only affected Caucasian people because they ate processed foods. This narrative gained momentum when the earlier statistics of COVID-19 infections in Kenya showed that most of the infections were concentrated in Nairobi and Mombasa cities,²⁷ where the people who inhabited there were believed to rely heavily on processed foods. Furthermore, the statistics indicated that

²⁵ BBC (2020) *Magufuli declares Tanzania free of COVID-19 thanks to prayers*. Retrieved from BBC: <https://www.the-star.co.ke/news/africa/2020-06-08-magufuli-declares-tanzania-free-of-COVID-19-thanks-to-prayers/>

²⁶ Ibid.

²⁷ Ministry of Health (2020). *Nairobi and Mombasa records high cases of COVID-19 Nairobi*. Available at <https://www.health.go.ke/nairobi-and-mombasa-records-high-cases-of-COVID-19-nairobi-wednesday-june-24-2020/>

even in Nairobi, there were very few reported cases in informal settlements, where people relied heavily on staple food, *ugali*. The myth that COVID-19 only infected Caucasians because they ate processed foods was therefore strengthened by the infection trends as captured in the daily statistics released by the government in the early days of the pandemic. From the statistics, it was apparent that the disease was not affecting people in rural areas and informal settlements. Government efforts to explain that the infection trends were an indication that the disease was still confined to people who had recently travelled from abroad, and their close contacts, appeared to fall on deaf ears. The most distressing fact, however, is that even when statistics showed that infections were spreading to rural areas and informal settlements, this myth persisted.

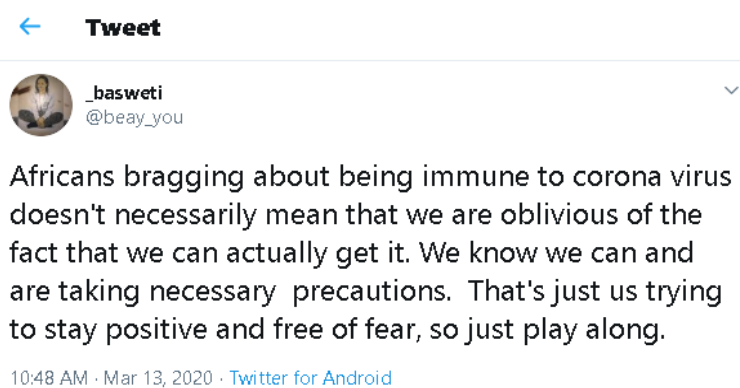
This does not, however, mean that this perception that Africans are immune or resistant to the disease was the only narrative in Kenya. The government, non-governmental agencies, and like-minded individuals made concerted efforts to counter this narrative. These were based on scientific evidence, which trashed the selective immunity narrative. For instance, in an AFP post that was widely circulated in Kenya quoted a doctor from a research centre specialised in analysing suspected cases of COVID-19 in Dakar, Senegal, who averred:

“...there is no scientific evidence to suggest that Black people have a better chance of fighting the virus.”²⁸

²⁸ Cadre, A.-S. F. (2020). *Black people aren't more resistant to novel COVID-19*. Available at: <https://factcheck.afp.com/Black-people-arent-more-resistant-novel-COVID-19>

AFP also quoted Professor Amadou Alpha Sall as saying ‘There’s no scientific evidence to support this rumour.’²⁹In other examples, individual Kenyans similarly engaged in the discussions casting doubts on the Black immunity narrative³⁰.

The perceived Black immunity and resistance



to COVID-19 may have affected the general state of preparedness in Kenya since it could have contributed to the almost casual way in which the pandemic has been handled in communication spaces. As evidenced from the foregoing discussion, Kenyans may have failed to accord the pandemic the seriousness it deserved, in the belief that it is a Caucasian problem.

Secondly, racialisation also appeared in narratives which underpinned with the ideas that the disease is not for people in Kenya. Therefore insisting that it is a white man’s problem, and the geographical origin of the pandemic facilitated this. However, when the disease landed in Kenya, claims then categorized the risks to a social class issue. The experience then painted a picture that the virus only belongs to the rich.

Thirdly, racialisation appears in the way the information about the novel Coronavirus was handled at the beginning of the pandemic. Misinformation took centre stage as it was being peddled online mostly from Global North-Global South, the narrative of the healed Cameroonian student living in China, seen as cured ‘because he has Black skin’ set the pace for racialised narratives surrounding the Black immunity theme.

