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General Information

Africana Public Interest Journal is a thematically focused occasional journal that the Department of African, African American, and Diaspora Studies at the University of North Carolina at Chapel Hill publishes. The journal foregrounds the work of the department's faculty exploring historical and contemporary issues as they pertain to people of African descent in Africa and the African Diaspora. Each author is responsible for the research conducted and the findings expressed in their article.

Acknowledgements

Editorial Team: Africana Public Interest Journal, Volume 1, Spring 2023

Contributors: Africana Public Interest Journal, Volume 1, Spring 2023

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Marie A. Garlock is a multidisciplinary arts cultivator, researcher, and educator. Marie has a PhD from UNC at Chapel Hill (2019) in Communication and Performance Studies with a certificate in Interdisciplinary Health Communication, and is motivated by twenty years of arts-based, community-engaged collaborations focused on health, environmental, and racial justice in the US south and East Africa. Marie's health equity research is influenced by experience as a critical ethnographer, oral historian, and cultural communication facilitator certified in Interactive Theater, InterPlay, and Popular Education methods. Marie is also a performing artist in dance, theater, and participatory public rituals that center the power of our living stories to shape a more just and healthy world, and has led embodied ethics and equity programs with ArtPlace America, Theater Delta, and Area Health Education Centers. In terms of public engagement, Marie has, for instance, participated in US Senate briefings and testified for the US Commission on Civil Rights. Marie hopes to honor the powerful creations of artist-scholars featured in this issue of APIJ, and is immensely thankful to Dr. Eunice Sahle for weaving the thread of mental health as a human right through projects like this and for an ongoing partnership on burn injuries with the Malawian Centre for Human Rights and Rehabilitation.

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and facilitated numerous workshops and speaking engagements on these issues. Michael holds a master's degree in Applied Ethics from the University of Malawi. His research interests lie in the interplay among human rights, ethical considerations, and public policy making.

Sonny E. Kelly is an award-winning, world-class performer, storyteller, motivator, speaker, teacher, and trainer, and holds a PhD in Communication & Performance Studies from the University of North Carolina at Chapel Hill (2020). Dr. Kelly is also a graduate of St. Mary's University (MA, Communication Studies, 2008) and Stanford University (BA, International Relations, 1998). Dr. Kelly has served as a non-profit organization director, university admissions counselor, award winning pharmaceutical salesman, college communications instructor, and church youth pastor. As a lover of theater and performance, Dr. Kelly has acted professionally on stage and for television for over thirty years, and is also a playwright and director. He wrote and directed the gospel play *Hope's Light* in 2009. He also penned and performed his original one-man performance called *The Talk*, through which he connects diverse communities to critical and connective conversations around race and difference across America. His latest works are one-man performances entitled *Haunted*, *Indivisible*, and *The Colored Soldier*. Currently, Dr. Kelly is an award-winning instructor of communication at Fayetteville Technical Community College in Fayetteville, North Carolina. He is the founder and CEO of Legacy Heirs Productions, Inc. He and his colleagues specialize in creating, developing, and sharing inspirational and motivational performances and art. He aims to educate, engage, and empower diverse audiences across the globe!

Stacey L. Kirby has a dual degree from the University of North Carolina at Chapel Hill in Studio Art and Journalism and Mass Communication. Kirby creates socially-engaged interactive performance art, with performative interactions that engage participants and community performers in questions around civil authority. Through humor and satire, Kirby reinvents the bureaucratic process in alternative, private, and public spaces to elicit diverse dialogue about identity, community, and human rights in the United States. Developed over the past 20 years, in more than 200 performances, with over 300 community performers and 10,000 participants, Kirby's work evolves with the physical and historical setting, political climate, and participant involvement. Kirby strives to honor and amplify unique lived experiences and is committed to working alongside BIPOC and LGBTQIA+ collaborators to unpack the oppressive culture of racism, hatred, and violence that divides us. Kirby is a recipient of numerous awards, and her work is represented in the Ackland Art Museum at the University of North Carolina at Chapel Hill, the Duke University Rare Book Collection, and other private collections.

Mohamed Mwamzandi holds a PhD in linguistics and is currently a teaching associate professor in the Department of African, African American, and Diaspora Studies and the coordinator of the African Languages Program at the University of North Carolina at Chapel Hill. His teaching and research interests are corpus linguistics, literature, Islamic cultures and societies, and religious violent extremism. A corpus is an extensive collection of naturally occurring spoken and written texts stored electronically and is analyzable using computer programs and statistical tools. His latest publication in corpus linguistics is a 2022 book chapter entitled "The Pragmatics of Swahili Relative Clauses," published by *Contemporary African Linguistics*. Dr. Mwamzandi is the co-editor of a forthcoming book entitled *African Languages and Postcolonial Modernities*. Dr. Mwamzandi is the principal investigator for a major grant awarded by the Endangered Archives Program, British Library, on a digitization project (REF: EAP1245) in 2018. This project created a digital repository (https://dx.doi.org/ 10.15130/EAP1245) of the Pulaar Ajami archives produced by Haalpulaar Muslim scholars in the late nineteenth and twentieth centuries. A forthcoming co-authored book chapter entitled

"Digitizing Pulaar Islamic Manuscripts in Senegal and Mali" will be published by Cambridge: Islamic Manuscript Association Ltd.

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Georges Nzongola-Ntalaja received his PhD in political science at the University of Wisconsin-Madison in 1975, after earning an MA in diplomacy and international commerce at the University of Kentucky in 1968 and a BA in philosophy at Davidson College in 1967. He has been a professor of African Studies at the University of North Carolina at Chapel Hill since 2007. Professor Nzongola has published several books and numerous journal articles on African politics. His book *The Congo from Leopold to Kabila: A People's History* (Zed Books, 2002) won the 2004 Best Book Award from the African Politics Conference Group (APCG). Professor Nzongola has held important positions in public and international service, with the latter including: Senior Governance Advisor to the Federal Government of Nigeria, in the United Nations Development Program (UNDP) (2000–2002); Director of the UNDP Oslo Governance Center, and de facto representative of the United Nations in Norway (2002–2005); and UNDP senior officer in charge of setting up the Africa Governance Institute (AGI), an independent think tank on governance for African States in Dakar, Senegal (2005–2007). In the public sphere, Professor Nzongola served as a delegate to the Sovereign National Conference designed to charter a new course for the Democratic Republic of the Congo (DRC) in 1992; as the diplomatic advisor to the Prime Minister elected by the Conference in 1992–93; and as the First Vice President of the National Electoral Commission in 1996. He has been on professional leave from UNC-Chapel Hill to serve as the Ambassador of the DRC to the United Nations in New York since January 2022.

Sheila Regina Pereira graduated with a degree in Statistics from the Federal University of Bahia in 2007, after which she earned a master's degree in Statistics in 2012 from the State University of Campinas and a PhD in Education from the Federal University of Bahia in 2017. She is currently an assistant professor at the State University of Feira de Santana in the Department of Exact Sciences, a member of the Interdisciplinary Center for Studies on Health Inequalities (NUDES/UEFS), and a member of the chamber for affirmative action policy and student affairs at the State University of Feira de Santana.

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Struggles (editor, 2019). Her current research projects examine dynamics of human rights, transitional justice, constitutionalism, land issues, and the political economy of development.

Rafael Souza Vasconcelos is a student getting a bachelor's degree in Technological and Exact Sciences with an emphasis on Math at the Universidade Federal do Recôncavo da Bahia (UFRB).

Michael S. Williams fosters community engagement across North Carolina through his work as a consultant and through the Black On Black Project, an organization he founded that works with artists on projects that dissect issues affecting our communities. A graduate of North Carolina Central University, Williams spent sixteen years in media in roles centered on content creation and community building. He has curated more than thirty art projects related to equity in partnership with municipalities, local businesses, and non-profits. Williams is also the executive producer of several short films and has provided opportunities for critical conversations at scores of events and forums in the state.

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Chair's Introduction

Claude A. Clegg III
University of North Carolina at Chapel Hill

It is my distinct honor to introduce this important and timely collection of articles focusing on the various ways that societies around the world have been affected by the COVID-19 pandemic over the past three years. Writing in the midst of this unprecedented political, economic, and public health upheaval, the authors of the following pieces have studiously examined the costs of the coronavirus in terms of widening inequalities, the inconsistency of governmental responses, and the rolling death toll that the disease has wrought across every continent, particularly in Africa and the Americas. However, they have also underscored the resilience of human communities, institutions, and value systems, along with the assorted ways that local and regional actors have taken advantage of the crisis to advance new visions of what a just and equitable society might look like.

The articles collected here offer a representative sampling of how people and communities across Africa and its diaspora(s) responded to the COVID-19 pandemic. They include studies that examine how North Carolina artists and performers dramatized the need for greater public support for mental health initiatives; how Kenyan, Malawian, and Senegalese communities responded to state-mandated lockdowns; and how various factors—including race, class, and vulnerability to violence—shaped Brazilian women's morbidity and mortality outcomes during the pandemic. Given that COVID-19 has become endemic in many areas, the world is learning to live with the disease, though it still registers in public health statistics as an ongoing threat and concern. The articles presented here go a long way toward helping us to better understand the complexities of the global community's response to the pandemic, highlighting humanity's shared responsibilities and possibilities in the face of such a crisis.

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Mental Health During COVID-19: Community-Based Arts Addressing African American Experiences

Marie A. Garlock, Eunice N. Sahle, Sonny E. Kelly, Michael S. Williams, and Stacey L. Kirby

ABSTRACT

Focusing on African American experiences, this article explores the pursuit of mental health as a human right during COVID-19, and the capacity of arts-based community engagement initiatives to historicize and deepen such efforts. Given the syndemic nature of COVID-19 health inequities, this research explores the arc of VITAL Health and My Life Matters projects in their engagement with mental health injustices and freedom struggles that respond to race-based traumatic stress and intergenerational trauma in the United States. With performances and workshops reaching thousands of audience members in North Carolina and nationally, these programs have centered Black mental health, offering creative, history-engaged opportunities for intra- and interpersonal connection and reflection. Through discourse analysis and critical ethnography, we propose that cultural performance initiatives can expand public engagement with mental health resources during overlapping public health crises by gathering people to (a) honor grief and mutually envision change, (b) host dialogic connection for truth-telling and imagination, (c) communally embody supportive care and emancipatory engagement.

Keywords: mental health, African Americans, community-based arts, COVID-19 syndemic, health equity

In North Carolina and across the United States (US), COVID-19 has revealed stark health inequities, intensified economic stratification and dispossession, and illuminated racialized historical and intergenerational trauma. The interlocking injustices of the COVID-19 era have amplified challenging mental health experiences that include depression and anxiety, isolation and stigma, psychiatric and emotional disabilities.[1] Both at the outset and through ongoing navigations of COVID-19, the most affected communities and the advocates and scholars guided by their lived experiences have clarified that tragedies of unequal virus prevalence, hospitalizations, and deaths for Black people in the US—as well as for Indigenous, Latinx, and Pacific Islander people—have presented a profound opportunity for action amidst this crisis. So that preventable losses like these will no longer be normalized, the most affected communities have argued that the COVID-19 era requires a reframing—more than a pandemic, we continue to experience the effects of a *syndemic* of

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[1] For US adults, in a given year, one-quarter have a diagnosable mental disorder; one-tenth experience depressive illnesses, like major depression, bipolar disorder, or persistent depressive disorder; one-fifth experience anxiety disorders, like generalized anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive compulsive disorder, and social/other phobias; one-twentieth (aged twelve and over) have substance abuse disorders; one out of one hundred have schizophrenia; and varying numbers (given underreporting) of individuals experience suicidal ideation (Johns Hopkins Medicine 2023).

health inequities that amplify one another (Menderhall and Gravlee 2021), including interlocking mortality and morbidity from the virus itself, from racial traumas given spectacularized anti-Black state violence and other systemic racisms, and from profound economic stratification (Yearby, Clark, and Figueroa 2022; Fronteira et al. 2021; Silver, Holman, and Garfin 2021). Given this syndemic, communities of people who identify as Black and/or African American have experienced downstream effects on their mental health and emotional wellbeing because of (a) structural, highest-risk exposure to COVID-19 dangers across employment, housing, and healthcare systems (Snowden and Graaf 2021; Nuriddin, Mooney, and White 2020; McCoy 2021; Steusse and Dollar 2020); (b) economic stressors through a "pandemic market" that has leveraged persistent and increasingly racialized wealth inequity (Lopez, Rainie, and Budiman 2020; Benfer and Wiley 2020); and (c) direct and vicarious traumas through ongoing so-called "national reckonings" with brutal and deadly police racism (McLeod, Heller, Manze, and Echeverria 2020; Moody, Tobin, and Erving 2022).

In what follows, this article explores community-based arts initiatives engaging with mental health as a human right, with a focus on African American experiences during COVID-19. Through highlights from North Carolina-based initiatives, we explore how community-engaged arts and education approaches address historical, intergenerational, and collective contemporary trauma through programming that: (a) honors grief and envisions change in mutuality; (b) hosts dialogic connection for truth-telling and imagination; and (c) communally embodies supportive care and emancipatory engagement. Throughout, we hope to parse the ways that traumas of racism must not be conflated with Blackness itself (Barlow 2018)[2]—given that systemic harm shapes but does not define the whole of Black identity and communal affiliation—and to center and celebrate multifaceted Black wisdoms that can create pathways to benefit all people amidst their experiences of COVID-19 and its aftermath.[3]

Such approaches have taken shape with both the VITAL Health project—co-created by Michael S. Williams and Stacey L. Kirby with live/film performance, site-responsive installation art, and interactive visual art and dialogue workshops during the COVID-19 syndemic—and the My Life Matters Project (MLM project) co-created by Sonny E. Kelly and youth MLM Poets, with principles that have carried forward into Dr. Kelly's arts-engaged teaching practices at Fayetteville Technical Community College during the COVID-19 era. In performances and workshops, VITAL Health and ongoing lineages of My Life Matters have reached thousands of public audience members in Raleigh and Fayetteville, NC, respectively, and at conferences, workplaces, and universities statewide and nationally. Each project has been informed by a creative, collaborative, and contemplative approach to the syndemic's myriad effects on mental health, and the potent ways in which art can nurture a culture of health (Goldbard 2018; Youth Media Council 2006) through what the VITAL Health team calls "mental health journeys."

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[2] In "Restoring Optimal Black Mental Health and Reversing Intergenerational Trauma in an Era of Black Lives Matter" (2018), Dr. Jameta Nicole Barlow clarifies, "In addition, Blackness becomes conflated with trauma, where the Black experience in the U.S. is stereotypically viewed as pathological and socially accepted as a monolithic, normalized Black experience. This notion is distinct from trauma experienced due to living in the U.S." (903).

[3] Sonny Kelly, unpublished interview conducted by Marie Garlock, Fayetteville Technical Community College, Fayetteville, North Carolina, 2022.

Mental Health as a Human Right: Black Knowledges and Arts-Based Engagement

Disproportionate COVID-19 deaths, long-term health effects, and truncated mourning processes limiting traditional funerals and networks of in-person community support due to pandemic-related closures have contributed significantly to stress and complicated grief experiences for African American people (Snowden and Snowden 2021; DeSouza, Parker, Spearman-McCarthy, Duncan, and Black 2021). Amidst the vast number of "unnatural deaths" nationwide (Eisma, Tamminga, Smid, and Boelen 2021), including the tragic one-third of US COVID-19 deaths attributable to healthcare insurance coverage gaps (Galvani et al. 2022), mental wellbeing has been challenged by "mass interpersonal loss compounded by social disruption" (Simon, Saxe, and Marmar 2020). The numbers are stark and have continued to grow: more than 102 million people in the US have been infected with COVID-19, resulting in more than 1.1 million deaths from March 2020 to January 2023 (CDC 2023). Losses amplified by systemic racism were far greater in pandemic peaks, as revealed in "The Color of Coronavirus" (APM Research Lab 2022), with a total of 1 in 275 Black Americans dying from COVID-19 in 2020–2022—364 deaths per 100,000 (crude rate, age adjusted 1 in 472)—alongside 363 deaths per 100,000 Pacific Islander Americans (1 in 275, age adjusted 488/100,000), and 480 deaths per 100,000 Indigenous Americans (1 in 209, age adjusted 589/100,000). Given funding limitations in North Carolina, finely parsed, state-level data tracking for COVID-19 racial disparities lasted from March 2020 to March 2021, and it revealed that while Black North Carolinians were most likely to die from COVID-19, Latinx North Carolinians were most likely to contract the virus (CTP-NC 2021). The aforementioned mountain of imposed and otherwise-preventable harms has ignited painful legacies of "forced resiliency" in Black communities, which in turn has piqued an intergenerational accumulation of race-based traumatic stress specific to "living within a racist system or experiencing events of racism" (Mental Health America 2022a; refer also to Carter et al. 2013; Bryant-Davis 2007; Helms, Nicolas, and Green 2010).[4]

Addressing the mental health experiences of people who identify as African American and/or Black acts as a prism to clarify the interconnected actions needed in pursuit of mental health as a human right (Reyes 2020; Porsdam, Bradley, and Sahakian 2016; OHCHR 2020; Desierto 2020; United Nations ICESCR 1966). Engaging with the COVID-19 syndemic through a health justice lens (Benfer, Mohapatra, Wiley, and Yearby 2020) that prioritizes mental health requires reparative institutional and infrastructural shifts to support Black people's mental wellbeing more equitably (Cunningham et al. 2021; ABPsi 2020; Novacek, Hampton-Anderson, Ebor, Loeb, and Wyatt 2020; SAMHSA 2021). These shifts include building coalitions and capacity to democratize access to quality and structurally competent mental health care that includes prevention, treatment, and sustainable community support systems (S. Thomas 2021; Martinez et al. 2019; Haynes, Cheney, Sullivan, Bryant, Curran, Olson, Cottoms, and Reaves 2017). This also requires prioritizing collective, multiracial action and policy overhauls that directly address systemic racism and social

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[4] Mental Health America's (2022a) resources on race-based traumatic stress clarify the following: "Racialized trauma can come directly from other people or can be experienced within a wider system," including "as the result of a direct experience where racism is enacted on you" as well as "vicariously—such as where you see videos of other people facing racism," and/or can be "transmitted intergenerationally." There are acute and longterm effects on mental health for people targeted by racism both on "individuals and their wider communities"; further, for some, "prolonged incidents of racism can lead to symptoms like those experienced with post-traumatic stress disorder (PTSD)" and depression, and can manifest in various forms of anxiety, including rumination/recurring thoughts of the incident alongside psychosomatic consequences of the distress that include "headaches, chest pains, and insomnia," as well as "hypervigilance, low-self-esteem, and mentally distancing from the traumatic events."

logics of anti-Blackness (Comrie, Landor, Riley, and Williamson 2022) with known psychological and physiological effects for African Americans (Gale, Pieterse, Lee, Huynh, Powell, and Kirkinis 2020; Williams and Williams-Morris, 2000; Clark, Anderson, Clark, and Williams 1999), in order to include the unjustly high rates of illnesses worsening COVID-19 risk (Taquet, Luciano, Geddes, and Harrison 2021; Brandt, Liu, Heim, and Heinz 2022; Churchwell et al. 2020; Gur et al. 2020), like hypertension, heart disease, cancer, respiratory illness, obesity, diabetes, and reproductive health disorders, among other preventable forms of chronic stress-induced cellular weathering (Lewis and Van Dyke 2018; Goosby and Heidbrink 2013; Thorpe et al. 2016; Noonan, Velasco-Mondragon, and Wagner 2016; Prather, Fuller, Jeffries, Marshall, Howell, Belyue-Umole, and King 2018). This also includes building intersectional understandings of Black people's experiences of COVID-19, such as for LGBTQ people and queer youth of color, for whom COVID-19 stay-at-home orders with families of origin may have represented added mental health stressors or dangers, and thus necessitated extended community support networks for mental wellbeing (Salerno, Gattamorta, and Williams 2022; Ormiston and Williams 2022; Halley, Burton, and Arscott 2020). Ultimately, each of these shifts requires following intergenerational Black priorities for and knowledges about dismantling legacies of racism to make contemporary Black mental health possible in the first place (Menakem 2017; Pieterse, Todd, Neville, and Carter 2012).

Honoring Grief, Envisioning Change in Mutuality

In the gap between systemic need and systemic response, cultural communication plays a pivotal role in illuminating most affected communities' hard-earned knowledge to connect contemporary responses to historical foundations and roadmaps to alternative futures (Singhal, Papa, and Papa 2005; Hall 1997; C. Thomas 2021). Cultural performance and artful praxis for health and community-building, in this case, offer unique strengths in that community-accountable performance acts not as a "tool" to be wielded but as an "opened site for expression" (Conquergood 1998, 22), allowing for movement from predetermined answers or communiqués to methods of inquiry, imagination, and intervention (Conquergood 2002; refer also to Madison 2010; Pollock 2005; Trinh 1989; Boal 1993).[5]

Shaped by curator Michael S. Williams and artist Stacey L. Kirby alongside collaborating performers, VITAL Health programs pair movement and full-bodied stillness, speech and charged silence, symbolic materials and open space. These live and asynchronous community invitations work to center mental health, and they feel designed to unsettle the densities of death in the COVID-19 era and the structural determinants of health that long preceded it. Attending to grief, rage, and the nuance of loving and historical witness, these artists and partnering mental health professionals continue to till fertile ground. With live, outdoor audiences in spring 2021 and 2022 and online offerings throughout COVID-19 stay-at-home measures, the VITAL Health team has offered their embodied research and insights in layered ways. Based on the VITAL Health team's artistic and historical research on the grounds of the former Dorothea Dix Mental Hospital in Raleigh, North Carolina, these have included grief and documentation rituals. These have included grief and documentation rituals by Kirby and by Maria Geary, Ash Strazzinski, Claire Dubnansky, and Vinny Verburg performing as cemetery attendants, and, co-directed by Williams and Kirby and

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[5] See also Upendo Mwaluswa on "health justice and performance," in an unpublished interview conducted by Marie Garlock in 2007, during interviews with the Kilimanjaro Arts Group and White Orange Youth Liberation, two community-based organizations in Moshi, Tanzania; some interview excerpts were published in Marie Garlock, "The Performance and Expansion of Global Storytelling in 'It Is In You,'" *Storytelling, Self, Society* 8, no. 3 (2012): 138–66.

supported by production manager Myra Weise, the live, site-responsive performance of *Crisis Materials*, with dancer/choreographer Anthony Otto Nelson Jr. and poet/performer Johnny Lee Chapman III, and a closing dialogue that includes therapist Simone Jacobs (VITAL Health 2022).

As artistic collaborators with Williams on other projects, Chapman and Nelson are creators who do not shy away from exploring taboo and loss, situating economies and bodies as relational, historicizing protest and tragedy, and centering pro-Black visions of place, family, community, and urgently needed structural change, such that multiracial audiences can reflect on themselves, connect with one another, and share resources for action. As light rain fell during their May 2022 performance of *Crisis Materials*, dancer Nelson hovered in breath-filled spins and extended diagonally to then flip his limbs through aerial space. Seeming to stretch the available room between soil and sky, his choreography spoke time and again to the haunting cultural, political, and racialized experiences of grief during the COVID-19 syndemic. In Nelson's hands were triangular swaths of silver thermal mylar, fluttering rapidly as he circled them like prayer flags, summoning a reoriented attunement to the space around his body as much as inside of it, and around/inside each of ourselves as audience members. Made and woven throughout VITAL Health programs by Kirby, each material instance of mylar can evoke a range of audience responses, including the memory of mylar blankets wrapped around people displaced and devastated by disasters both natural and political (Kirby's 2019 "Civil Presence" and 2021 "Vital Records"; see also Waller 1998, referencing Las Comadres' "On the Border" performance). For some, this performance environment may pose the question: *whose* crises are met with the will to comfort and calm? The ongoing aural and visual rush of Nelson's lithe movement with the flags piercing soft, gray air gave way to a meeting of embodied and spoken lyricism. The voice of poet Chapman rose up and out in earnest: *"The melanated mind—what weighs on it? / What is vital / to our health? / and who / is essential?"*

Images 1 and 2. Johnny Lee Chapman III (left) and Anthony Otto Nelson Jr. (right) performing in *Crisis Materials* for VITAL Health. Photos by Caroline Cockrell. Used with permission.

In each site-responsive workshop and performance, the VITAL health team seeks to unearth complex contradictions given the recent conversion of the former Dorothea Dix Mental Hospital grounds to a public park—and most park-going visitors' lack of knowledge that nearly one thousand people are known to be buried onsite, with only a single marker for predominantly white patients at the formerly segregated in-patient institution, and no marker for the enslaved Black laborers who built the original buildings in the 1850s and who are also buried there.[6] In an interview with Eunice

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[6] Unpublished interview on trauma conducted by Eunice Sahle and Marie Garlock with Michael S. Williams and Stacey L. Kirby in Durham, North Carolina, July 17, 2022.

Sahle and Marie Garlock, Williams reflected on the essentiality of understanding that "Uncle John Hunter and people in his family—Theopholus Hunter Sr. and Jr.—enslaved laborers, built this hospital. Those who *built* the buildings could not actively *participate* in [receiving mental health] care." Kirby reflected in the same interview on the interconnection of "generational trauma through this whole project, as we listen to therapists, engage in community conversations…What trauma are we perpetuating for communities of color in COVID-19? Continuing to not receive resources, being put on the front lines or in harm's way. We are perpetuating that which has already been existing for *a very long time.*"[7]

In site-responsive performances, VITAL Health audiences take on roles as co-participants in interactive walking/rolling rituals to mark underrepresented histories onsite. This participation includes Kirby's guidance, along with the cemetery attendants, in a rhythmic, collective bell ringing, after naming and silently contemplating the overwhelming numbers of people dead from COVID-19. This moment of pause and ceremonialism invites audiences into space and time that have been set aside (Bell 2009) through references to both communion and funerary rites. Both poet/dancer and the ensemble of attendants then move between distanced memorial wreaths made of countless silver mylar flowers, constructed by Kirby with participant-sourced materials from nearly forty preceding public workshops led by the VITAL Health team over the last three years.

