Governing Health Crisis and Risk Exposures to Covid-19 Pandemic in the Democratic Republic of Congo

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Abstract

This article examines the necropolitics in the governance of the Covid-19 health crisis and the exposure of poor members of the population to the risk of contamination in DR Congo in 2020. By enacting a state of emergency and restricting the freedom of action and movement of citizens whose daily survival depends on it, the measures taken to prevent the pandemic spread had the opposite effect of exposing hundreds of thousands of them to new risks. Moreover, the day-to-day management of the pandemic was at times flawed and chaotic, contributing to widespread denial of the risk associated with the pandemic. The authors argue that resistance by citizens to containment measures prohibiting their daily survival activities has fostered the emergence of "competing" risks and created new vulnerabilities, aggravating pre-existing "familiar" risks. This dramatic paradox is interpreted here as the consequence of an authoritarian necropolitical governance.

Keywords

Covid-19, Governance, Risk, Necropolitics, Democratic Republic of Congo.

Introduction

The Covid-19 pandemic has emerged around the world as a new danger, accompanied by considerable uncertainty about the extent of the threat, the effectiveness of the means of dealing with it and its consequences. In the DR Congo, during the first wave of the pandemic in 2020, the uncertainty was all the greater because the new political authorities inherited an administration that was undermined by the consequences of structural adjustment programmes, but also by decades of political instability, corruption, clientelism, and a long tradition of poor management of public services, from which the health services, with their many structural weaknesses, have not escaped. It is in this context that the decision-makers and experts of the Ministry of Health, with the assistance of the World Health Organisation, prepared a 'National Response Plan to Covid-19' in January 2020 which set out the priorities for the management and prevention of the risk of the virus circulating[1]. This paper began by questioning the ambiguity of the 'safety' of the state of the health emergency and the 'National Response Plan' implemented during the first wave of the pandemic in 2020. We sought to understand how the preventive measures imposed by the state of health emergency on the population of the city of Kinshasa seemed to have the opposite effect of exposing tens of thousands of inhabitants to 'competing risks' (Peretti-Watel & Châteauneuf-Malclès 2020) while increasing the vulnerability of millions more to their familiar risks. We propose to explain this paradoxical situation by the necropolitics of health inequality, which has long accommodated the existential precariousness of millions of citizens who manage to eke out a living from day to day. The restrictive measures (the closure of air, land and sea borders, the introduction of curfews, the establishment of a state of health emergency, the ban on gatherings, the closure of places of worship, schools, universities, restaurants and cafés, etc.), combined with the absence of social welfare protection and support measures for those who survive through the informal economy, have had very serious economic and social consequences for those in the most vulnerable socio-economic categories. Based on a field survey[2], our analysis draws on the concept of 'necropolitics' developed by Achille Mbembe (2003, 2006, 2019), who conceptualises it as an extension of Michel Foucault's concept of 'biopolitics' (2004a, 2004b), which he associates with Agamben's notion of 'state of exception' (Agamben 2005; Giordanengo 2016). This concept thus applies to the mechanisms of domination and power that dictate who must live protected by the state and who can die with indifference. The interest of this concept is that it :

> *"[...] puts a materiality and intentionality back into the power stakes between social groups. It allows us to think about the structural inequalities of our contemporary world, which obviously assigns some people to death-worlds in which their existence is not only devalued and disempowered, but also de-subjectivised, and their lives have no real value" (Medico & Wallach 2020).*

Following Sandset (2021), we have added to this conceptual combination the concept of 'slow violence' theorised by Rob Nixon (2011) to account for the particular structural violence experienced by the most disadvantaged social categories exposed to the prohibitions imposed by the state of health emergency. We tested the heuristic value of this conceptual combination in our case study of the political management of the lockdown, between April and July 2020, of the commune considered the epicentre of the pandemic in the city of Kinshasa, Gombe a commune that concentrates both the business and administrative centre of this enormous city of more than 12 million inhabitants. We show that the resistance and resilience of small-scale informal traders to the ban on their livelihood during the lockdown created new vulnerabilities in the population and aggravated pre-existing existential risks linked to the general precariousness of their living conditions. We deduce that the management of this health crisis is intertwined with necropolitical factors of the 'slow violence' that preceded the pandemic, and which adds to the disproportionate distribution of vulnerabilities to the risks of infection, death and economic impoverishment. We also show that the communication of

1 We analyse this government plan in detail in another contribution on public action in the context of Covid-19 (Ayimpam et al. 2021).

2 The material on which this article is based comes from a field survey as part of a study entitled «Study of the impact of the Covid-19 crisis on actors and enterprises in the informal economy in Congo-Kinshasa», carried out between May and September 2020 by LARSEP/Observatoire de la gouvernance in Kinshasa, DR Congo. It resulted in a study report of the same name for the International Labour Organisation (ILO) in Kinshasa and Geneva, Switzerland.

public officials on the pandemic was sometimes flawed, often chaotic, and associated with scandals in the political management of the pandemic that contributed to the widespread denial of risk.

