

COVID-19 shows what Zimbabwean nationalism means

TEXT: PERCY ZVOMUYA
TRANSLATION: KATHARINA FREISINGER



Nurses protesting outside the United Bulawayo Hospitals in Zimbabwe's second largest city of Bulawayo, 7 July 2020. The protest was against police brutality after two of their colleagues in Harare had been arrested for demanding better working conditions and higher salaries, Photo: KB Mpofu

On 19 March, South Africa's public works minister Patricia de Lille announced that a 40km fence was to be erected on both sides of the Beitbridge Border post with Zimbabwe. This was, she explained, to "ensure that no undocumented or infected persons cross into the country." The rationale didn't quite add up because Zimbabwe, officially, had only one case and, by 19 March, South Africa already had 150 confirmed cases of people with the Corona virus.

Referring to the illegal immigration at South Africa's northern frontier, Zille added, "At the border post now, you've got health inspectors and you've got environmental professionals and they are doing the testing and screening at the border. But if somebody just walks over the border, there are no such facilities." Even though, at first glance, the logic of Zille's statement seemed flawed, she was making a pertinent observation.

Zimbabwe is ill equipped to handle a crisis of the nature that has brought some governments in Europe nearly to breaking point and it seems reasonable to think that some of these, fleeing



PERCY ZVOMUYA is a Harare-based writer, journalist and critic. He is also a co-founder and former co-editor of the *Con Magazine*, a Johannesburg based writing collective. In 2014, he was on the judging panel of the Caine Prize of African Writing; it was the same year he was a recipient of the Miles Morland Fellowship for a book on Robert Mugabe. He writes for several international magazines and blogs. Foto: KB Mpofu

the dysfunctional country, will try to "jump" the border to access the better services in their southern neighbour.

It's difficult to think of another country, outside of a war zone, more ill prepared for a pandemic of this scale. World Health Organisation (WHO) authorities encourage people to "social distance" but it's impossible in a country in which queuing is an integral ritual of daily life – motorists queue for fuel and working class people stand in long lines at banks to get cash, which has been in short supply for years. A new item Zimbabweans now have to queue for is maize meal; on hearing that a certain supermarket has received a consignment of maize meal, Zimbabweans immediately form snaking queues.

WHO also advocate maintaining hygiene – washing hands frequently and using hand

sanitisers – but for most people in Harare this is simply not possible, even in the suburbs in the north. Mount Pleasant, Greystone Park, Vainona and other suburbs in the north haven't had municipal water for years. But most of the residents in the north are well to do, so they drilled boreholes, but Zanu PF is like the plague, it's impossible to totally avoid its failures. Boreholes require electricity and Zimbabwe's power outages can last for up to 19 hours a day, which means water supply is intermittent.

The situation in the ghettos – Mabvuku, Tafara, Mbare and other townships – is even bleaker. The residents, despairing of the city's capacity to deliver water, simply dug up wells. Some of these wells are dug near the city's aging, broken sewage pipes, resulting in sippage of faecal matter into these water sources, with deadly results; thus cholera and typhoid outbreaks are frequent. As an anonymous Zimbabwean public health specialist said to me, "How are ordinary people who don't have access to sufficient quantities of water expected to wash their hands several times a day?"

The health specialist also said, "The country is not only not prepared, they also don't want to be prepared. There is a huge barrier between the doctors at the hospital and Ministry of Health because of the strike. So they are not getting clinical advice." The country's ill-preparedness was shown in the first confirmed Corona death of Zororo Makamba, a 30 year-old journalist, who is believed to have contracted the virus while on a trip to New York. For days, there have been anecdotal stories of ill people, coughing, feverish, but unable to get treatment because of the collapsed health system, but the

fate of the young journalist who comes from an elite Zimbabwean business family, laid this bare. His father, James Makamba, was a famous broadcaster in the 1970s before he reinvented himself as a businessperson after independence, in 1980.

Zororo had been in New York for about three weeks and on his return had a mild flu. He went to his doctor where he was checked for Corona but he showed no symptoms. After some days, the journalist, who had a tumor removed from his left lung last year, started developing a fever and his doctor recommended that he be admitted. He went to get tested at Wilkins Hospital, a public institution for infectious diseases, in Harare's north west suburbia. Some 6 hours after they had taken samples from him, results were not ready and his doctor was getting agitated. Still without his results, he was taken back home.

When he was eventually admitted, the family quickly realised the hospital had no ventilator, no medication and other equipment needed. Tawanda Makamba, a family spokesman, said, "We then brought the ventilator on Sunday by 2pm and when we got here, because the portable ventilator had an American plug, they told us to get an adapter because they only had round sockets at the hospital. I then rushed to buy an adapter and came back and they never used it and when I asked why they were not using the ventilator they said they had no sockets in his room. So they didn't have medication, ventilators and we brought them a ventilator and they didn't have sockets in his room. I told them that I had an extension cord and pleaded with them to use the cord, but they refused."

