

Searching for Sanctuary during a Global Pandemic

Reflections on International Mobility, Multi-sited Presence and Identity-making

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Abstract I started writing my COVID 19 diary in March 2020 when my family and I were living in Sierra Leone, West Africa. Through the following months, we gradually made our way to my native country – the Czech Republic, where my diary ended (1st July 2020). After living abroad for over 15 years – most of my adult life – spending several months in “my” corner of Europe felt special. In this paper, I reflect on the experience at the time and from hindsight. I first describe our waiting for COVID 19 to arrive in Sierra Leone, touching on anxieties related to expectations of the pandemic development in Africa, and revealing notions of best access to health care amongst the expatriate community in Freetown. I depict our experiences of evacuation, including diplomatic mechanisms interplaying with pandemic control measures across several countries. I discuss the notion of sanctuary as a place of safety. Associating sanctuary with my native country, I experienced an intensive process of interrogating my own identity, a sense of belonging, and realizing conditions necessary for our global mobility to continue. I then reflect on the experience one year later – in hindsight. The situation has changed in surprising ways, making me question my previously held notions of safety and health, whilst comparing epidemiological control measures deployed in an international context. I contemplate my own identity-making process by looking at the individual categories of a stranger, an ethnologist, a migrant, and an expat. I expand on the transnational notion of “imagined community” (hybrid local-distant community), and I suggest that globally mobile people who live permanently transient lifestyles exercise multi-sited presence, by being usually at once present in several diverse countries and bureaucratic systems.

Keywords pandemic – global mobility – identity – multi-sited presence – migration

In Sierra Leone: Waiting for COVID 19 to arrive

In March 2020, my husband, our two children and I were living in West Africa, Sierra Leone – a beautiful country on the coast of the Atlantic Ocean. It is also one of the least developed countries in the world with high levels of poverty, and low education. Its health system is weak with one of the lowest life expectancies (53 years), and one of the highest child mortality rates in the world. At the time in March 2020, coronavirus had already taken hold in Asia and Europe and was spreading around the globe rapidly, with ever more countries in all continents reporting their first cases and deaths.

We were “expats” belonging to the privileged international community, the likes of which are present in most capital cities of the global South, consisting of business people, diplomats, humanitarian and development workers (MOSSE 2011). Our “expat-scape” (NAVRÁTILOVÁ 2014) in Sierra

Leone reflected the realities of the country, with particularly high number of people working in health-related fields, and people involved in trade with natural resources.

Unlike many other countries, the Sierra Leone authorities took the threat of coronavirus seriously and started taking measures months before any COVID 19 cases were recorded there. In comparison, my adoptive country, the UK, implemented restrictive measures only in late March, two months after the first cases were confirmed.¹ And my native country, the Czech Republic, acted within days of the first COVID 19 cases being confirmed in its territory.² In my diary, I found the lack of action of the UK quite shocking. I also commented on the general feeling of “global disasters do not concern us” in the Czech Republic. But when the virus arrived, the Czech government showed a resolve to “nip it in the bud” announc-

ing a lockdown from 12th March that would last 66 days. By the end of March 2020, I was thus moving freely around Freetown, whilst my family and friends in Czechia and the UK were in a lockdown.

Unlike the developed countries, Sierra Leone was aware of its lacking health care capacity and chose the strategy to prevent the virus from entering the country for as long as possible. Since January 2020 the Sierra Leone authorities were already isolating passengers incoming from high-risk countries – the list grew week by week. Hand-washing stations were set up at entrances of institutions and facemasks were increasingly visible in public space. Also, citizens seemed to take the situation seriously, remembering the country's recent experience with the Ebola epidemic (2014–2016). The government closed land borders and announced that the airport would cease to operate commercial flights on 22nd March 2020. The schools were going to close at the beginning of April 2020. A night curfew was imposed. Church and mosque services were stopped.

At this point, COVID 19 was seen as a foreigners' disease. I am white and I suspected that some people got out of my way in a supermarket aisle rather quickly. Initially only Asian expatriates experienced unpleasant name calling, and gradually with more incoming news of European countries faring badly in the epidemic, there were a few instances when also Caucasian friends were denied entry into certain restaurants. Therefore, part of me was relieved, when Sierra Leone's first COVID 19 case was confirmed in a Sierra Leonean national coming back from Paris on 31st March 2020. I felt that expats would not be blamed for the country's fate, whatever it may be.