The question of 'risk', its representations, perceptions and management is therefore central to understanding and interpreting the attitudes and behaviours of city dwellers in Kinshasa in the face of the prevention measures put in place by the state authorities. This notion deserves to be considered, as it is still the subject of much debate in the sociological literature[3] . Although there is no definition of risk that is appropriate to all points of view and all problems, we will retain the one proposed by Alain Bourdin, which seems to us to be the most encompassing:

"If we define risk as that which can happen and which we would not want to have to undergo directly or indirectly (through its consequences), we characterise a category in its relationship to the world which, while it can be very general in character, can take different forms and be the object of diverse constructions" (Bourdin 2003, p. 13). We position ourselves more particularly in the field of a socio-anthropology of risk and uncertainty which considers that risk is a social construction based on a double postulate. On the one hand, there are 'objective' dangers (personal or collective) that threaten the immediate environment of individuals and societies, and on the other hand, subjective representations of these dangers that are socially and politically constructed through interactions between individual and collective actors with very heterogeneous identities (close relatives, social groups, the media, the state, scientific experts, etc.) (Weisbein 2015:5). In the following paragraphs, we will present the preventive health measures put in place in 2020 in the context of the state of emergency enacted by the Congolese authorities. Secondly, we will examine the main scandals and controversies that marked the day-to-day political management of the pandemic during 2020 and fuelled the denial of the pandemic in the population. We will then develop a case study from the lockdown of the commune of Gombe (and essentially the city's business centre and largest market), showing the necropolitical character of the arrangement and its existential consequences for millions of vulnerable people (Fabiani & Theys 1987). Finally, we will analyse the way in which the denial of risk has become widespread in the population, based on the narratives conveyed by social media, which have seized upon the various polemics and controversies that have run through the fight against the pandemic.

The National Response Plan for Covid-19: An authoritarian health policy

As early as January 2020, even before the appearance of the first case of coronavirus, the Ministry of Health, in coordination with the World Health Organisation (WHO), put in place a mechanism to prepare for a possible arrival of the new coronavirus (Sars-CoV-2). This rapid decision by the political and health authorities was part of an «objective» conception of health risks that aimed to govern the uncertainty linked to «the expectation of adverse events in an uncertain future» (Boholm 2003; Gilbert 2003; Zinn 2009; Boudeaux 2010). The first case of coronavirus was detected in Kinshasa on 10 March 2020 in a traveller from France. The very next day, on 11 March 2020, the Congolese government published a first version of the National Government Response Plan to Covid-19[4] , which entrusted the response to two main bodies: the Multisectoral Response Committee (CMR-COVID-19), headed by the Prime Minister, and the Technical Secretariat, headed by the Covid-19 Response Coordinator, appointed by the President of the Republic. This organisation was decentralised to the provincial level through coordination committees chaired by provincial governors. In a few days, fourteen new confirmed cases were identified in Kinshasa. Most of them were people who had come from European countries or had stayed abroad. This concentration of confirmed Covid-19 cases in the Congolese capital, which has a population of more than

3 For a detailed state of knowledge on the sociology of risk, which is developing rapidly in France, see the presentation of Julien Weisbein's seminar (2015–2016), «Sociologie des risques».

4 The final version, with a budget of US$135.2 million, was released on 1 April 2020. Information taken from the document published by the DRC government in May 2020: Programme multisectoriel d'urgence d'atténuation des impacts de la Covid-19 en République démocratique du Congo (PMUAIC-19), Kinshasa, DRC.

ten million, raised concerns about the threat of a health catastrophe. More so since the 20th of March, when the WHO and other experts announced a global health cataclysm and that Africa should prepare for the worst. A week after the discovery of the first coronavirus case, the Congolese authorities declared a state of health emergency on 18 March 2020[5] . As can be noted:

> *"Whereas earlier forms of biopolitics relied on statistical models to predict and measure risk, biosecurity involves preparing for a disaster whose probability is incalculable and whose arrival is perceived as imminent" (Lakoff & Collier 2008, cited in Fortané & Keck 2015: 125).*

