# How A Pandemic Shapes The City: Ethnographic Voices From South Africa

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Like others globally, we are observing sudden and severely impactful changes to the world around us. South Africans found themselves thrust into rigorous, unprecedented social changes within a week of the first reported cases of COVID-19 in the country. Social distancing turned into a fully implemented lockdown on 26 March, and is set to end on the 16 April. Known for its  inequality, poor infrastructure and service delivery, a shortage of water in much of the country, and high HIV/AIDS and TB rates, South Africa provides a unique picture of this reshaping, reflected by the rapid, robust mobilisation of resources and governance to hold the spread of the virus in a time of uncertainty, fear and anxiety

In this contribution, we present eight different experiences of COVID-19. We have done this, individually and collaboratively, through our keyboards and internet, while self-isolating, keeping our distance but trying to remain in touch with our surroundings and each other. Below, we reflect on a rapidly changing South Africa. We explore lockdown and physical spaces, emotional wellbeing and the international student experience; vulnerability, blackness and national security in times of emergency; the momentary suspension of rules and the absurdities that arise in a medical setting; silence and social media; humour, rumour and conspiracy theories; and the rationalization of state violence under a state of normalcy and exception.

Each entry indicates date of the entry and name of the author, and the number of cases for South Africa and globally.



*Military removing a homeless person on the streets of Johannesburg CBD, 2 April 2020. Photo: Tshepo Motaung, freelancer photographer.*

## April 2, Tamia. 1,462; 1,011,490

"LOCKDOWN: Cops face 3 counts of murder and other serious charges;" "DA calls for military ombudsman to investigate abuse by SANDF members during lockdown." The unfamiliar silence I have been waking up to each morning is drowned out by laughter and cheers of township residents filming the South African National Defence Force (SANDF) soldiers forcing black men to do squats and push-ups in the street as a form of punishment, for crimes unclear. It's drowned out by a heavy-handed policeman confiscating photographer Tracy Adam's cell phone as she tries to capture footage of assault in the Western Cape. The deployment of the SANDF and an increased presence of the South African Police Service (SAPS) and Metro Police, the 21-day lockdown and various relief measures, were steps taken by President Ramaphosa to 'flatten the curve' of the COVID-19 infection rate. However, what I see are videos of police and army violence in townships and city centers, very reminiscent of apartheid. This suggests Agambean notions of tracking the genealogical formation of bare life to the founding moments of democracy, exemplified in *habeas corpus* as well as the Declaration of the Rights of Man (1998: 129). Agamben argues that under states of exception, when violence is rationalized for the greater good, and imposed on vulnerable minorities, democracy unravels and reveals its authoritarian teeth (1998: 157). Similarly, with SANDF and police violence, COVID-19 has thrust South Africa into a state of disaster, and in doing so, ripped from the rainbow nation a façade of democracy that has operated since 1994. It exposes images of authoritarianism, echoes of apartheid.

What concerns me – here one could critique Agamben – is that the rationalization of violence we see now, under exceptional circumstances, is not new. The South African state did not need a state of emergency or disaster to deploy law enforcement during Marikana, for example (see Davies, 2015). Does the modern state need "exceptional circumstances" to introduce rationalized yet irrational violence upon certain portions of the population? In returning to Agamben, when one's body and rights as a subject are inextricably subject to the state, the state does not need exceptional circumstances to decide who are valued enough to be kept alive, and who are so devalued to devalue life and allow death; or in the case of Marikana, to kill rationally, even under a state of normalcy.

## April 3, Lesedi. 1,505; 1,100,000

Twitter has given me access to further understand the black lower-middle class South African experience.

In the beginning, the virus felt like a distant problem. But the arrival of COVID-19 in South Africa did not just impact and threaten the safety of South Africans' health. The type of urgency and demand for a fast response from the government and its agencies left many people vulnerable, people who already experienced forms of violation for personal or other reasons.

Through Black twitter, I came across various tweets and discussions around being black and how living in a black body during a time like this leaves you vulnerable to the power of the state. What is the black body's value? I began to think how the experience of blackness always comes attached with it some type of inequality or injustice. Blackness feels like you are constantly faced with the after-effects of structural violence or an oppressive regime. Being black means having to endure repeated long periods of vulnerability to violation. The health and security systems in South Africa come with a history that has undeniably stained black lived experience. The systems symbolize both good and bad.

