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'PEOPLE WERE DYING LIKE FLIES': THE POLITICS OF CHOLERA, CRISIS AND CITIZENSHIP IN URBAN ZIMBABWE

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Abstract

Zimbabwe's catastrophic cholera outbreak of 2008/09 resulted in an unprecedented 100,000 cases and nearly 5,000 deaths. In the aftermath of the epidemic, questions of suffering and death and of rescue, relief, and rehabilitation have persisted in on-going processes of meaning-making through which people come to terms with the epidemic as a 'man-made' disaster. Based on extensive fieldwork, I examine the views of residents in Harare's high-density townships that were epicentres of the disease. I argue that cholera was experienced by township residents as many crises at the same time. It was not only a public health crisis; it was also a political-economic crisis, a social crisis as well as a crisis of expectations, history and social identity. As such, I argue that the cholera outbreak was intensely generative of political subjectivities that reveal important shifts in the fraught relations between state and society in Zimbabwe's urban politics. Finally, I argue that the government's perceived causal role in, and failure to respond to, the cholera outbreak occasioned intense public outrage among township residents, which speaks to a much deeper aspiration for substantive citizenship based on political rights, social recognition, and access to high-quality public services delivered by a robust, responsible state.

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Introduction

THERE IS A WELL-KNOWN APHORISM among environmental geographers that 'there is no such thing as a natural disaster'. For, as Neil Smith writes, 'In every phase and aspect of a disaster – causes, vulnerability, preparedness, results and response, and reconstruction – the contours of disaster and the difference between who lives and who dies is to a greater or lesser extent a social calculus'.¹ Zimbabwe's catastrophic cholera outbreak in 2008/09 was no exception. The outbreak began in August 2008, initially erupting in the impoverished high-density townships of Harare's metropolitan area. The epidemic fulminated throughout the country before crossing national borders into each of Zimbabwe's neighbouring countries. Over a 10-month period, the disease infected an unprecedented 100,000 people while claiming nearly 5,000 lives, thereby becoming the largest and most extensive cholera outbreak in recorded African history.²

Cholera is a bacterial infection of the intestine characterized by acute watery diarrhoea and vomiting. The disease is spread by the ingestion of food or water contaminated by certain strains of the organism, *Vibrio cholera*.³ Importantly, cholera requires 'a very gross level of contamination'⁴ to produce illness in healthy individuals. As such, cholera outbreaks only tend to occur in contexts where people are living in overcrowded and dilapidated shelter; where sanitary conditions are poor; and where malnutrition is widespread. In the most severe cases, the disease kills with terrifying speed due to precipitous dehydration. Left untreated, cholera has a mortality rate of 50 percent.

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¹ Neil Smith, 'There's no such thing as a natural disaster', 11 June 2006, *Understanding Katrina: Perspectives from the Social Sciences*, <<http://understandingkatrina.ssrc.org/Smith/>> (13 February 2017).

² Mason, Peter R. 2009. 'Zimbabwe experiences the worst epidemic of cholera in Africa', *Journal of Infection in Developing Countries* 3 (2), 148–51.

³ Kelley Lee, 'The global dimensions of cholera', *Global Change and Human Health* 2, 1 (2001), pp. 6–17.

⁴ Charles C. J. Carpenter, 'Treatment of cholera: Tradition and authority versus science, reason, and humanity', *Johns Hopkins Medical Journal* 139, 4 (1976), pp. 153–162.

However, with effective replacement of fluids and electrolytes, typically through oral rehydration therapy, mortality can be reduced to less than 1 percent.

Given that cholera is difficult to spread and easy to treat with a simple therapeutic tool – one that is readily and cheaply available worldwide – no one should die of cholera today.⁵ Much like other disasters, such outbreaks produce and reflect social and political differences. They mark the contours of rescue and abandonment, privilege and abjection, and inclusion and exclusion in the body politic. Studying the social and political dimensions of cholera yields distinct insights into the politics of crisis and citizenship.⁶ Citizenship, I argue, is actualised by situated encounters with different institutions and officials of the state – most apparently at times of crisis – and political subjectivities are born out of these encounters. This article closely examines how residents of Harare's high-density townships, that were epicentres of the disease, experienced and interpreted the cholera outbreak. The key questions that I seek to answer are: How did township residents make meaning out of the cholera outbreak in the context of Zimbabwe's wider political and economic ills? How has the cholera outbreak been committed to historical memory? What political subjectivities have emerged from the cholera outbreak? And what do these particular experiences tell us about the wider politics of crisis and citizenship in humanitarian disasters?

I begin the article with a brief outline of Zimbabwe's political context. From here, I turn to a theoretical discussion about different sociological and anthropological approaches to examining the politics and 'lived experience' of a disastrous epidemic. In the substantive portion of the article, I dissect the stories that township residents told me to ascertain how cholera has been committed to historical memory and to see what political subjectivities have emerged from

⁵ Myron Echenberg, *Africa in the time of cholera: a history of pandemics from 1817 to the present* (Cambridge University Press, Cambridge, 2011).

⁶ Terence Ranger and Paul Slack, *Epidemics and ideas: Essays on the historical perception of pestilence* (Cambridge University Press, Cambridge, 1995); Timothy Forsyth, *Critical political ecology: The politics of environmental science* (Routledge, London, 2004); Jennifer C. Rubenstein, 'Emergency claims and democratic action', *Social Philosophy and Policy* 32, 1 (2015), pp. 101–26; Alex de Waal, *Famine crimes: Politics and the disaster relief industry in Africa* (Oxford University Press, Oxford, 1997).



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the outbreak. I argue that cholera was experienced by township residents as many crises at the same time. It was not only a public health crisis; it was also a political-economic crisis, a social crisis as well as a crisis of expectations, history and social identity. I then argue that for the clear majority of my informants, the outbreak aroused public anger and outrage at the government for its causal role in the epidemic and in the inadequacy of its relief efforts. Many township residents spoke of the state in sinister terms: as an entity capable of punishing portions of the citizenry through a deadly disease and/or capable of neglecting them in times of dire need. Moreover, the anger expressed at the state did not translated into any effective political mobilisation or permanent change; rather it reinforced the sense of indignation, impotence and self-reliance that cholera has left in its wake. However, I also argue that this public anger must also be read as an attempt by my interlocutors to politicize the cholera disaster and to articulate an aspirational vision of citizenship based on political rights, social recognition, and access to high-quality public services delivered by a robust, responsible state.

