

The politicisation of health in Zimbabwe: The case of the cholera epidemic, August 2008-March 2009

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Abstract

In this article the case of the August 2008 to March 2009 cholera epidemic is used to examine the intersections between health and politics in Zimbabwe. The focus is on the different narratives deployed by the mainstream opposition party, the Movement for Democratic Change under Morgan Tsvangirai (MDC-T) and the ruling party, Zimbabwe African National Union -Patriotic Front (ZANU -PF) to explain the causes of, and responses to the cholera epidemic which emerged in the immediate aftermath of the disputed June 2008 presidential runoff. An analyses of how regional governments, especially South Africa, responded to the cholera outbreak is made. The opposition argued that the epidemic was a clear indicator of government's mismanagement. On the other hand, public intellectuals aligned to ZANU-PF and government ministers invoked conspiracy theories and blamed external forces for the epidemic. South Africa and the region saw it through a humanitarian crisis lens. In the discussion the varied narratives explaining the causes of the outbreak and responses to the cholera epidemic exposed ongoing internal and external political contestations are noted. The epidemic seems to have become inextricably entangled with discourses revolving around political governance, human rights problems and the struggles over political power between the ruling party and opposition parties.

Keywords: Zimbabwe; Cholera; Public health; Politics; Zimbabwe African National Union – Patriotic Front; Movement for Democratic Change-Tsvangirai; South Africa.

Introduction

Between August 2008 and March 2009, Zimbabweans faced a major health crisis in the form of a cholera outbreak.¹ Cholera spread to some of

¹ Cholera is an acute enteric infection caused by the ingestion of bacterium *Vibrio cholerae* present in faecally contaminated water or food. In its most severe form, it is characterized by a sudden onset of acute watery diarrhoea that can lead to death by severe dehydration. Its short incubation period, two hours to five days enhances the potentially explosive pattern of outbreaks, as the number of cases can rise very quickly. It can be indirectly transmitted from person to person through infection of food, water or clothing or bathroom and toilet facilities. For a brief historical discussion of cholera pathogens see M Echenberg, *Africa in the time of cholera: A history of pandemic from 1815 to the present* (Cambridge, Cambridge University Press, 2011), pp. 5-6.

the neighbouring countries like South Africa in the latter parts of 2008. The epidemic was recorded as the deadliest African cholera outbreak in the last fifteen years. In March 2009, the World Health Organisation (WHO) reported that the death toll had exceeded the number of people who had died from cholera in the entire African continent over several years.² At least 98 591 suspected cholera cases were reported, including 4 288 deaths.³ According to Charles Todd et al, the case-fatality rate peaked at almost six percent, greatly exceeding the one percent WHO norm.⁴

This article aims to explore the politicisation of a health crisis in Zimbabwe. Focussing on the cholera epidemic that broke out in Harare in August 2008, which spread to other parts of the country and by November 2008 had spread to countries such as South Africa, the article examines the ways in which politicians from across the political divide explained the causes of the outbreak.⁵ It also highlights the varied local and regional responses to the epidemic. The article suggests that the cholera epidemic became politicised as the explanations over the causes of the outbreak as well as the responses to the outbreak exposed internal and external political struggles. The mainstream opposition MDC-T party led by Morgan Tsvangirai, argued that the outbreak was symptomatic of mismanagement and failure in governance by the Robert Mugabe regime.⁶ At the other end of the spectrum, those aligned to ZANU-PF projected a victimhood narrative, claiming that the epidemic was part of international regime change agenda. Regional governments viewed the epidemic as part and parcel of the unfolding humanitarian crisis in Zimbabwe. Although the roots of the cholera outbreak can be traced to structural problems in the urban infrastructure in Harare, particularly the failure to provide clean water and adequate sanitation services, the outbreak became entwined with political governance, human rights discourses and struggles over political power. Furthermore, while the cholera outbreak can be analysed as a significant event that exposed the decline in the hospital system and the collapse of the public health sector as Mark Nyandoro, Muchaparara

2 C Bateman, "Cholera-getting the basics right", *South African Medical Journal*, 99(3), 2009, p. 138.

3 C Todd et al, "What is the way forward for health in Zimbabwe?", *The Lancet*, 375(9714), 13 February 2010, p. 606.

4 C Todd et al, "What is the way forward...", *The Lancet*, 375(9714), 13 February 2010, p. 606.

5 While most of the evidence comes from Harare, this paper goes beyond Harare in its analysis of the politicisation of the epidemic considering the fact that cholera spread to other parts of Zimbabwe and even beyond her borders. At the same time, public health related problems became entangled in national politics.

6 While there were other opposition parties, for example MDC led by Arthur Mutambara, for this paper, I focus on the mainstream opposition MDC-T led by Morgan Tsvangirai as it was the leading opposition party in 2008.

Museumwa and Myron Echernberg have noted,⁷ the failure of a timely response was also an indicator of the incapacity of the governing system. As Elizabeth Prescott argued; “failures in governance in the face of infectious disease outbreaks can result in challenges to social cohesion, economic performance and political legitimacy”.⁸ Such an argument can be applied to Zimbabwe between August 2008 and March 2009.

Scholarship that examined responses to epidemics and diseases and the illustration of internal dynamics of societies inform this article. Echenberg, Nancy Gallagher, David Arnold and Richard Evans, for example, emphasised on the significance of epidemics being drivers of historical change within societies.⁹ Gallagher argued that epidemics can be viewed as mirrors or magnifying glasses reflecting and revealing underlying social forces and conflicts within society and changes in values that can usually escape the historian’s eye.¹⁰ An examination of internal dynamics of society through epidemics enables scholars to explore power relations and social struggles. In addition, as McGrew noted, epidemics such as cholera which mainly affect the poor and lower classes within society afford scholars a “unique opportunity to penetrate class structures” and unravel the “social attitudes and living conditions of a broad section of the population”.¹¹ During the 2008-2009 epidemic in Zimbabwe, the poor were more vulnerable to cholera than the rich.¹² Hence, besides having the capacity to “open up fissures within society”¹³ a study on cholera provides a convenient point of entry into the material conditions of the poor and illustrates the interventionist capacity of the state and the political constraints that acted upon it.¹⁴

7 M Nyandoro, “Historical overview of the cholera outbreak in Zimbabwe (2008-2009)”, *Journal for Contemporary History*, 36(1), June 2011, pp. 154-174; M Museumwa, “From ‘Sunshine City’ to a landscape of disaster: The politics of water, sanitation and disease in Harare, 1980-2009”, *Journal of Developing Societies*, 26(2), 2010, pp. 165-206; M Echenberg, *Africa in the time of cholera...*, pp. 163-172.

8 EM Prescott, “The politics of disease: Governance and emerging infections”, *Global Health Governance*, 1(1), 2007, p. 1.

9 NE Gallagher, *Medicine and power in Tunisia, 1780-1900* (Cambridge, Cambridge University Press, 1983); M Echenberg, *Black death, white plague: Bubonic plague and the politics of public health in colonial Senegal, 1914-1945* (Portsmouth, Heinemann, 2002); M Echenberg, *Africa in the time of cholera...*; D Arnold, “Cholera and colonialism in India”, *Past and Present*, 113, 1986, pp. 118-151; D Arnold, *Colonizing the body: State medicine and epidemic diseases in nineteenth-century India* (Berkeley, University of California Press, 1993); RJ Evans, *Death in Hamburg: Society and politics in the cholera years 1830-1910* (Oxford, Oxford University Press, 1987).

10 NE Gallagher, *Medicine and power in Tunisia...*, p. 2.

11 R McGrew quoted in D Arnold, “Cholera and colonialism in India”, *Past and Present*, 113, 1986, p. 118.

12 M Nyandoro, “Historical overview of the cholera outbreak ...”, *Journal for Contemporary History*, 36(1), June 2011, p. 156.