Throughout March, bars and restaurants grew quieter. There was an atmosphere of uncertainty about how things would develop. "When the virus comes to Africa, it will be terrible," people said without going into specifics. We all knew, there were several realistic scenarios that could play out. There was a possibility of high transmission rate due to challenging housing and sanitation conditions in the informal settlements that house around one third of Freetown's population. There was the possibility of a high death toll due to the weak health system. Public health measures, such as lockdowns, would have devastating effects on people's ability to earn a living, pushing them into

starvation. Usual treatment for other health issues was likely to be affected by the measures. Food prices were likely to go up, making public unrest and looting a possibility. Amid such range of possible scenarios, we were certain of one thing – that anyone seriously ill was unlikely to receive a very high standard of life-saving care in the country. Even in normal times, all privileged citizens and foreigners were med-evaced (evacuated for medical reasons) to better facilities abroad. But with the borders and airport closing, suddenly this option of getting out to safety would be taken away from us. The "unbearable lightness" of our mobility (REDFIELD 2012), facilitated by having the right passports, would no longer work.

When the government announced the closing down of the airport, many expat families faced an uneasy decision – whether to stay or to go. Stay, and experience inadequate health care, or potential civil unrest. Go, and face a long-term family separation. Suddenly, many of those with whom we had routinely socialized were gone. It felt like an exodus, with secretive undertones. People would say they were staying and, in a few days, they would be gone.

We decided to stay in Sierra Leone, but we soon regretted our decision, as anxieties set in. I had been socializing with the International Women's Committee (IWC) – a group of international women doing joint walks, dinner parties, and charity support. IWC was an "enclave" (NASH 1963) for female strangers who could build a sense of belonging (WALLACE 2018). Whilst most of the members were transient – planning to stay for two or three years in the country, some had spent decades in Sierra Leone and had vivid memories of civil war.³ So when there were rumours about possible lootings, I grew anxious about effects of the lockdown and had several sleepless nights. I prepared for possible looting, hiding money and tinned food in various places around the house. Whilst being concerned for our safety, the blow eventually came from the health side of things. On 12th April, both our children got high fever and started vomiting. The clinic we usually used was closed because one of their doctors had contracted COVID 19 and the authorities just shut it down, as they did with all other medical facilities with COVID cases, often locking tens of patients and staff in without proper food supplies! Eventually, we found good

medical care and the kids recovered. However, the experience of not having been able to access care left us shaken. The shroud of our expat privilege now gradually fell away as blanket restrictions applied to all. Our minds were made up. It was time for me and the children to go to safety. My husband would stay behind and continue his work. The question was where to go? Having two home countries – the UK and/or the Czech Republic – and no real house or flat immediately available to us, where were we to go? Eventually, we chose the Czech Republic, which at that point was managing the first coronavirus wave very successfully with lots of empty hospital beds, while the UK was experiencing quite the opposite. Despite having more cases than Sierra Leone, my home country was going to be our sanctuary.

Evacuation: What is safety?

It took us a while to turn our decision to leave into reality navigating the various protocols of international mobility and the mechanisms associated with nationalities, passports, diplomatic agreements, and emergency regulations. Our passports and marital status were of utmost importance in the process. We liaised with the Czech Consular Services, the EU Delegation, and the British High Commission. We unsuccessfully attempted to get on a German repatriation flight. Although other expats holding different passports had been waiting at the embassy for the whole day, German citizens who came only in the evening, were given priority seats on the plane. We witnessed firsthand the process of state executing its duty of care for its own citizens. With some seats remaining, other nationalities were to be allowed on the plane, too. The process of their selection was guided by a mixture of priorities – considering nationalities, individual circumstances, diplomatic relationships, and allegiances (LEIRA 2018).

After some two weeks in Freetown, which felt like an eternity spent in constant deepfelt suffocating fear about our children's health, we managed to get on a British repatriation flight. Our children's dual nationality and age helped, allowing me to get on as their carer. When I told our housekeeper, we were going away, I felt guilty. She smiled at me and said, "Medical is better there. Go." She had experienced the civil war and was

familiar with the situation that when things get rough, people who have money leave. As it happened with well-to-do Sierra Leoneans in the 1990s. She has worked for enough expats to be used to their comings and goings. As noted by PETER REDFIELD (2012), expats often move easily across borders. "At the most literal level, those equipped with funds and the right documents pass lightly over borders, whereas the poor and undocumented incite security concerns" (REDFIELD 2012: 58). I am acutely aware that our repatriation happened due to our nationality and due to the health system.

It was in late April, when we bid my husband goodbye, not knowing for how long we would not see him. The flight was full of people whom we had known. It was an "evacuation of the vulnerable" with lots of women and children on board. In normal times, we would certainly complain about the airplane not having reclining seats and the food. But no one said a word. We all were glad to "get out" of sweet Salone.