Political order and political subjectivity

DURING Zimbabwe's transition to independence and black majority rule in 1980, the incoming government inherited a highly technocratic, centralised and powerful bureaucratic state apparatus from its Rhodesian predecessor. The new ruling party, the Zimbabwe African National Union Patriotic Front (ZANU(PF)), was quick to put this powerful machine to use in the service of 'modernising development'.⁷ Throughout the 1980s, the majority of Zimbabweans gained unprecedented access to education and health care, while a large land resettlement programme for

⁷ Jocelyn Alexander, 'Zimbabwe since 1997: Land & the legacies of war.' In *Turning points in African democracy*, edited by Abdul Raufu Mustapha and Lindsay Whitfield (Suffolk, James Currey, 2010).

the benefit of rural people was underway. Notably, the government made remarkable progress in the provision of water and sanitation to rural households winning praise from the World Health Organisation (WHO) and UNICEF for its ability to provide safe drinking water to 84 per cent of the national population by 1988.⁸ By the 1990s, Zimbabwe could proudly claim a substantial middle class, an educated population, a diversified economy, and a sophisticated infrastructure. Crucially, the ZANU(PF) government derived popular legitimacy from its capacity to deliver development.⁹

In 2008, however, the situation could scarcely look any more different: after a decade-long economic slide, inflation rates – somewhere in the region of 79.6 billion per cent¹⁰ – had reached world record-setting levels; public services, including health and education, had largely disintegrated; major shortages of basic commodities had been piled on top of political turmoil and violence; and cholera was competing for lives with one of the highest HIV rates in the world.¹¹ The 1990s are often cited as epochal in Zimbabwe's transition from 'modernising development' to 'crisis'. In this period, the popular legitimacy of the ruling party declined while concurrently a range of social movements cohered into the most successful opposition party in post-colonial Zimbabwe, the Movement for Democratic Change (MDC), formed in 1999. The MDC presented ZANU(PF) with its first real possibility of electoral defeat in the general and presidential elections in 2000 and 2002 respectively.¹² From 2000 onwards, an upheaval – widely referred to as 'the crisis'

⁸ James Muzondidya, 2009. 'From buoyancy to crisis, 1980-1997.' In *Becoming Zimbabwe: A history from the pre-Colonial period to 2008*, edited by Brian Raftopoulos and Alois Mlambo, (Weaver Press. Harare, 2009).

⁹ Alexander, 'Zimbabwe since 1997.'

¹⁰ Steve H. Hanke and Alex K. F. Kwok, 'On the measurement of Zimbabwe's hyperinflation', *Cato Journal* 29, 2 (2009), pp. 353–64.

¹¹ Amanda Hammar, Brian Raftopoulos, and Stig Jensen, *Zimbabwe's unfinished business: Rethinking land, state and nation in the context of crisis* (Harare, Weaver Press, 2003); Brian Raftopoulos, 'The crisis in Zimbabwe, 1998 – 2008', in Brian Raftopoulos and Alois Mlambo (eds), *Becoming Zimbabwe: A history from the pre-Colonial period to 2008* (Weaver Press, Harare, 2008), pp 201–32; Jocelyn Alexander and JoAnn McGregor, 'Introduction: Politics, patronage and violence in Zimbabwe', *Journal of Southern African Studies* 39, 4 (2013), pp. 749–63; Sara Rich Dorman, *Understanding Zimbabwe: From liberation to authoritarianism* (Hurst and Company, London, 2016).

¹² Raftopoulos, 'The Crisis in Zimbabwe, 1998 – 2008'.

– consisting of a combination of economic decline, authoritarian nationalism, and violence came to define Zimbabwe's changing political landscape.

There are a multitude of accounts regarding the origins of the crisis and this literature is far too voluminous to summarize here.¹³ Instead, what I wish to emphasize is one of the most significant responses of ZANU(PF) to the crisis, which, as Jocelyn Alexander argues, was its 'assault' on key aspects of what had previously made Zimbabwean state bureaucracies authoritative, that is their 'expert, rule-bound character'.¹⁴ This assault – manifest as manipulating the law, deploying political violence, and making partisan use of state institutions and resources – was necessary to ZANU(PF)'s strategy for retaining political power against a popular new opposition party.¹⁵ This new logic of political power, emerging most prominently in the post-2000 period, both weakened and politicized the state such that 'professionalism, education, and skills were no longer the predominant criteria for holding state posts; loyalty to ZANU(PF) and political and military connections were'.¹⁶ Moreover, these changes undermined what had once been one of ZANU(PF)'s most compelling claims to legitimacy: the delivery of public services by professional civil servants. Several authors explore the changes highlighted by Alexander in different public institutions including the courts,¹⁷ the military,¹⁸ the prisons,¹⁹ and local government.²⁰ They underscore 'the uncomfortable articulation of contrasting, historically shaped commitments to normative constructions of statehood and political legitimacy and the heated

¹³ See *ibid.* for summary.

¹⁴ Jocelyn Alexander, 'Militarisation and state institutions: 'Professionals' and 'soldiers' inside the Zimbabwe prison service.' *Journal of Southern African Studies* 39, 4 (2013), pp. 807–28.

¹⁵ *Ibid.*

¹⁶ Alexander, 'Zimbabwe Since 1997': p. 195.

¹⁷ Susanne Verheul, 'Rebels' and 'good boys': Patronage, intimidation and resistance in Zimbabwe's Attorney General's Office after 2000.' *Journal of Southern African Studies* 39, 4 (2013), pp. 765–82.

¹⁸ Blessing-Miles Tendi, 'Ideology, civilian authority and the Zimbabwean military.' *Journal of Southern African Studies* 39, 4 (2013), pp. 829–43.

¹⁹ Alexander, 'Militarisation and state institutions.'

²⁰ JoAnn McGregor, 'Surveillance and the city: Patronage, power-Sharing and the politics of urban control in Zimbabwe', *Journal of Southern African Studies* 39 (4) (2013), pp. 783–805

contestation over practices of patronage, corruption and coercion that both linked and distinguished them'.²¹

However, even within these rich explorations into various facets of the postcolonial state in Zimbabwe and within the wider scholarship on the country's crisis, almost no attention has been paid to the impact of state transformation on the nation's public health from a social and political perspective. What is missing in the literature, and is provided here, is a socio-political account of Zimbabwe's health crisis – examined through the prism of the 2008/09 cholera outbreak – and its implications for statehood and citizenship.

My theoretical approach to epidemics as social and political disasters links the subjective experience of illness to the political forces that socially pattern disease and that thereby reinforce or exacerbate hierarchical distinctions between different members of the body politic. I tie together two different and salient literatures to develop this link of thinking: critical medical anthropology and the anthropology of citizenship.

