

The Global Covid-19 Pandemic

The Politics of Science or the Science of Politics?

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Abstract

The politics of science, or better still, the political science of global politics is what the world is battling, concerning the Coronavirus (Covid-19) pandemic, today. Whereas scientific disciplines such as virology and epidemiology would usually take centre stage when an outbreak such as Covid-19 strikes, and now owing to the vacuum that has been created by conflicting and contradictory information from health experts on Covid-19, global health is opened up to, or left up to, political giants. Health matters of virology and epidemiology surrounding Covid-19 have, thus, been reduced to issues of *politicking*. The World Health Organisation's voice (WHO), despite its sustained campaign and provision of information on Covid-19, is drowned and almost silenced by the number of health authorities and experts that have come out to refute mainstream information and strategies on combating and managing Covid-19. As such, the politicization of Covid-19 and the coloniality of knowledge and information surrounding Covid-19 may very well be the main issue of contention than the Covid-19 itself. This paper, therefore, seeks to unmask the political dimensions that are camouflaged by the Covid-19 pandemic and expose the real issues that Covid-19 has allowed to thrive and are, as a result, sustained by the Covid-19 crisis. Using the qualitative research methodology, I set out to discuss and analyse the debates on Covid-19 as have been proffered in the public domain. Thus, the method of research is a desktop analysis of academic articles, newspaper articles, social media pieces and mainstream television pieces, among others. I offer a decolonial account on Covid-19.

Keywords: Covid-19; Coloniality; Afro-decolonial thought; World Health Organisation; Political Science; Scientism.

DOI: <https://doi.org/10.36615/dpmf0h28>

Introduction

The politics of science, or better still, the political science of global politics is what the world is battling, concerning the Coronavirus (Covid-19) pandemic, today. Whereas scientific disciplines such as virology and epidemiology would usually, and should, take centre stage when an outbreak such as Covid-19 strikes, and now owing to the vacuum that has been created by conflicting and contradictory information from health experts on Covid-19, global health is opened up to, or left up to, political giants. Health matters of virology and epidemiology surrounding Covid-19 have, thus, been reduced to issues of *politicking* and *poli-trickery*, I argue.

The World Health Organisation's voice (WHO), despite its sustained campaign and provision of information on Covid-19, is drowned and almost silenced by the number of health authorities and experts that have come out to refute mainstream information and strategies on combating and managing Covid-19. As such, the politicisation of Covid-19 and the coloniality of knowledge

and information surrounding Covid-19 may very well be the main issue of contention than the Covid-19 itself.

This paper, therefore, seeks to unmask the political dimensions that are camouflaged by the Covid-19 pandemic and expose more sinister issues that Covid-19 has allowed to thrive and are, as a result, sustained by the Covid-19 crisis. Using the qualitative research methodology, I set out to discuss and analyse the debates on Covid-19 as have been proffered in the public domain. Thus, a desktop analysis of academic articles, newspaper articles, social media pieces and mainstream television pieces, among others, is employed. I offer an afro-decolonial perspective on Covid-19.

The Politics of Science: Covid-19 According to the World Health Organisation

The Coronavirus (henceforward Covid-19, interchangeably Covid) that broke out in Huan, China, in December of 2019 has caused untold suffering to most countries and citizens of the world. The World Health Organisation (WHO), a global institution that operates under the auspices of the United Nations (UN), declared Covid-19 a global pandemic on 11 March 2020 (Cucinotta & Vanelli, 2020: 157). The season or timing of the outbreak was set out to cause infections at cosmic proportions seeing that it broke out in December, a season that is associated with massive travel due to the festive (Christmas) holiday. In response to the declared pandemic, many countries imposed strict travel bans and lockdowns on their territories. This caused inconveniences for some travellers that were stranded out of their countries of domicile. Scientifically, Covid is caused by a virus (Mayo Clinic, 2022); as is the nature of all viruses, it is, therefore, incurable, albeit it can be managed and treated. This virus attacks the human respiratory system causing difficulties in breathing. If left untreated, it can cause acute respiratory diseases leading to choking and death (WHO, 2022; Mayo Clinic, 2022). As a result, more than 6.3 million people have lost their lives to Covid; moreover, a further half a billion people have tested positive for Covid-19 positive to date – at the time of writing (WHO, 2022). Covid-19 affects immune-compromised persons – persons who have underlying health conditions such as diabetes, HIV, and hypertension to mention a few health conditions – more than relatively healthy persons. It is easily transmittable, especially in unventilated or poorly ventilated places and spaces (Mayo Clinic, 2022; WHO, 2021).

Strategies to Combat Covid-19

Several strategies have been promulgated by the WHO that are designed to combat and manage the spread of the Corona Virus. These include, the mandatory wearing of masks in public spaces, albeit some spaces and countries have since eased these, sanitising of hands and surfaces regularly, and maintaining a safe social distance – although this has raised some thorny issues around the term social distancing to indicate that it is synonymous with physical distancing that is associated with some form of apartheid, self-isolation when one presents with some Covid-19 symptoms, and in the extreme cases, enforced quarantining of people suspected to have Covid, or have come into close contact with people suffering from Covid (WHO, 2021).

