

The Militarisation of the COVID-19 Response in South Africa (#WitnessingCorona)

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The imponderabilia of our COVID times

As medical anthropologists well versed in the social grammar of infectious disease, the global spread of the coronavirus has pressed us to the edges of history. Writing from the centre, the ground keeps shifting as we try to hold the scale of the pandemic in conversation with the unfolding global escalation of police violence and racism, gross economic inequality and dehumanisation, the hardening of national borders and the rise of xenophobia. The heightened presence of private security forces, citizen arrests^[1] and the police, and the massification of military response to enforce COVID-19 lockdown regulations, contribute to a highly differentiated experience of harm along the lines of 'separate development' that underpinned apartheid's spatialization of race inequality in South Africa (Mbeki 1964). The deepening of structural violence and systemic hunger associated with the closure of formal and informal businesses is visible in the densification of homelessness in city centers. Cardboard boxes, plastic sheets, scrap metals, wooden planks, grocery carts, rubbish bags, and discarded tyres are assembled into makeshift shelters under bridges, on the steps of churches, and near police and fire stations, empty hotels, lodges, and backpacker hostels. Makeshift tents are popping up in public parks, especially those with access to springs and rivers. Meanwhile, on the edge of the city, an even larger population struggles with precarious housing and few services. Here, defence forces have actively torn down illegal structures, and shot and killed people who are unable to adhere to curfew regulations or to find legal shelter (Image 1). COVID-19 response has heightened – not produced – the criminalisation of poverty in South Africa.



Image 1: Strandfontein Homeless Site. The City of Cape Town moves hundreds of homeless people to a site in Strandfontein because of the Covid-19 pandemic. 9 April 2020. Copyright: Ashraf Hendricks/GroundUp.

Our entry point for this blog centers partly on a sample of WhatsApp messages sent by a private security company to residents in a wealthy, nearly exclusively white neighborhood of Cape Town, and partly on media reports on the gross abuse of power by force. The language of dehumanisation is evident.

“Found two lost individuals in Seldon. Showed them the way out.”

“3 dodgy looking guys above Seldon reservoir.”

“Misguided individual in Seldon Terrace shown the right way.”

“Rasta found in Seldon Road. On his merry way.”

“On routine vehicle patrol, I find vagrant on cnr of Seldon and Lancaster, going through

bins...I made him clean it up, and directed him out of the area.”

“Discovered camouflaged sleeping vagrant. Woke this vagrant up and directed him out of the area.”

“Arrogant individual found in Seldon Road. Shown way out,”

“Wandering individual came off the mountain. He says he came to wash in the stream, sent him on his way.”

“Individual selling honey in the area door to door asked to stop what he’s doin and to leave.”

Neighbor’s response: “Hope it wasn’t Sipho...He sells the best honey and does so according to lockdown rules.”

“Found individual walking, says he is sorting through some clothes he was given by a resident....after circling the block twice no luck finding where this guy got the clothes, they have taken him to the station for processing.”

“Homeless couple with their 10 year old daughter coming off the mountain, checked them out and warned them not to return.”

“Individual selling heart stickers door to door was searched and asked to leave the area.”

“Individual bathing in stream. I searched the individual and he said he was washing his mask. Told him to leave the area.”

“Individual walking up Seldon to find a sleeping spot. Immediately turned him around and sent him on his way.”

“A weirdly dressed individual standing outside the house....he sais he was waiting for food from another resident. I insisted this doesn’t happen here. After he got his food I moved him out of the area.”

Neighbor’s response: “Which resident is giving food at the door? This is not helping.”

The original lockdown in South Africa, regarded as one of the strictest worldwide, was implemented on 27 March 2020 for 21 days. To enforce the strict regulations, 2,820 soldiers were mobilised to stave off the catastrophic escalation of infection and deaths that impacted everyone, but most of all, the dispossessed (Anon 2020, Manderson & Levine 2020). Lockdown was extended, and to ensure adherence, on 22 April 2020, 73,180 regular, reserve and auxiliary

personnel of the South African National Defence Force were deployed for nine weeks – until 26 June – in an operation costing around 4.5 billion Rand (1.4 million Euro). For those with automotive mobility, security check points along main arterial routes ensured that drivers carried permits (Image 2). Anyone found without a mask while addressing a check point officer could be fined up to 10,000 Rand (c 520 Euro). There were fines for walking dogs; fines for breaking with the established times for exercise between 06:00 to 09:00; hefty fines in Cape Town for walking on the beaches, or surfing. The mountains and national parks were off limits. The cities became citadels of quiet. Alcohol and cigarettes were illegal from late March, and were sold only on the black market. Until midnight on 17 August, cigarettes continued to be banned due to the increased risk associated for respiratory infection. Alcohol was also banned until midnight 17 August because of its association with the higher rates of intimate partner violence during lockdown and the increased need for hospital beds due to alcohol related road accidents (Friedman 2020).



Image 2: Day 1 of the Covid-19 Lockdown in South Africa. Officers check paperwork during day 1 of the Covid-19 lockdown in Cape Town, South Africa. 27 March 2020. Copyright: Ashraf Hendricks/GroundUp.