²⁹ Ibid

³⁰ @beay_you (2020) Tweet available at:
https://twitter.com/beay_you/status/1238371348902223872?s=20

Anti-Chinese Sentiments related to COVID-19

According to the Collins English dictionary, Sinophobia is a fear or dislike of China, or Chinese people, their language or culture. The complicated relationship between Chinese and Kenyans has been complicated further by the origination of COVID-19 in Wuhan China.³¹ The perception that COVID-19 originated in China has brought to the forefront the reality of Sinophobia in Kenya, with Chinese nationals exposed to attacks, mostly on social media, and being on the receiving end of stigma.³²

One incident that sparked these widespread attacks was the February arrival at the Jomo Kenyatta International Airport (JKIA) of 239 Chinese nationals in Kenya onboard a China Southern Airlines plane from Guangzhou, China. All passengers were released upon arrival, without screening for COVID-19 or undergoing quarantine. The entire incident, including the plane's landing, was captured in a secret video recording by a security guard at the airport.³³

When the video appeared on social media, it sparked outrage, with Kenyans expressing anger and disappointment at the airport authorities. Indeed, Boniface Mwangi, an activist, posed a question to Kenyan leader Uhuru Kenyatta:

³¹ The Guardian (2020) How did COVID-19 start and where did it come from? Was it really Wuhan's animal market? Available at: <https://www.theguardian.com/world/2020/apr/28/how-did-the-COVID-19-start-where-did-it-come-from-how-did-it-spread-humans-was-it-really-bats-pangolins-wuhan-animal-market>

³² The China-Africa Project (2020) Chinese in Kenya Face Stigmatization and Discrimination Due to COVID-19. Available at: <https://chinaafricaproject.com/2020/03/03/chinese-in-kenya-face-stigmatization-and-discrimination-due-to-COVID-19/>

³³ See 'Chinese Plane With 239 Passengers Lands at JKIA'. February 26, 2020. Available at: <https://youtu.be/WRKFpSaq0AE>

*“Does Uhuru love this country? Because if he did, no Chinese flight would be allowed to land in Kenya as long as the COVID-19 remains a threat. Our health system can’t handle a COVID-19 outbreak”.*³⁴

Another citizen, Nick Nimrod, chimed in, stating:

*“Just imagine China -- with all the first-class resources, they haven’t managed to contain the virus from spreading for a whole two months...Now imagine how long it will take Kenya...How long Nairobi will be a ghost town...How bad the economy will hit us.”*³⁵

Similarly, a Kenyan member of parliament (MP) argued that the government had failed to protect the people from COVID-19. He went ahead to incite the locals of his constituency against the Chinese. Mavoko constituency’s MP Patrick Makau took to twitter to speak more about the issue:



The post goes on to propagate violent Sinophobia in Makau Constituency:

³⁴Quoted in AA (2020) *Uproar as Chinese plane lands in Kenya with 239 onboard*. February 28, 2020. Available at <https://www.aa.com.tr/en/africa/uproar-as-chinese-plane-lands-in-kenya-with-239-onboard/1747746>

³⁵ Ibid

“Because the Kenya Government has failed or refused to protect us. I call upon all Mavoko residents to be vigilant and stay away from these Chinese. If you see them, stone them and chase them away to stay in their houses.”³⁶

The incident of Chinese nationals being allowed into Kenya without screening for COVID-19 led to three cases being filed against the Kenyan government at the High Court in Kenya.³⁷ The petitioners wanted the court to bar travellers from China and other COVID-19 hotspots from entering the country. The Law Society of Kenya, two doctors and a lawyer filed the cases at the High Court. They all sued Cabinet Secretaries for Health, Transport and Interior, Kenya Airports Authority and the Attorney-General. In all the three cases, the petitioners pointed out that a China Southern Airlines plane landed in Nairobi on Wednesday with 239 passengers contrary to the global travel advisory issued by the World Health Organisation (WHO) in mitigating risks against the spread of the virus.³⁸ Justice Makau granted the request and suspended China Southern Airlines flights.

However, sinophobic sentiments came to the fore during other incidences. Indeed, on 18 March 2020, there were concerns by members of the public in Kitui County, located east of Nairobi.³⁹ The concerns were sparked by reports that six Chinese nationals returning from China had been allowed into the country without being screened or quarantined. Some of the arrivals were employees of a Chinese firm, Sino Hydro Construction Company that was undertaking a road construction project in Kitui County. There were reports that one of the new returnees was critically ill at the firm’s compound, but healthcare personnel who went to assess him were denied access to the compound. This incidence triggered a public outcry,

³⁶ Makau, P (2020) Tweet available at:

https://twitter.com/hon_Makau/status/1232969161808191488?s=20

³⁷ The Star (2020) *Medics want Omamo, Macharia charged with attempted mass murder*. February 28, 2020.