At the core of these combative strategies are hygiene and cleanliness. This presents further challenges to people who are homeless, the poor who cannot afford masks, sanitisers, and at times, people who cannot afford enough space for social distancing as is ordinarily the case in slums and squatter camps.

Vaccine Development and Production

The production of Covid-19 vaccines has also brought in many challenges. Not only have the challenges been with its distribution, but there were also challenges to the patenting of it, as

well as, the timeframe in developing it. According to the World Health Organization (2020), “every vaccine must go through extensive and rigorous testing to ensure it is safe before it can be introduced in a country’s vaccine programme”. The rigorous testing involves three basic phases to the development of any vaccine. Therefore, there is a standard procedure and timeframe for developing and testing for the efficacy of a vaccine.

According to the World Health Organization (2020), the established scientific phases involved in the development of a vaccine, at the clinical level, are as follows:

Phase 1

The vaccine is given to a small number of volunteers to assess its safety, confirm it generates an immune response, and determine the right dosage. Generally, in this phase vaccines are tested in young, healthy adult volunteers.

Phase 2

The vaccine is then given to several hundred volunteers to further assess its safety and ability to generate an immune response. Participants in this phase have the same characteristics (such as age, and sex) as the people for whom the vaccine is intended. There are usually multiple trials in this phase to evaluate various age groups and different formulations of the vaccine. A group that did not get the vaccine is usually included in the phase as a comparator group to determine whether the changes in the vaccinated group are attributed to the vaccine, or have happened by chance.

Phase 3

The vaccine is next given to thousands of volunteers – and compared to a similar group of people who didn’t get the vaccine but received a comparator product – to determine if the vaccine is effective against the disease it is designed to protect against and to study its safety in a much larger group of people. Most of the time phase three trials are conducted across multiple countries and multiple sites within a country to assure the findings of the vaccine performance apply to many different populations.

Additionally, the Centers for Disease Control and Prevention (CDC, 2014) in corroboration of the World Health Organization’s vaccine development procedure, avers that “[t]he general stages of the development cycle of a vaccine are: Exploratory stage; Pre-clinical stage; Clinical development; Regulatory review and approval; Manufacturing and Quality control”.

The World Economic Forum (2020) concurs with this position and goes on to state that phase 1 alone, normally takes between 1 to 2 years to complete, where 10 different vaccines are developed and are checked whether, or not, they are safe. So, the safety of the vaccines is the number one criterion at this clinical stage.

Following the success(es) of phase 1, the scientific process is taken to phase 2 where 5 vaccines are screened from the initial 10 identified in phase 1. This phase of any vaccine development usually takes between 2 to 3 years, where the scientific process determines whether, or not, the vaccine activates an immune response. In other words, in phase 2, it is the response efficacy of the vaccine that is under scrutiny (World Economic Forum, 2020).

This naturally leads to phase 3, where the scientific process determines whether the vaccine does protect against the disease. This usually takes between 2 to 4 years. Phase 3 of the scientific process screens the five potential vaccines identified in phase 2; this leads to selecting the most effective of the 5 vaccines, thereby preferring only 1 vaccine (World Economic Forum, 2020).

In summarising the scientific process of developing a vaccine, the World Economic Forum (2020) underscores that “[a] vaccine usually takes more than ten years to develop and costs up to 500 million” United States dollars.

Now, Covid-19 only broke out in 2019 and by the end of the first quarter of 2020, there was already a vaccine. How could a vaccine developed in under 2 years have met all the rigorous “scientific” procedures to determine its efficacy? This suggests that the scientific processes and procedures were relaxed with the development of Covid-19 vaccines; granted that it was an emergency and therefore it merited an urgent solution. Be that as it may, the silencing of alternative voices on the development of vaccines – including propositions of alternative medicines that acted as some sort of vaccines by the World Health Organization particularly reveals double standards of the powers that be. This is what is more of the politics of science – hence political science, that was and still is, leading in the development of Covid-19 vaccines, more than the scientific processes and procedures, I argue. The Covid-19 vaccine was developed outside of the ordinary scientific vaccine-production procedures and yet we are led to believe that scientific rigour and methods must, and should, lead in understanding, preventing and managing the Covid-19 pandemic. Knowledge and information on and about Covid-19 coming out from alternative spaces – by alternative spaces, I mean outside of the World Health Organization’s scope and sphere of control – are termed conspiracy theories. However, it is some of these so-called conspiracy theories that I want to interrogate to expose the double standards of “Western” science – which is scientism.

Covid-19 ‘Conspiracy Theories’, or are they?

There are some medical fundi who have come out to vehemently challenge the information that has been proffered by the World Health Organization on the management and treatment of Covid-19. For instance, Dr Stella Immanuel, a Cameroonian-born US citizen who practices medicine in Houston, Texas, came out on social media, Facebook and YouTube specifically, pleading with authorities to allow medical practitioners to prescribe Hydroxychloroquine (anti-malaria medication) to patients who presented with Covid-like symptoms (National Broadcasting Corporation, 2021).

