

"We have degrees in violence"

A Report on Torture and Human Rights Abuses in Zimbabwe

December 2007

The Open Society Initiative for Southern Africa
The Open Society Institute
The Bellevue/NYU Program for Survivors of Torture

Since early 2007, the Zimbabwean government has brutally sought to suppress political opposition with state sponsored torture and political violence. This upsurge in political violence occurred following a peaceful prayer rally organized on March 11 2007 by a coalition of Zimbabwean church and civic organizations

This investigation, the first conducted by international health professionals since the March 2007 violence, provides evidence that the Zimbabwean government is systematically utilizing torture and violence as a means of deterring political opposition. This state-sanctioned violence targets low-level political organizers and ordinary citizens, in addition to the prominent members of the political opposition.

This report, based on forensic evaluations, documents how victims of political violence have been tortured and subjected to other human rights abuses causing devastating health consequences. Victims were detained under inhuman conditions and denied appropriate access to medical and legal assistance. Members of civil society, including doctors and lawyers assisting victims of political violence, also described being subjected to harassment by government authorities. These findings raise profound concerns as to whether elections scheduled for 2008 will be free and fair.



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1. Robert Mugabe's threat to Trade Unionists before the 1998 strikes

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A Report by

**The Open Society Initiative for Southern Africa
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The Open Society Initiative for Southern Africa (OSISA)

The Open Society Initiative for Southern Africa (OSISA) is a leading Johannesburg-based foundation established in 1997, working in ten Southern Africa countries: Angola, Botswana, The Democratic Republic of Congo, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. OSISA works differently in each of these ten countries according to local conditions. There are specialized programme managers in Angola, Zimbabwe and Swaziland-these being the three countries in which significant structural governance questions still obtain.

OSISA is part of a network of autonomous foundations, established by George Soros, located in Eastern and Central Europe, the former Soviet Union, Africa, Latin America, the Caribbean, the Middle East, Southeast Asia and the US.

OSISA's vision is to promote and sustain the ideals, values institutions and practice of open society. OSISA's vision is that of a vibrant Southern African society in which people, free from material and other deprivation, understand their rights and responsibilities and participate democratically in all spheres of life.

In pursuance of this vision, OSISA's mission is to initiate and support programmes working toward open society ideals and to advocate for these ideals in Southern Africa. This approach involves looking beyond immediate symptoms, in order to address the deeper problems – focusing on changing underlying policy, legislation and practice, rather than on short-term welfarist interventions.

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The Open Society Institute (OSI)

The Open Society Institute (OSI), a private operating and grantmaking foundation, aims to shape public policy to promote democratic governance, human rights, and economic, legal, and social reform. On a local level, OSI implements a range of initiatives to support the rule of law, education, public health, and independent media. At the same time, OSI works to build alliances across borders and continents on issues such as combating corruption and rights abuses.

OSI was created in 1993 by investor and philanthropist George Soros to support his foundations in Central and Eastern Europe and the former Soviet Union. Those foundations were established, starting in 1984, to help countries make the transition from communism. OSI has expanded the activities of the Soros foundations network to other areas of the world where the transition to democracy is of particular concern. The Soros foundations network encompasses more than 60 countries, including the United States.

OSI Initiatives

OSI's initiatives address specific issue areas on a regional or network-wide basis around the world. Most of the initiatives are administered by OSI-New York or OSI-Budapest and are implemented in cooperation with Soros foundations in various countries and regions.

OSI initiatives cover a range of activities aimed at building free and open societies, including grantmaking to strengthen civil society; economic reform; education at all levels; human rights; legal reform and public administration; media and communications; public health; and arts and culture.

Soros Foundations

Soros foundations are autonomous institutions established in particular countries or regions to initiate and support open society activities. The priorities and specific activities of each foundation are determined by a local board of directors and staff in consultation with George Soros and OSI

boards and advisors. In addition to support from OSI, many of the foundations receive funding from other sources.

The foundations network consists of national foundations in 29 countries, foundations in Kosovo and Montenegro, and two regional foundations, the Open Society Initiative for Southern Africa (OSISA) and the Open Society Initiative for West Africa (OSIWA). OSISA and OSIWA, which are governed by their own boards of directors and staffs from the region, make grants in a total of 27 African countries.

