

In Zimbabwe, a Cancer Called Mugabe

By Chris Beyrer and Frank Donaghue

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Physicians for Human Rights sent a team to Zimbabwe last month to investigate the cholera epidemic that has ravaged lives there since August. As part of that team, we found something much more disturbing even than cholera: a people facing an array of health threats in a country where the most basic functions of the state -- clean water, sanitation and health-care delivery -- have collapsed.

One could date the collapse to November, when the government closed the public hospitals in the capital, Harare. On Nov. 18, President [Robert Mugabe's](#) police, wielding batons, attacked doctors, nurses and medical students from the teaching hospital. But given that cholera has killed more than 1,600 people and sickened some 33,000 others, we might date the collapse to August, when the public hospitals lost running water. Imagine a hospital without running water for three months -- with no functioning toilets, no soap, an empty pharmacy, and not enough food for patients or staff.

To be fair, not all hospitals are closed. Decent health care is available -- for the few who can pay in American cash. Despite Mugabe's vilification of the West, his policies have made this once-prosperous country dependent on the dollar. In Harare's private clinics, a physician consultation costs \$200; admission, \$500; a Caesarean section, at least \$3,200. Those without dollars make their way to stretched, but still open, mission hospitals, or they go to South Africa, as some 4 million Zimbabweans have already done, making this nation's collapse a regional issue.

This tragedy has many terrible features, but chief among them is that this catastrophe is entirely man-made. The Mugabe regime has destroyed the health-care system, as it has devastated virtually every other sector of public life, with its ruinous mix of corruption, mismanagement, violence and human rights violations. Zimbabwe once was not only prosperous and a major agricultural exporter but also a leader in health care and in medical and nursing education. Sadly, in November, the medical school in Harare closed. It canceled exams, we were told, because it had no paper and ink to print them.

The cholera epidemic has its origins in politics, too. Mugabe's [ZANU-PF](#) regime nationalized municipal water supplies in 2006 after the opposition [Movement for Democratic Change \(MDC\)](#), led by [Morgan Tsvangirai](#), controlled some 80 percent of seats nationwide following successes in municipal elections. Mugabe's government seized the water authorities to deny the MDC revenue and to control the lucrative contracts for repair of the broken system. The result was mayhem: Graft and corruption further undermined repairs, water went untreated and raw sewage was pumped into Harare's main reservoir. Bulawayo, Zimbabwe's second-largest city, was spared this fate. Mugabe's regime had calculated that taking over the water authority there would drive residents to vote for the MDC. Tellingly, Bulawayo suffered no cholera deaths last week, while Harare's case fatality rate for the same week was 19 percent, some 20 times higher than the 1 percent fatality rate the [World Health Organization](#) estimates for cholera when proper treatment is available.

Since Mugabe's defeat in the March general election, and his violent refusal to step down, economic and social collapse has been precipitous. Diseases of hunger such as pellagra have returned. Anthrax resurfaced as people resorted to eating carrion. Health worker salaries were worthless by the time cholera struck. The Harare morgue has lost power, so the dead rot. Nurses who have worked without pay for months told us of having no medication for pain, hypertension, epilepsy and infections. That many are still struggling to provide care is a testament to the Zimbabwean people. They deserve better.

What can the world do to help? Humanitarian assistance is flowing in, and groups and agencies such as [Doctors Without Borders](#) and

[UNICEF](#) are saving many lives. But Zimbabwe's agonies are not humanitarian in nature; they result from a political crime -- the refusal of Mugabe and his cronies to accept electoral defeat. A September power-sharing agreement is all but dead, and there is little hope for the people of Zimbabwe as long as these criminals remain in charge.

Last month, Mugabe declared, "I will never, never, never surrender . . . Zimbabwe is mine," and he has reportedly started to form a new government -- without the MDC. This would amount to getting away with the murder of a country. Zimbabwe's neighbors, led by South Africa, must do much more to push for change. At the [United Nations](#), there is a key opportunity for China, long a Mugabe enabler, to show, by not hobbling the Security Council, that it is capable of mature diplomacy in Africa. And Uganda, which has just arrived as a rotating member of the council, must be pressured to reconsider its pledge to follow the "hands off" policy that has allowed Mugabe to stay in power.

[Barack Obama](#) will face many crises once he takes office, but the devastation of Zimbabwe by its own rulers cannot be ignored. If there is a "responsibility to protect," as the United Nations has pledged, the world has that responsibility in Zimbabwe.

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