Dr Stella Immanuel, who holds a Doctor of Medicine (MD) degree, argues that hydroxychloroquine cures Covid-19. In her own words, she asserts that “it [hydroxychloroquine] eradicates the symptoms; it eradicates the virus” (National Broadcasting Corporation, 2021). Dr Immanuel collected evidence from more than 400 Covid-19 patients (at the time, in 2020, when she made the sensational assertion) that she had treated Covid patients with hydroxychloroquine and they had tested negative within 7 days of treatment. She collected evidence from her patients and collated data from her practice. As such, she reiterated her assertion that “it [hydroxychloroquine] is a cure” (*ibid*). What gives credibility to Dr Stella Immanuel’s assertions is that the National Broadcasting Corporation (2021) verified that she was in good standing with the Texas Medical Board. This means that the Houston Medical Board endorsed her expertise and knowledge to practice as a medical doctor.

Thus, while Dr Immanuel made her assertions in her own right, the Texas Medical Board did not censure her. This suggests that the Houston Medical Board endorsed Dr Immanuel, and by extension, her assertions. This further says that the Texas Medical Board, through the assertions and position of Dr Immanuel, was antithetical to the prescripts of the World Health Organization. Conversely, it was reported that the Texas Medical Board was to take “corrective action” – whatever that was – on Dr Stella Immanuel following her social media assertions only in 2021, a year later after Dr Immanuel’s assertions (Rouege, 2021). I read this to mean that the Texas Medical Board must have been pressured by the World Health Organization to seem to be

doing something to discredit Dr Immanuel. In other words, she could not have been seen to be challenging the position of WHO on the Covid-19 treatment and be left alone.

Many social media users who came across Dr Immanuel's post expressed their concern over her safety, citing that she would be targeted by the authorities and that she could probably be killed (National Broadcasting Corporation, 2021). The insinuation here is that the 'authorities' that Dr Immanuel is seemingly antithetical to, would want to eliminate her. This is telling in itself, that people believed that Dr Immanuel was correct in the information she shared about the treatment of Covid-19 and that people also believed that, because of her views and assertions, her life was in danger. More importantly, why is it that the WHO threatened prosecution against medical practitioners that have treated their patients with anti-malaria medication – hydroxychloroquine – an established medication opting to scientifically develop a vaccine outside the timeframes of the established scientific process? In answering this question, one cannot but realise that the science that the World Health Organization which is undergirded by Western modernity, is the politics of science. Once science slopes to politicisation by scientists and science bodies, it assumes core characteristics of political science. I, therefore, argue that the science of politics, more than the politics of science, seems to be more in charge of the Covid-19 debacle.

Furthermore, Dr Richard Urso is part of a group of doctors who call themselves America's Frontline Doctors, a group that Dr Immanuel also belongs to. Dr Urso corroborates Dr Immanuel's assertion on the Coronavirus; he adds that "It [hydroxychloroquine] is almost vitamin-like in some sense; it's an incredibly safe drug" (National Broadcasting Corporation, 2021). What is political in the reception of these similar views shared by equally highly-qualified medical experts is that, while Dr Stella Immanuel made the same assertions as Dr Urso, the former was vilified and demonised, yet the latter became an instant social media celebrity (Mustafa, 2020). The difference is that Dr Immanuel is female, Black and of African descent. Dr Urso on the other hand is male, Caucasian and American.

Similarly, Dr Jeff Collyer (MD) advocates for the use of hydroxychloroquine as both a treatment drug and prophylaxis. He quips that after a test tube confirmation, they found that "there is a French study and there is also a Chinese study, and several anecdotal reports that this is an effective drug and, frankly, it's our only option" (Doctor Oz, 2020). When probed about who it is that he had treated, he stated that they [he and his team] were "treating those patients who ha[d] tested positive [for Covid], we are also treating their immediate family members that they are quarantining in with as well ... the second group that we are looking at is for providers who have a serious exposure" (Doctor Oz, 2020). So, hydroxychloroquine is showing promise for decreasing viral shedding and yet it continues to be slammed (DeMarche, 2020).

Dr Jane Orient (MD) similarly corroborates Dr Immanuel's assertions and reveals that more than 192 studies showed that when used early "hydroxychloroquine is safer more than most over-the-counter drugs" (Bloomberg, 2020).

A local news agency in Houston, Texas, KHOU 11, carried a story that provides some evidence that ivermectin had also proven effective in treating Covid-19. It argued that:

Both hydroxychloroquine and ivermectin showed some promise in the petri dish. Ivermectin, which is a[n] antiparasitic drug, and hydroxychloroquine, an anti-malaria and autoimmune disease drug, appeared to prevent COVID-19 from replicating in cell cultures. But when it came to clinical trials, the results were not as good. Hydroxychloroquine showed no benefit in large trials, while ivermectin trials have been so problematic it's hard to figure out if it works or not (KHOU, 2021).

