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Covid-19, Public Authority And Enforcement

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The securitization of health is not a new phenomenon. However, global responses to the 2014-2016 Ebola outbreak in West Africa reveal the extent to which epidemic preparedness and response is now shaped by geopolitical concerns. UN Security Council Resolution 2177 epitomizes this. The resolution asserted that "the outbreak is undermining the stability of the most affected countries … [and] the Ebola outbreak in Africa constitutes a threat to international peace and security" (UN 2014: 1). The resolution paved the way for a militarized approach to treatment and containment, one not motivated primarily by the health needs of the affected population but rather by the potential political and social consequences of their health crises for others. It provided justification for forms of public authority to impose quarantine and enforced containment on a large scale.

Are responses to COVID-19 accentuating these trends? To date, UN Security Council Resolutions have not explicitly sanctioned the use of international armed forces to contain COVID-19. Nevertheless, the involvement of national armies and police forces is widespread and unprecedented (Levine and Manderson 2020). Such approaches chime with public health paradigms which historically have not held back from curtailing individual rights in the interests of protecting populations from infectious diseases. In fact, a growing

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body of research, taken together, indicates that it is not unusual for different kinds of democratic and authoritarian regimes to impose quarantine and enforce containment. This body of work also highlights how historical and socio-political dynamics have had profound unintended impacts on the course of epidemics from Avian flu (Scoones and Forster 2010), Ebola (Wilkinson and Fairhead 2017; Parker et al 2019), HIV/AIDS (Allen 2006; Allen and Heald 2004), SARS (Xiang 2003), Cholera (Chigudu 2020) and trypanosomiasis (MacKenzie 1990). Ongoing research in Uganda and South Africa builds on this research. It is vital to analyse the impact of enforcement measures for COVID-19 in relation to past political histories and current sociopolitical dynamics, with a public authority lens, s, i.e. with a focus on those measures which allow for mutual or collective action beyond the immediate family with a degree of consent (CPAID 2018).

To start with Uganda: At time of writing (8 September 2020), Uganda has 3, 667 confirmed cases of COVID-19, and 32 people have died from the disease. President Museveni introduced lockdown before the first case was recorded in the country on March 23, 2020. Schools were closed, religious gatherings and markets suspended, and political rallies prohibited. A 14-day period of quarantine was also imposed on all citizens returning to Uganda from other countries. The president subsequently halted private and public transport, and non-essential movement (even by foot) was discouraged. Importantly, the office of the Prime Minister became the focal point for designing policy to contain the spread of COVID-19, with the head of the armed forces running operations. Soldiers from the Uganda People's Defense Force (UPDF) were deployed to impose lockdown restrictions, with the assistance of local defence units.

These events happened at a politically-charged time. President Museveni came to power in 1986. In 2018, at the age of 73, he passed a law which removed the 75-year age cap for presidential candidates, thereby ensuring that he could run for re-election in the forthcoming 2021 elections. In recent years, he has pursued a policy of threatening, beating up and imprisoning members of the opposition. On July 29, 2020, Bobi Wine, a member of parliament and leader of the People Power movement, published an article in the New York Times highlighting the way in which Museveni was using COVID-19 to assert his authority, and urged "the international community … to rethink its financial, moral and military assistance" to Uganda.

Against this background, it is unsurprising that fieldwork in parts of Kasese, Gulu and Nebbi districts indicates that imposing lockdown with the assistance of the army and local defence units is having mixed results. In Kasese district, UPDF soldiers have been deployed to patrol stretches of the border of Uganda and DRC (gloss); they have had no compunction about beating citizens who have attempted to cultivate fields that they either owned or rented on the DRC side of the border. In Nebbi district, live rounds of ammunition were shot into a weekly fish market, without warning, to dispel crowds, within a few hours of the President announcing the lockdown and before news had even spread that markets were to be closed. Such acts of violence resonate with accounts reported in news media (e.g. Atuhaire 2020; Biryabrema 2020; Wine 2020) and the internet (e.g. https://www.youtube.com/watch?v=r_B0RvLeQ1A).

While there are no confirmed cases of COVID-19 at field sites in Kasese and Nebbi district, there were also very few rumors that COVID-19 is "not real." Instead, past experiences of an Ebola outbreak in Gulu in 2000-2001, and ongoing outbreaks of Ebola in DRC since 2017, are widely discussed. These experiences have created a willingness on the part of Ugandans, whose livelihoods are not threatened, to respond seriously to the threat of COVID-19; to comply with the new regulations, albeit with wry comments querying the logic for hospitalizing people who *might* be asymptomatic for COVID-19; and then, ever more bizarrely, releasing them from their hospital beds with survivor certificates even when they have tested negative (Akello 2020). For those whose livelihoods are threatened if they comply with the regulations and follow instructions by the armed forces, different scenarios are emerging. At a study village in Kasese district, militia groups are coordinating with those in DRC to resist the military presence; in Nebbi district, UPDF soldiers, marine police and immigration officials are reported to be working closely together to extort large sums of money in return for allowing people to continue their subsistence activities. With official forms of public authority widely perceived as using COVID-19 as "a business opportunity," political allegiances are changing. Some local figures of authority are wondering whether they "even count" as citizens.

In South Africa, stringent lockdown restrictions were imposed on March 26, when no COVID-19 deaths had yet been recorded, to gain preparation time by stemming community transmission. From the outset a scenario of SARS-COV-2 entering the country via wealthy citizens returning from abroad underscored the extreme economic and healthcare inequalities that characterise the country and led to concerns that the virus would spread to low-income urban settlements where health status and living conditions put people at risk of COVID-19 (Manderson and Levine 2020).