Critical medical anthropology is held together by a common, theoretical perspective that focuses on explicating or grounding health inequities in reference to constellations of political economy, regional history, noxious social conditions, and development ideology.²² The merging of medical anthropology's focus on culture and healing systems with a more critical political economy perspective is summed up well by Allan Young, who argues that medical anthropology's role is not merely to contextualise understandings of illness but also to demonstrate how social relations produce the forms and distribution of sickness in a given society.²³ Similar arguments

²¹ Jocelyn Alexander and JoAnn McGregor, 'Introduction: Politics, patronage and violence in Zimbabwe', *Journal of Southern African Studies* 39, 4 (2013), pp. 749–63.

²² Craig R. Janes and Kitty K. Corbett, 'Anthropology and global health', *Annual Review of Anthropology* 38, 1 (2009), pp. 167–83.

²³ Allan Young, 'The anthropologies of illness and sickness' *Annual Review of Anthropology* 11 (1982), pp. 257–85.

have since been advanced by several other scholars,²⁴ perhaps most famously by Paul Farmer who describes infectious diseases as the 'biological expression of social inequalities'.²⁵

Sherine Hamdy takes this argument further by offering both a culturalist and a materialist view of illness and social inequality but not via the conventional anthropological division of labour. Hamdy argues against a neat distinction between, on the one hand, her informants' knowledge as a 'local' or 'cultural' (subjective) understanding of illness and, on the other, her own analysis as a 'real' or 'factual' (objective) interpretation of the ways in which power inequalities produce and distribute illness.²⁶ Instead, Hamdy argues for the concept of 'political aetiologies' – the notion that pathological bodily processes are situated adjacent to pathological socio-political processes in popular accounts of witnessing and living with a calamitous disease. In her study of patients with end-stage kidney disease in Egypt, she writes: 'The connection that patients make between their illness and failed state policies is not merely abstract or cerebral; it is a connection that they experience in material and bodily forms as well.' I appropriate Hamdy's notion of 'political aetiologies' and repurpose it to theorise the changing configurations of citizenship and political subjectivities that are born out of individual and collective suffering during and after a medical disaster. To elaborate, I now turn to the anthropological literature on citizenship and political subjectivity.

The past two decades have witnessed a burgeoning of anthropological scholarship on citizenship. This work has asserted that citizenship cannot be read simply as a formal category of

²⁴ Megan Vaughan, *Curing their ills: Colonial power and African illness* (Polity Press, Cambridge, 1991); Nancy Scheper-Hughes, *Death without weeping: The violence of everyday life in Brazil* (University of California Press, Berkeley, 1992); Didier Fassin, *When bodies remember: Experiences and politics of Aids in South Africa* (University of California Press, Berkeley and Los Angeles, 2007); Arthur Kleinman 'Four Social Theories for Global Health' *The Lancet* 375, 9725 (2010), pp. 1518–19.

²⁵ Paul Farmer, *Infections and inequalities: The modern plagues* (University of California Press, Berkeley and Los Angeles, 2001), p. 262.

²⁶ Sherine F. Hamdy, 'When the state and your kidneys fail: Political etiologies in an Egyptian dialysis ward' *American Ethnologist* 35, 4 (2008), p. 561.

belonging that assures its bearer of equal membership in a national polity.²⁷ Rather, it is argued that citizenship is a contingent, often flexible form of political subjectification that emerges through both iterative and constitutive interactions and performances between the state and its subjects.²⁸ Citizenship is therefore claimed through the formal practices of voting, as well as everyday performances of social belonging, and through demands for the resources of states. This broader conception of citizenship has given rise to numerous studies positing that while formal citizenship may promise equality among citizens, in reality, the distribution of substantive civil, political, socioeconomic, and cultural rights among individuals in a polity – and how these are differentially recognised by state and/or state-like institutions – can be dramatically unequal.²⁹

A salient strand of the literature on citizenship comes from a growing body of work that examines what kinds of citizens are produced by humanitarian emergencies, such as deadly outbreaks. This literature tends to understand citizenship through the idiom of 'resilience'.³⁰ Emergencies, according to this literature, are no longer imagined as interruptions to progress, but presented as an opportunity to manage precariousness and risk. The task of humanitarians, and sometimes the state, when they pursue this vision of resilience, is to help individuals become robust, adaptable, entrepreneurial citizens, taking care of their own inevitably insecure futures. As Mark Duffield puts it, resilience 'functions more as ideology . . . promoting a post-political life of constant adaptation, [and] the abandonment of long-term expectations'.³¹ And Marc Welsh offers the following summary of humanitarian resilience:

²⁷ Nikhil Anand, *Hydraulic city: Water and the infrastructures of citizenship in Mumbai* (Duke University Press, Durham & London, 2017).

²⁸ Aihwa Ong, 'Cultural citizenship as subject-making: Immigrants negotiate racial and cultural boundaries in the United States,' *Current Anthropology* 37, 5 (1996), pp. 737–62.

²⁹ James Holston, *Insurgent citizenship: Disjunctions of democracy and modernity in Brazil*. (Princeton University Press, New Jersey, 2008).

³⁰ Tom Scott-Smith, 'Paradoxes of resilience: A review of the World Disasters Report 2016,' *Development and Change* 0,0 (2018), pp. 1–16.

³¹ Mark Duffield, 'Environmental terror: Uncertainty, resilience and the bunker.' Environmental School of Sociology, Politics and International Studies University of Bristol Working Paper (2011) <http://www.bristol.ac.uk/spais/research/workingpapers/wpaisfiles/duffield-0611.pdf>.



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resilience approaches operate on the normative assumption that communities can and should self-organise to deal with uncertainty, that uncertainty is a given not something with a political dimension, and the role of government is limited to enabling, shaping and supporting, but specifically not to direct or to fund those processes. This locates the responsibility of 'communities' as needing to organise themselves, primarily in the context of sustaining economic growth. As a consequence, there is little sign of a profound engagement with a politics of resilience as a means for conceiving of change; of revolution through resilience.³²

In this article, I suggest that subjective experiences of citizenship will expand our understandings of the dynamics of inclusion and exclusion from the body politic and the shifting relationships between the state and its citizens at a time of crisis. With reference to the cholera epidemic, this frame of analysis considers how people stake claims to medical treatment and social welfare; how they relate to state institutions that are failing to deliver basic services effectively; and how they see themselves in relation to the body politic and what impact such imaginaries have on notions of the public good and the responsibility of the state.

Stories in the time after cholera

³² Marc Welsh, 'Resilience and responsibility: Governing uncertainty in a complex world.' *Geographical Journal* 180,1 (2014), pp. 15–26.