In these workshops, participants are given squares of silver mylar and brightly colored, translucent gel paper—whether mailed for online gatherings or rustling in dozens of palms simultaneously in person—and are invited to construct flowers that they can dedicate to people in their lives experiencing mental health journeys, and for whom they can offer optional, written reflections to be documented by Kirby during future wreath-making workshops. Throughout, participants listen to conversations among VITAL Health team members, hosted by Williams to situate mental wellbeing during the COVID-19 syndemic in historically responsive ways. These processes make tangible the intangible, joining contemplative inner-reflection with acts of public witness. Such shared, tactile experiences with VITAL Health can help ground public participants— who now number in the thousands, in sum—amidst unnerving experiences of stigma, isolation, and abstraction of harm while navigating their own mental health journeys. Creating participatory connection through community-based performances that join ritual and aesthetics, reciprocity, and communal context (Cohen-Cruz 2005) is iteratively supportive of mental health (McCrary, Redding, and Altenmüller 2021; Darkness Rising Project 2022).

Dialogic Truth-Telling and Imagination

How are understandings of race-based traumatic stress informed by foundations of intergenerational trauma in the US? How do layers of inherited physiological and psychological harm from racism affect people of color seeking liberation at individual, interpersonal, institutional, and ideological scales? VITAL Health has hosted post-performance dialogues with live audiences that seek to address these questions in open-ended, evocative ways, with curator Michael S. Williams in conversation with project collaborator and therapist Simone Jacobs, a licensed clinical social worker who specializes in intergenerational trauma and addressing women of color's unique experiences. Guided by the concepts of hate, despair, and doubt explored by W.E.B. DuBois (1903) as responses

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[7] Interview conducted by Sahle and Garlock, July 17, 2022.

to anti-Black racism in the US, Williams asked Jacobs about the role each plays following May 2022 performances.[8]

These live conversations are imbued with a "heaviness in the land," as dancer and embodied researcher Nelson describes it,[9] and with this question of "what weighs on the melanated mind," as poet Chapman explores.[10] In other words, these experiences are not new, and witnessing how intergenerational trauma manifests can more respectfully tend to it as "a collection of deep and distressing experiences within and across generations and embedded in biological responses," through which the ongoing colonial world order affects physical and mental health for African Americans (Barlow 2018, 903). Intergenerational trauma operates through both the "historic nature of race-based traumatic experiences" and the "psychodynamic concept of the intergenerational transmission of traumatic behaviors." For African Americans—in a society built through plantation slavery and living logics of white supremacism—these have included adaptations of "resistance and resilience," but also behaviors such as "the use of invisibility because it provides protection, secrecy to protect the lives of others who cannot expect fair treatment, and hiding hope because it leads to disappointment" (Jacobs and Davis 2018, 2–3).

Changing "the legacy of abuse [against us as African Americans]" requires acknowledging the dynamics of the "absent but implicit"—given that trauma, according to Jacobs, includes not only what happens in the moment of an event of harm and violation, but also what leads up to it both historically and interpersonally, and "when we do not deal with what happens in the past, these events continue acting out on us without our knowledge."[11] Speaking to the experience of "hate" that W.E.B. DuBois frames in "Of Alexander Crummell" in *The Souls of Black Folk* (1903), which Williams cued up in the aforementioned live conversation, Jacobs proposed that hate keeps the individual in relationship with their abuser; and, "when subjugated, one does not get to express this hatred toward someone else, [thus] they must express it toward themselves."[12] As such, therapeutic support and mental health-focused programming that attends to truths of intergenerational, historical, and racialized harm can instead *let* one "change that relationship with power structures, so you are in relationship with yourself, not the people who have hurt you."[13] In this sense, historicizing intergenerational trauma also means tuning in to its somatic dimensions across oppressed/oppressor or targeted/targeting/participant social roles, which, as Resmaa Menakem (2017, 9) frames it, "live and breathe" in the nervous systems of African Americans, white Americans, and law enforcement/state actors' bodies differentially at interpersonal, structural, and epigenetic scales.

Violence and media circulations of police brutality and hate crimes targeting Black people, including those with disabilities and mental health differences, are acutely traumatizing for directly-affected people and produce identifiable mental health challenges through vicarious trauma for wider communities of witness (Curtis, Washburn, Lee, and Chae 2021; Eichstaedt, Sherman, Giorgi, and Guntuku 2021; Bor, Venkataramani, Williams, and Tsai 2018; Boyd 2018).[14] In *Disability*

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[8] The closing dialogue between Williams and Jacobs after the VITAL Health public performance in Raleigh, North Carolina, May 21, 2022, was audio recorded by Marie Garlock, who also conducted site interviews with artists and participants.

[9] Anthony Otto Nelson Jr., closing artist dialogue with Williams, VITAL Health public performance, Raleigh, North Carolina, audio recorded by Marie Garlock, May 21, 2022.

[10] Johnny Lee Chapman III, live "Crisis Materials" public performance, Raleigh, North Carolina, audio recorded by Marie Garlock, May 21, 2022.

[11] Simone Jacobs, closing dialogue, recorded by Marie Garlock, May 21, 2022.

[12] Jacobs, closing dialogue, May 21, 2022.

[13] Jacobs, closing dialogue, May 21, 2022.

[14] Compared to white Americans, Black Americans reported significantly larger increases in depression and anxiety symptoms in the weeks after [George] Floyd's death (Eichstaedt, Sherman, Giorgi, and Guntuku 2021), and this

Visibility, the Harriet Tubman Collective (HTC 2020) clarifies intersections of disability, mental health, and economic status,[15] which shape Black people's experiences of public and police over-surveillance/under-protection, including police encounters that turn disproportionately violent or deadly, and manifest in unjust, unequal incarceration rates when compared to white people with mental health differences and disabilities (Robin and McCoy 2022; Fuller, Lamb, Biasotti, and Snook 2015; Torrey, Zdanowicz, Kennard, Lamb, Eslinger, Biasotti, and Fuller 2014; Perry and Carter-Long 2014).[16] Among others, performance-based film and visual artists with the Sins Invalid collective have reflected on anti-Black racism/ableism, given that half of the people killed by police have psychiatric disabilities (Bazant, Berne, Moore, Simpson, and Abadani 2016; Sins Invalid 2019, 2022). These arts-based approaches are in conversation with the concept of the "unknowable body" posited by Petra Kuppers (2003) and her work with the Olimpias Collective, whereby performance creation and audience witnessing processes are shaped by partnerships with self-identified "mental health system survivors" and can open up interactions beyond the "readability" of the body's movements as hysterical/excessive "negativity" to be pathologized, such that participants must rethink, politicize, and differently validate "spatial and temporal aspects of embodiment" beyond binaries and closures (125–35).

Given layered experiences of the "temptation of doubt" and internalizing oppressors' perceptions, Williams asked Jacobs to expand upon the concept that doubt is how oppressors "do what they do—they make you doubt yourself; they invalidate your experience," and she continued, "Seeds of doubt cause you to remain subjugated and oppressed in many ways."[17] Jacobs clarified for the VITAL Health audience—where many were already nodding their heads and giving verbal affirmation—that therapeutic support is meant "to create a sense of safety that is internal versus external" for people who experience systemic harms of racialized trauma; this is in direct contradiction to ongoing, often systemic, historical efforts to "ignore the past" or to "keep it" as their own narrative, such that oppressors can pretend they are not perpetuating harms.[18]

When mental health challenges translate to being perceived as "Black *and crazy*" in the US, consequences of "social disqualification" given "racial and disability stigma" can also result in institutional separation of family members and/or inpatient commitment or provision of drugs against the person's will, and can otherwise manifest as traumatic for children and adults alike (Jarman 2011, 13–18). This is not a new phenomenon. It is inherited from centuries-long campaigns by the psychiatric profession that enveloped Black people in the shadow of predominantly white institutions' profit and oppression. Violent narratives and agendas formed through:

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phenomenon has been mapped to police killings of Black individuals, decisions not to indict/convict involved officers, and hate crimes (Curtis, Washburn, Lee, and Chae 2021).

[15] Among the one-fifth of the US population and the one-quarter of Black people who experience disability, "poverty operates as a cause and consequence of disability," while 65–75 percent of children in juvenile detention have one or more mental illnesses, and 85 percent have one or more disabilities (HTC 2020, 236–42).

[16] These lives include: "Tanisha Anderson, Sandra Bland, Miriam Carey, Michelle Cusseaux, Ezell Ford, Shereese Francis, Korryn Gaines, Eric Garner, Freddie Gray, Milton Hall, Quintonio LeGrier, Kyam Livingston, Symone Marshall, Laquan McDonald, Natasha McKenna, Stephon Watts, Darnell Wicker, Mario Woods, and countless other Black Disabled/Deaf victims of police brutality" (HTC 2020, 240–41). Individuals perceived to have "psychiatric disabilities" and developmental differences are "presumed to be dangerous to themselves and others" in police encounters and in institutions' mobilization of private security, which can result in traumatic injury and unjust death (Perry and Carter-Long 2014).

[17] Jacobs, closing dialogue, May 2022.

[18] Jacobs, closing dialogue, May 2022.

- enslavement, with medical diagnoses of so-called "drapetomania," which pathologized Black people escaping slavery as "insane" and "treatable" via enslavers' torture (Jarman 2011; Metzl 2010; Cartwright 1851);
- Jim Crow—in ways ranging from racialized, gendered state eugenics programs like the state of North Carolina's targeting of people with mental health differences and developmental disabilities (Amy and Rowlands 2018; Alejo, Saucedo, Valerio, and Lira 2020) to the so-called "protest psychosis," through which psychiatric treatment economies institutionalized and wrongly drugged "angry Black men" participating in mid-twentieth-century Black Power movements, naming them as schizophrenic (Metzl 2010; S. Thomas 2021);
- and mass incarceration and the neoliberalization of social services and other public utilities, with involuntary placement into foster care of often disproportionately Black and Brown low-income children, who themselves or whose families experience mental health challenges, including real or assumed lack of economic/infrastructural access to mental health treatment (Benfer 2015; Kirshbaum, Callow, and Buckland 2014; Simmons 2008; Mental Health America 2022b).[19]

Continuing to build on DuBois' (1903) engagement with the "temptation of despair," Williams and Jacobs explored in conversation Jacobs' potent reply that, "You cannot be greatly despairing if you have not greatly hoped. Despair is in direct proportion to your hope. Hope is strong because you have survived, but fragile because it is easily disappointed."[20] Expanding upon popular narratives of depression as a condition to be treated, Jacobs explored with Williams the potential that "Depression can actually act as a solution to the things we have going on, if and when we put our symptoms in the context in which they occurred. Depression is a terrible experience, which makes everything vaguely [awful], and in many respects this is better than feeling the wounds underneath [from specific traumatic experiences]."[21] Informed by public intellectuals and movement-builders from DuBois (1903 and more), to Ida Bell Wells-Barnett (1908), to North Carolinian Ella Baker (1960) and more, in prior workshops offered by VITAL Health, Williams had conceptualized the wastefulness of anti-Black racism alongside the freedom strivings of gifted leaders and coalitions who sought to identify clearly the historical harms and tragedies perpetuated against them, and from which they sought not only emancipation but systemic abolition. In response to acute experiences of racial trauma, Jacobs proposed, "traumatized people often minimize their experiences 'It was not that bad, not that big'…but often hate and anger go together, and beneath that anger is disappointment at betrayal." As such, she said, in therapeutic and mental health support settings, people "get help to *feel their feelings*—if you can [allow yourself to] be sad, how do you then grieve, to say 'I was actually hurt?'"[22]

In this vein, *Break the Silence* (2020) is a short film by curator Michael S. Williams, featuring poet/performer Johnny Lee Chapman III and dancer/choreographer Anthony Otto Nelson Jr., and produced by the *Black on Black Project* (2020), which promotes "equity over equality." In the project's film notes, *Black on Black* (2020) reflects: "The thing about mental illness is that it works in a cycle. It

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[19] This reflects historical, brutal patterns of separating Black children, spouses, and families, embedded in psychological and financial economies of US plantation slavery (Jarman 2011). It is also reminiscent of contemporary water justice struggles in Detroit and Flint, Michigan, among other locations characterized by environmental racism and "sacrifice zones," where low-income, predominantly Black families' inability to pay water bills have resulted in the forced removal of children from the home by social services (CWFNC 2015).

[20] Jacobs, closing dialogue, May 2022.

[21] Jacobs, closing dialogue, May 2022.

[22] Jacobs, closing dialogue, May 2022.

has periods of flaring and of staying silent. Those with it will occasionally fall into a spiral, sinking to depths due to past trauma. But we don't stay here. We rise higher, continuing to heal and deal with situations in new ways." Chapman's live poetry in the film reflects on interconnected history, familial and social denials—one for attempted safety, the other for erasure—and manifestations, as "PTSD can be passed down / and generational trauma is a heavy thorn crown / and sacrifices should no longer be forced on Black hearts and minds" (Break the Silence 2020). Nelson's on-camera movement spatializes and un-layers each verse, with eyes that seem to sigh in rhythm with Chapman's turns of phrase, Nelson's chest curving, body extending through the variously warm spotlight and cold air they share in the filmed vignettes (Break the Silence 2020). As a duo in co-creative conversation with Williams, Chapman and Nelson perform to jointly cut through the fogs of social stigma and injustice exacerbating mental health challenges, interweaving responsivity beyond reactionary backlash that seeks to keep "private" depression, anxiety, bipolar disorder, PTSD, and more, which often reflects historical inheritances and contemporary experiences of racism. Much more than an individual or familial experience of "mental health stigma," too many Black people are affected by a lack of infrastructural and economic access to quality, culturally and structurally competent mental healthcare (S. Thomas 2021; Jackson 2022; Banks 2022; Snowden 2003), and the aforementioned social, economic, and even legal consequences of their pursuing it (Holden and Xanthos 2009; Rodriguez 2021; Dirshe 2020). With syllabic and sinuous precision, in *Break the Silence* (2020), Nelson and Chapman each and together embody a self that meets imposed loss with a call for courage, for self-love and deep presence. Each element of the film is supported by the intimacy of connection afforded by filmed performance—in that the viewer "comes in" on the performer's terms, based on their trust developed with the cinematographers and curator, who make tangible the relationship between concept and form.

Images 3, 4, and 5. Film stills from *Break the Silence* by Michael S. Williams, with Johnny Lee Chapman III (top left, right) and Anthony Otto Nelson Jr. (bottom left, right). Used with permission.

Performance that Metabolizes

Continuing to link the individual, interpersonal, institutional, and ideological (Adams, Bell, Griffin 2010), Sonny Kelly teaches public speaking, interpersonal communication, and other communication courses that take an arts-based approach to narrative, discourse analysis, and embodied experiences of witnessing and improving colleagues' expressive work in classroom settings. In the MLM project, Kelly partnered with Find a Friend program coordinator Shauna Hopkins to honor a local youth luminary, anti-violence advocate and college- and fashion-design

aspirant Ravon Jordan, who was killed by a stray bullet in Fayetteville, NC at just nineteen years old in 2014. The six-week summer programs, which served over thirty Black and Brown youth participants in Fayetteville from 2016 to 2018, focused on self-love, anti-violence, and critical cultural analysis developed through poetry devising and performance—which itself can improve neural networks' reward circuitry to combat loneliness and life stressors (Xiang and Yi 2020). Participants in artistic expression workshops facilitated by Dr. Kelly also engaged take-home photography prompts in the PhotoVoice methodology. Featuring "artistic expressions for, and by, youth that can be used to help us all to work through trauma, explore positive life choices, improve positive self-concept, and increase community awareness," the MLM project simultaneously supported youth in "using their voices as a force for connection and change," and asks audiences, from policymakers to educators and beyond, "Will you listen?" (Kelly 2022, 1).

Communal Spaces for Supportive Care

Youth MLM poets directly and indirectly explored mental health in their lives, shaped by experiences of racism and structural violence at social, infrastructural, residential, and community scales, through forms of direct, intergenerational dialogue shown to improve young people's psychosocial health (Anderson and Stevenson 2019; Kelly 2016). Kelly (2022) encouraged youth

> to use Ravon's legacy as inspiration to find their voice and show the world why they were important. This project not only gave the youth a voice, it gave them a platform to come to terms with the world they live in and an outlet to work through the difficult issues that they live through every day. The youth also became a support system for one another and encouraged each other to tell their stories without judgment (3).

The resulting works of the MLM poets emerged from what Kelly calls The Power of Performance, The Power of Dialogue, The Power of Reframing and Reclaiming, and the Power of Words, such that these young people's stories might "inhabit and inform your stories for years to come" (Kelly 2022, 5–6; Kelly 2020). Using artist pseudonyms to protect their identities while also lending confidence to their creative practice, the MLM poets' published works (Kelly 2022) came out in the winter of 2022, with a deepened resonance given the intervening COVID-19 syndemic. The following is an excerpt of "Help" by The Poetess (Kelly and MLM Poets 2022, 29):

> And when you're looking at my exterior, it
> looks like I have it all together
> But isn't our skin supposed to protect our
> insides from falling out?
> So yes, I'm holding myself up
> Because it's my interior you don't know about

Original pieces about confidence and listening to youth emerged, alongside mourning songs and calls to action amidst structural violence. Still others published in the *My Life Matters* anthology speak directly to depression and the all-too-common contemplation of self-harm while enduring stressors, alongside navigating the range of desire for and experience of supportive care from family, neighbors, policymakers, educational institutions, and community supporters. Written by Heartfelt, this poem is called "My Heart" (Kelly and MLM Poets 2022, 25):

By the color of my skin by the love in my heart
No matter what people say I know I will make a mark
When I stop and look around I see tears and shattered hearts
It makes me wonder why life has to be so hard
I have been brought to the light so I stand on my feet
And say what God has asked me to speak
Knowing it might change a life is what means so much more to me.
So I say let the world shine in joy and laughter
And that is why my life matters.

The following is an excerpt of "They vs. We" by The Poetess (Kelly and MLM Poets 2022, 22):

They with a gun is a patriot, we with a gun is a thug
But we just go to the store, to school, to work or just walk down the street and get shot
down / no questions asked
We are born original but They set out to see us as copies
Cookie cutter people in their eyes […]
We are dead before we even get that trial
We are tired of seeing our little We's and our big We's being shot and killed for unnecessary
reasons
We are tired of not being able to just walk down the street without feeling threatened
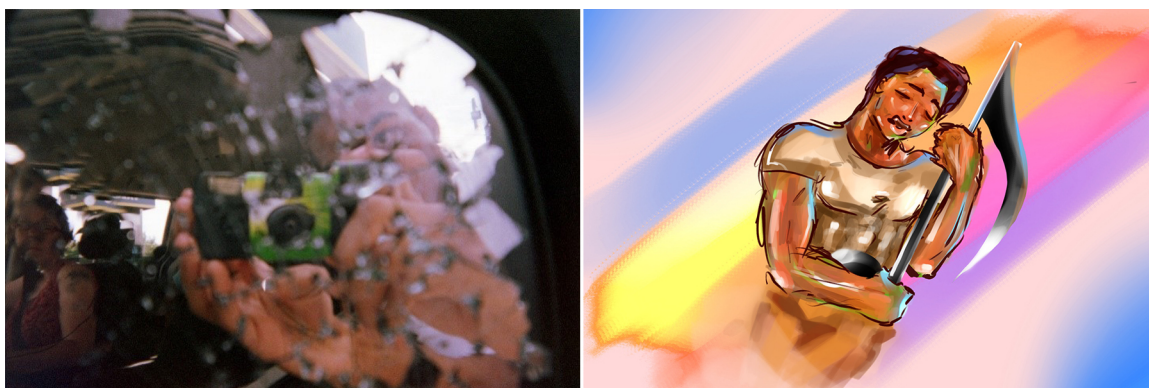
Images 6 and 7. "Shattered" by Misunderstood (left), and "Music" by Langston Kelly (right), art published in the *My Life Matters* anthology (Kelly and MLM Poets 2022, 7 and 27). Used with permission.

Ongoing movements to offer dialogic, multidisciplinary programs like those highlighted here, or specifically therapeutic experiences like Emotional Emancipation Circles (Community Healing Network 2022), can attend to interwoven COVID-19 syndemic losses with widened witnessing of racialized trauma (EMPOWER Lab 2023; Ibrahimi, Yusuf, Dongarwar, Maiyegun, Ikedionwu, and Salihu 2020; Liu and Modir 2020), alongside deliberate measures to "defie the lie of white superiority and Black inferiority" that continues to "undermine dignity and fundamental human rights" to mental health (ABPsi 2022). Such supportive programs extend beyond popular, problematic notions of "resilience" that fall in line with neoliberal logics that individualize "solutions" to what are actually systemic harms (Park, Crath, and Jeffery 2020; Garrett 2016). In school-based creative empowerment and mental health work with Black femme youth, Goodkind, Brinkman, and Elliott (2020) pinpoint the conflation of process with outcome when resilience is defined by dominant

values like "follow the rules, work hard, try to ignore mistreatment" and "individual-level, adaptive behaviors" like "planful self-control, [and] unwavering persistence"; these can push "Black girls to strive within the context of their oppression" and confuse wellbeing with "success" in ways shown to deteriorate physical and mental health for marginalized people in societies with unequal opportunities, as well as those where pro-health, group-focused adaptive behaviors like "protesting or challenging injustice" bring about disciplinary consequences or labels of "defiant" or "delinquent" for Black youth (318–20). This gives a broader context to the (binarily) gendered health effects of the individualized, "superhuman" striving tracked for Black men as "John Henryism" (Sherman 1994; Sellers and Neighbors 2008), and the social positioning as caregivers and excellence achievers among Black women termed as "Superwoman Syndrome" (Kalinowski, Wurtz, Baird, and Willen 2022; Woods-Giscombe 2010; Woods-Giscombe, Lobel, Zimmer, Wiley, and Corbie-Smith 2015; Woods-Giscombe, Allen, Black, Steed, Teneka, Li, and Lackey 2019; Donovan and West 2015; Walton, Campbell, and Blakey 2021). As Beauboeuf-Lafontant (2009) frames it, "To assert the idea of 'strong Black women' during slavery, segregation, or contemporary institutional racism and intra-racial sexism is to maintain a reassuring conviction: that personal actions and agency trump all manner of social abuses," which "soothes many a conscience that could be troubled by the material conditions forced upon" them (3).

Emancipatory Engagement through Creative Action

Building on the MLM approach and on African and African diasporic traditions of naming (ABPsi 2021; AAPF nd) to center a multilayered ethic of celebration and connection amidst dislocation, Dr. Kelly's teaching at Fayetteville Technical Community College (FTCC) allows classroom participants to engage the mental health hardships of the COVID-19 syndemic. As they have navigated online and in-person classes over the last three years, students have been invited to "metabolize [their experiences] through performance, guided by what Dr. Resmaa Menakem calls 'metabolization of trauma.'"[23] From the early pandemic onward, Kelly has reported having to "pull on those same tools of the My Life Matters project, of performance through community-building pedagogy,"[24] such that FTCC course participants were not just researching, memorizing, and presenting, but authentically performing a bit of themselves through poetic inquiry (Faulkner 2019). Poetic inquiry, as a form of arts-based research, is capable of "disrupt[ing] hierarchies and humaniz[ing] research by centering on the participants' lived experience, evoking emotion, amplifying participants' voices, fostering researcher reflexivity, and encouraging collaborative research and public scholarship" (Fernández-Giménez, Jennings, and Wilmer 2018, 1080). In particular, Kelly found that as a teacher-learner alongside learner-teachers (after Freire 1970), it was grounding as a first project amidst the unsettling realities of COVID-19 each semester for the last six semesters, to lean into the "importance of *naming* in the Black community, its connotative, denotative meanings—the love, connection and legacy there that comes to voice [is then] known, felt, and expressed" in turn among participants of all races and ethnicities, and "as a mechanism of community empowerment, people can *feel* it when they are celebrated"[25]

Designing such classroom interactions activates a restorative approach toward equitable education, countering assumptions about student achievement that are shaped by racism, sexism, classism, and more (DePaoli, Hernández, Furger, and Darling-Hammond 2021), where educators

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[23] Kelly, unpublished interview, 2022.
[24] Kelly, unpublished interview, 2022.
[25] Kelly, unpublished interview, 2022.

can instead "teach in a manner that respects and cares for the souls of our students" with "the courage to transgress those boundaries that would confine each pupil to a rote, assembly-line approach to learning" (hooks 1994, 13). At FTCC, where there is a renewed institutional emphasis on supporting the success and retention of Black masculine-identified students, Kelly tries to create "anecdotal evidence of how the narrative of Black mental health and health in general arises in the classroom in a positive way," such that centering Black knowledges on Black creators' and educators' terms does "not always require Black-only spaces, but co-creation within classroom experiences" to set rhythms of open communication that flow through call and response, greeting and reply, and the inclusion of people from whom we have heard the least.[26] This restorative process for equitable education is of benefit "both to the individual Black student" and to "fellow witnesses [who] cannot help but to be enriched by his Black experience," and creating an ethic of "we have not heard enough of *your voice*" also opens opportunities for "the two autistic students in the room, who are phenotypically white, to connect not only with me and classmates but more deeply with each other in their shared experiences."[27] As guided by the My Life Matters project, Kelly echoes, "As we know, this is not just 'Black community' work, it is *community work*," and, he maintains, many people will benefit when Black wisdoms are centered, as "we have developed a muscle memory in doing this work of building healing communities."[28] To shape affirming spaces for expression around mental health and for the sake of improving it during the COVID-19 syndemic, Kelly has built in arts-based, dialogic, and bodily engagement to open up classes (even/especially online) to ground students in mutual support among peers, foster inspired feedback, and "lift each voice in the room" through small ceremonies of reverence for one another's presence that have been adapted to challenging conditions.

