REVIEW

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COVID-19 in Senegal: Exploring the Historical Context

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ABSTRACT
While many academics and popular journalists have recently addressed historical epidemics in the context of COVID-19, much of this literature concerns the history of former colonial powers rather than the history of formerly colonized states. This review finds that the French colonial regime frequently used disease as a means to exert its increased political power over the people of the Senegal. Primary sources, analyses of colonialism and disease in Senegal and current popular media reveal that post-colonial successes in managing epidemic disease, contrasted with colonial-era racialization of rampant disease, is likely shaping the Senegalese government's response to the COVID-19 pandemic.

KEY WORDS COVID-19, Senegal, Colonialism

INTRODUCTION

Senegal's complex, multi-staged history has in modernity been marked by multiple disease outbreaks. During the colonial era, French fears of disease were used as a means for enforcing residential segregation in the cities of Saint Louis and Dakar and subjugating the African population's religious practices. Following independence, the Senegalese government has managed the HIV/AIDS epidemic[1] and Ebola crisis[2] of the mid-2010s, both of which have not established a strong foothold in the country. The legacy of colonial failures and postcolonial successes has resulted in a Senegalese response to the COVID-19 pandemic marked by a political rejection of European guidance. However, the urban and rural poor are facing the brunt of economic shutdown, food shortages, and lack of effective, accessible healthcare during the pandemic.[3, 4]

Senegal, home to roughly 15.7 million people of diverse ethnic groups, is located on the northwest Atlantic coast of Africa. Its population is relatively young and rural, though the urban core surrounding the capital, Dakar, is growing. Health expenditures make up 5.5% of the GDP, and the health system is heavily supported by external aid sources.[5] The Senegambia region's unique culture originates in a history of varied rulers and outside influences. The earliest sources describe the ten-century rule of the Empire of Ghana from the 3rd to 13th century, during which time the trans-Saharan slave trade began, followed by the new Empire of Mali in the 14th century, which introduced Islam to the region. The Jolof Empire of the 15th century introduced both rule by the Wolof (today the dominant ethnic and cultural group in Senegal) and the coming of Europeans to begin the trans-Atlantic slave trade. It was followed by the independence of many small kingdoms in 1549 that reinforces today's language and ethnic diversity.[6] The trans-Atlantic slave trade, which ended in 1850, overlapped with the advent of French colonization of West Africa in the mid-17th century. The slave trade was administered principally in four communes beginning in 1885: Saint Louis, Gorée Island, Rufisque, and Dakar, all today part of Senegal. In 1959, the region was granted independence, and Senegal became a state in 1960.[7] Since 1960, Senegal has enjoyed

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relative political stability and peace despite a fluid constitution, separatist conflict in the southern Casamance region, and continued economic domination by France.

METHODS

A search of several databases was conducted with the goal of identifying sources focused on historic epidemic and pandemic responses in Senegal, particularly the elements of those responses related to colonialism and neo-colonialism. Sources were identified using keyword and topic searches of the Web of Science Core Collection, the ProQuest Biological Science Core Collection, Google Scholar, the ProQuest Dissertations and Theses Global Database, and JSTOR. Keywords used in these searches included "Senegal," "West Africa," "epidemic OR pandemic OR outbreak" (as well as the French "Epidémie OR Pandémie"), "disease," "history," and "colonial*." The search term "segregation" was added after initial searches illustrated the relevance of colonial segregation. Some historical sources were identified as citations within the bibliographies of previously selected sources. Sources describing the 2020 COVID-19 pandemic were identified on English and French-language laymen's news outlets and on Senegalese government websites.

Relevant sources addressing historic management of disease in Senegal were identified by title and selected for further consideration by abstract. Sources from 2020 were identified by the author through close attention to news media covering the COVID-19 pandemic in Senegal. Final inclusion of both research and news media was dependent upon the author's subjective determination of each work's quality and fit within the review narrative.

LITERATURE REVIEW

Mysticism as a Response to Illness in Pre-Colonial West Africa

Relatively few resources describe disease outbreaks in pre-colonial West Africa. However, biological evidence provides some clues. Webb notes that the Duffy antigen negativity gene, which protects against malaria of the species *Plasmodium vivax*, likely emerged thousands of years ago, at a time when the malaria burden of disease was adequately heavy in West and West Central Africa to favor the gene's survival.[8] However, viral diseases, which require a higher population density in order to cause an outbreak, were relatively uncommon in West Africa until the colonial period, as isolated village life did not allow for their proliferation.[9] Disease treatment prior to the arrival of Western medicine is not well understood by Western scholars, though the mystic practices of today's Sufi Muslims provide clues about the centuries prior to European arrival. Sufi Islam is not a sect (as are Sunni and Shiite Islam), but instead a method of religious practice primarily focused on mysticism and relationship with the divine. In Senegal, Sufi Muslims often belong to brotherhoods or *confréries* led by cheikhs and marabouts. Followers visit a marabout for spiritual guidance and frequently use amulets or rituals to protect from calamity and provide good fortune.[10] In this way, modern Senegalese Muslims often blend Islamic beliefs with traditional cultural beliefs; applying deeply-rooted maraboutic rituals to the "right to life and preservation of physical integrity" expressed in the 13th century Manden Charter of the Empire of Mali.[11] These long-standing cultural practices point to the importance of mysticism in healing prior to the arrival of Europeans, who brought with them the miasma theory, which emphasized the importance of sanitation in preventing disease.

