Commentary

Confronting Xenophobia and the Long Shadow of Colonialism

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I write in response to suddenly finding myself in a storm of publicity over anti-foreigner groups who blockade entries to health facilities and demand the production of South African IDs. I raise questions about how we came to face such a development and what an effective response should be.

The public health system of South Africa is in a state of disarray; there is chronic under-staffing of medical staff (South African Medical Association, 2025). Corruption is rampant and brazen (Rispel, 2016), stripping huge sums from the system; attempts to expose corruption at Tembisa Hospital in 2021 led to the assassination of the whistle-blower. Failures in management and leadership are widespread (Centre for Health Policy, 2016). Service to the public is thus impaired, but, despite these manifest failures, anger is seldom directed against those responsible, instead being targeted at vulnerable members of society.

I am a South African citizen, born here to migrants from the United Kingdom. On 10th July 2025, I had an appointment in the physiotherapy ward at Addington Hospital in Durban. When I was asked for my ID by a group, March and March Movement, which was blocking the entrance, I refused to produce it, demanding to know what rights they had to ask me. They made it clear that they were using the IDs to deny entrance to all foreigners. One of them claimed that Section 17 of the Constitution prohibits foreigners from health facilities; in reality, it sets out the rights to peaceful protest.

I managed eventually to get past them but was then told by a security guard that 'foreigners are not allowed in this hospital'. At the ward, I was told that my appointment was moved two weeks later. I went to the Point Police Station to ask SAPS to intervene but there was a refusal to do anything, although this blockade blatantly violates Section 21 of the Constitution: '(1) Everyone has the right to have access to (a) health care services…' and '(3) No one may be refused emergency medical treatment.'

The next day, at the neighbouring clinic, I witnessed often confused and uncertain people producing some identification. One woman issued a torrent of angry IsiZulu at the group and stormed past them. Then a woman and her two sons were blocked; she is Zimbabwean. Her sons are South African, but do not yet have IDs. The mother and one son needed ARVs and we went to report again to the police, with no progress.

On the day I returned, refugees with appointments were being denied access. I was met with extreme hostility. When I tried to go through, I was pushed back hard on two occasions and threatened. At that point I phoned SAPS to request help to get in; after delays they told the group to let me through – but did nothing for the others. One of the blockade members insisted on following me to the ward, telling the first official that I was there 'to collect medication for foreigners.' At the ward, I found two elderly men, South Africans, who had both been excluded once; one said he had finally just pushed past them. The staff were completely pleasant; I had even taught one of them. I went to the hospital management for clarity on their staff. They were supportive but told me that they had no jurisdiction over the sidewalk, a false claim used by police to deny their own responsibility.

I went with refugees to the Point Station, and said I wished to open a case of assault. The officer took me to someone she said was a detective, who said that he would enforce the law only if the Minister of Police told him. She then refused to let me open a case (a violation of police regulations) and said she would not listen to me. I took the most extreme cases to another hospital, where they were told they needed a transfer card from Addington, which is impossible.

By this time a video of my attempt to enter, being manhandled and threatened, was circulating on social media. Within a few hours of the altercation, a right-wing channel in the USA claimed that this incident was proof of White genocide; I responded to tell them how wrong they were. An accurate report on IOL (https://www.facebook.com/share/p/1CB5qiv8Rf/) generated over 1000 comments, many reprimanding me for 'not following the rules.' In the media, there is a recurrent complaint of the 'lawlessness' of the society and assertions that people must intervene to apply the law, given the abject failure of a police force caught up in its own internal feuds.

However, the 'law' and the 'rules' may simply be the impositions of groups such as taxi associations who prohibit e-hailing drivers or even people having more than one passenger in a private car, or those who demand payment to be given a job or sell land they do not own. At health facilities, a range of people are being blocked – undocumented and legally documented foreigners, South Africans born in other African countries, and (the many) South Africans who do not have IDs. At Addington, March and March spot those they judge as unacceptable approaching and shout threats. This is not citizens applying the law, it is lawlessness itself.