It is of paramount importance to note that the four authorities cited in the section above, namely, Dr Stella Immanuel, Dr Jane Orient, Dr Jeff Collyer and Dr Richard Urso contended with proof that Hydroxychloroquine is efficient in suppressing Covid symptoms and cured Covid. While there could have been other contentious claims (that could be said to be conspiracy theories) made by other medical authorities, this paper's argument is focused only to, and limited to the four's pronouncements on the efficacy of Hydroxychloroquine in treating Covid.

Suffice it to note that these four medical doctors are equipped with Medicine Doctorates (PhDs) and were duly accredited in various medical boards. It is therefore on this basis that they all spoke authoritatively on Covid. Thus, it is on their scientific knowledge that I argue that dissenting voices on the treatment and management of Covid were silenced.

Despite so much evidence that points to the efficacy of hydroxychloroquine and ivermectin in treating Covid-19, the World Health Organization continues to discourage their use in treating Covid-19. Some popular social media sites are complicit in the censoring of information on Covid-19. For instance, Twitter took down a video that was promoted by former president of the US, Donald Trump where doctors in Washington were praising the efficacy of hydroxychloroquine in treating Covid-19 (DeMarche, 2020). This tells us that – despite the censoring – the control of knowledge and information has been challenged through the use of social media. Social media outlets have proven to be more complicated to censor and control. The Euro-North American modernity can no longer strictly censor and control information that is at variance with what it endorses, be it scientific or otherwise. Social media has allowed for the dissemination of information, knowledge production and mass communication that is free from the censor of governments and other global institutions such as WHO in this case. Albeit, this often presents challenges in countering fake news, misinformation and disinformation.

The lack of meaningful investigation into these assertions by medical personnel, and the lack of open robust platforms to debate these assertions with the WHO, reveals that the WHO could be complicit in concealing the root cause of Covid. It is this covering up of such information that is more sinister. The World Health Organisation may very well have been hoping that, by not commenting on these debates, it silences these medical pundits and its critics, particularly on how it has handled this pandemic from the beginning.

The Politics of Covid-19 Vaccines: Pharmacology Vs Poli-pharmaco-tics

Vaccine production relating to Covid has been marred by controversies emanating from several challenges. The politicisation and instrumentalisation of the discipline of pharmacology – loosely defined as the developing and manufacturing of medicines and vaccines – is what I refer to as *poli-pharmaco-tics* in this paper.

Firstly, the patenting of Covid-19 vaccines was perceived to be more political, rather than medical or scientific. The creation of the patents was exclusionary which was problematic seeing that the pandemic was widespread. It did not only affect the Western geo-locale. So, the creation and production of knowledge that went into the patenting were exclusionary. Big pharmaceutical companies – such as but not limited to, Johnson & Johnson and Pfizer – monopolised the production of Covid vaccines. This could have been explained away as owing to infrastructural capability and budgetary muscle; while this could sound sensible, it was a much more sinister agenda of denying access to knowledge creation of vaccines that this whole debacle exposed.

Seeing that it was an emergency that required urgent and immediate solutions to halt the loss of peoples' lives, the patenting bureaucracy could have been relaxed as much as *poli-pharmaco-tics*

relaxed the timeframes for passing the safety procedures of a vaccine creation. Some scientific protocols were relaxed in pursuit of scaling up the production of vaccines and speeding up the determination of the efficacy of the vaccines, yet Western *poli-pharmaco-tics* could not extend that courtesy – of relaxing some regulations and procedures on the basis that it was a global emergency – to the production of vaccines outside the monopolised patents.

Secondly, the dismissal of alternative medicines to combat Covid by the World Health Organisation exposes the intention of the patenting conundrum. Madagascar, for instance, revealed that some organically-grown plants in that country had proven to be effective in de-escalating Covid cases by treating successfully people who presented with Covid symptoms (Al Jazeera, 2020). Yet, the WHO dismissed that initiative on the basis that it was unscientific; this, further exposed the limitedness of Western scientism. When it is convenient in its view, some established scientific procedures are relaxed, and when it does not suit its narrative, it weaponises these very scientific procedures against their intended victim of control. Western scientism dismisses anything it does not know, in the process, reconfiguring its control of knowledge-production and information-dissemination. These are hallmarks of coloniality of knowledge.

Thirdly, there is a perception that countries in the Global South, particularly countries in Africa, were denied patents to producing vaccines in their local domains which meant that these vaccines were going to be much cheaper produced in the respective local domains of African countries particularly. That model of acquiring Covid vaccines from the Global North meant that it was tedious a process and exorbitant (Alexander, 2020). As a result of the closing-off of African countries from producing vaccines in their local domains, it also caused major challenges regarding the logistical handling of the acquisition, the storage of some of these vaccines that had a very short lifespan and, the consequent, disposal of expired vaccines (Kunene, 2022).