When we arrived at Stansted airport in London, it felt apocalyptically empty. The number of flights decreased drastically and there were no flights to Prague – our final destination. We had arranged for a minibus to drive us all the way across Europe to the Czech Republic. The Czech driver had to set off a day before our flight, to be able to meet us at the airport. Equipped with a pile of official papers that allowed him to leave the Czech Republic (by then closed to international travel), he had to cross multiple borders to pick us up. It felt again like an emergency – travelling by an empty ferry across the English Channel, and through the empty highways of sunny springtime Europe clutching repatriation papers just in case we got stopped. The always busy continent was suddenly at a standstill. However, for the children, who had never travelled through Europe like this, and thus had no point of reference, this was an amazing adventure.

18 hours after leaving Stansted airport, we arrived at my friend's rental apartment in Prague. We were let into the country after thorough interview and paper inspection at the German-Czech border. We entered my country – a sanctuary, a place where we could be safe and protected (ALONSO 2021). My phone beeped with a message from the Public Health Authority that our compulsory quarantine started. The state authorities

would have the right to check on us at any time whether we were adhering with the right to issue high fines. On day eight of our quarantine, my children both developed large, inflamed lumps on their legs and they had to be treated in a hospital. I thus caught first glimpses of my native city through the windows of an ambulance car driven at night by a man in full PPE kit, going through red lights. My children were treated for golden staphylococcus infection. The medical staff again had their full PPE kits as we were still in quarantine.

The second week of our quarantine was marked by ups and downs in relationships, bringing about amazing acts of kindness, hospitality and generosity, and at the same time exposing variety of fears of people around us. Some worried about COVID 19, others about our staphylococcus, and some about unknown African diseases we might have brought with us. Whilst trying to understand and respect these feelings as legitimate, I felt hurt. This is what stigma must feel like (RELUGA, SMITH & HUGHES 2019).

Pandemic sanctuary in the Czech Republic

After 16 days, we were finally released from our quarantine. The freedom of being able to walk on the streets we had been looking at from the windows felt amazing. We were finally able to enjoy the sanctuary of the Czech Republic. We were able to go out with our facemasks on. We often went to the various playgrounds around our rented apartment. The children were aware this was a luxury, as playgrounds are in low supply back in Freetown. Then gradually, week by week, the pandemic restrictions in the Czech Republic have been easing until businesses and cultural venues resumed full operation. We went out most days – hanging out with family and friends, visiting museums, castles and swimming pools.

I put up the map of the world. I stick it on the door. Somehow, it allows me to think of all the people I have in the world. My husband in Sierra Leone, my mother-in-law, and my friends in the UK, and us in the Czech Republic. It allows me to show the kids where their friends are. Some are in the UK, and some from their Freetown school are now in the USA, Europe, or Africa. The kids are telling me we should also try and live in Australia, and

China, and Italy. Hmm. Little globetrotters. (My diary, Saturday 16th May 2020, Prague)

Whilst enjoying freedom, culture, and social life, we were witnessing struggles of our friends and family in other countries in real time. In the spirit of transnationalism (HOREVITZ 2009), we also maintained virtual contact via WhatsApp and Messenger with our friends and loved ones in Sierra Leone, and in the UK. It was rainy season in West Africa and my husband spent most of his time indoors in our house in Freetown. At the same time, my friends and in-laws in the UK were still facing severe restrictions on movement as the UK was not doing very well with COVID deaths climbing and people still in lockdown. In the UK there was a fierce debate about whether to wear facemasks or not. There was no such debate in the Czech Republic. As a permanently transient person, I follow in-depth the news in three countries as well as experiences of people within those contexts. There is also bureaucracy associated with such maintaining of presence in three countries – communicating with schools in Sierra Leone and Czech Republic, with health systems in the UK and the Czech Republic, with diplomatic missions, clients, and employers. This demands a lot of energy and one easily goes into overdrive.

Being back home in Czechia, I enjoyed the spoils of being amongst my family and friends in a culture which I felt I understood, as an insider, for a change. I also caught a glimpse of the hardships experienced by single parents here, often feeling utterly exhausted and longing for my husband to be with us, as well as domestic helpers. I was home schooling my children following the curriculum of the international school in Freetown, whilst also preparing my son for his exam at his Czech school. It was tough and exhausting. My children have, for the first time in their lives, spent more than a month in their mother's country. They began to see it as one of their homes and their Czech has improved significantly. Growing up in the UK, Sierra Leone and now here, they are spending their formative years in various countries and cultures. They are no doubt "third culture kids" – "who are from neither here nor there, whose identity will be shaped by the experience of growing up in a context of permanent contingency." (WALLACE 2018: 134). My hope is that the

advantages of such upbringing will outweigh the spatial uprootedness, and there is some evidence to show that such people are on average more resilient and adaptable as adults (ABE 2018; TAN, WANG & COTTRELL 2021).