MY work has much in common with Charles Briggs' exploration of the manifold meanings of cholera in the wake of the 1992/93 epidemic on the Orinoco Delta of Venezuela.³³ Briggs argues that illness narratives told during and after epidemics may help people cope with the search for order that takes place when sickness shatters their perspectives on daily life.³⁴ However, competing narratives characterize the same events in quite different ways thereby inviting highly contrastive sorts of remedial action. In Briggs' case study, cholera created a high-stakes debate about the lives of the people it infected and competing stories bore quite different political implications. As in Briggs' work so it is in this study that the cholera stories people told varied widely. Despite their many differences, narrators tended to view the epidemic in terms of its broad social, political, and historical factors – that is, in terms of its political aetiologies. The epidemic variably took its place among stories of failed governance, political conflict, human rights violations, environmental degradation, and institutional corruption. How people had hitherto experienced Zimbabwe's political-economic crisis deeply affected how they perceived and reacted to the disease. The cholera epidemic and the stories told about it point to how substantive citizenship is mediated by people's relationships to medicine, public health, humanitarian organisations, political parties, physical infrastructure, and the state.

Writing about the social experience of disasters is a vexing task. Such narratives exhibit multiple logics, styles and mutations that relate to each other through mediation, contradiction and transformation.³⁵ Any attempt to render such multifarious stories legible is unavoidably an act of realist fiction. What I offer in this work is not an objective account about the cholera outbreak but a subjective one based on my own intellectual choices (and limitations) and by the practical

³³ Charles L. Briggs and Clara Martini-Briggs, *Stories in the time of cholera: Racial profiling during a medical nightmare*. (University of California Press, Berkeley, 2004).

³⁴ Michael Jackson, *The politics of storytelling: Violence, transgression and intersubjectivity*. (Museum Tusculanum Press, Copenhagen, 2002).

³⁵ Vivian Choi, 'Disaster: Translation', 9 March 2013, *Cultural Anthropology Website*, <<https://culanth.org/fieldsights/150-disaster-translation>> (13 February 2017).

conditions in which I gathered my data. Accepting these limitations at the outset, I explain how I grappled methodologically with such a dense and intricate subject matter.

I excavated narratives of cholera in the townships via in-depth interviews, informal conversations, and focus-group discussions with about 76 residents, both women and men,³⁶ of the high-density areas of Budiriro, Glen Norah, Glen View, Dzivarasekwa, Kuwadzana and Mabvuku-Tafara, and the dormitory towns of Norton and Chitungwiza. These areas were all terribly affected by cholera. I also conducted a focus-group discussion in Hopley Farm, a poor settlement on the outskirts of Harare, which was not badly affected by the disease. I collected and interpreted my data iteratively and according to the principles of 'grounded theory'.³⁷ Practically, during the primary period of fieldwork between July 2015 and January 2016, this meant that I adopted an evolving project design wherein I identified key informants firstly through gatekeepers, including a local taxi driver and a women's rights activist who works with township-based commercial sex workers. Subsequently, I met new informants through 'snowballing' as many of my interviewees directed me to other individuals who were well placed to speak to my research questions. Interviews were conducted in a combination of English and Shona (with the aid of an interpreter). What my interlocutors have in common is that they all witnessed the cholera outbreak directly, either as sufferers of the disease or as carers to others who had been afflicted. Despite this commonality, the people who inform this article do not constitute a homogenous group. Their demographic profile is highly varied in terms of age (I spoke to teenagers, elderly grandparents and all age groups in between) and socio-economic status (I spoke to unemployed youth, students, middle-class professionals and retirees). In terms of political party affiliation, the overwhelming

³⁶ I refer to my informants either by their first name or a pseudonym according to their preferences as elicited during my fieldwork. In this article, as a measure to protect their anonymity, I do not make clear when I am using a real name or an alias.

³⁷ Barney Glaser and Anselm Strauss, *The Discovery of Grounded Research: Strategies for Qualitative Research*. (Aldine Transaction, New Jersey, 1967).



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majority of people whom I spoke to were hostile to the ruling party even if not outwardly aligned to any of the opposition.

'The government is the one who caused the cholera'

HOW did township residents make meaning out of the cholera outbreak in the context of Zimbabwe's wider political and economic ills? To explore this question, I began all my interviews in the townships with the same general opener: 'what was life like for you in 2008?' My first interviewee, Tsitsi, a 62-year old resident of Kuwadzana who works in the informal economy as a vendor and a masseuse, spoke to me in candid detail about this period:

We suffered in 2008. In general, life wasn't very good at all in terms of contaminated water. City council couldn't afford to buy chemicals. We were drinking contaminated water, which affected us with cholera. So, people were dying like flies. They were taken to Beatrice Infectious Disease hospital. They were being treated there. Some of them survived. But mostly kids and elderly died. When they died, you were not allowed to take the corpse at home like our tradition says we should. The corpse would be wrapped in a plastic bag and buried. And we were not allowed to touch it.³⁸

As cholera ravaged Harare's high-density areas, Tsitsi, like many other Zimbabweans, watched with concern, then disbelief and eventually horror as scores of people succumbed to

³⁸ Interview, Tsitsi, Harare, 17 August 2015.

infection. In the first three months of the outbreak, before it was declared a national disaster, the Ministry of Health promoted individual health behaviours to curtail the spread of cholera – extolling the virtues of good hygiene such as hand washing, drinking clean water, eating hot food, and so forth. This was their desperate strategy for explaining and addressing the outbreak. In the townships, however, such issues as the deaths of citizens from a preventable and treatable disease without official accountability, the government evading responsibility for the outbreak, poor public service provision, and blaming and denigrating the poor for their illness recurred repeatedly across almost all my discussions. When residents were instructed to change their individual behaviours to curtail the transmission of cholera, they were quick to identify the fundamental drivers of the outbreak as structural, specifically the collapsing water and sanitation infrastructure and the ever-expanding squalor in their neighbourhoods.

The analysis of my informants ran deeper still. They recognised that the delivery of clean and potable water, the collection of refuse, and the provision of medical care entails an extraordinary chain of human and nonhuman actors that links them, as township residents and more broadly as citizens, to wider political structures. This chain includes the state, local government, Morton Jaffrey waterworks, engineers, electricity supplies, water treatment chemicals, doctors, nurses, food supply systems, medicines and so forth.³⁹ Residents were thus aware of their vulnerability at every step where links in this chain might be missing or broken. But most importantly, my informants stressed that the functioning of this chain – or networks of chains – comes down, as it so often does, to politics.

Samuel, a primary school teacher in Glen View, described the cholera outbreak as the result of a 'total breakdown of service delivery' in which the city council was unable to provide water or to attend to the high numbers of burst sewage pipes around the townships.⁴⁰ Importantly, Samuel

³⁹ Multiple interviews with township residents.

⁴⁰ Interview, Samuel Muchero, Glen Norah, 2 September 2015.