These very challenges point us to my contention that *poli-pharmaco-tics* is what is at the centre of these so-called setbacks. It is not necessarily issues of pharmacology that stalled the production and distribution of vaccines, but rather the deliberate exclusion of access of the right to health because, in the rationale of Western modernity, people in the Global South – zone of non-being – have a lesser ontological density than people in the Global North – a zone of being. Whereas it was an emergency for the West, it deemed it as not urgent for the rest of the world. This is indicative of politics – who gets what, where, how and why – rather than the pursuit of global health as the situation demanded. More importantly, the procedures of producing vaccines were set aside by the *poli-pharma-trickers*.

The Science of Politics: Coloniality of Knowledge and Information on Covid-19

Covid-19 has proven that the science of politics (political-based science) seems to lead the medical fraternity in the response to the pandemic, more than the scientific rigour of studying, understanding and managing virology and epidemiology in the case of Covid-management. The control of knowledge and information by the self-select-few located in the Global North is problematic. Coloniality of knowledge “refers to the Euro-North American intellectual thought as the referral point upon which all other epistemologies and knowledges are measured against” (Nyere, 2020: 64). This has its antecedents in colonialism – the physical control of other nations by whip and cane. Arguably, colonialism has ended; however, it has been survived by coloniality. Coloniality is understood to mean the architecture of control that results from the template of thought, action and being that was set up by colonialism (Nyere, 2020: 23). This enables the once colonial masters to still control the formerly colonised peoples, places and spaces, in their physical absence from the said entities. The problem emanates from the pervasive control of others. The one who controls apportions him/herself the position of forcibly being in charge

of another. European colonialism put on a pedestal subjective European standards – that were universalized by the violence of colonialism, ways of knowing and way of life as a standard with which all other civilisations were measured and incorporated into the ‘civilised’ modern society (Nyere, 2020: 69). This has forced other civilisations outside of Europe’s consciousness to think from Europe’s locus of enunciation, resulting in the fermentation and crystallisation of Europe’s way of thinking and knowledge–production. Knowledge, and information, have to be valid, it has to be measured according to what modernity says. If knowledge and information are not met with Europe’s standard of scientism, it is dismissed as invalid and just opinion, and not factual and objective.

Covid-19 in South Africa and Zimbabwe: The Politics of Transmissions

South Africa has been through four waves of Covid surges thus far, it is reported that SA is anticipating a surge that would usher in the fifth wave (The Citizen, 2022). The first one was experienced between June and November 2020 (Chambers, 2021). The second wave was experienced between December 2020 and February 2021. The Third wave was experienced between May and July 2021, with the fourth wave experienced between December 2021 and Feb of 2022 (South African Broadcasting Corporation, 2022). What has been particularly fascinating to observe in the case of SA is that the infections seemed to be manipulated and under-reported in October and November of 2021 – when South Africa held its local government elections, only to ‘record’ high numbers of infection in December 2021 that led to the fourth wave.

The (ANC-led) Government of South Africa tactfully downplayed reporting on the numbers of new Covid-19 transmissions during a crucial time in the country where it sought a mandate from the South African citizens in the local government elections. They did this to pass off a bluff of a narrative that transmission cases were going down in numbers and, therefore, used that as a basis to forge ahead with the elections (Deklerk, 2021). In Zimbabwe, the ruling (ZANU-PF) party continued, unabated by the police or the judicial system despite lockdown regulations that barred huge public gatherings, to hold political campaigns ahead of the March 2022 by-elections. This, it did, while denying opposition political formations to campaign as it did (Ndlovu, 2021).

This reveals that Covid restrictions and lockdowns were instrumentalised, weaponised and politicised by the political elite. If the lockdowns were truly designed to save lives and curb the spread of Covid, then they would have been applied plially in all scenarios and times. The fact that the restrictions were relaxed as, and when, it was convenient for business and politics, tells us that either Covid was just a ‘scam-demic’ as opposed to a pandemic in the first place; or, governments just sacrificed their citizens when pressed for immediate solutions. They took the easy way out. To be fair in the cases of African governments, they could have been victims of information wars from the West – meaning, they could have been misled in terms of what Covid is, and how it ought to have been managed. Or it could be that, as is the commonly held view in many African polities, governments generally do not look out for their citizens’ welfare, let alone their health. Meaning, even if governments knew about the dangers of Covid-19, they were prepared to allow their citizens to put themselves in the path of danger.

Afro-Decolonial Thought

The Afro-decolonial thought is aligned with Pan-Africanist thought. It serves to counter the domineering Western canon of what knowledge is and what it ought to be. Western canon dismisses any other knowledge system that does not buy into its epistemic ways of inquiry. As such, Afro-decolonial thought is meant to challenge and expose the limitations and gaps in Western methods of inquiry as they chiefly negate that there are different contexts for the

application of its methods. The established scientific process in the production of Covid-19 vaccines for instance was set aside by this tradition. Signalling that within its arsenal of methods and techniques, the Euro-North American-centric tradition of science was replete with ideas. This alone gives credence to the Afro-decolonial thought as it begins its inquiry in the peripheries and margins of Euro-North American-centric thought.