Disease Control as a Method of Colonial Subjugation

Early Interactions between French Physicians and Indigenous Villages

The French, the dominant colonial power in West Africa and the Senegambia region, used epidemic disease as a means for social control and a justification of residential segregation; thus, disease outbreaks deepened hostilities between the French colonizers and the colonized peoples of Senegal. Records of epidemics in French West Africa improved after the establishment of the four communes in 1885. Christopher Hayden describes the smallpox epidemic of 1887-88 as the first comprehensively recorded outbreak, which killed 2.88% of the recorded population in the colony, though earlier records indicate an outbreak as early as 1840.[12] Tightly intertwined with this first record of a smallpox epidemic are the first accounts of villager unrest and distrust toward the European medical community; the village chief of Sor was reportedly intent upon concealing cases from French doctors and refusing them entry into the village. At this time, indigenous medical practices for the treatment of smallpox included variolation, plunging the body into hot sand, and using herbal infusions, which European doctors considered with interest.

The "comités d'hygiene": Formation of a Public Health System to "Sanitize" the Dakarois

However, this European interest in African methods apparently did not extend to trust in their efficacy. With the recent devastating smallpox epidemic still in mind, the *comités d'hygiene* were created in 1897, forming a "roadmap for administering public health in French West Africa." These committees were explicitly authorized to "improve the sanitary situation of colonial populations" and destroy "dangerous and unsanitary houses, or non-compliant dwellings," which most frequently meant African huts and neighborhoods, with minimal input from the local population—this was before the era of Blaise Diagne and similar Senegalese leaders in the French colonial government, so the indigenous population had little say in governance. In 1905, the program *Assistance Médicale Indigène* began with the purpose of improving the health of subjects in French West Africa; however, its unjust structure offered no financial compensation for the actions it demanded: daily canal cleanings, stagnant water removal, disinfections, and mandatory reporting of certain diseases. Instead, fines were charged for non-compliance.[13]

A bubonic plague epidemic in 1914 heralded an era of the explicit institution of segregation and similar policies meant to separate "unsanitary" Africans from their "sanitary" colonizers. In Dakar, the outbreak lasted from April 1914 to January 1915. The police used force to burn huts, vaccinate the "Dakarois" (indigenous) population, form quarantine camps, and build two *cordons sanitaires*, physical barriers across which Europeans could cross freely but the Dakarois could not.[14] Notably, the second and more strictly enforced of these two barriers lasted well past the 1914 outbreak and permanently separated Dakar-ville, the European neighborhood, and the Médina, the *quartier indigène*. At this time, laws requiring that homes in Dakar-ville be built of durable material were introduced (under the pretense of sanitation), another measure that forced the Dakarois "unwilling or unable to afford" homes of durable material to relocate into the Médina, far from the European population.[13] Blaise Diagne, a black citizen of the commune of Gorée, gained political power at this time as a recruiter of *tirailleurs* for the French Army, and he was active in efforts to control and appease the Lébu, original inhabitants of the Cap-Vert peninsula on which Dakar sits. This group was perhaps the most affected by hut-burnings and by the French refusal to respect their desired Muslim burial rites, and Lébu women responded during the crisis by refusing to sell goods to Europeans.[14] As the colonial government's actions played out, the Lébu and other groups living in Dakar felt the sting of hut burnings, forced relocation, and the disproportionate number of deaths among African subjects. Suspicions of conspiracy were aroused to the detriment of legitimate public health interventions, such as vaccination, which many refused.[13]

Modern Health Development as a means to Control Religious Expression

Following the First World War, with medical distrust more firmly planted as a barrier between colonial Europeans and West Africans, the French pivoted toward a "modern" conception of health development. The *Assistance Médicale Indigène* program was realigned to a system that emphasized education and prevention; however, the "goal" of the program reflected its true racial bias: to "increase the native races in quality and quantity," presumably to a European standard.[13] It was in this same period that the colonial government began more closely regulating the Hajj pilgrimage made by many of its subjects. Primarily based in preventing cholera outbreaks and other infectious disease incidents (common among returning pilgrims), these new regulations were also used to prevent "militant Muslims" from the West African region from coordinating with others for actions against or emigration from the French empire. By regulating pilgrimages to Mecca through the 1950s, French leaders were also able to regulate the movements of the marabouts and cheikhs to prevent them from disseminating subversive ideas to their followers.[13]