13 D Arnold, *Colonizing the body...*, p. 159.

14 D Arnold, “Cholera and colonialism in India”, *Past and Present*, 113, 1986, p. 119.

The article is also situated within the literature that examined the post-2000 Zimbabwe crisis.¹⁵ Except Nyandoro and Musemwa for example, the literature focussed on the economic and political elements as central to the Zimbabwe crisis. Nyandoro and Musemwa's works examined the causes and impact of infrastructural decline on health in urban areas and they concluded that the 2008 cholera outbreak was largely a result of the decline in infrastructure in the capital city of Harare.¹⁶ I build on and expand this literature by highlighting that an emphasis on the epidemic enables scholars to shift the angle of analysis to health, and how public health exposed political polarity in the country. It was not only political polarisation that was revealed, but the competing explanations of the causes of the cholera epidemic were also part of the larger struggles over the political legitimacy of Mugabe's government after the June 2008 elections. In putting forward this point, I am informed by Echenberg. In his work on the politics of public health in colonial Senegal, Echenberg underscored the fact that an appreciation that epidemics cannot be understood exclusively as medical events enable scholars to move away from "the old Cartesian paradigm of clinical medicine, which stressed the individual physiology of the human body while excluding the body politic from its purview".¹⁷ The cholera epidemic can be viewed as another important arena that enabled political parties and civic societies to flex their muscles in their struggles over political power in Zimbabwe.

It must be noted that issues revolving around public health and diseases have been part of the socio-political struggles in southern Africa. The case of HIV/AIDS immediately comes to mind. To borrow from J Mann, HIV/AIDS "has helped catalyse the modern health and human rights movement, which leads far beyond HIV/AIDS, for it considers that promoting and protecting health and promoting and protecting human rights are inextricably intertwined".¹⁸ In South Africa for example, while the struggles over antiretroviral drugs

15 M Nyandoro, "Historical overview of the cholera outbreak...", *Journal for Contemporary History*, 36(1), June 2011, pp. 154-174; M Musemwa, "From 'Sunshine City' to a landscape of disaster...", *Journal of Developing Societies*, 26(2), 2010, pp. 165-206; S Chiumbu and M Musemwa (eds.), *Crisis! what crisis? Exploring the multiple dimensions of the Zimbabwe crisis* (Cape Town, HSRC Press, 2012); B Raftopolous, "The crisis in Zimbabwe, 1998-2008", B Raftopolous and AS Mlambo (eds.), *Becoming Zimbabwe: A history from the pre-colonial period to 2008* (Harare, Weaver Press, 2009), pp. 201-232; IR Phimister, "Rambai Makashinga (Continue to Endure): Zimbabwe's Unending Crisis", *South African Historical Journal*, 54(1), 2002, pp. 112-126.

16 M Nyandoro, "Historical overview of the cholera outbreak...", *Journal for Contemporary History*, 36(1), June 2011, pp. 154-174; M Musemwa, "From 'Sunshine City' to a landscape of disaster...", *Journal of Developing Societies*, 26(2), 2010, pp. 165-206; JWN Tempelhoff, "Leaving behind a 'twisted soul': The 2008-2009 cholera outbreak in South Africa", *Journal for Contemporary History*, 34(3), December 2009, pp. 172-189.

17 M Echenberg, *Black death, white plague...*, p. 3.

18 J Mann quoted in P Farmer, "Pathologies of power: Rethinking health and human rights", *American Journal of Public Health*, 89(10), October 1999, p. 1491.

during the Thabo Mbeki presidency were not overtly a power struggle, the contestations that ensued nevertheless point to the fact that political decisions have an impact on people's access to health. Indeed, HIV/AIDS denialism under Thabo Mbeki clearly affected South Africa's policy direction on HIV/AIDS treatment and people's access to antiretroviral drugs.¹⁹ In Zimbabwe, the cholera outbreak and the bodies of cholera sufferers became sites of intense political contestation in which national, regional and international forces became entangled in an increasing complexity, in the process revealing socio-political struggles.

The empirical basis of the story narrated in this article draws from newspapers, online sources, and reports from Non-Governmental Organisations (NGOs). Information from the government controlled press such as *The Herald* was juxtaposed with material from the independent press such as *The Zimbabwe Independent* and the *Financial Gazette*. While the newspapers were a great source of information on the contestations over the cholera epidemic, they had their own weaknesses, in particular the propensity to be biased towards competing political parties. As scholars on media in Zimbabwe in the post-2000 era highlighted, the media landscape in Zimbabwe transformed to be polarised between different media houses.²⁰ The state sponsored media became a major defender of the ruling ZANU- PF while the private media supported civil society and the opposition parties. In using the media as a source, I was aware of the polarisation of news coverage in Zimbabwe by 2008. To get an international dimension of the story, I consulted international online media such as *IRIN News*, *CNN International* and *BBC News*. I also used reports from organisations such as Physicians for Human Rights. For all the insights derived from the sources, they have inherent weaknesses, biases, political agendas, silences and erasures. It must be highlighted that the international media mainly supported the opposition, while NGOs, even though they were not overtly political, were viewed by the state as

19 For more on AIDS denialism see for example, V van der Vleit, "South Africa divided against aids: A crisis of leadership", KD Kauffman and DL Lindauer (eds.), *AIDS and South Africa: The social expression of a pandemic* (New York, Palgrave Macmillan, 2004), pp. 48-96; N Natrass, *Mortal combat: AIDS denialism and the struggle for Antiretroviral in South Africa* (Scottsville, University of KwaZulu-Natal Press, 2007), pp. 2-10.

20 S Dombo "Daily struggles: Private Print Media, the state, and democratic governance in Zimbabwe in the case of the 'African Daily News' (1956-1964) and 'The Daily News' (1999-2003)", PhD Thesis, University of KwaZulu-Natal, 2014; W Mano, "Press and politics in Zimbabwe: Turning left while indicating right", *International Journal of Press/Politics*, 13(4), 2008, pp. 507-514; T Ranger, "The rise of patriotic journalism in Zimbabwe and its possible implications", *Westminster Papers in communication and culture* (London, University of Westminster, 2005), Special Issue, pp. 8-17.

supporting the opposition.²¹ Still, used together these sources complemented each other. I used them critically. Juxtaposing the various perspectives from different sources was significant in understanding the politicisation of health in Zimbabwe between August 2008 and March 2009.

This article begins with a brief historical background on the general patterns of the previous cholera outbreaks in Zimbabwe. The second section examines responses to the cholera outbreak by various opposition movements. It highlights how the political and socio-economic problems affecting the country at the time influenced the opposition's responses. The third section examines government's responses to cholera. It notes that the ruling party suggested that cholera was a result of a plot concocted by internal and external adversaries. The fourth section interweaves the regional dimension to the epidemic.

A brief historical background on cholera in Zimbabwe

Although the main concern of this article is the 2008-2009 cholera epidemic, it is necessary to establish the general pattern of cholera incidences before 2008. The 2008 cholera outbreak in Zimbabwe was not the first in the country's history.²² In most cases, outbreaks were often associated and at times triggered by climate-related factors such as heavy rainfalls, floods, and droughts, which disrupted the supply of safe drinking water and aggravated hygiene conditions.²³ Furthermore, many of the outbreaks occurred in communities bordering endemic regions, especially Manicaland and Mashonaland provinces. According to Peter Mason, the first large outbreak was recorded in 1992, with close to 2000 reported cases and a mortality rate of close to 5 percent. Next was the 1998 outbreak where above 1000 cases and 44 deaths were recorded, whilst during the 1999 outbreak, there were 5637 cases with 385 deaths.²⁴ Other recorded cholera cases, often up to the year 2003, were reported in Manicaland, Mashonaland East, Kariba and Binga areas. Except for the 1992 outbreak that included Mabvuku/Tafara high-density suburbs of Harare, geographical location was the common thread weaving together these cholera outbreaks. Outbreaks occurred in "border communities and were therefore probably imported from endemic regions in surrounding

21 For more on the civil society and the state see for example C Ncube, "Contesting hegemony: Civil society and the struggle for change in Zimbabwe" (PhD, University of Birmingham, 2010).