Furthermore, as far as the Covid-19 pandemic is concerned, the control and censoring of information and knowledge around Covid-19, particularly knowledge that is deemed antithetical to Western scientism, only proves the reality of coloniality of knowledge. Knowledge is controlled by Western tradition. This is called coloniality of knowledge. Because the Euro-North American-centric canon is controlled by vehicles and structures in the Global North, coloniality of knowledge, therefore, privileges Euro-North American-centric perspectives that are projected as objective, scientific, universal and universally applicable. These perspectives “are main-streamed by controlling vehicles of disseminating ideas and information, such as universities, media houses, publishing houses (academic, cultural, social and otherwise)” (Nyere, 2020: 22). In this case, the vehicles of controlling knowledge and information are, among others but not limited to, the World Health Organization, the Centers for Disease Control and the various medical boards that do not question the validity of the information provided by WHO.

So, the Afro-decolonial thought asserts that all ecologies of knowledge are valid; as such, they must be scholarly interrogated to sift through pieces of information that are easily dismissed by the Euro-North American-centric science. The Afro-decolonial thought seeks to validate other forms of knowledge, hence it allows scholarship to conceive of knowledges as opposed to just a certain kind of knowledge.

What Covid-19 is Camouflaging and Perpetuating

Covid-19 has revealed that corruption is a covertly structured pandemic on its own. The corruption cases involving Covid funds and their management have revealed that corruption deserves much more scrutiny. The corruption allegation levelled against the WHO implying that the organisation was involved in cases of bribery to silence some officials who held antithetical views to that of the establishment is the case in point (Daniel, 2020; Mathews, 2022).

Corruption within national governments involving Covid-19 funds (South African Broadcasting Corporation, 2020), the Zimbabwean Health Minister, Obadiah Moyo (Gagne-Acoulon, 2020; British Broadcasting Corporation, 2020) and the South African Health Minister, Zweli Mkhize (Heywood, 2020), cases suggest that the actual issues of Covid were minor in comparison to the rhetoric that was peddling in mass media – a tool of the West to misinform and at times disinform the global populace. Some hospital employees reported that any death that occurred during the pandemic was reported as a Covid death to balloon the number of recorded fatalities to receive financial aid from the WHO.

Analysis of the Covid-19 Pandemic, *Plan-demic* and *Plunder-mic*

Given how the pandemic has evolved, from the time it first broke out in December 2019 in Huan, China, it is becoming clear that its management of it has flaunted many established scientific protocols regarding the production of vaccines. It is evident that the objective of the Covid-19 pandemic was a grand plan to plunder national, and in some cases, international aid, resources while hiding behind the thin veneer of the crisis. In other words, Covid-19 was a *scam-demic* and *plan-demic* – explained as a pandemic – to plunder, exhaust and frustrate efforts to detangle world economies and business from the colonial super-structure of Western modernity and capitalism.

To illustrate this thesis, in January 2020, a US scientist and Harvard Professor, Charles Lieber was arrested for his ties and connection to China over the outbreak of Covid-19. Lieber's charge was that "of concealing ties with the Wuhan Institute of Technology" and the Chinese government (Stanway, 2020). Some quipped that Professor Lieber had helped create the virus (*Diario AS*). Wittingly, the explanation that was given when news reached the public's ears, as it were, was that the arrest was based on bogus claims of Lieber's ties to China (Stanway, 2020; Evelyn, 2020).

What is telling though is the very fact that Lieber concealed his involvement with the Chinese government, and more interestingly is why he would conceal his involvement in the first place, if it was above board? To whom did Lieber conceal his involvement with the Chinese? It is obviously the US government. I argue that the theatrics of Lieber's arrest were nothing but a charade by US authorities who were pressed to appear to be doing something against Lieber after the news of his involvement with China made it to public consciousness. I further contend that Lieber's involvement with the Chinese had the blessings and authorization of the US authorities. Thus, Lieber's arrest was meant to offset public scrutiny over the US' involvement in the creation of Covid. His arrest was part of concealing the US' involvement in the pandemic. This can also be explained by underscoring how coloniality of knowledge operationalises itself.

Since the Euro-North American centric world order (system) controls and determines what knowledge is and what it is not, it remains that it (system) has asymmetrical power and control over what it determines to be scientific knowledge and what it dismisses as bogus and conspiracy theories. This system is the canon and can easily dismiss anything that stands antithetical to itself. There is no way that the US would admit to its involvement because it is convenient for it to apportion blame on Wuhan, China, however, the Western system had a hand in the so-called global pandemic.

