"Let Them Stay There": COVID-19 and Zimbabwe's Indignation against Return Migrants and Travelers

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Abstract

This paper explains the indignation against and stigmatization of return migrants and travelers when Zimbabwe first recorded cases of COVID-19 in 2020. While xenophobic hatred toward foreign migrants enjoyed much media and scholarly attention, the similar risk faced by the return migrants and travelers among "their own" during the pandemic was largely left on the back burner. The paper uses secondary analysis of information from social media, government reports, media briefings, and public utterances of government officials to provide an explanation for the negative attitudes of locals against migrants at the height of COVID-19. The findings revealed that in times of change and dealing with uncertainty, there is a tendency to redraw boundary lines between in-groups and out-groups with negative consequences for those labeled as the out-group. For some time, the returnees were stigmatized as harbingers of the COVID-19 virus and viewed as troublesome and acting in an unreasonable manner, thus courting the indignation of local Zimbabweans. This paper lends support to the view that pandemics create fear, which results in the rejection and exclusion of ordinary members of the in-group. Perceived resource competition, resource scarcity, anxiety, and fear heightened the stigmatization of return migrants and travelers. To build back better from the negative effects of the pandemic, there is a need to review COVID-19 preventive measures, avoid reckless public pronouncements that stigmatize and stoke hatred for return migrants, and invest in the healthcare system.

Keywords: COVID-19, fear, indignation, return migrants, stigmatization, travelers

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INTRODUCTION

This paper addresses the plight of returning travelers (locals who had visited other countries) and return migrants (Zimbabweans who live and work in other countries) who found themselves in a difficult position at the height of the COVID-19 pandemic in 2020 and 2021. Zimbabweans returning from other countries were not only blamed for "importing" the disease but branded as irresponsibly spreading the disease among the "innocent" local communities. This paper analyzes the framing of the discourse of these two groups through their depiction in the social media, mainstream media, government reports, and media briefings. Using Zygmunt Bauman's (2007) views on in-groups and out-groups and the concept of existential fear, this study analyzes how the fear of the pandemic was offloaded on the returning traveler and migrant, because these were regarded as "substitute targets" who could be seen, controlled, ridiculed, and stigmatized, in place of the global virus that could not be seen or controlled and that had no known cure.

In the face of change, which the country could not stop and global processes necessitating the return of residents, which the country could not control, the Zimbabwean society vented its frustration on return migrants, who could be seen and talked with and whose movements could to some extent, be controlled. The anger of society offloaded onto these members of society may have been displaced anger against the pandemic, which could not be treated. The COVID-19 pandemic increased the vulnerability of the Zimbabwean society that was already reeling under a deteriorating economy. It revealed the tenuous nature of the claim to citizenship under conditions of national crisis and the shifting boundaries of belongingness to the nation as an imagined community (Anderson, 2006). Triandafyllidou (2022: 6) reiterates that the pandemic has pushed the boundaries of these different layers, blurring and redrawing their contours. The emergency has raised important clarification questions: where does the boundary between insiders and outsiders effectively lie, and who should be in or out?

The pandemic further strained the national health delivery system that had been declining for some time, much to the perturbation of Zimbabwe's political leadership and ordinary members of the public. The resentment of the locals manifested itself through stigmatization of the returning locals and migrants who were taunted for "leaving the country when it needed them most" and only "irresponsibly" returning to "infect the population of Zimbabwe." Such an attitude rendered returning migrants and travelers vulnerable to harassment and stigmatization and to some extent, needing protection.

There is a growing body of literature on the xenophobic attacks, stigmatization, and harassment of migrants for "importing the virus" into their host countries (see, for example, Guadagno, 2020). In Venezuela and in Central America, returnees "encounter prejudice, profiling and xenophobia when they re-enter their countries of origin" (Riggirozzi et al., 2020: 3). "Malawi had its first COVID-19 case on 02 April 2020, which was imported from India" (Nyasulu et al., 2021: 270). Zimbabwe's

first COVID-19 fatality was also a returnee (Murewanhema et al., 2020; Mashe et al., 2021). However, the literature has not revealed how Zimbabweans reacted to and viewed the rising influx of returning migrants during the height of the COVID-19 pandemic. It is important to determine the safety of return migrants in times of crisis. This study reveals that the Facebook, WhatsApp, and other social media platforms were awash with stories, illustrations, and images of the reception that some migrants had upon returning to their home countries. Much of the evidence indicates the hatred and the cold and unfriendly reception experienced by return migrants and travelers who were mostly viewed as carriers and super-spreaders of the much-dreaded COVID-19 virus.

