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Affective Politics of Care during COVID-19: Feminist Views of Political Discourses and Intersectional Inequalities in Mali

Syntia Hasenöhl *

Abstract: »Affektive Politiken der Sorge während COVID-19: Feministische Blickwinkel auf Politische Diskurse und intersektionale Ungleichheiten in Mali«. Contrary to many African states' restrictive COVID-19 measures in the first half of 2020, which had severe socio-economic and political effects, the Malian government appeared more moderate in its fight against the pandemic and even introduced social measures to alleviate the effects of COVID-19 (measures). However, increasing anti-government protests still culminated in a military coup in August 2020. In order to shed light on government communication during that time as one factor in this paradox, this article focuses on the politics of care constructed by the Malian political elite between March and August 2020. The article uses an affective-discursive approach to analyse government communications and contrasts them with a feminist view of associations, NGOs, and activists. It shows that postcolonial, capitalist, and gendered path dependencies have decreased opportunities for care from the Malian state and increased the intersectional vulnerabilities of Malians to COVID-19 measures. In addition, the article demonstrates how the affective politics of domestic and international care that were maintained through the presidential discourse used securitisation and solidarity to construct subject positions that, however, incorporate rather than challenge the aforementioned inequalities.

Keywords: Affect, care, intersectionality, political discourse, Mali, (West) Africa, affective politics, COVID-19, power relations, pandemic.

1. Introduction¹

Covid-19 is accentuating and heightening pre-existing inequalities, forms of exclusion, and poverty while also increasing risks and vulnerabilities linked to war, displacement as well as various forms of preexisting marginalization. (Al-Ali 2020, 334)

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In the first half of 2020, the African continent was the last region to be reached by the COVID-19 pandemic. Despite relatively low rates of infection and morbidity, African societies struggled immensely with COVID-19 measures. Having taken the vulnerability of African societies into account, governments quickly implemented strict measures to limit the spread of the virus because of factors including underfunded health sectors and co-occurring constraints imposed by other severe diseases like malaria and HIV/AIDS. These measures included travel bans, curfews, closing schools, and banning social gatherings and markedly increased food insecurity, economic hardship, and state and gender-based violence (Amadasun 2020; Divala et al. 2020; Loembé et al. 2020; Lone and Ahmad 2020). Titus Divala et al., thus, suggest “it is plausible that lives lost to lockdown could exceed those saved from COVID-19” (Divala et al. 2020, 1611).

These observations align with feminist inquiries that highlight the pandemic’s differential effects, since social groups have different opportunities to protect themselves, experience different risks of infection, and suffer differently under containment measures, depending on their intersectional positioning (Al-Ali 2020; Zarkov 2020). In addition, Nadjé Al-Ali observes that authoritarian, masculinist, and nationalist politics rose following the pandemic (Al-Ali 2020, 339f). This paper therefore departs from the postulation that it is not only the virus that affects people differently, but also measures taken against it. More precisely, by presuming that language and social power relations are interdependently connected, this paper demonstrates how COVID-19 measures are communicated in inclusive or exclusive ways to legitimise or counter their intersectional effects.

This article addresses these communications and the effects of the COVID-19 measures within the Malian context, as the West African country exemplifies how national political legitimacy and intersectional relations are negotiated during pandemics. Unlike the repressive manner in which many African states executed strict COVID-19 measures, the Malian government stood out by implementing comparably moderate measures (e.g., foregoing a complete lockdown) and by even introducing social measures to alleviate the pandemic’s and COVID-19 measures’ adverse effects on the most vulnerable social groups. Nevertheless, dissatisfaction towards the government increased, leading to massive protests and ultimately to a military coup in August 2020. Drawing on a recent interview with the Malian political scientist Aly Tounkara (Diama 2021), who emphasises inclusivity as being essential to political legitimacy in Mali, I explore one facet of this paradoxical political situation between the advent of the pandemic and the coup d’état by examining the connection between government communications about the pandemic and intersectional effects of COVID-19 measures.

In that regard, research on political discourses across different countries during COVID-19 demonstrated that these discourses reproduced existing

power inequalities. The most important exclusive strategy identified was nationalism – usually the construction of a national identity in relation to the respective citizens or to imagined Others (James and Valluvan 2020; Kuteleva and Clifford 2021; Opillard, Palle, and Michelis 2020; Wodak 2021; Yoon 2021). However, nationalist discourses also adopted gendered (Branicki 2020; Kuteleva and Clifford 2021), racialised (Kuteleva and Clifford 2021), developmentalist (Yoon 2021), and authoritarian tendencies (Wodak 2021). Some researchers also outlined how political actors used affects to legitimise these exclusionary discourses and their resulting politics (Kuteleva and Clifford 2021; Wodak 2021). At the same time, other authors additionally identified prospects for change in government discourses. For example, Malcolm James and Sivamohan Valluvan (2020) saw an opportunity for anti-capitalist political discourses in a post-COVID-19 context. Moreover, authors like Layla Branicki (2020) and Andreas Chatzidakis et al. (2020) identified opportunities for social justice in a radical, feminist approach to politics and discourses of care. In these different interpretations of political discourses, several authors highlighted the importance of acknowledging the respective socio-political and historical contexts that influence the nature of the emerging discourses and their effects (Opillard, Palle, and Michelis 2020; Wodak 2021). Accordingly, Anna Kuteleva and Sarah Clifford (2021) call for research on securitisation and gender hierarchies in political discourses in non-dominant contexts.