By planning and orchestrating the *scam-demic* that Covid is, Western modernity managed to create a crisis that required global action and response that was to be coordinated and led by the Euro-North American-centric narrative, in the process galvanising and reconfiguring its grip on the world. Indeed, the West has taken centre stage and leading efforts to 'manage' the pandemic. This is what the West planned. Covid as a humanly created virus was systematically spread around the world breaking out at a time when travel was at its peak. Air travel thus was used as a vehicle to fast track the spread of the 'virus' so that it causes maximum damage, and in the process, creates the necessary panic to convince the world that it was not stage-managed. This virus-induced panic contributed to psychological assault by the West targeted at the Global South, but Africa particularly. The 'scientific' projection of the World Health Organization was that Africa was going to be hard hit by the *scam-demic* (WHO, 2022). However, since the outbreak of Covid-19, to date, Africa has had the least number of infections at any given time (World Health Organization, 2022). How scientific is this data that is provided by these powers that be?

Conclusion

The paper has argued that the Covid-19 pandemic was a '*plan-demic*' to '*plunder-mic*' global and state resources; in the process, recalibrating the global control of politics, Western canon – which essentially is scientism, knowledge-production, information-dissemination as well as the ontological being of humans in the zone-of-non-being – Global South generally, but Africa particularly, to centre once again a Euro-North American-centric world view.

References

- Al Jazeera News Agency. 2020. Coronavirus: What is Madagascar's 'herbal remedy' Covid-Organics? [Online]. Available: <https://www.aljazeera.com/news/2020/5/5/coronavirus-what-is-madagascars-herbal-remedy-covid-organics> [Accessed 21 June 2022].
- Alexander, M. 2020. COVID-19: Five business project procurement challenges ahead. *Tech Republic*, 15 May. [Online]. Available: <https://www.techrepublic.com/article/covid-19-five-business-project-procurement-challenges-ahead/> [Accessed 25 June 2022].
- Bloomberg. 2020. Anti-vaccine doctor Jane Orient testifies to Senate on Covid treatment. 8 December. [Online]. Available: <https://www.youtube.com/watch?v=SypsmuVidXk&t=271s> Accessed 21 June 2022].
- British Broadcasting Corporation. 2020. Coronavirus: Zimbabwe health minister in court on corruption charges. 20 June. [Online]. Available: <https://www.bbc.com/news/world-africa-53119989> [Accessed 12 July 2022].
- Centers for Disease Control and Prevention. 2014. Vaccines & immunizations. [Online]. Available: <https://www.cdc.gov/vaccines/basics/test-approve.html> [Accessed 21 June 2022].
- Chambers, D. 2021. Covid-19's first wave hit poor hardest, according to tests of V & Waterfront staff. *Sowetan Live*, 27 February. [Online]. Available: <https://www.sowetanlive.co.za/news/south-africa/2021-02-27-covid-19s-first-wave-hit-poor-hardest-according-to-tests-of-v-waterfront-staff/> [Accessed 21 June 2022].
- Cucinotta, D. & Vanelli, M. 2020. WHO declares Covid-19 a pandemic. *Acta Biomed*, 91(1): 157-160. [Online]. Available: <https://www.mattioli1885journals.com/index.php/actabiomedica/article/view/9397> [Accessed 21 June 2022].
- Daniel, L. 2020. Investigations into R500 billion COVID-19 relief fund corruption underway. *The South African*, 7 July. [Online]. Available: <https://www.thesouthafrican.com/news/investigations-into-r500-billion-covid-19-relief-fund-corruption-underway/> [Accessed 12 July 2022].
- Deklerk, A. 2021. Mass gatherings allowed as Ramaphosa moves SA back to lockdown level 1. *Times Live*, 30 September. [Online]. Available: <https://www.timeslive.co.za/politics/2021-09-30-sa-moves-back-to-lockdown-level-1/> [Accessed 26 June 2022].
- DeMarche, E. 2020. Twitter deletes video promoted by Trump on hydroxychloroquine use for coronavirus. *Fox News*, 28 July. [Online]. Available: <https://www.foxnews.com/politics/twitter-post-that-seems-to-show-doctors-praising-hydroxychloroquine-use-for-coronavirus> [Accessed 21 June 2022].
- Diario AS. 2020. "Covid-19: Who is Charles Lieber, the man conspiracy theorists say created the coronavirus?" [Online]. Available: https://en.as.com/en/2020/04/05/other_sports/1586117681_997630.html [Accessed 09 January 2023].
- Doctor Oz. 2020. The Coronavirus Pandemic: US doctors speak out about how they are using a promising drug combo to treat Covid-19. 26 March. [Online]. Available: <https://www.youtube.com/watch?v=cp6cib258FE&t=433s> [Accessed 21 June 2022].
- Evelyn, K. 2020. "Harvard professor accused of lying about ties with Chinese government". *The Guardian*. [Online]. <https://www.theguardian.com/us-news/2020/jan/29/harvard-professor-accused-of-lying-about-ties-with-chinese-government> [Accessed 09 January 2023].
- Gagne-Acoulon, S. 2020. Zimbabwe's health minister charged for Covid-19 corruption. *Organized Crime and Corruption Reporting Project*, 23 June. [Online]. Available: <https://www.occrp.org/en/daily/12594-zimbabwe-s-health-minister-charged-for-covid-19-corruption> [Accessed 12 July 2022].
- Heywood, M. 2020. Scandal of the year: Covid-19 corruption. *Daily Maverick*, 27 December. [Online]. Available: <https://www.dailymaverick.co.za/article/2020-12-27-scandal-of-the-year-covid-19-corruption/> [Accessed 12 July 2022].
- KHOU. 2021. Why are coronavirus patients using hydroxychloroquine and ivermectin? *KHOU*, 2 September. [Online]. Available: <https://www.khou.com/article/news/health/coronavirus/why-are-coronavirus-patients-using-hydroxychloroquine-and-ivermectin/285-85c1082a-9ecf-41e2-8097-926797d46b94> [Accessed 22 June 2022].
- Kunene, Z. 2022. Burn them: Here's what happens to expired Covid vaccines. *Business Live*, 23 May. [Online]. Available: <https://www.businesslive.co.za/fm/fm-fox/2022-05-23-burn-them-heres-what-happens-to-expired-covid-vaccines/> [Accessed 10 July 2022].