22 M Nyandoro, "Historical overview of the cholera outbreak...", *Journal for Contemporary History*, 36(1), June 2011, p. 170.

23 C Bateman, "Cholera-getting the basics right", *South African Medical Journal*, 99(3), 2009, p. 142.

24 PR Mason, "Zimbabwe experiences the worst epidemic of cholera...", p. 148.

countries”.²⁵ However, the 2008 outbreak had nothing to do with or associated with neither season nor climate related factors. In addition, even though there was a possibility that the initial import into the communities that experienced the outbreak may have been a visitor or recent traveller, there was no close link to areas and countries where cholera was endemic.²⁶ The most reasonable explanation for the cholera outbreak in 2008 revolved around the breakdown in clean water supplies, and sewage disposal in Harare.²⁷ At the same time, the failure to contain the disease should be viewed through the collapse of the public health system by 2008 and government’s incapacity to act.

The collapse of the public health system and the failure of the state to uphold, to borrow from Paul Farmer’s argument, “health as a basic human right”,²⁸ was central to the epidemic. Thus, unlike the Hamburg epidemic in the nineteenth century that marked a triumph of state intervention in public health, the epidemic in Zimbabwe denoted the nadir of government intervention in public health.²⁹ By 2000, the health sector was under enormous strain. Between 2000 and 2008 the health sector became even more compromised by financial shortages and declining infrastructure.³⁰ Many clinics in rural areas were no longer functioning, and health care services in urban areas were compromised. The massive economic meltdown worsened the situation, and the country was in a state of politico-economic stasis and paralysis.³¹ Thus, the varied reactions to the outbreak must also be understood within this political and economic quagmire.

The opposition narrative: A man-made crisis

The reaction of the opposition to the outbreak mirrored ordinary Zimbabweans’ frustrations with economic decline and political impasse in the wake of the disputed 2008 presidential elections. A Harare journalist remarked that: “Zimbabweans understand very clearly that the cholera is a

25 PR Mason, “Zimbabwe experiences the worst epidemic of cholera...”, *The Journal of Infection in Developing Countries*, 3(2), 2009, p. 148.

26 PR Mason, “Zimbabwe experiences the worst epidemic of cholera...”, *The Journal of Infection in Developing Countries*, 3(2), 2009, p. 149.

27 M Musemwa, “From ‘Sunshine City’ to a landscape of disaster...”, *Journal of Developing Societies*, 26(2), 2010, pp. 165-206.

28 P Farmer, “Pathologies of power...”, *American Journal of Public Health*, 89(10), October 1999, pp. 1486-1496.

29 RJ Evans, *Death in Hamburg...*, p. viii.

30 PR Mason, “Zimbabwe experiences the worst epidemic of cholera...”, *The Journal of Infection in Developing Countries*, 3(2), 2009, p. 148.

31 B Raftopolous, “The crisis in Zimbabwe, 1998-2008”, B Raftopolous and AS Mlambo (eds.), *Becoming Zimbabwe...*, pp. 219-227.

manifestation of government failure. When we grew up here, nobody died of cholera. Now we see so many people dying. People see it as caused by misrule by ZANU-PF”.³² In a year when Zimbabwe was experiencing massive socio-economic problems, the ruling party became the immediate culprit for the social and economic problems that were affecting Zimbabwe at the time. ZANU-PF’s misrule was equated with failure to deliver. Cholera became a symptom of ZANU-PF’s mismanagement.

Central to public health issues were water problems in Harare. While Harare has always experienced water problems, the turning point in water woes can be traced back to 1997.³³ By the 1990s as Nyandoro noted, most urban areas in Zimbabwe in general and Harare in particular were bedevilled with the problems in population growth without corresponding expansion in water reticulation system.³⁴ The situation worsened in the post -2000 era when local governance shifted from the ruling party to the opposition. The water crisis became linked to the political struggles between the ruling party and the opposition, as water control and management became an instrument used by the ruling party to have greater access to local government politics. This was done through stripping water management from city councils. In a highly unpopular move, the government directed the Zimbabwe National Water authority (ZINWA) to take over water management in all urban areas.³⁵ Amin Kamete argued that this move was part of a broader plan to incapacitate and marginalise the MDC, with the hope of regaining control and influence in urban areas. As Kamete noted, in the aftermath of the 2000 elections, ZANU-PF devised various strategies to regain lost ground. These included regaining control of “institutions of local governance and being re-elected into council and parliament”.³⁶ Whilst overt violence was used in the second case, the regaining of urban governance was done through *inter alia* seizing control of water management from the MDC-led councils.³⁷ In Harare, for example, this struggle over the control of the city eventually saw the MDC mayor of Harare, Elias Mudzuri and his council fired on allegations of corruption and

32 A Meldrum, “Anatomy of a cholera epidemic: Why more than 2,700 Zimbabweans have died of curable illness”, 2009 (available at <http://www.globalpost.com/dispatch/zimbabwe/090122/anatomy-cholera-epidemic>, as accessed on 2 April 2013).

33 Anon., “ZINWA Takes over Harare’s water supply”, *The Herald*, 10 May 2005.

34 M Nyandoro, “Historical overview of the cholera outbreak...”, *Journal for Contemporary History*, 36(1), June 2011, p. 164.

35 Anon., “ZINWA Takes over Harare’s water supply”, *The Herald*, 10 May 2005.

36 A Kamete, “The return of the Jettisoned: ZANU –PF’s crack at ‘re-urbanising’ in Harare”, *Journal of Southern African Studies*, 32(2), 2006, p. 255.

37 M Musemwa, “From ‘Sunshine City’ to a landscape of disaster...”, *Journal of Developing Societies*, 26(2), 2010, p. 188.

incompetence.³⁸ A commission sympathetic to ZANU-PF, headed by Sekesai Makwavarara was imposed to run council affairs.³⁹ The government also revoked the 1976 Water Act that assigned municipalities water distribution, sanitation, billing and revenue collection to municipalities. This action aimed at crippling the local government financial standing.⁴⁰ The MDC Secretary for Information and Publicity Nelson Chamisa spoke for his party when he said; “Our water treatment collapsed when ZANU-PF seized control of it, that is on the mouths of all Zimbabweans.... They took control to increase their system of patronage, to create another looting avenue no matter what the cost to the health of the people”.⁴¹ Besides trying to weaken the opposition, the government used water in the way it did with the land as a means to legitimise its rule.⁴²

ZINWA's efforts at providing services were a complete disaster. First, ZINWA did not have enough workers to consistently provide adequate services. Second, ZINWA was incapacitated by a lack of foreign currency to import chemicals and other necessary equipment.⁴³ To meet operational costs, the authority raised water rates almost tenfold, but failed to meet water demand.⁴⁴ Harare continued to be thirsty, dry and increasingly prone to diseases. In fact, the provision of water was not just about quantity; it was also about quality. Not only did ZINWA fail to provide adequate water to Harare's residents, it was unsuccessful in its efforts to procure enough water purification chemicals, thus supplying contaminated water to residents.⁴⁵ By 2007, urban Harare was receiving erratic water supplies. The organisation representing Harare residents, the Combined Harare Residents' Association (CHRA) clearly connected the water problems with ZINWA's incompetence: “The water crisis has worsened since ZINWA came onto the scene. The fact that nothing has improved since the introduction of ZINWA shows that the

38 Anon., “Chombo/Zanu PF planned Mudzuri ouster”, *The Zimbabwe Independent*, 5 December 2004.

39 M Musemwa, “From ‘Sunshine City’ to a landscape of disaster...”, *Journal of Developing Societies*, 26(2), 2010, p. 189. The correct first name for Mwakwavarara is Sekesai and not Angeline as Musemwa indicated.