The problem is that the state of emergency, proclaimed for 'health' purposes, was based on the provisions of Article 85 of the Constitution, which only concerns a state of security emergency, i.e. a state of political exception. For the Congolese jurist Muhima, a state of emergency defines the legal use of force 'to act on a day-to-day basis, in particular by restricting certain freedoms, including freedom of movement, assembly and enterprise' (Muhima 2021:82). Like the state of emergency, the state of exception is defined as a 'special condition in which the legal order is seriously suspended due to a serious emergency or crisis threatening the state' (Giordanengo 2016:1, quoted by Sandset 2021: 1413). This ambiguity has given rise to legal controversy in Kinshasa . Indeed, how can we distinguish between a «state of health emergency» and a «state of security emergency»? The management of the pandemic appears to some extent to be the occasion for a return to force and arbitrariness in the exercise of political power. Thus, one of the spectacular security measures of the state of health emergency was the establishment of a *cordon sanitaire* or quarantine, around the city of Kinshasa[6], regarded as the epicentre of the pandemic in the country, in order to prevent its spread to other provinces. At first glance, this type of arrangement seems to be in historical continuity with the practice of *cordon sanitaire* and quarantine used by colonial and post-colonial public health systems in the face of epidemics and pandemics. However, as we shall see below, this system did not concern all of Kinshasa's urban dwellers in the same way.

Rumours, scandals and controversies in the management of a pandemic

The implementation of the National Health Response Plan was marred by rumours and scandals that generated considerable controversy in public opinion and on local social media networks. We propose to revisit some of them here, in order to better understand how these different controversies fed the construction of the denial of the pandemic's existence by the population.

Confusion on the identity of patient 0 (March 2020 and August 2020)

The management of the pandemic started with a confusion on the identity of 'patient 0' when, on 10 March 2020, the Minister of Health announced that the first person infected with the coronavirus in Congo was not a Belgian citizen, but a Congolese citizen. He then corrected this by saying that it was a 52-year-old Congolese subject living in France. But the confusion continued when he publicly stated that the patient was in quarantine in Kinkole, a suburb far from down-town Kinshasa. Indeed, at the same time, a police unit was filming in a hotel in down-town Kinshasa where the same patient was confined to a room. The very next day, there was another twist[7] . In another video, the alleged patient 0 denied the official information and diagnosis that he was ill with the coronavirus, before retracting

5 The seven biosecurity measures concern the closure of important gathering places (such as markets and places of education, worship and catering), and six concern access to and movement within the national territory. These measures, which initially concerned only people coming from risk and transit countries, were generalised and led, a few days later, to the total closure of the borders to passengers, allowing only aeroplanes and cargo ships and other means of transporting freight to circulate and access them.

6 Lotoy Ilango-Banga, J.-P., 2020, «L'état d'urgence face au coronavirus en RDC: controverse ou cacophonie juridique?», Bulletin de l'Obss, no 3, Observatoire des sciences sociales pour la pandémie de Covid-19, Larsep-OG-IMAF, published on 2 June 2020. Available https://larsep1.wordpress.com/.

7 Litsani, C., 2020, "Les autorités de la RDC ont réussi à faire peur au Coronavirus", Politico.cd, 28 March 2020. Available at https://www.politico.cd/la-rdc-a-la-une/2020/03/28/les-autorites-de-la-rdc-ont-reussi-a-faire-peur-au-coronavirus.html/56507/.

this statement and finally being confined for 28 days in a health[8] facility. At the end of his confinement, his 'release' was the subject of a pompously organized event by the Minister of Health . This imbroglio found an explanation five months later, when 'patient 0' participated in a popular politics show broadcast live on an internet channel, during which he declared that he wanted to reveal everything about the circumstances surrounding his identification as the first patient of Covid-19. He confessed that he had been forced by the Minister of Health himself to say that he was a carrier of the coronavirus (even though several tests had shown negative results). At the end of the programme, he denied that he was patient 0 or that he was infected as presented to the public. He apologised to the public, saying he regretted having cooperated in such a charade. Commenting on the controversy over the alleged first Covid-19 patient, Congolese researchers Célestin Musao[9] and Michel Bisa[10] note that the confusion over the identity of the first patient by the Minister of Health had led to much rumour and speculation. The first doubts about the existence of the pandemic thus began to take shape while, at the same time, there were no support measures taken by the public authorities to accompany the population, which was faced with activity restriction measures that were ill-suited to the socio-economic realities and lifestyle of the majority of the Congolese population.

Controversy over the legality of the state of emergency (April 2020)

A controversy arose in April 2020 over the legality of the presidential order proclaiming the state of health emergency referred to above. On 11 April 2020, on a local radio station, the then Senate President, Alexis Thambwe Mwamba, caused an uproar by insinuating that the health emergency order was illegitimate because, according to the protocol, the Upper chamber should have been convened to regularise the order. The day after this statement, on the same radio channel, the first vice-president of the National Assembly intervened in turn to point out to the the criminal nature of the Senate President's invectives against the head of state. This polemic at the top helms of the State had the worst effect in the context of uncertainty about the pandemic and raised concern about its seriousness at the time. For Jean-Pierre Lotoy Ilango-Banga (2020), the situation demanded political intelligence of unity and loyalty and the suppression of selfish political interests. The cacophony of power was a very bad signal to the worried population.