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blamed the Zimbabwe National Water Authority (ZINWA) for this failure. This was the prevailing view among my informants regarding ZINWA, whose takeover of Harare's water management in 2005 was widely perceived as a cynical political move to wrestle public service delivery away from the MDC-run municipality and provide ZANU(PF) with a crucial source of public money to embezzle. ZINWA soon earned a reputation for incompetence and was popularly re-branded as Zimbabwe No Water Available. Favor, a young unemployed sanitation specialist in Budiriro, speculated that ZINWA was not simply incompetent but thoroughly corrupt:

If you look at most of the parastatals, there is no productive business going on there. Apparently, there is a lot of looting in most of the parastatals. Look at National Railways of Zimbabwe, look at ZINWA itself – it is a very important arm that is supposed to deliver in terms of water and sanitation but apparently, there is nothing. They were supposed to be revamping the infrastructure ... if ever they are getting money from the Ministry of Finance, they are actually misusing that money. You look at the absurd salaries that are given to top executives in those parastatals, you'd be surprised because somebody is earning \$30,000 USD per month or even more [laughs] and yet there is no money for simple purification treatments, chlorine for instance, to purify water for most of the poor people in the high-density suburbs. ZINWA is worse off! And there is lack of accountability when you look at the situation with ZINWA. There was accountability when municipality was taking responsibility of such issues because there is a residents' association and the municipality is answerable to the residents' association. Now ZINWA is not

accountable to that particular organisation. It's a corruption. It's a non-performing entity. It's a white elephant, as it were.⁴¹

Favor's diatribe against ZINWA is perhaps less important for the veracity of the claims he makes – although investigations by NGOs into corruption in parastatals confirm such exorbitant monthly salaries⁴² – but rather for the frustration he unleashes about an institution that has completely betrayed its mandate of water delivery. Moreover, as far as Favor is concerned, this is no straightforward dereliction of duty. For him, Zimbabwe's once rule-bound and expert bureaucracies have self-cannibalised through institutionalised political greed that emanates from the highest ministerial levels and trickles down to even the most local forms of government. This greed enriches those with access to power and leaves the poor to wallow in their own shit, literally.

These views were not held by Favor alone but were, in fact, commonplace in the high-density areas. For instance, Tsitsi also complained that cholera was a consequence of the corruption of the city councillors, who were 'busy putting money in their pockets instead of buying the chemicals to put in the water'.⁴³ While Favor's mother-in-law, lamenting the state of the city's water supply, put it thus: 'look at it this way: if you have the power to give me water and you give me dirty water, I would say that you are killing me.'⁴⁴

In almost all my interviews and focus group discussions, my informants vented their outrage at the cruelty and callousness of a state willing, as they saw it, to cause harm to them as unwanted members of the body politic. In the context of Zimbabwe's wider crisis, they formulated political aetiologies by extending the pain and misery of the cholera outbreak beyond the pathological organ to implicate a pathological government guilty of, they contended, corrupting state institutions,

⁴¹ Interview, Favor, Budiriro, 10 August 2015.

⁴² Nyasha Muchichwa, 'Working Without Pay: Wage Theft in Zimbabwe.' (2016) Washington, DC.

⁴³ Tsitsi 2015 int.

⁴⁴ Interview, Resident, Budiriro, 10 August 2015.

polluting the public water supply, mismanaging household and environmental waste, and providing inadequate or unsafe food. In the words of several of my informants, 'the government is the one who caused the cholera'.⁴⁵ While some believed the government caused the cholera outbreak through the malign neglect of the townships, others literally believed that government deliberately caused the cholera outbreak through the use of chemical or biological agents. I attend to these accusations in more depth in the following sections.

'They no longer care about the people'

HOW has the cholera outbreak been committed to historical memory? As the previous section argued, my informants attributed the cause of the outbreak to the nefarious nature of the ZANU(PF) government. In this section, I develop this argument further by discussing the memories the outbreak has left in civic life. In particular, I argue that the stories recounted below show how people felt abandoned by the government through its abnegation of its responsibilities for citizen welfare and protection. Such narratives are thus a continuation of the stories already told above but they lead to a subtly different argument, to wit people remember the cholera outbreak as a moment of rupture and therefore the epidemic has been committed to memory as more than a public health crisis but also a crisis of expectations, history and social identity.

The implacable ruthlessness of cholera left behind a spectacle of death. The bodies of its victims – the friends, lovers, family, and neighbours of my informants – laid bare the political and class fault lines that marked the difference between those seen to have full citizenship rights and those who felt they had been excommunicated from the sphere of political concern. Cholera made

⁴⁵ Multiple interviews with township residents.

its presence felt in every aspect of social life in the townships. People were afraid to gather in public places, funerals were deserted, trading diminished, and clinics were stretched to capacity.

Adding insult to injury, the government equivocated about what action to take in response to the outbreak. Indeed, there was a systematic drive within parts of the government to downplay the true extent of the outbreak, to suppress information about cholera's course through the country, and to insist that the situation was being ameliorated when in fact the disease was wreaking more and more devastation.⁴⁶ By contrast, one of my focus group discussants noted how the spread of cholera appeared to exhibit a domino effect with households surrendering to the disease in a seemingly stepwise pattern and thus fear, uncertainty and mistrust spread in a similarly aggressive fashion: 'It was like cholera was moving from household to household. You would hear that on this line, six people died today. Then the next day, the next line. Then the day after, the line after. It was like dominoes.'⁴⁷

All the while that this disaster was unfolding, the government had still not declared it as such further fuelling the belief that townships residents were being malignly neglected. James Munyaradzi, an NGO worker and resident of Chitungwiza, vividly recalled graphic scenes of cholera in his home town:

There's a clinic ... in Chitungwiza, which is a designated cholera centre. You used to go there and you would actually see tents ... where people were coming in. We didn't really document it but from what you could see, the number of people who were carrying bodies out of the centre was quite high. We would receive reports, pretty much on a daily basis, that somebody had died or several people were dying

⁴⁶ Simukai Chigudu, 'Health security and the international politics of Zimbabwe's cholera outbreak, 2008-09.' *Global Health Governance* X, 3 (2016), pp. 41–53.

⁴⁷ Glen Norah 2015 FGD.

every day ... I used to write for a website ... I remember I did a story once where I said that the number of people who were dying, according to statistics that were coming out, was the equivalent of about three bus crashes a day. When you have a bus crash in this country, it's declared an emergency, if say 15 to 20 people die. It's an emergency and the government comes in to assist. We got to a point where we were having about the equivalent of three bus crashes a day with everybody dying but it was not declared emergency. This cholera outbreak was not declared an emergency until very late in the day.⁴⁸

On top of this, the government's obstructionism towards the international humanitarian relief effort was apparent to township residents. Chido recalls that the 'whites were not allowed in clinics because of their political ties' and she specifically mentioned that international NGOs were often denied space to operate when they arrived in local communities.⁴⁹ The phrase that I heard most commonly when I asked people why they thought that there had been such a delayed and ineffective response to cholera by the government was 'they no longer care about the people.'