COVID-19 has required government to take the utmost precautions and actions, such as implementing a national lockdown to prevent the spread of the virus. But the deployment of SANDF and increased visibility of SAPS on the streets of South Africa hit a nerve with Black Twitter. People were afraid of how the police might respond and react during this time.

*Soldier ensuring that social distance is practiced by SASSA grant holders, Thembisa, 1 April 2020. Photo: Luntu Ndandze, Freelance photographer*

Many tweets shamed the government and the SAPS for its quick response to COVID-19, while persistently ignoring gender-based violence, rape and murder in the country. There is a difference in the type of policing experienced in low income areas such as the nation's townships and policing in South Africa's suburbia. How black South Africans view and experience protection services is not clean cut. What does this really mean for protection services and vulnerable bodies? Is the black narrative and experience of law enforcement ever going to change?

### March 16, Elinor. 202; 272,000

President Ramaphosa declared a national State of Disaster on Sunday, March 15. During his address he announced that ports of entry would close and that both domestic and international travel should be limited (Ramaphosa 2020). I watched from my dorm at the university while texting with a group of fellow international postgraduates. The next day classes were cancelled and those of us living on campus were asked to stay indoors. While we waited for further direction from Wits, we learned that the University of Cape Town had closed a week ahead of its planned break and was evacuating its residences in response to the outbreak. Confirmed cases of COVID-19 in South Africa climbed to 62. Confirmation arrived late Monday evening - Wits too was closing and emptying its residences by the end of the day Thursday. Suddenly, everything hit home. The reality of the epidemic had been lurking for weeks, but I felt suddenly, forcibly exposed, facing eviction with no local support system outside my department. On Tuesday, as I ran around campus and petitioned for alternate housing, cases climbed to 85 including the first confirmed local transmissions. Over the next few days as the health risk grew, international students were asked to justify their need for housing to multiple rapidly changing 'point people.' We were often turned away because meetings were underway to determine what answers to give us. Everything

was moving so quickly that it seemed my mere presence became a problem; it felt that supporting me through what was a very trying time, even without housing uncertainty, was less important than removing me from my flat. Eventually a small number of us were told that the university would arrange something off campus rather than expecting us to return to more infectious home countries. This left students from African nations, where there were fewer infections, in limbo. Thursday dawned with a stern written reminder to vacate the premises. I still lacked direction on where to go, when, or how. Cases climbed to 150.

We are living through a strange moment in history. Global focus is understandably on the number of infections, number of lives lost, impact to economies worldwide, and loss of livelihood. But it feels important to remember that the mental health and wellbeing of workers, students, migrant populations and citizens need to be weighed by administrators along with physical risks of exposure, even during a pandemic. On Friday March 20, cases in South Africa stand at 202, but the impact reaches far beyond that.

### April 3, Lucy. 1,505; 1,100,000

On 5 March 2020, the first COVID-19 case was announced in South Africa. Social media -- Twitter, Facebook, WhatsApp chain messages -- were flooded with humour. The #CoronaVirusChallenge had us craft ad-hoc protection gear out of underwear, tissues and so on. But responses were mixed:  extreme and irrational panic and stress, a minimization of the virus in jokes and memes; both preyed on fake news. This brought to mind lack of knowledge about this virus, as people tried to make sense of the information they received from all sources and social media platforms. The Department of Health advised individuals to ignore news from unreliable sources and social media platforms, to pay attention only to statistics released by the Minister of Health.

