

# LEAVING BEHIND A “TWISTED SOUL”: THE 2008-2009 CHOLERA OUTBREAK IN SOUTH AFRICA<sup>1</sup>

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## 1. INTRODUCTION

In November 2008 a deadly cholera epidemic threatened South Africa. What began in Zimbabwe in August 2008 as the by-product of that country's political and socio-economic chaos and the ensuing collapse of effective municipal government,<sup>3</sup> now spread to various states in southern Africa. Described as the worst outbreak of cholera in Africa in 15 years,<sup>4</sup> it could not have come at a more inopportune time. As emergency teams began helping hundreds of cholera patients at the northernmost South African border town of Musina on 15 November,<sup>5</sup> a vigorous public debate on the country's water services reached a climax. There was widespread public discontent with general service delivery, especially in South Africa's municipal government sector.<sup>6</sup> Claims by government that it was indeed meeting its commitments to the United Nations Millennium Development Goals, a global initiative to eradicate poverty, especially in the developing world,<sup>7</sup> were openly questioned by experts as well as municipal rate and taxpayers in many parts of the country.

At the time the African National Congress (ANC) government and its alliance partners, the South African Communist Party (SACP) and the Congress of South African Trade Unions (COSATU), were preparing for what was considered the first watershed election since 1994. There were indications of serious rifts in the political landscape of the country. Earlier, in September 2008, President Thabo Mbeki had been forced to resign, following a decision taken by the National Executive Committee

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<sup>1</sup> Title inspired by Madala Thepa, "Magical Musina, appealing and chaotic" in *Sowetan*, 20 March 2009 (internet-accessed 24 March 2009).

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<sup>3</sup> Anon., "Zimbabwe: UN issues warning over cholera", *Water & Sanitation Africa* 3(3), November/December 2008, p. 23.

<sup>4</sup> Reuters, "PM: Cholera worse than reported", *News 24*, 5 March 2009 (internet-accessed 21 March 2009).

<sup>5</sup> Media release: GCIS, "Statement by Minister of Health, Barbara Hogan, on the outbreak of cholera in Zimbabwe and South Africa", Electronic archive RSA, Department of Health (internet-accessed 21 March 2009).

<sup>6</sup> D Zitha, "Developing crisis number two", *Business Day*, 7 May 2008 (internet-accessed 10 March 2009).

<sup>7</sup> Republic of South Africa, Millennium Development Goals: mid-term country report, September 2007 (internet-accessed 29 March 2009).

(NEC) of the ANC. This was part of the fall out of December 2007, when Mbeki and his supporters, describing themselves as a more moderate grouping, had been ousted at the national conference of the ANC. By November 2008 the government, under Deputy President Kgalema Motlante, went to great lengths to address issues of public discontent over service delivery issues, *inter alia* those in the water sector.

As the outbreak of the water-based cholera disease started affecting thousands of victims in Zimbabwe, Zambia, Mozambique, Botswana and other countries in the subcontinent, well-prepared emergency teams in South Africa worked behind the scenes<sup>8</sup> to prevent a repeat of the 2000-2001 outbreak, when negligence and poor water supply and sanitation management were held responsible for the epidemic.<sup>9</sup>

Contemplated in retrospect, it seems that civil society was momentarily dumbstruck by the outbreak of cholera. Although there was an awareness of the disease in Zimbabwe, it was readily assumed that it could be prevented from spreading to neighbouring South Africa. When cholera did eventually reach South Africa the causes were directly linked to external factors. At first the blame for the local outbreak was placed squarely on the shoulders of President Robert Mugabe’s regime in Zimbabwe, where the health services, as well as the water and sanitation infrastructure, were in an advanced state of collapse.<sup>10</sup> Then, as scattered reports of the disease emanated from certain quarters in South Africa, the blame for the state of affairs was shifted. South African health authorities increasingly pointed to local conditions that were conducive to the spread of the disease.<sup>11</sup>

In this article the objective is to provide a general history of the cholera outbreak in South Africa in 2008-2009 and to point to the manner in which the crisis contributed to steps aimed at improving service delivery in the country’s water sector.

## 2. CHOLERA IN SOUTH AFRICA

The outbreak of cholera in South Africa in November 2008 was not the first in recent times. In fact it is common in the geographical region of the Southern African Development Community (SADC). Indications are that cholera, as is the case with

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<sup>8</sup> Sapa, "Hogan to assess cholera outbreak in Limpopo", *Mail & Guardian*, 9 December 2008 (internet-accessed 12 March 2009).

<sup>9</sup> AKM Hoque and Z Worku, "The cholera epidemic of 2000/2001 in KwaZulu-Natal: implications for health promotion and education", *Health SA* 10(4), December 2005, pp. 66-74.

<sup>10</sup> Sapa, "Bishop calls on Motlante to act against Mugabe", *Mail & Guardian Online*, 2 January 2009 (internet-accessed 12 March 2009).

<sup>11</sup> Anon, "More river cholera results expected soon", *Mail & Guardian Online*, 5 December 2008 (internet-accessed 12 March 2009).

other water-related diseases such as typhoid fever, malaria and bilharzia, could well increase as one of the consequences of the current phase of global climate change.<sup>12</sup>

In South Africa itself cholera has a long history, closely associated with the worldwide historical trend of the disease.<sup>13</sup> Internationally, the period 1817-1923 is generally described as the era of the six pandemics. The most significant of these occurred in the years 1817-1823; 1829-1851; 1852-1859; 1863-1879; 1881-1896; and 1899-1923.<sup>14</sup> The disease first reached North Africa at the time of the second pandemic (1829-1851). It arrived in other parts of Africa (including contemporary South Africa) in the era of the third pandemic.<sup>15</sup> After 1923 there was a respite with very few cases being reported. However, by 1971, health experts in South Africa once again issued warnings on a potential outbreak of the disease.<sup>16</sup> This was part of what had been identified internationally in 1961 as the seventh pandemic. Up until the present its re-occurrence has been evident in most countries reporting to the World Health Organisation (WHO).<sup>17</sup> The current pandemic has in turn been divided into three geochronological periods. The first was confined to southeast Asia; the second affected Mainland Asia; and the third spread to Europe, the Middle East and Africa.<sup>18</sup> Factors singled out as potential causes of cholera in South Africa in 1971 were: the hot, humid summers, seaports with many foreigners entering the country, overcrowded communities with low levels of sanitation and unsafe drinking water. Two years later, in 1973, the first case was reported and was rapidly brought under control.<sup>19</sup> That was only the beginning of more problems to come. Between 1980 and 1987 South Africa experienced seven outbreaks of cholera with the worst of these, from 1981-1982, claiming the lives of 218 people.<sup>20</sup> Then the threat of the disease subsided until the 1990s. In post-apartheid South Africa, with the onset of

<sup>12</sup> See R Shope, "Global climate change and infectious diseases", *Environmental Health Perspectives* 96, December 1991, pp. 171-174; X Rodó, M Pascual, G Fuchs and ASG Faruque, "ENSO and cholera: a non-stationary link related to climate change?", *Proceedings of the National Academy of Sciences of the United States of America* 99(20), 1 October 2002, pp. 12901-12906; EK Lipp, A Huq and R Collwell, "Effects of global climate on infectious disease: the cholera model", *Clinical Microbiology Reviews* 15(4), October 2002, pp. 757-770.