Uproar over a proposed vaccine trial on the population (April 2020)

An intense controversy erupted in April over a proposed clinical trial for a vaccine against Covid-19. On Friday 3 April 2020, in a press conference, the coordinator of the technical secretariat of the Multisectoral Committee for the Response to the Pandemic announced that the country was ready to host trials of a future vaccine against Covid-19, which would be produced either in the United States, Canada or China. The country would thus be a candidate for the clinical trials, which would eventually begin in around July and August 2020. Since he was speaking to the press with the US ambassador at his side, his words caused a real media uproar and created much confusion[11] . In order to calm the storm that he had awkwardly triggered, he had to make a new public statement a few days later

8 Mfundu, T., "Mfundu, T., « Le ministre de la Santé doit démissionner. Lorsqu'on est soupçonné dans une affaire grave comme ça, il faut se mettre à la disposition de la justice ", (Valéry Mandiangu, ODEP president), Politico cd 11 September 2020. Available at https://www.politico.cd/encontinu/2020/09/11/le-ministre-de-la-sante-doit-demissionner-lorsquon-est-soupconne-dans-une-affaire-grave-comme-ca-il-faut-se-mettre-a-la-disposition-de-la-justice-valery-mandiangu-president-odep.html/68055/.

9 Musao Kalombo Mbuyu, C., "Covid-19: a critical-reflexive analysis of the pandemic in the DRC", Obss Bulletin, No. 2 (May 2020), Social Science Observatory for the Covid-19 Pandemic, Larsep-OG-IMAF. Published on 26 May 2020 by larsep316063597 on https://larsep1.wordpress.com/

10 Bisa Kibul, M., 2020, " 'Vampirised' States in Africa in the face of the coronavirus", Obss Bulletin, No. 1 (April 2020), Social Science Observatory for the Covid-19 Pandemic, LARSEP-OG-IMAF. Published on 26 May 2020 by larsep316063597 on https://larsep1.wordpress.com/

11 Kobongo, B., 2020, 'Covid-19 in DR Congo: from crisis communication to a communication crisis', Obss Bulletin, No. 4 (June 2020), Social Science Observatory for the Covid-19 Pandemic, LARSEP-OG-IMAF. Published on 30 June 2020 by larsep316063597 on https://larsep1.wordpress.com/.

in a video published on the official Facebook account of the Committee for the Response against Covid-19. The aim of the video was to reassure the public that there would be no vaccination in Congo without prior clinical trials in the US or China. He said that, as a Congolese himself, he would never allow Congolese to be used as guinea pigs. In fact, these strong reactions around a vaccine trial were amplified by the fact that these remarks come shortly after other clumsy remarks made on 1 April 2020 by a French doctor who had the very bad idea of declaring that he wanted to test a vaccine against Covid-19 in Africa[12]. These various statements about testing a possible vaccine have contributed to the conspiracy theory that 'white' neo-colonisers are going to use Africans as guinea pigs. The deleterious effects of this controversy were not long in coming. Both militant and xenophobic videos began to circulate on social media, including accusations that 'whites' were deliberately 'coronising' Africa, while others denied the existence of a pandemic risk in Africa.

Failures in the care of coronavirus patients (May 2020)

A scandal set the web ablaze about the failings of the health administration in its care of patients. At the beginning of May 2020, several videos of patients hospitalised with Covid-19 circulated on social media networks. In one of these videos, hospitalised patients complained about being locked in their rooms, even though they had no medical follow-up; others claimed that hospital teams sometimes waited several hours before evacuating the dead from the rooms where they were interned; and others complained about the fact that old patients who had completed their treatment and at the end of their stay in hospital were put in the same rooms as new patients. This cohabitation was allegedly the cause of positive tests obtained by patients at the end of their treatment, which led to an extension of their stay in hospital for extra fourteen days with a new treatment.

These video testimonies caused such a controversy that the Head of State decided to visit the five largest hospitals in the capital himself to investigate the situation. This visit to the patients and staff of the health centres took place on Thursday 7 May 2020, when the country reached the figure of 863 confirmed cases of coronavirus. At the end of his visit to one of these hospitals, the Head of State was questioned by the patients from the windows of their hospital room. The images of these exchanges show patients talking about the deplorable conditions of their stay and medical care. They can also be seen shouting angrily that they are not getting enough to eat. Despite the plethora of issues that were raised on this occasion, it was the issue of patients' "hunger" that inflamed social media and public opinion. During the Council of Ministers meeting held the day after the presidential visit, the Head of State asked the ministers to propose solutions to the problems raised by patients and medical staff: among other things, better care for patients, improved catering, faster screening tests, payment of staff salaries and bonuses, and provision of protective suits and respirators.