The World Health Organization (WHO 2020) declared COVID-19 a global pandemic, the first caused by a coronavirus, as cases increased and the death toll climbed. In South Africa people started questioning the real statistics against those who tested positive, as the number of confirmed cases increased daily; some were asking: is this a flu test or COVID-19 test? Followed by the national lockdown, the fear, conspiracy theories, myth, and rumours increased across social media. Media platforms were flooded with discussions, debates and disputing developments, and conspiracy theories and rumours went viral (cf. Inayat 2020). People disputed the statistics as numbers are increasing daily,

People began reporting on social media that they stood to lose their jobs; others posted their retrenchment letters. This caused panic, leading to more conspiracy theories and rumours that the national lockdown is likely to be extended. From early March, the temperature of social media shifted from humour to excessive fear, as the numbers of positive cases and deaths increased.  On 2 April evening, the Minister of Health, Dr. Zweli Mkhize, announced 1462 COVID-19 confirmed cases and five deaths (two additional deaths being confirmed). This is one of the hardest times that we have faced, as people live in fear of dying or losing their loved ones to this virus.

### March 28, Edna. 1,187; 660,700

The lockdown is "necessary to fundamentally disrupt the chain of transmission."  These were President Ramaphosa's words as he declared 21 days lockdown in South Africa. The key messages that accompanied the lockdown were "Stay Home," "Self-Quarantine," "Self-Isolate," as had already happening in other countries. As I sat in my bedroom on the second day of the Lockdown, I could see police cars patrolling my neighbourhood, ensuring all measures were adhered to by citizens. The question that rung in my mind was whether social distancing, self-isolation or quarantine were applicable in a South African context, where the majority of people live together in overcrowded neighbourhoods? Historically, the apartheid regime segregated people along racial lines. Most Black South Africans still live in racially segregated townships that are low-income, geographically

divided, densely populated, and transient. This has been described elsewhere as structural vulnerability (Quesada et al. 2012), where poor people have limited access to basic needs including food, medical care and proper housing. Many black South Africans live in low-income neighbourhoods that are overcrowded, in households with limited shared spaces for cooking, bathing and sleeping. Most households are inhabited by extended family members – an average of seven people live together – including the elderly people who are at higher risk of Covid-19. This makes control of most infectious diseases complex (Nkosi et al., 2019).

Self-quarantine has been recommended for 14 days. This entails observing hygiene and washing hands frequently with soap, not sharing towels and utensils, and staying at least 6 feet away from other people. But are these measures applicable or feasible in households with limited spaces? While rich or middle-class citizens may be able to observe all these measures, what about poor people living in overcrowded spaces in South Africa? The Centres for Disease Control and Prevention recommends, that in case of exposure, the person must use a separate bathroom, wear a mask and frequently wash their hands. However, a lot remains untold on what should happen when there are not enough spaces to self-isolate or quarantine. The South African Government should think and act fast to create more physical spaces: unused hotels, schools, or closed down churches could form public protected physical spaces for self-isolation, quarantine and even treatment camps.

## March 21, Erma. 240; 304,400

The rain poured heavily as we parked our car outside the hospital emergency department in Pretoria, comforting our young daughter who had been in agonizing pain from an ear infection. Nervous, we had been pushed to break our self-imposed quarantine since our daughter had been tested for COVID-19 due to an extremely high fever. It had been over 24 hours since the test was administered but backlogs delayed the results. Though the fever had seemingly disappeared, the wait for the test results was agonizing. We alerted the hospital to our situation; unknown COVID-19 status, not presenting symptoms. This predicament was unexpected, and it appeared to cause confusion among hospital staff as to the appropriate course of action. After several exchanges over the phone with several staff members who asked a barrage of questions, among them the standard travel and contact with COVID-19 patient-related questions, they reluctantly decided that we would have our consultation in our car.

As we waited to be seen, the absurdity of the situation became increasingly apparent. In these times of uncertainty, the consensus was that a fever equalled COVID-19 until further notice. We found ourselves in a state of diagnostic limbo as a result, with overlapping symptoms complicating diagnosis and intervention.

It had been two weeks and 240 confirmed cases since COVID-19 made landfall in South Africa. Anxieties grew as we all contemplated the continent's lack of preparedness, and rumours of an impending countrywide lockdown circulated the web. A national panic ensued. Products like hand sanitiser sold out everywhere, fuelling the sense of alarm already heavy in the air.