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The Bellevue/NYU Program for Survivors of Torture

The Bellevue/NYU Program for Survivors of Torture provides comprehensive, multidisciplinary care addressing the medical, mental health, and social service needs of torture survivors and their families. The program has established an international reputation for excellence in its clinical, educational, and research activities including documenting torture and its health consequences. The Bellevue/NYU Program is a member of the International Rehabilitation Council for Torture Victims.

The Bellevue/NYU Program brings together clinical and academic resources from Bellevue Hospital, the oldest public hospital in the United States, and New York University School of Medicine. Since its inception in 1995, the program has cared for more than 2,000 men, women and children from over 70 different countries.

The Bellevue/NYU Program has conducted ground breaking research in documenting torture and its health consequences in countries around the world. Recent research projects have included evaluating the prevalence of trauma and psychological symptoms among Darfurian refugees in Chad; the health consequences of detention of asylum seekers in the United States; and trauma and its health consequences among Tibetan Refugees in India. Recently, program staff have conducted forensic evaluations of former detainees from Abu Ghraib Prison, Iraq and Guantanamo Bay Detention Camp, Cuba.

The Bellevue/NYU Program its staff have received numerous awards including the Jim Wright Vulnerable Populations Award from the National Association of Public Hospitals, the Roger E. Joseph Prize from Hebrew Union College, The Barbara Chester Award from the Hopi Foundation, The Arthur C. Helton Human Rights Award from the American Immigration Lawyers Association, the Human Rights Defender Award from Physicians for Human Rights, and The Robin Hood Foundation Heroes Award.

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I. SUMMARY

The 2008 Presidential campaign has already begun. This violence is the strategy of the ruling party. They want to eliminate opposition now so that the situation will appear calm in the period before the election.

-Zimbabwean Human Rights Advocate

It is less than one year before Zimbabwe will hold the presidential and parliamentary elections scheduled for March 2008. Since early 2007 the country has been subject to an upsurge in political violence that has seriously undermined the democratic process and created a presumption that these elections will not be free and fair. State-sponsored violence directed toward any individuals or groups who are perceived to be critical of President Robert Mugabe, his government or his policies, manifests a strategy to demobilize Zimbabweans from mounting or supporting an organized opposition campaign. The international community and Southern African Democratic Community (SADC) have attempted to play a role in encouraging a democratic process by introducing South Africa's president, Thabo Mbeki, as a mediator between the ruling and opposition parties. However, the international community remains ineffective in its efforts to stop states-sponsored violence in Zimbabwe.

On March 11, 2007 a coalition of church and civic organizations known as the Save Zimbabwe Campaign, organized a prayer rally in Highfield, a township near the capital Harare. Police used violence and arrests to prevent the peaceful prayer rally. They shot to death an unarmed activist, Gift Tandare, and subsequently arrested several leaders of the major opposition party – the Movement for Democratic Change (MDC) – as well as rank and file attendees. While the brutal beatings and interference with medical care of the prominent MDC leaders following March 11 received considerable media attention, the persisting torture and political violence,¹ particularly

1. For this report, individuals were classified as having been subjected to torture if the experience(s) they reported were considered by the examining physicians to meet criteria for torture as defined in the United Nations Convention Against Torture. (See Methods Section for complete definition). Individuals were classified as having been subjected to political violence if the experience(s) they reported was considered, by the examining physicians, to be a violent act as a result of their political activities or beliefs, but which was not

that perpetrated against rank and file political activists, have not been documented by international health and human rights experts. This report details the state-sponsored violence that occurred in the wake of the highly publicized events of March 11, 2007.

Researchers from the Bellevue/NYU Program for Survivors of Torture traveled to South Africa and Zimbabwe during the last week of April and first two weeks of May 2007 at the request of local nongovernmental organizations to evaluate reports of torture and political violence. This report is based on the detailed testimony and medical examination of 24 individuals who were subjected to torture or political violence during March and April 2007. Additionally, interviews were conducted with more than 30 health professionals, human rights advocates and representatives of non-governmental organizations in Zimbabwe and South Africa.

