We’re at the centre of a COVID-19 global pandemic where fears of infection, shutdowns and job losses abound. COVID-19 is proving to be a far-reaching virus that is impacting economies, medical facilities, and cultural and religious events. It has infected everything, from supply chains to airlines, and everyone, from the young to the old. No one has survived its impact unscathed.

Still, packed amidst its sweeping global consequences are nuanced racial, medical, and primarily editorial repercussions that differ regionally in scale, scope, intensity and implications.

The global media ecosystems - always adept at popularising poverty frames to largely Western audiences - haven’t been able to hide their biases. Despite being disrupted by the new media models, these giant media outlets often act as spin machines, ready to be deployed in the service of their funders to perpetuate racial stereotypes.

Their controvertible views include: allegedly canceling the Olympics because of COVID-19 in Africa, despite Europe being the worst hit; a sharp focus on Africa’s own xenophobia, as well as corona’s class and race problems; how inequalities get exacerbated by this global virus; and why Africa not as
World Health Organization (WHO) director, the Ethiopian medic Dr. Tedros Adhanom Ghebreyesus, has stated that these editorial models perpetuate stigmas that hamper global cooperation to fight the virus. Meanwhile, Africa’s media platforms, we’re told, don’t seem to clearly understand the cloak-and-dagger war of perception being waged online.

Kenya-born Prof. Thumbi Ndung’u, the director of Durban’s Infectious Disease Research Centre, added nuance to this conundrum during an interview with eNCA when he stated: “I don’t think anybody knows why Africa so far appears to have been just slightly impacted. There isn’t much travel to that part of China (Wuhan) from Africa, or it could just be a coincidence. Curiously Africa’s highest infections have come from Europe and America.”

This editorial slant is getting buttressed by accusations of continent-wide editorial sloppiness in the COVID-19 coverage by key stakeholders in the African media landscape. Journalism lecturer George Ogola stated, “My fear is that Africa’s news media is abdicating its responsibilities by not questioning the appropriateness of the global response to the crisis. It is failing to address practical, historical, cultural and political questions around the interventions aimed at stopping the spread of COVID-19.”

The politics of pandemics

What the extended list of outlets that constitute the Western media patently ignore is the decades-long debate regarding epidemiological definitions. The epistemological definitions of outbreaks, how they morph into epidemics, and cross the threshold of pandemics, carries with them consequentially different meanings for the political bureaucracy, for scientific medical experts, and for the public.

In recent decades, the common lists of infectious outbreaks seem manifestly skewed towards the geographical Global South. The 2002 SARS, the 2015 ZIKA, and the 2014 Ebola belong to the famous list of deadly and highly infectious diseases. Excluded from the list are American Influenza, French Gastro, the resurgent British “Dickensian diseases”, Scarlett disease and whooping cough, and Germany’s carbapenem-resistant pathogens epidemics.

COVID-19’s global ramifications have reignited a culinary culture war, with 60 Minutes-Australia, Vox, NBC and VICE incessantly harping on unusual Asian culinary diets and the prevalence of animal-to-human disease transmission.

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No doubt the causal links between bats and COVID-19, swines and H1N1, birds and Avian Flu, and Ebola and monkeys have been documented as examples of potential zoonosis transmission. However, within these paradigms, Asian and African culinary anthropology often gets bandied around with primitive connotations, never mind that equally strange foods like French Andouillette (pork and intestine sausage, much like the Kenyan mutura), Spanish goose barnacles, Finnish Blodplättar (blood pancakes) and dozens of other unusual foods are linked to wet markets.

Many point to the Huanan wet market in Wuhan province as the ground zero for COVID-19. Thanks to that highly contentious and largely unverified belief, wet markets are increasingly portrayed as...
the chaotic emblems of Chinese – and by extension, Oriental – culinary weirdness. The New York Times made reference to Chinese omnivorous markets that make perfect incubators of so-called novel pathogens’ even while eventually acknowledging that “the exact path of the pathogen had not yet been established”.