As these works and the example of African societies show, these differentiated effects emerged from discriminatory public discourses as well as from existing inequalities. The present article seeks to combine these two angles and assesses the intersectional effects of political discourses on COVID-19 with respect to their postcolonial-capitalist and hetero-patriarchal path dependencies. Building on Lyn Ossome (2020), who shows how African COVID-19 policies neglect gendered systems of social reproduction due to such path dependencies, I focus on affective politics of care wherein emotions are used to legitimise who is cared about in which ways and for which purpose, identifying the inclusive or exclusive nature of the relationalities constructed through this discourse. I contrast a Malian government discourse with associative and activist reports and argue that the Malian presidential discourse employs affective politics of care that reinforce the intersectional effects of COVID-19 (despite the Malian social measures) because this discourse incorporates postcolonial, racialised, capitalist, neoliberal, heteronormative, and hetero-patriarchal structures.

The article proceeds by explaining my theoretical approaches to affective politics of care. The methodological component outlines how I collected and analysed the material used to assess COVID-19 measures and affective politics of care. The results section first outlines how historical structures have influenced current intersectional vulnerabilities among the Malian

population and secondly how the Malian presidential discourse created affective politics of care that incorporate these intersectional power inequalities.

2. Affective Politics of Care and Intersectional Power Relations

To investigate and contextualise the Malian political discourse on measures against COVID-19, this article centres on affective politics of care and their intersectional power relations.

The concept of care enables analysing intersectional implications along two dimensions: who we care about and the relations between those caring and those cared for. When describing the politics of care, I draw on Nira Yuval-Davis, who reflects on the ethics of care as “a morality which encompasses, rather than filters out, caring emotions as guiding interpersonal, familial and community relations” (Yuval-Davis 2011, 178f) and thus considers care as something that structures social relations. However, she also highlights the power relations embedded in care relations. On the one hand, this concerns power inequalities between those who care and those who receive care. On the other hand, care involves power relations when deciding whom to care about. Moreover, Yuval-Davis emphasises how care relations construct collective boundaries (Yuval-Davis 2011, 192-5). In this paper, I extend this notion of care and explore politics of care as the manifestation of power struggles over who is cared for by whom in which ways, and over the in-groups and out-groups created to legitimise measures against COVID-19.

I address this political dimension through the politics of care as a means for political actors and civil society actors to engage with the pandemic and to justify their actions. This is especially relevant for power inequalities, as practices and discourses of care are also shown to have differential implications. On the one hand, research investigates care as solidarity, aiming to reconnect and address existing inequalities. On the other hand, academics highlight instrumentalisations and appropriations of care. In this vein, Branicki (2020) outlines the rationalist, quantifying, masculinist approaches to most COVID-19 crisis management. By contrast, she develops a feminist approach based on the ethics of care as “narrative” or “activity of relationship.” On a more general level, Chatzidakis et al. (2020) outline old (gendered and racialised) meanings of care and their relation to affects. In light of the COVID-19 pandemic, the authors criticise the instrumentalising use of care by media,

corporations (*carewashing*),² and governments (exclusive notion, deflecting own responsibilities) in contrast to their own (feminist) idea of radical “universal care” that recognises the shared vulnerabilities, complexities, dependencies, and ambivalences of care.

In this context, the present article draws on Judith Butler’s twofold understanding of vulnerability articulated in an interview with George Yancy as (a) a relational interdependency critical to social life and (b) as an increased endangerment (from COVID-19) arising from “the fatal consequence of a pervasive social inequality” (2020, 484). In that sense, we can differentiate between instrumentalising politics of care that use a hierarchical, e.g., victimising, construction of vulnerability to consolidate existing power relations (as described for humanitarian notions of vulnerability by, for instance, Sabsay 2016). On the other hand, some radical politics of care use vulnerability to stress common threats and responsibilities as well as specific exposures faced by marginalised social groups despite powerful ignorance (see, e.g., Gilson 2011).

This article aims to investigate such politics of care at the onset of the COVID-19 pandemic and to explain the processes behind the different manifestations of care along the lines of inclusive solidarity and exclusive securitisation. In order to assess these negotiations between solidarity and (in)security and their implications for care towards different social groups, I draw additional attention to the workings of affects in the politics of care. Thus, the terms *emotions* and *affects* are used interchangeably, which follows a feminist argumentation against an analytical separation between affects and emotions (as promoted by some proponents of the affective turn). In this line of thought, feminists argue that this separation neglects the longstanding feminist fight to acknowledge the connection of mind and body (see, e.g., Ahmed 2014, 205ff; Bargetz 2015, 582). Sara Ahmed considers emotions as “a matter of how we come into contact with objects and others” through judgements about the usefulness of this contact (Ahmed 2014, 208). As stated in the introduction to this HSR Forum, *Caring in Times of a Global Pandemic*, Ahmed claims that emotions can either bring people together or keep them apart (Dowling 2021). Following this conceptualisation, I argue that fear (of the virus spreading) and love (towards those one wants to protect from the virus) materialise in securitisation and solidarity as differentiating moments for the *affective* politics of care. I thus consider the politics of care as affective when actors employ emotions to consolidate or transform power in relations of care – a mobilisation of emotions that Brigitte Bargetz has described as “political ambivalence of affect” (2015, 581).