- Matthews, A. 2022. Citizens report Covid-19 corruption. *Transparency International*. [Online]. Available: <https://www.transparency.org/en/citizens-report-covid-19-corruption> [Accessed 12 July 2022].
- Mayo Clinic. 2022. Coronavirus disease 2019 (Covid-19). [Online]. Available: <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/syc-20479963> [Accessed 21 June 2022].
- Mustafa, L. 2020. Who is Dr Richard Urso? Hydroxychloroquine claims explained as “America’s Frontline Doctors” go viral. 29 July. [Online]. Available: <https://www.hitc.com/en-gb/2020/07/29/dr-richard-urso-hydroxychloroquine/> [Accessed 21 June 2022].
- National Broadcasting Corporation [KPRC2]. 2021. Houston-area doctor at centre of controversial coronavirus cure. *YouTube*. [Online]. Available: <https://www.youtube.com/watch?v=QOABdjrBRfI&t=19s> [Accessed 21 June 2022].
- Ndlovu, N. 2021. ‘Zanu PF campaign in full swing’. *Newsday*, 8 September. [Online]. Available: <https://www.newsday.co.zw/2021/09/zanu-pf-campaign-in-full-swing/> [Accessed 21 June 2022].
- Nyere, C. 2020. *A decolonial perspective on the North Atlantic Treaty Organisation’s invasion of Libya in 2022*. PhD Thesis. Pretoria: University of Pretoria.
- Rouege, C. 2021. Texas Medical Board takes ‘corrective action’ against doctor over hydroxychloroquine prescription for COVID patient. *KHOU*, 3 November. [Online]. Available: <https://www.khou.com/article/news/health/hydroxychloroquine-doctor-stella-immanuel-texas-medical-board/285-aa37adb5-2573-4d35-9106-851f6731fdcf> [Accessed 22 June 2022].
- South African Broadcasting Corporation. 2020. TIMELINE: COVID-19 food parcels, PPE corruption timeline. 31 August. [Online]. Available: <https://www.sabcnews.com/sabcnews/timeline-covid-19-food-parcels-ppe-corruption-timeline/> [Accessed 12 July 2022].
- South African Broadcasting Corporation. 2022. SA is officially in the fourth wave of COVID-19 pandemic: Phaahla. [Online]. Available: <https://www.sabcnews.com/sabcnews/sa-is-officially-in-the-fourth-wave-of-covid-19-pandemic-phaahla/> [Accessed 21 June 2022].
- Stanway, D. 2020. “China lab says conspiracy theories hurting efforts to curb virus”. *Reuters*. [Online]. Available: <https://www.reuters.com/article/us-china-health-conspiracy/china-lab-says-conspiracy-theories-hurting-efforts-to-curb-virus-idUSKBN20E0UB> [Accessed 09 January 2023].
- The Citizen. 2022. Covid-19 fifth wave: WHO Africa warns SA to prep for more Omicron variants. 13 May. [Online]. Available: <https://www.citizen.co.za/news/covid-19/3096923/covid-19-fifth-wave-sa-more-omicron-variants/#:~:text=On%20Thursday%2C%20National%20Health%20Minister%20Joe%20Phaahla%20confirmed,fifth%20wave%20in%20SA%20Driven%20by%20Omicron%20subvariants> [Accessed 25 June 2022].
- World Economic Forum. 2020. 5 charts that tell the story of vaccines today. *World Economic Forum*, 2 June. [Online]. Available: <https://www.weforum.org/agenda/2020/06/vaccine-development-barriers-coronavirus/> [Accessed 22 June 2022].
- World Health Organization. 2020. How vaccines are developed. 8 December. [Online]. Available: <https://www.who.int/news-room/feature-stories/detail/how-are-vaccines-developed> [Accessed 21 June 2022].
- World Health Organization. 2021. Coronavirus disease (COVID-19): How is it transmitted? 23 December. [Online]. Available: <https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-how-is-it-transmitted> [Accessed 21 June 2022].
- World Health Organization. 2022. WHO Coronavirus (Covid-19) dashboard. [Online]. Available: <https://covid19.who.int/> [Accessed 21 June 2022].