Many health facilities now experience reduced patient numbers, with some staff complimenting the blockades for making their lives easier. The gain in efficiency, though, is at the cost of the effectiveness of the system. The costs are obviously

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passed to those excluded; in Durban two have died after being excluded, possibly as a result. Other costs include the inevitable spread of infectious diseases when a section of the population is excluded from health facilities.

Understanding xenophobia

My understanding of xenophobia draws in part on Fanon's (1952) concept of internalisation – how our sense of self is shaped by social structures and how we come to believe the stereotypes imposed on us. For those privileged, it can be a sense of being in charge. For the oppressed, it can mean a negative sense of self that impairs the sense of possibility at building a good life. Fanon predicted that the elites emerging from independence would aspire to replace the oppressive colonists in their role over the mass of people, and direct anger away from themselves towards African foreigners. He wrote (1963, p. 156), 'These foreigners are called on to leave; their shops are burned, their street stalls are wrecked.' The borders drawn by the colonisers are now revered and the humanity of African foreigners reviled, an outright denial of the spirit of Ubuntu. In Durban, a national hero is celebrated in the name of our top teaching hospital - Inkosi Albert Luthuli. It is an index of the degradation of thought and feeling that characterises such campaigns that, if he were here now, he would be excluded as a foreigner, given that he spent his early years in Zimbabwe.

The concept of vicarious trauma (Herman, 1992/1997/2015) provides a further perspective. It is not just the direct experience of humiliation and physical violence; it is also the retelling of the trauma, and the sense of resentment and bitterness communicated by those who have had that experience. In all forms of trauma, there is often the temptation to re-enact what happened - the victim of the trauma is now, possibly, the perpetrator. This is evident in the specific treatment now eerily enacted on the 'other', we the once oppressed can taste the satisfaction of domination; thus, Gaza increasingly resembles the concentration camps of the Holocaust. For South Africans, the humiliation of the dompas (the ID book that African people were required to carry, at the pain of arrest) is now visited on those who do not conform.

The role of neoliberalism

Such conflicts are intensified by the logic of neoliberalism; when those in government, politicians and officials openly pursue personal gain rather than service, the logic of inhumanity pervades society. The anger of the poor who face inadequate treatment is directed by populist politicians (Ngwane, 2017) against other vulnerable groups – foreign nationals, zama zamas (artisanal miners), even migrants from other parts of the country. They are persuaded that other vulnerable groups are the sources of their frustration. The 2021 lootings and killings started with xenophobic attacks fostered by certain elites. The hardships that followed were borne by the poor and small business-owners.

As Gumede (2012, p. 169) writes, through years of oppression, South Africans developed "a deep prejudice against 'others'" with hierarchies "…between Indians, mixed-race South Africans and Africans on the one hand, but also within these groups, whether it was based on economic status, on one's pigmentation or the size of one's language group." By treating only individual success or failure as relevant, neoliberalism leaves these collectivities unexamined and unchallenged. We have no process that interrogates the relationships between these groupings and the related stereotypes. For example; my family was and still is never subject to the hostility displayed against African migrants; the racism this entails is seldom noticed.

An alternative logic

What alternative logic can we pursue? It is to develop inclusive forms of social capital, the constant and careful building of networks across differences that bind us to each other, ubuntu in modern form. It is to insist that conflicts are addressed through involvement in dialogue, negotiation and the development of much greater levels of understanding. This means recognising the ways in which trauma has shaped so many relationships and finding innovative ways of moving ahead.

By dialogue I do not mean debate, but ways of understanding our histories, where all of us have come from and the experiences our and families had on the way. Where people are brought together, in workplaces, education, religion, even sport, we should be developing ways of building trust and a well-informed understanding of others and ourselves. To take just one example from formal education; engaging with the rich diversity of students and staff in our institutions is seldom part of the curriculum, yet this diversity is a profound resource.

My experience of facilitating such dialogues is that they can open up a sense of the immense range of experiences, commonality in the histories of struggle and trauma, and a sense of shared resilience and hope.

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