We watched two people emerge from a large door. Clad in protective gloves, masks and plastic gowns, all that was visible of their faces were eyes protected behind safety goggles, and tufts of hair sticking out from underneath their surgical caps. The doctor took a temperature reading through an open car door and breathed a sigh of relief as she saw it was normal. The pain was typical of ear infections and our previously prescribed medication was simply inadequate. As we drove off with our new prescription, it occurred to me that amid such a mammoth pandemic where every aspect of social life has been contaminated by disruption, society is bound to be confronted with absurdities and momentary suspensions, where old rules do not apply and new rules do not exist.

*COVID-19 hygiene measures in places, SASSA grant allocation, Thembisa, 1 April 2020. Photo: Luntu Ndzandze, Freelance Photographer*

### April 3, Georgia. 1,505; 1,100,000

Silence – I keep reading this word during our Global Lockdown, in published papers, self-observations and social media when describing their surroundings. Simultaneously, our heads are spinning, our hearts are jumping, nerves are running thin, the 'money printing go *Brrrr'* as Max Keiser (2020, e1518) mimics the sounds of Governments printing money. But our surroundings, my street, remains silent.

Surreal times full of contradictions. When I open my social media and swipe, double tap and react, I observe how people are thirsty for socialising. I read a post, "some of us will walk out of this as alcoholics, others as professional cooks." This got me thinking about the privilege of such a concern, but also loneliness and abandonment. That socialising and spending time with others is a very important part of us. When I look at online posts, the challenges and the forever going TikTok videos, I wonder: could this be part of a social copping mechanism for people's new lives during COVID-19? Just like us writing a diary entry for a journal, they are writing one for the social media cloud.

I sit at my window, hearing the rain drops hitting the pavement, a pigeon breaking the silence. I cannot remember when last a car came speeding down my street. I cling to my laptop, hoping that we will all go back to 'normal', whatever normal is - perhaps a normal where South Africa has not yet been downgraded to junk, or that America's unemployment applications are not at 6.6 million (Brand 2020), or that Italy has enough beds both above and underground. A normal when fake masks are not distributed and countries have enough testing kits.

Counting things up can go on. Keeping my eyes shut and my ears closed, however, won't change the fact that the world, the financial markets and the social world will never be the same. For now, I remain fascinated by the sound waves that a pigeon makes when everything around it is silent. SILENCE, please.

### April 3, Dezz. 1,505; 1,100,000

It is a cold Friday afternoon in Sunnyside, Pretoria. The place has never been so quiet. With not even a single vendor on site, the streets have never been so empty. Well known to be a very busy place, Sunnyside looks and feels very different since the official 21-day lockdown began. I can actually hear the rain falling down; we're not used to this in Sunnyside. Typically, on a Friday afternoon, or on any day, there's a lot of noise and movement; there's literally someone selling something at every corner along with various stores offering different services. Taxis hoot, children scream and play around, people talk and whistle. With moving cars, silence is uncommon. The noise carries on right through the night with loud music from taverns and clubs taking over into the early hours of the morning. As that stops, the sounds of hooting taxis take over again. It became quieter as the first COVID-19 cases were reported; it has completely stopped since the lockdown. There's hardly any movement. The streets are empty; no-one, not even beggars, are walking around unless to U-Save and Spar for food, or to Sasol garage.

People seem to have been unified by COVID-19, a lot of obedience and respect is shown. This is pleasantly strange: one would expect that the response would be the same as for the xenophobic attacks that we've previously experienced, with violence, vandalism and disobedience. Instead, the opposite is happening. People are responding positively and collaboratively regardless of their race, age, gender and nationality. People are complying with the rules and although that's not the norm here, it is reassuring given the negativity regarding COVID-19. There are police cars patrolling the area and once in a while one can hear the siren noises as they scare people off or stop a car. But violence as far as I know. I appreciate the peace.

We are living through an incredible moment globally. The situation is volatile: nothing is definitive at this point and daily are world is reshaped. Questions from the present are deflected into the future—how will our society look post-pandemic? How does this moment shape what we know to be democracy and wellbeing? What does this say about the values we place on certain bodies under our current state? How does the pandemic affect private realms and familial relationships in the long term? We are in constant dialogue with the spaces we find ourselves in and the pandemic with which we live. We have been thrust into a monumental occurrence, for which we have no script.

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