Realising that Wilkins was unable to treat him, the family asked for permission from the minister of health to move Zororo to another institution but when it was time for them to relocate the patient, the minister had changed his mind. Before long, the owner of Borrowdale Trauma Centre, a private clinic in the north, called them, proposing to set up an Intensive Care Unit (ICU) for the patient but on condition that they pay US\$120 000 (about R2m) for the equipment and service. There was a caveat. "He added that once Zororo finishes using the equipment and recovers we had to donate the equipment to Wilkins Hospital. So basically the hospital wanted us to buy the equipment for them. We don't have US\$120 000 and it is not our responsibility to buy equipment for the government." Not before long, Zororo Makamba died. His final hours were a gruesome ordeal. His grieving brother Tawanda said, "Before he died, he kept telling us that he was alone and scared and the staff was refusing to help him to a point where he got up and tried to walk out and they were trying to restrain him."

Enter Kuda Tagwireyi. Tagwireyi is a wealthy Zimbabwean with vast interests in banking, petroleum and mining (platinum, chrome and nickel). He is the biggest beneficiary of an annual US\$1bn (about R17bn) plus government scheme known as Command Agriculture in which the government – instead of using its own bureaucrats and that of agricultural parastatals set up in the Rhodesian (now Zimbabwean) era to buy farm equipment, seed, fertilizer and fuel for farmers – subcontracts this lucrative business to Tagwireyi's company, Sakunda Holdings. No one believes that

Tagwirei handles this big business because of his expertise, which is why some speculate that he fronts for a powerful individual. The name of this individual is Emmerson Mnangagwa, the man who toppled Robert Mugabe in the November 2017 putsch.

Even though Tagwirei is involved in just about every sector of the economy in which elites are making money in Zimbabwe, it was initially difficult to see how the Corona health crisis might be another opportunity for him and his principals, to use British writer Michela Wrong's now classic line, for their "turn to eat". Realising that flights to overseas medical resorts have been grounded and most countries have shut down their borders anyway, they know that should any of the aging elites contract the virus, it's certain death as there is literally nowhere to go for treatment (Mugabe died in Singapore where, for decades, he had received medical attention; last year, the prime mover of the November coup and now the vice president Constantino Chiwenga was in China for months, undergoing treatment for some undisclosed illness).

Parirenyatwa Hospital, is, of course, not an option for the elites. The hospital, formerly a whites only institution, is located in Belgravia, next to embassies and the offices of non governmental organisations, in the heart of Harare's suburbia – tree lined avenues, well-tended lawns and colonial style houses in Cape Dutch, Victorian and other architectural styles.

In the names of this hospital and its affiliate clinics – its maternity ward is called Mbuya Nehanda, in honour of the rebel woman executed in April 1898 by British settlers for resisting

colonial encroachment; Samuel Parirenyatwa himself was the colony's first black medical doctor (he trained at Wits University in the 1950s); its eye clinic is called Sekuru Kaguvi, after another rebel shaman who resisted imperialism – there is celebration of the end of the *ancien régime*, one in which the right to health was linked to the colour of one's skin. Yet the hospital has become a metaphor for and warning of the pitfalls of Zimbabwean nationalism: inherit colonial institutions and then trash them. It's not without tragic and cyclic irony that the man who presided over the destruction of this hospital is Samuel Parirenyatwa's own son, David Parirenyatwa, also a doctor like his dad, who, until Mugabe's ouster, was the long-serving minister of health.

The Zanu PF government has run it down so much that it now it is, in fact, a vast marshalling yard, a half-way stop, to the cemetery – a site where its necropolitics is played out. Its doctors and medical staff are usually on strike (they are on strike as I write), there are no drugs and health equipment is broken and obsolete. That, of course, doesn't stop the hospital's top management from awarding itself perks. Earlier this year, the hospital senior management received new Land Rover off road vehicles that cost at least R1m. (I have seen one executive driving one of these vehicles).

So when this week, Tagwirei announced that his company was injecting capital to resuscitate two mothballed, privately owned hospitals that are envisaged to be operational by next week, there was immediate speculation and outrage that these two institutions were to be reserved for Zanu PF elites. The question is, why revive

hospitals that haven't worked for years instead of just setting aside resources for those that are already operational and in desperate need of support?

Noticing the anger, the government back tracked, clarifying that these institutions wouldn't be used only by elites. Trauma Centre founder Dr Vivek Solanki (the man who had offered to set up a R2m ICU unit at Wilkins for Zororo Makamba) told the state daily *The Herald*, "I am part of a team that is setting up several centres around the country to test and treat coronavirus patients in conjunction with the Ministry of Health and Child Care."

The Zanu PF government's destruction of state institutions might have caught up with it. For long, it was possible for the elites to just draw money from the national purse but not have to deal with public institutions (they sent their children to universities in China, South Africa, Britain and USA; they don't receive treatment at local hospitals; and they buy villas and mansions abroad) but the Corona pandemic has shuttered access to these foreign vistas. And now, they are stuck in Zimbabwe, with Zimbabweans who have had to use these institutions for years, with nowhere to turn.

The border fence de Lille is putting up, running contiguous to the mighty Limpopo River, is meant for working class Zimbabweans but O.R. Tambo Airport, where elites routinely land to access better health facilities in Johannesburg and further afield, isn't open to them either for the foreseeable future. Corona might yet prove to be the great equaliser.