Rumour of false declarations of Covid-19 deaths (May 2020)

During the first half of May 2020, a rumour spread in a video on social media about alleged issuances of false death certificates associated with Covid-19. The video showed individuals and families protesting against falsified death certificates for their deceased relatives. These certificates, allegedly issued by official medical structures, indicated that the patients had died of Covid-19, when they had clearly died of other diseases. In the days that followed the video, other families claimed to be victims of the same machination, creating a polemic that, day after day, spread rapidly on social media networks. The narratives reported cases such as that of a sick man who had died in hospital in the total indifference of the medical staff who had concluded, without any other form of examination, that he was a positive case of coronavirus. Or again, that of a person who died following an accident, whose corpse would have been extracted from the morgue to be registered as an additional victim of the coronavirus. Other rumours on the web and on the streets of Kinshasa began to mention the 'monetisation of corpses', claiming that in some medical facilities, families had been pressured, for a fee, to make false declarations of death as a result of Covid-19. On social media, fake news claimed that health structures in charge of the response to the pandemic were

12 For more information on the outcry over the French doctor's controversial interview, see https://www.france24.com/fr/20200403-tester-des-vaccins-en-afrique-toll%C3%A9-et-excuses-apr%C3%A8s-une-interview-pol%C3%A9mique.

"forcing people" to blame the death of a family member on Covid-19. The same rumours claimed that as the number of Covid-19 victims increased, so did the financial allocation from international donors to the DRC. The controversy spread so widely that it gained the attention of the Head of State, who asked the Minister of Health to investigate the allegations against the Congolese government's efforts to combat the Covid-19 pandemic. As the Minister had already commissioned an investigation into the matter a fortnight beforehand, the report of this investigation, presented on Saturday 16 May 2020, maintains that the allegations could not be verified by field investigations, as the people interviewed did not provide accurate and verifiable information regarding the origin of the information disseminated in this regard. The report also notes that the interviewees declared that since the bodies of the deceased were already buried, the story has passed, and they did not want to talk about it anymore. Furthermore, it argues that most of the messages circulating on the subject of false death certificate on the web were anonymous: the people who talked about it did not declare their identity, nor did they indicate their address or telephone number (Mfundu 2020). In conclusion the report stressed that the investigation was not able to decide on the veracity of the information on the 'monetisation' of corpses and the issuances of fake death certificates.

Scandal over alleged misappropriation of Covid-19 funds (July 2020)

In early July 2020, about three weeks before the lifting of the state of health emergency, a confidential memo from the Deputy Minister of Health, dated 29 June 2020 and addressed to the Prime Minister, was leaked on social media. The memo draws the attention of the Prime Minister to the "disastrous" management of funds allocated by the government and funds received from technical and financial partners to fight the Covid-19 pandemic. The memo also notes that the disbursement of the largest sums was signed by the Minister of Health alone, and points to the existence in the Ministry of Health of "solid mafia networks purposely created to embezzle these funds" and allegedly associated with "certain members of the cabinet", who demanded "retro-commissions of up to 35% from the structures receiving these funds". The deputy minister 'testifies that he was regularly pressured to sign certain documents that were considered to be of low priority and serve-serving', relating to purchase or payment orders for pharmaceutical products. The dissemination of this «highly confidential» memo on social media took place at the same time as a general strike, launched on Monday 6 July 2020 by health workers and staff dedicated to the Covid-19 response team, who had not received their salary for three months. After the dissemination of this memorandum and the controversy it generated, the Minister of Health filed a complaint against X for defamation, precisely for having been implicated in this document claiming the existence of 'mafia networks' organised to embezzle the funds allocated to the fight Covid-19 . Three weeks later, in mid-August, the affair resurfaced following an investigation commissioned by the head of state and carried out by the General Inspectorate of Finances . The new scandal broke publicly on Thursday 13 August 2020, when the Inspector General of Finance presented the results of the investigation, which explicitly implicated several senior officials, including members of the government. Judicial sources said that the Minister of Health and his colleague the Minister of Finance were among those suspected of financial malpractice, including overcharging for patient care and services. In September 2020, the Court of Cassation sent a request to the office of the National Assembly to lift the parliamentary immunity of the Minister of Health in order to authorise possible legal proceedings against him. The scandal made a lot of noise. On 10 September 2020, the president of the Observatory of Public Expenditure (ODEP) called on the Minister of Health to resign in view of the serious suspicions of corruption against him, and to make himself available to the courts . On Tuesday 25 August 2020, the Minister of Health held a press conference to clear his name of the charges against him and to provide an update on the management of the pandemic by his ministry. He began by asserting that there had been no misappropriation of funds allocated to the pandemic response, before giving an update on the medical management of the pandemic and the management of funds allocated to the fight against Covid-19. After presenting a detailed financial report on the use of the funds made available to the ministry, he concluded by saying that the funds allocated to Covid-19, from donors and from third parties, had been used both to fight Covid-19 at the Ministry of Health and to support all the country's social, health and economic sectors, whose normal functioning had been affected by the health crisis. Faced with this statement implicitly implicating them, the senior officials involved in the allocation of funds for the

