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## Contested Truths over COVID-19 in Africa: Introduction (http://somatosphere.net/2021/contested-truth-covid19-africa-introduction.html/)

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This article is part of the series: Contested Truths (http://somatosphere.net/series/contested-truths/)

One of the most significant challenges to confronting and mitigating the COVID-19 pandemic concerns the manufacturing, circulation, and interpretation of what we call "contested truths." By this term, we mean the many and varied ways in which official, institutional, and/or scientific facts and recommendations about COVID-19 are challenged, ignored, or subverted at multiple scales, from the individual to the state. In some instances, truths are contested because government officials worry that mitigation measures to thwart the disease's spread would be devastating to people's economic livelihoods. In other cases, distrust for the World Health Organization (WHO) runs deep, with many seeing the institution as operationalizing a geopolitical agenda to disempower African nations. And, for others, lockdown rules dictated by political leaders appear as a patent attempt to quell protests and stifle political opposition. Contestations over truths may thus be directed against the veracity and legitimacy of scientific facts, public health information, WHO guidelines, government policies, and more.

On the African continent, these contested truths are frequently also political contestations over resources, economic priorities, and glaring global (health) inequalities inherited from colonization and neoliberal privatization. They take several forms, including debates over the existence and origin of the novel coronavirus, outright denial of the virus by world leaders (https://www.theglobeandmail.com/world/article-the-notorious-ninethese-world-leaders-responded-to-the-coronavirus/), the invention and use of alternative therapies, and expressions of vaccine hesitancy (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7825371/). In Tanzania, for instance, the government has sometimes denied that the disease is even present (https://www.bbc.com/news/world-africa-52983563? intlink from url=&link location=live-reporting-story), emphasizing the need to keep the economy open and resist "Western imperialism." Last year, Madagascar was first to launch an herbal therapy (https://www.africanews.com/2020/04/22/covid-organics-madagascarlaunches-africa-s-first-cure-for-virus/) brewed from various Malagasy plants,

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exporting the therapeutic to the Comoros, Guinea-Bissau, Senegal, and Tanzania, an achievement framed as an instance of pan-African innovation. In Nigeria, COVID-19 was used by authorities to justify the <u>violent quashing of public street protests over police brutality</u>

(https://www.ctvnews.ca/world/nigeria-s-anti-police-brutality-protests-block-major-roads-1.5148093?

cache=%253FclipId%253D89680%3FclipId%3D375756).

This series emphasizes the significance and co-production of political, epistemological, and social dimensions of contested truths in the African context. Such contestations are not unique to the COVID-19 pandemic. Similar concerns were paramount, for example, during the height of the HIV/AIDS crisis at the turn of the millennium in South Africa (Rijn 2006, Fassin 2007). However, the speed with which (dis)information travels and the rise of skepticism regarding science today raises new questions regarding the agnostic position taken by many anthropologists and other scholars in regards to epistemological and ontological difference. What are our responsibilities when it comes to researching and 'taking seriously' (Heywood 2012) experiences and practices that cast doubt on the authority of public health information? In the case of the COVID-19 pandemic, international media coverage has depicted herbal treatments

 $\underline{\text{(https://www.cnn.com/2020/05/15/africa/madagascar-coronavirus-herbal-remedy-who-intl/index.html)}, healing \underline{prayers}$ 

(https://www.scmp.com/week-asia/health-

<u>environment/article/3121445/why-are-south-korean-churches-magnet-coronavirus-and)</u>, <u>conspiracy theories</u>

(https://www.usatoday.com/story/tech/2021/03/10/covid-vaccine-facebook-youtube-instagram-black-misinformation-fight/6943180002/), fake news (https://www.codastory.com/disinformation/colombia-covid-crisis/), and the refusal to practice physical distancing

(https://www.bbc.com/news/newsbeat-52281443) as threats eliciting panic and moral condemnation. This series challenges such a framing, in part by disaggregating these diverse practices and attending to their situatedness. Relatedly, as STS scholars, we also seek to situate the epistemological practices of authoritative bodies like the WHO and the Africa Centres for Disease Control and Prevention, rather than reinforcing notions of hegemonic knowledge as objective, universal, or apolitical.