40 M Musemwa, “From ‘Sunshine City’ to a landscape of disaster...”, *Journal of Developing Societies*, 26(2), 2010, p. 189.

41 A Meldrum, “Anatomy of a cholera epidemic...”, 2009 (available at <http://www.globalpost.com/dispatch/zimbabwe/090122/anatomy-cholera-epidemic>, as accessed on 2 April 2013).

42 On the land issue and the politics of land reform in post-2000 Zimbabwe see various articles in the Special Issue on Fast track land reform in Zimbabwe, *The Journal of Peasant Studies*, 38(2), December 2011.

43 M Nyandoro, “Historical overview of the cholera outbreak...”, *Journal for Contemporary History*, 36(1), June 2011, p. 164.

44 M Musemwa, “From ‘Sunshine City’ to a landscape of disaster...”, *Journal of Developing Societies*, 26(2), 2010, p. 190.

45 M Nyandoro, “Citizen-engagement circumvented: An analysis of liquid-waste information/knowledge, control and environmental policy-perspectives in Harare, Zimbabwe”, *Environment and history* (available at www.whpress.co.uk, as accessed on 10 June 2018), p. 12.

solution is not be found in ZINWA”.⁴⁶ Faced with water shortages, it became common to see residents fetching water from unprotected wells and streams. In the high-density suburb of Budiriro, for example, a Mr Chipuriro, whose neighbour died from cholera, made a connection between unhygienic water from wells and the death when he said: “... the subsequent deaths are confined in this part of the suburb (Budiriro) particularly affecting people who have been drawing water from my well”.⁴⁷ Those who could access tapped water, did not dare use it, for it was mainly dirty and untreated. In August 2008, *The Herald* reported that ZINWA had run out of water treatment chemicals, exposing consumers to untreated water.⁴⁸

The failure to provide clean water was matched with government’s incapacity to sustain proper working sanitation systems in urban areas. ZINWA also took over the provision of sanitary services in urban areas, but it failed to improve sanitation infrastructure. By August 2008, the sanitary system was “really a shell” and had “all but collapsed”.⁴⁹ Considering that most residential areas in Harare have flush toilets connected to sewer networks, this failure resulted in the deterioration of sewer services. ZINWA’s inability to upgrade aging sewers made the environment conducive to outbreaks of diseases. Without effective sanitation, cholera is always a constant threat to any community.⁵⁰ In August 2007, as Da Sylva noted: “There were reports that ZINWA had dumped raw sewage into Lake Chivero, Harare’s main supply source; public clinics reported treating at least 900 cases of diarrhoea daily, some of which may have represented cases of cholera”.⁵¹ If one consider “the nature of the disease, its mode of communication, and especially its connection with insanitary living conditions and polluted water supplies”,⁵² the inevitability of a cholera outbreak in Harare by 2008 is not hard to imagine. As former Harare mayor Elias Mudzuri argued, the decision by ZANU-PF in 2005 to transfer responsibility for water and sanitation from local to central government was partly responsible for the genesis of the cholera epidemic.⁵³

46 J Da-Sylva, *The cholera crisis in Zimbabwe: A human rights case study* (Human Rights and Poverty, Sakiko Fukuda-Parr, 2009), p. 17.

47 Anon., “Budiriro Cholera death toll rises to six”, *The Herald*, 1 November 2008.

48 Anon., “ZINWA fails to transport water treatment chemicals”, *The Herald*, 25 August 2008.

49 IRIN News, “Zimbabwe: Resurrecting a collapsed infrastructure”, 2009 (available at <http://www.irinnews.org/Report/83768/ZIMBABWE-Resurrecting-a-collapsed-infrastructure>, as accessed on 5 April 2013).

50 D Arnold, “Cholera and colonialism in India”, *Past and present*, 113, 1986, p. 125.

51 J Da-Sylva, *The cholera crisis in Zimbabwe...*, pp. 15-16.

52 D Arnold, “Cholera and colonialism in India”, *Past and present*, 113, 1986, p. 113.

53 IRIN News, “Zimbabwe: Resurrecting a collapsed infrastructure”, 2009 (available at <http://www.irinnews.org/Report/83768/ZIMBABWE-Resurrecting-a-collapsed-infrastructure>, as accessed on 5 April 2013).

In addition, the breakdown of the public health system under the Mugabe government made it difficult for healthcare workers to contain the disease.⁵⁴ With the provision of health services following the downwards trajectory of the economy, it had become clear by 2006 that the public health sector was in shambles. Burdened with an increase in HIV/AIDS cases, tuberculosis, malnutrition, the decline in health services was accelerated by government's failure to reinvest in infrastructure. With the shortage of foreign currency, it became difficult for the government to procure drugs. Slowly, hospitals turned into spaces of death rather than healing. Between September and November 2008 hospital wards in the main public hospitals were closed due to shortages of personnel, drugs, and general neglect. The most abrupt interruption to healthcare access occurred on 17 November 2008, when the premier teaching and referral hospital in Harare, Parirenyatwa Hospital, closed along with the medical school.⁵⁵ This was at a time the epidemic was at its peak. The situation gave the opposition an opportunity to connect governance issues with the collapse of the public health sector. The leader of the MDC-T, Morgan Tsvangirai, summarised the official position of his party as follows: "Cholera in Zimbabwe is a man-made crisis. The problem we have here is coupled with (the) fact of negligence on the part of the government to provide the necessary facilities. It shows the collapse of the health delivery system".⁵⁶ At the same time, Physicians for Human Rights captured the sentiments of those who blamed the government for the epidemic when they said: "The health and healthcare crisis in Zimbabwe is a direct outcome of the malfeasance of the Mugabe regime and the systematic violation of a wide range of human rights, including the right to participate in government and in free elections and egregious failure to respect, protect and fulfil the rights to health".⁵⁷ The internecine struggle to understand and explain the outbreak, therefore, became inextricably intertwined with the political struggles within the country. The closure of health facilities mirrored the narrowing of political space. The failure to safeguard health rights became linked with the inability to uphold human rights.⁵⁸ For many, the Zimbabwe government had abrogated the most basic state function in protecting the health of the population.

54 Private conversation with a medical doctor working at Chitungwiza General Hospital, 12 December 2012.

55 Physicians for Human Rights, *Health in ruins: A man-made disaster in Zimbabwe: An emergency report by physicians for human rights* (Cambridge, Massachusetts, 2008), p. vi.

56 CNN International, *Tsvangirai: Zimbabwe Cholera crisis is "man-made"*, 2009 (available at <http://edition.cnn.com/2009/WORLD/africa/01/22/zimbabwe.cholera/index.html?iref=mpstoryview>, as accessed on 7 April 2013).