<sup>13</sup> For more on the history of cholera see: D Arnold, "Colonialism and cholera in India", *Past and Present* 113, November 1986, pp. 118-151.

<sup>14</sup> D Barua and WB Greenough III (eds), *Cholera (Current topics in infectious disease)*. Springer, 1992 (internet-accessed 5 March 2009).

<sup>15</sup> RJ Evans, "Epidemics and revolutions: cholera in nineteenth century Europe", *Past and Present* 120, August 1988, p. 125.

<sup>16</sup> See the electronic archive of the national Department of Health's Republic of South Africa (RSA), *National guidelines for cholera control* (National Department of Health, Directorate Communicable Disease Control, Pretoria 2001) (internet-accessed 10 March 2009).

<sup>17</sup> L Makubalo, "Editorial" in RSA, Department of Health Facts, 2003 (internet-accessed 31 March 2009).

<sup>18</sup> Anon., "Management of cholera epidemics in South Africa August 2000 to September 2003", RSA, Department of Health Facts, 2003, p. 35 (internet-accessed 31 March 2009).

<sup>19</sup> L Mudzanani, M Ratsaka-Mathokoa, L Mahlasela, P Netshidzivhani and C Mugeru, "Cholera", *South African Health Review*, 2003/2004, p. 258.

<sup>20</sup> *Ibid.*, p. 259.

a multiracial democracy in 1994, the cholera threat increased. More people from other parts of Africa began to move into the country. Legal migration trends between South Africa and the rest of the continent increased substantially. Africa has been particularly prone to cholera outbreaks in recent years.<sup>21</sup> It broke out for the first time in the Central African Republic in 1997 and Madagascar in 1999.<sup>22</sup> The most extensive outbreak of the disease in recent times in South Africa was that of 2000-2001. It first appeared in August 2000 in KwaZulu-Natal (KZN) and continued unabated until 2001, culminating in 239 deaths and 106 389 people being treated for the disease. The most affected provinces were KZN (105 389 cumulative cases), Limpopo Province (793 cases), Mpumalanga (125 cases), Gauteng (65 cases) and North West Province (six cases).

The pandemic of 2000-2001 proved to be a valuable learning experience for environmental health and medical practitioners in South Africa. Along with emergency teams in the field of disaster management, they gained useful experience. Considerable research was also conducted on the outbreak. Poverty was singled out as the major underlying cause of the disease.<sup>23</sup> In the field of the management of water resources there were also indications of fault lines. There were further incidents of cholera after 2001, although preventative interventions in 2002,<sup>24</sup> and the minor nature of these outbreaks in 2003<sup>25</sup> and 2005, made them insignificant in comparison with those that occurred in the beginning of the new millennium.<sup>26</sup> South Africa’s health authorities had clearly learnt a lesson. By 2008 they were better prepared and ready to respond rapidly to any reports on an outbreak of the disease.

### 3. PHASES AND NOTABLE FEATURES OF THE 2008-2009 CHOLERA EVENT

Working from information provided in the news media, as well as provincial and national websites, it has been possible to compile a history of the cholera epidemic of 2008-2009 in South Africa. Perhaps because they were working under emergency

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<sup>21</sup> On the issue of environment and the spread of diseases in Africa during the 1990s see *inter alia* R Clay, "A continent of chaos: Africa's environmental issues", *Environmental Health Perspectives* 102(12), December 1994, pp. 1018-1023.

<sup>22</sup> Anon., "Management of cholera epidemics in South Africa August 2000 to September 2003", RSA, Department of Health Facts, 2003, p. 35 (internet-accessed 31 March 2009).

<sup>23</sup> Mudzanani *et al.*, p. 263.

<sup>24</sup> HP Chabalala, "Cholera in the Limpopo Province: epidemic preparedness and outbreak response 27 March–01 April", RSA, National Department of Health (NDoH, 2002) (internet-accessed 21 March 2009).

<sup>25</sup> See for example the electronic archive of the National Department of Health, "RSA's Cholera outbreak in Mpumalanga (2003)" (internet-accessed 31 March 2009).

<sup>26</sup> D Hemson. "Easing the burden on women? Water cholera and poverty in South Africa" in D Hemson, K Kulindwa, H Lein and A Mascarenhas, "*Poverty and water explorations of the reciprocal relationship* (Zed Books, London and New York, 2008), pp. 152-156.

conditions, the presentation of information from responsible provincial government departments for the period November 2008 to March 2009 is incomplete and rather haphazard in as far as press releases and related information on departmental websites is concerned.<sup>27</sup> Another problem that arose from the resources scrutinised, was that with the exception of a few examples, there was little indication of what was being done at local government level to address the health crisis. Apart from a few news reports, local authorities were seldom quoted in the reportage on cholera events. Mounting public dissatisfaction of government response to the crisis, as will be seen from the discussion of the different phases, suggests that ineffective lines of communication, the apparent absence of visible responses to crisis conditions, and a lack of integrated action by officials on the local, provincial and national government levels were perhaps to blame for the unsatisfactory state of affairs.

### 3.1 Phase 1: Taking note of a potential health crisis

There was consensus in the public sphere that the cholera outbreak in South Africa was entirely to be blamed on President Mugabe's regime in Zimbabwe. This certainly appeared to be justified. South African health experts and officials of the United Nations Organisation had for a considerable period of time been aware that cholera could be spreading, not only to South Africa, but also to other states bordering on Zimbabwe.<sup>28</sup> The basic message was that Mugabe had allowed his country's health, water and sanitation infrastructure to collapse.<sup>29</sup> This spelt danger for environmental health in neighbouring countries. Later, perceptions of Zimbabwe as the only culprit, began to change.<sup>30</sup> At first all eyes were on the way in which emergency teams reported outbreaks of the disease in many parts of the country. Indications were that every measure was taken to ensure the safety of people within the borders of South Africa. There were frequent and predominantly accurate news reports,<sup>31</sup> informing

<sup>27</sup> The websites of the provincial departments of health in Limpopo and Mpumalanga substantiate the point. See Limpopo Provincial government, Department of Health and Social Development (internet-accessed 31 March 2009).

<sup>28</sup> Sapa, "Cholera continues to take its toll", *IOL*, 9 December 2008 (internet-accessed 28 January 2009).