Available at: <https://www.the-star.co.ke/news/2020-02-28-medics-want-omamo-macharia-charged-with-attempted-mass-murder/>

³⁸ The Citizen (2020). *Kenya’s High court suspends flights from China*. Retrieved from

<https://www.thecitizen.co.tz/news/COVID-19-Kenya-s--High-Court-suspends-flights-from-China/1840386-5472518-92avetz/index.html>

³⁹Ibid.

with members of the public marching to the compound to 'evict' the Chinese. Protestors interviewed in the local press stated:

"...even if these people have been tested at the point of entry, we afford to take chances. The locals are worried because they are mingling with these Chinese who are coming from regions with COVID-19 outbreak".

"...they have isolated only the one who is critically sick. The rest are roaming freely on the Kitui-Mutomo road as they perform their normal duties."⁴⁰

In a similar incidence, an amateur video aired on BBC News appeared to show an agitated crowd confronting a Chinese-looking couple in Nairobi, and accusing them of having COVID-19. The video, which was widely circulated on social media, begins with unidentified individuals in a crowd shouting at the Chinese couple, and the Chinese man trying to film the crowd. When the victim realised that his female companion could be in danger, he rushed to her aid. He later stood up to the most aggressive member of the crowd and shouted back that they do not have corona.⁴¹

The most interesting aspect of the Sinophobia in Kenya is the contradictory fact that many of the first cases of the virus were linked to European, rather than Chinese travel, as was the reality elsewhere in sub-Saharan Africa.⁴² I observed that there is no equivalent anti-European feeling. Therefore, it was my understanding that the sinophobic sentiments could be more

⁴⁰ Daily Nation. (2020). *Chinese national quarantined in Kitui amid COVID-19 fears*. Retrieved from Nation: <https://www.nation.co.ke/kenya/news/chinese-national-quarantined-in-kitui-amid-COVID-19-fears--251562>

⁴¹ See 'Chinese In Kenya Harassed, Labelled Corona Virus (VIDEO)'. March 3, 2020. Available at: <https://youtu.be/jd-npYbfXIQ>

⁴² See for examples WHO Africa (2020) *A second COVID-19 case is confirmed in Africa*. February 25, 2020. Available at: <https://www.afro.who.int/news/second-COVID-19-case-confirmed-africa> and

BBC News (2020) *COVID-19: Nigeria confirms first case in sub-Saharan Africa*. February 28, 2020. Available at: <https://www.bbc.com/news/world-africa-51671834>

deep-rooted and attributed to the general feeling among ordinary Kenyans that their leaders are auctioning Kenya to the Chinese.⁴³

Experiences of racialisation appear first in the way Kenyans developed fear against the Chinese, 'the other,' more so because they believed that the virus originated from China, even though the first incidences of Corona in Africa did not come from the Chinese. Secondly, the Chinese appeared to get special treatment from the government, with the government shielding and allowing them to enter the country without any scrutiny. As showed in this section, such experiences served to fan the fire of Sinophobia in Kenya.

Government Response to COVID-19

This study analysed government reaction to COVID-19 to identify any racialised perspectives. This was done by looking at policies, rules and directives, and then assessing how the same was communicated to the public. The study also reviewed the public perception of government communication.

Three days after reporting its first COVID-19 case, Kenya confirmed two more cases. President Uhuru Kenyatta announced sweeping measures restricting movements in the country.⁴⁴ These included nationwide dusk to dawn curfew (7 pm - 5 am); suspension of international flights, except for returning Kenyan Citizens and foreigners with valid residence permits (however, such returnees were required to self-quarantine in government-

⁴³ @kenjapala (2020) Tweet available at:

<https://twitter.com/kenjapala/status/1252870717592399873?s=20>

⁴⁴ See the Press Brief (2020). Address to the nation by HEE Uhuru Kenyatta, CGH, President of the Republic of Kenya and Commander-in-Chief of the Defence Forces on COVID-19, commonly known as COVID-19 at Harambee House, Nairobi on 15th March 2020. Available at:

<https://www.president.go.ke/2020/03/15/address-to-the-nation-by-h-e-uhuru-kenyatta-c-g-h-president-of-the-republic-of-kenya-and-commander-in-chief-of-the-defence-forces-on-COVID-19-commonly-known-as-COVID-19/> and

Gardaworld (2020) President Uhuru Kenyatta orders nationwide overnight curfew from March 27 to prevent spread of COVID-19; flight suspensions and border closures in effect. Available at:

<https://www.garda.com/crisis24/news-alerts/326636/kenya-overnight-curfew-to-come-into-effect-march-27-update-8>

designated quarantine facilities for 14 days)⁴⁵; closure of all face-to-face learning activities in schools and colleges; closure of entertainment venues including restaurants, clubs and bars; and restrictions on public gatherings such as weddings and funerals. Furthermore, employers were encouraged to allow their employees to work from home, except for employees providing essential services. In addition to these restrictive measures, the Kenya Ministry of Health (MoH) provided COVID-19 risk preventive guidelines and advised the public to adhere to them. The guidelines included washing hands with soap and water, or using alcohol-based hand sanitisers; maintaining a physical distance of at least 1 meter from the next person; maintaining good respiratory hygiene by covering mouths and nose while coughing and sneezing into a handkerchief, tissue, or flexed elbow; wearing facemasks when in a public place, and staying at home.