This investigation, the first conducted by international health professionals with expertise in the evaluation documentation and treatment of torture victims since the March 2007 violence, provides evidence that the Zimbabwean government is systematically utilizing torture and violence as a means of deterring political opposition. This state-sanctioned violence targets low-level political organizers and ordinary citizens, in addition to the prominent members of the political opposition. The medical evaluations of recent victims of torture and political violence document physical and psychological evidence of violent human rights abuses and the devastating health consequences of such political violence. Victims were detained under inhuman conditions and denied appropriate access to medical and legal assistance. Members of civil society, including doctors and lawyers assisting victims of political violence, described being subjected to harassment by government authorities.

Findings

In addition to prominent opposition leaders, ordinary MDC members and local community organizers are being systematically tortured and targeted by Zimbabwean authorities for political violence. This assessment is supported by the testimony and medical evidence of the 24 Zimbabweans victims of torture and political violence interviewed and evaluated for

considered, necessarily, to constitute torture.

this report. All had clear physical and psychological evidence of torture and abuse corroborating their testimony. These victims of political violence included both men and women. They were not randomly targeted, but included national and local leaders of the political opposition, community organizers, and ordinary citizens. Zimbabweans who were arrested and detained for their political activities described being detained under filthy, inhuman conditions as well as being denied basic necessities such as food, water, light, and blankets.

This torture and political violence has devastating physical, psychological and social health consequences. At the time of evaluation, all 24 of the Zimbabwean victims of torture and political violence evaluated for this report continued to suffer from substantial and often debilitating physical and psychological symptoms as a direct result of their abuse. Individuals suffered from severe pain, broken bones, and unhealed wounds as a result of beatings they had endured. Their backs and legs showed clear marks from whips or the imprints of clubs used to beat them. The psychological scars, including depression, post traumatic stress disorder (PTSD) and associated symptoms such as profound sadness, nervousness, difficulty sleeping, and recurrent memories of the trauma were also evident. Victims frequently described profound fear of further torture or death as well as threats to their family.

Furthermore, Zimbabwean authorities are interfering with and delaying access to medical and legal services for victims of torture and political violence. News accounts have neglected to describe the systematic interference with access to medical and legal services for victims of violence. Such interference not only infringes upon the rights of these individuals and compounds their abuse, but is designed to increase impunity for abuse by preventing health workers and legal professionals from evaluating and documenting the abuse. Many of the Zimbabwean victims of torture/political violence interviewed described experiencing substantial delays in obtaining medical evaluation and treatment as well as being denied access to their lawyers.

Doctors and lawyers assisting victims of torture and political violence described being threatened and harassed by police and other government authorities. For example, medical and legal professionals we interviewed received threatening phone calls both at their homes and at work warning them not to interfere with state-sponsored violence.

Finally, Zimbabwean victims of torture or political violence fleeing to South Africa often endure substantial difficulties in obtaining refugee status and accessing health services. Zimbabwean victims of political violence as well as Zimbabwean advocates in South Africa described the many problems that Zimbabwean refugees encounter upon their arrival in South Africa. This includes problems with obtaining refugee status or political asylum; problems with attaining adequate food and shelter; difficulty getting appropriate and necessary healthcare; and ongoing fears of deportation and discrimination.

Recommendations

1. Recommendations to the Zimbabwean Government:

- Immediately cease and investigate all acts of torture and state-sanctioned political violence

The Government of Zimbabwe should immediately cease all acts of torture and state-sponsored violence, conduct transparent and credible investigations of all allegations of torture and violence and publicly condemn such acts. There is an urgent need to resolve the political impasse in Zimbabwe, and this must begin with an end to state sanctioned political violence, including torture, arbitrary arrest, and targeting individuals for political violence based on their political affiliations.

Although Zimbabwe is one of 51 countries that has not ratified the UN Convention Against Torture, it is party to several international treaties that specifically prohibit torture, including The International Covenant on Civil and Political Rights and the African Charter on Human and People's Rights. Furthermore, Zimbabwe's own Constitution (Section 15) outlaws torture and inhuman or degrading treatment or punishment.