METHOD

The views attributed to a senior Zimbabwean government official that COVID-19 was a disease of the white people and God's punishment of the United States of America (USA) for imposing economic sanctions on Zimbabwe (Mutsaka, 2020) were not only reckless but revealed reverse racism against whites and a visceral hatred of the West. While the president publicly criticized and distanced himself from those views as not representative of his government's view on the subject, people shared many conspiracy theories and widely different and often unscientifically verified explanations of the origin of COVID-19, how it is spread, and what factors predisposed one to catch the virus.

Since the discovery of the virus in China's Wuhan province toward the end of 2019 and the subsequent declaration of the health emergency as a pandemic by the Secretary General of the United Nations (UN) in March 2020 (Guterres, 2020), the first and almost instinctive recourse by national governments across the globe was to close their borders to international travel to and from risky destinations while imposing travel restrictions internally (Flores et al., 2022). "The concern that travelers increase the risk of COVID-19 contagion was and still is legitimate" (Triandafyllidou, 2022: 4) and remains a widely shared view globally (Riggirozzi et al., 2020). The British weekly newspaper, *The Guardian* (Mason et al., 2021), carried a story on Europe and Britain's near xenophobic reaction to the emergence of Omicron, a new variant of the COVID-19 virus, reportedly recently discovered in southern Africa, announcing travel bans on southern African nationals from entry into their countries while also imposing stringent quarantine measures on all returnees traveling from that region.

It is against this background that in Zimbabwe, like in many countries across the globe, the return migrants were quickly viewed as the "vectors" of the virus, whose every detail was publicized, much to the satisfaction of the information-hungry public. After the first COVID-19 case was reported in Zimbabwe, early daily statistical reports released by the Ministry of Health and Child Care (MoHCC) on the status of the pandemic fed into the already existing conspiracy theories about returnees being blameworthy for importing the virus into the country. In terms of the World Health Organization (WHO) protocols on contact tracing, there were

demands of every minute detail (including names) of the victims of COVID-19, who they had been with and when, all in the name of protection of the public (Salus Populi Suprema Lex) (Chirisa et al., 2021). This paper contends that much of the interest in the details of these early victims of COVID-19 was driven by fear as much as it also led to ambivalence and indignation against returning migrants.

The uncertain world we live in

Globalization and its associated social, economic, political, and technological processes challenge accepted and constitutive notions of national boundaries rendering societies open, insecure, risky, and unable to control situations at both societal and individual levels. Bauman (2007) notes how our society has bred risks, uncertainties, and dangers because of a sense of loss of control on most issues affecting individuals. These uncertainties and dangers have created fear and distrust among individuals while at the same time desperately trying to control those things or situations we think are within our control. Elaborating on this, Bauman (2007: 11) argues:

> We focus on things we can, or believe we can, or are assured that we can influence; we try to calculate and minimize the risk that we personally, or those nearest and dearest to us at that moment might fall victim to, the uncounted and uncountable dangers which the opaque world and its uncertain future are suspected to hold in store for us.

This attempt to focus on things individuals believe they can influence may mean trying to control the actions of those within their reach, such as the travelers and return migrants within the reach of societal public policy frameworks and in that way minimize risks of transmission of diseases such as global pandemics. The attempts to control, calculate, and minimize risks are driven by fear. Epidemics and pandemics have always been associated with fear (Eichelberger, 2007). This fear causes people to lash out against and seek to blame others (Dionne and Turkmen, 2020; Moreno-Barreneche, 2020; Hardy et al., 2021). The COVID-19 pandemic is not different. One way that societies have tried to cope with the fear of the pandemic is to ostracize and blame travelers and immigrants as the social others whose lifestyles have been judged as "dirty" (Onoma, 2021; Ang and Das, 2022).

COVID-19 and migrants globally

There is a clear existing body of knowledge on how migrants are subject to xenophobia, victimization, and racism in the destination country. Most societies, including those that pride themselves in being fair and tolerant, display different levels of discriminatory and xenophobic tendencies toward different groups of migrants who are perceived as harbingers of crime, violence, disease, competition, and different