While these measures were intended to keep infections at the minimum, some members of the public perceived them to be draconian.⁴⁶ According to Human Rights Watch, for instance, Kenya's government had adopted a dictatorial approach and demonstrated a preference for obedience rather than informed consent.⁴⁷ The organisation counselled the government to enlighten the public on its decisions, instead of issuing orders like a colonial regime. The colonial analogy was used to refer to the approach taken to manage outbreaks of the bubonic plague in Kenya in the early 20th century, during which the colonial administration resorted to harsh measures such as burning the dwellings of Africans; forced quarantines; and compulsory vaccinations.⁴⁸

⁴⁵See Public Order Act

http://kenyalaw.org/kl/fileadmin/pdfdownloads/LegalNotices/2020/LN36_2020.pdf

⁴⁶ Daily Nation. (2020). It's business as usual as Kenyans snub stay home orders. March 27, 2020. Available at: <https://www.nation.co.ke/news/Kenyans-snub-Kagwe-stay-at-home-orders-COVID-19-/1056-5501980-101yfupz/index.html>

⁴⁷ Human Right Watch (2020) Kenya: Police Brutality During Curfew. April 22, 2020. Available at: <https://www.hrw.org/news/2020/04/22/kenya-police-brutality-during-curfew>

⁴⁸ Gathara, P (2020) Kenya's COVID-19 strategy is straight out of the colonial playbook. *The Washington Post*. March 25, 2020. Available at:

The Kenyan government has used its daily briefings to announce increasingly stringent 'directives' while lamenting lack of cooperation by members of the public and threatening dire punishments.⁴⁹ Like its colonial predecessor, the government of Kenya does not seem to be keen on sharing and articulating its plans. It is instead creating the impression of being more hell-bent on imposing a state of emergency.⁵⁰

This perceived draconian approach was worsened by the initial response of the Kenya Police Service (KPS). In the first few days of the nationwide curfew, both mainstream and social media were awash with videos⁵¹ and pictures of police officers brutalizing members of the public with whips, batons and teargas in the name of enforcing the curfew. It was reported that at least six people died from police violence during the first ten days of Kenya's dusk-to-dawn curfew.⁵² One of the victims was a 13-year old boy, Yassin Hussein Moyo, shot dead while standing at the balcony of his home, watching the police enforcing the curfew in Kiamaiko, one of Nairobi's informal settlements.⁵³ This high-handedness by the police further reinforced the colonial analogy.

The COVID-19 containment measures announced by the government also brought to the fore pre-existing social and racial inequalities. One area in which these inequalities were very pronounced was in the education sector. There was a general perception that while the closure of all schools resulted in a stoppage of learning in public schools, international schools quickly shifted their mode of delivery to online platforms. Social Media was awash with comments to the effect that learners in international schools

<https://www.washingtonpost.com/opinions/2020/03/25/kenyas-coronavirus-strategy-is-straight-out-colonial-playbook/>

⁴⁹ See 'CS Matiang'i warns of tough action against those flouting COVID-19 rules. April 17, 2020.

Available at: <https://youtu.be/0fJuEXiGwII>

⁵⁰ Human Right Watch. (2020) *ibid*

⁵¹ *Ibid*.

⁵² *Ibid*

⁵³ Daily Nation. (2020). *Family distraught after teenager allegedly shot by police dies*. May 13, 2020.

Available at: <https://www.nation.co.ke/kenya/news/family-distraught-after-teenager-allegedly-shot-by-police-dies-283848>

were continuing with learning activities while those in public schools were languishing at home.⁵⁴

This scenario came about because of the abruptness of the closure, which caught public schools unprepared and lacking the technical and financial capacity to shift learning to online platforms quickly. The government tried to address these inequalities by urging mainstream media houses to provide lessons on their platforms and collaborated with stakeholders to facilitate digital platforms where learners would access educational content. However, these efforts fell short because of poor connectivity and access to electricity in rural areas.⁵⁵

Intriguingly, some people used the containment measures to justify the perception that COVID-19 only affected Caucasians and Africans of higher social status. While restrictions like the ban on international travel and closure of entertainment spots seemed to target Caucasians and upper-class Africans, other measures like working from home, physical distancing, and hygiene precautions were not favourable to ordinary Kenyans. For instance, the working from home requirement was seen as being particularly severe for ordinary Kenyans, who live from hand to mouth, and have to work daily to survive. An Aljazeera report in Kibera, the largest informal settlement in Nairobi, captured this experience. In an interview, Santos, a resident in Kibera slum, stated that:

“If you earn one dollar you can’t save it, the majority of the area’s residents must travel daily to their jobs. We don’t know if people working in the city

⁵⁴ In Kenya, International schools are typically associated with learners of Caucasian descent, in addition to Africans from the upper social class.