Conclusion

COVID-19 has acted as a lightning rod, revealing intersecting inequities, and as such, represents an opportunity to intervene for cultural and policy change toward health justice, guided by ongoing movements for Black lives and mental health. Promoting mental health as a human right for Black people in the US reveals two simultaneous realities rooted in centuries of history and amplified during the COVID-19 syndemic. First, Black people's mental health has too often been weaponized as another site for targeting state harm, creating cultural spectacle, and ignoring Black agency within overtly and subtly abusive logics of white supremacism, normalized by the institutions and ideologies shaping everyday life in the US. Second, the mental health, inner lives, and emotional wellness of people who variously identify as African American and Black in the US can and must instead be honored in intentional, protected, affirming spaces of respectful care and infrastructural support that center Black leadership and creativity, expression and witness, strength and vulnerability, joy and grief, imagination, and way-making.

In this article, we have proposed that community-based performance and arts and education initiatives like the VITAL Health project, the film *Break the Silence*, the My Life Matters project, and performance-driven classroom strategies are uniquely positioned to address race-based traumatic stress in embodied, reflective, and collective ways. As future others respond to mental health and racism-related human rights injustices, the emancipatory infrastructure created during the COVID-19 era by arts initiatives like these will continue to support others' work, too. As community

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[26] Kelly, unpublished interview, 2022.
[27] Kelly, unpublished interview, 2022.
[28] Kelly, unpublished interview, 2022.

advocates amplify underrepresented narratives of mental health across the US south and global south alike, such performances act as a site of "effective and affective" praxis for human rights, linking advocacy and ethics—"What should I do with what I have witnessed?"—alongside acts of community-accountable communication to "reach for the causes of an issue and not simply respond to its symptoms" (Madison 2010, 2–19).

Responding to the COVID-19 syndemic, the artists and creative facilitators whose works we explored designed shared practices for mourning and celebration alike, with communal rituals that honor grief and envision change. They shaped events for expression and witness, centering Black knowledges to inspire shared, multiracial perceptions of critical, cultural analysis. These performers', therapists', and educators' invitations to audiences have breathed history into the present and alternatives into the future—and in so doing, continue to open spaces of dialogic connection for truth telling and imagination. By explicitly and implicitly mobilizing support for mental health journeys during COVID-19, these creators have shaped communal spaces for supportive care and emancipatory engagement. As applicable responses to collective trauma and health injustice within the COVID-19 syndemic and beyond it, these artistic approaches are rooted in the design of environments that center Black people's mental health as a bridge to collective mental wellbeing, prioritize advocacy for social and policy change, and democratize open-ended communication and collective creative action.

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Contextualizing Islam in Times of COVID-19

Samba Camara and Mohamed Mwamzandi

ABSTRACT

Over the last three years, the COVID-19 pandemic has continuously disrupted congregational worship around the world. In Muslim communities, the emergency closure of mosques engendered a temporary desocialization of the Muslim faithful to varying degrees. This study examines the impact of the COVID-19 pandemic on Muslim religious behaviors in North Carolina's Triangle region, Senegal, and Kenya. It explores how Muslims in the three regions responded to COVID-19 public health measures as mandated by their respective governments. Using a comparative lens, the study identifies various Muslim responses to state public health policy, especially regarding mosque closures from March to May 2020. Based on data from online questionnaires, secondary sources, and observations, this article argues that Muslim religious behavior during emergency mosque closures was shaped by the worshippers' ideological interpretations of COVID-19, and, in the case of Senegal, by the government's failure to adequately include religious authorities in COVID-19 policy making.

Keywords: COVID-19, Islam, Kenya, Senegal, North Carolina

Introduction

Since March 2020, the COVID-19 pandemic has continuously disrupted congregational worship worldwide. In Muslim communities, executive orders and public health advisories prohibiting mass gatherings caused the suspension of the *Salāt al-jama'at* (Muslim congregational prayer) at mosques. When congregational worship resumed starting in May 2020, mosques were required to observe social distancing and mask-wearing measures. Worshippers were asked to bring their own personal prayer mats when attending prayer, instead of prostrating on the mosque's carpet as is usually done. Nevertheless, the new set of measures still disrupted the normalcy of *Salāt al-jama'at*, and it remained one of the pandemic's major effects on Muslim religious life. Most significantly, the measures occasioned a form of "desocialization" of the Muslim faithful, which, in the early stages of the pandemic, resulted in the conjunctural loss of what Emile Durkheim (1964) called the "eminently social" significance of the rite (10). As a site of congregational worship, the mosque, or *masjid* in Arabic, is in fact a place where Muslims perform socially prescribed activity patterns that define not just the religious identity of Muslims, but also their collective social presence and visibility in their broader neighborhood, city, and country.

For practicing Muslims who attend congregational prayer on a daily or weekly basis, the social eminence of the ritual is embodied in its secondary role of socializing the Muslim faithful. Beyond the fulfillment of prayer as a religious obligation, the *Salāt al-jama'at* allows worshippers at the mosque to meet and interact meaningfully during and after the congregational ritual. It allows them to (re)connect, make important community plans, and, most importantly, to maintain a collective

presence and visibility within the broader society. Socialization, in this context, entails several processes of social interaction and symbolic exchange, whereby an individual integrates a set of designated collective performances that shape the "shared values" of a given community (Anderson 1983). Whether in North Carolina, Senegal, or Kenya, the acts of *going to* the mosque and of *being* there with other fellow Muslims carry social meaning. Subsequently, the mosque and *Salāt al-jama'at* become mediums of self-identification and community building that aid in the socialization of the faithful. When the COVID-19 pandemic hit hard in March 2020, the subsequent closure of mosques and suspension of *Salāt al-jama'at* engendered a desocialization among many Muslims. In North Carolina's Triangle area and in Kenya, Muslims simply complied with the executive orders prohibiting mass gathering and resigned themselves to the urgent status quo. In Senegal, however, Muslim worshippers responded to government orders with division. While several Muslim authorities complied with the government's March 2020 state of emergency that imposed mosque closures, others resolved to keep mosques open for congregational prayer.

By focusing on pandemic-driven community dynamics around *Salāt al-jama'at*, this article comparatively analyzes the behaviors and religious arrangements undertaken by Muslims in North Carolina, Senegal, and Kenya, as they negotiated religious life during the challenging times of COVID-19. Specifically, the article examines the effects of the pandemic in terms of questions about *Salāt al-jama'at* and the responses of local religious authorities to COVID-19 public health policy. Based on data from online questionnaires, secondary sources, and observation, the article argues that Muslim religious behavior during emergency mosque closures was shaped by the worshippers' ideological interpretations of COVID-19, and, in the case of Senegal, by the government's failure to include religious authorities in COVID-19 policy making. By way of contextualization, the article first reviews the social dimension of Muslim congregational prayer in relation to Emile Durkheim's definition of ritual as an "eminently social" act. Then, it analyzes how Muslims in North Carolina's Triangle region, Senegal, and Kenya responded to COVID-19-related government policies, especially from March to May 2020, when the conjunctural ban of mass gatherings imposed a temporary prohibition on congregational prayer at mosques.

The Social Dimension of *Salāt al-jama'at* and Mosques

> *I think that due to the current trend [with less new cases around the world] we can think about moderate reopening of the houses of worship to sustain social relationship. (April 2020)*

The above is the opinion of a Muslim resident in North Carolina, suggesting that reopening mosques, as places of congregational worship, would allow worshippers to sustain a social relationship. The respondent hints at the Muslim belief in the socializing function of congregational prayer, especially in the challenging times of the pandemic.

The mosque is a sacred place where Muslims meet for congregational worship (*Salāt al-jama'at*) and for other secondary purposes. The five daily prayers, or *Salāt*, constitute the second hierarchical pillar of Islam. Whether held to fulfill the five mandatory daily prayers (*fard salāt*) or an optional prayer (*Sunnah salāh*), congregational prayer constitutes a traditional hour of Muslim gathering and socializing. The Islamic religion strongly encourages community building. The Qur'an (Muslim holy book), the *ahadīth* (collection of normative reports about the deeds and prohibitions of the Islamic Prophet Muhammad), and several other authoritative texts encourage the Muslim faithful to pray in congregation, preferably at the mosque (An-Nawawi 1999, 80; Islam International Publications, 2016, 31). According to one Hadīth, "The reward of the congregational prayer is 27 times greater [than that of the prayer offered by a person alone]" (al-Bukhari, Volume 1, Book 11, Number 621).

In addition to the benefit of socialization, the congregational prayer, as performed at the mosque, remains important in the Muslim spiritual imaginary. For many Senegalese Muslims, for instance, "a world without mosques is a world without God" (Abdoul Aziz Kébé, as cited in Willane 2020).

Studies of religion have defined rituals as acts created by and for social relationships, but also as expressions of cultural identity. Durkheim (1964) posits that all religious rites "translate some human need, some aspect of life, either individual or social" (3). In addition to the rite being a spiritual act mandated by the religious text, Durkheim suggests that the structure of the rite serves a fundamentally social purpose in human life. Durkheim's sociological approach to religion, in general, portrays the ritual as something maintained by the social needs of the worshippers, which equally sustain both the production and the historical survival of rituals. Andrew Rippin (2005), a contemporary scholar of Islam, notes that, "ritual activities and their attendant buildings, clothes and assorted paraphernalia provide the emblems of a religion and become, for the members of the religion themselves, modes for the expression of their identity" (103). Rituals, therefore, are not mere sequences of spiritual acts. They embody important modes of self-representation and convey the worshippers' perceptions of the world.

In Islam, *Salāh* is a medium of socialization. In fact, while *Salāh* refers to each of the five mandatory prayers, the Arabic word *salāt* means "connection," "contact," or also "communication" (Saddiqui 2008, 58; see also Abdalla n.d.). In addition to the performance of *Salāt al-jama'at* as a collective (re)connection with the Divine, the word's etymology traces the fact that Muslims also embrace prayer as an important hour of (re)connecting. Therefore, if the prayer ritual constitutes the primordial justification of the mosque, it also engenders the social meaning that worshippers have come to associate with it. Furthermore, Rippin's (2005) conception of Islamic ritual activity as a way of producing identity emphasizes another social dimension of the congregational prayer. For example, among the diasporic Muslims of North Carolina's Triangle, the Sufi communities of Senegal, and the Muslims of Kenya, the act of going to the mosque for prayer embodies faith, but, most importantly, it cultivates a cultural identity and worldview. In Senegal, the act of going to the mosque in defiance of the state's COVID-19 restrictions exemplified a conjunctural politicization of religion. Such an act articulates a notion of order articulated in divine terms; in this case, however, it was an articulation that, as we will discuss, occurred mainly in response to the Senegalese government's failure to engage Sufi authorities in its COVID-19 policy.

The form of socialization associated with the *Salāh* gatherings and the mosque itself varies from one Muslim community to another, and from one kind of a mosque to another. In the three locations of this study, the social function of the mosque depends on its location within a diasporic community, a majority-Muslim country, or a minority-Muslim country. We identified up to three categories of mosques in this project's focus communities, and found that the social significance of attending congregational prayer in the mosque varies from one category to another. The first category consists of mosques managed by the immediate local communities. These "street mosques," as they are called in the United States (US) (Lo 2004), or *jàkk* in Senegal, host congregations for the five daily prayers and for other *Sunnah* prayers, such as the nightly Ramadan prayer (*Salāt al-Tarawīh*). Street mosques do not host the Friday noon prayer, or *Jumu'a*. They host traditional engagement ceremonies (*tàkk* in Wolof, or *nikah* in Arabic) and funeral services (*janazah* in Arabic), but, except for the small library that these mosques often have, they do not provide formal educational services. In the second category are the district mosques, referred to in Arabic as *masjid al jami'ah* (main mosque) (Lo 2004). District mosques provide the same religious and community services as street mosques. In addition, they host the *Jumu'a* prayer service. In the US, some district mosques have educational and sports facilities, and thus, in addition to being places of congregational worship, they also offer formal Islamic instruction for kids and teens. Making up the third category are the Grand Mosques, or *Grande mosqueés* in French. These exist particularly in

Senegal, where each Grand Mosque building embodies (both spiritually and politically) the religious authority of each of the country's Sufi Brotherhoods, or *tarixa* in Wolof. When a Brotherhood's authority is split into several branches, as is the case with the Tijaniyya, a Grand Mosque is erected for every branch. Senegal's Grand Mosques provide the same religious and community services as the mosques of the other two categories, except that, unlike district mosques in the US, they do not have sports facilities. Because Grand Mosques embody Sufi authority, they wield a great deal of influence over affiliated street and district mosques as well as the social and religious behaviors of Sufi followers in Senegal and beyond.

Like in the rest of the Muslim world, North Carolina's district mosques constitute places of socialization. In Durham, for example, the two district mosques managed by the Association Jama'at Ibadarrahman (JIAR) are part of a list of about ten mosques in the area that serve a predominantly diasporic and racially diverse Muslim community. JIAR's two mosque facilities in Durham are located in the Parkwood neighborhood at 5122 Revere Road and at 3034 Fayetteville Street. Traditionally, JIAR district mosques offer congregational services for the daily *Salāh* and the four shifts of the Friday noon prayer alternate between the two sites. During Ramadan, the two facilities offer the traditional evening prayer (*Salāt al-Tarawih*) in congregation. With donations from the community members, the two mosques also serve a community *iftar*, the meal for breaking the fast at dusk. In addition, JIAR provides community services for marriages (*nikah*) and funerals (*janazah*). While *Salāt* foregrounds spiritual gatherings at JIAR mosques, this set of services showcases how it engenders community activities that structure the worshipper's membership in a socio-religious community. Over the last three years, however, this socializing role of the mosque has been significantly disrupted. North Carolina's COVID-19 public policies have forced JIAR mosques and others to implement changes in worship. JIAR members, as we will discuss, have been mainly compliant with state-mandated closures, and their religious behavior during the pandemic changed gradually in accordance with the evolution of Governor Roy Cooper's orders.

Senegal is about 94 percent Muslim, and about 92 percent of the Muslims identify as Sufis (Pew Research 2010), meaning that they are members of one of the Muslim Brotherhoods—also called Sufi orders—existing in Senegal and elsewhere in the Muslim world. Often called mystical Islam, Sufism refers to a way of practicing Islam that emphasizes the spiritual over the literal meaning of the religious text. Sufi Muslims pay allegiance to the Brotherhood's supreme leader, or *Khalif General*, who is the lieutenant of the founding saint. Senegal's Grand Mosques are important institutions of power and spheres of socialization. They sit in the respective capitals of the Sufi Brotherhoods and/or branches and in some districts of Dakar. Grand Mosques affiliated with the Tijaniyya order include those in the cities of Tivaouane, Léona Niassène, Medina Baye, and Médina Gounass. While these branches share the same Sufi doctrine and rituals, they each constitute an independent authority and maintain their own individual relationship with the Senegalese state. In the Muridiyya, Qadiriyya, and Laayen orders, religious authority remains more centralized in their respective Sufi capitals of Touba, Ndiassane, and Yoff. Grand Mosques are important sites because, in addition to providing religious services, they constitute spatial and spiritual embodiments of the authority of the Brotherhoods or branches. Senegalese Muslims maintain a strong connection with their Grand Mosque. Even when living outside the Sufi capital, Senegalese Muslims maintain close ties with local or district mosques affiliated with their Brotherhood. Therefore, it was not surprising when Sufi affiliation influenced Senegalese attitudes toward mosque closures from March to May 2020. When Senegal recorded a total of thirty-four COVID-19 cases on March 19, 2020, and the interior minister declared the closure of mosques, Muslim authorities responded with division. While many mosques complied, others did not, arguing that the COVID-19 policy was biased (Mboup, as cited in Enquête 221, 2020).

Kenya's Muslim population makes up around 11 to 30 percent of the total population, depending on the sources consulted (Pew Research 2010; Ndzovu 2014, 8). Hailing primarily from ethnic minority groups, Kenyan Muslims are mostly concentrated in the northeastern and coastal regions of Kenya. Unlike in majority-Muslim Senegal, Kenyan Islamic authority is less imbricated and has had a nationally more unified position on COVID-19 policies (see, for example, Bernadette 2020). In Kenya, street and district mosques are centers of congregational worship, learning, and spiritual nourishment. Like elsewhere in the Muslim world, Kenyan Muslims go to the mosque because of the spiritual benefits associated with congregational prayer. In addition, it is through congregational prayer that Muslims meet and socialize. Like in Senegal and North Carolina, mosques in Kenya provide community services, such as marriage ceremonies, funeral services, Islamic sermons, and Islamic education. Like in Senegal, Kenyan mosques also host annual ceremonies such as *Mawlid*, the commemoration of Prophet Muhammad's birthday. Although Kenyan Muslims, like Senegalese Muslims, may attend any mosque to pray in congregation, there is a tendency to commit to a particular local or district mosque, due to the imam's teachings or the Islamic school of thought he follows. For example, a Muslim may attend a mosque because the imam is against the practice of celebrating *Mawlid*, which, according to the followers of the Hanbalī school of thought, is *bid'ah*, or "innovation" in Arabic.[1] It is, therefore, not uncommon to find two mosques within the same neighborhood with adherence to different schools of thought. Unlike in Senegal, however, these ideological differences between mosques have not impacted Kenyan Muslims' attitudes toward state-mandated COVID-19 policies. In fact, Kenyan Muslims have unanimously observed the Kenyan government's public health policy, first regarding the closure of mosques and then the practice of social distancing, mask wearing, and handwashing as safety measures.

Religious Adjustments in Times of COVID-19

The study's data about Muslim religious adjustments to the COVID-19 pandemic come from three online questionnaires sent out to Muslim populations in Durham, Senegal, and Kenya from May to August 2020. In addition to the support of field-based research assistants and the use of personal emails, we resorted to social media, namely Facebook and WhatsApp, to disseminate links to online questionnaires to potential participants.

In Durham, twelve practicing Muslims participated in the study. Half of them reported that, prior to the pandemic, they had regularly attended daily congregational prayer at the mosque, while eleven stated that they had regularly attended the Friday *Jumu'a* prayer. With the advent of the pandemic, only three of them had continued to attend the mosque and they did so on a weekly basis only, while nine had completely stopped attending or did so rarely. Up to the period of July 2020, only two respondents had attended the Friday *Jumu'a* prayer during the pandemic, while the rest stated that they were not able to attend or did so rarely. Also, nine of the Durham respondents agreed with the state-mandated public health policies around mosque closure and social distancing, while three did not. Lastly, eleven out of the twelve Durham respondents stated that their mosque councils had to close their facilities and cancel congregational prayers as mandated by gubernatorial executive orders.

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[1] *Bid'ah* refers to the controversial religious practices introduced in Islam after Prophet Muhammad's lifetime. Unlike orthodox practices introduced by Prophet Muhammad himself, these practices are seen by some conservative Muslims as innovations that cannot be accepted as Islamic. Ultraconservatives see Sufi Muslims' celebration of Prophet Muhammad's birthday as *bid'ah*.

Fifty-six Senegalese participated in this study. Forty-two identified as Sufis and thirty-three were followers of the Tijaniyya Muslim Brotherhood, while nine identified as followers of Muridiyya. All fifty-six participants stated that, before the pandemic, they had attended *Salāt al-jama'at* at the mosque more frequently. In fact, forty-two respondents stated that they had prayed at the mosque at least once a week before the pandemic, while over half of them had attended the congregational prayer more than twice per day. Also, except for six respondents, all of them had attended the Friday noon prayer on a regular basis. With the advent of the pandemic, the patterns of mosque attendance reversed significantly. Out of the fifty-six respondents, only one had continued to attend the five daily prayers, compared to thirty-nine who had completely stopped attending the mosque, or did so rarely, because of COVID-19. The data also shows that, while most respondents had stopped attending the mosque during the pandemic, five of them had attended the mosque at least once daily, while four had managed to make it to the weekly noon Friday prayer. Regarding the closure of mosques, 74 percent of the respondents agreed with the Senegalese president's declaration of a state of emergency that prohibited all mass gatherings, including congregational worship. Nine interviewees were neutral about the state of emergency, while four entirely disagreed with it. Out of fifty respondents, forty-two stated that their mosque had closed and cancelled congregational worship services, while four reported that their mosque had not.

In Kenya, twenty-two Muslims completed the online questionnaire. Sixty-eight percent of the respondents reported that, prior to the pandemic, they had frequently performed the five daily obligatory prayers in congregation, while 16 percent had attended the mosque weekly, 10 percent had attended occasionally, and 6 percent said they did not pray in congregation. After the onset of the pandemic, 70 percent indicated that they did not pray in congregation, 25 percent attended weekly, and 5 percent prayed occasionally in congregation. The responses indicate that many of the Muslims in Kenya followed the government's restrictions and advisories aimed at mitigating the effects of COVID-19. These results are also reflected in the attendance of the *Jumu'a* prayer: before the pandemic, 85 percent of respondents had attended the *Jumu'a* prayer, while between March and May 2020, 85 percent did not attend the *Jumu'a* prayer at all and 15 attended rarely.

Analysis of Muslim Adjustments to COVID-19

In the study's three Muslim communities, the compliance of Islamic authorities with COVID-19 government policies depended largely on the existence—or lack thereof—of a national Islamic council of jurisprudence focused on COVID-19 and the ideological positions of Muslim leadership in Islamic jurisprudence. In Senegal, where pockets of noncompliance were observed, additional factors included the imbrication of the country's Islamic authority, Muslims' belief in the spiritual power of congregational worship, and the government's failure to formally include religious authorities in the early decision-making process.

In North Carolina, mosque councils adhered fully to Governor Cooper's executive orders, which first suspended mass gatherings, and then mandated social distancing and masks. While only twelve respondents from the Triangle took part in this study, their responses reflect the broader trend in Muslim COVID-19 adjustments in the region. The fact that the respondents' attendance at daily prayer and *Jumu'a* had declined from 50 percent to 25 percent and from 57 percent to 16.7 percent, respectively, indicates that virtually all local and district mosques had been closed and congregational prayers cancelled around the time of the interviews. This change was due to three main factors. First, by March 2020, several US states, including North Carolina, had issued gubernatorial executive orders that prohibited "mass gathering." In North Carolina, a mass gathering is defined "as any event or convening that brings together more than one hundred (100) persons in a

single room or single space at the same time" and in places like "an auditorium, stadium, arena, large conference room, meeting hall, theater, or any other confined indoor or outdoor space" (Cooper 2020). While mass gatherings as such excluded normal business activities, mosques were urged to close. In response to Governor Cooper's March 14th order, mosques in the Triangle complied immediately by cancelling all congregational prayers until further notice. Second, several North Carolina mosques, including JIAR's two district mosques in Durham, followed joint advisories issued by the National Muslim Task Force on COVID-19 Regarding the Global Coronavirus Pandemic. On March 18th, 2020, the Muslim Task Force issued a COVID-19 advisory statement urging mosques in the US to suspend all congregational worship, including gatherings for the daily five prayers and for the Friday noon prayer. The third factor that resulted in Triangle Muslims' compliance was ideological. In fact, except for two, all Triangle participants in the study believed that the closure of mosques due to COVID-19 was aligned with their understanding of Islamic tradition.

The Senegalese case is rather complex. Unlike in North Carolina and Kenya, Senegalese Muslims' compliance with the government prohibition of congregational worship was not unanimous. Despite President Macky Sall's televised declaration of a state of emergency on March 23rd, 2020, there were religious authorities who did not comply or endorse mosque closure. While many Muslim authorities believed that closures aligned with Islam's precautionary tradition in pandemic times, others disapproved of it, choosing instead to keep mosques open for *Salāt al-jama'at*. Other Islamic authorities remained silent. It is hard in such a context to estimate how many mosques complied with the emergency and how many did not. But most of the disagreements played out in the Dakar region and in the major Sufi cities of Touba, Tivouane, and Kaolack. The study's questionnaire about Senegal yields an interesting representation of the division, as well as the imbricated nature of the country's Islamic authority. Most of the Senegalese participants identified as *Tijanī*, meaning followers of the international Tijaniyya Sufi order. One identified as non-Sufi. The rest identified as *Murīd*, who follow the Muridiyya Sufi order. No respondents identified as followers of the Qadiriyya or Laayen, which are the other two Sufi orders present in Senegal.