<sup>29</sup> Sapa-AP, "Tutu says Africa should use force to oust Mugabe", *Sowetan*, 5 December 2008 (internet-accessed 12 March 2009); L Tsele, "South African NGOs condemn alleged state-sanctioned violence in Zimbabwe", *Sowetan*, 5 December 2008 (internet-accessed 13 March 2009); Sapa, "Bishop calls on Motlanthe to act against Mugabe" in *Mail & Guardian Online*, 2 January 2009 (internet-accessed 12 March 2009).

<sup>30</sup> Anon., "More river cholera results expected soon", *Mail & Guardian Online*, 5 December 2008 (internet-accessed 12 March 2009).

<sup>31</sup> Anon., "'Cholera scare' in Musina", *Sowetan*, 19 November 2008 (internet-accessed 13 March 2009); F Maponya, "90 new cases as disease spreads", *Sowetan*, 15 January 2009 (internet-accessed 13 March 2009); F Maponya, "The R18m plan to stem cholera tide: Sekhukhune water network to be revamped", *Sowetan*, 15 January 2009 (internet-accessed 13 March 2009); F Maponya, "Cholera fight being won", *Sowetan*, 23 December 2008 (internet-accessed 13 March 2009).

the public about where the disease had surfaced,<sup>32</sup> whether it formed part of the Zimbabwean strain of cholera<sup>33</sup> or was of local origin<sup>34</sup> and what could be done to prevent its spread.<sup>35</sup>

South Africa’s emergency teams were well-organised. They had been placed on alert well in advance of the first reported cases on South African soil. Once they were required, management at the national Department of Health gave instructions for their deployment. They formed part of a national outbreak response team (NORT). Although the initial critical focus of operations was on Musina in the Limpopo Province, similar preparatory arrangements had been made in other parts of the country. Workers, especially those in KwaZulu-Natal, Mpumalanga, Gauteng, the Eastern Cape and the Western Cape, where cholera cases had been reported in recent years, were on high alert. In Musina a provincial outbreak response team (PORT) assembled when the first cholera victims were diagnosed. A joint operations committee, which included the South African Military Health Services, started functioning with a number of working subcommittees. Officials from leading international and local non-governmental organisations helped the response teams to constantly monitor the situation and respond to calls for assistance. There were frequent risk assessments.<sup>36</sup>

It was evident from the outset that the epicentre of the cholera outbreak would be along the northern border of South Africa’s Limpopo Province. By 15 November 2008 all attempts by medical and health authorities to contain its spread had proved futile.<sup>37</sup> Literally hundreds of people were being treated at Musina, South Africa’s northernmost border town.<sup>38</sup> Information by word of mouth about the cholera outbreak was widespread. Notable was the use of cellular communication technology to transmit information. Despite the fact that the regional community in and around Musina was primarily rural in orientation and poverty levels were relatively high,

<sup>32</sup> Anon., "More river cholera results expected soon", *Mail & Guardian Online*, 5 December 2008 (internet-accessed 12 March 2009); AFP, "Musina declared a disaster area", *IOL*, 11 December 2008 (internet-accessed 28 January 2009).

<sup>33</sup> A Powell, "Khayelitsha not strain from Zimbabwe", *IOL*, 2 January 2009 (internet-accessed 10 March 2009); Z Nicholson, "Cholera is under control in Gauteng", *IOL*, 3 January 2009 (internet-accessed 10 March 2009).

<sup>34</sup> Anon., "Eastern Cape diarrhoea stats drop", *Sowetan Mobile*, 29 January 2009 (internet-accessed 13 March 2009).

<sup>35</sup> Anon., "The killer disease", *Sowetan*, 27 November 2008 (internet-accessed 13 March 2009); Sapa, "Hogan to assess cholera outbreak in Limpopo", *Mail & Guardian*, 9 December 2008 (internet-accessed 12 March 2009); V Mecoamere, "Fun for smart minds: comedian to visit high schools", *Sowetan*, 3 March 2008 (internet-accessed 13 March 2009); R Hlatwayo, "Diarrhoea outbreak", *Sowetan*, 20 November 2008 (internet-accessed 13 March 2009).

<sup>36</sup> Media release: GCIS, "Statement by Minister of Health Barbara Hogan on the outbreak of cholera in Zimbabwe and South Africa" in Electronic archive RSA, Department of Health (internet-accessed 21 March 2009).

<sup>37</sup> Sapa, "Cholera hits Gauteng", *IOL*, 5 January 2009 (internet-accessed 10 March 2009).

<sup>38</sup> T Tshabalala and L Davis, "Limpopo now a disaster area", *Mail & Guardian Online*, 12 December 2008 (internet-accessed 12 March 2009).

cellular telephones were used to send SMS messages to the effect that local water sources had been contaminated.<sup>39</sup> Conditions in many parts of the Limpopo Province were unsatisfactory.<sup>40</sup> Information of this nature undermined the confidence of residents.

Meanwhile, the number of cholera cases steadily rose. By 24 November 2008, 187 cases had been reported in Limpopo Province and the disease had claimed the lives of three people.<sup>41</sup> The plight of the residents of Sekhukhune Land only came to the attention of the authorities once the disease had broken out locally. By late December there were indications that cholera had reached the isolated areas of Batlokwa, Dilokong and Knobel. Provincial health workers tried their best to contain outbreaks<sup>42</sup> in what increasingly appeared to be a losing epidemiological battle.

At the time South African officials were engaged in talks with their Zimbabwean counterparts to determine what collaborative steps could be taken to address the issue. Few public disclosures were made on these negotiations.<sup>43</sup> However, behind the scenes there were new plans being discussed. South African water workers and health experts were preparing to move into Zimbabwe and pro-actively respond to the crisis there, partially in an effort to stem the tide of contamination from Zimbabwe.<sup>44</sup> In the northern parts of the country there was a groundswell of support, sympathy and understanding for the predicament of Zimbabweans. Despite growing indications that the local water supply could become contaminated,<sup>45</sup> Zimbabweans were permitted to collect water on a daily basis on the South African side of the border.<sup>46</sup> Later, by 9 December, this proved to be dangerous, because health experts were predicting that cholera could be spreading to all southern African countries bordering on Zimbabwe.<sup>47</sup> Suddenly the situation in Vhembe district changed for the worse. By 10 December the number of cases of cholera treated at Musina rose to 645

<sup>39</sup> Anon., "'Cholera scare' in Musina", *Sowetan*, 19 November 2008 (internet-accessed 13 March 2009).

<sup>40</sup> M Sakuneka, "Threat of protest on Zuma visit", *Sowetan*, 17 November 2008 (internet-accessed 13 March 2009).

<sup>41</sup> South Africa Department of Health, "Statement by Minister of Health Barbara Hogan on the outbreak of cholera in Zimbabwe and South Africa", audio file: media briefing, South Africa Department of Health. Statement on the outbreak of cholera in Zimbabwe and South Africa and Response Interventions, South African Government Information (UN and NGO Press Releases), 26 November 2008 (internet-accessed 19 February 2009).