In examining contested truths, contributors of this series also demonstrate the value of employing a multi-scalar approach. On the one hand, we attend to the nuances and details of specific life worlds in which certain truths do— or do not—resonate with lived realities. On the other hand, contributors also emphasize the need to apprehend larger historical, social, and political processes inflecting local discourses and practices. Taken together, we maintain that it is as important as ever to challenge the underlying premises of the "scientific enterprise" and its long-standing preoccupation with differentiating science from pseudoscience

(https://lareviewofbooks.org/article/why-trusting-the-science-is-complicated/). We advocate for scholarly attention that goes beyond binaries of universal truths and falsities, but that instead elaborates on the methods, commitments, and stakes of different epistemological practices (Latour 2018, Stengers 2010). Despite this broad consensus, as co-editors of this series, we are conflicted—and not necessarily in agreement—about how far such epistemological symmetry (Bloor 1976) should be maintained or when/how scholars should take a stand in defense of certain truths against others. Still, we believe that rethinking our commitments to epistemological symmetry will become even more crucial in a post-pandemic world where biomedical

truths will likely be deployed in ways that gatekeep access to vaccines and healthcare while simultaneously restricting mobility, resulting in profoundly discriminating effects on many Africans' ability to flourish.

Situating these questions in the African context, this series explores contested truths through discussions of biomedical expertise and authority, state power and violence, and religion and ontological multiplicity, situating these phenomena within ongoing legacies of colonialism, missionization, racism, development, securitization, and neoliberalization on the continent. Consider, for instance, the suggestion by a French scientist (https://www.bbc.com/news/world-europe-52151722) that clinical trials for a possible coronavirus vaccine should be conducted "in Africa, where there are no masks, no treatments, no resuscitations." Implied in this comment is a prevalent generalization that African nations have substandard healthcare, that Africans seldom heed public health advice, and that they are ideal test subjects (Vaughan 1991, Tilley 2011, Bulhan 2015). Such legacies and the ideologies that undergird them reproduce the "African tragedy" in global public health—"the uncritical epistemic industry that has long produced knowledge of African development as a monolithic and primordial tragedy (https://africasacountry.com/2021/02/the-business-of-black-death)" (Harper-Shipman and Bako 2021, Smith 2006). They do so by concealing the decades of neoliberal deregulation that has left many African healthcare systems under-resourced even as Africa itself serves as raw data for clinical trials and experiments, whose breakthroughs are simultaneously inaccessible to many on the continent (See, Bond and Dor 2003, Richardson 2020). These dynamics crucially set the scene for the discussion that follows in this series. However, this is not the only story that needs telling. Contested truths around COVID-19 in Africa (as elsewhere) are complex, multifarious, and often ambivalent—refusing to be encapsulated within a "single story" (Mkhwanazi 2016).