**Epidemics and patient 31s**

Africa’s healthcare infrastructure, which has been ill-equipped and chronically underfunded for decades, has consistently failed to decisively eradicate even simple ailments, and has been subject of incessant concern as regards its capacity to handle epidemics or pandemics of this magnitude.

Surprisingly, reading through the 2019 Global Health Security Index, it’s interesting that the least prepared countries outside of Africa are in the Caribbean and along the US southern borders, while Britain, Italy, and Spain, which are ranked among the most prepared (marked yellow), are some of the worst hit by COVID-19. Curiously, the latter’s preparedness seems more astute towards everyday ailments than pandemics. China, Cuba, Vietnam and India (the medical mecca) are somewhat, but not fully, prepared, but they are the ones who’ve dealt with the actual pandemic crisis pretty well.

As Kenyan anti-corruption crusader John Githongo notes, the measure of Euro-American preparedness has been hardware and not software; it is systems, not anthropology. The US, Italy, Spain, and the UK, despite their developed world status, have displayed a software (leadership) failure. In some cases, their politicians have been an essential part of the problem due to poor messaging and a trust deficit on the part of leaders like Donald Trump and the ailing Boris Johnson. The same tendencies are witnessed in Brazil, Uganda, Hungary, Philippines, and Kenya.

In East Africa, Tanzanian president John Magufuli approved church and mosque gatherings, ostensibly to allow Tanzanians to pray for a cure, while neighbouring Kenya banned all religious gatherings as soon as confirmed cases were reported (in line with its “social distancing” directive). The Korean religious super-spreader (dubbed patient 31) has elicited an even sharper focus on religion and its largely negative perception across the popular culture. The religious congregated in large numbers in Bangladesh, South Korea, and Australia.

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The generational dimension has featured in the narrative war, with millennials criticised for what has been described as their reckless attitudes to the pandemic. In America, young college students threw caution to the wind and went to Miami, Florida for their spring break vacation.

**Disaster capitalism and middle class insularity**

The middle and upper classes in Kenya have advocated for official Level 2 and 3 shutdowns, which will reduce societal functions to a bare minimum. This elitist self-preservation has elicited sharp class wars that are playing out in online circles. Panic buying, overfilled trollies and weird shopping models aping Western doomsday preppers have been the subject of scorn, exasperation, and mockery.

Working class communities, and those in the informal sector, who constitute those dependent on
daily wages, view the lockdown as insensitive classist machinations of out-of-touch leaders motivated by self-seeking middle class types. It doesn’t help that, for the most part, the middle and upper classes monopolise popular voices and cultural production, including crystal ball predictions in social and digital spaces.

In this moment of global crisis, there has been little talk about the pandemic bond facility that was put together for poor countries battling epidemics. This facility, established in the aftermath of the Ebola crisis, seems not to have anticipated that the epicentre of the next pandemic would be within functional economics with strong safety nets and pretty robust fiscal and monetary policies. The bond, therefore, has become a lifeline for undisciplined regimes with tattered and often undefined development trajectories.

The lenders get their geopolitical influence through the cash, and tenders for medical supplies. Artificial food shortages create an elitist stranglehold on the state and society. Renowned author Naomi Klein has talked at length about the ensuing debate regarding the intrusion of hedge funds into healthcare sectors in what’s increasingly becoming a marketisation of this tragedy through corona capitalism.

**Multipolarity or leaderless humanity?**

COVID-19, more than anything, has exposed the make-believe superpower status of the Euro-American enterprise. Donald Trump has adopted an insular “America first” policy at a point where many had gotten used to a post-Cold War unipolar American hegemony. Trump has insisted on calling COVID-19 the Chinese flu, while an unnamed White House official referred to it as kung-flu.

The world is unraveling at a point where no single political leader or country seems able to marshal the political might needed to steer 21st century leadership. To be fair, the complexity of modern-day geopolitical maneuvering wouldn’t allow for a single power leadership. The multiplicity of challenges unleashed by a single pandemic carry with them massive implications that would easily outweigh the vibrancy of any single hegemony irrespective of its sheer size, industrial capacity or geopolitical capital.