² *Carewashing* refers to strategies of corporations that present themselves as caring for their customers, socially disadvantaged groups, or the planet through distinct actions, while at the same time worsening socio-economic and ecological inequalities through their overall corporate practices (Chatzidakis et al. 2020, 891).

In order to qualify the power relations articulated in affective politics of care, this paper also employs an intersectional approach. Departing from a gendered perspective on the effects of and measures against COVID-19, I assess these measures in relation to other intersectional categorisations. Therefore, I draw on Françoise Vergès's (2021, 15f) programme for a decolonial feminism that investigates how racist, capitalist, and sexist colonialism persists after formal decolonisation and "establishes a politics of disposable life" (ibid., 16). Because Vergès (ibid., vi, 2) also sees this disposability in the differential vulnerabilities to COVID-19 and in the capitalist constellation of gendered social reproduction, I seek to explore how affective politics of care relate to intersectional power relations in the postcolonial Malian context.

3. Identifying Affective Politics of Care Through Discourse Analysis

This article set out to demonstrate how affective politics of care reinforce the intersectional effects of COVID-19 measures in the postcolonial Malian context. Therefore, it focuses on the Malian politics towards the COVID-19 pandemic between March and August 2020, a period indicative of multiple socio-political and economic conflicts, including ongoing (international) military interventions against Islamist attacks, socio-economic hardships, and increasing protests against the reigning government that culminated in a coup d'état on 20 August 2020. In order to study affective politics of care under these conditions, I analysed public government discourses from the months leading up to the coup and combined them with statements by Malian and international NGOs, activists, and associations. Due to COVID-19-related travel restrictions and my own geographic positioning in an Austrian/German context, on-site research to contextualise the analysed government discourses was not feasible during the chosen timeframe. However, experiences from previous research I have been conducting in and on Mali and West Africa since 2010 helped me to comprehensively interpret the collected material.

As primary textual evidence, I analysed COVID-19-related posts published via the Malian Presidency's public Facebook account. Therefore, I searched for posts mentioning "COVID-19" or "Coronavirus" between 01 February 2020 and 20 August 2020, which covered the period between the start of the pandemic's global spread and the military coup. I chose this channel of communication because social media has become an increasingly important means of communication between political elites and Malian citizens that adds to and helps extend the reach of discourses from traditional media formats. Moreover, I used Facebook posts because communications by the ousted

government were unavailable on the official website of the new presidency. The search yielded 29 posts, including presidential addresses to the nation, reports by the Council of Ministers, meeting reports, and communications alerting the public to COVID-19 measures.

I analysed these fragments of the Malian presidential discourse using the discourse-historical-approach (DHA), a variant of critical discourse studies that focuses on connecting text and context to analyse the powerful workings of language (Reisigl and Wodak 2001). The DHA has been used to explore processes of constructing the self and others in crisis situations like the financial crisis or the “refugee crisis” (see, e.g., Krzyżanowski 2018; Wodak and Boukala 2015). Conceptualising the COVID-19 pandemic as a similar crisis, I analysed the Malian Presidency posts – following DHA protocols – for their nominations (*who* is mentioned), predications (*how* are they characterised), and identified argumentations based on solidarity and securitisation through the topoi; i.e., “the content-related warrants or ‘conclusion rules’ that connect the argument [...] with the conclusion” (Reisigl and Wodak 2001, 75) of solidarity and threat.

To identify affective politics of care in this government discourse, I combined these levels of DHA analysis to explore how they construct relations between affective-discursive subject positions that are based on specific ideological repertoires (see Wetherell et al. 2015). Unlike Margaret Wetherell et al., however, I did not focus on how discourses evaluate affects, but rather on how they mobilise them through these subject positions and related repertoires in order to consolidate or transform power in securitised or solitary relations of care between the constructed subjects. Therefore, I drew inspiration from Ahmed’s (2014, 12f) close text reading for their emotionality that manifests in naming or performing emotions. Anna Berg et al. (2019, 50-5) developed this as a “reading of affect” that connects emotions and discourses in analysing power through “relational affective dynamics between discursive enunciations and the discourse bodies that emerge from these enunciations” (ibid., 57). By investigating which emotions the Malian government discourse names and performs, I thus identified the relations between subjects and collectives that articulate care and are (not) cared for, the justification of these relations of care through emotions such as fear and love, and the implications these affective politics of care have for socio-political power relations.

For a feminist-intersectional perspective of this discourse that contextualises it through secondary evidence, I furthermore used reports on the gendered impact of (measures against) COVID-19 in Mali and West Africa published by Malian and international associations, NGOs, and activists. Following a DHA approach (see, e.g., Reisigl and Wodak 2001, 41), I used this material to investigate the socio-political and historical context of power through the presidential discourse.