response to the pandemic felt obliged to justify their financial management. Thus, the head of government defended himself by saying that he had released, from March to June 2020, more than $10 million USD for the response to the pandemic. The Chief Medical Officer for the pandemic response said he had managed just under $1.5 million USD since the first cases appeared, while the Minister of Health said he had only managed about $3 million USD. While this controversy was inflaming social media, health workers dedicated to the fight against the pandemic continued their strike that began in July over the non-payment of their salaries. While some called for the resignation of the Minister of Health, he did not resign and continued in his role in the Covid-19 pandemic response team, and the matter ended there (Mfundu 2020).

Controversies and pandemic risk denial

Several controversies largely amplified by social media have created confusion about the management of the pandemic and the existence of the coronavirus disease. These controversies have created not just a general feeling of mistrust among the population as to the real presence of the pandemic, but also have discredited the word of the government and health authorities about the risk associated with the pandemic.

Disastrous consequences of lockdown and social distancing on small-scale activities in the informal economy

With one of the lowest fatality rates, it is understandable that the coronavirus was not a priority for Congolese citizens. Indeed, during the year 2020, Congolese suffered less from the coronavirus than from the direct consequences of the health restriction measures on daily life and local economies. The threat of Covid-19 contamination was particularly relativised by the existence of other more immediate threats, including the risk of not being able to feed one's family. Indeed, the suddenness of the prevention measures- put in place during the state of emergency and the brutality of their application had direct consequences on daily survival, social inequalities, ways of living and inhabiting, social ties, etc. In addition to the restrictions on freedom of movement, the closure of the airport and the lack of access to public transport had a direct impact on the quality of life. In addition, the closure of borders and marketplaces and the disruption of economic activities created a major economic crisis. In response, the public authorities took measures to support economic activities, but these have only benefited companies in the 'formal' economy, particularly the large private sector companies that have been able to use their political influence. On the other hand, the small activities of the informal economy, which ensure the daily survival of the majority of the population, have been virtually "forgotten" by the state authorities .

Divided and unorganised, the groupings of informal producers have not been able to make themselves heard by the state (Fabiani & Theys 1987). As a result, the millions of people who live and survive on the small-scale activities of the informal economy have been violently affected by the impact of health restrictions and the closure of their workplaces. This 'neglect' of socio-economic support for the poorest, and therefore most vulnerable, people seems to us to be characteristic of slow violence, a 'slow violence' made up of mechanisms of necropolitical domination and power, which decide who can live protected by the state and who must die in indifference. The neglect of support for small-scale economic activities during the health crisis appears as an 'intentionality' in the power stakes that seem to assign certain fringes of society to death-worlds, i.e. 'death-worlds' in which their existence is both devalued and disempowered; social fringes whose lives do not really seem to have value (Medico & Wallach 2020), as evidenced by the containment of the Gombe commune in Kinshasa.

The lockdown of the Centre d'Affaires and the Grand marché

When the governor of the city of Kinshasa announced on 26 March 2020 that the entire city was to be sealed off for a period of four days, which was to come into effect on 28 March

2020, city dwellers had only 24 hours to shop and stock up on provisions . But as soon as the announcement was made, the prices of basic foodstuffs soared up to fourfold for some products. With the anger of the population faced with soaring prices and the rush to buy basic products, there was a risk of looting and riots, which forced the city authorities to reverse their decision and to strictly confine from 6 April 2020 only the commune of Gombe, where the Centre d'Affaires and the Grand marché are located. We should recall that it was from Gombe that the virus gradually spread to the other communes. But the confinement of Gombe has affected the entire urban population with important economic and social consequences. Indeed, this commune is the administrative and economic lung of the city. It is home to all the administrations and ministries, the business district and the city's largest supply market. Every morning in the city, the active population, i.e. hundreds of thousands of people, converge on the Centre d'Affaires and the Grand marché to carry out their activities and find the means for daily survival. The total confinement of the commune of Gombe for nearly three months had disastrous economic and social consequences. It must be said that the Grand marché is the most important 'business' in the city. Some 30,000 traders operate there daily and tens of thousands of informal workers gather around them to find a little money (Ayimpam 2014). Its closure and that of the business centre have plunged tens of thousands of people into greater insecurity. Despite being forced to stay at home, many traders in the main market have migrated to the street markets to try to find some money. However, while the epidemiological context required social distancing, we found that the street traders found themselves crowded together while the local residents took advantage of this to heavily 'tax' those who were installed in front of their plots. For the small traders, the risk of coronavirus infection came up against the much more immediate, known and feared "competing risk" of not being able to feed their families.