forms of pollution (Nyamnjoh, 2006; Gorodzeisky and Semyonov, 2019; Ang and Das, 2022). COVID-19 increased the racism, stigma, xenophobia, and discrimination that already existed against migrants. In general, within the COVID-19 pandemic context, migrants have fared worse than natives of the host country because of the precarious and mostly low-level and informal work that they engage in. Migrants have been subjected to victimization and ridicule as importers of the COVID-19 virus regardless of whether they have recently traveled to their home countries or not (Reny and Barreto, 2022; Sharma et al., 2022). In some cases, this victimization culminated in vandalism of businesses belonging to migrants, ostracism on public transport and in other public places, and in their places of residence. Migrants of Asian origin have faced COVID-19-induced xenophobia throughout the globe, including in some Asian countries (Bofulin, 2021; Le Coz and Newland, 2021; Ang and Das, 2022). Africans have also been victims of COVID-19-related xenophobia. Nsono (2020) explains how African students were discriminated against in China. The International Organization for Migration (IOM, 2020) quotes the UN Secretary General describing a "tsunami of hate and xenophobia" unleashed on migrants during the COVID-19 pandemic resulting in some migrants losing their jobs and means of livelihood, rendering them vulnerable and insecure. Of interest to this paper is the xenophobic treatment that more than 200,000 Zimbabwean returnees (IOM, 2021) suffered on arrival in a country they called "home."

COVID-19 and return migration

Although there is increasing literature on return migration, authors generally bemoan the paucity of data on return and reintegration of migrants during the pandemic. They also highlight the need to clearly theorize return migration (Arowolo, 2002; Cassarino, 2004; Wickeramasekara, 2019; Owigo, 2022). There are different terms used to define migrants who return to their country of birth after having worked in another country for some time. Terms such as "returnees," "return emigrants," "voluntary return migrants," and "reverse migrants" are used in the literature and seem to describe the complex circumstances of migrants, such as whether the decision to return is voluntary or involuntary, and planned or unplanned (Cassarino, 2004; Desie et al., 2021; Efendi et al., 2021). Wickeramasekara (2019) laments that the concept of return migration is a "catch all" term.

When an individual's migration cycle is interrupted by factors beyond their control, such as natural disasters, they may decide to return. In such cases, the level of preparedness for returning is very low and the returning migrant is compelled to return by feelings of vulnerability, insecurity, and fear (Wickeramasekara, 2019; Desie et al., 2021; Martin and Bergmann, 2021); the decision to return is not fully voluntary. The simple IOM categorization of return as either voluntary or forced does not capture the complicated decisions taken by migrants during the COVID-19 pandemic (Di Martino, 2021). Martin and Bergmann (2021) suggest that migrants who return to their country of origin during the pandemic ought to be categorized

as "migrants in crisis." This paper considers the Zimbabweans who had been outside the country for different reasons and durations of time and were disrupted by COVID-19, as return migrants.

Scholars need to probe how migrants are perceived and received in their home countries when they return, as this affects their level of acceptability, the sustainability of the return (Owigo, 2022), and socio-economic integration. While there is literature pointing to perceptions of admiration, envy, and jealousy, there is also a need to realize that migrants may be met with stigma, as well as covert and overt hostility (Hungwe, 2012; Onoma, 2021; Owigo, 2022). During the COVID-19 pandemic, return migrants were subjected to discrimination and victimization in their countries of origin (Martin and Bergmann, 2021). Bofulin (2021: 2) observes that in China, migrants were told to "return [to] where they were coming from" and were blamed "for not participating in building the homeland but being the first to rush from far to harm it." Onoma (2021) captures how Senegalese returning from Europe were stigmatized as disease vectors. Martin and Bergmann (2021) explain how the international frameworks and guidelines on mobility were ignored, violated, and underutilized during the pandemic, as governments imposed travel restrictions. Le Coz and Newland (2021) summarize the complications of negotiating return and reintegration of migrants during the COVID-19 pandemic and suggest the need for more cooperation among countries. According to media reports, southern Africa became a target of ostracism by nations of the global North after the discovery of the Omicron variant of COVID-19 in that region in 2022. Western countries imposed travel bans against nationals from the whole region, whether or not there were confirmed cases of Omicron in their countries of origin. Yet Western countries did not adopt similar measures against Europeans or citizens from countries in other regions of the world where Omicron cases had been confirmed, such as Belgium, Turkey, Egypt, and Hong Kong (*The Guardian*, 2021). Former US president, Donald Trump infamously tweeted about the "Chinese virus" and coined the expression "Kung flu," obviously associating the COVID-19 pandemic with the Chinese (Kurilla, 2021).