Being a returnee after years of living abroad, I was observing my own country through a different angle. Things were familiar and strange at the same time. I was an insider with a stranger's lens. I started taking note of things within the Czech context, I had previously taken for granted or not noticed at all: The beautiful, easily accessible countryside. The functioning health system, I was able to navigate and which sorted out my daughter's asthma and allergies. The working infrastructure with smooth roads. Working electricity 24/7. Living near the best cake shop in the city, enjoying Czech cuisine, good beer, bread and salami, I have of course gained weight. My time in Prague was lovely and confusing. I often oscillated between being ecstatic and depressed. Loving it all and having moments when I felt I no longer understood and no longer belonged. I was a "return migrant experiencing anomie" at times. I noticed changes in Prague that had occurred during the 15 years I had been abroad. I was discovering the transforming city with more child-friendly spaces, increasingly international population, and hipster quarters with vegan cafes and restaurants. The public transport – trams, buses and the underground metro with many new stops, and buildings and neighbourhoods that had been built during my absence.

The beautiful city centre was a sad sight. I had not seen it this empty since the 1980s when we were still living behind the "Iron Curtain". Before the pandemic, it had always been heaving with tourists. But now, the impact cheap travel has had on our city was revealed – there were no local inhabitants left in the city centre. So, during the first pandemic summer, restaurants and bars on city peripheries were doing well, whilst the city centre was empty. One friend told me: "*The Czechs have given up on this part of town*". It is true and it happened many years ago. For many of us, for years it was unimaginable to have a drink or meal in one of the restaurants in the city centre's main squares. The prices used to be just too high. Thanks to the limited travel, however, I had my first ever drink at Old Town's Square during this pandemic sum-

mer. On the bright side – with smaller crowds, I could show my children some parts of the town, they had never seen before. My diary ends with a note of a celebration party, which was held on 30th June 2020 at the Charles Bridge in central Prague to mark the end of epidemiological measures. Many were jubilant, thinking that perhaps the virus was defeated. They could not have been further from the truth...

Decision to return to Sierra Leone

My husband joined us in Prague for a few weeks during the summer. We were finally a complete family unit. Our identity-making exercise seemed complete. We were a unit of four and needed to make sure we are a unit of four again.

I had moments though when I felt like I could still settle down in Prague again. We all could, if we made the effort. We would have to change our careers significantly. The opportunities in our niche fields are severely limited here. But my friends would probably be able to help me find my feet... Such thoughts, longing for the chance to return in the back of my mind as I was watching my increasingly frail parents. But the time was not right for us, with our immediate opportunities more readily available outside the country.

With colder weather coming to Europe in September and the Czech government not really imposing any epidemiological measures, it was clear the second wave of infections would start quickly. Weighing up the situation in both countries, we decided to reunite our family in Sierra Leone at the end of September 2020.

Sierra Leone was just coming out of a rainy season. The virus claimed some 79 lives in the country by the end of the rainy season and the number of cases did not seem to go up. The airport reopened and our exit route to safety was to remain in place, should things get worse. The international school in Freetown seemed to have rigorous procedures in place with compulsory facemasks for all pupils, teachers and staff, physical distancing and handwashing.

One year later – April 2021

The examples of Sierra Leone, the Czech Republic and the UK show how differently the country leaders have approached the problem of COVID 19. One country acting in advance of the virus arriving, another acting within two weeks of the virus arriving, and the third one introducing measures only some six weeks after the arrival of the virus. However, a year later, we can see that reacting fast is not all-saving. The UK⁴ was initially faring badly but eventually was among the most successful nations achieving quickly high levels of vaccination among its population. While the Czech Republic's success during first wave was completely overshadowed by its terrible handling of the virus during the second and the third waves.⁵

Meanwhile in Sierra Leone, our children have been going to school since October 2020 until now (April 2021) without interruption. Public life continues. Against expectation, the pandemic did not seem to take hold in Sierra Leone during late 2020 in official numbers. In February 2021, the official death toll from COVID 19 in Sierra Leone was still "only" 79 people with total confirmed cases being 3759 people. My Sierra Leonean friends and colleagues seem to now think that COVID 19 is not in the country. And while the government still imposes wearing of facemasks, and social distancing, and handwashing, people simply do not adhere anymore. We do not have a complete picture of the real situation in Sierra Leone. It is common that people die without known causes. With low numbers of people being tested (some 400 a day), there is likelihood of high numbers of undetected cases. However, the uptake of vaccinations available to the public is low with the possibility of some vaccination doses expiring. I fear what may happen during the rainy season.