- Ensure adequate and timely access to medical and legal services for victims of torture and political violence

Individuals suffering from injuries and illness in state custody, including victims of torture and political violence, must have access without delays to adequate medical and legal services. The Government of Zimbabwe must take immediate steps to protect health professionals and legal service providers from harassment and intimidation.

- Ensure accountability and legal prosecution of perpetrators of torture and political violence

Individuals, including police, ZANU-PF party members and members of related organizations who have participated in torture and political violence must be held accountable in courts of law for their actions. Independent investigations into the excessive use of force on March 11 2007 as well as investigation of the organizations responsible for this and subsequent violence must be undertaken.

2. Recommendations to the Zimbabwean Medical Association:

- Speak out against violations of human rights including torture, political violence and denial of medical care to detainees

The Zimbabwean Medical Association (ZIMA) should work to ensure that the Zimbabwean government upholds nationally and internationally recognized human rights standards including prohibitions of torture and the provision of medical care for detainees. Furthermore, ZIMA should see that physicians can fulfill their professional obligations to maintain clinical independence without harassment and intimidation.

3. Recommendations to African leaders and the International Community:

- Governments and international bodies including members of the Southern African Development Community (SADC), the United Nations Security Council, and the United Nations Commissioner on Human Rights must hold the Zimbabwean government accountable for its obligations under international law regarding prohibition of torture and political violence.

African and international leaders must strongly and publicly condemn acts of torture and state sanctioned political violence in Zimbabwe.

- Medical and legal professional organizations and nongovernmental organizations both in Africa and internationally must condemn acts of torture, state sanctioned political violence in Zimbabwe, obstruction of access to medical and legal services for detainees, and harassment of medical and legal professionals assisting victims of political violence.

Medical and legal organizations in Africa and internationally, need to support colleagues operating under duress and use all regulatory and professional organizing bodies to call for internationally endorsed standards for legal representation and provision of medical care.

4. Recommendations to President Mbeki and the South African Government

- President Mbeki must provide strong leadership in opposing torture and political violence in Zimbabwe

President Mbeki must use his role as a democratic leader in the Southern African community to uphold international standards for opposition of torture and political violence and promotion of free and fair elections and basic human rights including a fair and impartial judiciary and rights of detainees in Zimbabwe.

- Zimbabwean victims of torture and political violence, for whom it is not safe in Zimbabwe, should be granted political asylum consistent with the protections of international law. Appropriate access to medical, mental health and social services should be ensured

South Africa must provide protection for Zimbabweans fleeing persecution and political violence. Given recent events and historical increases in violence prior to Zimbabwean elections, the South African Government and refugee organizations should prepare for an increase in the number of Zimbabwean victims of torture and political violence. Steps should be taken to ensure basic and non-discriminatory access to medical and social services.

II. METHODS

Interviews with Primary Sources

In April and May 2007, detailed medical evaluations of 20 Zimbabweans reporting experiences of torture or political violence in Zimbabwe since March 11, 2007 were conducted. The evaluations were performed in Zimbabwe and in South Africa. In addition, evaluations were conducted with 4 individuals reporting torture or political violence during the year preceding March 11, 2007. All respondents continue to live in fear of further torture or political violence.

Seventy-nine percent of the Zimbabwean victims of torture and political violence evaluated were male and 21% were female (see Table 1: Demographic Information). The mean age was 36 (range: 19-64), and 75% of the individuals were 40 or under. All but two of the individuals were members of or politically active with the MDC party. Those active with the MDC party were primarily local organizers (12) rather than those working at the national level (6). While many of the victims were from Harare and Bulawayo, others came from all parts of Zimbabwe.

Clinical evaluations were performed using established international guidelines for investigating and documenting torture and other cruel, inhuman or degrading treatment or punishment.¹ Detailed trauma and medical histories were elicited by interview; a detailed review of physical and psychological symptoms was conducted; and physical examinations were performed. These evaluations were conducted by two physicians with extensive experience in the evaluation and treatment of victims of torture and political violence. Each evaluation took approximately two hours. Interviews were conducted in English for 22 of the 24 individuals. For two individuals, Shona interpreters were used.