Indeed, the Senegalese Muslim authority is polycentric. Tijaniyya, the most populous Sufi order in the country, exemplifies this imbrication. Founded by Algeria-born Sufi saint Ahmad al-Tijani (1737–1815), it also remains one of the largest transnational Sufi orders in West and North Africa (Mbacké 2005; Wright 2020). Senegal's Tijaniyya authority is less centralized compared to its other Sufi counterparts. It is structured around several branches of spiritual leadership, or *Zawiyas*, established throughout the country (Mbacké 2005; Samson 2016). The most prominent ones include the Sy branch based in Tivaouane, the Ñas (or Niasse) in Léona Niassene (Kaolack) and Medina Baye, the Taal branch of Louga and Dakar, and the Bah branch in Médina Gounass. While the Tijaniyya branches share the same Sufi doctrine and virtually all rituals, they are not always on the same wavelength with the Senegalese state, especially concerning national political matters. One Tijaniyya branch may pay allegiance to one regime, while the others do not. Similarly, two branches of the same order may disagree on the regime's policy or political decision. This was the case in March 2020 when Tijaniyya religious authorities adopted conflicting positions about the state of emergency that had imposed the temporary closure of mosques. Unlike Tijaniyya, the Muridiyya order, represented in this study by nine respondents, has a more centralized authority based in their Sufi capital of Touba (about 206 kilometers from Dakar). Founded by Senegalese born saint Ahmadu Bamba (1853–1927), Muridiyya has recently become the most dynamic order in urban Senegal (Ngom 2016). The Qadiriyya and the Laayen Sufi orders are much smaller in number. They were founded, respectively, by Senegalese born saint Seydina Limaamu Laay (1845–1909) and Persian scholar Abd al-Qādir al-Jīlānī (1077–1166). In addition to being much smaller in number, except on rare occasions, their members are much less vocal in the public sphere. During the 2020

controversy around mosque closures due to COVID-19, those who defied the state were mainly religious authorities belonging to the Tijaniyya and Muridiyya orders. There were also outspoken leaders of non-Sufi Islamic organizations, such as the Islamic NGO Jamra and the Cadre unitaire de l'islam au Sénégal (Unitary Framework of Islam in Senegal).

This historical and ideological imbrication of the Senegalese Islamic authority along with the government's failure to create a unifying COVID-19 Islamic Task Force engendered the ambivalent Muslim response to the state of emergency. This is reflected in the responses of the study's Senegalese participants, who, as noted above, expressed different positions about the March 2020 state of emergency. The controversial March 23rd, 2020 state of emergency followed several previous curfews that had failed to curtail the spread of the virus in the country. We can identify up to three positions voiced by Senegalese Muslim authorities on the question of mosque closure. The first position is that of authorities who condoned the state of emergency and closed mosques in compliance. This group included the Grand Mosques of the Sy Tijaniyya (Tivaouane), the Taal Tijaniyya (Dakar and Louga), and several local and district mosques aligned with these *Zawiyas* (Willane 2020; PMB 2020). Mosques were closed as per the state of emergency, and they remained so even after the government had sanctioned a reopening on May 11th, 2020. This group claimed to base their mosque closure on Islam, Sharia law, and Islamic jurisprudence (*fiqh*). When communicating in the media, they quoted a plethora of anecdotes and Islamic normative references from the Hadīth, the Qur'an, and Senegalese Islamic history to argue that the purpose of Islam is, first, to preserve and save human life (Tele Futurs Medias TV 2020; Willane 2020; PMB 2020). For example, when Imam Ousmane Ndiaye argued in favor of mosque closure, he reminded the audience of a popular TV show and of an instance where "Prophet Muhammad had once combined an *Isha* prayer with a *Maghrib* prayer just to avoid rain." He also noted that Prophet Muhammad's cousin, Ibn Abbas, had once requested that the call to prayer (*adhān*) be changed to include a conjunctural message advising worshippers to pray at home and not come to the mosque (Tele Futurs Medias TV 2020). Ndiaye's use of such anecdotes emphasized that Islam, after all, prioritized human safety above everything else. For Ndiaye and others who cautioned mosque closure, praying at home becomes mandatory when congregating threatens human life.

In the second position, religious authorities never closed mosques as per the state of emergency, and they maintained congregational prayer with and/or without strict observance of the public health measures of social distancing and mask wearing. These included the authorities of Dakar's Grand Mosque and the Grand Mosques of Touba (Muridiyya), Léona Niassène (Tijaniyya), and Medina Gounasse (Tijaniyya). Several local and district mosques affiliated with these institutions were also noncompliant, including those in Dakar suburbs where imams insisted on holding Friday prayer and the Ramadan supererogatory prayer (Willane 2020; Rokhy 2020). This group emphasized that the COVID-19 pandemic was a divine infliction, or *bala'* in Arabic (*nattu* in Wolof), which, for them, demanded constant prayer as part of the search for remedy. Perceiving congregational prayer as a powerful tool for invoking divine healing, these authorities view mosques as sacred places where prayer can be most effective. Consequently, mosques in this group remained open, in violation of the state emergency. Some such mosques, like Touba's Grand Mosque, strived to observe the safety measures of mask wearing, social distancing, and handwashing. Others, such as Médina Gounass' Grand Mosque in the Tambacounda interior region, lacked the resources to do so. In Dakar, the repeated violations of the measures brought by the state of emergency eventually led to the arrest of several imams and preachers who were released shortly afterwards (Willane 2020). It was only after several waves of protests and negotiation between the Senegalese government and Sufi authorities that the Murid authority finally decided to approve of the state's public health measures.

In the third position, mosques had closed their doors prior to the Senegalese government's declaration of a state of emergency. This group included members of the Association des imams et

oulémas du Sénégal (Association of Senegalese Imams and Islamic Scholars), who had long called for the closure of mosques due to COVID-19 (Willane 2020; Senghor 2020; Le Point Afrique 2020). Like authorities in the first and second groups, they based their position on Islamic tradition and jurisprudence (*fiqh*). They argued that in times of major infliction or hardship (*bala'*), like the COVID-19 pandemic, Muslims must worship at home to avoid spreading or contracting disease. Unlike the first group, however, this group reopened their mosques when the government called off the state of emergency, and they strived to implement the safety rules on social distancing and mask wearing during congregational prayer.

In Kenya, the first announcement that affected Muslim religious socializing was made on March 20, 2020 (Kagwe 2020). All religious institutions were required to practice social distancing. Due to pockets of noncompliance, the National Emergence Response Committee suspended all forms of secular and ritual gatherings, including congregational prayer, weddings, and funerals, starting from March 22, 2020. Like in North Carolina's Triangle, Kenyan Muslims' general compliance with government COVID-19 policies was owed largely to two factors. On the one hand, they perceived the emergency measures as being aligned with Islam's precautionary tradition. On the other hand, the country's National Muslim COVID-19 Response Team played a pivotal role in coordinating Muslim response. A few worshippers did not comply with state-mandated mosque closures. For instance, one respondent explained that Muslims at their mosque continued praying the Friday prayer in congregation, but with precautions that included praying in turns, practicing social distancing, and wearing masks. At the national level, however, most Kenyan Muslims agreed unanimously that Islamic law urges the faithful to avoid congregational prayer in the time of a pandemic. Many Kenyan imams adopted compliant positions similar to those illustrated by the anecdotal discourse of Senegalese Imam Ousmane Ndiaye. For instance, Kenyan respondents referenced a famous Hadīth narrating Prophet Muhammad's advisory to Muslims not to leave or go into places affected by a contagious disease to avoid spreading disease. Furthermore, Kenya's National Muslim COVID-19 Response Team aided the government in implementing COVID-19 mitigation measures.

Aside from mosque closure, the Kenyan state of emergency affected the Muslim funerary ritual in unique ways. For instance, in accordance with the government measures to curtail contamination, the chairman of the Kenya National Muslim COVID-19 Response Team announced on April 13th, 2020 that, to avoid contamination, any Muslim who succumbed to the disease would not receive the funeral ritual of cleansing (*janazah*) and shrouding. These are obligatory Muslim rites performed on a dead body, and, for many, it was beyond imagination that there would come a time when a Muslim would be buried in a sealed white biodegradable bag and the burial ceremony conducted by a few trained volunteers wearing personal protective equipment, or PPE. However, the firm decision was made by the Kenyan National Muslim COVID-19 Team, which comprised Islamic scholars, imams, mosque representatives, the Association of Muslim Medical Professionals, and Muslim and civil society organizations.

Overall, the majority of Muslims in this study's focus sites complied with government COVID-19 policies and mosque closures, although there were pockets in Senegal and, to a lesser degree, Kenya with various degrees of noncompliance. In North Carolina's Triangle region and Kenya, mosques complied unanimously, in large part because there were unifying councils of Islamic jurists that almost unanimously endorsed state policy. In the US in general, joint advisories were regularly issued by the National Muslim Task Force on COVID-19, which federated the opinions of nationwide Islamic organizations such as the Assembly of Muslim Jurists of America, Islamic Society of North America, Association of American Muslim Health Professionals, Fiq Council of North America, Islamic Medical Association of North America, and several others; moreover, they all resolved to observe state executive orders and COVID-19 public health policies. In Kenya, the

government worked with the National Muslim COVID-19 Response Team to disseminate its public health policy among the Muslim minority's leadership circles. Kenyan Muslims generally observed closures, even though a few groups kept mosques open for congregational prayer under certain measures. In Senegal, the more significant division in the Muslim response to the state of emergency resulted from the historical and ideological imbrication of the country's Islamic authority as well as the broad influence of the Sufi authorities, in addition to the government's failure to set up a nationwide Islamic task force to address COVID-19. This failure caused many Islamic authorities to feel left out of the early decision-making process despite their important financial contributions to the government's efforts to contain the pandemic.

Conclusion

This qualitative study used data collected from online questionnaires, secondary sources, and ethnographic observations to examine the impact of the COVID-19 pandemic on Muslim behaviors under government executive orders. In North Carolina's Triangle region, Senegal, and Kenya, executive orders and public health advisories first imposed mosque closures in March 2020, and then set restrictions on congregational worship afterwards. Both mosque closures and safety measures disrupted Muslim traditional worship to various degrees. In all three regions, the disruption presented a challenge to worshippers. Mosque closures meant that Muslims could not take part in the traditional Friday prayer, break their fasting together, perform the nightly prayer during the holy month of Ramadan, or celebrate key Muslim festivals at the mosque. Forgoing these important congregations took a huge toll on Muslim spiritual communities.

In addition to the spiritual loss, COVID-19 provoked a desocialization of the Muslim faithful. Due to the mosque closures, the Islamic ritual of prayer lost what Emile Durkheim (1964) called the social eminence of the rite. Because mosques are places where worshippers perform activities that underpin their community relationships and social presence, the closures engendered an immediate social disconnection of the faithful. As religious and social sites, mosques participate in the construction of diasporic Muslim identity in North Carolina's Triangle, while in Kenya they shape minority dynamics that mobilize religious identity. In Senegal, Grand Mosques embody the spiritual and political authority of powerful Sufi Brotherhoods, while shaping the identities of Muslim citizens and influencing their attitudes toward state policy. In North Carolina's Triangle region and Kenya, the existence of nationwide Islamic task forces to focus on COVID-19 encouraged Muslim compliance with state-mandated mosque closures. In Senegal, Muslim compliance was not initially unanimous because of the ideological divergence and historical imbrication of the country's Islamic authority. Furthermore, unlike in North Carolina and Kenya, the Senegalese government failed to enlist a national Islamic council to help implement its COVID-19 policies within Muslim circles.

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COVID-19 Hospitalization, Mortality, and Violence: Women's Circumstances in the Context of the Pandemic in Brazil

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ABSTRACT

This study outlines the rates of hospitalization, mortality, and violence for women in Brazil in the context of the COVID-19 pandemic, according to race/skin color/ethnicity. The study was developed with secondary data originating from official systems of information. The analysis of hospitalizations derives from data found in the Influenza Epidemiological Surveillance Information System (SIVEP-Gripe). The data on women's mortality due to COVID-19 and violence was obtained from Mortality Information System (SIM), with consideration for the International Classification of Disease codes (ICD-10). Averages, proportions, gross rates, adjusted rates, and rate ratios were calculated by the authors. Of the COVID-19-related hospitalizations, the majority of those registered occurred among women 50 or older, with an average age of 58.8 years. A higher number of hospitalizations was observed among white women, especially those with at least a primary and middle school education. COVID-19 deaths and violent deaths from undetermined causes (UD) were proportionately higher for women over 50 years old. Deaths by homicide were proportionately higher for girls and women 10 to 49 years old. The average age at the time of death was found to be approximately 69 years old by COVID-19, 34 by homicide, and 62 by UD. Deaths due to COVID-19 and UD were more prevalent among white women, whereas deaths by homicide were proportionately higher for Black women. Women with a basic education were more frequent victims of COVID-19, homicide, and UD. In terms of hospitalization and death by COVID-19 and UD, a higher adjusted rate was observed for Black women compared to white women. Indigenous women represented the highest adjusted rate in terms of homicide, followed by Black women. Despite white women experiencing proportionately higher hospitalizations and deaths from COVID-19 and UD, the adjusted rates reveal that Black women are most at risk of sickness and death from these causes.

Keywords: COVID-19, violence, homicide, gender, race, ethnicity

Introduction

The current health crisis brought by the COVID-19 pandemic has amplified social vulnerability (Campos, Tchalekian, and Paiva 2020). In Brazil, social inequality prior to the pandemic was described by the Brazilian Institute of Geography and Statistics (IBGE), which pointed out that the Black population makes up a significant portion of traditional communities, such as *quilombola* communities, riverside populations or *ribeirinhas*, and traditional fishing communities, as well as

those who live with food or land insecurity, live in extreme poverty, live on the street, are incarcerated, or inhabit informal living conditions or dwellings that do not meet adequate living standards. Apart from this, much of the Black population has difficulty accessing services and equipment related to heath, social services, and education (IBGE 2019a).

The COVID-19 pandemic has exacerbated the marginalization, stigmatization, and social exclusion of groups in vulnerable situations. In this context, inequalities related to gender, class, and race have intensified in the realm of geopolitics and the economy (Santos et al. 2021). These identities are shaped by specific forms of oppression and conditions of inequality manifested through colonial rule and reproduced systematically over time (Marques et al. 2021). Violence against women is the result of a structural system of domination-extraction fueled by racism, patriarchy, and capitalism. Therefore, violence can be understood as a product and condition of the relations of extraction-oppression (Barroso 2019, 142).

COVID-19 has severely impacted the health of the Black population in Brazil (Goes, Ramos, and Ferreira 2020). For instance, evidence shows that the rate of illness and mortality from COVID-19 for this population has been two to three times higher than that of the white population (Araújo et al. 2020). Therefore, tackling the effects of the pandemic requires acknowledging racism as a determining factor for health and confronting social inequality (Goes, Ramos, and Ferreira 2020).

The negligence of the federal government in managing the serious health crises prompted by COVID-19 has presented difficulties in planning joint measures with state and city authorities to control and mitigate the effects of the pandemic (Silva, Jardim, and Santos 2020). This mismanagement has weakened the health care system through the inability to properly articulate services, which has produced deficiencies with respect to expanding and publicizing support networks and decreased the possibility of providing the best care to the public (Cortes et al. 2020).

Research on gender and COVID-19 has revealed a significantly higher risk of death among men (Campos, Tchalekian, and Paiva 2020; Lakbar et al. 2020; Ahrenfeldt, Otavova, Christensen, and Lindahl-Jacobsen 2020). Despite the relevance of these findings, these studies neglected to consider ethnicity/race in their analyses. With respect to women, Reis et al. (2020) described that studies have not only found that they have experienced increased exposure to COVID-19, but also unplanned pregnancies, unsafe abortions, maternal mortality, sexually transmitted infections (STIs), and limited access to prevention and treatment for adverse outcomes related to sexual and reproductive health (Coutinho, Lima, Leocádio, and Bernardes 2020; Oliveira et al. 2022). Furthermore, the decline in social cohesion and social protection services has contributed to an upsurge in violence toward women (Reis et al. 2020).

Fórum Brasileiro de Segurança Pública (2020) has reported that during the initial months of the COVID-19 pandemic, there was an increase in data on violence against girls and women in various countries. In Brazil, in 2020, cases of femicide rose 22.2 percent from 2019. Between March and April 2020, reports of domestic violence increased by 37.6 percent, while official reports of rape decreased by 28.2 percent. However, this last figure can be correlated to the difficulties that victims have faced in reporting violence endured in the context of the pandemic (Fórum Brasileiro de Segurança Pública 2020). Taking effective control of the pandemic must include guaranteeing the rights of vulnerable groups (Reis et al. 2020).

In various countries, gender and race have been shown to contribute to cases of COVID-19 and violence (Tang et al. 2020). In July 2020, a mere sixteen countries invested in means of social protection aimed at women, that is, only a handful of governments produced and shared basic, separate data on gender, race/skin color/ethnicity, or morbidity-mortality, and the socioeconomic impact of health crises for these population groups. Governments should collect and analyze data, provide reports, and outline policies aimed at protecting certain groups, mainly those in situations of extreme vulnerability (Wenham et al. 2020).

In Brazil, the majority of female victims of violence are young, Black, and socioeconomically underprivileged (Curia, Gonçalves, and Zamora 2021). Data released by the Atlas on Violence (*Atlas da Violência*) for the year 2019 revealed that 66.0 percent of murdered Brazilian women were Black (Cerqueira et al. 2021, 38). The rate of homicides had fallen by 17.3 percent compared to 2018. However, this decrease occurred mainly among non-Black women (24.5 percent), whereas for Black women the decrease was 15.7 percent. The rate of homicide among Black women (4.1) was much higher than the rate for non-Black women (2.5), meaning that the relative risk of a Black woman being a victim of homicide is 1.7 times the risk for a non-Black woman (Cerqueira et al. 2021, 36–38).

An analysis of violence and mortality in relation to women requires an intersectional and intersectoral approach. To look at exactly how different groups are disproportionately affected and respond to the impacts of COVID-19, an intersectional analysis is key as it allows for a wider understanding of the determining factors and social consequences of this phenomenon (Maestripieri 2021). In these terms, COVID-19 constitutes a social disease (Trout and Kleinman 2020), in that it is a classic example of a phenomenon that results in the structural intertwining of multiple inequalities. This panorama of social inequality requires developing methodical research aimed at understanding the reach of public policies in health services and their outcomes, analyzing elements of community protection, and assessing the impacts of racism and other determining factors of morbidity-mortality in the context of the pandemic (Hooper, Nápoles, and Pérez-Stable 2020).

Few studies have developed approaches that consider social identities along within equality related to gender, class, and race/skin color/ethnicity (D'Oliveira et al. 2020). These identities are fundamental for understanding the phenomenon of gender violence (Curia, Gonçalves, and Zamora 2021), and its particular impact on Black women (Gonzaga and Cunha 2020). To understand the impact of both COVID-19 and violence during the pandemic for women in Brazil, this study analyzes reports of hospitalization, mortality, and violence against women in the context of COVID-19, specifically with respect to race/skin color/ethnicity.

Research Material and Methods

This study is interdisciplinary and of an exploratory nature and was developed with secondary data originating from official systems of information on health in Brazil. Reports of hospitalization, mortality, and violence against women in Brazil in the context of COVID-19, specifically with respect to race/skin color/ethnicity, are analyzed to determine their impacts on women.

In order to analyze reports of hospitalizations, the authors used the Influenza Epidemiological Surveillance Information System (SIVEP-Gripe) to acquire data referencing hospital admissions for Severe Acute Respiratory Syndrome from COVID-19, for the period between January 2020 and September 2021. Data on female mortality due to COVID-19 and violence during the pandemic was acquired from the Mortality Information System, dated from January 2020 to May 2021. Population data was obtained from IBGE (2019b). The authors attributed International Classification of Diseases codes (ICD-10) to identify the following: B34.2—Coronavirus infection, unspecified site (deaths due to COVID-19); ICD X85 to Y09, Y35 (violent deaths by homicide); and ICD-Y10 to Y34 (deaths due to an event of undetermined intent, referred to in this study as UDs[1]). Codes were used in accordance with the recommendation from the World Health Organization (2020). It is also important to note that homicide pertains to all deaths for which the violent cause that led to each

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[1] Called *mortes violentas por causas indeterminadas* (MVCI).

death has been defined, while UD is used for deaths where the cause and/or motivation is undetermined. Nevertheless, the UDs were included in this study as they constitute a group of causes that possibly contain undisclosed homicides (Cerqueira 2013).

The data was analyzed with consideration for varied socio-demographics such as race/skin color/ethnicity, age group, education level, and region. In relation to the variable race/skin color/ethnicity, the authors considered the following categories in accordance with the IBGE (2019b) classification: white (*branca*), Black (*preta*), brown (*parda*[2]), *amarela*,[3] and Indigenous (*indígena*). It is worth noting that the categories *preta* and *parda* were analyzed together, resulting in the sole category Black.

Proportions, gross rates (data not shown), adjusted rates, and rate ratios for COVID-19 and violence were calculated by the authors. Adjustments were made through direct method, according to race/skin color/ethnicity and age group on the basis of 100,000 residents. Taking into account the varied effects of a health crisis caused by a pandemic, with complications and outcomes, the adjustment of rates allows for estimations regarding heterogeneous population groups, permitting in turn a representative examination of the apparent and exacerbated inequalities in the context of the pandemic (Nisida and Cavalcante 2020).

To calculate the rate ratio, the authors used white women as a reference, bearing in mind that this segment of the population is less exposed to assault, illness, and death. The data was organized in *calc* spreadsheets and assessed through R programming language (version 4.0.2), with the package called "descr" (Aquino, Schwartz, Jain, and Kraft 2018).

Results

From January 2020 to September 15, 2021, the SIVEP-Gripe registered 2,369,303 cases of hospitalization for Acute Respiratory Syndrome, 1,704,308 (71.9 percent) of which were reportedly a result of COVID-19. Of this total, 751,590 cases (44.1 percent) occurred in women. It should be noted that in 244 cases (0.014 percent) the sex of the victim was not registered.

The median age of women hospitalized with COVID-19 was 58.8. Of these hospitalization cases among women, 70.2 percent of the women were older than 50, 42.9 percent were white, and 19.3 percent had low education levels. It is worth pointing out the elevated percentages of underreporting of race/skin color/ethnicity (18.3 percent) and education level (64.3 percent) (see Table 1).

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[2] The literal translation for *pardo/parda* would be brown. It is used by people with a range of skin colors between black and white to signify, typically, a multi-ethnic or multi-racial identity. Due to its specific use and nuanced meaning in Brazil, the translator for this article has chosen to leave this word in the original Portuguese.

[3] The literal translation for *amarela* is yellow and refers to people of Asian ancestry. Due to the offensive nature of the word in English, the translator has chosen to leave this word in the original Portuguese.

Table 1
Characterization of COVID-19-Related Hospitalizations Among Women in Brazil, 2020–21

Variable	Category	N	%
Age Group	0 to 09	8,719	1.2
	10 to 19	6,331	0.8
	20 to 29	31,496	4.2
	30 to 39	72,279	9.6
	40 to 49	105,636	14.1
	50 to 59	147,177	19.6
	60 to 69	153,200	20.4
	70 or more	226,752	30.2
	Unknown*	0	0.0
Race/Skin Color/Ethnicity	White	322,516	42.9
	Black [*Preta*]	32,098	4.3
	Parda	250,664	33.4
	Black [*Negra**]	282,762	37.6
	Amarela	7,060	0.9
	Indigenous	1,458	02
	Unknown*	137,794	18.3
Education Level	No schooling	19,391	2.6
	Primary school	74,971	10.0
	Middle school	50,194	6.7
	High school	82,765	11.0
	Higher education	36,798	4.9
	Not applicable	3,915	0.5
	Unknown*	483,556	64.3

Source: SIVEP-Gripe—Information Technology Department of the Unified Health System (SUS).
*Unregistered data

In relation to accounts of death from COVID-19 registered by SIVEP-Gripe, for the period between January 2020 and May 2021, 433,032 deaths were reported, 190,509 of which were women (43.9 percent). During that same period, 184,274 deaths were reportedly due to external causes. Of these, 57,406 (65.1 percent) were declared to be death by homicide and 30,809 (34.9 percent) were UDs, culminating in 88,215 deaths caused by violence. Out of all deaths registered with these causes, 11,231 (12.7 percent) of the individuals were women: 4,577 deaths (40.8 percent) by homicide and 6,654 deaths (59.2 percent) by UD.

Upon analyzing the deaths to determine age group, a higher proportion of deaths by COVID-19 and UD was observed among women 50 years and older, corresponding to 88.7 percent and 67.7 percent, respectively. In terms of registered deaths by homicide, a higher proportion was observed in girls and women from 10 to 48 years of age (81.1 percent), while 29.0 percent of deaths in this age group were by UD. The average ages of death equated to, approximately, 69 years old by COVID-19, 34 years old by homicide, and 62 years old by UD.

Upon analyzing the deaths of women according to their race/skin color/ethnicity, it was found that a predominance of deaths by COVID-19 (53.6 percent) and UD (50.3 percent) occurred for white women, while Black women experienced a predominance of mortality by homicide (67.5 percent) (see Table 2).

Table 2
Characterization of Mortality Due to COVID-19 and Violence Against Women in Brazil, 2020–21

Variable	Category	COVID-19		Homicide		UD	
		n	%	n	%	N	%
Age Group	0 to 09	384	0.2	113	2.5	174	2.6
	10 to 19	393	0.2	608	13.3	261	3.9
	20 to 29	1886	1.0	1,303	28.5	524	7.9
	30 to 39	5,802	3.0	1,113	24.3	547	8.2
	40 to 49	12,958	6.8	689	15.1	600	9.0
	50 to 59	24,829	13.0	366	8.0	583	8.8
	60 to 69	44,096	23.1	185	4.0	738	11.1
	70 or more	100,158	52.6	165	3.6	3,182	47.8
	Declined to state	3	0.0	35	0.8	45	0.7
Race/Skin Color/Ethnicity	White	102,201	53.6	1,347	29.4	3,346	50.3
	Black [*Preta*]	15,497	8.1	301	6.6	473	7.1
	Parda	65,656	34.5	2,789	60.9	2,647	39.8
	Black* [*Negra*]	81,153	42.6	3,090	67.5	3,120	46.9
	Amarela	1,121	0.6	10	0.2	52	0.8
	Indigenous	573	0.3	51	1.1	19	0.3
	Declined to state	5,461	2.9	79	1.7	117	1.8
Education Level	No schooling	25,191	13.2	168	3.7	797	12.0
	Primary school	56,415	29.6	797	17.4	1,714	25.8
	Middle school	27,308	14.3	1,463	32.0	1,266	19.0
	High school	32,001	16.8	912	19.9	1,243	18.7
	Some higher education	1,985	1.0	73	1.6	93	1.4
	Completed higher education	13,782	7.2	150	3.3	460	6.9
	Declined to state	33,827	17.8	1,014	22.2	1,081	16.2

Source: Information System on Mortality—Information Technology Department of the Unified Health System (SUS).