57 Physicians for Human Rights, *Health in ruins...*, p. viii.

58 P Farmer, "Pathologies of power...", *American Journal of Public Health*, 89(10), October 1999, pp. 1486-1496.

Ruling Party narrative: A calculated racist attack on Zimbabwe

Initial official response to the outbreak exposed the government's failure to appreciate the gravity of the crisis. Harare saw the few recorded cholera and diarrhoea outbreaks as isolated cases that warranted little attention. As had happened in previous years, this casual attitude was premised on the assumption that the epidemic could easily and cheaply be overcome. When it became clear that the outbreak was beyond their control, the government reacted by playing politics. Some state officials purposely denied the problem exist, whilst others simply underestimated the gravity of the outbreak. They maintained that it was not as severe as it has been portrayed in the local independent press and the international media.⁵⁹ Simukai Chigudu argued that state officials might have responded in the manner they did due to the nature the international community framed the epidemic.⁶⁰ However, the denial mode taken by officials is not surprising. The culture of denial had been successfully entrenched in Zimbabwe's body politic. Serious problems affecting the country were denied, or if it became impossible to hide, the blame was shifted to the so-called internal and external enemies of the state.⁶¹ It is within this political culture that the cholera sufferers were held hostage. They became victims of the state's efforts at limiting international publicity. The fear of being proven wrong by the opposition became central in government's responses. An immediate acceptance would have been suicidal on the part of the ruling officials. It would mean an acceptance of responsibility and the failure to provide essential services to Zimbabweans.

Unfortunately for government officials, the outbreak was not a passing phase. Within weeks, the outbreak spread to other parts of metropolitan Harare. By the end of September, it was becoming clear that if not contained, the outbreak would spiral out of control. The Zimbabwe Association of Doctors for Human Rights (ZADHR), the organisation representing medical doctors, gave a strong warning to the government on the looming health disaster in

59 C Masakure (Personal Collection), interview, medical doctor (Chitungwiza General Hospital), 12 December 2012.

60 S Chigudu, "Health security and the international politics of Zimbabwe's cholera outbreak, 2008-2009", *Global Health Governance*, 10(3), Winter 2016, pp. 41-53. Chigudu argued that the usage, by international organisation and research institutions, of the discursive frames of "national security" and "human rights" in explaining the outbreak instigated tension between the government and institutions in the process hampering responses as the government shifted the blame on the West. Still, one should also appreciate the long history within the government of always shifting the blame on the West whenever it faced problems.

61 Following the imposition of sanctions in the wake of the land reform programme, such an argument, anchored in blaming the West for Zimbabwe's problems, was framed as part of the struggle against imperialism by the Mugabe government. For more on Mugabe's anti-imperialist stance see I Phimister and B Raftopolous, "Mugabe, Mbeki & the politics of anti-imperialism", *Review of African Political Economy*, 31(101), 2004, pp. 385-400.

the country. Reports claimed that at least 13 people had succumbed to the disease, though it was also speculated that the numbers might have been higher because of the underreporting of cases. According to ZADHR:⁶²

Lives have already been lost to cholera in Chitungwiza and health centres in Harare and Bulawayo are burdened by numerous cases of diarrhoea on a daily basis. It is highly likely that the number of deaths in Chitungwiza, currently reported at 13 individuals, is much higher, and that this is but the tip of an iceberg of much more morbidity. This has not been communicated to the public.

By the end of October, cholera had spread to most parts of the country. The areas mostly affected were urban areas, especially Harare's high-density suburbs. Due to this rapid spread, it was impossible to deny the outbreak. Realising that they had a serious problem at hand, the government finally accepted the need for more action to contain the disease.

To save face, two new strategies were adopted. These were: a media blackout; and, what I call the numbers game. Political pressure and instructions for senior officials compelled medical officials to underreport cases.⁶³ This new strategy was also followed by a blackout of reporting on cholera cases in government controlled media. Suspicious of NGOs and the independent media, officials maintained that cholera casualties and victims were lower in numbers than the figures presented by NGOs. The possibility of statistical inflation by NGOs and other organisations was there. Yet it is also not surprising that the government underreported these numbers as a cover up. When NGOs were claiming that the death toll was reaching 1000, the government claimed that 386 people had died from the diseases.⁶⁴ The case of Chakuposhiwa Village, for example, illuminates this point. The village is located in Mudzi, in Mashonaland East province. One of the villagers had died of cholera, and in line with burial customs, the villagers kept the body of the deceased overnight before burial. It is believed that food preparation and the traditional customary rights of greeting each other spread the bacteria amongst villagers. The custom proved fatal as 20 of the villagers were said to have died as a result and 60 villagers were hospitalised. This case was not reported in the government press. Other cases, especially in remote parts of the country went unrecorded. The numbers game became inextricably intertwined with the larger struggles over the control and access to information. In line with the initial reaction, information control

62 Anon., "Doctors warn water crisis now at tipping point", *The Financial Gazette*, 25 September 2008.

63 C Masakure (Personal Collection), interview, medical doctor (Chitungwiza General Hospital), 12 December 2012.

64 N Chenga, "Media blackout worsens cholera threat" (available at http://www.zimbabwesituation.com/old/nov30_2008.html#Z15, as accessed on 10 April 2013).

aimed at giving a semblance of order over the crisis ridden country. The government also manipulated statistics related to other diseases. Physicians for Human Rights (PHR) reported that the government deliberately suppressed information relating to malnutrition increases. In one instance, the PHR asked a nurse staffing a public-sector clinic in a rural district if there had been cases of malnutrition. The nurse replied: “Malnutrition is very political. We are not supposed to have hunger in Zimbabwe. So even though we do see it, we cannot report it”.⁶⁵ Cholera, like malnutrition, became a political issue. Exposing such cases in the media would have given enemies of the state more reasons to why Mugabe had to leave office.

By the end of November, the Zimbabwe Medical Association not only beseeched assistance from the international community, but also appealed to the government to declare the cholera outbreak a national disaster, “so as to galvanise all resources necessary to get the outbreak under control”.⁶⁶ In addition, the Minister of Health, David Parirenyatwa declared the cholera outbreak a “disaster” that required a “national emergency”.⁶⁷ The *communiqué* was an admission on the part of the government that the public health system had collapsed. According to Parirenyatwa: “Our central hospitals are literally not functioning. Our staff is demotivated, and we need your support to ensure that they start coming to work and our health system is revived”. On 3 December 2008, almost three months into the epidemic, the government finally declared the outbreak a national disaster. But as Myron Echenberg noted, even after declaring the epidemic a national disaster, the government was slow in creating an enabling environment in which international aid workers could operate. It took several weeks for *Médecins Sans Frontières* to be granted permission to utilise an empty wing at an infectious diseases hospital in Harare.⁶⁸ By this time, as Nyadoro argues, the government was at pains to admit its incapacity to deal with the epidemic.⁶⁹ The decision to declare the outbreak a national disaster, I argue, was both a medical and a political one. Caught between Scylla and Charybdis, it had become apparent that the situation was extremely challenging and the government could not continue pretending.

65 Physicians for Human Rights, *Health in ruins...*, p. vi.

66 Anon., “Zimbabwe gov’t urged to declare cholera outbreak national disaster”, *English People’s Daily*, 2008 (available at <http://english.people.com.cn/90001/90782/6538771.html>, as accessed on 10 April 2013).

67 S Berger and P Thornycroft, “Robert Mugabe admits Zimbabwe cholera epidemic is national emergency”, 2008 (available at http://www.zimbabwesituation.com/dec5_2008.html#Z1, as accessed on 10 April 2013).

68 M Echenberg, *Africa in the time of cholera...*, p. 159.

69 M Nyadoro, “Historical overview of the cholera outbreak...”, *Journal for Contemporary History*, 36(1), June 2011, p. 156.

Even though the government declared cholera a national disaster enabling more coordinated efforts to contain the spread of the epidemic, officials refused to take responsibility for the collapse of the public health system and of the disease outbreak. Instead, the West became the next scapegoat in an effort to explain the outbreak and government's failure to act swiftly. According to Deputy Minister of Health, Edwin Muguti, the cholera epidemic was the result of illegal sanctions imposed on Zimbabwe by the West.⁷⁰ Mugabe's stance on cholera shocked the world. In a speech at the burial of ZANU-PF National Commissar Elliot Manyika, Mugabe went to the extent of insisting that cholera was over even when evidence on the ground proved otherwise. Part of his speech at Manyika's burial read as follows:⁷¹

... because of cholera Mr. Brown wants military intervention, Sarkozy wants military intervention, and Bush wants military intervention... But I am happy to say our doctors are being assisted by others. WHO have now arrested cholera. So now that there is no cholera there is no cause for war. The cholera cause doesn't exist anymore.