In addition to clinical interviews, assessment of psychological symptoms was conducted using two self-report standardized questionnaires: the

Hopkins Symptoms Checklist-25 (HSCL-25)² and the post traumatic stress disorder (PTSD) portion of the Harvard Trauma Questionnaire (HTQ).³ The HSCL-25 is a 25-item self-report scale comprised of two subscales measuring anxiety and depressive symptoms. Mean scores over 1.75 for the HSCL-25 identify individuals who are highly symptomatic. The PTSD portion of the HTQ includes a 16-item scale developed to quantify severity of PTSD symptoms. Mean scores over 2.5 on the HTQ are associated with a clinical diagnosis of PTSD. The HSCL-25 and HTQ have been used extensively with diverse populations in studies of trauma, and have been validated against clinical diagnoses. Eighteen of the 24 victims of torture and political violence evaluated in this investigation completed these questionnaires. The remaining six individuals did not do so because of time limitation.

Definitions Used

Individuals were classified as having been subjected to torture if the experience(s) they reported was considered, by the examining physicians, to meet criteria for torture, as defined in the United Nations Convention Against Torture.⁴ Individuals were classified as having been subjected to political violence if the experience(s) they reported was considered, by the examining physicians, to be a violent act as a result of their political activities or beliefs, but which was not considered, necessarily, to constitute torture.

1. Office of the United Nations High Commissioner for Human Rights. *The Istanbul Protocol*. Available at: <http://www.ohchr.org/english/about/publications/docs/8rev1.pdf>; Iacopino V, Allden K, Keller A. *Examining Asylum Seekers. A Health Professional's Guide to Medical and Psychological Evaluations of Torture*. Boston: Physicians for Human Rights; 2001.

2. Derogatis LR, Lipman R, Rickels K, Uhlenhuth EH, Covi L. The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. *Behavioural Science*. 1974;19:1-15.

3. Mollica RF, Caspi-Yavin Y, Bollini P, Truong T, Tor S, Lavelle J. The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and post-traumatic stress disorder in Indochinese refugees. *Journal of Nervous and Mental Disease*. 1992;180:110-115.

4. United Nations General Assembly. Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Available at: <http://www.ohchr.org/english/law/cat.htm>. According to the United Nation's Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, torture is defined as "any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity."

Examples of political violence included:

- An unarmed individual being shot at a demonstration
- An individual witnessing someone being beaten by police
- An individual being threatened with arrest if he/she continues their political activities

Examples of torture included:

- An individual repeatedly beaten by police or groups such as the Youth Militia
- An individual threatened with death while in police custody

Consent Obtained

Individuals verbally consented to be interviewed and examined and to have the findings publicly disseminated. No one was compensated for the interviews or medical examinations. For safety and privacy, victims are referred to in this report either with pseudonyms or pseudo-initials.

Sekai Holland, who reported being tortured in Zimbabwe following March 11, gave permission for her name to be used. Several individuals who provided background information requested not to be identified.

Secondary Sources

In addition to these detailed medical evaluations, background interviews were conducted with more than 30 key informants in South Africa and Zimbabwe, who were approached based on their knowledge of the situation in Zimbabwe. This included health professionals, lawyers, human rights advocates and community organizers, many of whom are working with non-governmental organizations in Zimbabwe and South Africa. Individuals who requested anonymity are not identified.

(See Chapter IX for Risks and Limitations of this Investigation).

III. BACKGROUND

During late 2006 and the beginning of 2007, peaceful protests and anti government opposition in Zimbabwe prompted an upsurge in violent reactions by the police, resulting in the arrests and beatings of students, trade union members and human rights advocates. On September 13, 2006 police arrested and reportedly tortured 15 leaders and members of the Zimbabwe Congress of Trade Unions (ZCTCU) after they attempted to hold a peaceful protest concerning the deterioration of the social and economic conditions in Zimbabwe.¹ According to Human Rights Watch, in February 2007, at least 400 civil society activists and opposition members were arrested for attending peaceful demonstrations and organizational meetings.² On February 21, police imposed a three month ban on political rallies, claiming that such rallies would result in violence and a breakdown in law and order.³

Then, on March 11, 2007, police violently disrupted a prayer meeting in Highfield organized by a coalition of civic and religious organizations called the Save Zimbabwe Campaign. Police used tear gas, water cannons and live ammunition against the unarmed crowd.⁴ One crowd member, Gift Tandare, was shot and killed. More than 50 others, including the president of the major opposition party- the Movement for Democratic Change (MDC)-Morgan Tsvangirai, were arrested and reportedly beaten and tortured. Since then repression in Zimbabwe has only intensified.