Zimbabwe's migration trends: Causes and effects

Since before Zimbabwe's political independence in 1980 and thereafter and due to different social, political, and economic challenges, Zimbabweans have migrated to other countries. They migrated primarily within the southern African region (mainly South Africa, Botswana, Zambia, Malawi, and Mozambique – approximately 71 percent of Zimbabwean migrants) and globally to Europe and more specifically the UK (host to most Zimbabwean diasporans outside Africa), Australia, USA, and Asia (about 29 percent). The actual size of the Zimbabwean diasporan population remains a matter of conjecture, as different agencies often put forth very different and contradictory figures depending on the census method used or other ulterior motives (Nehanda Radio, September 6, 2022). However, what remains evident in most reports, is that there was a marked decline in the diasporan population after 2021 in the wake

of COVID-19-induced deportations from host countries. Zimbabwean migrants are a mix of middle-class skilled and semi-skilled professionals and lower-class poor and unskilled workers (Crush and Tevera, 2010; Crush et al., 2017; UNDESA, 2020).

That Zimbabwe acknowledges the positive economic development impact and potential of the Zimbabwean diaspora, became evident in the Zimbabwean president making "re-engagement meetings" with the Zimbabwean diaspora part of his international itinerary, promising investment opportunities back home under his much-vaunted "Zimbabwe is open for business" mantra. President Emmerson Mnangagwa holds this move as a radically different approach to the one by his predecessor, Robert Mugabe (Government of Zimbabwe, undated). Scholars have, however, revealed certain continuities between the "old" and the "new" governments (Helliker and Murisa, 2020; Nyamunda, 2021). But what is clear, is that the late former president of Zimbabwe openly attacked and humiliated the Zimbabwean diaspora, whom he not only accused of being sell-outs, but as people who groveled to former white masters by accepting low-status jobs far below their skills level (especially in Western countries) working in the care sector (McGregor, 2007). It must be acknowledged that even during Mugabe's rule, there were efforts to re-engage the diaspora through economic initiatives such as home-link, partnerships, and strategies to lure back the Zimbabweans. These had varying levels of success but may be judged to have largely been unsuccessful because the economic fundamentals deemed unattractive, had remained the same (Chikanda, 2011; IOM, 2011; Masengwe and Machingura, 2012).

DISCUSSION

COVID-19 in Zimbabwe

Just like the previous pandemics, COVID-19 is both "destroyer and teacher" (Tomes, 2010). In responding to COVID-19, Zimbabwe was guided by the WHO, which drew on long-standing elements of disease control that were learned from the previous pandemics. These control measures include the banning of gatherings, implementation of social distancing, and the quarantining and isolation of those suspected to be carriers of the virus, such as migrants and travelers.

The screening of travelers from COVID-19-affected countries started on January 22, 2020 in Zimbabwe. The country recorded its first case of COVID-19 on March 21, 2020. The individual involved was a returning Zimbabwean who had traveled to another country. Thus, when COVID-19 started in Zimbabwe, it was regarded as an imported disease. "The cases of COVID-19 were associated with in-bound travelers, mainly from the United Kingdom, United States of America, Dubai and contact cases of people who had travelled" (Chirisa et al. 2021: 2). On March 19, 2020, the Zimbabwe National Preparedness and Response Plan for COVID-19 was launched with an initial eight pillars of coordination, the creation of a national COVID-19 Response Task Force, and the formation of the Inter-Ministerial

Committee. The Permanent Secretary for the MoHCC led the overall high-level coordination and planning, working with permanent secretaries of other ministries in support of the Inter-Ministerial COVID-19 Task Force. There were weekly high-level coordination meetings scheduled on Tuesdays in the Emergency Operations Centre (UNOCHA, 2020). The COVID-19 pandemic was declared a national disaster by the Zimbabwean president on March 19, 2020, while the first 21-day national lockdown started on March 30, 2020 as promulgated by the Statutory Instrument (SI) 83 of 2020 (SI 83, 2020). Through the SI 83 of 2020, the government ordered that returning residents and Zimbabwean citizens be "detained, isolated or quarantined at any place" for 21 days. This order saw the authorities identify and prepare isolation and quarantine centers throughout the country. As a result, the government upgraded and refurbished some hospitals to function as isolation centers, while it identified some schools, colleges, and hotels as quarantine centers. The authorities also deemed self-quarantine at home a responsible action on the part of those who tested negative upon arrival.

While this official stance prevailed, the country witnessed a surge in numbers of returning migrants – mostly from neighboring regional countries. In April 2021, the IOM reported that about 200,000 Zimbabweans had returned from neighboring countries, mostly from South Africa, Botswana, and Malawi. For border communities, such as those in Beitbridge, Plumtree, and Chipinge, some returning migrants continued to use illegal "bush paths" to return home, while travelers made several trips to and from Zimbabwe, for purposes of trade or social ties such as funerals (Mangiza and Chakawa, 2021). The porous nature of the borders made it difficult to officially regulate cross-border travel of residents in Zimbabwe.