<sup>42</sup> Sapa, "Cholera hits Limpopo's vulnerable areas", *IOL*, 23 December 2008 (internet-accessed 29 January 2009).

<sup>43</sup> Sapa, "Hope on cholera: outbreak under control", *Sowetan*, 2 November 2008 (internet-accessed 13 March 2009).

<sup>44</sup> The South African government only made this disclosure in 2009, long after the country's emergency workers had moved into Zimbabwe.

<sup>45</sup> F Maponya, "Water tests heighten cholera fear", *Sowetan*, 2 December 2008 (internet-accessed 16 March 2009).

<sup>46</sup> A Majavu and Sapa, "Zim facing worst crisis – Morgan", *Sowetan*, 27 November 2008 (internet-accessed 21 March 2009).

<sup>47</sup> Sapa, "Cholera continues to take its toll", *IOL*, 9 December 2008 (internet-accessed 28 January 2009).

patients overnight.<sup>48</sup> People living on the outskirts of Musina were said to be living on “a cholera time bomb”. In one settlement, Madimbo,<sup>49</sup> where many Zimbabweans had crossed the Nwanedi River illegally to get into South Africa,<sup>50</sup> local water sources tested positive for cholera. Journalists visiting the settlement noted that contrary to official reports, it was evident that the river’s water was contaminated. Local residents suffering from cholera were immediately being transferred to the emergency hospital at Musina.<sup>51</sup> It was at this stage that the executive council of the emergency team in Limpopo Province declared the border between South Africa and Zimbabwe a disaster area.<sup>52</sup> The whole of the Vhembe district was placed under constant surveillance as cholera literally walked, by courtesy of human agents, into South Africa.<sup>53</sup>

Musina’s hospital normally served a population of about 20 000 residents. Now it was suddenly inadequately equipped. There was an influx of hundreds of Zimbabweans who sought medical assistance. Emergency tents were pitched in the hospital grounds.<sup>54</sup> Patients were confined to specially allocated areas. The local environment was by no means conducive for the comfort of the sick. Cholera sufferers, according to news reports, were treated in what was described as hot, dusty sand fields. If patients tried to move beyond the perimeter of the camp’s fence they ran the risk of being summarily deported.<sup>55</sup> The refugees told locals that they were feeling dizzy, exhausted, hungry and very sick while local government officials, aid workers from international non-governmental agencies and volunteers from local churches were addressing their needs.<sup>56</sup>

The character of Musina was rapidly changing. It was becoming a rallying point for hundreds of refugees, many of whom were suffering from a deadly, contagious, water-borne disease. Local residents and business people, who had over a period of many years become accustomed to a constant stream of Zimbabweans passing through their town, now had to contend with even greater numbers staying over for

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<sup>48</sup> Sapa, "Musina cholera cases rise overnight", *IOL*, 10 December 2008 (internet-accessed 28 January 2009).

<sup>49</sup> At the time Madimbo was considered to be the most cholera-affected area in the Limpopo Province. See F Maponya, "Cholera death toll rises to six in South Africa", *Sowetan*, 1 December 2008 (internet-accessed 13 March 2009).

<sup>50</sup> F Maponya, "Cholera crisis: fear grips town. Everyone wondering if they're next", *Sowetan*, 8 December 2008 (internet-accessed 24 March 2009).

<sup>51</sup> F Maponya, "It's a time bomb", *Sowetan*, 10 December 2008 (internet-accessed 13 March 2009).

<sup>52</sup> Press release, "Limpopo executive council declares Chembe district a disaster area" (10 December 2008) in Limpopo Province Health Department electronic archive (internet-accessed 24 March 2009).

<sup>53</sup> AFP, "Musina declared a disaster area", *IOL*, 11 December 2008 (internet-accessed 28 January 2009); T Tshabalala and L Davis, "Limpopo now a disaster area", *Mail & Guardian Online*, 12 December 2008 (internet-accessed 12 March 2009).

<sup>54</sup> DJ Ncayiyana, From the editor: "The Zimbabwe mayhem – how many people must die for the neighbours to act?", *South African Medical Journal* 99(1), January 2009, p. 7.

<sup>55</sup> Tshabalala and Davis, 12 December 2008.

<sup>56</sup> *Ibid.*



longer than ever before. With the exception of those who had plans to go to Gauteng Province (the most popular destination for Zimbabweans), visitors to Musina were not leaving town in a hurry. Local business people, who at first provided assistance and gave the refugees food and water, now became irritated by their presence. They were tired of constantly giving food to those who appeared to be ungrateful for the help they received. Public facilities, such as toilets, parking spaces and parks became crowded and locals complained of a deterioration of their quality of life.<sup>57</sup>

Shortly before Christmas it was apparent that while the health authorities were in control and were beginning to win the war against cholera in Musina,<sup>58</sup> the most severely affected part of Limpopo Province was in the vicinity of Burgersfort, where eight people had died and the local Dilokong Hospital was said to have been treating the highest number of cholera patients in the province.<sup>59</sup> Reports of this nature came at a time when thousands of South Africans employed in the urban parts of the country, visited family and friends in the Limpopo Province's rural areas for the Christmas holidays. The implications were that the disease could potentially spread to other parts of the country once these visitors returned to their homes. The authorities did, however, make provision for potential emergencies. More health workers were deployed at cholera hotspots such as Burgersfort.<sup>60</sup> Local conditions did not augur well for operators in the provincial tourist industry. Fewer tourists than usual opted for a holiday in Limpopo - despite official assurances that the province was safe.<sup>61</sup>

News from other parts of South Africa suggested that the disease was spreading. By mid-December, health workers in Gauteng Province reported that 16 of the 46 people who had been treated since November, were still unwell. Two had meanwhile died.<sup>62</sup> In KwaZulu-Natal (KZN) six people had been treated for cholera in early December. Memories of the 2000-2001 cholera outbreak in that province were still very much alive. In this province, the health authorities were making projections and coming to the conclusion that local outbreaks of the disease had not necessarily come from Zimbabwe. They warned the public that cholera had a tendency to re-occur after seven to ten years. Consequently, they took a number of precautionary steps.<sup>63</sup> In the Western Cape, on 18 December, it was reported that a four-month old baby was being treated for cholera at the Karl Bremer Hospital. Health authorities

<sup>57</sup> K van der Merwe, "Tussen lewe en dood", *Beeld BY*, 5 January 2009 (internet-accessed 10 March 2009).

<sup>58</sup> F Maponya, "Cholera fight being won", *Sowetan*, 23 December 2008 (internet-accessed 13 March 2009).