⁵⁵ See Viusasa (2020) ELIMU: Viusasa provides FREE learning platform for students as schools remain closed over COVID-19. April 2, 2020. Available at: <https://viusasanews.co.ke/news/elimu-viusasa-provides-free-learning-platform-for-students-as-schools-remain-closed-over-coronavirus/> and Kanali, N. (2020) Safaricom, Eneza, Longhorn And Viusasa Partner To Enable Free Access To Educational Content. April 2, 2020. Available at: <https://techtrendske.co.ke/safaricom-eneza-longhorn-and-viusasa-partner-to-enable-free-access-to-educational-content/>

centre will bring it [virus] back with them. When they come back in the evening, we are scared to interact with them.”⁵⁶

Similarly, the physical distancing requirement was difficult to apply, especially in such informal settlements, which are typically overcrowded. When asked whether social distancing was being practised, Santos laughed and stated:

“That’s not possible in the slums, when we are getting water it’s one metre apart. We live room to room, we are sharing one wall. To work we must board the boda bodas [motorbikes], we must board the matatus [minibuses]. In the slum we must interact with other people.”⁵⁷

In many parts of rural Kenya, as well as in informal urban settlements, Kenyans continued to mingle and socialise, ignoring the government’s stay at home and physical distancing directives. For instance, in a viral video, a police officer known as Mike Lekalaille was seen driving with a megaphone, through Eldoret West open-air market in Eldoret town, Uasin Gishu County, appealing to people to go back home and stay there.⁵⁸

Furthermore, the recommended hygiene practices require resources such as a constant supply of soap and running water, which is scarce in rural areas and informal urban settlements.

⁵⁶ Aljazeera (2020). ‘No work, no food’: For Kibera dwellers, quarantine not an option. March 20, 2020. Available at: <https://www.aljazeera.com/news/2020/03/work-food-kibera-dwellers-quarantine-option-200320052738905.html>

⁵⁷ Ibid

⁵⁸ See video available at: <https://youtu.be/SvQ77cJkPwI>



The government of Kenya reinforced and encouraged adherence to containment measures. One strategy was to fill information gaps as part of the aforementioned risk prevention guidelines. They recognised a need for the creation of a unified communications strategy to amplify the government’s message on how to stay safe and limit the spread of the

virus⁵⁹. This strategy included a multi-channel communications campaign, using radio, television, billboards, and digital platforms. The campaign had a broad appeal, recruiting influencers such as comedians and other public figures. A call centre was set up to enhance communication on COVID-19, where members of the public were advised to reach the call centre by dialling 719 for audio messages or *719# for short messages.

While this government communication strategy was most effective in creating awareness on COVID-19, it was not without hiccups. One glitch was related to the announcement in April 2020, of the first two patients to recover from the disease.⁶⁰ The announcement was followed by a flurry of media appearances by the two recovered patients. The two seemed to be ill-prepared for their newfound public status, as evidenced in the contradictory information that they gave to different media houses.

For example, during an interview on NTV television, Brenda, one of the recovered patients, disclosed that she was 27 years old.⁶¹ However, appearing later on Citizen television’s JKL Live show, she revealed that she was 26 years old.⁶² Another contradiction was in Brenda’s stated relationship with Brian, the other recovered patient. Furthermore, during

⁵⁹ The image is of the Government poster campaign on social media.

⁶⁰ See Ministry of Health (2020) First coronavirus patient in Kenya leaves hospital after testing negative. Nairobi, April 1 2020. Available at: <https://www.health.go.ke/COVID-19-recoveries/>

⁶¹ See video of the interview: <https://youtu.be/sLnuFwOKIQ>

⁶² See video of the interview: <https://youtu.be/zqPfi2ITOF0>

the interview on NTV, Brenda revealed that Brian was her boyfriend. That they met before their COVID-19 debacle and he had even come to receive her at the airport when she recently returned to the country from the U.K. She added that Brian had visited her house twice between the time she arrived back in the country and the day she was diagnosed with COVID-19. However, later during the JKL Live show, her story changed, and she claimed that they first met at the COVID-19 isolation ward. She further revealed he had only been to her house twice before the whole incident. Furthermore, while Brenda claimed that she was in the isolation ward for 23 days, the government contradicted this and said she had been admitted for 18 days.⁶³



Such inconsistencies led to a backlash on social media, where Kenyans trolled them, accusing them of lying and ‘enjoying’ their new ‘celebrity status’.⁶⁴ This incidence reinforced the cynicism among

ordinary Kenyans, and somewhat set back the government publicity campaign.