1. Amnesty International. *Amnesty International Report 2007*. Available at: [http://www.kubatana.net/html/archive/hr/060915zadhr.asp?orgcode=zim065&year=2006&range_start=1](http://thereport.amnesty.org/eng/Regions/Africa/Zimbabwe; Zimbabwe Association of Doctors for Human Rights (ZADHR). <i>Torture and Denial of Access to Treatment of ZCTU Members</i>. Available at: <a href=).

2. Human Rights Watch. *Bashing Dissent: Escalating Violence and State Repression in Zimbabwe*. May 2007. Available at: <http://hrw.org/reports/2007/zimbabwe0507/>.

3. Ibid.

4. Timberg C. Opposition Leaders Arrested in Zimbabwe. *Washington Post*. March 12, 2007. Available at: http://www.washingtonpost.com/wp-dyn/content/article/2007/03/11/AR2007031101520_pf.html

According to a report issued by Human Rights Watch:

*The arrest and severe beating of these opposition leaders and civil society activists by police and state security officers marked a new low in Zimbabwe's seven-year political crisis. It ignited a new government campaign of violence and repression against members of the opposition and civil society-and increasingly ordinary Zimbabweans-in the capital Harare and elsewhere through the country.*⁵

State-sponsored torture and political violence in Zimbabwe are calculated to deter opposition in the run-up to national elections and referenda, and constitute a major threat to the country's democratic development. In late March 2007, the "Mbeki Initiative," was launched by the Southern African Development Community (SADC) in an effort to negotiate a resolution to Zimbabwe's eight-year political and economic crisis. The initiative gave South African president Thabo Mbeki the role of facilitating dialogue between President Mugabe's ZANU-PF government and the opposition MDC. Useful talks have been marred by continued violence, with President Mugabe asserting the violence is government response to "terrorism."⁶

The report of quick and violent crackdowns on ZCTU rallies in September and at the prayer rally on March 11th is consistent with a pattern of elevated violence prior to past elections. Presidential and parliamentary elections in Zimbabwe were moved forward to March 2008 shortly before the noted escalations in violence. Additionally the reports from many of the victims that their torturers are making anti-MDC statements suggests that a campaign is underway to deter political activism in the run up to the coming elections. The current upsurge in state-sponsored violence has the potential to intimidate and brutalize voter morale in a country that continues to face severe declines across all sectors.

Arguably, it is no coincidence that the escalation in violence occurred precisely one year before

the March 2008 Parliamentary and Presidential elections. This supports the assertion that the torture and political violence are the result of a deliberate government policy to frighten into silence anyone who might be considering supporting the opposition. President Mugabe and the ruling ZANUPF party have frequently stated that the opposition is being supported by foreigners such as London-based groups in league with the British government invoking anti-imperialistic rhetoric. For example in interviews conducted for this report, victims of torture and political violence described being called "prostitutes of Tony Blair." The rationale for such rhetoric likely has far more to do with the internal Zimbabwean politics than it does with Zimbabwe's relationship with Britain or other foreign powers.

Torture and political violence results in fear and terror that disseminates throughout the community and entire country. In addition to the physical and psychological impacts on the individual victims, such torture and political violence sends a chilling message to others: "Be silent or this could happen to you."

At least 459 cases of human rights violations have been documented by human rights organizations between March 11, and May 1, 2007.⁷ Dr. Douglas Gwatidzo, Chairman of ZADHR noted the following:

*What they are doing is targeting individuals that are the leaders and organizers and secretaries that organize groupings. They come in the middle of the night, pick you up, beat you and leave you there. They don't care if you die; that is one way they are beating people into submission. March 11 was the peak, it came down, but now it is a sustained level. They want people to be aware if anyone dares oppose the government this is what is going to happen to you*⁸.