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Surprisingly China, Cuba, Russia, Vietnam and a raft of other nations placed on the infamy list by the Euro-American system seem to have waged the pandemic war well. It’s of curious interest then that Western nations have been quick to applaud Taiwan and Singapore’s response (and rightfully so) while ignoring Cubans, who’ve sent large medical teams abroad and who notably took in a British cruise ship rejected by the US.

China, it is said, went into draconian default mode: shutting down whole cities, breaking into homes to feed stranded pets, and displaying a level of statecraft efficiency only achievable in highly controlled bureaucratic societies.

**Another type of Cold War**

Meanwhile, the Russians have stuck to the idea that the virus originated in the US and have
subsequently accused the US of being behind the more contagious and viral strain of the flu. This is after America recorded its worst flu season just before the COVID-19 outbreak.

Chinese authorities claimed that the COVID-19 virus could be a strain that evolved from the Americans during the October 2019 Wuhan Military Games. Their basic argument is that the medical authorities pursued their analysis through 100 genome samples drawn from 12 countries, which must have been prompted by an undisclosed yet compelling reason to be searching for the original source of COVID-19 outside China.

Chinese specialist Zhong Nanshan said on January 27, “Though the COVID-19 was first discovered in China, it does not mean that it originated from China…it originated someplace else, in another country.”

That clever sophistry bolsters the Chinese narrative, given that on February 14, the US Centers for Disease Control and Prevention (CDC) said that they would begin testing individuals with influenza-like-illness for the novel coronavirus at public health labs in Los Angeles, San Francisco, Seattle, Chicago, and New York City.

It doesn’t help that this has been a particularly bad flu season in the US. Though not the worst ever, the CDC employee and epidemiologist, Dr. Emily Martin (PhD), remarked that “it started very early this year”.

This was just few months after the U.S. Army Medical Research Institute of Infectious Diseases, located on Fort Detrick, Maryland, was controversially shut down in July 2019 due to biosafety lapses. Two months after shutting down that facility, the US Centre for Health Security simulated a coronavirus type pandemic dubbed Event 201 and its implications across borders, an exercise that further complicated the media war in an era of fear and conspiracies.

Iran, which has had to contend with the January downing of the Ukrainian airliner that killed 176 people, and the death of Qasem Soleimani, its key military and diplomatic leader, has also been badly hit by the COVID-19 scourge. Its 60,500 infections as of April 4th placed it at the top 10 highest infection rates in the world. Iran is spinning the theory that the pandemic crisis is a biological weapon created by Washington labs. It is also blaming international sanctions for the country’s inability to provide critical emergency medical interventions that would have helped curb the spread of the virus.

Afghanistan, Kuwait, Bahrain, and Lebanon blame their mishandling of the initial infections as the reason for the spread in the region.

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Surprisingly, for such a deeply complex region fraught with radical factionalism, sectarianism, and ideological strife, the pandemic has lowered chronic violence as war resources are diverted to fight the mass infections. Coupled with falling oil prices, the region’s countries’ blame game may not hold for long, given that their best PR spins have to be directed, not towards global perceptions, but aimed at their economically strained citizens.

Further south, Africa has thus far confidently braced itself for the COVID-19 pandemic in the face of inadequate healthcare infrastructure. One wonders whether the low numbers of confirmed cases are
a hiatus before the storm or a fact of racial differences, genetic resistance or that Africa commands merely 2% of global air traffic. Of note is the age-old fact that pandemics that start outside Africa rarely make an impact here.

Kenya’s selection of seasoned bureaucrat and PR guru Mutahi Kagwe to manage the health ministry has paid dividends in an otherwise scandal-prone and largely dysfunctional regime. His astute management of public perception, with a media savviness not always associated with the regime stalwarts, has earned him accolades in certain quarters and the hard-wrought scepticism of others.

The image war in relation to COVID-19, which is primarily being fought through mainstream media, popular blogs, digital platforms and grapevines, remains one of the sharpest points of contention in the fight against the global pandemic.

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