Southern African countries recorded high statistics of COVID-19 with South Africa, Zambia, Namibia, Mozambique, and Botswana in the top 100 affected countries (Worldometer, 2021). As of August 15, 2021, a situation report by the MoHCC indicated that Zimbabwe ranked sixth in southern Africa, with 120,088 cumulative cases of COVID-19, after South Africa (2,595,867), Zambia (201,867), Mozambique (137,413), Botswana (136,758), and Namibia (122,097) (Hungwe, 2022: 70). The first person to succumb to COVID-19 in Zimbabwe was a journalist who died on March 23, 2020 after returning from a trip to the USA. What followed was a flood of comments about his travels, some positive and others, mostly negative, describing the late journalist as somehow responsible for his death, with some even blaming him for intentionally spreading the disease (Mugabe, 2020).

What also became clear from the first fatality and the early patients of COVID-19, was that the country had inadequate resources to screen and test those who passed through entry points (Makurumidze, 2020). The designated hospitals and quarantine and isolation centers were also inadequately resourced to cater for people with COVID-19. Indications were that up to the point of the first fatality (and even well after), the country was ill-prepared to deal with COVID-19 patients in its hospitals and related institutions.

The very fact that the first victims of COVID-19 were Zimbabweans who had traveled to other countries for business or other reasons, gave an impression that the disease was related to those who travel beyond the borders of the country. Furthermore, the daily reports of statistics by both the WHO and national institutions, highlighting the number of "imported cases" intensified the stigma of the disease as attributable to those who travel. The Zimbabwean authorities disseminated information that discouraged people from traveling, receiving anyone from outside the borders, engaging in social mixing and mingling and instead required people to observe physical distancing, to be safe from the virus. In Zimbabwe, the overall response to COVID-19, the grasp of its origins, and the interpretation of how the disease was transmitted were heavily skewed toward returning migrants and travelers (Murewanhema et al., 2020), leading medical analysts to strongly associate the disease with travelers. The result was a convergence between prejudices and facts, creating "an environment in which returnees were suspected and accused of bringing the disease with them as 'super-spreaders'" (Mencutek, 2022: 197). Some ill-conceived and insensitive comments posted on social media platforms by senior government officials tended to reinforce the stigmatization and stereotyping of returnees. Permanent Secretary for the Ministry of Information, Nick Mangwana's Twitter account was very influential in fomenting the antagonism toward returnees, associating them with disease. It became the go-to source for most local news outlets looking for the government's official position on topical issues of the day. In fact, in 2021 a local newspaper quoted Mangwana as saying:

> And as a caring government, measures have been put in place to ensure that there is no repeat of last year's grim and grave scenario where the *contagion* caused hundreds of deaths. The idea is not to punish citizens. We do empathise with those citizens who have a critical need to come into the country at this critical point in time, but we have *a duty of care for every other citizen* and we have to make sure that *our system is not overwhelmed by disease*, therefore we have put filters and safeguards *to protect* the rest of the citizens (*Bulawayo24 News*, 2021, our emphasis).

The emphasized words, notably "contagion," "overwhelmed," and "disease" with reference to returnees, wittingly or unwittingly encouraged a sense of fear of migrants in members of the public. It is noteworthy that such negative feelings toward returnees as harbingers of COVID-19 were comparable to similar attitudes in other countries and regions of the world (Guadagno, 2020; Riggirozzi et al., 2020; Nyasulu et al., 2021; UNOHC, 2021). In this vein, therefore, migrants were deemed to pose a threat in the spread of COVID-19 (Chirisa et al., 2021) and thus began the stigmatization of returning migrants and travelers, putting these individuals at risk of public humiliation through social media and discrimination in other spaces. Win (2020) compares the stigma attached to COVID-19 victims to that of early victims

of HIV/AIDS. In contrast to the dominant narrative, the Minister of Information cautioned Zimbabweans against thinking that COVID-19 was a disease of the migrants and travelers, as she ended her national address on June 29, 2020 saying:

> My fellow Zimbabweans, as our positive cases rise, let us not become lax thinking that this virus is limited to returnees. We have to be vigilant and work collectively. Protective and preventative measures are there to assist us in combating COVID-19 (Sly Media Productions, 2020).

