



COVID-19 & AFRICA WEBINAR SERIES:

COMBATING RACISM AND XENOPHOBIA DURING COVID-19

May 26, 2020, by Emmanuel Akyeampong & Alex Taylor, Harvard Center for African Studies

This document summarizes the conversations from the May 20, 2020, webinar on Combating Racism and Xenophobia during COVID-19.

The full recording for this webinar is available here: <https://vimeo.com/420716448>

SPEAKERS



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As frontline healthcare workers and public health officials around the globe combat the COVID-19 pandemic, minority communities are seeing a rise in xenophobic and racist actions targeting them as the source of the disease and the cause of its spread. These acts illustrate that COVID-19 is not only a healthcare pandemic, but a threat to human rights and social justice worldwide. In the United States, some government officials have termed the disease the "Wuhan flu" or "Chinese virus", a label that stigmatizes based on race or locality while ignoring the reality that infectious diseases know no international borders or racial divides. In early 2020, as concern about the spread of the disease outside China became an increasing concern, diners shunned Chinese restaurants, with owners reporting steep declines in revenue and foot traffic in Chinatowns across the U.S. down by as much as 50 percent.

Today, that stigma has spread to other minority communities. In South Korea, the LGBT community has been targeted with online harassment and bullying following an outbreak of cases linked to a nightclub venue. Rises in Anti-Semitic comments and sentiment have been documented by researchers at the Tel Aviv University. Reports emerging from Guangzhou, China in April revealed targeted harassment of African communities, with police ordering bars and restaurants not to serve those of African descent, and African Americans in the region reporting that hotels and other businesses refused to do business with them. At Harvard, the Center for African Studies, Hutchins Center for African and African American Research, Carr Center for Human Rights Policy, and FXB Center for Health & Human Rights joined with six other area studies centers to issue a joint statement condemning xenophobic and racist acts arising from the global COVID-19 pandemic.

History of Racism and Marginalization in Pandemics

The association of foreigners or other marginalized groups as the source or cause for spread of a disease is not unique to the COVID-19 pandemic. From the 19th century, colonial imperialists regarded colonies as a source of disease, for instance, referencing "Asiatic cholera" despite the disease's prevalence in Europe as well. The 1941 polio outbreak was blamed on the poor and in some cases immigrant communities. With the 1981 outbreak of the HIV/AIDS pandemic, the 4-H's - "homosexuals, heroin addicts, hemophiliacs, and Haitians" - were targeted as the at-risk group.

Likewise, we see that naming a disease for its supposed place of origin can carry longstanding misconceptions into the present day; many people today still do not know that the 1918 so-called "Spanish flu" is named not for its country of origin, but rather because the Spanish press was not subject to the same levels of censorship that other governments had imposed during World War I and was the source of reporting on the outbreak.

Professor Jacqueline Bhaba of the FXB Center for Health & Human Rights reminds us that "Unless everybody is safe, none of us are safe; that is the definition of a pandemic." Asked why we are seeing scapegoating or suspicion of outsiders rather than inclusivity or unity in response to the COVID-19 pandemic, Sushma Raman of the Carr Center for Human Rights Policy provided global and historical context: "Governments around world are using the pandemic as an excuse to enact changes in laws and policies against persecuted and vulnerable groups, acting in manners that violate fundamental rights and freedoms. Hungary passed an emergency law with no sunset clause that gives the Prime Minister the right to sidestep parliament and rule by decree. Rightwing parties in Europe are using the pandemic to restrict immigration and have falsely linked the outbreak to African asylum seekers.

In the U.S., President Trump is calling for total border control while deporting asylum seekers back to countries like Guatemala, where there is a concerning human rights record. More than 20,000 migrants have been sent back to Mexico, in violation of international and domestic laws. Unless U.S. Immigration and Customs Enforcement reduces the number detained (solely for seeking asylum), five or more cases of COVID-19 in a detention facility could lead to 70 to 100 percent of detainees contracting the virus within a 90-day period." The measures taken by national governments target the most vulnerable groups.

Racist and Xenophobic Acts Against African Communities in China

The growing trade and aid relationship between Africa and China is the subject of much attention, both in the international media and here at Harvard where the Center for African Studies leads a research initiative on Africa and Asia. The growth of African expats living in China dates to the early 1990s, when China's growing economy provided opportunities for traders primarily from West Africa to purchase goods in China for resale and higher profits back home. Tensions between African immigrants and local Chinese are not new; in 2009 and 2012, racially charged riots broke out in the city of Guangzhou. Chinese authorities responded with restrictions to immigration. Today, the estimated number of Africans living in Guangzhou has shrunk to 10,000, down from over 100,000 just a decade ago.

As China grapples with a potential second wave of COVID-19, communities of African descent have become a target. The U.S. Consulate in Guangzhou reports "police ordered bars and restaurants not to serve clients who appear to be of African origin. Moreover, local officials launched a round of mandatory tests for COVID-19, followed by mandatory self-quarantine, for anyone with "African contacts," regardless of recent travel history or previous quarantine completion. African-Americans have also reported that some businesses and hotels refuse to do business with them."

CNN "interviewed more than two dozen Africans living in Guangzhou many of whom told of the same experiences: being left without a home, being subject to random testing for Covid-19, and being quarantined for 14 days in their homes, despite having no symptoms or contact with known patients." Some have even been left homeless after evictions by their landlords or from hotels.

Ambassador Arikana Chihombori called out the racist incidents in Guangzhou as "Sad, shameful, and needs to stop." She shared that these incidents are not isolated to China and recounted a video on social media showing a Zambian man with a Chinese wife being rejected service at a Chinese restaurant for being "a foreigner," despite the restaurant being located in Zambia. She likewise cited the reflexive reaction to dismiss the so-called Madagascar cure, an herbal tea containing artemisia, rather than calling for clinical trials.

