

The Zimbabwe mayhem – how many people must die for the neighbours to act?

On 9 December 2008, Reuters reported the death toll from Zimbabwe's cholera epidemic to be nearly 600. However, the number of cases and deaths reported daily is on the increase, with the World Health Organization projecting an ultimate case load of 600 000 with 6 000 deaths. The Mugabe regime denies all culpability for the epidemic and, in an astonishing display of Nazi-style propaganda, is blaming the outbreak on biological genocide being perpetrated by the UK and USA to justify a military invasion of the country. Reuters quotes Mugabe's spokesman George Charamba as telling the State-owned *Herald* newspaper that 'The British and the Americans are dead set on bringing Zimbabwe back to the U.N. Security Council, they are also dead set on ensuring that there is an invasion of Zimbabwe but without themselves carrying it out.' In one TV news frame, a forlorn Zimbabwean is seen holding a placard denouncing 'Brown's cholera' (referring to UK Prime Minister Gordon Brown).

Tell that to the little border town of Musina, which is enduring a relentless trans-border influx of scores of Zimbabwean cholera sufferers pouring in from across the Beit Bridge, or to the South Africans along the border who have contracted the disease or have died from cross-border spread. Musina has a small hospital that is barely able to cope with the demand. South Africa, through the Limpopo provincial health department, is valiantly endeavouring to deal with the influx. Sky News reported that the hospital had set up four tents in the grounds to deal with the crisis. 'They are all full, and dozens of patients with drips attached to their arms are lying on the grass outside, most of them too weak from dehydration to move. They are all Zimbabweans who were infected with the disease before they arrived in South Africa.' As we have previously reported in this journal and in the *BMJ*,^{1,2} the Zimbabwe health system has virtually collapsed and is in no position to cope with the epidemic.

The immediate cause of the epidemic is the country's inability to process clean, potable water for the city of Harare, nor indeed for the country as a whole. Unable to procure the chemicals required, and lacking both the equipment and skills to maintain the water purification infrastructure, the Zimbabwe National Water Authority has simply shut down the regular water supply system. One Harare resident told the BBC: 'On my way home from work yesterday, everyone in the commuter omnibus I was in was shocked at the sight in town: many, many people walking round the city centre – carrying buckets and jerry cans, empty juice and milk bottles – trying to find water to take back to their homes; everyone going around looking for a business that has a borehole and asking if they can get water.'

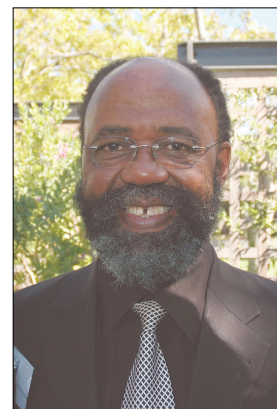
The larger context for the epidemic is the prevailing political impasse and economic meltdown, including food shortages, all resulting from the Mugabe regime being permitted to maintain political control of the country against the wishes of the people of Zimbabwe. To tighten his grip on power, Mugabe has not hesitated to engage in gross human rights abuses,^{1,2} ostensibly to punish those suspected of opposing the regime, but more likely in order to frighten all Zimbabweans into total submission. One of the most blatant and shameful examples of this was the so-called Operation Murambatsvina, which saw the mass demolition of homes in a neighbourhood alleged to harbour opposition supporters, and which, according to the UN Human Settlement Program, 'displaced 700 000 from their homes, forced a half a million children out of school, and adversely affected about 2.4 million citizens – nearly 20% of the population'.

Such ruthlessness at Mugabe's instance is nothing new. In the mid-1980s, he unleashed the massacre of at least 7 000 political opponents among the Ndebele in the south of the country. In a formal report on the gruesome and barbaric slaughter, the Catholic Commission for Justice and Peace described one incident in which 'The soldiers picked out the two pregnant girls from the rest of the villagers and shot them at close range to death. That did not seem to meet their standards for bestial ruthlessness and – using bayonets fixed on their AK-47 rifles, the soldiers then slit open the dead girls' stomachs exposing their moving fetuses.'³

The cholera epidemic may be the beginning of the end for the regime. But Mugabe should long have been condemned, kicked out of the club of southern African nations and ostracised by his neighbours. That the SADC countries – except for Botswana – have failed to act or at least to express explicit outrage, and instead have chosen to coddle the evil dictator, is nothing short of disgraceful.

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Editor



1. London L, Ncayiyana D, Sanders D, Kalebi A, Kasolo J. Zimbabwe: A crossroads for the health professions. *S Afr Med J* 2008; 98: 777-778.
2. Ncayiyana DJ, London L *et al*. The Zimbabwean humanitarian crisis. *BMJ* 2008; 337: a1286, doi: 10.1136/bmj.a1286 (published 12 August 2008).
3. A chronicle of post-independence massacre. *Sokwanele* 2005; 6 April. www.sokwanele.com/articles