Mugabe was wrong to claim the cholera outbreak was over. Evidence from NGOs contradicted his claims. Updates from the WHO claimed that up to 16 000 people had been infected and close to 1000 people had died of the disease. Central to Mugabe's declaration, was his anger towards what he claimed was a regime change agenda on the part of the international community. As noted above, by the end of November the outbreak had been internationalised, with the international community echoing the same sentiments as the opposition and civic organisations; that the outbreaks were due to Mugabe's failure in governing Zimbabwe. A week before Mugabe's declaration that cholera was under control, Archbishop Desmond Tutu of South Africa had called on African leaders to depose Mugabe. Outside the southern African region, British Prime Minister Gordon Brown castigated Mugabe's response to the outbreak. Brown linked governance issues and Mugabe's political failures with cholera when he said:⁷²

This (cholera) is now an international rather than a national emergency. International because disease crosses borders. International because the system of government in Zimbabwe now is broken...we must stand together to defend human rights and democracy, to say firmly to Mugabe that enough is enough.

70 L Guma, "At least 3000 feared dead from cholera", 2008 (available at <http://zimbabweneva.blogspot.co.za/2008/11/at-least-3000-feared-dead-from-cholera.html>, as accessed on 10 April 2013).

71 R Mugabe, Speech at the National Heroes Acre, 10 December 2008.

72 S Berger, "Gordon Brown says 'enough is enough' Mugabe", 2008 (available at <http://www.telegraph.co.uk/news/worldnews/africaandindianocean/zimbabwe/3628671>, as accessed on 11 April 2013).

The connections between diseases and in this case cholera, good governance, human rights and the need to redress the political crisis in Zimbabwe enraged Mugabe. Gordon Brown's plea played into Mugabe's political grandstanding since Mugabe had always maintained that Britain was using the opposition to plan a regime change in Zimbabwe. For Mugabe and his lieutenants, the cholera epidemic was a perfect opportunity to denounce Britain's meddling in Zimbabwean politics. Government officials quickly linked Brown's plea for international intervention as being motivated by the wish to re-colonise Zimbabwe. Cholera became more than just a disease. It became a national security issue. The declaration by Brown was portrayed as a declaration of war against Mugabe's government. This narrative positioned Mugabe and Zimbabwe as victims of Western machinations. It linked the international war on terror, which the Mugabe government had always claimed as unjustified, with the Zimbabwe situation. A banner at ZANU-PF's National Political Commissar's funeral, Elliot Manyika, read: "After Iraq and Afghanistan Brown wants more blood" summed this position. This was not just any blood they referred to, but the blood of Zimbabweans. The banner's message was not only anti-British; the United States and her allies were also major targets because of America's war in Iraq. Furthermore, parading such a banner was aimed at attracting international sympathy in the wake of increased anti-Iraq war sentiments. At the same time, it perpetuated the victimhood narrative that had become part of ZANU-PF's arsenal in their struggles for legitimacy in the post-2000 era. The victimhood narrative went further, accusing the British as the main culprits who introduced the cholera bacteria. Another banner at Manyika's funeral referred the epidemic as "Brown's cholera".⁷³ Cholera and issues relating to water and sanitation gave the ruling party an opportunity to portray the president and the country as victims of a Western conspiracy against the post-2000 land redistribution programme. These latter assertions were nothing new. What was new was the use of cholera, as an instrument that not only portrayed Mugabe and ZANU-PF as victims, but one which also allowed them to claim legitimacy and moral authority of their rule. This was a running theme in Mugabe's struggle to retain power in the post-2000 era.⁷⁴

Two days after Mugabe claimed victory over cholera, the Minister of Information Sikhanyiso Ndlovu, insisted that external sources were the major

73 S Berger, "Gordon Brown says 'enough is enough' Mugabe", 2008 (available at <http://www.telegraph.co.uk/news/worldnews/africaandindianocean/zimbabwe/3628671>, as accessed on 11 April 2013).

74 IR Phimister, "'Rambai Makashinga', (Continue to endure) ...", pp. 112-126; B Raftopolous and IR Phimister, "Zimbabwe now: The political economy of crisis and coercion", *Historical Materialism*, 12(4), 2004, pp. 355-382.

culprits in the cholera outbreak. Accusing the West of “planting cholera”, Ndhlovu claimed that the spread of cholera and anthrax (which was also affecting some parts of the country) were meant “to cause a health catastrophe that could be used as a pretext by the Western powers to invade the country, topple Mugabe’s government and regain control of its natural resources”.⁷⁵ Ndhlovu claimed that British agents had clandestinely entered Zimbabwe to spread cholera and anthrax as a biological weapon:

Cholera is a calculated racist terrorist attack on Zimbabwe by the unrepentant former colonial power (Britain) which has enlisted support from its American and Western allies so that they can invade the country, install their stooge who will allow them to repossess our resources.

He continues:⁷⁶

British operatives are in the country now under disguise and have increased cholera and anthrax seeding. There has been a replanting of cholera and anthrax . . . This is a serious biological and genocidal warfare on our people by the British, still fighting to recolonise Zimbabwe.

Nyandoro argues that ZANU-PF’s accusations of the British and Americans over cholera were illogical considering the fact that there was a long history of cholera outbreaks going back to the 1970s and the 2008-2009 outbreak was a result of disintegration of infrastructure.⁷⁷ While the biological warfare argument might be seen as “tantamount to irrational witch-hunt machinations” to quote Nyandoro,⁷⁸ I argue that the deployment of such a discourse must be understood within ZANU-PF’s politics of survival through the vilification of the perceived enemies of the state and the deflection of attention from the regimes’ mismanagement. It must be noted that this was not the first time that the ruling party had used biological warfare arguments against the MDC and the international community. Just before the 2002 presidential elections, there were several reports of high profile politicians, notably the then Minister of Information, Jonathan Moyo, as well as journalists working for the Bulawayo based government controlled press, *The Chronicle*, receiving letters laced with anthrax. The government saw the anthrax attack against

75 SSIG, “Zimbabwe accuses west of planting cholera in the country”, 2008 (available at <http://www.ssig.gov.my/blog/2008/12/14/zimbabwe-accuses-west-of-planting-cholera-in-the-country>, as accessed on 20 March 2013).

76 SSIG, “Zimbabwe accuses west...”, 2008 (available at <http://www.ssig.gov.my/blog/2008/12/14/zimbabwe-accuses-west-of-planting-cholera-in-the-country>, as accessed on 20 March 2013).

77 M Nyandoro, “Historical overview of the cholera outbreak...”, *Journal for Contemporary History*, 36(1), June 2011, p. 170.

78 M Nyandoro, “Historical overview of the cholera outbreak...”, *Journal for Contemporary History*, 36(1), June 2011, p. 172.

Moyo as “terrorism designed to cause fear in the population as well as create insecurity... This is particularly so as it comes at a time we are gearing up for the presidential election”.⁷⁹ The government was quick to point fingers at Western powers. George Charamba, the presidential spokesperson, argued that: “Today the government of Zimbabwe challenges Britain and Australia to acknowledge their lamentable and indictable status as safe havens for bio-terrorists”.⁸⁰ The anthrax tests, in all cases, proved negative. At stake was the struggle over political power contested during the 2002 presidential elections. By that time, relations between Zimbabwe and Britain had been strained for months as London was openly hostile towards Harare. ZANU-PF had history on its side when suggesting the possibilities of biological warfare. The Rhodesian government under Ian Smith is known to have planted anthrax spores in some parts of the country during the liberation struggle in the 1970s. The techniques that were used in the germ warfare included poisoning wells, spreading cholera, infecting clothing used by guerrillas and using anthrax to kill cattle and deny food supplies to the guerrillas.⁸¹ However, there is no record of any country or individual trying to infect Zimbabwe with anthrax, cholera or any other disease since the country’s independence from Britain.