This was after she had detailed how quarantine and isolation centers would work to prevent transmission of the disease to locals and also how some non-compliant returnees were putting the communities at risk by violating isolation rules. The tweet below posted by the Permanent Secretary, Mangwana, on November 28, 2020 betrays a siege mentality against returnees who deserve to be treated as common criminals to be "rounded up":

> We are opening our land borders on Tuesday and naturally many are nervous about it. We need everyone to play by the rules otherwise we will have a catastrophe. Let's not be tone deaf. Covid19 is real. These pix show illegal crossers to/ex-SA rounded up for quarantining yesterday.

Such comments from a top government official who was supposed to know better aroused public angst and a very unsympathetic view of returnees as a health threat to the nation.

Why returning migrants aroused indignation during COVID-19

Locals also assumed that life (elsewhere) was easy and that the return migrants and travelers enjoyed themselves "there" and wanted to continue enjoying it "here." A tweet by someone called "MJ BITCH" on August 17, 2020 demonstrated this kind of thinking when they said:

> I'm still mad about Zororo Makamba and how he compromised SO MANY people. Apa (Shona word for "yet") he's been out and about in NY… (I don't) even feel sad for him coz nigga was a ZANU propaganda pusher. God really did her thang.

The above assertion is supported by much of the literature on reasons for migration that indicate that potential migrants think that life is better "there." The hostility is clearly manifest in the way locals caricature returning migrants through jokes about how migrants who visit Zimbabwe from South Africa engage in conspicuous consumption (Hungwe, 2012). Jokes about their acquired language and dressing styles indicate how locals resent attempts by returnees to upset the status quo.

Return migrants and travelers are assumed to have come back with so much money to afford recklessly enjoying themselves back "home." Comments on social media and newspaper articles on Zororo Makamba, such as the one by Mugabe (2020) that shows the places he visited in Zimbabwe soon after his arrival, reveal not only that Makamba did not abide by the 21-day requirement to self-isolate, but also the numerous public spaces including nightclubs that Makamba accessed because of his privileged networks. That made it difficult for the public to sympathize with his case when he was hospitalized. There were perceptions that he returned expecting to be treated better than the general populace who was "struggling here."

Dilapidated state of affairs

Quarantine centers

Return migrants were accommodated in teachers' training colleges (such as Belvedere and Mkoba teachers' colleges), schools, and hotels that functioned as quarantine centers. While the country seemed to have many quarantine centers (about 44 by July 2020), returnees raised concerns about the state of dilapidation and inadequate infrastructure (ZIMFACT, 2020). Other concerns included the lack of clear standard-operating procedures, proper personal protective equipment (PPE), overcrowding, sharing of amenities, and illicit sexual activities within the quarantine facilities, as Murewanhema (2021: 3) points out. Unfortunately, these conditions became a turn-off leading to "desertions" by some returnees who could not stomach the inhumane conditions in the centers, thus escaping into communities. Arrests and manhunts for some, and public shaming of the "deserters" became alternative routes to try and bring them back to the quarantine facilities. Stricter measures were suggested to deal with these "detainees." *The Chronicle* (2020) expressed great worry that about 225 people had escaped from quarantine centers across the country and "just" 29 had been arrested. There were suggestions for the police and other law-enforcement agencies to work harder and for the government to release more resources for use by these security agencies to enforce security and minimize cases of people escaping.

Reports of corruption and bribery involving security personnel at these centers did not help either. Additionally, there were numerous administrative blunders, including mixing of different cohorts and delayed release of results, which further complicated the situation, as returnees waited beyond 21 days without receiving their COVID-19 test results. All these factors combined to reveal a very bad picture of quarantine facilities and may thus have motivated the urge to bypass official routes, especially by poor returnees from neighboring countries. Speaking to *The Standard* newspaper about major challenges faced in quarantine facilities, some return migrants said:

> We had to find our own way to avoid starvation … Exposure to COVID-19 is high … We shared rooms with strangers whose history we didn't know …

> I wish they could give us basic stuff like sanitizers and masks (Cassim and Muzondo, 2020).

Government officials deliberately exaggerated returnees' responses and gave a hyperbolic caricature of returning migrants' demands. These statements were meant to gain sympathy from the locals by showing how "unreasonable" returning travelers and migrants were. Such statements fueled indignation against return migrants. One official said: "We can try to provide for them, but we cannot provide five-star facilities like hotels" (Burke and Chingono, 2020). Another official said:

> We cannot offer hotel facilities … For those who are able to pay, we put them in hotels and they pay for themselves … This is taxpayers' money and we have to be accountable, so we are providing basics at the quarantine centres (ibid, 2020).