> *"With the state of emergency and the lockdown, when we were asked to stay at home, we couldn't do that, because we make our living from selling vegetables. When they asked us to stay at home, how did they want us to live with our children? Since for us, it is only by selling that we can find food [...] I had the impression that it was to make us sick, that we would catch malnutrition, Kwashiorkor, with our children! Did we have to die of hunger by staying at home? We were forced to work despite the ban to find ways to feed our families" [Fifi, market gardener and seller of vegetables and spices].*
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> *"To live during this period of crisis, it was very difficult. Maybe the authorities were doing very well, but for us resourceful people, things were not easy. As I am a tailor, some people bring me clothes for repair, so I can earn 500 FC, 1,000 FC to have a little rice to eat" [Papa Claude, tailor].*
>
> *"The security measures have led to losses of income with serious personal consequences for vulnerable people with low incomes, unstable and precarious jobs, and no social protection. I sometimes come to work and at the end of the day I return empty-handed. Even when clients call us to do a job, they don't pay us well because they too are not working any more; they too complain, they have no money" [Jadot, plumber, self-employed].*
>
> *"With the pandemic, in any case, we were unable to pay our rent, our income dropped sharply, it was death, we sometimes came to work for a whole day, but in the evening we had not even earned 1,000 FC for transport" [Maître Pépé, mechanic].*

As can be seen, the health risk that the authorities seek to manage is not necessarily the priority for everyone.

Consequences of lockdown and the need for daily survival

We can ask here, as we have elsewhere, how these people faced with the imperatives of everyday survival conceived of risk and represented danger to themselves (Ayimpam 2019, p. 169). Most of them did not seem to pay attention to the dangerousness of their practices, and seemed only concerned with the necessity of everyday survival. The risky practices of defying the restrictive measures that they have adopted are based on and justified by representations of danger and risk that are in total contradiction with those that underlie the formal logic of the health restriction measures. Moreover, during the state of health emergency, it was not uncommon to see public places that were supposed to be closed, such as food joints and refreshment bars, open clandestinely. Social distancing was not respected.

«For us bar managers, it was difficult. Money didn't circulate during the lockdown. People

preferred to buy food rather than drinks. In the meantime, we were not doing anything, especially as my business is not far from a police sub-station. We only went to our workplace to keep our equipment in good condition. We would sit down and hope that one or two customers would come and buy even a bottle so that we could buy food in turn, so we organised the sale of drinks behind the curtains, secretly. At the request of the customers, we set up a secret space so that we could sell. But coronavirus wiped us out. [Vaneck Treasure, pub owner]. The patronage, despite the ban, of the usual places of sociability also responded to the need to escape isolation or solitude. For some people, practising the form of their usual close socialising that meant choosing to take a 'substituted risk' for the risk of infection (Peretti-Watel et al. 2008: 40). Often, it was petty corruption that allowed the clandestine opening of certain normally closed places such as hotels. With the closure of all informal economic activities in the city centre, the police also saw their 'usual' income disappear.

> *citation=»The major consequence of the state of health emergency on our hotel sector and, in general, in the tourism sector, is the drop in customers. This was due to the closure of the borders and the stopping of other areas of activity. But, as you know, the hotel industry is also a question of short visits and of those who want to relax. So, we spent a lot of money by paying the police officers who allowed us to run the services during this time of the state of emergency. Do you understand?» [Manager, hotel owner].*

After two months of confinement of the Grand marché in Kinshasa, the small traders began to show their impatience. After a succession of unanswered appeals to the authorities, on 9 June 2020, they took the risk of breaking through the police barriers to start their activities. Scuffles with the police ensued, resulting in three victims among the protesters. The use of force was a 'chosen risk' by the traders, who were forced by lack of money during the lockdown, to signify that the impoverishment imposed on them had become intolerable. People understand and judge risks in terms of locally defined ethical values and concerns (Boholm 2003: 161).

Finally, after almost three months of containment, the commune of Gombe was deconfined on Monday 29 June 2020. In a city where more than 90% of the population depends on the informal economy for their daily lives, banning activity or restricting movement has created risks more serious than the pandemic itself. All those city dwellers who survive on hustling daily (Ayimpam 2014) are usually in fact living in a 'risky universe' (Le Breton 2002). Uncertainty is a familiar experiential domain of the existence of the most precarious while the others, the majority, live on the daily opportunities offered by the informal economy. They experience, both individually and collectively, 'suffered risks' (Zinn 2008) and exposure to 'familiar risks', predictable and immediately perceptible such as illness, impoverishment or violence, for example (Slovic 2000). This was precisely the case for informal workers and traders in the Gombe market and for all those who were deprived of income by the sudden interruption of their activity without compensation from the state. Those who feared above all the risks that the necropolitical measures posed to their living conditions opposed various forms of defiance, resistance or denial to the risk of coronavirus infection.