Over time, the biased management of disease and sanitation, conducted under the assumption that villages and their inhabitants were dirty and unsanitary, made disease itself a point of conflict between the colonial government and its subjects, and between white Europeans and black Africans. In attempting to prevent the spread of disease via the *cordons sanitaires*, the authorities crippled economic and social interdependence between the two groups, splitting the city in half. In attempting to prevent outbreaks initiated by returning pilgrims, the colonial government cemented itself as a hindrance and nuisance to the practice of Islam among the Senegalese. These examples exhibit why a plague outbreak in Saint Louis in 1917 resulted in significant physical and ideological conflict between the colonial administration and residents of peri-urban villages[15]; historically during outbreaks of disease, the colonial government made little effort to preserve the rights and property of the original residents of French West Africa. Thus, even concessions by the public health authorities to apply disease-mitigating strategies in a relatively culturally sound manner were not accepted by village leaders who felt their communities were being unfairly targeted.[15] The experience of various African people groups living in the Senegal

region during the French imperial era was not a unique one; the International Sanitary Conventions and later the World Health Organization reinforced strategies that treated "colonial spaces and bodies" as threats to international trade and European health.[16] White argues that these policies, which maximized control of health threats originating in the colonies while understating the threat of outbreaks originating in Europe, can be explained by Said's Orientalism theory separating the "Occident" as superior to a mysterious and dangerous "Orient," justifying the application of extreme social control measures on the colonies.[16]

Management of Contagion Following Independence

The racialization and regionalization of disease threat persists into the post-colonial era, in which the Senegalese government and various multinational, binational, and non-governmental organizations work in Senegal to mitigate the spread of epidemic diseases. The Hajj pilgrimage, a religious voyage to the Holy City of Mecca considered a fundamental part of the practice of Islam, continued to be specifically and closely monitored by the global health authorities as outlined in the International Health Regulations until 1969, 10 years after the independence of most of French West Africa. The Senegalese government maintains an administrative and a medical commission to oversee the Hajj today, mimicking the colonial system—though not entirely effectively, as many Hajj pilgrims find ways around the *Certificat Médical d'Aptitude* system, dying in Mecca of pre-existing health conditions rather than infectious disease.[16]

HIV/AIDS and Ebola in Senegal

Despite this increasing role of non-communicable disease in the health profile of the Senegalese, infectious disease remains a priority of the Senegalese Ministry of Health—and rightfully so. Alongside endemic neglected tropical diseases, tuberculosis, and malaria, Senegal has dealt with both the HIV/AIDS global pandemic and the West African Ebola epidemic of 2014-16. Senegal benefits from a relatively low HIV prevalence when compared to other sub-Saharan African countries; Lalou and Piché found that despite an internationally mobile population, HIV remains uncommon in Senegal in part due to similar sexual behaviors in both non-migrant and migrant groups, as well as the already well-known factors of low ulcerative STD prevalence, strong Islamic influence on sexual behaviors, and an early mobilization of the Senegalese government against the disease.[1] However, preventing the spread of HIV/AIDS is difficult in the Senegalese context due to the stigmatization of seropositive persons for perceived inappropriate sexual behaviors. In trying to shift to an approach that engages seropositive persons, the government has struggled to balance respecting the human rights of patients while acting in the interest of public health.[17] A European legacy of non-consideration for the cultural and religious needs of the Senegalese people in the context of epidemic disease amplifies this struggle. The more acute Ebola crisis of the mid-2010s, though devastating in neighboring Guinea, was not significant in Senegal. Bell et. al. reported a final count of 28,616 cases and 11,310 deaths in Guinea, Liberia, and Sierra Leone, the three most affected countries.[18] In Senegal, only a single imported case was reported, with no local transmission. In this case, the locally led response was swift and focused on community-integrated health education, building trust and cooperation in patient contacts held under observation as well as the wider community.[2] This recent success in Senegal provides hope for the government's efficacy in handling the current COVID-19 pandemic.