4. Intersectional Path Dependencies of Malian COVID-19 Measures

The following section contextualises the political discourse on COVID-19 from a feminist-intersectional perspective. First, literature on Malian post-colonial history and the present outlines how racialised, neoliberal, and gendered inequalities have influenced vulnerabilities in social groups and the opportunities for care from the Malian state. Secondly, reports by Malian and international NGOs, associations, and activists unveil the intersectional effects of Malian COVID-19 measures.

4.1 Postcolonial-Capitalist and Gendered Path Dependencies of Care by the Malian State

Groups like women, children, and the rural population were already marginalised by postcolonial-capitalist structures before the COVID-19 pandemic. Systems like the transatlantic slave trade, colonialism, and international neoliberal cooperation have perpetuated the gendered and racialised exclusion of Malian citizens on a global scale, but also their exclusion from care by the Malian state. During pandemics, however, the vulnerabilities produced by these systems can create even more severe socio-economic hardships, sickness, and death, an effect of path dependencies that supports their functioning as “necrolegacies,” as outlined by Beverly Skeggs (2021) for the case of England in this HSR Forum.

(Post)colonial dependencies impact how the Malian state can care for its citizens. While acknowledging the persistence of pre-colonial structures, Virginie Baudais argues that colonial rule represents an important rupture in Malian governance, because French colonisers deconstructed and reconstructed existing state structures (Baudais 2015, 88). For example, Kawélé Togola (2019, 135f) argues that gender equality in Mali has been hindered, *inter alia*, by the ongoing marginalisation of female education since colonial times.

Complementing Ossome’s (2020, 7) observation that “decades of neoliberal restructuring of African and postcolonial economies have [...] significantly weakened the capacity of state intervention in social reproduction,” postcolonial neoliberal capitalism has rendered the Malian population even more vulnerable to the negative effects of measures against COVID-19, further limiting the Malian state’s capacity for care. Since the 1980s, international donors have been prescribing reforms concerning “good (economic) governance.” Importantly, these occurred through structural adjustment programs (SAPs) intended to reduce state influence in favour of privatisation (Baudais 2015, 261f, also 263-95). These postcolonial neoliberal interventions deteriorated care by the state in the form of infrastructures and created problems of

political legitimacy (Bleck and van de Walle 2011, 1128). By enforcing limited social expenses in the name of liberalisation and growth, these SAPs most notably worsened job opportunities, healthcare, education, and essential provisions like water and housing (Baudais 2015, 263-70; Traoré and M'Dela-Mounier 2012, 12) – deteriorations that become highly visible during pandemics.

During COVID-19, the health sector was among the most vital public sectors affected by the SAPs. In Mali, like other (West) African countries, the devaluation of the West African currency *Franc de la Coopération Financière d'Afrique* (FCFA) in 1994, the SAPs, and the 1987 Bamako Initiative excluded the most (economically) vulnerable social groups from healthcare. The Bamako Initiative aimed to improve the availability and quality of healthcare in African societies, while simultaneously reducing state expenditure by decentralising healthcare and, namely, introducing an obligation for direct self-payment. However, this initiative meant that economically vulnerable groups face(d) great difficulties accessing healthcare, thereby increasing inequalities between those who could access better healthcare and those who could not (Ridde and Girard 2004; Ridde 2011, 321-4). This unequal access was exacerbated after the 2012 coup d'état, when the uncoordinated withdrawal and reestablishment of international donor support further destabilised the Malian health sector, which also cost the Malian (transitional) government political legitimacy (Paul et al. 2014) and was especially severe for Northern and displaced women's and girls' access to sexual and reproductive health (Degni, Amara, and Klemetti 2015; Tunçalp et al. 2015). In 2019, the Malian government announced a healthcare reform, promising free access to medical care for pregnant women, children under the age of five, and for citizens over the age of 70. While Paul Adepoju (2019) sees this as a shift from the Bamako Initiative, others have raised concerns about the Malian health sector's capacity to sustain such reforms. Moreover, since the COVID-19 pandemic hit before these reforms could be established, the country's health sector faces renewed challenges, an effect of austerity policies that Maria Markantonatou (2021) confirms for the case of Greece in this HSR Forum.

In this context of postcolonial neoliberal restructuring, economic neoliberalisation defers responsibilities for providing, for instance, income, education, and healthcare from the state to its (female) citizens. The SAPs, thus, are fundamental to the ongoing, unequal domestic labour division and the marginalisation of women (De Jorio 2009, 104; Tamale 2004, 57ff), making African and Malian women the “main victims of SAPs” (Traoré and M'Dela-Mounier 2012, 22, translation from French by author) and of the related limitation of care by the state. Moreover, these external postcolonial influences on the Malian state's ability to care for its citizens are further complicated by the ongoing activity from Islamist groups, rebels, and criminal networks – especially in the north of Mali. Therefore, the Malian state does not currently have

control over – and cannot guarantee care for – the whole Republic of Mali territory (Baudais 2015, 511).

