

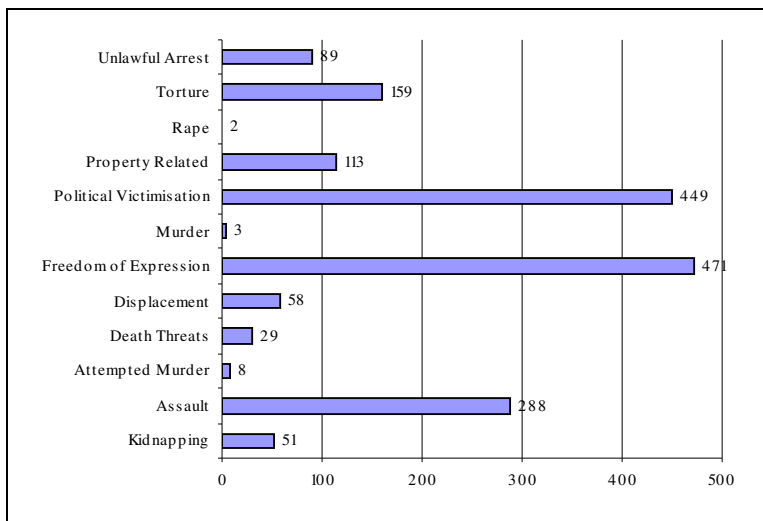


Health and Human Rights abuses in Zimbabwe

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The human rights environment in Zimbabwe has become increasingly complex. For the last few years political violence has dominated any discussion about health and human rights. Since 2000 there have been periods of intense violence across the whole country, especially around national elections. This punctuates a background intimidation that prevents people from engaging in open discussion, especially where it is different from the official version. Doctors are afraid to challenge the violence because they are afraid of being labeled anti-government or belonging to the opposition, or simply afraid of what 'might' happen to them if they stick their necks out. There have been situations of doctors refusing to see or avoiding patients who are victims of organised or state violence. In one case a well-known human rights lawyer was denied treatment at a health facility because a health care worker was afraid to implicate himself if the matter went to court. Such is the atmosphere of intimidation. Violence and torture is carried out to make people support the ruling party and government, or at least make them too afraid to oppose it.

Human Rights abuses



Cumulative Totals of Violent Human Rights Abuses:

1 January 2004 – 31 August 2004*

Torture

All our recorded cases of torture (159) fall under the definition of torture given in the *United Nations Convention against Torture and Other Forms of Cruel, Inhuman and Degrading Treatment and Punishment*. This describes the four key elements of torture as

- *severe pain and suffering*, whether physical or mental, that is
- *intentionally inflicted*,
- *carried out with purpose*
- by a state official or another individual acting *with the acquiescence of the State*.

The Health System

The economic collapse and violence have together ensured that health service delivery is almost non-functional. Health personnel have been leaving the country in increasing numbers since the 1990s. Out of about 1200 doctors trained in Zimbabwe between 1990 and 1999, only about 360 were still working in Zimbabwe in 2002. A similar trend can be described for nurses. Health spending has also shifted increasingly from public to private, making health services inaccessible for larger sections of the community. The inconsistent, under-resourced and highly stigmatising response of the government to the HIV epidemic has locked people into cycles of overwhelming illness and poverty. All gains made during the liberation struggle in establishing health and access to health, as a human right, have been completely lost. The people in Zimbabwe have a right to a functioning, equitable health care system and health professionals must engage in the struggle to achieve this. Advocacy on behalf of their patients is one of the ethical responsibilities of health professionals, and their loss to the country has greatly weakened this capacity.

Prison Health

The over crowding, abuse, HIV and tuberculosis, sexual violence and deaths in prisons has been well reported in the popular press in Zimbabwe. The 42 prisons have a capacity of 16,000 inmates but regularly hold 20-25 thousand. People can be held awaiting trial



for long periods in these conditions, with terrible mental and physical health effects. The health professionals in these services are isolated, overwhelmed and particularly at risk from conflict of interest between patient and employer.

The Food Crisis

The land seizures that started in 2000 and the accompanying chaos have resulted in collapse of food production in the country. Since 2001 up to six million people (50% of the population) have depended partly or completely on food handouts from non-governmental organisations. The government has used this dependence to control access to food by directing all food distribution through its own or the ruling party's infrastructure, with limited success. Only card carrying party members are guaranteed access to food when it is available. In addition, the card is changed frequently to catch out those who lapse in their fervour and to raise funds for the party coffers. The result is to politicise malnutrition and famine deaths. To discuss hunger in Zimbabwe is to support the opposition. To be hungry is to support the opposition. Bulawayo City Council Health Department has reported 161 deaths this year up to August 2004 directly related to food shortage. Matebeleland Aids Council (MAC) has warned that the combination of HIV and food shortage has put many lives in peril. What food is available on the open market is not affordable for most people because of inflation (at 250 – 600 %), unemployment and low income. Clearly, to the government 'human rights' have no meaning.

ZADHR

Zimbabwe Association of Doctors for Human Rights (ZADHR) was set up in 2002 as a vehicle for doctors, principally (but includes other health workers), to counter the violence and torture and to support health workers treating victims of organised violence and torture. Health workers in rural areas have felt isolated and particularly vulnerable in periods of intense activity such as elections. The polarisation and politicisation of every issue made it difficult to mention 'health and human rights' as a health professional issue. We have continued, however.

The international environment for human rights advocacy continues to improve. Zimbabwean health workers want to be part of this. ZADHR appeals to health professionals in Southern Africa and across the world to support their colleagues in Zimbabwe. March 2005 will see parliamentary general elections. The

build up to this period is expected, on past performance, to be characterised by extreme violence. There will be no free debate about the health of the nation.

Zimbabwe is not alone in this experience. Health professionals engaged in advocacy for communities burdened by HIV and poverty across Africa, frequently find themselves isolated locally and far from international support. They are often stigmatised as being too 'political'. Professional 'aloofness' is seen as the best way to continue to provide a service. This is despite the extreme suffering of people in places such as Sudan and the Congo (DRC). The health human rights agenda is subsumed under international humanitarian assistance. It is time to link all our efforts across the subcontinent and the continent.

Support

There are an estimated 3 million Zimbabweans outside Zimbabwe. Most are in Southern Africa but there are tens of thousands in North America, the UK and elsewhere. Many find themselves on the fringes of health services because they are 'illegal' immigrants, 'asylum seekers' or poor. The high prevalence of HIV and AIDS among them tends to aggravate their circumstances. The torture and violence they have suffered is often only recognised for 'asylum seekers'. ZADHR seeks to raise these issues in this dispersed community of Zimbabweans.

ZADHR appeals to Zimbabwean health professionals and others around the world to support their colleagues in Zimbabwe, and to support each other in the struggle to restore health and human rights in Zimbabwe.

ZADHR would like to hear from you. Contact us at humanrights@zadhr.org if you wish to support us, receive our communications or work with us for health and human rights in Zimbabwe.

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* Sources:

The information is derived from statements made to the Public Interest Unit of the Zimbabwe Human Rights Forum, statements taken by the member organisations of the Zimbabwe Human Rights NGO Forum, newspaper reports, Justice for Agriculture (JAG), Combined Harare Residents Association (CHRA), National Constitutional Assembly (NCA), Solidarity Peace Trust (SPT), Women of Zimbabwe Arise (WOZA), Zimbabwe Community Development Trust (ZCDT), Zimbabwe Congress of Trade Unions (ZCTU) and Zimbabwe Election Support Network (ZESN).