The early lockdown garnered President Ramaphosa some praise nationally for swift action amidst disturbing reports from Europe in the grips of the pandemic. The experience of a surging HIV epidemic in the 1990s and the AIDS denialism that delayed a response by the Mbeki government was contrasted to the decisive action for COVID-19 (Heywood 2020). However, criticism quickly mounted of the extensive and complicated nature of restrictions constituting the "level 5" lockdown and the authoritarian nature of the enforcement. Both the police and the army were mobilized under State of Disaster regulations. The sequestration of decision-making power in the newly-formed National Coronavirus Command Centre raised questions as to its constitutional legitimacy and scrutiny (Hafferjee 2020a).

Enforcement of restrictions literally put citizens in the firing lines for punitive and at times brutal state action (Everatt 2020), which seemed unfairly directed at those living in circumstances that made adherence to the measures a challenge. This reinforced longstanding discriminatory framings of urban "townships" as sources of disease (Chacage 2020) and intensified the criminalization of poor people, such as through the activities of private security operators in high-income areas (Levine and Manderson 2020). By late May, it was alleged that more people had been arrested in South Africa for violating lockdown than in any other country and at least 11 people, all black men, had died at the hands of the state (Haffajee 2020b). The minister of police has been accused of condoning this violence with his aggressive "strongman" rhetoric invoking metaphors of war (Green and

Farr 2020). By late May, President Ramaphosa spoke regretfully of police “overenthusiasm” but there has been little response to the violence from the Human Rights Commission and a court proceedings brought by the family of a deceased man revealed no prior training of the military in an orientation towards disaster relief (Retief et al 2020).

The violence associated with the lockdown has been particularly regrettable in that the state did less to prepare measures to mitigate the economic hardship that rapidly affected the poorest people, including those with incomes in the informal sector . A COVID-19 disaster relief grant was only instituted weeks into the lockdown and it was left largely to civil society mobilization to provide food relief, with accusations that the state at times undermined such efforts. Further impacts have been seen in terms of decline in routine health programs, worsened by anecdotal reports from physicians that people were too afraid of the army to collect medication. President Ramaphosa eased restrictions at the beginning of May and again in June, responding to socio-economic impacts (http://www.nids.uct.ac.za/about/nids-cram/nids-cram). Despite early praise from WHO of the public health response and active case finding by community health workers, resources for testing were in short supply by May with critical delays. As restrictions were eased, cases surged; South Africa has been the hardest hit country on the continent with over 14,500 deaths by early September. In June, the message from the President was for people to take individual responsibility to protect themselves. In the midst of PPE shortages and images of an overloaded state health system, corruption in state contracts for medical supplies took the centre stage by July. In August President Ramaphosa vowed to take strong action, inflaming longstanding factional divisions in the ANC (Grootes 2020).

To sum up: enforcement occurs in diverse ways. Comparisons between Uganda and South Africa reveal the importance of analysing this diversity in relation to past political histories and current socio-political dynamics with a public authority lens. Such an approach also involves reflecting on how past experiences of outbreaks from infectious diseases inform these dynamics. In Uganda, widespread recognition of the potential seriousness of COVID-19 created the space for President Museveni to use COVID-19 to assert his political authority and deploy the military to enforce lockdown – often brutally. Although some lockdown restrictions are currently being lifted, political rallies are still forbidden. The situation is volatile, but it is already clear that relations between formal, hybrid and informal public authorities vary considerably within the country, and they are likely to be increasingly influential in shaping how people understand and respond to COVID-19. The government’s approach is providing a space for those seeking to assert their own, localized public authority to act violently. There were precedents for this, notably locally enforced behavioral change measures ostensibly to control HIV/AIDS in the late 1980s and 1990s.

In South Africa, decisive action for COVID-19 was favorably compared to delays during the devastating HIV epidemic two decades earlier, but the violent nature of the enforcement of lockdown has been all too reminiscent of state brutality of the Apartheid past. This has undermined the legitimacy of the government, as an initially lauded public health response was matched by excessively punitive action (Friedman 2020). Severe economic hardship brought on by the lockdown has exacerbated the situation and the allegations of corruption in government PPE procurement has met with public outrage. A politicization

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of the COVID-19 response has played out against a backdrop of a ruling party riven by division. Yet on the ground, a broader coalition of actors and forms of public authority, from civil society organizations and networks, some with roots in HIV activism, to faith based groups and the private sector, have stepped in to mobilize COVID-19 relief efforts.

These contrasting situations raise an important question. How might policy makers, practitioners and academics respond to the (often brutal and violent) enforcement of COVID-19 strategies? Their work is often premised on liberal democratic ideals, and typically tries to ensure that programs move away from a “one size fits all” approach by responding to local socio-political contexts in ways which facilitate appropriate and effective responses, and alleviate rather than accentuate vulnerabilities. In South Africa, there is a political space – albeit small – for such work to occur. In Uganda, political space to engage with the socio-political realities is closing down, and it is unclear if there is any scope for politically-engaged anthropologists to do much more than bear witness. In both cases, epidemic preparedness and response are not neutral, technical endeavors, but are profoundly shaped by geopolitical processes and by formal, hybrid and informal public authorities on the ground. These processes and authorities are likely to profoundly shape the future course of COVID-19.

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