These accounts suggest that (post)colonialism and neoliberal capitalism mutually reinforce each other (and exacerbate the situation experienced by marginalised women) in a politically charged, postcolonial context. In the following, I show how such social inequalities are re-actualised during pandemics and increase gendered and intersectional vulnerabilities to measures against COVID-19.

4.2 Feminist Perspectives on COVID-19 in Mali and West Africa: Gendered and Intersectional Vulnerabilities

Building on these path dependencies that arise from postcolonial neoliberal restructuring, reports by women’s activists, NGOs, and associations show how COVID-19 measures profoundly affect Malian and West African women. Whereas some texts also recognise the relatively moderate character of Malian pandemic politics (Laouan 2020, 17; Maiga 2020), most highlight the negative gendered and intersectional effects of COVID-19 thereby substantiating the gendered implications of the contemporary care crisis as highlighted by Emma Dowling (2021) in the introduction to this HSR Forum.

In terms of healthcare, many Malian women and girls experienced a further reduction in access to (especially reproductive) healthcare because of reduced services, problems with social distancing, and the fear of being infected by COVID-19. In addition, many faced growing mental health challenges related to anxiety, the loss of solidarity, and – especially for girls – the loss of regular contact with their peers (Laouan 2020, 10-3). Moreover, pandemic-related confinement led to an increase in gender-based violence against women, as one survey showed that 23.07 percent more respondents experienced sexual violence during the pandemic (53.98 percent) compared to the time preceding it (43.86 percent; Ag Dalla and Snorek 2020, 12). Contributing factors include women being trapped with their aggressors in increasingly tense domestic spaces, financial constraints, and diminished opportunities to leave because of the closing or restricted operation of shelters and international borders. Furthermore, chances to denounce violence were limited by how pandemic measures slowed down the justice system (Ag Dalla and Snorek 2020, 4ff; Equipop 2020, 4f; Laouan 2020, 16; Maiga 2020).

Economically speaking, measures against COVID-19 also impeded women’s and girls’ opportunities to generate income. This affected important female (often precarious, informal) professions such as vending, since workers faced higher prices, scarce goods, and decreasing purchasing power from customers; women and girls who ceased operating night restaurants due to the curfew; and women who stopped preparing meals for schools because of school closures (Ag Dalla and Snorek 2020, 11; Equipop 2020, 4-8; Laouan

2020, 13ff; Maiga 2020). At the same time, although some men and boys became more engaged in care work during confinement, women and girls had to take on most additional domestic labour emerging from COVID-19 (measures) like managing prevention, caring for the sick, and educating children (Equipop 2020, 4f; Laouan 2020, 7-10; Maiga 2020). Besides this decreased productive labour and increased reproductive labour, many Malian households struggled with mounting financial demands from factors like increased domestic consumption during confinement, rising prices from border closures, the weeks-long Ramadan season, and the limited means of women's saving groups (Equipop 2020, 16f; Laouan 2020, 7f; Maiga 2020). More broadly, these financial constraints sometimes necessitated women and disadvantaged households to choose food over preventive goods like soap, water, or masks. This was especially challenging for female-headed households, where women had to juggle domestic work and income generation alone, and for female health workers, who had to manage domestic care, their job responsibilities, and a higher risk of infecting themselves and their families (Keita 2020; Laouan 2020, 7f).

At the political level, despite being important for sensitising the population, gendered biases limited the impact of women's associations. On the one hand, they were still struggling with the individual challenges arising from being active in the association in the face of domestic care responsibilities. On the other hand, their role was often limited to implementing decisions made by (male) political elites that frequently produced measures insensitive to gender issues (Equipop 2020, 9f; Laouan 2020, 8ff).

In addition to these gendered effects of COVID-19 measures, many reports point to an intersectional perspective by highlighting the growing constraints faced by youth and people in rural areas and the north of Mali. Malian youth experienced a lack of education from school closures (which added to existing disparities from repeated teacher strikes before COVID-19), or due to their advanced age (especially girls reaching the age of marriage before finishing school). Moreover, confinement made Malian (female) youth more prone to sexual abuse and to online abuse from spending more time online (if they had the means to access the Internet). Likewise, they were negatively impacted by reduced access to reproductive and sexual health services, increased informal work, child trafficking, and early marriage ensuing from parents' growing financial constraints (Equipop 2020, 11-4; Laouan 2020, 16; Maiga 2020; Samaké 2020). Populations living in the centre and north of Mali represented additional social groups who were harmed by COVID-19 measures. For example, border closures restricted the transnational mobility of pastoralist communities in the country's centre and north, which complicated accessing food for their livestock and increased conflicts over land use with other local farmers. Furthermore, mobility restrictions negatively affected the population living in conflict regions, for whom food supply became

increasingly scarce – especially for internally displaced persons living in camps (Laouan 2020, 13-6). Additionally, rural populations typically experienced increasing difficulties accessing reproductive and sexual health services (Equipop 2020, 11-4).

As the following reveals, the presidential discourse on COVID-19 neglects the gendered and intersectional vulnerabilities outlined above as well as the previously introduced racialised-capitalist and hetero-patriarchal path dependencies. This renders the care articulated by Malian political elites complicit to said path dependencies.