Denial of the pandemic risk

Dysfunctions in the communication strategy of the state authorities on the pandemic and on the authoritarian implementation of the preventive measures that we have just described have reinforced the general feeling of distrust that the civil society have towards the authorized statements of the state authorities on the "objective risk" of the coronavirus. This is evidenced by a survey indicating that one month after the start of the pandemic, the majority of Congolese no longer believed in the presence of the coronavirus. Yet in the first week after the announcement of the start of the pandemic, about 90% of the people believed in the existence of the pandemic, but after a month, only 30% believed.

> *"We wear masks, even though we are doubtful about the real existence of this disease here. For us, this disease does not exist. Because we have not seen any tangible evidence of this disease, not even on television, which has not shown any deaths from this coronavirus here" [Fifi, market gardener and seller of vegetables and spices].*

Not without reason, the coronavirus pandemic was perceived in working-class areas as the "disease of the rich", the "disease of the whites" or the disease of "those who travel", because,

indeed, the first cases were members of the government returning from missions abroad and citizens returning from Europe. The pandemic also highlighted the social fragmentation between social classes and, above all, the socio-spatial segregation between the rich in the central neighbourhoods and the poor in the peripheral neighbourhoods of the city of Kinshasa. Énoch Matondo, a journalist hospitalised at the University Clinics, says that the other patients "said that the disease did not exist, that they should not take the treatment, that it was dangerous". The hospital brought in psychologists to help doctors talk some sense into patients who remained in denial despite the symptoms. Many complained of being "deprived of their freedom" and asked to leave the hospital before their treatment ended.

The "infox" [fake news] spread by social media and picked up by the rumour-mill played a key role in the spread of false rumours and "collective narratives" that spread through the population like wildfire. With the omnipresence of social networks, the individual experience of risk has been 'delocalised' and 'relocalised' (Giddens 1991) in a permanent movement that now involves belonging to 'globalised communities of shared experience' (Bourdin 2003:19). 'Digital virality' lives up to its name. This is illustrated by a short video that could be seen in 2020 showing a young man studying in China, leaving the hospital cured of the coronavirus, who declared in substance: "Dear Africans, let's be proud of ourselves, let's be proud of our black skin, our blood which has very strong globules to fight against certain diseases". Chinese doctors around him confirmed that he had stayed alive because "he has black skin, the antibodies of a black person are three times stronger, powerful, and resistant than that of a white person". From then on, this rumour of a natural immunity of black populations to the coronavirus spread throughout Central Africa faster than the virus itself. Denials by the WHO's Director of Emergency Programmes that 'viruses know no borders and they don't care about your ethnicity, the colour of your skin or how much money you have in your bank account' have had little impact on the perceptions of people who are both targets and carriers of rumours and misinformation.

At the end of the state of health emergency on 22 July 2020, the Covid-19 pandemic in the DR Congo had recorded 8,626 cumulative cases, 4,790 recovered, 196 dead, and the remainder in care. In fact, five months after the start of the pandemic, Africa was still generally the continent least affected by the disease. If one considers the extent of the measures to restrict freedoms in the face of the statistical limitations of the threat, the disproportionality seems obvious. Even if the confinement *stricto sensu* was no longer renewed, certain security measures (curfew, barrier measures, wearing of protective masks, etc.) were maintained by the authorities and were only lifted on 14 February 2022. One cannot fail to be surprised by the disproportion between the possibility of a health threat whose effects have not really been seen, and the extent of the measures restricting public freedoms, which undermine the democratic principles of the rule of law (Agamben 2005).

Conclusion

During the state of health emergency in 2020, the strict confinement of the commune of Gombe in the city of Kinshasa, and the failure to take into account the way of life of the most vulnerable social categories, who live from day to day, attest, in our view, to the necropolitical nature of the restrictive measures taken by the public authorities. These measures have had the opposite and paradoxical effect of exposing tens of thousands of Kinshasa's inhabitants to the slow violence of 'competing risks', while increasing the vulnerability of millions of others to their 'familiar risks'. We are here at the antipodes of Michel Foucault's ideal of biopolitics, that of a peaceful and non-violent 'pastoral government'. Indeed, if biopolitics consists of 'making people live and letting them die', necropolitics consists rather of 'letting people live and making them die'. Thus, our analysis has shown that, as in other African countries, the health emergency has created an 'excruciating trade-off between saving lives or livelihoods or, in a worst-case scenario, saving people from the coronavirus and starving them to death', as the World Food Programme has so aptly put it. From this perspective, the governance of the health crisis can be said to have dramatically illustrated the notion of necropolitics, as defined by Achille Mbembe (2003), for whom the ultimate expression of sovereignty would include the power and capacity to dictate who can live and who must die.

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