Disinfectant dispensers were hand held by guards at the entry to shops, although within three months, pedal dispensers were being installed to further minimise human contact. At upmarket establishments, temperatures were taken upon entry and contact details were logged for tracking and tracing. Only a few people at a time were (and at time of writing are) allowed into shops; the remainder stand outside, evenly spaced to observe social distancing regulation, in South Africa as in the global north. Our social skin has expanded to accommodate distance in contexts of privilege where social distancing is possible.

In his May address to the nation, President Cyril Ramaphosa said that “hugging and kissing is a thing of the past” (Tembo 2020). Self-surveillance, the regulation of others through citizen arrests or public shaming through social media platforms, assists the military response. Although the use of social media to “sting” people recalcitrant or wilfully disobeying the law is not unique to South Africa (Sundaram 2015), the incremental encouragement of citizen surveillance has pushed Michele Foucault’s panopticon (2012) to its limit to the extent of being framed by Bresciani and Hughes (2020) as [“virological witch hunts.”](#)

The military turn in South Africa’s national health mobilisation is neither unique nor without precedent. Surveillance and quarantine were introduced to stem the spread of HIV/AIDS in Cuba (Scheper-Hughes 1993); police enforced vaccination during the 2009 avian flu epidemic in Malawi (Sambala & Manderson 2017, 2018), and the military was deployed from 2014 to 2016 in response to the epidemic of Ebola virus disease (EVD) in West Africa (Aizenman 2020). This epidemic was the largest of its type ever seen, with almost 30,000 people rapidly infected and 11,000 fatalities, mainly in Guinea, Liberia, and Sierra Leone. These measures were amplified by (and amplified the power of) the prevalence of war metaphors in medicine (Sontag 2001), including in the race of a vaccine against SARS-CoV-2 (Trump 2020). But now, actual militia are tasked to implement lockdown regulations to fight this viral enemy. Armed soldiers and police are not the metaphorical fighter cells of the human immune system (Martin 1994); rather, armed soldiers and police were tasked to combat the virus through controlling population mobility, density and interaction even while equally vulnerable to COVID-19. The outsourcing of ensuring public health compliance to militarised forces rather than to social or health care workers centralised state power and consolidated the uneven distribution of force along the lines of class and race, deepened fear, and amplified the effects of hunger and unemployment. The 1.5 metre rule of interaction and social distance became a mnemonic of risk and its embodiment in race and class. Such is the dystopic, if not myopic landscape of COVID-19.

Direct links between the military and medicine are well established historically and in the present (Pickstone 1992; Couter, Harrison & Sturdy 1999; Harrison 2001; Terry 2017). However, the global upscaling of the militia to combat the spread of coronavirus is unprecedented. In South Africa, the surveillance technologies used to enforce COVID-19 lockdown regulations have been tolerated to a far greater extent than anyone could have anticipated, given what was considered to be the impossible return of apartheid era curfews, lockdowns, and military force to contain populations and the movement across (internal) borders (Levine 2020).

The world was already lethal

Deeply reminiscent of curfews that constrained, dehumanised and criminalised black Africans as 'vagrants' under apartheid, the police and armed security personnel enforced COVID-19 curfews and permits as declared by Minister of Cooperative Governance and Traditional Affairs Nkosazana Dlamini Zuma (Anon 2020). Surveillance technologies returned with the ease of muscle memory, as did the semantics of power, including the dehumanizing language of surveillance, as indicated above, whereby people trying to survive were referred to as vagrant, weirdly dressed, wandering, homeless, arrogant, camouflage, misguided, dodgy and lost. Enforcement focused initially on overcrowded areas of Cape Town and elsewhere in the Western Cape, the province initially hardest hit by the pandemic and the initial centre of transmission and infection in the country. In the absence of the most basic necessities of running water, indoor toilets, and electricity (Manderson & Levine 2020), those in informal settlements were most vulnerable to breaching the curfew. An SMS message from a friend living in Athlone – a mostly coloured neighbourhood in Cape Town – read:

"My brother in Knysna passed away today at noon due to a stroke. The police kept us behind walls. I was even sprayed by pepper spray on my way to get airtime... I can't even go to his funeral, I'm just very sad... I couldn't see for a couple of days because of the pepper spray... wish this lockdown was over, but hey I'm not taking any chances now, too afraid of the cops and army... A young mom that was still breastfeeding was shot on her boob with a rubber bullet, an elderly man was shot with a Taser, some people got fines for standing behind their gates in their own yards, as much as R1500. Oh my God, there's so much to tell, but my airtime will not make it... they really treat us like animals, and that's the part the President doesn't see."

The murder of George Floyd, suffocated under the force of a police officer's knee, was the latest link in a tragic chain of brutal deaths and injuries involving police, in the US and worldwide (Allman 2020; Scott et al. 2020; Taskinsoy 2020). As protests spread worldwide, examples of police brutality of black South Africans began to appear on video and social media posts, and two forms of breath restriction and death converged and overlapped: Black people around the world not only feared and were most likely to die from the virus; they also feared and are most likely to be killed by security officers. Six weeks prior to George Floyd's death, on 10 April 2020, during the COVID-19 lockdown in the Cape Flats, Collins Khosa was verbally assaulted by police after they found a glass of alcohol in his own frontyard. His parents report that police chased him into the house, ripped his shirt, broke their door down, swore and fired rubber bullets at him (Nicolson 2020). He died from blunt force trauma to his head.