The statement has important historical significance in Zimbabwe. Claiming to be victims and making a connection between the West and the outbreak, the ruling party was tapping into its liberation credentials in an effort to remind Zimbabweans of their right to rule. As they had done with the land issue, blaming the West for the cholera was aimed at bolstering the ruling party’s liberation struggle credentials and legitimising Mugabe’s rule. By invoking the biological warfare argument, the ruling party aimed at connecting the liberation struggle and the 2008 struggle for political power. Making this connection was and is very important for ZANU-PF. It is at the centre of the party’s political survival. In the process, by making connections with experiences during the liberation struggle, the ruling party found a way to legitimise its rule as liberators of the people. Scholars on Zimbabwe have shown how the ruling party used various mechanisms, including constantly reminding Zimbabweans of its liberation credentials to maintain power.⁸²

79 *News 24*, “Zim Anthrax tests negative”, 2002 (available at <http://www.news24.com/xArchive/Archive/Zim-anthrax-tests-negative-200201>, as accessed on 20 March 2013).

80 *IOL News*, “Anthrax’ letter from UK sickens Zim Journos”, 2002 (available at <http://www.iol.co.za/news/africa/anthrax-letter-from-uk-sickens-zim-journos1.80235>, as accessed on 20 March 2013).

81 I Martinez, “The history of the use of bacteriological and chemical agents during Zimbabwe’s liberation war of 1965-1980 by Rhodesian forces”, *Third World Quarterly*, 23(6), 2002, pp. 1159-1179.

82 B Raftopolous and IR Phimister, “Zimbabwe now...”, *Historical Materialism*, 12(4), 2004, pp. 355-82.

When state power and government legitimacy were under attack, Mugabe used violence, racial exclusion and the privatisation of the liberation struggle as a means to achieve a political agenda. In relation to cholera, linking the West with biological warfare fitted into ZANU-PF's political project. Anyone within Zimbabwe who contested such a narrative would not only be labelled "unpatriotic", "a sell-out" and "an enemy of the people", but would also be silenced and delegitimised in national political debates.⁸³

The narrative across the Limpopo: The need for a political settlement

Zimbabwe's health problems were not simply a domestic predicament since pathogens and diseases do not respect borders.⁸⁴ The breakdown in medical services, particularly concerning communicable diseases, meant Zimbabwe's neighbouring states were exposed.⁸⁵ Hence, the epidemic became a regional problem which was aggravated by the movement of people and goods within the region. By mid-November, cholera had crossed the border into South Africa. On 15 November 2008, the cholera epidemic had spread to Beitbridge town, killing at least 36 people and resulting in the hospitalisation of 43.⁸⁶ Others crossed into South Africa to be treated. As Tempelhoff noted, by 15 November 2008, attempts by medical authorities and health experts to contain the disease had failed, with "literally hundreds of people being treated at Musina, South Africa's northernmost border town".⁸⁷ On 19 November 2008, the National Institute of Communicable Diseases (South Africa) confirmed that *vibrio cholerae* had been isolated in five out of eleven stool samples tested in the Limpopo Province of South Africa. A week later, 187 cases of cholera were treated and three deaths reported in Limpopo Province. Between November 16 and 20, 2008, at least three people, a South African and two Zimbabweans

83 For more on the discourse of exclusivity see for example SJ Ndlovu-Gatsheni, "Making sense of Mugabeism in local and global politics: 'So Blair, keep your England and let me keep my Zimbabwe'", *Third World Quarterly*, 30(6), pp. 1139-1158; T Ranger "Nationalist historiography, Patriotic History and the History of the nation: The struggle over the past in Zimbabwe", *Journal of Southern African Studies*, 30(2), June 2004, pp. 215-234.

84 RJ Evans, *Death in Hamburg...*, p. 228.

85 R Tren and R Bate, "Despotism and disease: A report into the health situation of Zimbabwe and its probable impact on the region's health", *Africa fighting malaria*, 2005 (available at <http://reliefweb.int/report/zimbabwe/despotism-and-disease-report-health-situation-zimbabwe-and-its-probable-impact>, as accessed on 2 April 2013).

86 Anon., "Cholera claims over 36 lives in Beitbridge", *The Herald*, 18 November 2008.

87 JWN Tempelhoff, "Leaving behind a 'twisted soul'...", *Journal for Contemporary History*, 34(3), December 2009, p. 177.

succumbed to the disease. It was reported that the South African who died was in Zimbabwe prior to the development of symptoms.⁸⁸

The following days, two truck drivers, a Zambian and a Mozambican, who travelled through the Beitbridge area, were confirmed as suffering from cholera and were treated at the Charlotte Maxeke Hospital and Addington Hospital in Durban. They later succumbed to their illness. Besides Limpopo, other provinces that were affected included the following provinces: Gauteng, North-West, KwaZulu-Natal, Mpumalanga, and Western Cape.⁸⁹ With cholera in South Africa, Pretoria's patience with Harare was becoming exhausted. To use Alex Magaisa's words:⁹⁰

Now that *Vibrio cholerae* has entered the scene (the South African scene), with its non-discriminatory effect, it has become imperative to do something about the grave situation in Zimbabwe. The little creature is, of course, a symptom of a greater problem; a signification of the lacunae in the structure of governance in Zimbabwe; that Zimbabwe does not actually have an operative government that is capable and willing to provide social services to its people.

Even before cholera entered the scene and made its mark across the border, the humanitarian crisis in Zimbabwe had compelled the Group of Elders, comprising Kofi Annan, Jimmy Carter and Graca Machel, to visit Zimbabwe and assess the crisis. Harare refused them entry and labelled them tools of imperialism. According to Tafataona Mahoso, one of ZANU- PF's public intellectuals: "The so-called 'Eminent African Elders' have been nominated by imperialism to try to reverse the diplomatic achievements of former South African President Cde Thabo Mbeki and SADC in Zimbabwe".⁹¹ It must be noted that when Mahoso accused the Group of Elders of being tools of imperialism, Thabo Mbeki had resigned from the presidency and South Africa was under the caretaker presidency of Kgalema Motlanthe.⁹²

Within the region, Botswana was the most vocal about Mugabe's presidential claims. Even as it supported mediation efforts by the South African government, Botswana refused to recognise Mugabe as the legitimate leader of Zimbabwe.

88 South African Information Services, "Statement by Minister of Health, Barbara Hogan on the outbreak of cholera in Zimbabwe and South Africa", 2009 (available at <http://www.info.gov.za/speeches/2008/08112711451003.htm>, as accessed on 27 February 2013).

89 South African Information Services, "Statement by Minister of Health, Barbara Hogan...", 2009 (available at <http://www.info.gov.za/speeches/2008/08112711451003.htm>, as accessed on 27 February 2013).

90 A Magaisa, "The cholera effect and Mugabe's isolation", *The Zimbabwe Standard*, 30 November 2008.

91 The Media Monitoring Project Zimbabwe, 2008.

92 For more on the Kgalema Motlanthe presidency see K Kondlo and MS Maserumule, "The reluctant president – The presidency of Kgalema Motlanthe", *African Renaissance*, 1(1), 2011, pp. 65-95.