<sup>59</sup> F Maponya, "Epidemic toll rises", *Sowetan*, 24 December 2008 (internet-accessed 13 March 2009).

<sup>60</sup> *Ibid.*

<sup>61</sup> F Maponya, "Cholera zaps tourism", *Sowetan*, 24 December 2008 (internet-accessed 13 March 2009).

<sup>62</sup> Anon., "Zim's cholera now in Gauteng", *News24.com*, 15 December 2008 (internet-accessed 27 March 2009).

<sup>63</sup> Sapa, "Six suspected cholera cases in KZN", *JOL*, 19 December 2008 (internet-accessed 28 January 2009).

were confident that it was not a strain of the cholera that came from Zimbabwe.<sup>64</sup> In the Eastern Cape where people were tested for cholera at the beginning of December after contact with an Ethiopian who had suffered from the disease,<sup>65</sup> conditions appeared to be under control. There were numerous false alarms. Over Christmas, rumours were rife in the province that several people had contracted cholera. These proved to be unfounded. In fact a number of people had been treated at the Mlamli Hospital for food poisoning. Authorities also denied that more than 100 people had been treated for diarrhoea at Sturkspruit<sup>66</sup> in the province.<sup>67</sup> A pattern was beginning to emerge. It suggested that cholera outbreaks in South Africa were not necessarily the result of Zimbabwean infestation. Nor could other water-related infections be discounted.

### 3.2 Phase 2: Conditions worsen and angry responses follow

As South Africa returned to normal after the Christmas and New Year festivities, there was growing concern about the spread of cholera. Many people had travelled around in the country over the summer holidays. They now settled back into their homes and communities and they unknowingly posed a potential health threat to those around them. In Gauteng, a popular destination for people travelling between Zimbabwe and South Africa, everything appeared to be under control. Since November 2008 there had been relatively few cases reported. Moreover, only two South African residents locally contracted the disease.<sup>68</sup> But by 5 January 2009 the picture began to change for the worse: the disease appeared to be spreading again, and rapidly. The total number of cases in Gauteng had risen to 21 with three fatalities. Limpopo, at the time, had 1 441 confirmed cases and 15 deaths.<sup>69</sup> Indications were that cholera was now spreading to the southern parts of Limpopo.<sup>70</sup> On 7 January six people were admitted to the Tshwane District Hospital in Pretoria, presumably suffering from the disease. Five of them came from Zimbabwe and the sixth had recently arrived from Limpopo Province. According to a spokesperson of the Gauteng Department of Health, a further 25 people had been diagnosed with cholera.<sup>71</sup>

At the time Karl Lubout, a water quality specialist in the Gauteng-based water utility, Rand Water, confidently informed the media that the chances were slim of

<sup>64</sup> Sapa, "Cape baby treated for cholera", *IOL*, 18 December 2008 (internet-accessed 28 January 2009).

<sup>65</sup> Anon., "More river cholera results expected soon", *Mail & Guardian Online*, 5 December 2008 (internet-accessed 12 March 2009).

<sup>66</sup> Spelling as given in Sapa news text. It could well be Sterkspruit.

<sup>67</sup> Sapa, "No cholera cases in Eastern Cape", *IOL*, 7 January 2009 (internet-accessed 10 March 2009).

<sup>68</sup> Z Nicholson, "Cholera is under control in Gauteng", *The Star*, 3 January 2009, p. 2.

<sup>69</sup> Sapa, "Cholera hits Gauteng", *IOL*, 5 January 2009 (internet-accessed 28 January 2009).

<sup>70</sup> Sapa, "Twenty new cholera cases: report", *IOL*, 9 January 2009 (internet-accessed 28 January 2009).

<sup>71</sup> A Schoeman, "Ses wat dalk cholera het, word in Pta-hospitaal opgeneem", *Beeld*, 8 January 2009 (internet-accessed 8 January 2009).

the province's potable water supplies being contaminated.<sup>72</sup> Despite this assurance, health experts in Gauteng still had reason for concern. Chika Asomugha, Gauteng Province's health department spokesperson, hinted at a more complex state of affairs. The cholera was no longer only being spread from Zimbabwe. Local strains of the disease had also been identified.<sup>73</sup> At that point in time 15 deaths from cholera had been reported in Gauteng and KwaZulu-Natal. At Khayelitsha in the Western Cape, health authorities reported that two people were suffering from locally-contracted cholera. They were still confident that all was under control, but pointed out that the local strain of the disease was not the same as the one that had broken out in Zimbabwe.<sup>74</sup> It had become evident that conditions were conducive for local strains of the disease to reappear.

The impact which cholera could have on productivity in South Africa was shown when it was reported on 9 January that 35 workers on the Medupi construction site of an Eskom power station in Limpopo Province had taken ill with what was thought to be an outbreak of cholera. Work at the R80-billion construction project came to a standstill when management, in an effort to stop the disease from spreading, sent the 2 000 workers on site back to their homes.<sup>75</sup> They only resumed work on 11 January.<sup>76</sup> Laboratory tests later brought to light that the workers had not in fact been affected by cholera. They had developed stomach disorders after eating contaminated food.<sup>77</sup>

Meanwhile cholera was spreading like wildfire through more areas of the Limpopo Province. At Hoedspruit in the Lowveld, reports had it that several people had taken ill. At Burgersfort in Sekhukhuneland 46 people were reported to be suffering from cholera. In Batlokwa, a settlement situated on the Great North Road between Louis Trichardt and Polokwane, 16 new cases of cholera were reported on 8 January.<sup>78</sup> By 9 January more than 1 500 people had been treated in Limpopo Province for cholera since November 2008.<sup>79</sup>

The situation worsened in mid-January. Heavy rains began to fall in all parts of Limpopo Province, making local conditions even more conducive for the spread

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<sup>72</sup> *Ibid.*

<sup>73</sup> F Forde and K Foss, "Cholera cases increase by 40%", *The Star*, 8 January 2009, p. 1.

<sup>74</sup> A Powell, "Khayelitsha cholera not strain from Zim", *Cape Times*, 2 January 2009, p. 6.

<sup>75</sup> Anon., "Eskom station shut down after cholera scare", *Sowetan Mobile*, 9 January 2009 (internet-accessed 13 March 2009); M Louw-Carstens, "'Cholera' by werkers raak Eskom-projek", *Beeld*, 9 January 2009 (internet-accessed 10 March 2009).

<sup>76</sup> A Pienaar, "'Cholera' dalk slegte kos", *Beeld*, 11 January 2009 (internet-accessed 10 March 2009); M Louw-Carstens, "Cholera in 2e rivier in Limpopo", *Beeld*, 13 January 2009 (internet-accessed 10 March 2009).

<sup>77</sup> A Pienaar, *Beeld*, 11 January 2009 (internet-accessed 10 March 2009).