Note: *the percentages in reference to the category Black (*9gain*) correspond to the sum of Black (*preta*) and *parda*.

In examining Brazil's five regions, we observed that Black women died in higher proportion by homicide in the North (82.2 percent) than in the Northeast (86.8 percent), the Southeast (54.2 percent), and the Central-West (66.2 percent) regions. A higher proportion of mortality by UD for white women was observed in the Southeast region (57.9 percent), while in the South, there was a

higher proportion of death by both homicide (74.3 percent) and UD (86.8 percent) among white women.

In the distribution of deaths according to education level, a higher proportion of female deaths by COVID-19 (74.0 percent), homicide (73.0 percent), and UD (75.4 percent) was observed among those with no schooling or with an education level between primary school and high school. This pattern repeated in the distribution by region in Brazil.

The adjusted rates and rate ratio of hospitalization and mortality of women due to COVID-19 and according to race/skin color/ethnicity revealed that Black women experienced the highest rates of hospitalization (800.1) and mortality (166.4). These results correspond to a 10.0 percent increase in the hospitalization and mortality of Black women in relation to white women (see Table 3).

Table 3

Adjusted Rates and Rate Ratios of Female Hospitalization and Mortality Due to COVID-19 by Race/Skin Color/Ethnicity in Brazil, 2020–21

Race/Skin Color/Ethnicity	Hospitalization		Mortality	
	Adjusted Rates	Rate Ratios	Adjusted Rates	Rate Ratios
White	727.2	1.0	151.0	1.0
Black [*Preta*]	558.0	0.8	175.1	1.2
Parda	851.4	1.2	164.6	1.1
Black [*Negra*]	800.1	1.1	166.4	1.1
Amarela	687.7	1.0	71.7	0.5
Indigenous	534.5	0.7	151.9	1.0

Source: SIVEP-Gripe; SIM-Information Technology Department of the Unified Health System (SUS); IBGE (2019b).

The adjusted rates of death by homicide were higher for Indigenous women (11.65) and Black women (5.72). This result represented a rate ratio of 4.62 and 2.27, respectively, that is, Indigenous and Black women died by homicide at an increase of 362.0 percent and 127.0 percent, respectively, as compared to white women. In terms of UD, we found higher adjusted rates for Black women (6.19), representing a rate ratio of 1.23, that is, mortality among Black women was 23.0 percent higher when compared to white women (see Table 4).

Table 4

Adjusted Rates and Rate Ratios of Female Mortality Due to Homicide and Violent Death Due to Undetermined Intent (UD) by Race/Skin Color/Ethnicity in Brazil, from January 2020 to May 2021

Race/Skin Color/Ethnicity	Homicide		UD	
	Adjusted Rates	Rate Ratios	Adjusted Rates	Rate Ratios
White	2.5	1.0	5.0	1.0
Black [*Preta*]	3.7	1.5	5.6	1.1
Parda	6.1	2.4	6.3	1.3
Black [*Negra*]	5.7	2.3	6.2	1.2
Amarela	0.7	0.3	3.3	0.7
Indigenous	11.7	4.6	4.9	1.0

Source: Information System on Mortality—SUS Information Technology Department.

It is worth pointing out the proportionately high underreporting of the variables for race/color/ethnicity with respect to hospitalization by COVID-19 (18.3 percent) and education level (64.3 percent). In terms of mortality, there was also proportionately higher underreporting of the variable for education level, namely, mortality by COVID-19 (17.8 percent), homicide (22.2 percent), and UD (16.2 percent).

Analysis

The profile of hospitalization, death due to COVID-19, and violence against women reflects social inequity and regional inequality. In this study, we found that white women saw a higher proportion of death by COVID-19 and UD, whereas Black women saw a higher proportion of death by homicide. The adjusted rates for hospitalization and mortality by COVID-19 and UD were higher for Black women in comparison to white women. Indigenous women represented the highest adjusted rate for homicide, followed by Black women. We found a higher proportion of registered deaths by COVID-19 and UD among women 50 years and older. Women in the reproductive age range (10 to 49 years old) showed a higher proportion of death by assault.

Homicides against women of a fertile age are the result of relations of domination and extreme gender inequality, and these are expressed through violations of sexual autonomy, and physical, psychological, financial, and reproductive harm, often with a fatal result (Nóbrega et al. 2019). The World Health Organization (2013) estimates that 38 percent of female murders are committed by loved ones or partners, a type of murder called femicide (*feminicídios*). Homicides against women demonstrate the need for interdisciplinary and intersectoral attention (Carnevalle et al. 2019). Moreover, intervention measures aimed at preventing the death of women during their reproductive years will impact future generations (Madeiro et al. 2018).

In relation to the high proportion of UD in the 50 and older age group, it is worth noting that violence affects women outside the reproductive age range in a different manner (Pereira and Tavares 2018). Violence associated with aging can be related to a loss of productivity, lack of social importance and acceptance, negligence, and abandonment, in addition to generational conflicts and circumstances that make adult and elderly women especially vulnerable to acts of persistent violence at home, carried out not only by romantic partners, but also by children and grandchildren (Pereira and Tavares 2018).

That being said, the elevated average age among hospitalized women could signify one of the characteristics of illness provoked by the new coronavirus in that it affects adult and elderly populations with higher severity and death, mainly those with comorbidities. The elevated average for female deaths by UD, especially among elderly women, may reflect deaths stemming from abuse and violent acts committed against them by their own family members or persons with whom they were close, often considered part of normal behavior (Caldas et al. 2008). All these issues could result in inaccurate reporting of the causes of death among this group.

Low education level corresponded to the proportionately higher numbers of female deaths by homicide and UD. The literature revealed that Black women with a lower education level represent the main victims of every type of violence (Barufaldi et al. 2017). A higher level of schooling facilitates better employment positions and financial resources, access to information and channels for reporting violence committed against them, and, possibly, a decreased likelihood of ending up in situations of abuse that result in death (Bernardino et al. 2016). In this sense, actions that promote equality of access to education and guaranteed employment opportunities, above all, for Black women, are fundamental to putting an end to the cycles of violence to which women are subjected.

The proportionately higher deaths of white women in relation to Black women by homicide and by UD in the Southern region in Brazil can be explained by the quantitatively higher population of white women in this area (74.7 percent) (IBGE 2019b). Recently published data has demonstrated that, in 2019, the three states that make up this region showed large proportions of death by homicide among white women (Cerqueira et al. 2021).

Morbidity-mortality due to COVID-19 in Brazil reflects the many social inequalities in health care (Abrams and Szefler 2020), out of which structural racism is the largest determining factor. Structural racism causes resources to be distributed unequally and weakens population groups that have been historically discriminated against, through a process that leaves them more susceptible to COVID-19, other illnesses, and harm. At the same time, these population groups have less access to medical treatment and less possibilities for prevention and continuous treatment, along with experiencing violations of other basic rights. In this sense, the situation brought by the pandemic has formed into a eugenicist tool, in which socioracial inequalities are amplified and severely affect the Black population, and, even more markedly, the lives of Black women (Gonzaga and Cunha 2020). The overall context of the pandemic has exposed vulnerabilities, intensified existing inequalities, and, by virtue of the effects produced, paved the way for these social differences to have lasting effects in the long term (Haase 2020).

Literature indicates that there is significant underreporting of homicides listing homicide as the root cause of death. A study produced by the Atlas on Violence in 2013 estimated that 73.9 percent of violent deaths of undetermined cause were undisclosed homicides (Cerqueira et al. 2021, 20). On account of this, in the research on mortality by violent causes by García et al. (2015, 252), it is indicated (recommended) that one should consider the "Events (incidents) in which the intention cannot be determined" ("*Eventos [fatos] cujaintenção é indeterminada*"), in addition to other causes the authors describe in their book.

In Brazil, the rise in the percentage of violent deaths by undetermined cause has already been pointed out (Cerqueira 2013). With the advent of the pandemic, it appears that this problem has worsened. Moreover, despite the inability to determine the exact cause of death, it is well known that these constitute violent deaths.

In many countries, women suffer as victims of gender inequality, discriminatory laws, and unfavorable socioeconomic situations. Death represents not only the greatest but also an avoidable expression of this violence. In a study carried out between 2000 and 2017 on female mortality by homicide and its contributing factors, a growth trend was observed in certain regions in Brazil, mainly among young Black women (Aragão, Mascarenhas, Rodrigues, and Andrade 2020). This data,

the researchers propose, shows the need for specific and more adequate public policies for the different regions, and for the implementation of protection laws for women and affirmative actions designed to combat gender inequality in all dimensions of public life. These actions should originate from the Brazilian state, especially in the context of the pandemic.

Among the limitations of this study, what stands out is the underreporting, inaccurate completion of paperwork, and inadequate data, and therefore the misinformation that exists. In addition, only two health information systems were used. Moreover, this study does not establish a causal relation between COVID-19 and violence toward women.

Final Considerations

This analysis of female hospitalization and mortality due to COVID-19 and violence in the context of the pandemic in Brazil, and according to race/skin color/ethnicity, has demonstrated that white women experience proportionately higher hospitalizations and mortality by COVID-19 and UD. However, the adjusted rates of hospitalization and mortality reveal that Black women are more vulnerable to the risk of illness and death from these same causes. Thus, it is clear that the pandemic has affected white women in a different manner than it has Black women. This disparity stems from the historical legacy of racism, discrimination, and socioeconomic disadvantages experienced, above all, by Black women.

The findings of this study point to the need for specific interventions. From a policy standpoint, we would recommend implementing actions for the social protection of women, especially actions directed at those most vulnerable, strengthening integration health care networks, recognizing women's rights, and reducing key determinants of violence and death. Technically speaking, we would urge that the detection and reporting of cases be improved with daily updates and more transparency, which includes certifying the process of data collection and health information systems. There is a need to develop research that assesses patterns, tendencies, and magnitudes, and that establishes a relationship between hospitalization and mortality due to COVID-19 and violence toward women, taking into consideration the dimension of ethnicity and race.

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Elections, COVID-19 Lockdowns, and the Politics of Health in Uganda

Lydia Boyd

ABSTRACT

This article explores the response to Uganda's COVID-19 lockdowns in 2020 and 2021 in terms of broader political debates relating to the country's contested 2021 presidential election. The state's enforcement of "lockdown" and ensuing restrictions on public movement are examined in terms of President Museveni's efforts to suppress growing support for opposition politicians in the lead-up to the election. While the state's efforts at population control served both public health and political ends, public criticism of the costs of such measures also opened opportunities for activists to push back against limits on healthcare access and draw attention to the failures of the state to effectively protect citizens' health and welfare during the pandemic. Debates over healthcare access during COVID-19 lockdowns are placed within the broader context of the politics of international aid and international support for the Museveni regime.

Keywords: Uganda, COVID-19, healthcare, Museveni, lockdowns

On March 21, 2020, the first COVID-19 case was identified in the East African country of Uganda. Even before that first case came to light, the Ugandan government had swiftly responded two days earlier to the World Health Organization's declaration that COVID-19 was a global pandemic; it moved to restrict movement within the country, including enacting a two-week quarantine for new entrants to Uganda, enforcing a thirty-two-day ban on mass gatherings (subsequently extended), and introducing an evening curfew. The government also closed Uganda's schools, initially for thirty days, but ultimately extended the closure for almost two years, the longest pandemic-related school closures in the world. These initial measures were the beginning of what became a prolonged period of "lockdown" in Uganda that came to affect everything from inter-district travel to the use of private vehicles. Ugandans soon became familiar with the government's SOPs, or "standard operating procedures," for a host of activities-in-the-time-of-COVID-19, including rules regarding how to screen patients for the disease, stipulations concerning the use of motorcycle taxis during the pandemic, and new workplace guidelines regarding hygiene. Despite having a young population deemed by public health researchers to be at significantly lower risk for COVID-19 than countries that experienced a high volume of COVID-19 cases in the winter and spring of 2020, such as Italy, the Ugandan government moved decisively to contain the virus by controlling the movement of the population and restricting work and school activities throughout the country (Bell et al. 2020).

Like in much of the world during the first two years of the pandemic, lockdowns in Uganda sparked questions about the motivations of the state and the costs of controlling the virus (Manderson, Burke, and Wahlberg 2021). Ugandans are familiar with the risks of infectious disease, having weathered a devastating HIV/AIDS epidemic in the 1980s and 1990s, and the country has seasoned public health officials who successfully manage the risk of several highly infectious and deadly diseases, including Ebola—outbreaks of which were subdued by Ugandan health officials in

2020 and 2022—Zika, dengue fever, and malaria. A familiarity with the risks associated with such diseases likely made the population receptive to the initial demands of the state to reduce travel, even as the costs to the general population were high in terms of lost wages, lost school hours, and the stress such restrictions placed on vulnerable populations. As was also noted in South Africa (Manderson and Levine 2021), even though lockdowns in Uganda were enforced using the extensive deployment of the police and military, which set up roadblocks to limit travel within cities and across district lines and levied fines against the non-compliant, there was little initial resistance to these measures. And yet, as such lockdowns persisted into the middle of 2020, and were reinstated in 2021 in response to a more deadly second wave of the virus, Ugandans increasingly questioned the logic of stringent controls over their movement, and the legitimacy of state spending of COVID-19 relief funds.

Ugandan debates over the necessity of lockdowns were shaped by the fact that the beginning of the COVID-19 pandemic coincided with the lead-up to and aftermath of a contested presidential election in January 2021. At the start of the pandemic, President Museveni was running for his sixth term in office, a campaign enabled by a successful 2005 bid to strike down the two-term limit on presidential office holders as well as a revision to the constitution in 2018 that abolished presidential age limits, both efforts engineered by Museveni's allies (Museveni has held power since January 1986). Political opponents to the Museveni regime had experienced increasing levels of state harassment in the years prior to this election, escalating in the wake of the 2017 election, which had brought Robert Kyagulanyi (also known by his stage name, Bobi Wine) to parliament and established him as the leader of a new, popular opposition party, National Unity. Kyagulanyi is a pop star in Uganda known for writing about the struggles of ordinary—"ghetto"—youth, and has emerged as a formidable speaker and political organizer; his popularity has drawn the ire of the Museveni regime, which has allegedly made attempts on his life on at least one occasion (de Freytas-Damura 2018). The January 2021 elections were perhaps the highest stakes elections that Museveni had faced in his long career, pitting him against a dynamic, young politician who had successfully mobilized the youth vote and energized the opposition in the powerful central Ugandan region.

Lockdowns in Uganda, with their explicit function of limiting public assembly and freedom of movement, became in this environment a tool of the state that served a purpose beyond public health. As has been noted by scholars writing about pandemic lockdowns elsewhere, such as in Chile (Cabaña 2020), the Philippines (Hapal 2021), and Turkey (Barceló et al. 2022), pandemic control measures were used by a number of countries in 2020 to repress political dissent and strengthen the political power of elites and political officials. Donald Grasse and collaborators (2021) have described lockdowns as periods of "opportunistic repression" for the Museveni regime, contrasting the deployment of systems of control during the pandemic with the more reactive actions of the state during pre-pandemic periods that sought to quell or control active dissent in the country. The pandemic offered the immediate opportunity in 2020 to restrict the movement of opposition politicians and to ban many campaign rallies in the period leading up to the election, actions that appeared to be blatantly political, rather than public health-driven actions. Grasse et al. (2021) note that while there was an increase in political violence in several African states following COVID-19 lockdowns, the repression by the Ugandan state was more clearly partisan, with a higher rate of reported repression and fiercer enforcement of state pandemic rules in districts that had favored the opposition over Museveni in the previous, 2016, presidential election. Amnesty International and the US State Department both released reports following the election that faulted the Ugandan state for using lethal force against political protesters and using pandemic control measures as justification for such actions (Draku 2021).

The pandemic not only provided the justification for government crackdowns on opposition politicians, but also created economic conditions that may have helped to concentrate Museveni's

power and strengthen his alliances with the business elite in the lead-up to the election. Ugandan scholars such as Sylvia Tamale (1998) and Andrew Mwenda (2010) have argued that far from democratizing and strengthening civil society institutions, international aid to Uganda has long been a means not to diversity forms of political power, but to consolidate Museveni's grip on the state. The fact that much aid in the 1990s and 2000s was directed toward the military to the benefit of both Museveni, who sought to manage a rebellion in the north of the country, and Western donors, who saw Uganda's army as a tool in the global "War on Terror," has directly enabled Museveni to maintain control of the state well into the twenty-first century (Mwenda and Tangri 2005). The pandemic offered another global reckoning with instability—the terror of infectious disease rather than "Islamic militants"—and such instability also offered new sources of international aid to bolster Uganda's management of the virus. Ugandan journalists debated the effects of these new economic tools, which promised to expand Museveni's influence as aid became one of the few economic engines during a period when economic activity was all but halted by new controls on trade, movement, and work. The opinion columnist Charles Onyango-Obbo, writing for the opposition newspaper *The Monitor*, described the political-economic effects of lockdowns with a dark poetic flourish in June 2020: "A financially stressed elite stretches its neck even longer to suck from the breast of State patronage in exchange for its loyalty and support. It is good business for a corrupt State like Uganda's, because prices are very low."

While Museveni ultimately prevailed in the 2021 election, the state's actions during the pandemic—as Onyango-Obbo's column makes clear—did not go unnoticed by average Ugandans. While much attention has understandably been paid to the ways the state effectively used the context of the pandemic to exert and consolidate power, it also provided openings for average people to criticize the state, sometimes effectively campaigning for changes to the state's use of resources or pandemic rules. As I have noted elsewhere, the problem of healthcare, perhaps especially the ways a lack of access to healthcare affects vulnerable populations like pregnant women, has proved to be an effective line of criticism against the Museveni regime (Boyd 2022). This is because healthcare is positioned in these critiques not as a political issue—that is, something that one politician may support and not another—but as an issue of general responsibility for the state. Thus, failures—such as high rates of maternal morbidity, or deaths from COVID-19—are positioned as moral failures of the state, rather than as questions of political doctrine.

Average citizens' anger about pandemic rules was often palpable, especially as they affected the ability to travel and move, even within city limits, and prolonged the closure of schools. Early in the pandemic, the state pledged Ush90.09 billion ($US25.6 million) to distribute fabric facemasks across the country, in part to ensure that students in "finalist" grades (the end of primary, lower high school, and upper high school) could take exams. But almost immediately complaints were posted to social media about the sub-standard quality of the masks, for which the government was reportedly paying nearly $1 each (The Monitor 2020). Other criticisms were directed more pointedly at the president, including in a controversy over how much of COVID-19-related aid was earmarked for the purchase of 4-wheel drive vehicles and pickup trucks, which critics assumed were being redirected to allies of the president rather than going to healthcare workers (Abet 2021).

As happened elsewhere worldwide, those who were most vulnerable prior to the pandemic were those who suffered most during Uganda's COVID-19 lockdowns. The burden of restrictions on movement, school closures, and controls on trade were not felt equally. Access to healthcare became a critical issue, especially during the second wave of COVID-19 in Uganda, from April to June 2021, which proved to be far more deadly than the first phase of the pandemic. In rural areas, where travel to a government hospital often means traveling long distances and over district boundaries, the lockdown restrictions that limited the ability of patients to move freely could be deadly. Pregnant women, for instance, struggled to obtain prenatal care and make other routine appointments. In one

small victory for healthcare activists, the state acquiesced to the requests of a health and human rights organization, CEHURD (Center for Health, Human Rights and Development), to allow pregnant women the right to cross district boundaries for care during lockdowns. Francis, a program manager at CEHURD, explained in an interview with me that COVID-19 provided a sense of urgency around community demands that might otherwise have been ignored if not for the pandemic: "COVID really increased the pressure [on elected officials]. We invited communities to talk about the need to have pregnant mothers move from one district to another for care, during lockdown. We had a lot [of] success [getting changes] during the lockdown. Mothers were allowed to move when others were not allowed" (June 24, 2022, Kampala, Uganda.)

If Ugandan communities successfully mobilized in response to the pandemic, the pandemic also exposed the weakness of Uganda's healthcare infrastructure. These are weaknesses that are now a familiar part of the deadly ebb and flow of the virus globally: the overwhelming of healthcare centers during surges, like Uganda experienced in the middle of 2021. But these weaknesses are also more particular to the problems of healthcare in Uganda, which has sustained decades of underinvestment in general health infrastructure. This is underinvestment that can be blamed in part on mismanagement by the state, and such criticisms are often lobbed against politicians by health activists. It is also important to note that the underfunding of state healthcare is not simply about the actions of Ugandans, but is the result of decades of structural adjustment imposed by wealthy donor states.

The problems experienced during lockdown in the healthcare sector have been shaped by over three decades of neoliberal reform in the sector. Beginning in the 1980s, the World Bank began instituting changes in donor-dependent countries that sought to decrease the role of the state in healthcare provisioning (Ssali 2018, 180). Since then, cost-effectiveness rather than need has driven new healthcare priorities in Uganda, from efforts to introduce user fees in the 1990s to the sustained focus on privatization and decentralization that dominates government reforms today (Ssali 2018, 185). Though Ugandan per capita spending on healthcare actually increased in the 1990s and 2000s, much of this spending has been on so-called "vertical" healthcare programs that target specific health problems (especially HIV/AIDS). Such programs are typically donor driven, spearheaded by international agendas that seek to address major health crises but focus little investment on general healthcare infrastructure. Susan Reynolds Whyte and her colleagues (2013) have described this as the "projectification" of healthcare in Uganda, whereby people are forced to seek healthcare in a fragmented care landscape, often relying on specialized, time-limited donor projects that appear in response to crises like the AIDS epidemic (143). In this environment, particular programs or targeted health issues receive funding, while other aspects of care—primary care, preventative care, minor surgery, and emergency care—are woefully underfunded, leaving Ugandans to scramble to find and pay for whatever form of healthcare they can best manage. It was in this environment that many Ugandans sought to manage the health crisis posed by the pandemic, struggling to find not only emergency care access for COVID-19-related health problems, but also limited and sub-standard access to primary and maternal healthcare, especially in underserved rural communities. Lockdowns only exacerbated and exposed, rather than caused, such inequities in access.

While Uganda, like most other African countries, has been able to weather the pandemic with a relatively low per capita death rate compared to North America, Asia, and Europe (Nolen 2022), the costs of the pandemic have been keenly felt in the strain produced by reduced wages and lost years of going to school during lockdown. The pandemic has also heightened and exposed underlying political and social fault lines in the country, issues that were exacerbated by the ways the pandemic overlapped with what was one of Uganda's most significant post-independence elections. It is important to note, however, how the issues exposed by COVID-19 lockdowns have been driven by a broader history and set of relationships that extend beyond Uganda's borders. The country's

political tensions and the state of Uganda's health infrastructure are issues that are best grasped by incorporating a global perspective, one that takes into account the ways power and poverty are problems shaped not only by the localized actions of Ugandan leaders, but by the global forces that have given form to the political and economic forces at work in the country.

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COVID-19 in Malawi: Civil Society Mobilization for Socio-Economic Rights and Constitutionality

Eunice N. Sahle and Michael S. Kayaitsa

ABSTRACT

This article highlights the inequalities that the COVID-19 pandemic has revealed at multiple scales. Additionally, it analyzes civil society mobilization aimed at holding the state accountable for socio-economic rights and democratic constitutional practices in the context of such inequalities in Malawi. Its main objective is to analyze and demonstrate the political agency of local social actors in Malawi and other parts of the African continent in addressing the challenges that COVID-19 has generated.

Keywords: inequalities, agency, human rights, social protection, COVID-19

Since its emergence in the early part of 2020, the COVID-19 pandemic has brought to the forefront in more overt ways the inequalities that mark local, national, and global socio-economic arrangements. These inequalities and the role of human rights duty bearers, mainly states in producing them, and their failure to address them in any significant ways are, of course, not a new phenomenon. The dominant tendency, however, is to naturalize and de-historize such inequalities. As Ronaldo Walcott (2020) argues in the case of Canada, practices of racism against communities of African descent by state actors along with pre-existing health inequities have generated substantive vulnerabilities for such communities in the age of COVID-19. In the District of Columbia (DC) in the United States (US), the social inequities that have characterized the evolution of that city have constrained access to food for communities at its socio-economic margins. DC's Ward 7, for example, whose population is predominantly African Americans of lower economic status, has the "lowest number of full-service grocery stores per 1000 residents," while Ward 3, which is mainly populated with white and wealthy residents, has substantive numbers of such stores for the same number of people; this illustrates the phenomenon that Sabine O'Hara and Etienne C. Toussaint (2021, 2) have termed "Food Apartheid" geographies. In DC, the onset of COVID-19 not only showed these disparities in food access but also deepened them. In food apartheid spaces, limited access to food coupled with historically and structurally produced health challenges characterized by hypertension and diabetes and other pre-existing conditions have put citizens in these geographies at high risk for the COVID-19 virus (O'Hara and Toussaint 2021). The socio-inequalities that COVID-19 has brought to the surface show there is an urgent need to move beyond rhetorical pronouncements, such as we are "in this together," to enact economic, policy, and other measures aimed addressing the multiple ways intersecting sources of inequalities affect health outcomes (Bowley 2020) and overall life chances.