Gaborone maintained this stance and by the end of the year it was openly “hostile” to Harare. Botswana’s Foreign Affairs Minister, Phandu Skelemani suggested the closure of the border as an attempt to “squeeze” Mugabe and isolate him. Besides Botswana, South Africa under Motlanthe also pressed Harare to resolve its problems. While Motlanthe’s foreign policy, especially his stance on Zimbabwe “appeared to follow closely that of his predecessor” as W M Gumede argued,⁹³ the humanitarian crisis compelled South Africa to pile pressure on Zimbabwe. Thus, while it did not abandon the policy of quiet diplomacy,⁹⁴ for the first time, Pretoria followed the precedent set by major donors by withdrawing economic aid until the political impasse had been resolved. On 19 November 2008, the South African Cabinet decided that an R 300 million (US \$28m) loan for agricultural assistance to Zimbabwe should be put on hold: “This money will be only disbursed once a representative government was in place and in time for the next planting season in April 2009”. This stance by South Africa was an understandable one. The power sharing agreement between ZANU-PF and the MDC had stalled over Mugabe’s apparent refusal to cede control of several powerful ministerial posts. A hard-hitting South Africa cabinet statement linked Zimbabwe’s cholera crisis to the stalled formation of a government of national unity between ZANU-PF and the MDC, indicating that the deadlock was exacerbating the country’s humanitarian and economic crisis. Part of the statement read:⁹⁵

Cabinet is extremely concerned about the political impasse that is creating a humanitarian crisis in Zimbabwe. The reported outbreak of cholera in parts of that country is a clear indication that ordinary Zimbabweans are the true victims of their leaders’ lack of political will and failure to demonstrate seriousness to resolve the political impasse. The Government is disappointed to note that political interests have taken priority at the expense of the lives of ordinary Zimbabweans. South Africa calls on the leaders of Zimbabwe to take urgent steps to finalise the amendments to their constitution, the allocation of the remaining Cabinet posts and the formation of a representative Government without any further delay and before the situation of ordinary Zimbabweans degenerates any further. No amount of political disagreement can ever justify the suffering that ordinary Zimbabweans are being subjected to at the moment. Like SADC [Southern African Development Community],

93 WM Gumede quoted in K Kondlo and MS Maserumule, “The reluctant president...”, *African Renaissance*, 1(1), 2011, p. 84.

94 For quiet diplomacy see for example B Raftopolous and IR Phimister, “Zimbabwe now...”, *Historical Materialism*, 12(4), 2004, pp. 355-382.

95 South African Information Services, “Statement by Minister of Health, Barbara Hogan...”, 2009 (available at <http://www.info.gov.za/speeches/2008/08112711451003.htm>, as accessed on 27 February 2013).

South Africa would like to see a political settlement sooner rather than later so that the region could start focusing on the most urgent measures needed to rebuild Zimbabwe's economy.

At the same time, another link between cholera and politics came from the South African Health Minister Barbara Hogan who, when answering a question on cholera in Zimbabwe, implied that there was not yet a recognised government in Zimbabwe. South Africa had finally swung the big stick. South Africa's public admonishment, which Mugabe had traditionally associated with the West, was significant. It was a signal that Mugabe had to reform, lest his government be isolated in the region. As M Aeby argued, the humanitarian crisis as well as the economic meltdown prompted the Mugabe regime to accept negotiations over a power sharing agreement as well as to implement limited political reforms.⁹⁶ Likewise, the humanitarian situation in Zimbabwe was a factor in the opposition's decision to accept an unfavourable agreement.⁹⁷ South Africa's insistence on Mugabe to form an inclusive government under the Global Political Agreement (GPA) carried political weight. It confirmed that Zimbabwe's powerful neighbour doubted Mugabe's legitimacy and claims to the the presidency. The epidemic played its part in precipitating political change. Thus, in February 2009, the Government of National Unity Was formed. And the MDC- T was in charge of the Ministry of Health. While the cholera epidemic abated by February 2009, the disease remained a constant threat as long as water, sewage and sanitation infrastructure remained unrehabilitated.⁹⁸ In addition, it remained a constant threat as long as the health sector continued to face many challenges, including financial problems.⁹⁹

Conclusion

In conclusion, although cholera was endemic to some parts of Zimbabwe, the 2008 outbreak which started in Harare was a result of the disintegration

96 M Aeby, "Zimbabwe's grueling transition: Interim power sharing and conflict management in Southern Africa", (PhD, University of Basel, 2015), p. 51.

97 For a detailed analysis of the GNU negotiations during the time of cholera see M Aeby, "Zimbabwe's grueling transition...", pp. 230-242.

98 M Nyandoro, "Historical overview of the cholera outbreak...", *Journal for Contemporary History*, 36(1), June 2011, p. 173.

99 M Echenberg, *Africa in the time of cholera...*, p. 172.

of water and sewage infrastructure as scholars have noted.¹⁰⁰ However, the explanations over the causes of the outbreak as well as assessments of the varied responses became heavily politicised, in the process affecting internal politics. In fact, what emerged from this article is that the arena of public health can be used as a window into exploring contestations over political power between the ZANU-PF and opposition forces in Zimbabwe between 2008 and 2009. As I have pointed out in the article, the cholera outbreak became inextricably intertwined with political governance, human rights discourses and the struggles over power and Mugabe's legitimacy in the wake of the disputed 2008 June presidential election run off. For many within the opposition parties and civic societies, the outbreak symbolised the break down in governance and was symptomatic of Mugabe's failure. It became urgent on the part of the opposition to assert people's health rights and shifted the angle of debates from subjects such as political rights towards health, water and sanitation. On the other hand, ZANU-PF saw it differently. The ruling party refused to take responsibility for the collapse of the public health infrastructure. While initially, they argued that the cases of cholera were exaggerated, they nevertheless blamed the spread of cholera on "enemies" of the state, who were bent on regime change in Zimbabwe.

While regional countries had their own share of problems with cholera, the 2008 Zimbabwe cholera epidemic was significant as it spread to other neighbouring countries including South Africa. Indeed, the 2008-2009 cholera epidemic was not just a Zimbabwean problem. It was also a regional issue. As this article has highlighted, including the region and in this case South Africa in analysing the 2008-2009 cholera outbreak shifts the discourses around the epidemic from being a national problem into a transnational one. It opens up the possibilities of studying the circulation of diseases within the region and the implications thereof on regional public health. Thus, underscored in the article is that when cholera crossed the border, and especially into South Africa, the epidemic ceased being a solely a Zimbabwean problem. It also became a South African problem as noted by Tempelhoff.¹⁰¹

100 M Nyandoro, "Historical overview of the cholera outbreak...", *Journal for Contemporary History*, 36(1), June 2011, pp. 154-174; M Musemwa, "From 'Sunshine City' to a landscape of disaster...", *Journal of Developing Societies*, 26(2), 2010, pp. 165-206; M Echenberg, *Africa in the time of cholera...*, pp. 163-172; JWN Tempelhoff, "Leaving behind a 'twisted soul'...", *Journal for Contemporary History*, 34(3), December 2009, pp. 172-189.

101 JWN Tempelhoff, "Leaving behind a 'twisted soul'...", *Journal for Contemporary History*, 34(3), December 2009, pp. 172-189.

It was also pointed out that the region, especially South Africa and the international community viewed the outbreak within the humanitarian crisis lens. And some, just as the opposition had done, linked it with Mugabe's governance failure. The humanitarian crisis that ensued as a result of the cholera outbreak played a part in compelling South Africa to publicly reprimand Harare and urged the formation of a Unity Government. This article, therefore, argued that the cholera outbreak and the bodies of cholera sufferers became sites of political contestation in which national, regional and international forces became entangled in an increasing complexity, in the process revealing socio-political struggles. The narratives over cholera opened up another avenue of dissecting the Zimbabwe crisis and an opportunity to appreciate the centrality of public health in politics as the 2008 cholera outbreak became another incident that played its fair part in driving political transformation in Zimbabwe.