<sup>78</sup> M Louw-Carstens, "'Cholera' by werkers raak Eskom-projek", *Beeld*, 9 January 2009 (internet-accessed 10 March 2009).

<sup>79</sup> Sapa, "Twenty new cholera cases: report", *IOL*, 9 January 2009 (internet-accessed 28 January 2009).

of cholera.<sup>80</sup> There were mounting fears that it would be impossible to contain it. In an editorial comment in the *Sowetan* in mid-January 2009 the editor criticised the government’s hesitation to declare an official national alert.<sup>81</sup> At the time it was clear that cholera had spread to other parts of South Africa. About 2 500 sufferers were being treated countrywide. Limpopo was still the province hardest hit, with more than 2 000 cases. In Gauteng the number of cases on 16 January increased from 162 to 173. Tshwane had 11 new reported cases.<sup>82</sup> In KZN there were six and in Western Cape seven cholera cases receiving attention.<sup>83</sup> On 19 January 2009 it was reported that cases of the disease had been reported in all of Limpopo’s five districts. Official statements to the effect that only nine people had died as a result of cholera in the area were questioned in the media, with sources on the ground expressing the opinion that many more might well have succumbed to the disease. By that time 2 023 people had already been treated in the province since the first cases had been identified in November 2008.<sup>84</sup>

In mid-January Mpumalanga reported the first signs of the disease in the municipalities of JS Moroka, Thaba Chweu and Bushbuckridge. Unhygienic conditions in Mpumalanga Province were cited as the primary reason for the outbreak.<sup>85</sup> Bushbuckridge, one of the poorest areas in the province, was especially hard hit by the pandemic. On 19 January it was reported that more than 100 residents of the settlement had taken ill with cholera, literally overnight. The rate of destitution in the area was high. An estimated 80 per cent of the residents were unemployed and 30 per cent were illiterate.<sup>86</sup> On 20 January 2009 it was reported that a 44-year old male had tested positively for cholera and had been admitted to the Carletonville Hospital in North-West Province.<sup>87</sup>

Conditions of this nature, and increasing reports of more outbreaks of cholera, sparked considerable public discontent – especially in the most directly affected communities. What at first seemed to be public acceptance of the measures taken by government officials under difficult circumstances, turned violent towards

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<sup>80</sup> M Louw-Carstens, "Reën laat siekte wyd in Limpopo versprei", *Beeld*, 19 January 2009 (internet-accessed 9 March 2009).

<sup>81</sup> Editorial comment, "Wake up to the crisis", *Sowetan*, 14 January 2009 (internet-accessed 13 March 2009).

<sup>82</sup> A Pienaar, "Cholera eis M'langa-vrou; staat meen krisis is nie Zim se skuld", *Beeld*, 15 January 2009 (internet-accessed 9 March 2009).

<sup>83</sup> Z Mapumulo, A Moselakgomo and F Maponya, "Cholera infections rising rapidly in parts of SA", *Sowetan*, 16 January 2009 (internet-accessed 13 March 2009).

<sup>84</sup> Louw-Carstens, 19 January 2009 (internet-accessed 9 March 2009).

<sup>85</sup> A Pienaar, 15 January 2009 (internet-accessed 9 March 2009).

<sup>86</sup> A Pienaar, "Meer as 100 glo besmet met cholera in Mpumalanga", *Beeld*, 19 January 2009 (internet-accessed 9 March 2009).

<sup>87</sup> B Viljoen, "Cholera eis 19 in Mpumalanga sedert begin van die jaar – LUR", *Beeld*, 20 January 2009 (internet-accessed 9 March 2009).

mid-January.<sup>88</sup> Earlier, rumours and reported incidents of protest and discontent in November 2008 were directly associated with the visit of political dignitaries to the rural areas, where rallies were being held ahead of the April 2009 elections.<sup>89</sup> By mid-January 2009 there was a noticeably different political climate in Limpopo Province.<sup>90</sup> People in the Greater Tubatse area had burnt down the house of a councillor, and had set alight the official car of the local mayor, Ralepane Mamekoa,<sup>91</sup> claiming that he had failed them and was responsible for the deaths of their loved ones. Health officials described the atmosphere as “not rosy” and insisted that it was not local residents but “hooligans” who had been responsible for the attacks.<sup>92</sup> There were also indications of discontent in the Greytown area of KZN where an experienced health team was busy combating the disease behind the scenes. “Angry people” in the community did not like the conditions of “secrecy” under which local health workers operated. They told the media they wanted to be informed on whether local water supplies were safe for consumption.<sup>93</sup> There clearly were problems in the lines of communication between the authorities and residents in a region that had previously been hard hit by cholera.

Experts interpreted the angry protests by people in Limpopo Province as symptomatic of how unemployed and hungry people responded to a crisis.<sup>94</sup> Local officials and managers in the region knew precisely what was wrong and what work had to be done. Officials of the health department meanwhile focused on dealing with the crisis. Initiatives were launched to use strategies of infotainment to warn local residents of the dangers of cholera. There was also a more complex side to the crisis. According to Sekhukhune mayor, Namane Masemola, at Praktiseer, near Burgersfort, where several cases of cholera had been reported by January 2009, part of the problem was the theft of equipment used to pump water to water reservoirs.<sup>95</sup>

A distinctive new trend in the cholera epidemic in South Africa became evident towards the end of January 2009. For the first time the number of Zimbabweans being treated in South African hospitals showed a decline, and there were now more

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<sup>88</sup> In some respects the unrest was typical of the political rioting and revolution linked to cholera in nineteenth-century Europe. See RJ Evans. "Epidemics and revolutions: cholera in nineteenth-century Europe", *Past and Present* 120, August 1988, pp. 123-146.

<sup>89</sup> M Sakenuka, "Threat of protest on Zuma visit", *Sowetan*, 17 November 2008 (internet-accessed 13 March 2009).

<sup>90</sup> N Ndlovu, "Fear and fury as cholera bites", *Mail & Guardian*, 26 January 2009 (internet-accessed 12 March 2009).

<sup>91</sup> Sapa, "Limpopo mayor attacked for cholera deaths", *Mail & Guardian*, 19 January 2009 (internet-accessed 12 March 2009).

<sup>92</sup> Ndlovu, 26 January 2009.

<sup>93</sup> *Ibid.*

<sup>94</sup> Editorial comment, "In a time of cholera", *Mail & Guardian*, 23 January 2009 (internet-accessed 12 March 2009).

<sup>95</sup> F Maponya, "The R18m plan to stem cholera tide: Sekhukhune water network to be revamped", *Sowetan*, 15 January 2009 (internet-accessed 13 March 2009).