I was able to get vaccinated here in Sierra Leone. And the moment when I got the jab was emotional. I realized how much the pandemic has been affecting my daily decisions and my interactions. It has prevented my usual anthropologist's background to attempt and take part in as many local activities in Sierra Leone as possible. My colleagues in Freetown tease me for wearing a face mask in meetings and for avoiding eating food from the same plate as everybody else. They may not believe the virus exists, but I do. Through the

screen of my phone, I keep witnessing the lockdowns and the terrible impact of loss experienced by my friends in the UK and in the Czech Republic and somehow, I worry, the pandemic is not over yet. Completely against my character, here in Sierra Leone, I have been avoiding public events, such as weddings, language, and exercise classes. It is because mentally, I am at three places at the same time. Like a proper migrant, I maintain links with my present country, my home- and my adoptive home-countries (WALLACE 2018, HOREVITZ 2009).

Identity-making: stranger, ethnologist, migrant, expat

The pandemic made me reflect on my own transnational life. Moving between Sierra Leone and the Czech Republic also brought back reflections about my 10 years in the UK and previous years in India and Sri Lanka and even my other travels. I am a perpetual stranger. According to GEORG SIMMEL (1908), a "stranger" is someone physically close and at the same time socially distant. Depending on the country, I have experienced the label of a tourist, sojourner, anthropologist, researcher, expat, immigrant, migrant, and returnee. All these categories include a level of distance, a level of not belonging.

Being a foreigner has lots of advantages. You experience diverse climates, landscapes, food, people, and languages. And in the process, you learn about different systems, ways of living and doing things. You learn different solutions to the same problems. It is endlessly interesting and hard. When you are a professional stranger, your biggest asset is your international experience and position outside the embedded networks. Your insights are often valued precisely because they do not belong to the local context and you are able to see things differently, albeit crudely. This allows you to arrive at solutions and ideas that would not be conceivable locally at the same timeframe. At the same time, consultants' and expats' ideas are often being mocked and considered out of place as they sometimes state the obvious (REDFIELD 2012, WALSH & JOHNSON 2018). When you are a foreigner, you overstep invisible lines, and break local taboos, daily. You get used to the raised eyebrows, looks of incredulity, and think: "What have I said now?" However, the same is being done to

you. Your host community also oversteps invisible lines you were brought up with and they break your taboos, daily.

Being a stranger involves the omnipresence of surprise in most daily interactions. Things we were taught as children we consider elementary. They are the basis of our assumptions, of our “logical” reasoning that should help us predict how things may or may not develop. However, when you are a stranger, things rarely develop the way you expect them to. Daily interactions with local people, and institutions, are frequently surprising and seem “illogical” because they are based on completely different sets of assumptions compared to those one has grown up with. In the end, the only things that help you survive are your humanity, instinct, and adaptability.

I have been trained as an ethnologist (social anthropologist). In 1963, DENNISON NASH offered an interesting perspective on ethnologists as professional strangers. According to NASH, every stranger begins as a traveller. The traveller then needs to re-orient himself and adapt to the changing external world. As a stranger he must create and maintain some frame of reference which will be both externally and internally adaptive. The host puts him in a known category (tourist, enemy, missionary). Despite moving towards host norms, the stranger does not feel increasing affinity with them. On the contrary, he is more and more aware of the gulf between them. The social condition of a stranger is thus normlessness and alienation. “The stranger is an outsider in a world (for him) of ambiguity, inconsistency, and flux” (NASH 1963: 152). Thus, DURKHEIM’S concept of anomie is applicable. In such an event, when anomie is felt, the stranger must adapt by changing his frame of reference and his internal requirements. The host culture is a difficult problem to master – something taken for granted by the hosts, the stranger must build it up piece by piece. Individual adaptation then depends on compatibility of host and home cultures, how hosts treat strangers, stranger’s relative power, whether there is or is not an enclave of his own people who can understand him (often compatriots). Most strangers are not ordinary citizens in their home societies. They must somehow be capable of accepting normlessness either by a) quickly adapting, leaving their stranger status and

thus the limbo or marginality (a transitional person) or by b) having a flexible personality, practicing detached-involvement, being tolerant of ambiguity and remaining in the limbo of marginality (autonomous person). In order to do ethnology, one has to remain a stranger to be able to reflect on their work (NASH 1963).