Beyond socio-economic inequalities at the national level, COVID-19 has also brought into focus the unequal nature of global arrangements. Although the World Health Organization's COVID-19 Vaccines Global Access platform has provided an important opening for the promotion of vaccine

equity, access to available vaccines has been "substantially unequal, and the large majority of doses have been acquired and administered in the wealthiest countries" (Tatar, Shoorekchali, Faraji, and Wilson 2021, 2). Yet, the heightened moral panic that has led to calls for immediate travel bans whenever scientists identify a COVID-19 variant in a geography outside these countries, as was the case when South African doctors called attention to the Omicron variant, tends to ignore vaccine inequalities (Gregory 2021; Constantino 2021). Reflecting on such inequalities, Larry Madowo (2021) noted that while, for him, walking "to a nearby drugstore in Washington, DC" sufficed in terms of accessing the COVID-19 vaccine, his relatives (an uncle and grandmother) passed away in Kenya due to "the accident of where they" lived.

The inequalities characterizing COVID-19 vaccine development and distribution represent unequal power dynamics that underpin regional and global institutional, financial, and political arrangements and challenge the moral and ethical language underpinning international human rights instruments, for instance, the Universal Declaration of Human Rights (United Nations 1948) and the Vienna Declaration and Programme of Action (United Nations 1993). While not discounting the normative power of the human rights language underpinning such instruments and their cosmopolitan visions (Nussbaum 1996) that invoke human interconnectedness within and beyond national borders in energizing and enabling the framing of struggles for just worlds, the "hoarding" (Bhutto 2021) of COVID-19 vaccines by powerful global actors cautions us against an overly optimistic view of embedding such visions at this juncture. As Yvonne A. Owuor argued in an interview with Bhakti Shringarpure (2022), given that COVID-19 represents "a common existential threat," the assumptions that "petty tribalisms, the grandstandings, would be put aside because of life and humanity" are being rendered unsustainable given what has occurred since 2020.

In the context of the inequalities that COVID-19 has generated and amplified, this article aims to highlight the political agency of African actors in instituting measures to address them. While the implementation of some of the measures is in the early stages and the impact of others has been uneven, this article aims to contribute to debates focusing on the agency of social actors on the African continent in political and other arenas amidst the inequalities that characterize our world. To address the inequalities that have characterized vaccine production and distribution during COVID-19 and in preparation for future pandemics, for example, member states of the African Union have demonstrated their agency by advocating for vaccine equity and committing to investing in the manufacturing of vaccines to meet the needs of their citizens. Institutionally, the African Centres for Disease Control and Prevention, which are constitutive institutions of the African Union, have played a key role in these efforts, including contributing to the strengthening of these states' capacity in tackling COVID-19 (Africa CDC).[1] As for the African Union's vaccine manufacturing initiative, its Partnerships for African Vaccine Manufacturing Framework for Action outlines its aims (Africa CDC 2022). One of its core objectives is to enhance "sovereign health security" by reducing external vaccine access dependency and mitigating the effects of "vaccine nationalism," which has been the underbelly of the COVID-19 juncture (Africa CDC 2022, 10). The turn to enacting measures to enhance sovereignty in the health sector invokes the notion of and the right to self-determination, a core feature of struggles against European colonialism on the African continent that Article 20 of the 1981 African Charter on Human and Peoples' Rights protects.[2] In South Africa, Afrigen Biologics & Vaccines, a collaborative project with the World Health Organization, the South African

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[1] For more details on the work of these institutions in Central, Eastern, Northern, Southern, and Western Africa, see Africa CDC (n.d.).

[2] See the 1981 Charter at https://au.int/sites/default/files/treaties/36390-treaty-0011_-_african_charter_on_human_and_peoples_rights_e.pdf.

state, and other local actors, has made progress in making a COVID-19 vaccine similar to the mRNA one that Moderna developed, without the latter's participation (Gbadamosi 2022; Maxmen 2022).

While states and regional institutions such as the African Union have been at the forefront of formulating policies concerning COVID-19 since its emergence, non-state actors have also played a significant role in mitigating the harms and social dislocations that this virus has generated. In South Africa, for example, various community-based initiatives such the C19 People's Coalition and COVID-19 Working Class Campaign have emerged to address COVID-19's social and economic effects (Jobson et al. 2021). Nigerian non-governmental organizations, such as the Women Advocates Research and Documentation Center, Legislative Advocacy Coalition on Violence Against Women Initiative, and Education as Vaccine, have played a key role in generating gender-sensitive COVID-19 policies (Eribo 2021). With a focus on Malawi, this article explores civil society organizations' social accountability mobilization during COVID-19. The article highlights these organizations' efforts aimed at calling the state to account in terms of providing social protection measures for vulnerable social groups and upholding democratic constitutionality as it relates to public policies concerning COVID-19.

Covid-19 and Civil Society Mobilization: Context

On April 2, 2020, the state announced the first cases of COVID-19 in Malawi (Mzumara et al. 2021; Tengatenga, Duley, and Tangatenga 2021). By December 14, 2020, the country had recorded 6,070 cases, 187 deaths, and 5,4901 recoveries (UNICEF Malawi 2020). In the early part of 2021, there was a rapid spread of COVID-19 (see Figure 1). As of July 2022, the country had registered 86,750 COVID-19 cases and 2,649 deaths related to the pandemic (Reuters 2022). In terms of the state's response to the pandemic, even before the country had a confirmed COVID-19 case, President Peter Mutharika formed the Special Cabinet Committee on Coronavirus on March 7, 2020 (Mukabana 2020), which the state later named the Presidential Task Force on Coronavirus. On March 20, 2020, the president announced that because of the dangers that COVID-19 presented, he was declaring "a State of Disaster" in Malawi based on the Disaster Preparedness and Relief Act (United Nations Malawi 2020a). This was followed by the issuing of a Gazette Supplement on April 1, 2020 by the minister of health, which declared COVID-19 "a formidable disease" (Mhango 2020a), and on April 8 the same minister launched the Public Health (Corona Virus Prevention, Containment and Management) Rules, 2020 (hereinafter 2020 COVID-19 Rules) (Mhango 2020b). These rules included a raft of public health measures, including banning public events and large gatherings, and allocated expansive powers to the minister of health.

Daily new confirmed COVID-19 cases

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.
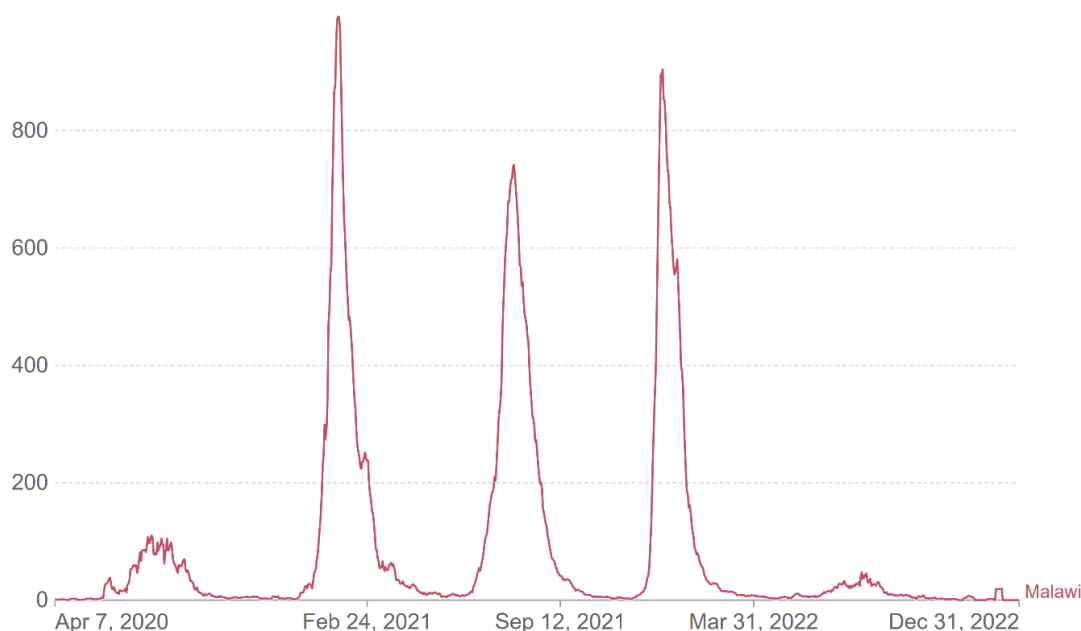
Source: Johns Hopkins University CSSE COVID-19 Data   CC BY

Figure 1. COVID-19 trend in Malawi, 2020–22. Source: Edouard Mathieu, Hannah Ritchie, Lucas Rodés-Guirao, Cameron Appel, Charlie Giattino, Joe Hasell, Bobbie Macdonald, Saloni Dattani, Diana Beltekian, Esteban Ortiz-Ospina, and Max Roser, "Malawi: Coronavirus Pandemic Country Profile," *Our World in Data*, https://ourworldindata.org/coronavirus/country/malawi#citation.

On April 14, 2020, the Malawi president announced that based on the 2020 COVID-19 Rules, the minister of health was declaring a national lockdown for twenty-one days on April 18 and that there was a possibility of the minister extending the lockdown as per his powers under those rules (United Nations Malawi 2020b). That development ignited a firestorm in the country in the context of an already very tense political climate due to the impending presidential elections in May 2020, following the High Court's annulment on February 3, 2020 of the presidential 2019 elections.[3] At the center of public grievances on the lockdown measures and the 2020 COVID-19 Rules from both individual citizens and civil society groups were the following issues: failure of the state to enact measures to safeguard the well-being of the majority of Malawians, who are heavily dependent on the informal sector for their livelihoods; the state neglecting to enact measures to protect the socio-economic rights of vulnerable social groups; and concerns about the constitutionality of the 2020 COVID-19 Rules announced by the minister of health. In what follows, the analysis focuses on social mobilization pertaining to these issues.

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[3] The High Court's judgement on the *Saulos Klaus Chilima & Lazarus McCarthy Chakwera v Arthur Peter Mutharika & Electoral Commission,* Constitutional Reference Number 3 of 2019, which annulled the 2019 presidential elections, is available at https://media.malawilii.org/files/judgments/mwhc/2021/59/2021-mwhc-59.pdf.

Mobilizing for Socio-Economic Rights and Constitutionality

Since the 1990s, Malawians have individually and collectively engaged in mobilizations to protect constitutional rights and to contain undemocratic practices by those who hold public power. In the early 2000s, for example, civil society groups made significant contributions in mobilizing against a constitutional amendment project led by President Bakili Mulizi and his allies to amend constitutional provisions pertaining to presidential term limits to enable him to run for a third term (Morrow 2006). In recent years, despite attacks, including the petrol bombing of the home of Timothy Mtambo (Pensulo 2019), one of the leaders of the Human Rights Defenders Coalition, in 2019–20, the latter held numerous public demonstrations and used popular media platforms, particularly Twitter, in its mobilization for electoral justice following what it considered as the failure of the Malawi Electoral Commission to hold fair and free presidential elections in 2019. Their mobilization played a key role in the abovementioned invalidation of those elections by the Supreme Court of Appeal following an appeal of the February 3, 2020 judgement by the High Court.[4] The foregoing developments are in stark contrast to the constraining of civic spaces in the eras of British colonial rule and of President Hastings Kamuzu Banda.

In response to the declarations by the minister of health, particularly the lockdown measures, Malawians embarked on mobilizing against them. Their mobilization epitomized what Enrique Peruzzotti and Catalina Smulovitz (2006) conceptualize as practices of social accountability, which represent "nonelectoral yet vertical mechanism of control" over holders of public power and involve "the actions of an array of citizens' associations and movements and the media" (10). Such practices include demonstrations, legal mobilization, and others (see generally Peruzzoti and Smulovitz 2006). Following the lockdown announcements, traders in various urban areas held demonstrations criticizing the state's actions. In the cities of Blantyre and Mzuzu, traders in the informal sector demonstrated in front of the offices of their respective city councils' officials (Widoni 2020). The negative effects on the ability to engage in activities to facilitate their livelihoods informed their public protests. According to Chancy Widoni, the chairperson of a Blantyre-based association of vendors, considering that members of the association "live from hand-to-mouth," shutting down markets "even one day" would have had devastating effects on them and their dependents (Widoni 2020). Given the significant impact that legal mobilization by civil society for the protection of socio-economic rights and norms of constitutionality had on the trajectory of COVID-19 policies in Malawi, particularly those formulated by the minister of health, the reminder of the article examines petitions on these matters and the responses of the courts.

Civil Society's Advocacy for the Right to Social Security

One of the cases that had a significant impact on COVID-19 policies in Malawi was the joint petition by Esther Cecilia Kathumba, Monica Chnag'anamuno, and two civil society organizations, namely the Human Rights Defenders Coalition and the Church and Society programmme of the Livingstonia Synod of the Church of Central Africa Presbyterian.[5] On April 17, 2020, the High Court authorized the petitioners to file a judicial review petition. Further, in response to the petitioners' request for an interlocutory order, the court issued an injunction for seven days

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[4] The *Mutharika & Anor. v. Chilima & Anor.*, MSCA Constitutional Appeal No. 1 OF 2020 court judgement is available at https://media.malawilii.org/files/judgments/mwsc/2020/1/2020-mwsc-1.pdf.

[5] *Judicial Review Cause No. 22 of 2020*, available at https://media.malawilii.org/files/judgments/mwhc/2020/7/2020-mwhc-7.pdf.

prohibiting the state's enforcement of its lockdown measures pending a further review and warned state officials of potential contempt of court proceedings if they ignored its decision.[6] Following the court's April 17, 2020 decision, public demonstrations against the COVID-19 measures ended. Commenting on that development, the chairperson of the Human Rights Defenders Coalition, Gift Trapence, stated that "the injunction was a victory for poor Malawians" and highlighted the need to protect their human rights during the COVID-19 pandemic (Kasanda 2020).

In its deliberation and determination on the Kathumba et al. petition, the High Court consolidated it with another one that had raised similar questions concerning human rights and the constitutionality of the state's COVID-19 measures, and for which the court had also granted an interlocutory order. In its April 28, 2020 judgement on the consolidated petition, the High Court ruled in favor of the petitioners, who had requested that the High Court extend the interlocutory order.[7] According to the court, its decision was informed by the fact that the petitioners had raised critical constitutional questions; thus, the court had a duty to consider them, and failure to systematically review them would have been unjust.[8]

The High Court's final judgement by Justices K.T. Manda, F.A. Mwale, and D.A. DeGabriele on the consolidated petition, entitled at that stage *Constitution Reference No. 1 of 2020* (hereinafter *Constitution Reference 2020*), on September 3, 2020, marked an important development in socio-economic rights jurisprudence in Malawi and addressed significant constitutionality questions in the context of pandemics and other junctures.[9] First, in terms of socio-economic rights, it offered constitutional clarification on the right to social security. The protection of that right and other socio-economic rights, for example, the right to housing, health, and food, is not clear given its exclusion from the list of justiciable rights in Chapter IV of the 1995 Constitution (hereinafter Constitution). However, echoing the arguments of the petitioners, the High Court ruled that Article 13 of the Constitution of Malawi, which outlines the principles of national policy, implies the protection of the right to social security. Among other things, the stipulations of that article (a–o) assign the state the primary obligation of enacting national policies that promote the realization of several rights, including health, education rights, the creation of conditions that facilitate gender equality, and the promotion of livelihoods and well-being for communities in rural geographies.[10]

In its determination on the petition, the court also invoked Article 14 of the Constitution. From its perspective, while that section stipulates that the norms of national policy that Article 13 articulates are "directory in nature," it nonetheless authorizes courts to reflect on them in their interpretation and application of the Constitution as well as other laws, and when considering matters pertaining to "the validity of decisions of the executive." Thus, it was imperative for the court to take seriously the provisions of Article 14 in its deliberation of the COVID-19 related consolidated petition.[11] In addition, for the court, the Constitution's protection of the rights to life and livelihood, respectively, informed its conclusion regarding the state's duty to protect and promote the right to social security.[12] According to the justices, without the existence of "enabling

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[6] *Judicial Review Cause No. 22 of 2020.*

[7] The *R (oao Kathumba & Ors) v President & Ors (Judicial Review 22 of 2020) [2020] MWHC 8 (28 April 2020)* is available at https://malawilii.org/mw/judgment/high-court-general-division/2020/8.

[8] *R (oao Kathumba & Ors) v President & Ors.*

[9] The *Constitution Reference 2020* judgement is available at https://malawilii.org/mw/judgment/high-court-general-division/2020/29.

[10] For more details, see Constitution of Malawi 1995, Article 13 (a–o).

[11] *Constitution Reference 2020*, paragraph 8.4.

[12] *Constitution Reference 2020*, paragraph 8.5.

factors," the realization of the right to life was unfathomable.[13] As such, the court concluded that "it would be unconstitutional for the state to enforce 'lockdown'" measures "without paying particular regard to the rights to life and livelihood, which" the pandemic had endangered,[14] and in their view, such a development would also be an infringement of the right to human dignity, which the Constitution's Article 19 protects.[15]

In addition to clarifying the constitutional bases of the right to social security, the court deployed a gendered analysis in its determination. Drawing on the Amicus Curiae brief of the Women Lawyers Association of Malawi, the court paid attention to the gendered effects of COVID-19 measures, particularly as they pertained to girls and women. For the court, the state had a duty to protect their right to health, including sexual and reproductive rights.[16] Further, considering that most of the nursing staff in the country are female,[17] it was imperative for the state to take steps to ease the compounded workload they faced due to extended hours in hospitals and the gendered society's expectations of women's roles in the domain of social reproduction. In terms of the rights of girls, the court called on the state to address the negative implications of its COVID-19 measures. For the court, the closing of schools, which the state instituted in March 2020, placed girls at risk of unwanted pregnancies and other experiences that limited their life chances. The court's concerns were on the mark in this regard, for the interruptions that COVID-19 generated in Malawi increased such pregnancies. According to the Plan International Malawi and Organisation for Sustainable Social Economic Development Initiative, in the first eight months of the enforced school closures, 40,000 teenage girls became pregnant, representing "an increase" of "26 percent" (Chingaipe 2021).

Concurring with the petitioners, the court also argued that the state's emergency COVID-19 Urban Cash Initiative for the most vulnerable households was inadequate. According to the court, the cash transfer targeting "200,000 households" living in poverty in urban areas, mainly in Zomba, Lilongwe, Mzuzu, Lilongwe, and Blantyre, in a country where "89% of Malawians constitute the informal workforce," was too limited. Moreover, these payments, which the state capped at MK35,000, were significantly low given that in most parts of the country, food-related costs amounted to over "MK1 00,000.00 per month."[18] The call for the state to address economic vulnerability during COVID-19 was all the more important for, according to the United Nations Development Programme's (UNDP) multidimensional poverty index in its *Human Development Report 2021/2022*, 51.5 percent of Malawians live below the country's poverty line and 46.6 percent face intense human capability deprivation due to poverty (UNDP 2021/2022, 296). As per that report, based on overall human development measures, Malawi falls under the lower human development category, coming in at 169 out of 191 countries (UNDP 2021/2022, 301).

Even though the minimum wage-based COVID-19 Urban Cash Initiative, which provided MK35,000 per household for a three-month period, was a limited response,[19] civil society social accountability mobilization for social protection measures and the response by the High Court have had an impact on public policy. As a result of that mobilization, the state has committed to

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[13] *Constitution Reference 2020*, paragraph 8.5.

[14] *Constitution Reference 2020*, paragraph 8.5.

[15] On the court's perspective on the right to human dignity, see *Constitution Reference 2020*, paragraph 10.1.6.

[16] *Constitution Reference 2020*.

[17] According to the court in Malawi, the majority of doctors are male, while "most professional nurses are female (91.5%)" and a large proportion of "associate nurses are female (84.7%)" (*Constitution Reference 2020*, paragraph 8.8).

[18] *Constitution Reference 2020*, paragraph 8.6.

[19] *Constitution Reference 2020*, paragraph 8.6.

reviewing its current Social Cash Transfer Programme (SCTP)[20] and to developing a robust and permanent urban-based social cash transfer policy based on the lessons it learned from the COVID-19 Urban Cash Initiative. Additionally, its plans to increase the SCTP's national coverage from 10 percent of the most poor households to 15 percent, while also paying attention to the differential needs of individuals in such households based on their age, health, and other aspects of social status, will mark a policy shift from its current focus on "labor-constrained" vulnerable households (Government of Malawi 2022, 13) by 2027. The extent to which the state will implement these measures within the next five years is an empirical question that remains open. However, considering the significant contributions by civil society groups to the emergence of public policies in Malawi in recent decades, such as the *HIV and AIDS (Prevention and Management) Act, 2017*, which the president assented to on February 9, 2018 (Malawi Government 2018), the state's declaration of its commitment to rethinking its approach to the current SCTP has provided these organizations with an opening to monitor the implementation of its new approach to social protection.

Containing Unconstitutionality

Civil society groups were also concerned about the possibility of the state ignoring constitutional provisions in the name of addressing the effects of COVID-19. The use of violence and disrespect for democratic constitutional norms was already apparent in some instances in other countries. In South Africa, for example, the South African National Defence Force-led response resulted in numerous deaths, arrests, and extensive complaints by the public about the "gross use of excessive force" and the militarization of COVID-19 (Rebello, Copelyn, Moloto, and Makhathini 2021, 3–4; Powers 2021). The directive given to the National Defence Force by military leaders was to "find, fix and neutralize non-compliers" and to allow COVID-19-related "harsh measures to take their course" (York 2020, as cited in Powers 2021, 61). The state also deployed the historical practice from the apartheid era of forcefully removing marginalized Black South Africans from certain areas, in this case those who had moved to marginalized townships because of the socio-economic dislocations generated by the pandemic (Powers 2021). For example, state agents rendered "1,000 men, women, and children homeless by destroying 575 shacks and homes over a two-day period across southern Johannesburg" (Powers 2021, 61). The South African state has not been the only one to use violence in response to COVID-19. Hungary, Nigeria, and Sri Lanka are some of the other countries that have deployed violence in the era of the pandemic (Rebello, Copelyn, Moloto, and Makhathini 2021), as well as Kenya (Human Rights Watch 2020).

In efforts to contain the abuse of state authority in Malawi, the petitioners in *Constitution Reference 2020* raised important questions concerning the power of the executive branch. For the petitioners, the adoption of the earlier mentioned 2020 COVID-19 Rules, a piece of subsidiary legislation, was unconstitutional, for parliament had not reviewed and approved these rules before the minister of health announced them.[21] Additionally, they questioned if the minister had the constitutional authority to generate health regulations that were beyond the scope of the foundational statutory law, namely the *Public Health Act 2014* (hereinafter *Public Health Act*),[22] as well as the constitutionality

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[20] After a pilot program in some parts of the country, the Malawi state rolled out a targeted social cash transfer in its twenty-eight districts in 2018. For the history, achievements, and challenges of this program, see Government of Malawi (2022). See also the Malawi Cash Transfer Programme Strategic Plan 2022–2027 (2022).

[21] *Constitution Reference 2020*.

[22] The Public Health Act is available at https://media.malawilii.org/files/legislation/akn-mw-act-1948-12-eng-2014-12-31.pdf.

of the minister's lockdown announcement in a context in which the president had yet to declare "a state of emergency."[23] Further, from the petitioners' perspective, the minister of health's amending of the *Public Health Act* was a violation of the Constitution, and the expansion of the minister's powers was at the expense of human rights and the constitutional autonomy of other institutions.[24] These powers, for instance, included the ability of the executive branch, through the minister of health, to change the 2020 COVID-19 Rules as it deemed fit and to impose regulations about the modalities of other public institutions of "intrastate accountability" (Mainwaring 2003, 11), such as the judiciary and parliament. Apart from a statement indicating that the attorney general, whose office falls under the executive wing of the state, would assess the COVID-19 related rules prior to their publication in a gazette, the broad powers that these rules gave to the minister of health provided an opening for the minister to impose and change them without regard for citizens' constitutional rights or for the separation of powers doctrine that is a core feature of the Constitution. Further, in the context of the economic insecurity generated by COVID-19, the 2020 COVID-19 Rules gave state officials the power to impose a MK20,000 fine or a three-month prison sentence on anyone who violated them, thereby disregarding the human suffering the pandemic was causing, especially for those at the economic margins.[25]

In its judgement, the court agreed with the petitioners' arguments concerning the unconstitutionality of the foregoing issues. To begin with, regarding the unrestrained powers that the executive had given itself through the minister of health, the court deemed them unconstitutional and stated that they exemplified an "over-concentration of power in one authority."[26] For example, the justices argued that the 2020 COVID-19 Rules 18 and 19 concerning the workings of the judiciary and parliament were unjustified, for contrary to the minister of health's claims, Section 13 of the *Public Health Act* did not offer a foundation for such rules. Overall, Rule 18 was an "affront to the" modalities of "rule making powers in subsidiary legislation" in the country.[27] In the case of the judiciary, it was the chief justice and not the minister of health who had the "rule-making power" to generate such a policy, as the statutory law governing courts stipulates.[28] The chief justice had already exercised such powers through issuing COVID-19 "directives" for the courts once the president declared the country was in "a State of Disaster."[29] For the court, even though the stipulations of Rule 18 1, 2(a–f), 3(a–g), and 4 might seem to be a limited "encroachment in the doctrine of the separation of powers, no breach of such separation should ever be diminished."[30] As for Rule 19 1(a–f), 2(a–j), and 3 regulating the work of the parliament, the court declared it unconstitutional, for the Constitution authorizes parliament to adopt its own procedures.[31] The preceding conclusions by the court were all the more important considering the historical memory of colonial and pre-1994 authoritarianism and the state's violations of human rights, developments that the concentration of power in the executive branch in Malawi had enabled.