South Africans suffering from the disease.<sup>96</sup> In parliament, health minister Barbara Hogan explained that South Africa could not exist in isolation in southern Africa. The cholera epidemic underscored the realisation that issues of health were a national as well as a regional issue.<sup>97</sup> The Department of Health had done a great deal to contain the crisis up to that point.<sup>98</sup>

### 3.3 Phase 3: Getting the broader picture

By February 2009 the broader picture of the cholera pandemic in South Africa had emerged. In a number of areas there were responses in the public sphere, suggesting that there was a growing awareness of the implications of this. Consulting Engineers South Africa (CESA), a business organisation representing more than 450 consultancies in the country, urged the government to give more dedicated attention to introducing more new infrastructure.<sup>99</sup> Some experts warned that many of the country’s municipalities were in a state of denial.<sup>100</sup> Others expressed the hope that the outbreak of cholera would spark a reaction from the responsible authorities to take appropriate action and see to it that things were set right.<sup>101</sup> Part of the irony, they pointed out, was that South Africa’s water legislation had been adopted by many other countries of the world because of its progressive and innovative ideas; and yet the ongoing problem was “to manage our sanitation and ensure that we don’t get sewage into our water”.<sup>102</sup> Others argued that all the money that was being spent on treating people for cholera could have been saved if timely steps had been taken to secure clean drinking water for all the country’s residents.<sup>103</sup>

The major problem appeared to be the rural areas where no local purification plants were available and where residents sometimes had to rely on local rivers

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<sup>96</sup> F Maponya, "Cholera epidemic as 80 new cases reported", *Sowetan*, 4 February 2009 (internet-accessed 13 March 2009).

<sup>97</sup> National Assembly: "Speech by Ms BA Hogan MP – Minister of Health, debate on developing an improved health care system capable of dealing with national and regional challenges", 28 January 2009 (internet-accessed 21 March 2009).

<sup>98</sup> RSA, Department of Health (electronic archive, Press release: "Health minister responds to outbreak", 25 January 2009 (internet-accessed 2 April 2009).

<sup>99</sup> M Creamer, "Municipal water infrastructure in worrying state, say consulting engineers", *Engineering News*, 6 March 2009 (internet-accessed 8 March 2009).

<sup>100</sup> J-S Styan, "SA ingenieurs sug oor swak instandhouding", *Beeld*, 25 February 2009 (Internet-accessed 8 March 2009).

<sup>101</sup> M Muller, "Seeking solutions to our waste woes", *Business Day*, 14 February 2009 (internet-accessed 10 March 2009).

<sup>102</sup> B Mpofu, "Municipalities making a mess of water affairs", *Business Day*, 21 February 2009 (internet-accessed 10 March 2009).

<sup>103</sup> Editorial comment, "Cholera", *Beeld*, 29 January 2009 (internet-accessed 9 March 2009).

for their drinking water.<sup>104</sup> Since November 2008 medical experts had warned that the poorest areas of South Africa were the most vulnerable to cholera. In a study completed shortly before by the Department of Social Development, into living conditions in South Africa's 22 most impoverished areas, it was found that as many as 94 per cent of the residents had no access to proper sanitation.<sup>105</sup> Nor was it entirely a matter of the authorities not doing anything to improve the infrastructure. For example, in August 2008, steps had indeed been taken in Limpopo Province to provide sanitation facilities in districts where the residents had not previously have access to such services.<sup>106</sup> The cholera outbreak in November clearly showed that the government needed to do much more. Poor service delivery led to conditions that encouraged the spread of cholera: services had to be upgraded.

By mid-February, public attention was focused on Mpumalanga Province. In the space of one month there had been 19 cholera-related deaths and 2 700 residents of the province were receiving treatment for the disease.<sup>107</sup> There were conflicting reports,<sup>108</sup> some suggesting that as many as 26 people had died and more than 4 000 people had been treated.<sup>109</sup> As was the case in 2000-2001, Mpumalanga was once again vulnerable. Provincial health authorities explained that the cholera virus had been transmitted to Mpumalanga via rivers flowing from Limpopo.<sup>110</sup> A comprehensive programme of collaboration between various state departments was introduced to address the problem.<sup>111</sup> Also the South African Defence Force's Health Services came to the assistance of some communities in the Lowveld.<sup>112</sup>

Public protest against the cholera pandemic was also no longer confined to black South Africans resident in the rural areas. In the early hours of the morning of 5 February, angry white residents of Groblersdal, in Mpumalanga Province, poured a quantity of raw sewage on the doorstep of the local municipal offices, into some of the passages in the council building, and into the parking area. They wanted to make

<sup>104</sup> M Louw-Carstens, "Cholera-dodetal in Limpopo styg nou met 5 tot 16", *Beeld*, 29 January 2009 (internet-accessed 9 March 2009); F Maponya, "The R18m plan to stem cholera tide: Sekhukhune water network to be revamped", *Sowetan*, 15 January 2009 (internet-accessed 13 March 2009); Louw-Carstens, 19 January 2009.

<sup>105</sup> A Pienaar, "Meer as 100 glo besmet met cholera in Mpumalanga", *Beeld*, 19 January 2009 (internet-accessed 9 March 2009).

<sup>106</sup> A Matlala, "No more squatting in the bush", *Sowetan*, 2 August 2008 (internet-accessed 13 March 2009).

<sup>107</sup> B Viljoen, "Lyk asof cholera-stryd gewen word", *Beeld*, 17 February 2009 (internet-accessed 8 March 2009).

<sup>108</sup> B Viljoen, "Cholera eis 19 in Mpumalanga sedert begin van die jaar – LUR", *Beeld*, 20 January 2009 (Internet-accessed 9 March 2009).

<sup>109</sup> AENS (no heading), *Sunday Sun*, 9 February 2009 (internet-accessed 9 March 2009).

<sup>110</sup> B Viljoen, "Lyk asof cholera-stryd gewen word", *Beeld*, 17 February 2009 (internet-accessed 8 March 2009).

<sup>111</sup> AENS (no heading), *Sunday Sun*, 9 February 2009 (internet-accessed 9 March 2009).