Reports in local newspapers and social media indicate that whether or not the laws and regulations protected people from the virus, or slowed its spread, the police and others granted exceptional authority have grossly abused their power. Greg Nicolson wrote in the *Daily Maverick*, “I have a strong feeling that we may see a rise in incidents of what we regard as abuse simply because the police and the soldiers out there are not quite clear how to enforce the curfew arrangements” (2020). And on 1 July, Bulelani Qolani was dragged naked from his shack, which the police ripped apart before his eyes (Stent 2020). There was very little global attention to Collins Khosa’s death and Bulelani Qolani’s violent eviction, and to the humiliation involved in both cases. Nor was attention given to other assaults and probably killings that occurred as police strong-armed, arrested and removed ‘disobedient’ members of the public in the enforcement of COVID-19 regulations in South Africa. As radical new modes of sociality were introduced to diminish the wanderlust of the virus and its multiple forms of transmission, President Ramaphosa praised the courage, resilience, responsibility and sacrifices of ordinary South Africans. He failed, however, to be precise about the shape of these sacrifices, and he failed to condemn officers who abused their power by contributing to the “economy of terror” that brought together the toxic combination of militarisation and a deathly virus (see James 2010 for a comparison with Haiti).

In reflecting on the murder of Khosa, Kneo Mokgopa (2020) writes,

“The killing of Floyd sparked global protests under the hashtag, ‘Black Lives Matter.’ The death of George Floyd gathered international outrage, including from our own government, and protests around the globe. So many of us have tried to figure why it is that Collins Khosa’s death, and the line of other black people killed by South African law enforcement, could not ignite the same outrage and protests, even within our borders.”

Mokgopa’s response to reports that 12 people were killed in the first few weeks of lockdown signals that no impoverished person was shocked by the fact that in South Africa the police kill more than three times the number of people killed by the police in the United States. Her conclusion is this:

“If you are poor and black your life does not count to this society. It is often the state that will come to you with a gun. Your home can be destroyed, you can be assaulted, tortured and killed with impunity. This is the experience of impoverished people across South Africa. Our dignity is continuously vandalised by the state” (Mokgopa 2020).

COVID-19 in context

COVID-19 is truly a global pandemic, reminiscent of the Spanish Flu, the most devastating pandemic of modern times (Philips 2012). Then, a century ago, South Africa was one of the five worst-hit parts of the world, with about 300,000 dead within six weeks. After it had finally ebbed, [a doctor reflected](#) in the *South African Medical Record* in January 1919: “It has truly been an irreparable calamity which has fallen on South Africa” (Philips 2020). Subsequently, for a century, South Africa has continued to struggle with high rates of disease and violence; by 2020, the rates of HIV, tuberculosis, hypertension and diabetes, and the additional public health crises of gender-based violence, drug and alcohol dependence, and food insecurity, were among the highest worldwide. More people have been infected and died from HIV and AIDS in South Africa than anywhere else in the world; in 2017 7.7 million people were living with HIV. In the early 21st century, under the leadership of President Thabo Mbeki, when deaths from AIDS were escalating, the police curbed protest action by the Treatment Action Campaign (TAC) demanding access to antiretroviral treatment (Robins 2004). Looking back, one wonders how infection rates and the immense social and individual suffering in Sub-Saharan Africa could have been limited if governments had been as pro-active as the present moment (Heywood 2008, 2020). In acknowledging hardships created by lockdown measures, the president announced a 500 billion Rand (22 billion Euro) relief package to support the economy and vulnerable people faced with mass unemployment and likely destitution (Dludla & Winning 2020). Yet with hindsight, the lockdown has only intensified poverty, hunger and unemployment (Image 3). There is little evidence of care and compassion for those most severely effected by the economic and social fall-out of the pandemic.



Image 3: Children wait for food in Lavender Hill. Children wait for food in Lavender Hill during the Covid-19 lockdown in Cape Town. 16 April 2020. Copyright: Brenton Geach/GroundUp.

Meanwhile, lockdown measures have yet to flatten the curve. A health care intervention of the magnitude required in South Africa to contain COVID-19 needed a strong infrastructure based on an economy of compassion, not terror. Decisive state action in the form of curfews and surveillance technologies has been regarded by some as evident of state care and concern. But the violent and punitive enforcement of curfews and interventions of breaches of lockdown highlight the uneven distribution of power, systemic racism and privilege, that underline continued social, economic and viral vulnerability in the country.

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[1] In terms of Section 42 of the Criminal Procedure Act of 1977, a South African Citizen has the right to arrest the following persons: Trespassers; Persons engaged in an affray (Public Fighting); and Persons who he (sic) has a reasonable suspicion have committed a Schedule

One Offence.

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