NASH is referring to anthropologists who spend a year or so in the field. But what about those of us who are anthropologists by training, and end up living a transient life as perpetual strangers for good? Having been trained in social anthropology, I feel a slight advantage compared to other perpetual strangers. I know not to judge my husband’s or the host country’s culture by my own cultural values. That is easily done during field research, less easily done on a permanent basis. When one marries a foreigner and lives with him in his country (in my case the UK), it is not so easy in day-to-day living with no end and respite in sight. Your framework – the way you think and value things – is constantly under attack as being “weird”, out of place. By the values of your host community, your partner is more often right than you are. And that feels terrible. One must develop strategies to survive – having an enclave (Czech community in the UK) and travelling back home as much as possible and making use of virtual communication via WhatsApp, Messenger, and other means.

My children were born in the UK. WALLACE (2018) described pregnancy and birth as a critical rite of passage through which women form new subjectivities and identities. The experience of giving birth and raising kids in the UK, attending British play groups and doing school runs, has made me accept some of the parenting norms of the UK. The UK has thus become inherent part of my identity, my adoptive country. In that sense, I am no longer a researcher but also an immigrant-migrant.⁶ According to the proponents of transnationalism theory, globalization makes borders obsolete. It has been noted that immigrants-migrants struggle with their identity, and in the process maintain strong links to their home communities, producing imagined communities (HOREVITZ 2009).

When we left the UK to go to Sierra Leone, I loved the prospect of not being an immigrant and doing classic anthropology again – delving into new culture, language and observe the society. An-

thropologists are supposed to be able to see the world through the eyes of the natives – to live with local communities, learn their language and participate in daily life. When we arrived in Salone, I started taking Krio lessons, and establishing local contacts, as well as expat contacts with the International Women's Committee (IWC). My interest in IWC was both academic and as a source of personal enclave. It was an added bonus to find another Czech person living in Sierra Leone. However, bringing children to a country with a weak health system and increased health risks, already limits one's ability to fully live up to the ideal of anthropological research of going native in a remote village far from any health facilities. I chose to pursue themes realistic for my situation – African hairdressers, gym culture, and expat enclaves, whilst also working on an assignment concerning public health. But when the coronavirus control measures started, suddenly all socializing was stopped. I could not continue participating in local practices, and my expat identity took precedence.

According to HANA NAVRÁTILOVÁ (2014) the term expat is fluid and often indicates Western educated, prosperous foreigners. In many contexts, this term is further racialized. Expats often come from a preferred country of origin and are a “more desired kind of foreigners.” NAVRÁTILOVÁ argues that the category of expatriate has been developed by Westerners to distinguish themselves from the negatively perceived immigrants and tourists. International cities have their own “expat-scapes” often found in a certain part of the city, with higher incomes, prices, education, social and economic stability. The difference seems to be that immigrants travel because they are desperate and poor, and expatriates travel because they are “curious self-actualizing cosmopolites” (NAVRÁTILOVÁ 2014).

Different contexts lead to the creation of different expat-scapes. Sierra Leone being among the least developed countries, with a weak health system and rich natural resources, for example has an expat-scape populated by numerous health and aid workers, as well as business people and extractive industry professionals. The small expat community in Freetown is serviced by international schools, high-end restaurants, hotels, supermarkets, and medical clinics. International spouses

in Freetown use the International Women's Committee as an enclave to support each other. LINDSEY WALLACE (2018) using the example of Geneva, described how expat women create communities based on transience and being away from home, using both digital and physical meeting spaces to build networks based on shared life stage and displacement. WALLACE also notes, that expat women do deliberate work to maintain frictionless mobility of their families, through managing bureaucracy or choosing their children's nationalities strategically. Belonging is always transient and family life for the privileged expats is precarious.

I do not know what is coming next for our family. Our choices have been guided by job opportunities and that will probably continue to be the case, whilst also considering our children's well-being. According to WALLACE, expat families face dilemmas of how to negotiate community and belonging when their children become more autonomous and develop desires for social life, with some choosing to stop their transient lifestyles, or integrate more with host communities, whilst some continue with their children attending international schools throughout their lives. The question in my view, is how much do we associate community with a place? Our children have certainly had interesting global exposure and schooling experiences. They have friends in different parts of the world, who themselves are often mobile. When I was growing up in Central Europe, there has been a strong cultural trope, that belonging means having a *connection to a place or a particular building*. Houses and places have great sentimental value in the Czech context and for that reason any permanent mobility tends to be considered in negative terms – as bad and detrimental. However, through my adult experience of global mobility, I have grown to see sentimental value in relationships rather than in the physical environment and properties. I feel, it would be useful to move away from feelings of alarm, when observing children growing up in context of international mobility. After all, we have been managing to maintain their imagined community – a social group of friends who are both spatially close and far away – by arranging local playdates and WhatsApp calls with children in the UK and the Czech Republic and through other social media. The question is how much actual physical proximity matters for

maintaining relationships. The answer will probably be different for different individuals.