Instead of celebrating their recovery, Kenyans viewed the whole event as a public relations stunt stage-managed by the government. They cast some doubts on previous government communication, especially those related

⁶³ Kenya News. (2020). Kenyans react to Brenda and Brian’s contradicting stories on COVID-19 and isolation. April 2, 2020. Available at: <https://kenyanews.co.ke/entertainment/kenyans-react-to-brenda-and-brians-contradicting-stories-on-coronavirus-and-isolation/>

⁶⁴See newspaper articles Agutu, N. (2020). *COVID-19: Kagwe hits out at KOT for mocking Brenda and Brian*. Available at: <https://www.the-star.co.ke/COVID-19/2020-04-02-COVID-19-kagwe-hits-out-at-kot-for-mocking-brenda-and-brian/> and Njeru, B & Asamba, M (2020). *Brenda Ivy Cherotich, now popularly known as Kenya’s first COVID-19 patient and Brenda trolled after going public about being Kenya’s recovered COVID-19 patient*. Available at: <https://www.standardmedia.co.ke/article/2001366649/brenda-cherotich-recovered-COVID-19-patient-raises-a-storm>

to statistics on new infections.⁶⁵

Racialised Cure and Vaccine Narratives

In analysing narratives on the cure of COVID-19 in Kenya, it is crucial to explore the spiritual basis of the conceptualization of illness and disease, which is heavily influenced by religion (predominantly Christianity and Islam) and cultural folklore. In Kenyan belief systems, there is a close symbiotic relationship between physical and spiritual health, with both influencing each other. Thus, health and well-being are not strictly biological and are believed to be influenced by an interaction between man and both natural and supernatural forces. Some illnesses are considered punishment for man's transgressions, especially when such illnesses are inexplicable, or affect a large proportion of the population. For instance, in Christianity, Egyptians are believed to have been punished through ten afflictions, including locust invasion, diseases and even death, when the Egyptian Pharaoh refused to release the Israelites from captivity. Similarly, many Kenyan communities attribute some afflictions to transgressions against the laws of nature⁶⁶.

⁶⁵ Standard Media. (2020). *I am saddened that Kenyans have made a mockery of Brenda and Brian's recoveries* — Mutahi Kagwe. Available at: <https://www.standardmedia.co.ke/ureport/article/2001366643/i-am-saddened-that-kenyans-have-made-a-mockery-of-brenda-and-brian-s-recoveries-mutahi-kagwe>

⁶⁶ Rashed, T. G., and M. Galal (2015) 'Culture and health: A study in Medical Anthropology in Kenya'. Annual International Conference of the Institute of African Research and Studies 'Human Security in Africa', Institute of African Research and Studies, Cairo University, Egypt, 26- 28 May 2015. Available at: [https://d1wqtxts1xzle7.cloudfront.net/63624940/Culture and Health A study in Medical Anthropology of Kenya 20200614-91461-1hr3imi.pdf?1592152574=&response-content-disposition=inline%3B+filename%3DCulture and Health A study in Medical An.pdf&Expires=1597151799&Signature=DKFfFHbj36m27U3nIoIy66jZF5nkzzq8oUKUo-71g~l515rgaOy8SqCK5xMzU-sGd~m960mjHT2H-OqBz6hCj41NdTT6VHvqAB-N-HKDot6Fi-cf6j4OoXwair0SaRBFZKiwujx3b5YO2OCMnM3M-lqrgob7MEapqJZdeu8mzxroF6DZ4TMJ5s1zPybOpANHyqy4uE13xYbnZAUTptgEO5yOe~-4CIWMoZuKiIEE5QWctbvCiX4vyd4pmmertWKaYkoFkJKZjtUNBnJofALkU2vLj6xdbV~Tj6gaNadt1EC5JlwCdcgxx6dKp5IWWWGD76OIgkZM1TALkp7oF-UoA &Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA](https://d1wqtxts1xzle7.cloudfront.net/63624940/Culture%20and%20Health%20A%20study%20in%20Medical%20Anthropology%20of%20Kenya%2020200614-91461-1hr3imi.pdf?1592152574=&response-content-disposition=inline%3B+filename%3DCulture%20and%20Health%20A%20study%20in%20Medical%20An.pdf&Expires=1597151799&Signature=DKFfFHbj36m27U3nIoIy66jZF5nkzzq8oUKUo-71g~l515rgaOy8SqCK5xMzU-sGd~m960mjHT2H-OqBz6hCj41NdTT6VHvqAB-N-HKDot6Fi-cf6j4OoXwair0SaRBFZKiwujx3b5YO2OCMnM3M-lqrgob7MEapqJZdeu8mzxroF6DZ4TMJ5s1zPybOpANHyqy4uE13xYbnZAUTptgEO5yOe~-4CIWMoZuKiIEE5QWctbvCiX4vyd4pmmertWKaYkoFkJKZjtUNBnJofALkU2vLj6xdbV~Tj6gaNadt1EC5JlwCdcgxx6dKp5IWWWGD76OIgkZM1TALkp7oF-UoA &Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA)