The government desperately tried to deflect attention away from its failure to manage the cholera outbreak. The familiar cry of blaming Western-imposed sanctions as the root cause of the country's problems was loudly chanted as an explanation for the government's diminished capacity to respond to the needs of its people.⁵⁰ My informants read such statements with cynical incredulity. Chipso, a sex worker in Hopley, said to me:

⁴⁸ Interview, James Munyaradzi, Harare, 18 December 2015.

⁴⁹ Chido 2015 int.

⁵⁰ Heather Chingono, 2010. 'Zimbabwe sanctions: An analysis of the 'lingo' guiding the perceptions of the sanctioners and the sanctionees' *African Journal of Political Science and International Relations* 4, 2 (2010), pp. 66–74.

We would have to go back and ask what actually leads the government to have those sanctions? You see. What actually leads you to have those sanctions? That's how I can pose my question to them. The sanctions come because there is something which had happened. So, they can't hide and blame the sanctions.⁵¹

In the most extreme utterance of shifting the blame, the former Minister of Information, Sikhanyiso Ndlovu, declared in mid-December 2008 that cholera was racist, terrorist, biological warfare launched by the British to infringe upon Zimbabwean sovereignty.⁵² Certainly, a number of people dismissed the suggestion that the British caused cholera in Zimbabwe outright. Tsitsi would not entertain the thought: 'How can the British come here and do those kinds of funny things when we, Zimbabweans, can't afford to buy the chemicals whilst we're putting the money in our pockets? The British have got nothing to do with this.'⁵³ Paida, a 34-year-old woman from Norton, pointed out how tiresome ZANU(PF)'s political rhetoric had become, especially where it comes to blaming the foreigners for internal problems: 'But they say all the disease, the British are causing it. Not only cholera. Most of the disease, they say are caused by the British.'⁵⁴ Importantly, many of my other interlocutors insisted that it was the ZANU(PF) regime, rather than 'the British', that had launched 'biological warfare' in the country. They suggested that cholera was 'sprayed' into the townships. How else to explain the speed with which it spread and killed? As one focus-group participant in Glen Norah asked: 'If it's just an ordinary disease then how did it travel so fast and so far? ... It was like it was moving systematically. We say they put something in our water.'⁵⁵ Such speculation was inevitably shrouded in some mystery and confusion. The patterns

⁵¹ Chipu 2015 int.

⁵² Chigudu, 'Health security and the international politics of Zimbabwe's cholera outbreak, 2008-09.'

⁵³ Interview, Paida, Harare, 31 October 2015.

⁵⁴ Paida 2015 int.

⁵⁵ FGD, Glen Norah, 7 October 2015.



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of the disease and the differences between who lived and who died were seen by some as entirely systematic and by others as arbitrary.

What is salient, though, was a consistent and deep suspicion of the ZANU(PF) government even if clear-cut evidence to make this case could not be produced. As Luise White has argued, individuals speak from social worlds.⁵⁶ The importance of rumours and gossip lies less in their truthfulness than in their intensity, their pervasiveness and their reflection of what is socially conceivable. In this respect, my informants asserted that the same government that had demolished homes and businesses during Operation *Murambatsvina* (a large-scale Zimbabwean government campaign to forcibly clear 'slum areas' across the country in 2005), the same government that had propagated political violence in the townships, and the same government that had denied people humanitarian food aid, was surely capable of poisoning water supplies with cholera. As many saw it, cholera was deployed as a means of emptying the streets and thereby neutralising a possible eruption of public discontent at worsening economic hardships. Some thought it was a form of punishment against urban opposition supporters; while others claimed that cholera was a tool to precipitate dramatic demographic change to ease the burden on public service delivery.⁵⁷

A generalised sense of disenchantment with politics and state institutions ran through multiple interviews and focus group discussions. The vast majority of my informants said that they had simply given up on government for the time being and were turning to alternative sources of welfare and social services, particularly those provided by transnational or non-governmental entities. During the outbreak, it was international and local NGOs that were seen to save the day. When I asked what role the councils had played in responding to the outbreak, one of the focus

⁵⁶ Luise White, 'Telling More: Lies, Secrets, and History.' *History and Theory* 39, 4 (2000), pp. 11–22.

⁵⁷ Multiple interviews.

group participants in Glen Norah quickly retorted: 'Was the council still alive?'⁵⁸ Munyaradzi explained to me the extent to which the government had lost credibility in many of the townships. He captured popular sentiment most accurately when he told me, 'not because of the cholera alone but especially in areas where there was cholera, people do not trust the state. They don't believe in it'.⁵⁹ In the popular imagination, therefore, the cholera outbreak became emblematic of both the malicious capabilities of the ZANU(PF) regime and of the sense of historical rupture in the country's trajectory as a whole, a radical departure from 'modernising development'.

'Requesting permission to arrest all the cholera sufferers'

THE preceding sections have examined how township residents saw the state during and after the cholera outbreak. In this final section, I ask what political subjectivities emerged from this period of crisis. I use the term, political subjectivity, in dual senses. Individuals are subject to the complex, multiple, shifting relations of power in their social field while, at the same time, they take up the position of subjects – capable of deliberation and exercising agency – through these relations.⁶⁰ Political subjectivity serves as an analytical concept to explore how individuals and communities experience, understand and discursively represent political processes in everyday life. In other words, political subjectivity denotes how people relate to governance and authorities; to consider how they are brought into a position to stake claims, to have a voice, and to be recognisable by authorities; and to explore how the politics of identity and belonging, encompassing the imaginary

⁵⁸ Glen Norah 2015 FGD.

⁵⁹ James Munyaradzi 2015 int.

⁶⁰ Amy Allen, 'Power, subjectivity, and agency: Between Arendt and Foucault.' *International Journal of Philosophical Studies* 10, 2 (2002), pp. 131–48.

as well as the judicial-political dimension of claims to citizenship, are expressed in specific contexts.⁶¹

In 2008 and 2009, my informants had little choice but to watch those around them dying from human waste. Township residents understood their own vulnerability and the death of those around them in the contexts of dilapidated water and sanitation infrastructure, a weak national public health response, and the arrival of multiple humanitarian actors seeking to stand in where the Zimbabwean government had failed. Through such experiences, many of my interlocutors noted that they were not only afflicted by waste but they saw themselves as waste. Thus, much like the human waste produced by cholera, they were superfluous to, unwanted by and expelled from the body politic; their lives and livelihoods were rendered utterly disposable.