While I often long for my native country, worry about the identity of my children, and worry about my parents' old age situation, we are still making the choice of doing the jobs we love and a life of permanent transience, while hoping that virtual proximity via WhatsApp and Messenger is still enough to keep our family and friendship ties alive. We both hold a hope that we will one day be back in our respective countries, together, and that we will be able to share with our compatriots what we have learnt out in the world. According to SOLIMANO (2006), there are pushing and pulling factors determining the mobility of highly skilled people, including scientists and academics. The pulling factors are better opportunities and higher salaries. The pushing factors are lack of career progression prospects and low salaries. I certainly feel locked out of my native country because I do not see enough opportunities for both myself and for my husband in our fields of expertise. If we were to live in the Czech Republic, we would both need to change the sectors we work in.

Revelations of the pandemic

The evacuation revealed to us what we conceived of as "safety". We were happy to be evacuated from a country with very small number of coronavirus cases to a country with increasing numbers of cases, via a country with very high number of cases. For us, safety was not defined by the number of COVID 19 cases, but rather by the capacity of the system to assist us in case anything went wrong.

The pandemic has disrupted our state of permanent transience. Initially, it revealed my native country as a "sanctuary" – a place where we felt safe and protected. However, subsequent events showed that sanctuaries are fluid. When we decided that uniting our family was a priority and decided to all go back to Sierra Leone in September 2021, we felt it was risky. We had no idea that this poor underdeveloped country with a weak health system was going to provide us with a fairly normal lifestyle at a time when most people in the developed world were in a lockdown. Paradoxically, the country we were evacuated from in April 2020 became our sanctuary in late 2020 and through the early months of 2021, whilst our

former sanctuary Czechia became badly affected by the pandemic. As Sierra Leone moves gradually into the rainy season and Europe moves into warmer weather, I wonder whether the status of where our sanctuary may be may change again.

Finally, in April 2021, we also got our first vaccination in Sierra Leone through a UN programme for partner organizations. Sierra Leone was donated vaccines through the COVAX programme, and vaccination is now available to all Sierra Leoneans above the age of 40. However, the uptake is low and there is a possibility that the vaccines may expire. While I struggle to comprehend the low uptake, I personally was highly emotional when I got the jab. It felt like an era has ended. It felt like shackles that have kept me from being engaged with local culture in the way I would normally be, have been half unlocked.

Conclusion

In this paper, I used my COVID 19 diary depicting my stay in Sierra Leone and my eventual homecoming to the Czech Republic in Central Europe, commenting on it from hindsight, one year later. I described the anxious expectations of how the COVID 19 pandemic may develop in Africa and what precautions the Sierra Leonean state took before the virus even arrived on its territory. Sierra Leone closed its borders and the airport for commercial flights to stop the spread of the virus. This was a major blow to the privileged and the expatriate communities in Sierra Leone as air-travel was their only guarantee of access to good standard of healthcare abroad. As a result, many internationals and privileged Sierra Leoneans left on various repatriation flights to countries, which although worse affected by COVID 19 at the time, had generally more robust health systems than Sierra Leone. In the absence of available exit, many families were prepared to separate to be able to access better healthcare. The overall worry was not vertical – about COVID 19 only, but rather horizontal – that is about general access to health.

Organization of repatriation flights was governed by diplomatic mechanisms of prioritization, making some categories of nationals more worthy of repatriation than others. Many families split in the process. Our evacuation took 36 hours and took us over seven countries and interplayed

with pandemic control measures that varied from state to state. In my native country, I experienced an emotionally intensive process, perhaps common among returnees, interrogating my own identity – questioning how much I still belonged. To what extent was I still an insider, and to what extent was I a stranger, an ethnologist, a migrant and an expat?

I discussed the notion of “sanctuary” as a place of safety. My native country was our sanctuary during the spring and summer of 2020. However, from October 2020 until the time of writing this paper, our sanctuary was in Sierra Leone – the country with a weak health system we first evacuated from. Sierra Leone became our sanctuary at a time when significant segments of our imagined communities in Europe were in a lockdown, while our lives in West Africa continued to flow normally. Sierra Leone could become our sanctuary, only because the air travel resumed and was likely to continue uninterrupted. This was the very condition, that made reunification of our family possible.