These government officials seemed to have the support of some locals. For example, someone on Facebook commented: "I said it b4 that all quarantine centers must be guarded by heavily armed soldiers with machine guns and grenades. Other than that, we are finished." Another also vented their anger, stating: "We said it kuti dnt (that don't) allow them back but were called heartless ... look at us now ... *NGAVAGARE IKOKO*!! (Let them stay there!)"

This situation was common in other African countries like Malawi, Mozambique, and Kenya (Burke and Chingono, 2020) where lack of food and water in quarantine centers not only led to the spread of COVID-19 but affected return migrants negatively. In some cases, females did not have access to menstrual hygiene products in quarantine centers (UNOCHA, 2020). In extreme cases, returnees committed suicide (HRW, 2020).

State of hospitals

The general state of dilapidation of the health system in Zimbabwe is well documented (Gaidzanwa, 1999; Crush et al., 2017; Murewanhema, 2021). In most cases, it is this state of degeneration that has led to the high labor turnover and skills flight within the health services sector. The COVID-19 pandemic could not have come at a worse time for Zimbabwe. According to the United Nations Africa Renewal (2020), Zimbabwe's health sector is both fragile and underfunded. It employs about 1.6 physicians and 7.2 nurses for every 10,000 people – ratios that are well below WHO recommendations. Furthermore, this sector is frequently disrupted by strikes and industrial action by healthcare personnel; this is compounded by shortages of equipment, medicines, and sundries, including PPE (Murewanhema, 2021: 4).

The first hospital to be declared and used as an isolation center for COVID-19 patients, Wilkins Hospital, was not adequately prepared for it. This was laid bare by the much-publicized story of Zororo Makamba, the young journalist who was the

first Zimbabwean to succumb to the disease (his father is a member of the ruling ZANU PF party, and the family is believed to enjoy certain privileges because of this connection). When he was taken to Wilkins Hospital, the story unfolded as follows:

> Tawanda Makamba, a family spokesperson, said, "We then brought the ventilator on Sunday by 2pm and when we got here, because the portable ventilator had an American plug, they told us to get an adapter because they only had round sockets at the hospital. I then rushed to buy an adapter and came back, and they never used it, and when I asked why they were not using the ventilator, they said they had no sockets in his room. So, they didn't have medication, ventilators and we brought them a ventilator, and they didn't have sockets in his room. I told them that I had an extension cord and pleaded with them to use the cord, but they refused (Zvomuya, 2020).

The doctors' side of the story buttresses the view that there were inadequate resources set aside to cater for COVID-19 patients. The Harare City Council Health Director, Dr. Prosper Chonzi, said:

> All central hospitals refused to take him, even private hospitals refused, arguing that it was an infectious case that should be attended to at an isolation centre. This was despite the fact that Wilkins is administered by Harare City Council and has not received any financial resources from central government to upgrade the facility to an ideal isolation centre. As part of our upgrading, we have reserved seven ICU beds with provision for ventilators and we are still mobilizing to get equipment for those beds. Out of the US$6.7 million which we requested for COVID-19 response, we were only given $100,000, which is yet to reflect in our account. We were given an unfunded mandate. By declaring the outbreak a national emergency, we expected financial assistance to upgrade the facility to an ideal isolation centre. Now it's appearing as if COVID-19 is a Harare City Council responsibility (Chipunza, 2020).

This reality prevailed despite the fact that the Minister of Health and Child Care had earlier on (March 2, 2020) insisted that Zimbabwe was 100% prepared to deal with the coronavirus (Madziwa, 2020).

The story of Sakudya (a returning traveler) and his family in Ruwa, Harare reported by Everson Mushava (2020) in *The Standard* newspaper, also depicts a situation of a health institution that was not ready to handle COVID-19 cases. When Sakudya arrived at the hospital, nurses ran away from him and he was referred from one hospital to another until he opted to recover from home. Commenting on the nurses' reaction, he said: "The way they dispersed was as if there were 10 hungry lions released from the ambulance. Imagine, yet I am just a human being. I thought I would die." Moreover, the way his family members' results were handled

also showed that the country had not yet developed mechanisms to ensure privacy and confidentiality. Besides the results being delayed by several hours, they were first revealed to the social media before the patients had been informed individually. After recovery, Sakudya still felt residual stigmatization, saying:

> Some people somehow think I still have residue of the virus. I heard one person referring to my road as "Corona road," and some people now avoid the road altogether. It hurts, but I have to be mature and accept it.