This sense of feeling disposable – what I am calling the politics of disposability⁶² – captures how township residents felt that they were not only left to fend for themselves in the face of this catastrophic outbreak but were also supposed to do it without being seen by the dominant society.⁶³ The Zimbabwean cartoonist, Tony Namate, illustrated this visually with a satirical drawing that appeared in the UK national newspaper, *The Guardian*. The image depicts a paunchy anti-riot police commander requesting permission from President Robert Mugabe to arrest all cholera sufferers. The cholera victims' principal crime, it seems, was that they made a socially and politically embarrassing disaster visible to the nation and to the outside world.

The analytical frame of the politics of disposability sits in contrast with the literature on vernacular modes of critique. A range of scholars writing about disease and healing in Africa have argued that vernacular discourses – that are constructed around the themes of witchcraft and the

⁶¹ Kristine Krause and Katharina Schramm, 'Thinking through political subjectivity.' *African Diaspora* 4 (2011), pp. 115–34.

⁶² Henry Giroux, 'Reading Hurricane Katrina: Race, class, and the biopolitics of disposability' *College Literature* 33, 3 (2006), pp. 171–96.

⁶³ Ibid.

occult, spiritual healing, heterodox science, and traditional religion⁶⁴ – about the causes and remedies for epidemics contain within them a moral critique of undesirable social changes and unjust power imbalances in political life. In the politics of disposability, as described in this article, the critiques of political power were not subtly contained in a vernacular register.

This can partly be accounted for by the nature of my interlocutors. After all, many of the people who agreed to interviews were those prepared to air their grievances. The timing of my interviews is salient in this respect. Memory, Sarah Nuttall reminds us, is always as much about the present as it is about the past; and therefore the stories told in this article were as much about the past but as they were about working out what constitutes justice, resistance, freedom, place, and survival in the present.⁶⁵ Conducted in 2015, two years after the MDC had been voted out of the Government of National Unity that had stabilised the economy post-2008, my interviews reflected a moment of declining optimism and increasing fear in Zimbabwe's political history. My interlocutors spoke of a brief reprieve from the crisis during the five years of joint rule between the major parties. However, they had since become much more downbeat about the country's and their own prospects. At the time of interviewing, the cholera outbreak, and the wider politics of 2008, were (re)cast as not only the nadir of the country's contemporary history but as a referent point for how badly the situation could deteriorate. The spectre of 2008 loomed large in 2015 with ever increasing fear that the country was sliding back into economic collapse, political turbulence, food insecurity, and water shortages. Their rage during the interviews cannot be easily separated from the contemporary circumstances in which they were speaking.

⁶⁴ C. Bawa Yamba, 'Cosmologies in turmoil: Witchfinding and AIDS in Chiawa, Zambia', *Africa: Journal of the International African Institute* 67, 2 (1997), pp. 200–223; Matthew Schoffeleers, 'The AIDS pandemic, the Prophet Billy Chisupe, and the democratization process in Malawi', *Journal of Religion in Africa* 29 (4) (1999), pp. 406–41; Fassin, 'When bodies remember'; Paschal Kum Awah and Peter Phillimore, 'Diabetes, Medicine and Modernity in Cameroon', *Africa: Journal of the International African Institute* 78, 4 (2008), pp. 475–95.

⁶⁵ Nuttall, 'Telling 'free' stories? Memory and democracy in South African autobiography since 1994.'

It would be a mistake, however, to conclude that in making such forceful political critiques, my informants all shared the same ideas of where precisely to locate blame or that they agreed about what it takes to restore Zimbabwe to the 'path of progress'.⁶⁶ For many of them, the state, the ruling party, the opposition, the national government and the local government are not monolithic, homogenous entities. While some discussants were dismissive of all and sundry when talking about Zimbabwe's myriad political failures, many others drew astute distinctions between different individual politicians, different institutional bodies such as the much scorned ZINWA and the pitied Ministry of Health, different generations within political parties, and different arms of local councils.

In conversation with Tsitsi, I let slip my disgust at how our government had (mis)managed the cholera crisis. She burst into laughter, a full and guttural mirth. She insisted that, despite the ordeals she has endured, she will continue to support Mugabe until, as she put it, 'death do us apart'.⁶⁷ For her, the freedom that came at Zimbabwe's independence was an act of possession, hard-earned, patient, and imbued with historical agency. Mugabe was the vanguard of liberation. According to Tsitsi, the country had not been waylaid by him or other liberation veterans of ZANU(PF) but rather by an unnamed cadre of younger and greedier ministers who did not share the national consciousness born of struggle. Hers is an understanding of citizenship as freedom from colonial rule and the gradual realisation of universal belonging within the body politic.

Nevertheless, Tsitsi hastened to add that her view belongs to her generation. She sighed as she told me that 'these young ones', the 'bornfrees', 'have found [only] hardship in this Mugabe's regime and they don't want to know about him'.⁶⁸ For them, Tsitsi acknowledged, cholera was an especially bad episode in a litany of catastrophes that has afflicted the country over the last several

⁶⁶ Jones, 'Nothing is straight in Zimbabwe'.

⁶⁷ Tsitsi 2015 int.

⁶⁸ Ibid.

years. Favor, who remains unemployed in his mid-thirties despite his qualifications and much needed skills as a water, hygiene and sanitation specialist, looks at the country's truncated horizons for youth as the political abandonment of his generation: 'it's like Zimbabweans are surviving on auto-pilot, there is no government.'⁶⁹ My most talkative interlocutors, Gamu and Chido, two teenage girls, offered a bleak prognosis for the future. When I asked them what they thought about the prospects of change and progress in the country now that the cholera outbreak had passed, I was told: 'I think Zimbabwe needs to copy the revolution in Libya. We were born in poverty, we live in poverty and we will die in poverty.'⁷⁰ Finally, for the sex workers in Glen Norah, the cholera outbreak was testament to their individual resilience and ability to withstand the vagaries of Zimbabwe's crisis:

We didn't have energy to be angry. Everyone was like trying to find a way to survive. So yes, we were angry but it's like, 'what can you do with your anger?' Most of our energy was focused on survival ... With everything that happened that year, it taught us perseverance. Yes, it was a bad year. For us who survived, it taught us perseverance and it also taught us that there is a god. We didn't survive because we are clever or we are intelligent but I think it's by the grace of god that we survived. It brought out a strong Zimbabwean. From all that experience, we became a strong people because we know that we can survive anything. That year we should have died but because we survived, we now know that we can survive anything.⁷¹

⁶⁹ Favor 2015 int.