As to the constitutionality of the minister of health issuing a lockdown measure through the 2020 COVID-19 Rules, which constituted subsidiary legislation in the absence of a declaration of a state of emergency, the court declared that it did not meet the constitutional threshold. Under the

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[23] *Constitution Reference 2020*, paragraph 2.2.1.
[24] *Constitution Reference 2020*.
[25] *Constitution Reference 2020*.
[26] *Constitutional Reference 2020*, paragraph 5.9.
[27] *Constitutional Reference 2020*, paragraph 5.9.
[28] *Constitutional Reference 2020*, paragraph 5.9.
[29] *Constitutional Reference 2020*, paragraph 5.9.
[30] *Constitutional Reference 2020*, paragraph 5.9.
[31] *Constitutional Reference 2020*, paragraph 5.10.

Constitution, it is only the president who has the authority to declare that the county is in such a state. Yet, the president's declaration was limited to the country being in a state of disaster. As such, the minister had in essence ignored Article 45(2–5) of the Constitution and introduced "a state of emergency…through the back door."[32] In the view of the court, the minister's actions were "an overly bold arrogation of the powers" that characterize dynamics of governance once a president announces a state of emergency.[33] Moreover, through the 2020 COVID-19 Rules, the minister had arrogated "to himself more sweeping powers than those the president has under a state of emergency," an action that from the court's perspective "visited violence upon" Malawi''s "constitutional scheme."[34]

In terms of whether the minister of health's institution of the 2020 COVID-19 Rules without the approval of parliament was unconstitutional, the court did deem the minister's action as such, for it contravened Article 58(1) of the Constitution.[35] Further, the court invalidated the rules, for they ignored the constitutional provisions stipulating that subsidiary legislation should not weaken the rights that the Constitution protects. According to the court, the 2020 COVID-19 Rules negated a multiplicity of rights, including, but not limited to, the right to engage in economic and livelihood activities, to have access to justice, to enjoy freedom of movement, to get an education, and to hold public demonstrations.[36] While acknowledging the role of the executive branch in enacting public health measures geared toward containing the spread of COVID-19 and its attendant effects, the court's position was that the 2020 COVID-19 Rules were contrary to articles 44 and 45(1) of the Constitution, which stipulate the litmus test for limiting human rights.[37] In its view, these rules "went beyond limiting the rights in the Bill of Rights in Chapter IV of the Constitution as the impact of the restrictions was to actually negate the essential content of these rights."[38]

Conclusion

With a focus on Malawi, this article has highlighted examples of the inequalities that the age of COVID-19 has brought to the public domain in more acute ways. Further, it has demonstrated the role of civil society organizations' mobilization to safeguard socio-economic rights and to hold state actors accountable during the COVID-19 pandemic. The article's analysis of the struggle to secure the right to security shows the role of these organizations in activating the courts to provide content pertaining to that right, and to interpret the Bill of Rights and the place of principles of national policy in the adjudication and promotion of human rights under the Constitution. While highlighting the achievements of the legal mobilization aimed at protecting rights and containing the abuse of power through unconstitutional means by state actors, the article signals the underlying tensions between the protection of rights and the overall upholding of constitutional norms in the context of pandemics such as COVID-19. As a constitutional democracy, Malawi is not the only country marked by such tensions, as experiences from Canada, the US, members of the European Union, and other countries have indicated since the ascendancy of COVID-19. While these tensions remain, this analysis has indicated the normative power of human rights protection in terms of enabling civil

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[32] *Constitutional Reference 2020*, paragraph 7.10.
[33] *Constitutional Reference 2020*, paragraph 7.9.
[34] *Constitutional Reference 2020*, paragraph 7.9.
[35] *Constitutional Reference 2020*, paragraph 7.9.
[36] See generally *Constitutional Reference 2020*.
[37] *Constitutional Reference 2020*, paragraph 7.8.
[38] *Constitutional Reference 2020*, paragraph 7.8.

society organizations to mobilize for social accountability in Malawi. Further, it has shown the importance of having courts and other institutions with the authority and independence to hold state actors accountable.

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The Covid-19 Pandemic and State Fragility: The Case of the Democratic Republic of the Congo

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ABSTRACT

The COVID-19 pandemic provided a test for political systems all over the world, and more so for developing countries with less endowed hospitals and public health facilities. The Democratic Republic of the Congo (DRC) faced this challenge when the pandemic was at its height, but the country registered a smaller number of both patients infected with the disease and those who died from it in comparison to developed countries. The most important lesson from the pandemic for the DRC is the need to improve hospital and other public health facilities in the country for all citizens.

Keywords: COVID-19, DRC, hospitals, public health, government

Introduction

According to Timothy Garton Ash, professor of European history at the University of Oxford, "a pandemic is a very specific kind of stress test for political systems" (Bennhood 2020). If developed countries like the United States, Italy, and Spain could perform so poorly with respect to the COVID-19 pandemic test, at least in its beginning, we can imagine the difficult challenges that fragile states like the Democratic Republic of the Congo (DRC) faced in dealing with it. Since the new coronavirus destabilized the world economy and laid bare the weaknesses of political systems all over the globe, it is most interesting for a student of political economy to examine how a fragile state with limited resources such as the DRC deals with a major health crisis like the COVID-19 pandemic, as well as to draw the lessons learned from this episode for the future.

The coronavirus pandemic that hit the world in late 2019 and early 2020 was due to a viral infectious disease involving a severe acute respiratory syndrome, great damage to the lungs, and reduced kidney function. It is particularly dangerous to people over sixty-five years of age and those with chronic health issues like heart disease, hypertension, and diabetes. The new coronavirus first appeared in the Chinese city of Wuhan in December 2019 and quickly spread around the world, with a surprisingly great impact on Europe and the United States. Chinese authorities did not inform the World Health Organization (WHO) of this outbreak until December 31, 2019. As the virus began spreading widely and rapidly, the WHO declared it "*a public health emergency of international concern*" on January 30, 2020, and a pandemic on March 11, 2020. As of April 30, 2020, 3,256,846 cases of COVID-19 were confirmed around the world, with over 233,388 deaths and 1,014,753

recoveries. As of December 6, 2022, there had been 641,915,931 confirmed cases of COVID-19 globally, with 6,622,760 deaths and 635,293,171 recoveries.[1]

A continent of 1.3 billion people with very poor health facilities, Africa was spared from very large numbers of cases and deaths from COVID-19. The Africa Centers for Disease Control and Prevention (Africa CDC), an agency of the African Union, and other health experts warned in 2020 that it was too early for Africans to believe that they had dodged the bullet. For they still did not know what lay ahead. Interestingly, the highest numbers of infections in the continent have been found in South Africa, the most industrialized economy in Africa, and in North Africa (Egypt, Morocco, and Algeria in particular), which has close relations with Mediterranean Europe. Nigeria, the continent's most populous country and largest economy, had, as of April 30, 2020, registered 1,932 confirmed cases of COVID-19 and 58 deaths only.[2] As of a little over two and a half years later, on December 6, 2022, Nigeria had 266,283 confirmed cases of COVID-19 and 3,155 deaths.[3]

How does the DRC compare with these leading African countries? How did its fragile state manage the public health crisis? And what impact will this experience have on the future of the country? These are the major questions that I seek to address in this paper on lessons learned from the COVID-19 pandemic in the DRC since 2020.

The Challenges of COVID-19 in the DRC

Geographically, the DRC is the second largest country in Africa after Algeria, with an area of 2,345,408 square kilometers (905,567 square miles), and an estimated population of approximately 100 million people. Located in the center of the African continent, it shares borders with nine countries: Angola, the Congo Republic, the Central African Republic (CAR), South Sudan, Uganda, Rwanda, Burundi, Tanzania, and Zambia. While relations with all these neighbors, except Rwanda, are generally good, the country is still destabilized by unresolved conflicts in Eastern Congo, due to the presence of armed groups from Rwanda, Uganda, and Burundi, as well as local militia, all of whom are also involved in illicit exploitation of minerals and other resources. To these must be added thousands of refugees from the civil wars in South Sudan and the CAR.

With respect to public health, the eastern province of North Kivu has been since 2018 the epicenter of Ebola, a virus that causes hemorrhagic fever and bleeding through all body orifices and contaminates all those who come into contact with the blood or other bodily fluids of the patient. The first outbreak of the Ebola virus disease (EVD) occurred in Yambuku, DRC (then Zaire) in 1976. The tenth outbreak, which occurred in 2018, was about to be declared over by the WHO following the release from the hospital of Ebola's then last patient in early March 2020 in the city of Beni, North Kivu. Unfortunately, another case emerged just three days before the equivalent of two incubation periods had materialized (see Latif Dahir 2020). In spite of this setback, Africa and the world can learn a lot on how to defeat viruses like COVID-19 from the rich experience accumulated in the DRC in confining the numerous outbreaks of Ebola since 1976 to a small portion of our vast national territory.

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[1] Figures collected from WHO (2022a).

[2] The corresponding figures for the four other countries on April 30, 2020 were: South Africa, 5,647 confirmed cases and 103 deaths; Egypt, 5,537 and 392; Morocco, 4,423 and 170; and Algeria, 4,006 and 450. Figures for each country collected from WHO (2022a).

[3] The corresponding figures on December 6, 2022 were: South Africa, 4,040,980 cases and 102,428 deaths; Egypt, 515,456 and 24,799; Morocco, 1,269,391 and 16,285; and Algeria, 271,100 and 6,881. Figures for each country collected from WHO (2022a).

Moreover, the person that President Félix Tshisekedi appointed as the head of the Multisectoral Committee of Counterattack to the COVID-19 Pandemic (CMR COVID-19) was none other than Dr. Jean-Jacques Muyembe Tamfum, the world renowned virologist who, at thirty-four years of age, discovered Ebola in 1976, and who later won a patent for developing a successful treatment for the virus (Honigsbaum 2015, 2455). Director General of the DRC National Institute of Biomedical Research (INRB) and professor of microbiology at the University of Kinshasa, Dr. Muyembe is also the recipient of four prestigious awards for his accomplishments in research on infectious diseases:

- *The 2015 Christophe Mérlieux Prize* of the French Institute, with an award of €500,000 (US$544,000): €100,000 for the laureate and €400,000 to finance research at the biomedical research institute in the DRC.
- *The 2015 Royal Society Africa Prize*, with an award of £17,000 (US$21,190): £2,000 for the laureate and a £15,000 grant for the research project he had proposed.
- *The 2019 Hideyo Noguchi Africa Prize* of the Government of Japan, which is worth 100 million yen (US$844,000), to finance research at the INRB.
- *Nature's 10* selection as one of ten people honored in 2019 by the scientific journal *Nature* for having made a significant contribution to science.

While still coordinating the fight against Ebola in Eastern Congo and the Equateur Province, Dr. Muyembe was now the czar of the counterattack against the coronavirus, both preventive measures and to fight the COVID-19 disease, with all the medical facilities, equipment, and personnel at his disposal all over the DRC. Given its importance as the national capital and the primary center of political, economic, and cultural life in the DRC, Kinshasa, a megapolis of 12 million people, was the epicenter of the pandemic. As of April 30, 2020, the city had 475 confirmed cases of coronavirus infection, or 95.6 percent of the estimated total of 500 cases for the country as a whole. Excluding Kinshasa, only 7 of the remaining 25 provinces had by then announced confirmed cases of infection, each of them in the single digits. Due to limited reporting by the government, the most recent data available about COVID-19 cases at the province level at the time of this writing is from August 20, 2021. As of that date, there had been 33,779 confirmed cases in Kinshasa, and 20,230 confirmed cases across the other 25 provinces. All provinces had reported at least 2 confirmed cases by this date. Kinshasa accounted for 62.5 percent of the total of 54,009 confirmed cases of COVID-19 in the DRC as of August 2021. Additionally, as of July 10, 2021, Kinshasa had reported that 29,433 people had received at least 1 vaccine dose (approximately 35.9 percent of vaccinations), while the other 25 provinces had reported that 52,477 individuals had received at least 1 dose of the COVID-19 vaccine (approximately 64.1 percent of vaccinations).[4]

Since the first confirmed case of coronavirus infection was announced on March 10, 2020, the government of President Tshisekedi has taken all the necessary measures to protect the population from the COVID-19 disease. In televised addresses to the nation on March 18, March 24, and April 24, 2020, the president asked the public to observe all the rules of hygiene recommended by Dr. Muyembe's committee and health authorities (washing hands regularly, not touching the head, social distancing, using masks and gloves when necessary, and staying home unless it was essential to go out, etc.), and announced the following decisions:

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[4] Data collected from CMR COVID-19 (2021).

- Closing of all schools, universities, and technical and teaching colleges from March 19, 2020.
- Closing of all houses of worship, bars, restaurants, and all sports and other entertainment arenas.
- Prohibition of funeral ceremonies in public or private spaces, with deceased persons to be taken directly from mortuaries to cemeteries.
- The central government to take care of all medical and burial expenses for victims of COVID-19, and to charter planes for repatriating groups of Congolese stranded in places like Cameroun, Dubai, Turkey, etc.
- No public gathering of more than twenty people.
- Suspension of all flights from high-risk countries from March 20, 2020.
- Declaration of the state of emergency for a month on March 24, closing all of the country's borders and suspending travel by air, sea, or land between Kinshasa and the interior.
- Renewal of the state of emergency for fifteen days on April 24.

Despite these initial precautions, given the ongoing state of the COVID-19 pandemic:

- The initial state of emergency was renewed six times before it was lifted on July 22, 2020.
- Schools, universities, and technical and teaching colleges were given permission to begin reopening starting on August 15, 2020, and reopening continued into October 2020; however, schools quickly faced additional closures due to a second wave of COVID-19. The government fully reopened schools on February 22, 2021.
- Restaurants, bars, coffeeshops, stores, banks, and other commercial locations began to reopen with additional restrictions (e.g., reduced hours, capacity reduced to 50 percent, masking requirements) on July 22, 2020. Houses of worship, nightclubs, and all sports, performance venues and other entertainment arenas reopened as of August 15, 2020, with additional restrictions (e.g., reduced hours, capacity reduced to 50 percent, masking requirements). As of December 18, 2020, nightclubs and sports and performance venues were shut down again due to another wave of COVID-19. They reopened in August 2021.
- Funeral ceremonies remained prohibited as of March 15, 2022; an addendum allowing no more than 50 people to accompany the deceased's remains to public, outdoor cemeteries was instated in July 2021.
- Prohibitions restricting the public gathering of more than 20 people in indoor, enclosed public spaces were still in place as of March 15, 2022. But this was never enforced.
- Ports, airports, and borders were reopened on August 15, 2020; as of October 1, 2022, a negative PCR test result was no longer required for fully vaccinated individuals to enter or exit through DRC borders.
- Other precautions instated included:
  - curfews and reduced hours of operation for businesses (instated December 18, 2021; lifted February 14, 2022).
  - mandatory masking and social distancing in public spaces (lifted October 18, 2022). But the wearing of masks was never strongly enforced, even in overcrowded public markets and on buses.

With the approval of the central government, the governor of the city-province of Kinshasa placed the commune (municipality) of Gombe—the center of political, administrative, economic, and cultural life in Kinshasa and the richest of all 24 communes—in lockdown for two weeks,

between April 6 and 20, 2020, including the compulsory wearing of masks in public. Meanwhile, the number of confirmed cases of COVID-19 and the death toll from it continued to increase in the country. Confirmed cases climbed from 1 on March 10, to 45 cases with 2 deaths on March 24, to 394 cases and 25 deaths on April 24, and to 500 cases, 65 recoveries, and 31 deaths on April 30. As of December 6, 2022, there were a total of 94,451 confirmed cases, 92,995 recoveries, and 1,456 deaths due to COVID-19 in the DRC, according to the WHO.[5] As of October 23, 2022, according to the most recent WHO vaccination data, there were 5,575,771 people in the DRC fully vaccinated against COVID-19, with 6,185,534 total doses given.[6]

Is the state in the DRC capable of enforcing all the generally appropriate measures taken by the government in its counterattack against COVID-19? What are the sources of resilience, if any, that it can rely on to protect the population during the pandemic and restart the economy in a way that will ensure growth and help improve the living conditions of the majority of Congolese people in the post-pandemic period? A lot depends on how well the state performs its fundamental functions of order maintenance, service delivery, and revenue collection, together with the level of trust between it and the citizens.

COVID-19 as a Stress Test for the Fragile State in the DRC

The DRC is a fragile state, that is, one incapable of performing in an effective way the fundamental functions of a modern state. The three regal functions of a state recognized universally are the maintenance of law and order, including territorial and personal security; the delivery of those essential services that people need to lead a decent life; and the mobilization of sufficient revenues to cover state expenditures. Over sixty-two years after independence, the DRC comes up short with respect to each of these functions. However, as a stress test for the state in the DRC, the current COVID-19 pandemic may not only pinpoint the major weaknesses of the political system, but also force the country's political leaders to strengthen those state capabilities needed to enforce order maintenance, service delivery, and revenue collection.

Despite its numerous services and hundreds of thousands of agents, the DRC security sector is very weak in virtually all aspects of *order maintenance* and needs to be restructured for fights such as that against COVID-19. The sector is made up of the armed forces, the immigration agency, intelligence services, the national police, and the judicial system, including the public prosecutor's services and the penitentiary administration. A common denominator to all of these services is their lack of respect for basic human rights, which leads them to see repression rather than serving the public as their primary task. Since the two Congo wars of 1996–97 and 1998–2003, both of which began with the invasion of the DRC by Rwanda and Uganda, the DRC armed forces have been working hard to reestablish peace and effective state authority in several pockets of unrest in Eastern Congo. Many of their superior officers are more concerned with getting rich through the looting of the country's natural resources than with destroying illegal armed militias, both foreign and local. But this is changing now under the regime of President Felix-Antoine Tshisekedi Tshilombo, whose tenure began on January 24, 2019.

In the area of the security sector, a major stress test for the DRC is the prison system, where there is a risk of catastrophe because of overcrowding, malnutrition, and deplorable hygiene due to the lack of clean water and toilets (Kongolo 2020). The overcrowding of Congolese prisons is estimated at 432 percent of existing capacity, with those in Goma and Uvira at 600 percent and the

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[5] Figures collected from WHO (2022a).
[6] Figures collected from WHO (2022b).

central prison of Makala in Kinshasa at 461 percent.[7] Makala is also notorious for having 850 people sleeping in a cell meant for 100, and most of them without a bed. Moreover, 71 percent of detainees are waiting to be tried while being condemned to inadequate food and medical care. In such a situation, it has been impossible to maintain social distance as a barrier against coronavirus infections. In fact, even before the COVID-19 disease hit Kinshasa, 40 prisoners died at Makala in January 2020, due to malnutrition and associated diseases. On the positive side, over 12,000 prisoners detained for minor infractions have been freed to reduce overcrowding in jails, but a lot more need to be released so the prisons can become fit for human beings.

With respect to *service delivery*, the government could not succeed in enforcing its regulation on social distancing and the prohibition of gatherings of more than twenty people in public markets and on public transportation. The state has largely failed to provide quality services in these two backbones of the informal economy, on which most people depend for their survival, particularly in urban areas, where 45 percent of the Congolese population or nearly 45 million people live. In this environment, the market provides for both sellers and buyers an indispensable mechanism of survival. Even small sellers can earn some savings for a rainy day while keeping their business an ongoing concern. As for buyers, they can find smaller and more affordable quantities of what is needed for a few days at an affordable price. Since most of them do not have refrigerators, buying meat, poultry, and fresh vegetables must be a daily undertaking. In the DRC, as in many other African countries, the police simply cannot prevent people from congregating in public markets.

Most state-built public markets are badly managed by officials, who are more interested in collecting rents for stalls and user fees from vendors than in maintenance, particularly with respect to wear and tear and hygiene. Smaller markets established by the vendors themselves independently of public authorities are sprouting all over cities and towns, mostly along major avenues and roundabouts. Instead of banning them for violations of zoning and hygiene regulations, local authorities tolerate them for as long as they can collect user fees, most of which go into their pockets.

In urban DRC, the major means of public transportation available to middle income and poor residents are large buses, which include both state and private vehicles, and minibuses and motorcycles, all privately owned. Social distancing and limiting the number of passengers will ruin the owners and operators of these vehicles. Even for motorcycle operators, many of whom are employees of the motorcycles' owners, having one passenger instead of two or three for a ride simply cannot make for a good day. In the short run, there is no satisfactory solution in this instance, either for the economic operators or for public health. Overnight, the state cannot replace minibuses and motorcycles with larger buses capable of ensuring social distancing and provide new jobs to minibus drivers and motorcyclists who would lose their current jobs. Thus, it is only by designing a better strategy of public health for the future that this dilemma can be avoided.

Here we hit the crux of the matter with reference to the stress test for African states, including the DRC: their failure in service delivery, particularly in the areas of public health, education, roads, and agriculture. In thirty-two years of rule in the DRC, President Mobutu Sese Seko did not build a single world-class hospital in the country. Neither did Joseph Kabila, who stayed in power for eighteen years. As in most African countries, presidents, ministers, other members of the political elite, and close relatives of all three categories go abroad for medical treatment, particularly to Europe, but also to Saudi Arabia, Israel, India, and South Africa.

Since these high-ranking officials do not have to go to hospitals in their own country, they do little or nothing to build new hospitals, medical research institutes, and innovative structures of

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[7] These and subsequent figures are from Kongolo's (2020) article.

public health. In the DRC, they do not even care about keeping up existing state hospitals, dispensaries, and maternity wards. When national boundaries were closed and international flights suspended, many African elites were running scared with the knowledge that should they fall sick and not be able to go abroad, they could not see themselves going into the dilapidated and poorly kept facilities lacking in appropriate equipment and even basic supplies.[8] As one writer in the French newspaper *Le Mond* remarked about the African elites, "they [were] caught in their own trap" (Tilouine 2020).

This is also true for schools and universities. Most of the children, nephews, and nieces of the Congolese elite are seldom seen in DRC institutions. If they are not enrolled in international schools (American, Belgian, French, etc.) in Kinshasa, primary and secondary school students are sent to schools abroad, as are university students, whose parents prefer the better-equipped European, American, and Asian universities to their own. As in the case of public health, state schools and universities are neglected in the DRC, as the authorities managing them do not have their children enrolled in them and thus have little interest in promoting excellence and improving the quality of the infrastructure and the remuneration of the teaching staff. Instead of paying the latter the salaries they deserve, state authorities often embezzle the funds available for their own use.

Roads are another area of service delivery that is greatly neglected in the DRC, in all three major categories: highways, urban avenues and streets, and roads connecting farming areas to towns and cities (*routes de desserte agricole*). The DRC has some of the worst roads on the African continent. One cannot drive from one end of the country to the other on a well-built and paved highway network. With three or four exceptions, "national highways" exist mostly on paper, as most of the roads so called do not merit the name. Even the city-province of Kinshasa, a metropolis of 9,965 square kilometers (3,848 square miles) and an urban core of 600 square kilometers (200 square miles), has less than 10 well-built and relatively well-maintained boulevards and avenues. Most of the streets are in terrible shape, as some of the poorer neighborhoods tend to resemble villages, except for the overcrowding. Much of the money authorized for road construction and maintenance is embezzled by ministers and high-ranking bureaucrats. In April 2020, Vital Kamerhe, the president's chief of staff, was arrested on charges of having stolen $370 million from a fund established in February 2019 for a program of infrastructure construction for the first 100 days of President Tshisekedi's mandate, which included major roads and bypasses designed to reduce traffic jams in Kinshasa.

In sharing the fate of health, education, roads, and bridges in being of low priority in state spending since independence, agriculture—together with fisheries and animal husbandry—has been greatly neglected. As a vast country with enormous land, forest, water, hydroelectric, fisheries, and aquaculture resources, the DRC could serve as a breadbasket for the African continent as a whole. Unfortunately, only 10 percent of the arable land is cultivated, and the DRC imports a lot of food staples that it could easily produce at home such as maize (or corn), rice, fish, poultry, and beef. Prices of some of these items increased substantially during the panic that followed the outbreak of COVID-19, but the government has tried its best to impose price controls.

As for the third regal function, *revenue collection* or *resource mobilization*, the DRC is improving its capacity in this area through the digitalization of tax, customs, and other state fees, as this is likely to reduce the embezzlement of state revenues. Despite its wealth in natural resources, the DRC ranks among the world's poorest countries according to the United Nations Development Programme (UNDP) Human Development Index (HDI). More than half of the population lives below the moderate poverty line of 2 US dollars per day. Much of the country's revenue is derived from taxes and royalties paid by transnational corporations engaged in mining, forestry, and services, as well as

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[8] On the lack of equipment and supplies, see Maclean and Marks (2020).

from revenues from state enterprises, customs duties, and business, payroll, and sales taxes. Some of the sales taxes were suspended at the height of the pandemic emergency in view of the hardships people were facing because of the confinement due to COVID-19 restrictions. The new discipline in revenue collection has increased the central government's annual budget from 4 billion USD in 2020 to 15.6 billion in 2023.