1/3 President Uhuru Kenyatta has asked Kenyans wherever they are to continue praying for the country, saying it is good to pray together as a nation. He urged Kenyans to always remember that when a nation trusts in God, it prospers.

#NationalPrayerDay



4:42 PM · Mar 21, 2020 · TweetDeck

Not surprisingly, when COVID-19 arrived in Kenya, this close relationship between physical and spiritual health came to the fore very strongly. Some people believed that spiritual intercession was the only way to prevent and even cure the disease. Kenyans experienced interventions embedded in

spirituality and religious frameworks. Indeed, at the national level, President Uhuru Kenyatta hosted a National prayer day at Statehouse in Nairobi, on 21 March 2020. The event, attended by a cross-section of religious leaders including Muslims, Christians and even Hindu, was broadcast live on all leading television and radio stations in Kenya.⁶⁷

At a community level, cultural elders of several ethnic groups in Kenya also conducted traditional prayers at their respective shrines. For instance, the Njuri Ncheke, the traditional elders of the Meru ethnic group in the eastern region, held a cleansing ceremony in a sacred forest to ward off the ‘evil spirit’ of COVID-19. Separately,⁶⁸ on 1 May 2020, the Kikuyu Council of Elders met near River Chania in Thika to perform rituals meant to ‘rid Kenya of COVID-19’.⁶⁹ Elsewhere elders of the Miji Kenda in Kenya’s coast region, conducted traditional rituals in the community’s sacred forest, cursing the COVID-19 evil spirit. Such elders also claimed to have a cure for the disease, with some citing the use of herbs, which cured a disease with similar symptoms to COVID-19, which plagued the region in the 1950s.⁷⁰

⁶⁷ See Citizen TV Kenya Tweet available at:

<https://twitter.com/citizentvkenya/status/1241332152685428737?s=20>.

⁶⁸ See ‘Njuri Ncheke elders conduct prayers in Nyambene forest to ward off Coronavirus’. April 19, 2020. Available at: <https://youtu.be/oe8SbEa1AfE>

⁶⁹ See K24 TV video. Tweet available at: <https://twitter.com/K24Tv/status/1256169497888796672>

⁷⁰ Ndegwa, S (2020) Religion and culture plague Africa’s fight against COVID-19. CGTN. April 26, 2020. Available at: <https://news.cgtn.com/news/2020-04-26/Religion-and-culture-plague-Africa-s-fight-against-COVID-19-PZNaKEiRFe/index.html>

The argument for herbal treatment of COVID-19 gained momentum when Madagascar declared a cure, derived from herbal extracts. Madagascar's president, Andry Rajoelina, announced that:

"... patients who took COVID-Organics got healed..... the patients tend to heal [in] seven to 10 days...More than 20 African countries have placed orders for COVID-Organics, including the Republic of Congo, Equatorial Guinea and Tanzania." ⁷¹

The Madagascan declaration spurred both excitement and controversy on social media. In the first instance, some Kenyans blamed the Kenya government for downplaying the Madagascan herbal cure, and instead preferring remedies from the West, such as Remdesivir, a U.S. drug whose effectiveness in the management of COVID-19 was yet to be confirmed.



The controversy on the Madagascan cure revolved around two fundamental issues related to the racialised conceptualization of health and treatment. First was the source of the purported cure. In the opinion of some Kenyans, the government was not keen on the Madagascar cure

⁷¹ Africa News (2020) Madagascar's COVID-Organics: testimonies and medical caution. May 14, 2020. Available at: <https://www.africanews.com/2020/05/14/madagascar-s-covid-organics-testimonies-and-medical-caution/>

because an African country propounded it, and that the reception would have been different had the herbal cure originated from the West⁷².

Secondly, the packaging of the cure, as an herbal product, did not sit well with some Kenyans who have been socialized to associate the efficacy of medicine to its biomedical packaging in the form of tablets (preferably white!), syrups and injections.