COVID-19 in Senegal

As reported by the Senegalese government, Senegal is not yet facing a heavy burden of disease from COVID-19; however, the economic and social impacts of the disease are far reaching. On April 17th, 2020, Macky Sall, president of Senegal, stated that his country's then 342 cases did not represent an underestimation, but that the small number of cases was due to well-prepared hospitals and a younger population.[19] However, by the 26th of April, daily new cases had increased, and the number of cases reached 671, almost double the count of 9 days prior.[3] Senegal took actions now common around the world in order to manage the outbreak, including border closures and the instatement of a confinement order that limits commercial activity. Food aid distribution was distributed, shops were closed, and a graffiti collective painted educational murals on Dakar walls in order to reach the illiterate population.[20,21] In a country where the informal economy of street-selling and domestic work supplies the majority of revenue for the urban poor, an extended shutdown is devastating. For the many street children and migrant beggars who depend on the generosity of pedestrians for food and other daily needs in Dakar, quiet streets may mean a death sentence.[4]

DISCUSSION

Early discussions of the COVID-19 pandemic's international impacts tended to paint the virus's propagation in Africa as an inevitable catastrophe, with Melinda Gates publicly predicting "bodies on the streets" in Africa.[22]

This public doubt in African states' abilities to control the COVID-19 pandemic parallels French doubts about the sanitation of Senegalese settlements in the face of smallpox and bubonic plague in the late 19th and early 20th centuries. However, with 60 years of experience as an independent state in 2020, the Senegalese government acted preemptively to protect its citizens and avoid French domination of the pandemic response.

On April 14th, the Ministry of Health announced nationwide school closures and a ban on public gatherings.[23] This early, national action in place of regional closures (such as in China, where the city of Wuhan was separated from the rest of the nation), avoided the establishment of lines separating the privileged from the poor, similar to the *cordons sanitaires* of the 1914-1915 bubonic plague epidemic. These early closures also avoided complete shutdown, preserving much of the informal activity that makes up a large part of the Senegalese economy.[19] Around the same time, the Pasteur Institute in Dakar developed a $1 rapid test for COVID-19[24], bringing the Senegalese research institute into the global spotlight and increasing the nation's capacity to perform accurate disease surveillance. The effort to produce this test independently of European laboratories allows the Pasteur Institute to address pertinent sub-Saharan African issues of cost and rural access. With relative success using domestic measures to control the Ebola epidemic and the HIV/AIDS pandemic within Senegal, there is good reason to be hopeful about the Senegalese government's ability to successfully tackle the COVID-19 pandemic.

On the international stage, Macky Sall has chosen to leverage the COVID-19 pandemic as a means to escape economic domination by international powers. In early April he called for the cancellation of African debt to allow for spending on effective measures against COVID-19.[25] As interest payments made up 11% of government expenses in 2018, reduction of public debt could free up billions of dollars for endogenous development measures in Senegal.[26] Countries dependent on external funding, whether bilateral or multilateral, lack the financial independence to be truly free from neo-colonial influences. While much of West Africa is moving toward the more independent ECOWAS currency (as opposed to the current Euro-backed French CFA), true economic independence will be impossible while massive debts are owed. By utilizing the COVID-19 pandemic to push for independence from neo-colonialist economic practices, the Senegalese government is turning the history of colonial expansions of power during epidemics on its head.

CONCLUSION

In the context of Senegal's large informal economy and street population, Sall's hesitance to approach economic shutdown quickly and rashly is sensical.[19] His distrust for the response of outside powers is evident; he is determined to approach a confinement order in a Senegalese manner. Furthermore, despite evidence against the use of hydroxychloroquine in coronavirus patients, its use continues in Senegal, where Macky Sall claims that the benefits outweigh the risks for his population.[19] If past epidemic containment measures have failed due to Europeans' insistence on culturally inappropriate enforcement, Sall seems determined to succeed by constructing a more context-specific set of policies. The most striking expression of this desired independence from French neo-colonialism is Macky Sall's demand for relief from the African debt crisis during the pandemic.[19] The primary purpose for a debt moratorium for African countries during the pandemic is the diversion of resources toward the public health response; the underlying motive leverages the COVID-19 crisis to protest unjust lending practices and the undue influence of the French government over the Senegalese economy via their endorsement of the French CFA. In this way, Macky Sall's early response to the pandemic is another point on a long timeline of epidemics that have created environments ripe for the protests of the colonized to be heard and heeded.

In the short term, such demands for economic relief by way of debt moratorium will likely have little effect on the lives of the poor in Senegal. The protests of the Lébu during the 1914 plague outbreak and the resistance of the inhabitants of Saint Louis in 1917 did little to discourage the discriminatory sanitation practices of the French. However, their refusal to stand silent in oppression laid the cultural groundwork that Macky Sall stands upon today, using the dissatisfaction stirred up by a global pandemic to push for the long sought-after goal of debt annulment. If the West African region can withstand the onslaught of COVID-19, the changed world after cases subside may provide a political environment ripe for Senegal to push harder for true independence from France. In the interim, every decision made by the Senegalese government must focus on lives saved, or there will be no way forward.

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