5. Affective Politics of Care in the Malian Presidential Discourse

This section outlines how affective politics of care in the Malian presidential discourse shift between an instrumentalising use of care by Malian government actors and (feminist) ideas of radical “universal care” that recognise shared vulnerabilities, complexities, and ambivalences of care and dependencies (Chatzidakis et al. 2020, 893). These different uses of care become apparent when examining how emotions draw on postcolonial, hetero-patriarchal, capitalist, and (to a limited extent) decolonial interpretative repertoires, and thereby consolidate or transform hierarchical socio-political power relations.

5.1 The Neoliberal-Paternalistic State’s Care for Its People: Solidarity with Compliance; Securitisation of Non-Compliant Citizens

At the domestic level, the presidential discourse constructed internal relationalities of the Malian government and its increasingly critical citizens through an instrumentalist use of care, which employed fear and shame to create paternalistic and neoliberal subject positions. Furthermore, affective references to nationalist pride were used to mobilise Malian citizens to comply with measures against COVID-19.

First, the presidential discourse emphasises paternalistic care by the Malian president and government, thereby consolidating their powerful position, an observation that also resonates with the “affective mode of political masculinity” analysed by Ayse Dursun, Verena Kettner, and Birgit Sauer (2021) for the case of Austria in this HSR Forum. Notably, this care relationship works through protection, as the president and government actors proclaim that these measures protect the Malian people from COVID-19 (see, e.g., *Présidence de la République du Mali 2020b*), display their own

adherence to hygiene measures or contact tracing (see, e.g., Présidence de la République du Mali 2020c, 2020f), and continuously remind citizens to comply with these measures (see, e.g., Présidence de la République du Mali 2020g). This paternalistic care manifests, for instance, in a militarised language that mobilises fear through a topos of a warlike threat and simultaneously portrays the Malian government as protecting its citizens from this deadly threat:

But we fight. Every day, we increase these means. And you will find us, day and night, at the Coronavirus front. (Présidence de la République du Mali 2020d; Ibrahima Boubacar Keita, IBK, address to the nation after the first COVID-19 cases were confirmed in Mali)

Moreover, government and the presidential communications express fear and shame towards citizens who do not comply with COVID-19 measures and thereby construct a hierarchical relation between the paternalistic subject positions of political elites and the neoliberal subject positions of Malian citizens. First, the presidential discourse employs fear by constructing the Malian nation as collectively exposed to COVID-19, being a transit country with high migration rates, and a country with limited means to, for instance, reinforce its health services (see, e.g., Présidence de la République du Mali 2020d).

Secondly, the discourse constructs Malian citizens as being responsible for (and capable of) dealing with the pandemic through their compliance to preventive measures. Hence, the presidential discourse refers to a neoliberal responsibility that transfers the actual care required to contain the virus from the state to the household level, appealing to the fear of individual households of not being protected by the state – a common feeling for Malian citizens who became increasingly responsible for essentials such as health and education in the past because of, for example, SAPs:

Among these resources, I call upon the capacity of each of our families to be the very first barrier against the Coronavirus pandemic. (Présidence de la République du Mali 2020d; IBK address to the nation after the first confirmed COVID-19 cases in Mali)

In addition to burdening Malian households, this address also supports a heteronormative glorification of the Malian family, a tendency Mike Laufenberg and Susanne Schultz (2021) identified as “care familialism” in this HSR Forum for the case of Germany. In a similar vein, the political discourse uses affective militarised references to fear, solidarity, and nationalist pride to mobilise Malian citizens to comply with COVID-19 measures:

Because the evil is within our borders, we need to close ranks, united and mobilised at all times. We have to defeat it. We can defeat it. With more vigilance, with more discipline, with serenity, and in solidarity. (Présidence de la République du Mali 2020g, third IBK address to the nation about COVID-19)

Thirdly, the discourse uses shame to construct negative, dangerous, affective subject positions of citizens that oppose the national *we* constructed above, implying that they do not believe in COVID-19, do not comply with measures against it, and put themselves and others at risk (see, e.g., Présidence de la République du Mali 2020g). For example, during growing anti-government protests, the presidential discourse portrayed protestors as undermining the fight against COVID-19, among other crises:

Like myself, you have all observed the acts of contestation displayed by a part of our compatriots since the last month of June. They certainly express a certain democratic vitality. But they are not without consequences for the morale and image of a country like ours that has, for its survival, to respond to three demands: First, reclaim the integrity of our territory [...]; then, defeating the Covid-19 pandemic, both through a sanitary response and economic resilience; finally, pursuing the development endeavour. (Présidence de la République du Mali 2020k, IBK address to the nation)

During the COVID-19 pandemic, proclaiming a securitised care for the nation by identifying others as a threat can thus also be used to delegitimise political change.