Dr. Reginald Matchaba-Hove of the University of Zimbabwe College of Health Sciences, a leading public health expert in Zimbabwe described the current violence as follows:

5. Human Rights Watch. *Bashing Dissent: Escalating Violence and State Repression in Zimbabwe*. May 2007. Available at: <http://hrw.org/reports/2007/zimbabwe0507/>.

6. Zimbabwe Human Rights Forum. *Their Words Condemn them: The Language of Violence, Intolerance and Despotism in South Zimbabwe*. May 2007. Available at: http://www.hrforumzim.com/frames/inside_frame_special.htm.

7. Zimbabwe Lawyers for Human Rights, Zimbabwean Association of Doctors for Human Rights. *A Brief Report of Human Rights Violations in Zimbabwe since March 11 2007*. Submitted to the African Commission on Human and People's rights, May 2007.

8. Unless otherwise noted all quotes in this report come from testimony collected by Bellevue/NYU researchers. Precise interview dates and locations have been omitted for security reason.

It is systematic. It is not random. It is not the use of torture by police who are overzealous. It is not that there was a demonstration and things got out of hand and this is what happened. This is not the case. As we speak now, there is still a stream of people who are specifically being targeted.

A Bulawayo-based healthcare worker said:

We are concerned about more violence because the last time we had any violence – the destruction of homes – it started from Harare and then came here and it was very severe. If it happened there, it will happen here. We are an opposition region. If there is a campaign, it wants to destroy any opposition. We are bound to suffer from that violence as well. Because we are a region that has always been opposed to the government in that manner the government is likely to destroy us before the elections.

Following the disruption of the peaceful demonstrations in Harare on March 11, 2007, torture and political violence has escalated, much of it aimed at prominent opposition leaders, particularly those affiliated with the MDC. Several of these leaders, including Sekai Holland and Grace Kwinje, senior MDC officials, were evacuated to South Africa for medical care. The political violence did not stop with these leaders, however, raising concerns that the government has launched a methodical campaign to eliminate any trace of political opposition in Zimbabwe.

A human rights activist observed, “Zimbabwe allows someone into parliament and then tortures them with impunity. There hasn’t been one single individual charged.”

Dr. Matchaba-Hove, who served as Chairperson of the Zimbabwe Election Support Network from 2001-April 2007 predicted:

Violence will have a lot of effect on the outcome of the election. Firstly it is a tool of intimidation. By beating up people like Tsvangirai they are sending the message that no one is safe. And when word gets out into the rural areas that you are not safe, this will have enormous impact. There is already intimidation in past elections by local tribal leaders who are loyal to the government – if you don’t vote for the government party you won’t get food aid. The president of the Chief’s council Senator Charumbira went even a step further and said traditional elders should evict those who vote for the opposition. So if you go into a situation next year, where you are already expecting drought, in a hotly contested election,

any threats of violence will be taken seriously by local populations.

The upsurge in state instigated violence in Zimbabwe since March 2007 has been documented by several organizations including Human Rights Watch (HRW),⁹ Zimbabwe Association of Doctors for Human Rights (ZADHR),¹⁰ Zimbabwe Lawyers for Human Rights (ZLHR),¹¹ the Zimbabwe Human Rights Forum¹² and Solidarity Peace Trust (SPT),¹³ a non-governmental organization registered in South Africa. SPT compiled information from independent interviews with 414 Zimbabwean victims of human rights abuses during March, April and May 2007, including targeted attacks against the leadership of the MDC and the civic movement in Zimbabwe. In 90% of the attacks the perpetrators involved government agencies such as the police and Central Intelligence Organization (CIO). MDC activists and leaders were frequently targeted outside of police stations, and at times they were taken from their homes. Eighty percent of the 414 interviewees in SPT’s report had physical injuries, and in all of these cases corroborating medical evidence was documented. Soft tissue injuries were particularly frequent, as were body aches and headaches, sleep disturbances, anxiety and depression. Thirty percent of these 414 individuals reported being victims of torture.