The case of the Sakudya family revealed the effects of the lack of resources and the inadequate training among health workers, leading to their reluctance to handle COVID-19 patients. Stigmatization within the community also affected the family of this returning traveler, lending support to Makurumidze's (2020) recommendation to deal with the mental health implications of stigma.

CONCLUSIONS AND RECOMMENDATIONS

Return migrants aroused indignation among locals because the returnees had been exposed to better circumstances elsewhere and expected that local standards be raised to match circumstances existing elsewhere. Returnees aroused anxiety because they "asked too many questions" about the status quo and "such questions are viewed as offences and subversions" (Bauman and May, 2001: 37). When they demanded water, better food, and appropriate treatment in quarantine centers, they pricked the conscience of the local officials who were already aware of the inadequacies of the status quo.

Pandemics are known for revealing gaps in the health systems and that is how they prompt administrations to improve (Tomes, 2010; El-Sadr, 2020). The return migrants and travelers "forced" Zimbabwe to look at its image in the mirror, and government officials did not like what they saw. The dilapidation had been taking place for some time and the country had accepted it as the status quo. The pandemic caused extreme discomfort, tensions, and suffering in the society. Because the virus could not be seen and dealt with, the frustration was offloaded onto returning residents who could be seen, touched, and contained. Notwithstanding the pandemic, there have always been ambivalent relations between migrant and non-migrant Zimbabweans. History and the literature also indicate that in times of change and dealing with uncertainty, there is a tendency to redraw boundary lines between in-groups and out-groups with negative consequences for those labeled as the out-group. For some time, the returnees were stigmatized as harbingers of the virus and viewed as troublesome and acting in an unreasonable manner, thus courting the indignation of local Zimbabweans.

Return migrants, known for their conspicuous consumption, elicited ambivalent feelings of hatred, envy, and admiration among non-migrants who perceived them variously as role models before the pandemic, and irresponsible

spreaders of COVID-19 during the pandemic. The argument sustained throughout this paper is that, to some extent, during the COVID-19 pandemic, return migrants were viewed as the out-group and branded as problematic, whereas the non-migrants were regarded as the in-group who were in danger of being "contaminated" by the returnees.

Going forward and taking cues from previous pandemics, it is important to involve communities, including the migrants, in designing responses to pandemics (El-Sadr, 2020; Mencutek, 2022). The United Nations Office of the High Commissioner (UNOHC, 2020) further encourages that beyond being included in national response, return migrants should have access to social protection and recovery strategies without discrimination; they should also be protected against stigma and exclusion in the private and public spheres. Health education is necessary to dispel myths and conspiracy theories. It is also important to pay attention to mental health issues, as pandemics cause fear (Eichelberger, 2007; Dionne and Turkmen, 2020; Ornell et al., 2020; Hardy et al., 2021).

Poverty makes it difficult for African countries to protect their citizens against COVID-19 (Muller-Mahn and Kioko, 2021). To reduce the competition and in line with the views of Taslakian et al. (2022), this study recommends that Zimbabwean migrants assist in the improvement and upgrading of the Zimbabwean healthcare systems. Migrants can use their human, social, and financial capital to assist their country of birth. To encourage the migrants to invest in Zimbabwe, communication channels must be opened with frank and transparent conversations about how migrants can be part of the country's development agenda. Zimbabweans need to believe that they can trust their government institutions that are currently perceived to be riddled with corruption, mismanagement, and economic ills (Helliker and Murisa, 2020; Shumba et al., 2020; Makombe, 2021; Nyamunda 2021).

Another recommendation is that of circumspect language use as a powerful tool to organize thoughts. The use of words such as "detainees," "deserters," and "inmates" (language that criminalizes and reveals the securitization of the nation's COVID-19 response) to refer to return migrants and travelers who were accommodated in quarantine and isolation centers may have conjured up negative images about how these people ought to be treated, leading to indignation against them.

Lack of adequate resources and facilities combined with fear and perceived competition for scarce resources created a situation where return migrants and travelers became vulnerable to hatred from locals and government officials who would have preferred that the migrants remained where they were, rather than returning to Zimbabwe. The fact that the quarantine and isolation centers and hospitals had little to offer, unsettled both the return migrants and travelers and the non-migrant Zimbabwean population. Dealing with an unknown virus in a situation of poverty pitted the migrant and non-migrant groups against each other, drawing a sharp line between those who belong and those who do not. The travelers and return migrants became easy scapegoats in a country reeling from long-standing

economic challenges. In these situations, it was easy to identify the return migrants as "problematic" and unsettling, preferring that they "stay there rather than come here."

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