I reflected on the experience one year later – in hindsight. The situation has changed in surprising ways, making me question my previously held notions of safety and health, and compare epidemiological control measures deployed in the international context. I expanded on the transnational notion of “imagined community” and I suggested that globally mobile people who live a similar lifestyle of permanent transience exercise continuously multi-sited mental presence across diverse countries and systems. Constantly following multiple sets of news, maintaining in-depth awareness of circumstances of our social circles in three countries. I also interrogated the value and meaning of physical proximity in identity-making in the context of permanently transient communities.

Notes

1 The British government’s reaction was somewhat slower. The virus was first recorded in the UK in late January 2020 in York, and subsequently spread in February, with cases appearing throughout the country, including Brighton and Edinburgh. The number of confirmed cases jumped between March 1st and 12th from 36 to 590, that is more than 16 times. However, it is believed that there were high numbers of undetected cases due to low number of tests. On March 5th (2020) first coronavirus deaths were recorded in the UK. The British government

started issuing advice to their citizens to isolate in case they have continuous cough. More serious restrictions were introduced only in late March, with schools closing on March 20th (2020) and people being ordered to stay at home on March 23rd. On March 27th, Boris Johnson, the British Prime Minister, tested positive for the virus and subsequently needed hospitalization and treatment at the ICU in early April. The UK ended up having the highest number of deaths in Europe in early May 2020. The restrictions started easing off in June.

2 In the Czech Republic, initially, there seemed to be complete disbelief that people may catch the virus and people kept on going about their lives as usual, travelling abroad to the coronavirus hotspots of the time, such as skiing resorts in Italy. I wrote in my diary: “For years, the Central Europeans have been used to observing dramatic global events from a distance. Most have never been directly affected by them. SARS, tsunami, earthquakes, Ebola, famine in Yemen – all these were distant, abstract.” There was a palpable sentiment that epidemics do not happen to Czechs. However, on March 1st (2020), it was announced that three people in the Czech Republic tested positive for the virus. All three arrived from Italy – an American tourist, and two Czechs. One having been at a conference and one on skiing holidays. “It is only now, when they are also getting sick, they realise, it can happen to them”, I wrote in my diary. The state authorities moved quickly into action after that. On March 11th all educational institutions were closed. On March 12th 2020, the Czech government announced state of emergency. It lasted 66 days and included a variety of gradually changing measures, including ban of public events, closure of restaurants and non-essential shops, closure of state borders, and quarantine of particular villages. Since March 19th it was compulsory to wear facemasks in public. People adhered very well to the restrictions. There was a sense of “Let’s get over with this quickly”. The restrictions started easing off at the end of April and the state of emergency ended on May 17th. In other words, when the virus arrived, the Czech state and people took it very seriously. They felt they nipped it in the bud. And they held a big celebration on the iconic Charles Bridge at the end of June 2020 to mark “the end of coronavirus measures”.

3 I remember one of the long term IWC members tell me her story when the rebels came to Freetown in 1997. She had three young children, there was no electricity for three days and gun fire could be heard across the city. Eventually, the rebels wearing wigs and armed with AK47s entered their compound only to be bribed with alcohol and dollars to go away.

4 The UK issued advice to wear facemasks only in July 2020. It experienced a second wave and subsequent lockdown. On January 26th 2021, the number of COVID 19 deaths in the UK surpassed 100000 people. It started quickly rolling out COVID vaccines with some 10 million people already having received the first of their two doses. With another lockdown in February 2021, the number of hospitalizations has been steadily going down. The UK have gone from being one of the worst countries to one of the most successful.

5 The Czech situation especially has got out of hand.

Lulled by its own success during the first wave, the Czech government failed to listen to expert advice and prepare for the second and third waves. The death toll climbed from below 1000 in September to over 27000 dead in early April 2021. By mid-February 2021, the Czech Republic had the worst transmission and death rates per 100000 people in the world. The third wave has overwhelmed Czech hospitals. My best friend's father died of COVID 19. This is a result of series of missteps when the government did not follow its own guidelines and also some cultural traits, such as lack of respect for authorities (KOTTASOVÁ 2021, KUBÍK 2021a, KUBÍK 2021b). Some point at the lack of religious belief and willingness to work for the common good (HONZEJK 2021). Vaccinations are rolling out slowly. The Czech success trajectory has gone from one of the best to one of the worst in the world.

6 According to ELIZABETH HOREVITZ, the term migration is associated with impermanence – as migrants can possibly move among several places, and immigration is associated with permanence. People come and stay in a host community. Often the lines between these two categories are blurry.

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