⁷⁰ Chido 2015 int.

⁷¹ FGD, Glen Norah, 7 October 2015.



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As I have shown throughout this article, my interlocutors recounted stories of relentless suffering, violence, dispossession and abandonment during the epidemic (a politics of disposability). It is tempting to read this grim narration as a form of victimhood – the surrender of agency – when faced with a sinister political regime. But to do so, I argue, would be to grasp only one aspect of what are layered public narratives. From a seeming position of ‘victimhood’, my interlocutors launch a muscular, in fact devastating, critique of political power as exercised by the ZANU(PF) government. They unambiguously vent their outrage at the failures of the government to provide welfare and protection for all its citizens. In so doing, they forcefully assert their claims to political status, social recognition, and belonging as rights-bearing members of the nation-state. I call this a politics of expectation wherein my interlocutors imagine the state not as a predatory or sinister entity but rather as a form of political authority properly constituted to secure the needs and listen to the demands of all citizens. Finally, I argue that despite their sense of abandonment by the state – a politics of disposability – and despite their claims to substantive citizenship from the state – a politics of expectation – townships residents also exhibit a remarkable politics of adaptation in how they negotiated and survived the cholera crisis. Cholera thus instantiated the politics of disposability, the politics of expectation, and the politics of adaptation as political subjectivities.

Conclusion

THIS article has offered an account of the lived experience of the cholera disaster in Harare's high-density areas. By looking at the narratives of my informants, I have demonstrated how deeply politicised the outbreak was in every phase and aspect of its unfolding from the broad social conditions of its emergence to the immediate circumstances that precipitated it and finally to the

action taken, or not taken, to address it. In so doing, I have shown the layers of meaning with which an epidemic is endowed even years after its occurrence. Cholera can be read through my informants' narratives as many crises at the same time: a health crisis, a political-economic crisis, and a social crisis as well as a crisis of expectations, history and social identity.

Recent studies of urban politics in Zimbabwe have explored the continuities and the dramatic shifts in state-society relations heralded by the country's post-2000 crisis. Studies of Operation *Murambatsvina*⁷² have argued that the state's demolition exercises reveal its arbitrary and spectacular power thinly veiled under appeals to creating urban order. As a consequence, the urban poor recognize the language of the state in terms of its claims to orderliness but they experience the state, through its use of military and police force, as violent and capable of destroying lives and livelihoods on a whim. The electoral violence of 2008 brought about a rupture in social relations, rendering friends and neighbours 'unknowable' as communities were torn apart by partisan loyalties.⁷³ With the collapse of the economy, strategies for survival directed many Zimbabweans into a broad variety of short-term strategies for survival through all manner of street hustling.⁷⁴ Furthermore, the crisis in urban governance has thrown into stark relief the rapid undermining of Zimbabwe's bureaucracies through the politicization of state institutions and displacement of technical expertise.⁷⁵

What then does this study of cholera contribute to our growing understanding of urban politics? The cholera outbreak is a unique prism for viewing the interconnections and convergence of the multiple facets of Zimbabwe's urban crisis. The stories told in this article explicitly link the

⁷² Deborah Potts, "'Restoring Order'? Operation Murambatsvina and the urban Crisis in Zimbabwe', *Journal of Southern African Studies* 32, 2 (2006), pp. 273–91; Joost Fontein 'Anticipating the Tsunami: Rumours, planning and the arbitrary state in Zimbabwe', *Africa: Journal of the International African Institute* 79, 3 (2009), pp. 369–98.

⁷³ Jocelyn Alexander and Kudakwashe Chitofiri, 'The consequences of violent politics in Norton, Zimbabwe', *The Round Table* 99, 411 (2009), pp. 673–86.

⁷⁴ Jeremy L. Jones, 'Freeze! Movement, narrative and the disciplining of price in hyperinflationary Zimbabwe', *Social Dynamics* 36, 2 (2010), pp. 338–51; Jones, 'Nothing Is Straight in Zimbabwe'.

⁷⁵ McGregor, 'Surveillance and the city'; Sarah Rich Dorman, "'We have not made anybody homeless': Regulation and control of urban life in Zimbabwe', *Citizenship Studies* 20, 1 (2015), pp. 84–98.

cholera outbreak to an array of socio-material processes (particularly the collapse of Zimbabwe's public health and hydraulic infrastructures), to the failures of urban governance, to the electoral violence of 2008, to economic strategies of survival, and to the arbitrary, spectacular and violent actions of the state. The cholera outbreak allows us to see how these facets of Zimbabwe's crisis converged, mediated and differentiated human life.

By highlighting the complex, multi-faceted political subjectivities of my informants at a time of humanitarian crisis – a politics of disposability, a politics of expectation, and a politics of adaptation – I argue that my informants do not imagine their world in post-political terms of self-organization and survival alone as might be suggested by some of the literature on resilience.⁷⁶ Adaptation and survival during acute and profound crises might be necessary but they do not dissolve all long-term political expectations in the popular imagination. Crises for my informants have a political basis ('political aetiologies'), as declared by one of my informants at the end of an interview, 'I think we have talked enough about cholera. But the last thing I can say is that the main factor causing cholera is politically based. It's politically based. It's politically based. It's politically based'.⁷⁷ It also follows then that a political crisis warrants a political solution, which, for many township residents is the responsibility of the state; to quote an elderly man in Budiriro, 'In fact, the government should take care of its own people but when people are coming from outside to help that definitely means that there is lack of responsibility proper'.⁷⁸

The issues raised in this article are firmly grounded in Harare's high-density townships and yet they can be read much more widely in ongoing, lively debates about citizenship and political belonging. As I have shown, disenchantment and frustration with existing political parties, governance structures and individual politicians does not necessarily mean a fundamental or

⁷⁶ See Duffield, 'Environmental terror'; Scott-Smith, 'Paradoxes of resilience'; Welsh, 'Resilience and responsibility'.

⁷⁷ Interview, Resident, Glen Norah, 14 August 2015.

⁷⁸ Interview, Resident, Budiriro, 17 September 2015.



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complete abandonment of politics or the state. Even at a time of crisis, the state remains a pre-eminent referent point for collective notions of public welfare, rights and social belonging. Indeed, township residents' publicly articulated rage at the government for its causal role in, and failure to respond to, the cholera outbreak speaks to a much deeper and more widespread aspiration for substantive citizenship based on political rights, social recognition, and access to high-quality public services delivered by a robust, responsible state. In this way, I ultimately argue that citizenship in times of crisis can actually occasion important demands for political and social belonging and this insight ought to challenge us to constantly question how individuals, whether in Zimbabwe or elsewhere, make meaning out of disasters. The success or failure of such aspirations, however, are another matter.