The issues above point toward racial prejudice. Indeed, according to Madagascar's president Rajoelina, the reason why the world did not give his country's miracle herbal formula, the attention it deserves is that it is an African country.⁷³ In Kenya, a large proportion of social media users believed that had Madagascar's COVID-Organics been developed in the U.S., Europe or Asia, it would have been fully embraced and hailed as a significant discovery. Instead, the cure was bombarded with questions about its safety and quality or efficacy.

Closely related to controversies on the COVID-19 cure is the racialised debate on the COVID-19 vaccine. At the beginning of the pandemic, reports suggested that it would take about eighteen months for a vaccine to appear on the market. The debate is fuelled by racial suspicions, with many Kenyans doubting the genuineness of scientists in Europe and Asia. An analysis of social media discussions reveals two main themes surrounding the COVID-19 vaccine, if/when it will come. First, is the belief by many Kenyans that the vaccine will be intended to harm Africans, with some suggesting that it will contain substances aimed at controlling fertility. The second theme is that of safety. Discussions on social media reveal that many Kenyans believe the vaccine will be tested in Africa before being rolled out in Europe and Asia so that in case it is harmful, only Africans will suffer

⁷² Image from Twitter thread available at:

https://twitter.com/Blackculture_X/status/1276914379599089664?s=20

⁷³ Ishiekwene, A. (2020). Racial Prejudice in Quest of Cure for COVID-19 Pandemic? May 20, 2020. In Depth News. Available at: <https://indepthnews.net/index.php/opinion/3556-racial-prejudice-in-quest-of-cure-for-COVID-19-pandemic>

and that it will only be rolled out in Europe after scientists are double sure about its safety, deriving from the trials in Africa.

While the racial suspicions alluded to in the discussion above are historical



and could be traced back to the era of slave trade and colonialism, the heated COVID-19 vaccine debate on social media could be attributed to a video of two French doctors discussing the vaccine. The video, which went viral in Kenya, shows the two doctors suggesting that Africa was the only safe place to push ethical boundaries while developing vaccines (still image provided).⁷⁴

They suggested that any trial for a COVID-19 vaccine should start from Africa, because the continent lacks legislative bottlenecks, and has a weak health support system. The World Health Organization (WHO) chief, who is African, condemned the scientists for what he termed ‘racist remarks that smacked of a hangover from colonialism’.⁷⁵

However, assurances by the WHO about the safety of the vaccine development process did not assuage Kenyans, who took to social media with many racialised comments. As if to add fuel to the fire, the BBC aired comments by medical correspondent Fergus Walsh, suggesting that British scientists could start their COVID-19 vaccine trials in Kenya if tests

⁷⁴ See BBC (2020) Coronavirus: France racism row over doctors' Africa testing comments. April 3, 2020. Available at: <https://www.bbc.com/news/world-europe-52151722> and @johnnjenga (2020) April 4, 2020. Tweet available at <https://twitter.com/nybct/status/1246392383979298816>

⁷⁵ See ‘French doctors suggest testing Covid-19 vaccine in Africa, slammed as racist’. April 3, 2020. Available at: <https://youtu.be/w2GzVKGN1W4>

in the U.K. would not include legal approvals.⁷⁶ These comments attracted an immense backlash in Kenya.

CONCLUSION

From the foregoing discussions, it can be concluded that COVID-19 is largely considered a foreign disease in Kenya, with foreign origins, and primarily affecting foreigners of Caucasian descent. Some even perceived the disease to be a form of punishment targeted at Chinese people for transgressing the laws of nature by consuming prohibited foods.

Furthermore, this report reveals the widely held belief that Africans were physiologically different from Caucasians, and that this difference somehow made them more resistant to certain infections, such as COVID-19. This featured very prominently in discussions in public communication spaces. The notion of Black immunity which started in the Global North was further strengthened by reports of a Cameroonian student who was cured of COVID-19 ostensibly because he was Black, and the handling of the pandemic in Kenya's next-door neighbour, Tanzania. Furthermore, some Kenyans pushed the argument that processed foods weakened the immune system and that since Caucasians and Africans of higher social class relied heavily on processed foods, they were more susceptible to the disease.

Another racialised aspect of the pandemic in Kenya was the stigma directed at people of Chinese descent. Even though these anti-Chinese sentiments did not result in actual violence against Chinese people, it brought to the fore underlying Sinophobia in Kenya. It did result in ugly social media trolls directed at the Chinese and the government of Kenya for protecting Chinese people. The government was also on the receiving

⁷⁶ See Tweets from @AfricaFactsZone and @shertaga available at: <https://twitter.com/AfricaFactsZone/status/1254418012964376584> and <https://twitter.com/shertaga/status/1254442149799759872?s=20>

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

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

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

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