<sup>112</sup> B Viljoen, "Lyk asof cholera-stryd gewen word", *Beeld*, 17 February 2009 (internet-accessed 8 March 2009).

a statement of discontent about the way the local authority had been managing the wastewater treatment for many months. A local Dutch Reformed Church minister told the media that the residents were highly dissatisfied with the local authority. They claimed that officials had ignored their requests for more hygienic conditions at a time when there was cholera in the province.<sup>113</sup> One angry resident said in a letter to a daily newspaper that water resources managers in Mpumalanga were saboteurs on the grounds of their rank inefficiency, negligence and unwillingness to set things right while there was a serious cholera scare.<sup>114</sup> However, responses to the cholera epidemic were not only negative. The Afrikaanse Handelsinstituut (AHI), an organisation actively promoting the interests of Afrikaans-speaking South Africans in trade and commerce, indicated that it would extend a helping hand to three local authorities in South Africa – Emfuleni in Gauteng, Koukamma in the Eastern Cape and the Greater Marbly Hall in Limpopo Province. Indications were that at least R11 million was required to restore the wastewater treatment plants in these municipalities.<sup>115</sup>

By March 2009, as the disease began to subside, government was at last in full control of the situation. Media reports quoted government officials as saying that greater inroads had to be made in the struggle against cholera in future by promoting education and hygiene and improving the existing infrastructure to limit the harmful effects of the disease to the minimum. In what was described as a “groundbreaking initiative” the government disclosed that it intended taking proactive steps to ensure that sufficient water supplies would be available in the period 2013-2025, when it was anticipated that severe shortages might be experienced in the country.<sup>116</sup> On 10 March 2009, South Africa’s health minister, Barbara Hogan, announced that 59 people had died and an estimated 12 000 had been infected by the disease in South Africa since 15 November 2008. The death rate in Zimbabwe for a similar period was expected to be in the vicinity of 4 000 with about 89 000 people having been treated for the disease. Hogan gave the assurance that the cholera pandemic was beginning to subside. There had been a marked reduction in the number of cases reported in the most severely affected provinces of Mpumalanga and Limpopo.<sup>117</sup>

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<sup>113</sup> E Tempelhoff, "Gemeente hof toe oor rioolvuil in pastoriëtuin", *Beeld*, 6 February 2009 (internet-accessed 9 March 2009).

<sup>114</sup> Correspondence: Piet, Mpumalanga – Editor, "Selfmoordland: 'n Mens kan nie geld drink nie", *Beeld*, 2 February 2009 (internet-accessed 9 March 2009).

<sup>115</sup> J de Lange, "AHI help met rioolstelsels", *Beeld*, 16 January 2009 (internet-accessed 10 March 2009).

<sup>116</sup> Sapa, "Water department spends R21 million in Zimbabwe on cholera", *Mail & Guardian Online*, 2 March 2009 (internet-accessed 12 March 2009).

<sup>117</sup> W Hartley, "Government confident SA will have enough paramedics for 2010", *Business Day*, 10 March 2009 (internet-accessed 10 March 2009).



#### 4. CONCLUSION IN THE AFTERMATH OF A CHOLERA OUTBREAK

Cholera had left an indelible mark on society. Apart from the many lives that had been lost there were scars on the physical environment. Perhaps most affected was Musina. In March 2009, Madala Thepa of the *Sowetan*, visited the town and found a chaotic urban environment that had a strange appeal. It was an urban environment, for him, with “a twisted soul”. It had become synonymous with contraband and prostitution. Perhaps as a result of the cholera epidemic, the “human stampede on South Africa” had taken its toll “in a non-consensual way”. It was, Thepa explained, difficult for an outsider to penetrate the town’s way of life. It was alarming how “young men who have scaled barbed wire fences, their eyes glistening with the lights of Joburg”, pestered travellers on the main road from Musina to Gauteng.<sup>118</sup>

At the beginning of March 2009, the South African Department of Home Affairs closed its office in Musina. Zimbabweans who had not applied for asylum in South Africa, were gradually being forced by the authorities to leave the makeshift shelters where they had been treated for cholera in the town since November. The scars of human suffering were still there; indeed, they were all too evident. By March 2009 children who had come across the border from Zimbabwe, clearly in a state of destitution, resorted to living on the streets of Polokwane.<sup>119</sup> In the centre of Johannesburg Rev. Paul Verryn, bishop of the city’s Methodist Congregation who had accommodated hundreds of Zimbabwean refugees in the church, has been fighting a running battle with government officials and local business people in an effort to maintain the church as a place of refuge until such time as reasonable measures could be taken to relocate the destitute Zimbabweans in South Africa’s largest city.<sup>120</sup>

Cholera had, for the most part, broken out in peri-urban rural areas. These areas of South Africa were known to have the weakest local authorities and the worst water infrastructure services.<sup>121</sup> At the time of the annual South African Water Week celebrations in March 2009, government let it be known that it wanted to be more environment-friendly; it wanted to deal proactively with future water shortages. In the light of anticipated patterns of climate change and rapid population growth, it would focus on the environmental water reserve. Perhaps these were promises

<sup>118</sup> M Thepa, "Magical Musina appealing and chaotic", *Sowetan*, 10 March 2009 (internet-accessed 24 March 2009).

<sup>119</sup> Z Mapumulo, "Outrage at closure of refugee camp", *Sowetan*, 6 March 2009 (internet-accessed 24 March 2009).

<sup>120</sup> Sapa-AP, "We are very vulnerable here", *IOL*, 24 November 2008 (internet-accessed 24 March 2009); Sapa, "Meeting seeks solution to Zim refugee problem", *IOL*, 11 March 2009 (internet-accessed 24 March 2009); S Bega, "We condemn what Verryn is doing – Mahlangu", *The Star*, 14 March 2009, p. 5.

<sup>121</sup> K Allen and K Heese, "How municipalities fail SA's poor in the time of cholera", *Business Day*, 3 February 2009 (internet-accessed 10 March 2009).

directly related to the upcoming elections of April 2009. One would like to believe that statements by water affairs and forestry minister, Lindiwe Hendriks and her cabinet counterparts, reflected a growing awareness of the potential dangers of cholera in a developing society. The minister announced that the government had already initiated plans to educate communities who were suffering as a result of the cholera outbreak.<sup>122</sup>

Finally, the cholera epidemic of 2008-2009 in South Africa was a disease of race. People of colour were the prime victims. Historically cholera in South Africa has had a strong association with race and class, as has been the case in other countries of the world.<sup>123</sup> Also relevant is the fact that in South Africa only 20 per cent of the population have access to exclusive private medical health services, while the majority of the country’s residents have to rely on an overworked and underfunded public health service.<sup>124</sup> One positive aspect of society’s response to the crisis is that residents of formerly white townships were at the forefront of civil society, taking a strong stand in favour of measures to prevent the spread of cholera. Their support, one could argue, might not have been offered exclusively on humanitarian grounds, or primarily in the interest of other racial groups. Yet, this was the type of response that should typically inform government on the need for immaculate standards of hygiene in times of cholera.

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<sup>122</sup> M Fourie, "Kinders leer om verstandig met dié hulpbron te werk", *Beeld*, 3 March 2009 (internet-accessed 8 March 2009).

<sup>123</sup> D Arnold, "Colonialism and cholera in India", *Past and Present* 113, November 1986, pp. 123-124; RJ Evans, "Epidemics and revolutions: cholera in nineteenth century Europe", *Past and Present* 120, August 1988, pp. 120-121; KF Kiple, "Cholera and race", *The Caribbean* 17(1), May 1985, pp. 157-177.

<sup>124</sup> S van den Berg, "Genoteerde hospitaal-groepe nog fiks en gesond", *Beeld*, 9 February 2009 (internet-accessed 9 March 2009).