Milliscent Nwoka provided context about how the story unfolded on Nigerian television. "Channels TV started getting a lot of videos from Nigerians around the world, and viral social media showed how Africans were being treated in other countries, in Guangzhou in particular. Videos showed people on the street without a place to go, stating they had been tested repeatedly despite negative tests, a Nigerian the husband and his Chinese wife pulled from their house for testing, many expressing fear and asking Nigerian government to return home. While we could not independently verify everything that was coming in, we reported as we saw them. The Nigerian, Kenyan, Ugandan, and Ghanaian governments summoned their Chinese ambassadors. In Nigeria, the Ministry of Foreign Affairs has written a report on it, but it had not been made public. The latest information as of today is that most people are still not allowed to rent an apartment. If you don't have a residence you can't get a permit for one, which leads to squatting that is then used as an opportunity to deport immigrants. Videos of blacks being mistreated are still coming in.

Airways are closed, but Nigerians in China want to come back and are tired of maltreatment. There are also reports of restricted access to public transportation and health systems and confiscation of passports. The situation mirrors the fear of HIV/AIDS when people did not know what to do at the time [of the initial outbreak]."

Racist and Xenophobic Acts Against Foreigners in Africa

Hate and xenophobia against foreigners is not limited to what is happening in Guangzhou. Indeed, we have seen concerning incidents on the African continent as well. The U.S. Embassy in Ethiopia released a statement reporting a rise in anti-foreigner sentiment, with derogatory and accusatory comments directed at foreigners as the source of COVID-19. A video making the rounds on social media shows two individuals of Asian descent subject to shouted accusations of "you are corona!" in Kenya. An estimated 1 million Chinese nationals are living throughout the African continent, some of who were already subject to attacks over allegations that China is profiting in the region at Africa's expense.

These sentiments are also not limited to foreigners of Asian descent. In South Africa, the government has undertaken building of a 40 km fence along the border with Zimbabwe under the guise of keeping "infected persons" from entering the country. Anti-European and anti-white sentiment has also been reported in South Africa, as some perceive coronavirus to be a disease of tourists or wealthy foreigners. There has also been concern about the degree to which lockdown measures intended to prevent the further spread of disease could exacerbate tensions against migratory workers: following South Africa's lockdown orders, more than 14,000 Mozambicans returned home, prompting the International Organization for Migration to launch a caretaking campaign to check-in on migrants and monitor their wellbeing, both for health and against backlash from returning to their communities.

Milliscent Nwoka of Channels TV in Nigeria contextualized the perception that COVID-19 is "a disease of the rich" or could only be contracted through travel outside the continent. Nigeria's first detected case on February 27 was from an Italian citizen in Lagos, leading to a perception that COVID-19 was "a foreign disease or only for the rich." The perception of COVID-19 as a foreign disease prompted some national governments to close their borders, even as it has become apparent that community transmission is responsible for the increasing number of cases throughout the continent. Likewise, some traditional and religious leaders have claimed that coronavirus does not exist. "A leader of a religious congregation of over 50,000 members saying you don't need to put on a face mask or social distancing is not real, or that coronavirus is actually malaria" creates a dangerous environment for the spread of misinformation. "All of this coming together sows doubt or conspiracy theories that add to fears."

Ambassador Arikana Chihombori reflected that "When it comes to COVID-19 in Africa, regarding containment and preventive measures, our governments have done a very good job. But, we are finding ourselves in a situation where we are scrambling to manage a pandemic crisis when we cannot manage the day-to-day ailments of diseases in our countries. Ten countries in Africa did not have a single ventilator. The majority of Africans live in high-density areas and cannot use the same prevention and containment measures. The treatment and tracking phase will be the challenge. But, the world must realize COVID-19 is an equalizer and a common enemy, and that should unite people. We must realize we are facing a common enemy who does not discriminate, who does not care about how much money you have or what car you drive or house you live in."

Preventing Racism and Xenophobia as a Response to COVID-19

COVID-19 does not recognize race, nationality, or ethnicity. To quote our colleague [Natalia Linos](#) at the FXB Center for Health and Human Rights, "Poverty, homelessness, human rights abuses, racism, and violence are not inevitable consequences of COVID-19. If they occur, it is because they reflect a moral failure in the way we have organized our societies."

Sushma Raman identified some positive responses by national governments: Portugal has announced that migrants and asylum seekers can receive full access to public services during the pandemic. "This is a public health crisis that requires solidarity, and we are in this together. Civil society organizations around the world—from grassroots to global networks—are mobilizing around this, looking at threats to privacy by surveillance of authoritarian governments or mobilizing to help refugees. Against a wave of public backlash and repressive government policies, people are coming together in different ways to support the vulnerable."

Milliscent Nwoka concluded the webinar with a message to the next generation of African leadership: "Africa is a youthful continent, but youth need to think for themselves, educate themselves, and know what is happening around them. Our leaders on the continent today are in their 70s and 80s, and started when they were young, so we need more young people to come out and tell their stories. A lot of things can be done to turn things around on the continent, but youth should talk to each other and tell their own stories."

Speaker Titles:

- **H.E. Arikana Chihombori-Quao**, Former African Union representative to the United States
- **Milliscent Nwoka**, Presenter/ Reporter, Channels TV - Nigeria
- **Sushma Raman**, Executive Director, Carr Center for Human Rights Policy, Harvard University
- **Jacqueline Bhabha**, Professor of the Practice of Health and Human Rights at the Harvard T.H. Chan School of Public Health and Director of Research at the Harvard FXB Center for Health and Human Rights

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