While the coronavirus was a major factor in revenue collection in 2020, a more important cause of chronically low revenues in the Congo is institutionalized corruption, which has been practiced since independence, and particularly during the Mobutu and Joseph Kabila regimes. It is estimated that nearly 80 percent of the total receipts of the tax, customs, and money-earning state enterprises did not find their way into the state treasury. During the last 8 years of the Joseph Kabila regime, the amount lost to the treasury was somewhere between 15 and 20 billion US dollars a year. Tshisekedi's commitment to fight corruption started turning things around in 2020.

Consequences of COVID-19 for State and Society in the DRC

Since every cloud has a silver lining, the COVID-19 stress test for the DRC did start strengthening a new national commitment to put an end to the fragile and predatory state by improving state administrative capacity, social cohesion, and trust between citizens and public institutions. After elucidating the weaknesses of the state and its governance in the DRC, the current pandemic has opened the eyes of devoted state officials, the intelligentsia, and ordinary people in terms of what needs to be done to end authoritarianism, police brutality, and other forms of repression; to replace the negligence of health, education, and infrastructural structures with better service delivery in these areas of public well-being; and to do away with dependence on external assistance by relying more on our resilience and self-reliance.

The management of the counterattack on the COVID-19 pandemic in the DRC has gone well. At the height of the pandemic, people suspected of having the virus were tested and those found positive were assigned to one of seven of Kinshasa's eighteen main hospitals for treatment. As indicated above, the government assumed responsibility for all the costs of medical care and, if necessary, those for burial. Both public and private media, religious organizations, major political parties, and non-governmental organizations (NGOs) joined the state in urging the population to follow precautionary measures to remain safe and in providing to various groups masks, gloves, detergents, hand soap, clean water, and hand sanitizers to help prevent infections. No major violent incidents have taken place, except for isolated acts of police brutality against people refusing to obey regulations such as the wearing of masks. In at least one incident in Kinshasa, police officers lost control and fired, killing three or five persons.

One of the reasons for the relative calm amid the confinement and disruption of daily routines has had to do with the popularity of President Tshisekedi, who is given the benefit of the doubt on most of his decisions as a mark of respect for his illustrious father, the late Congolese democracy leader Etienne Tshisekedi. Whatever errors the younger Tshisekedi might have made since assuming the presidency on January 24, 2019, there is no doubt that he shares with the mass democratic movement credit for the restoration of democracy and the enjoyment of civil liberties in the Congo today. The independent press is free to publish whatever it wants to, parliament is free to openly question and criticize the president's actions and statements, and no one is tortured by the intelligence agencies, which used to perform like a political police force. The president himself set the tone in his inaugural address, in which he promised to abolish all the illegal detention centers that these agencies used to run as torture chambers, and to free all the political prisoners. He has honored these promises.

Unfortunately, while the police have generally followed the presidential directive not to use lethal force in riot control against unarmed demonstrators, some trigger-happy police officers are still eager to use their clubs to beat up on any suspects arrested for a real or alleged criminal offense, and to ultimately use firearms with the excuse that the civilians they were attempting to arrest were armed. We are faced here with a question of institutional culture, one that requires, on the one hand, better training of both senior officers and the rank and file on human rights, and on the other hand, exemplary punishment for senior and middle-rank officers who fail to discipline the men and women under their control.

With reference to service delivery, the DRC experience in dealing with COVID-19, like the prior experience with Ebola, should strengthen the Congolese people's confidence in their own resilience and self-reliance. Because of the Belgian colonial ideology of paternalism and the crisis of decolonization that the Congo went through in 1960–65, much of the Congolese leadership since then has been brainwashed to think that whatever is foreign is beautiful, good, and great to imitate (Kongolo 2020). This is contrary to the reputation of Congolese professionals around the world, who are generally esteemed for their originality, creativity, and self-confidence.

The exemplary work of Dr. Muyembe and that of Dr. Denis Mukwege, the 2018 Nobel Peace Prize laureate, should put an end to any inferiority complex among Congolese political leaders, professionals, and entrepreneurs. In 1995, Dr. Muyembe rejected WHO objections to his use of antibodies developed by Ebola survivors and taken from their blood to treat new cases. He was proven correct when this technique resulted in saving 70 percent of the patients treated. Today, one of the methods being experimented with for COVID-19 patients around the world is to use blood plasma from survivors to treat critically sick coronavirus victims. As for Mukwege, "the doctor who repairs women," many doctors from around the world go to his Panzi Hospital in Bukavu to learn the techniques he has invented and perfected on how to repair or restore the genital organs of women destroyed through sexual violence.

These two profiles of Congolese doctors and scientists represent one of the priorities of President Tshisekedi for radical change in the DRC. He has called for a change of mentalities or attitudes. There is no better period for this clarion call for a change of mindset than the post-COVID-19 political, economic, social, and cultural environment. Relying on their own resources and initiatives, rather than expecting manna from heaven or the largesse of international financial institutions and the European Union, the Congolese can succeed in planning the reconstruction of medical facilities, schools and universities, roads, and other basic infrastructures for the development of the Congo.

Conclusion

The DRC is a fragile state, incapable of providing essential services to its people and ensuring the security of the national territory, its citizens, and their goods. This fragility goes way back to the origin of the Congolese state, then known as the Congo Free State (CFS). In reality, it was neither a state nor free. As endorsed by the United States and European powers at the Berlin Conference of 1884–85, the Congo was a private property of Leopold II, King of the Belgians. In the age of the trusts, Leopold owned the Congo just as John Rockefeller owned Standard Oil. Consequently, the key question was, is this property profitable? A basically feudal entity for its King Sovereign, who never set foot on Congolese soil, the CFS was not a modern state with regal functions and fundamental human rights. It was a predatory state based on slave labor and in which the inhabitants had no freedom to live their lives as they wished. The Belgian colonial system (1908–60) reduced the level of repression and forced labor but kept the predatory features of economic exploitation intact.

On the other hand, under the postcolonial regimes of Mobutu (1965–97) and Joseph Kabila (2001–19), the state remained a private preserve of the rulers, who used it for wealth accumulation and perpetual rule, instead of a set of impartial institutions working for the general interest. The outcome of this predatory and authoritarian system was a fragile state, incapable of running the country effectively, ensuring peace and security, and providing essential services to the population. With the new regime of Félix Tshisekedi, there is hope that state reconstruction and economic development are goals that can be reached, with a legitimate and responsible government in which the people have confidence and perceive it as representing their best interests. By laying bare the fragility and weaknesses of the predatory state while displaying the need for ending the divorce between state and society and working together for a better future, the COVID-19 pandemic has strengthened this hope.

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COVID-19, Ugandan Politics, and a Hip Hop Letter of Complaint

David G. Pier

ABSTRACT

In Uganda, the COVID-19 crisis intersected with electoral politics as Bobi Wine, a young pop star turned politician, challenged President Yoweri Museveni for the office he had then held for the last thirty-four years. Following Wine's lead, musicians released a spate of songs which took the pandemic and lockdown as an occasion to criticize the regime. This article examines one hip hop song released in 2020 by Victor Kamenyo, who himself would run for a parliamentary seat the following year. "Ebbaluwa Part 5 COVID-19" took the form of a "letter" of complaint, a literary mode of political rhetoric whose Ugandan history is reviewed below. Luganda language hip hop, with its distinctive poetic traits, is situated within a longer tradition of aggressive, slanderous speech and writing in the spirit of political critique.

Keywords: Uganda, COVID-19, Bobi Wine, hip hop, Luganda

Uganda's early experience of the COVID-19 pandemic was bound up with a presidential election contest between Yoweri Museveni, in office since 1986, and Bobi Wine (real name Robert Kyagulanyi), a young reggae artist turned politician. Wine rose to fame in the mid-2000s with songs that translated the musical style and defiant, "ghetto," attitude of Jamaican dancehall reggae into the Luganda language. His lyrics were frequently critical of a government which he accused of catering to the wealthy instead of providing for struggling Ugandans. When Wine entered politics in 2017, running for a parliamentary seat, rumors immediately began to circulate that he might launch a formidable challenge to Museveni, appealing especially to young urban voters. One of Uganda's top celebrities, Wine proved adept at cultivating a winning media image, not just in Uganda but also abroad, where he gave interviews on a number of high-profile news shows. In 2018, the Ugandan police fired upon Wine's car, killing his driver. Wine was subsequently imprisoned and physically abused, along with a number of his political comrades. This was the first violent event of what would be a long and exceedingly violent campaign season.

It was in this powderkeg atmosphere, ten months before the scheduled January 2021 elections, that the COVID-19 pandemic was announced. In March 2020, Museveni announced strict COVID-19 lockdown measures, well before cases had reached a significant level in the country. Public transport and outdoor markets were closed down first, followed by schools, houses of worship, and public gatherings. Many Ugandans, especially in the city, suffered economic hardship as a consequence of these prohibitions. Supporters of Bobi Wine and other opposition candidates were most incensed, however, by the blocking of political rallies, and by a systemic escalation of police violence in the name of COVID-19 rules enforcement. In a country where the government exercises considerable power over the mass media, Wine depended on large in-person rallies to keep his movement alive. Rather than submitting to lockdown, he and his supporters continued to meet in public, and were consequently subjected to additional imprisonments, beatings, and killings.

Museveni, meanwhile, embraced the role of "scientific" protector of the public welfare, condemning the opposition for selfishly putting ordinary Ugandans at greater pandemic risk.

Many Ugandan pop musicians expressed support for Wine and anger at the Museveni regime in their songs. Indeed, as public demonstrations were banned, popular music became an increasingly important arena for anti-government political expression. Since September 2020, Ugandan independent scholar Micheal Mutagubya and I have been collecting, translating, and analyzing COVID-19-themed pop songs. In a separate paper (Pier and Mutagubya 2022), we present a broad survey of songs critical of the regime in a diversity of musical and rhetorical styles. Here, I focus on one song that we have not yet discussed, "Ebbaluwa, Part 5" by Victor Kamenyo. This hip hop "letter" (*ebbaluwa*), addressed to Bobi Wine, is of interest for the way it revisits a Luganda tradition of complaint-rhetoric, in a rap idiom. In the sections below, I review the history of public complaints in the form of letters or other missives, discuss Kamenyo's song, and consider the distinctive characteristics of Luganda language hip hop ("luga flow") as a genre of complaint.

Following Wine, the rapper Kamenyo (real name Derrick Katongole) has entered electoral politics, running unsuccessfully in 2021 for the Youth MP seat in his Kampala district of Rubaga North. Wine has inspired a number of young people, especially artists and entertainers, to get into politics by joining his People's Party. They wear bright red clothes and berets, reminiscent of those of the EFF party in South Africa and socialist movements elsewhere in Africa. It should be noted that Wine was not the first politician to mobilize urban youth in a street-demonstration centered movement against Museveni. Kizza Besigye, a doctor of Museveni's generation, ran four earlier campaigns in which he pioneered many of the tactics Wine now uses. Wine's pop star persona was perhaps, however, especially inspiring to young people, a number of whom were moved to run for office. Whether this involvement is sustainable is another question. Wine did not win the January 2021 election—Museveni claims to have beaten him handily—but these results were probably pre-ordained, according to foreign observers. In the final analysis, the real stakes of the 2021 election were probably in movement building, and altering international perceptions of Uganda, rather than in achieving a change of guard.

Wine is not the first African musician to have attempted a move into politics. Fela Kuti famously attempted to run for president of Nigeria in 1979. Youssou N'dour threated a run for the presidency of Senegal in 2012. Other famous musicians have not run for office, but have influenced politics in other ways. Congolese guitar star Franco Luambo, who boasted an enormous loyal following, threw his weight behind President Mobutu, and received a powerful Ministry headship in exchange. More recently, the hip hop group Keur Gui in Senegal was able to mobilize masses of youth against incumbent Abdoulaye Wade in Senegal, leading to his ouster. Singers are afforded considerable authority in many African cultures—one recalls the famous griots of West Africa, who are thought to balance the powers of military leaders. Then again, we should not assume that cultural celebrities have more sway in Africa than anywhere else in the world. The US, it should be recalled, has had film and TV actors for two of its last six presidents.

Over the past decade and a half, Uganda has seen a total transformation of its music and pop culture industry, in a more democratic direction. Artists no longer have to go through the centralized system of recording studios and record labels: they can now rapidly produce songs and videos on small home setups, and circulate them widely online. The government has attempted to crack down on public internet usage—e.g., by imposing a "social media tax"—but there are technological and geopolitical limits to how far it can go in this regard. The upshot is that today's music world has the dialogic qualities of a public sphere, with artists rapidly releasing songs as communicative actions, rather than mere products for profit. Kamenyo's serial publication of his "letter" in five serial "parts" may be indicative of this new communicative mode—though Ugandan artists did publish multi-part, serial, songs in the pre-internet past, via phonograph records, and especially, homemade

cassettes. The internet has speeded up existing musical-discursive processes, rather than engendering something entirely new.

Public Rhetorics of Complaint in Buganda, Historically

Kamenyo's presentation of his political complaint in the form of a rapped "letter" (*ebbaluwa*—see transcript and translation of the song below) has interesting historical resonances in the Ugandan context. Historian Carol Summers has discussed how, in the post-Second World War period, leading up to Ugandan independence in 1962, a number of Ugandan intellectuals and activists penned numerous letters and telegrams to British administrators, which were notable for their excoriating prose. For example, Semakula Mulumba, a London lobbyist for the Bataka Union, telegrammed the following to Kampala's police commissioner:

> We scorn you like the droppings in a privy; rage, you English thieves, white swine, burst if you want; even if you were to kill me a thousand times I should revive, rejoicing, and tell you too that you English are liars, thieves, drunkards, idlers, who drain away the money of the black folk. Your heart is as hard as the hide of a hippopotamus; go and be hanged. (quoted in Summers 2015, 5)

Summers (2015) posits a tradition of "Ganda slander," which came to be weaponized within the mass media of telegrams and newspapers to create "buzz," useful for political movements. Baganda were not passive objects of a British electronic propaganda machine, but rather appropriated media technologies to their own ends, employing their own rhetorical style. Having received education and economic development under colonial rule superior to those of other groups, Baganda leaders took special pride in their rhetorical abilities in writing. This sense of political agency through language continued after independence, and indeed intensified as the Buganda kingdom was deprived of the powers it had enjoyed under colonial rule. Since 1962, Baganda leaders have held power only for brief periods, though the Baganda are Uganda's largest ethnic group. Most of the time, they have had to settle for merely rhetorical power under the rule of leaders from other ethnic groups, Museveni included. People of Baganda ethnicity have played a dominant role in the mass media, the entertainment industry, and the educational sector, while Ugandans of other ethnicities have controlled the military and the top government offices. It is in this historical context that Kamenyo's framing of his song as a "letter" seems significant. Baganda activists have long been eloquent, vituperous, writers of letters to the editor, letters to officials, and so on.

Since the 1940s, one of musical-literary genre often featuring political speech has been *kadongo kamu*—"one little guitar." This music, emergent in the 1950s and continuing to the present, is known for its dense, sophisticated, Luganda-language lyrics. Some of these are in an accusatory, "slanderous" style that recalls Mulumba's telegram quoted above. Consider, for example, the following translated excerpt from "Serukema Mayute" ("He Who Squeezes Tumors") by Christopher Ssebaduka, considered to be the "grandfather" of kadongo kamu:

> [President Milton] Obote was so reckless, he married a Muganda woman to provoke us, Obote was a merciless "Satan" through murdering people is how he attained power, he killed people like locusts, he buried live people in grave, Then God got furious because he saw him. If he could not be sued, we sued him to God in heaven, and he judged, he (Obote) cried tears which filled four pots. Let him see hell!

Ssebaduka, like many Baganda, hated President Milton Obote for having razed the palace of *kabaka* Edward Mutesa II in 1966, chasing the king into British exile, where he died three years later. This song praises the infamous President Idi Amin for having toppled Obote in a coup. Ssebaduka expresses approval of Amin in other songs, as did other kadongo kamu musicians of his generation. Some of this may have been strategic sycophancy under a dangerous, violent regime. Then again, elder musicians I have interviewed continue to express fondness for Amin, who not only overthrew the hated Obote, but also provided many Baganda with jobs taken away from Asian traders, whom Amin infamously purged from the country.

A Hip Hop "Letter" to Bobi Wine

Victor Kamenyo's "Ebbaluwa Part 5 Covid-19" is striking in the degree to which it reiterates rhetorical gestures of public complaint from earlier Luganda genres—especially kadongo kamu—in a rap style. After some COVID-19 fake coughing, Kamenyo begins, in classic kadongo kamu fashion, with a self-introduction in which he presents himself as a victim of larger events:

> I am now facing a hard time, I am slowly getting weaker, I have drunk alcohol, may the lord have mercy upon the deceased's souls. Even to us the living, we pray that you save us from this tragedy. Give me some water and I will begin a story.

He then proceeds to enumerate the problems that he, and others, have been enduring as a consequence of Museveni's COVID-19 lockdowns. He notes the closure of schools (notoriously longer in Uganda than in any other country in the world), police beatings, scarcity of food, and the inability of pregnant women to get to the hospital. The plight of musicians, especially, is singled out. He names Willy Mukaabya, a famous elder kadongo kamu musician, who, according to the lyric, is now forced to work as a motorcycle taxi driver. He closes his letter with a Luganda maxim: "True leaders mind about their people, but for many years in Uganda we are suffering in our own country," followed by slogans in English: "No retreat, no surrender! This is our Uganda! Ugandan lives matter!"

Rap in the Luganda language is called "luga flow." It was pioneered in the mid-1990s by diasporic Ugandans living in Canada, and gradually adopted by a broader range of Ugandan artists. From its beginning, luga flow was political in tone; its inventors were fans of KRS-One and other figures of American "political" rap in the 1980s and 90s, and they pushed Ugandan artists to commit to a similar politics in their music. It has been suggested to me that rap has an inherently aggressive sound in Luganda language, because it is based on patterns of heavily stressed, rhyming syllables, which do not occur naturally in Luganda speech. More traditional Luganda poetry includes rhyme, but it is articulated more gently and diffusely—like alliteration and assonance in poetry. Rhyming in rap, including Luganda rap, is, by contrast, metrically regular, insistent, and emphasized with explosive stress. This is a new effect in Luganda language arts, and one that may have a particularly aggressive sound, perfect for hurling angry complaints and slanders, which, as Summers has suggested, *is* a part of Baganda public tradition.

The following passage from "Ebbaluwa Part 5" demonstrates Kamenyo's rhyming. All lines end with the explosive syllable "dde," in rhythmic parallelism:

> *Ntidde ekiddako nga bino byonna biwedde,*
> *Kabuto akaaba Basuuni emmere ye yagiridde,*
> *Saving twamujjadda gyetwali tumuggalidde,*
> *Kati tetulina wetusibidde,*

Omunaku wabwe kano akaseera kantabudde,
Y'ensonga lwaki kuggwe nange kwensibidde.

Kabuto is crying because Basuuni has eaten his food,
We removed all our savings from where we had locked them,
We now have nothing to depend upon,
I pity the poor, I'm confused about this situation,
That is why I'm depending on you [Bobi wine] for a solution.

A syllable like "dde" is hardly challenging to rhyme with in Luganda, since it is used to indicate the recent past tense in the majority of verbs. This would seem to undermine a quality typically attributed to rap rhyming—namely, cleverness or wit. The intended aesthetic here may not be one of cleverness, but rather one of insistence and earnestness. Further research with Luganda speakers inquiring into the aesthetic effects of specific rhyme gestures is warranted. In luga flow, rappers often introduce wit into their rhymes by inserting English words, creating stimulating hurdles in the predictable flow of Luganda phonology/grammar. The word "champagne"—which Kamenyo pronounces with four syllables (perhaps jokingly)—is a case in point.

Kamenyo's song acquired its public meaning not just from its internal narrative, but from its situation among a spate of other songs released in 2020, supporting Wine and complaining of the depredations caused by the government's COVID-19 lockdown. We should imagine Kamenyo's "letter" lying in a pile of other musical missives piled up on Museveni's doorstep. Whether or not this activity of public musical complaint has substantial political effects is an open question. My limited ambition in this brief consideration of a single song has been to describe one contemporary mode of musical complaint, and to contextualize it within a longer history of political discourse specific to Uganda.

"Ebbaluwa, Part 5 Covid-19," by Victor Kamenyo

Transcribed and translated by Michael Mutagubya.

Yo! A bad man killer the, Victor Kamenyo eyatta ente ngansuna nsune, eno nayo bbaluwa ya Bobi wine.	Yeah! A bad man killer the… Victor Kamenyo who killed a cow just by pinching it, this is also a letter to Bobi wine.
Yo, bulijjo ntya abakyala, nkola nyo ntya obwavu okukamala, njolekedde olusozi gambalagala, entegetege zinfamba, ntaddeko omuwemba, mukama sasira emyoyo gyabagenzi, naffe abalamu tusaba otuwonye kino ekibambulira, mpa kulwendo lwamazzi ntandike emboozi.	Yeah! I have always feared women, I work hard because I fear poverty so much, I'm now facing a hard time, I'm slowly getting weaker, I have drunk alcohol, may the lord have mercy upon the deceased's souls, even to us the live ones, we pray that you save us from this tragedy, give me some water and I begin a story.
Kyagulanyi Ssentamu P.O Box Magere, nerero bingi eno byenjagala nkutabbire, ebintu kati bitudde mu story, fenna tunonya kiddako eno bambi tubuulire, tekyali ndongo, ebivvulu biggale, kaseera kazibu eri bulyomu mu industry, okuva kumuyimbi neyavuganga ebidongo	Kyagulanyi Ssentamu P.O Box Magere, even this time around, I have a lot to tell you, I have now put these things in a story, we are all looking forward to see what next, please tell us, we no longer have music, music concerts were suspended, this period is hard for everyone in the

kuloole, kyoka obuvunanyizibwa bwo butukubira kkerere, kanzunzu atukutte, ensi etukuba nga rocket mumikono gya Andy Marry, ntidde ekiddako nga bino byonna biwedde, Kabuto akaaba Basuuni emmere ye yagiridde, saving twamujjadda gyetwali tumuggalidde, kati tetulina wetusibidde, omunaku wabwe kano akaseera kantabudde, yensonga lwaki kuggwe nange kwensibidde.

industry, starting from artists and those who used to drive sound systems on lorries, yet the responsibilities are just making noise for us, I even feel dizzy, the world beats us like rocket in the hands of Andy Marry, I'm scared about what will happen after all this, Kabuto is crying because Basuuni has eaten his food, we removed all our savings from where we had locked it, we now have nothing to depend upon, I pity poor ones, I'm confused with this situation, that is why I'm depending on you (Bobi wine) for a solution.

Abasuubuzi nabo bagobwa mubutale, simanyi kisigalidde economy erimubulere, kuva muntandikwa system matankane, omuntu wawansi emukuba luganda nga champagne, abaana baffe guno gwo gwakutuula. amasomero gaggalwa tebalina webasomera, ogamba internet, computer tetulina, tugenda ziguzaaki nganekyokulya tetulina mchewww batuteeka masanganzira mcheew ngate batugamba bajjakola mcheew, abakozi kumirimu batandise obakekyula, bannamukisa abatono babasaze emisaala, landlord amanja siraba zimusasula, bwengenda kubbala mbooko zezingugumula, ne government envuddemu mukaseera wengyetagira nebuuza nyambibwa di kuba nange omusolo nsasula,

Traders have been evicted from markets, I don't know what is remaining, the economy is in ruins, from the very beginning, the system is confusing, the grass root people are total beaten (drunk) with Champagne, for our children, this is a year of sitting down, schools are closed, they have nowhere to study from, he (Museveni) talks of internet yet we don't have computers, what shall buy them with when we even don't have what to eat mcheew… (He gears). They put us in houseless places yet they promised us that they would deliver mchew, they have started laying off workers, the few lucky ones their salaries have been reduced, I owe the landlord, I don't have what to pay him, whenever I go to the road I'm beaten with sticks, the government has not helped me during the time when I need it most, I ask myself when shall I be helped because I also pay tax.

amazima gabewo akawunga ko tekamala, basula njala ba DJ nabamabbaala, tewali nomu kuffe amanyi embeera di lweritereera, tubadde tukaaba nguudo naye emotoka tezikyatambula, booda bazitugaana 12 wezikoma okukola, saasira omukyala wolubuto mukyalo nga neddwaliro liri wala, omusujja gutusse ekiro ki kyakola mazima, kuba akafananyi ombulire!

Truth be told that posho is not enough, the DJs and bar attendants sleep hungry, none of us know when the situation will stabilize, we have been complaining about poor roads but vehicles no longer move, even the motorcycles were banned operating beyond 6pm, I pity a pregnant woman in a village when even hospitals are far, the fever is killing us, what is he (Museveni) doing really! Imagine (take a snapshop), tell me!

Abakulembeze abatuufu bafa kubantu babwe, naye emyaka mingi wano e Uganda tubonabona okwaboobwe, bo tekibanyiga, kuba bajjuza dda ensawo zabwe, Willy Mukaabya yadda ku boda bamulabako eyo ezzirobwe, embeera ya

True leaders mind about their people, but for many years in Uganda we are suffering in our own country, for them they are not affected because they filled their pockets, Willy Mukaabya is now a boda boda rider, he was seen in

insecurity naye tutya abali mu security, Victor Kamenyo a.k.a Katongole Derrick	Zirobwe, we are in the situation of insecurity but we fear those in security, Victor Kamenyo a.k.a Katongole Derrick
Yo, with no retreat, no surrender, together as one, this is our Uganda; Ugandan lives matter.	Yeah! With no retreats no surrender. Together as one, this is our Uganda, Ugandan lives matter!

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