A lesser told story of contested truths concerns agency in its various manifestations: individual and collective, political and spiritual, transformative and reactionary. As our series' contributors will demonstrate, expressions of agency often drive contested truths around COVID-19. In some instances, contesting COVID-19 is a populist expression of discontentment with the secular state's attempt to impose itself and the univocality of its truth (Mazzarella 2019, Mignolo 2018). For instance, when religious leaders in Uganda demanded the reopening of places of worship, President Yoweri Museveni required that they first harmonize with his scientists (https://www.ugchristiannews.com/museveni-declines-to-lift-banon-church-services/), even while his lead scientist—the Minister of Health flouted COVID-19 rules. As citizens interpreted the state's handling of this situation, they initiated a "new political discourse" (Feierman 1990) that opened alternatives for confronting the virus; alternatives that were deft improvisations in defiance of the state's impositions. This was perhaps best encapsulated by the popular urban song, *Tumbiza* (https://www.youtube.com/watch?v=sRru4znLUHQ), with its defiant message and sarcastic attitude towards security forces' inattention to enforcing COVID-19 regulations. This song was eventually banned by the Ugandan state, but—in a context where hundreds of people were arrested (https://www.monitor.co.ug/uganda/news/national/500-arrested-as-policeresume-covid-19-operations-1929558) and several others (https://www.monitor.co.ug/uganda/news/national/covid-19-howugandans-died-at-the-hands-of-security-agents-1916380) died at the barrel of the gun (https://www.bbc.com/news/world-africa-53450850)— its power as a "weapon of the weak" was profound (Scott 1985). As this series explores, contested truths thus function as strategies for challenging the legitimacy of political states. Contributors will examine the agentive discourses and

practices of African citizens in the midst of the coronavirus pandemic. Through speech and song, action and refusal to act, African publics express their doubt in the state's ability or willingness to manage this crisis.

The stakes of these discussions are high. In Tanzania, President John Magufuli declared the country free of COVID-19 and the country ceased reporting cases in May 2020. President Magufuli also called into question the epistemological authority of science by testing the COVID-19 test itself (https://allafrica.com/stories/202005060969.html), revealing that the National Health Laboratory returned positive results for samples from a goat, a quail, and a pawpaw fruit. On national television, he intimated that both laboratory staff and (opposition) politicians who were calling for lockdowns were secretly "on the payroll of imperialists (https://www.thecitizen.co.tz/news/Magufuli--Why-I-don-t-trust-Covid-19test-results/1840340-5542250-jin1iaz/index.html)." And, more recently, President Magufuli made waves by announcing that Tanzania will not vaccinate (https://www.bbc.com/news/world-africa-55900680) its citizens, prompting many to fear that a hidden epidemic (https://bucket.mg.co.za/wp-media/eef46173-thecontinentissue36.pdf) is claiming countless lives amidst political censorship that suppresses media coverage and medical reporting. In Uganda, the state repeatedly arrested (https://www.aljazeera.com/news/2020/12/30/uganda-police-arrest-bobiwine-tear-gas-supporters) a leading opposition candidate, Robert Kyagulanyi (alias Bobi Wine) over charges of disobeying COVID-19 guidelines set up during the 2021 elections. The ensuing protests have led to the death of 37 people (https://www.washingtonpost.com/world/africa/uganda-protestsbobi-wine/2020/11/20/efe106ec-2aa6-11eb-9c21-3cc501d0981f\_story.html) and dozens more injuries. (https://www.bbc.com/news/world-africa-55006561)

The contributors to this series approach contested truths through our situated positions as Africanist and African scholars—an orientation that makes us particularly attuned to the historical and political context shaping whose truths become contested, legitimated, or discredited. One of our aims in establishing this series is to create a platform for these urgent ethical and intellectual questions to be considered, discussed, and debated, with an ethos of openness, humility, and non-innocence (Haraway 1991). We have been inspired by other reflections—such as those found at Corona Times (https://www.coronatimes.net/)—that explore the COVID-19 pandemic's wide-ranging effects on social, economic, and political life. How 'truth' is constructed, regulated, circulated, and contested during this pandemic will likely shape the way future public and global health systems are designed and perhaps even how information is disseminated for many years to come. At the crux of these, and our, discussions are questions about life—and the care, responsibility, and accountability required to support its vitality and flourishing. Drawing upon examples from Cameroon, the Democratic Republic of the Congo, Kenya, Tanzania, South Africa, Uganda, Zambia, and beyond, contributors to this series alert us to the looming question of how to treat and analyze contested truths in a post-pandemic era. They ask: What would it look like to think beyond the binaries of true and fake news, biomedical and alternative therapies, information and disinformation?

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