5.2 Paternalistic Government Solidarity with Economically Disadvantaged Groups – Neglecting Gendered and Intersectional Vulnerabilities

In addition to expressing solidarity as dependent on compliance, the presidential discourse uses solidarity in its management of the COVID-19 pandemic by recognising shared vulnerabilities and ambivalences. First, the discourse emphasises shared vulnerabilities by mentioning how COVID-19 affects popular events like international and Muslim holidays (see, e.g., the beginning of Ramadan, Présidence de la République du Mali 2020i), or the legislative elections in March and April 2020 (see, e.g., Présidence de la République du Mali 2020h). In doing so, the discourse constructs a collective suffering experienced by a transnational (Muslim) and national *we* because of the pandemic. In addition, the presidential discourse also evokes love and solidarity towards some vulnerable, economically disadvantaged groups when debating COVID-19 measures like a complete lockdown:

But we cannot forget that it's through the daily market that a big part of our compatriots finds its survival and that a big part of our households attain at feeding their members. (Présidence de la République du Mali 2020d; IBK address to the nation after the first confirmed COVID-19 cases in Mali)

Furthermore, the Malian president and government portray the way that they implement social measures as loving means to help citizens cope with these (undesirable) preventative measures and alleviate their effects on the most vulnerable. These social measures include providing masks produced in

Mali, implementing a moratorium on electricity and water bills, and distributing food (see, e.g., Présidence de la République du Mali 2020g). Generally, these measures address the needs of the most economically vulnerable by also considering important basic hygiene issues like access to water. However, because these measures are mostly directed at families, they continue to exclude those already marginalised within or living outside of hetero-patriarchal settings from presidential love and care.

Moreover, the presidential discourse also produces an exclusive relationality of care, as it mentions several intersectionally marginalised groups without acknowledging how COVID-19 measures increase their overall vulnerability.

First, while the presidential discourse sometimes addresses Malian or African women alongside their male co-citizens, it does not mention their specific responsibilities and vulnerabilities to the COVID-19 pandemic. This omission contributes to the political issue of invisibilising those who carry out social reproductive work, as pointed out in the introduction to this HSR Forum (Dowling 2021). Malian women only appear as important subjects in the president's message about celebrating International Women's Day, framing them as the cornerstone of the Malian family and receivers of social and political emancipative support. In this context, nominations like "this other half of the world" (Présidence de la République du Mali 2020a) disclose the position of women as Others within Malian society, which also impedes the love necessary for a universal form of care about them.

Furthermore, the presidential care for Malian children and youth suggests an instrumental use that develops from securitisation to solidarity. While school closures were the most longstanding COVID-19 measure, the presidential discourse initially neglected the concerns of Malian children and youth. Instead, it used fear by portraying them as potential virus carriers that must be contained: "Let's control the movements of the children" (Présidence de la République du Mali 2020d; IBK address to the nation after the first confirmed COVID-19 cases in Mali). Here, care relations are not constructed *for* the children but to care for other social groups by securitising children. Additionally, the discourse only addresses educational matters once when IBK mentions that specialists have been instructed to explore potential opportunities for distance learning (Présidence de la République du Mali 2020g). IBK did not mobilise feelings of love towards children until nationwide protests occurred in July 2020, after which he declared he would re-open the schools, which he portrayed as presidential care for the future of Malian youth (Présidence de la République du Mali 2020k).

Finally, the presidential discourse expresses love towards the Northern regions of Mali, which mostly characterises its vulnerable population as relevant entities to political conflict. For instance, the presidency mentions Malians from the North as subpopulations of the Malian nation that must be

integrated during the March 2020 elections (Présidence de la République du Mali 2020j). However, the discourse omits their (historical, systematic) exclusion from government services and, thus, their increased vulnerability to (measures against) COVID-19 outlined above.

In summary, these instrumentalist notions of care, on the one hand, employ emotions of fear and shame by deflecting responsibilities from the state to its citizens by constructing the state as *already* caring, and citizens as receivers of this care – who must incorporate it into their everyday lives to prevent COVID-19 deaths. On the other hand, the presidential discourse constructs solidarity-related subject positions that become exclusive in relation to the presidential – and thus national – love, since they explicitly exclude those who do not comply with measures against COVID-19 and implicitly exclude those with specific vulnerabilities.

5.3 Struggles Between Decolonial Pan-African and Postcolonial International Care Relations

In addition to these internal care relations, the presidential discourse also constructs external affective relationalities, given that transnational interdependencies considerably characterised Malian politics before and during COVID-19. In this constellation, however, the presidential discourse fails to capitalise on the opportunities for demanding a universal care approach and instead shifts between reproducing postcolonial dependencies and striving for global and new Pan-African interdependencies.

At the Pan-African level, the presidential discourse constructs affective subject positions based on solidarity and evokes care relationalities based on love (i.e., the mutual desire to protect each other) through emphasising a common vulnerability, mutual support, and self-sufficient African ways to deal with COVID-19:

According to the Head of State, like other African countries, Mali will register a significant decrease in its growth rate as well as important financial losses because of the pandemic. “Africa will only be powerfully helped by Africa” he declared. (Présidence de la République du Mali 2020e; communication from COVID-19-related African Union, AU, teleconference)

The postcolonial level, however, reveals a twofold affective relationality. On the one hand, the presidential discourse challenges existing hierarchies; for instance, it still uses the West as an example, but no longer normalises it, thereby challenging modernist repertoires of shame that are based on an assumed African inferiority to Western countries:

The systems that appeared as well-functioning surrender under the weight of the epidemic. The sanitary infrastructures we considered ready for any challenge show their limits today in face of the extent of evil. In the West, a longstanding myth of invincibility collapses. (Présidence de la République

du Mali 2020d; IBK address to the nation after the first confirmed COVID-19 cases in Mali)

Besides questioning these hierarchies, the presidential discourse portrays a universal notion of care through love that emphasises global interdependencies, the global vulnerability to COVID-19, and the need for mutual protection through support and cooperation:

Taking into account its global character, I stay convinced that the best response to this global crisis lies necessarily in the strengthening of international cooperation in order to fight against COVID-19 and in particular the indispensable support, otherwise imperative to the most vulnerable countries, particularly to Africa. I am delighted about all the initiatives taken at the international level for supporting the response plans, notably the strengthening of the health structures and the supply of material and equipment. (Présidence de la République du Mali 2020j; report on a meeting between the G5 Sahel heads of state and the European Union)

As this quote shows, however, this global cooperation happens within the framework of postcolonial hierarchies between less vulnerable Others and a more vulnerable African continent. By stating that he is happy about the received support, IBK adds gratitude to this international relationality, thereby further cementing postcolonial hierarchies on the affective level. Later in the same post, the presidential discourse likewise stresses the dependency of Africa and Mali on international (Western and even French) support more explicitly and – commenting on solidarity – reproduces a developmentalist care relationality, further intensified by the pleading Malian president:

Taking into account the considerable budgetary strains, I call on our partners as a whole to help us face the sanitary crisis of COVID-19 and all the challenges we are confronted with [...]. The cancellation of debt of the poorest countries, notably those in the Sahel that are confronted with terrorism, will be a political act full of solidarity and will allow our economies to withstand the consequences of the pandemic. Long live the partnership between the G5 Sahel and the European Union! Long live the international solidarity! I thank you. (Présidence de la République du Mali 2020j; report on a meeting between the G5 Sahel heads of state and the European Union)

Even if IBK speaks about this assistance as a “political act full of solidarity,” emphasising the dependency of African countries and glorifying this international “partnership” reveals the inequalities embedded in these international care relations and reproduces the shameful subject positions deconstructed above.

As these discursive fragments show, when creating affective-discursive subject positions, the presidential discourse draws on interpretative repertoires, negotiating concepts of postcoloniality (deflecting postcolonial responsibilities and reproducing racialised-capitalist hierarchies) and ideas of decoloniality (deconstructing existing hierarchies and strengthening Pan-African relationalities). The encroaching postcolonial ideologies, however,

highlight the necessity for extending ideas of care to engage with postcolonial inequalities. This is articulated, for example, in Parvati Raghuram, Clare Madge, and Pat Noxolo's (2009) focus on care and responsibility and by Vanessa Thompson's (2018) remarks about a conversation between Achille Mbembe and David Goldberg on care as reparation.

6. Intersectional Implications of the Affective Politics of Care During Pandemics

This article analysed a Malian government discourse on and effects of COVID-19 measures and argued that this discourse employs affective politics of care that reinforce the pandemic's intersectional effects because it incorporates postcolonial, capitalist, neoliberal, and hetero-patriarchal structures. In addition, I outlined how the political discourse surrounding COVID-19 sometimes connected or contrasted affects related to securitisation and solidarity. By being employed for nationalist, neoliberal, and postcolonial politics of care, these affective-discursive subject positions indirectly exacerbated the conditions experienced by women and other marginalised groups by excluding their vulnerabilities from public concern and, thus, governmental care. Additionally, by contextualising this government discourse with associative and activist reports, the paper showed how racialised capitalism and hetero-patriarchy mutually reinforce each other as path-dependent factors of care and vulnerability in the Malian context. Moreover, the circumstances of sexual minorities were excluded from both the presidential and the activist and NGO discourse. Since both discourses focus on the role of women in families, they reproduce a heteronormative social norm. This heightens the existing vulnerability of sexual minorities, who – while not criminalised – are neither legally protected nor socially accepted in Malian society (Broqua 2012, 121; Mendos et al. 2020, 325) and points towards a double exclusion of these already marginalised groups.

This paper contributes to feminist research on the communication and effects of measures against COVID-19 by illustrating how national political legitimacy is negotiated during a pandemic in a socio-economically and politically tense postcolonial context. Considering how affective politics of care play out in this context during a global (health) crisis, I suggest that the politics of care are not only effective in the distinguishing between instrumentalising and radical care as Chatzidakis et al. (2020) fruitfully outlined, but also in (not) acknowledging path dependencies as vulnerabilities from the past that affect those of the present. Admittedly, this article is limited in scope, because it neither presents an ethnographic, in-depth exploration nor a quantitative analysis of a representative body of texts that could provide

information about motivations, causalities, or patterns in relations between government discourses, measures against COVID-19, or socio-political power relations. Nevertheless, assuming that the COVID-19 pandemic is neither over nor the last global pandemic we will encounter, these findings raise vital awareness about the intersectional implications of preventive measures and the pitfalls of discourses about them.

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Emma Dowling

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Başak Akkan

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