Access to necessary medical care for victims of political violence was also a significant concern following the events of March 11th. On March 13, 2007 ZADHR reported:¹⁴

9. Human Rights Watch. *Bashing Dissent: Escalating Violence and State Repression in Zimbabwe*. May 2007. Available at: <http://hrw.org/reports/2007/zimbabwe0507/>.

10. Zimbabwe Lawyers for Human Rights, Zimbabwean Association of Doctors for Human Rights. *A Brief Report of Human Rights Violations in Zimbabwe since March 11 2007*. Submitted to the African Commission on Human and People’s rights, May 2007. Also see following website for several reports/statements relating to political violence since March 11 2007: <http://kubatana.net>

11. *Ibid.*

12. Zimbabwe Human Rights NGO Forum. <http://www.hrforumzim.com>.

13. Solidarity Peace Trust. *Destructive Engagement: Violence, Mediation and Politics in Zimbabwe*. Johannesburg, South Africa: Solidarity Peace Trust. July 10 2007. Available at: <http://www.solidaritypeacetrust.org>.

14. Zimbabwe Association of Doctors for Human Rights. *Update on denial of access to treatment of detained activists*. March 13 2007. Available at: <http://www.kubatana.net/>

The Zimbabwe Association of Doctors for Human Rights condemns the denial of access to medical treatment of detained opposition and civic leaders that are in need of urgent medical attention. ZADHR has been denied access to those concerned since their arrest on the morning of Sunday 11 March 2007. Denial of access to treatment continues to violate the rights of those detained and threatens their lives.

Notwithstanding a High Court order granted at 8:15pm on Monday 12 March 2007 compelling the police to grant legal and medical access to those detained, the Zimbabwe Republic Police has denied access to the injured activities in defiance of the court order. Medical practitioners that attempted to access those in need of medical treatment on the night of Monday 12 March following the granting of the court order were denied access.

ZADHR remains concerned that the condition of those who sustained injuries as a result of torture and assault may be worsened by delayed access to medical treatment. It is crucial that all those in need of medical attention be transferred to a medical facility that affords them the best possible medical care immediately.

Medical Organizations in Africa and internationally have spoken out against human rights abuses in Zimbabwe in recent months as well as delays in access to medical care for victims of political violence and harassment of Zimbabwean doctors assisting these victims.

In April 2007, the South African Medical Association issued the following statement:

Recent events of violence and human rights abuse in Zimbabwe have grabbed the attention of the world press. As the South African Medical Association (SAMA), we condemn any form of human rights abuse and cannot remain silent on such issues," said SAMA Chairperson, Dr Kgosi Letlape, in response to international headlines on the Zimbabwe situation.

SAMA has always advocated for the protection and promotion of human rights, irrespective of individuals' political affiliations. "The allegations relating to denial of access to health care are serious since this is a fundamental

human right and entitlement of every person," Letlape said. The Medical Association is aware of the plight of the people of Zimbabwe not only through media headlines, but also through the Zimbabwe Association of Doctors for Human Rights (ZADHR). ZADHR has highlighted events where doctors in Zimbabwe are being victimised and prevented from treating political victims of human rights abuses.

Doctors' autonomy and independence is a firm principle which is entrenched in national and international policies, such as the World Medical Association Code of Medical Ethics and Declaration on Professional Autonomy and Self Regulation. "The Hippocratic Oath will not allow us to compromise these principles," Letlape continued, "and doctors in all countries must be allowed to treat patients in need of medical attention, and to practise medicine without the fear of violence."

SAMA, like other National Medical Associations, have an essential role to play in calling attention to any human rights violations. Letlape urged, "The United Nations' Charter and the Universal Declaration on Human Rights, of which Zimbabwe is a signatory country, must be upheld."¹⁵

In October 2007, the World Medical Association (WMA) adopted a resolution on health and human rights abuses in Zimbabwe which included calling on its affiliated national medical associations to publicly denounce all human rights abuses and violations of the right to health in Zimbabwe, and actively protect physicians who are threatened or intimidated for actions which are part of their ethical and professional obligations. The WMA resolution also encouraged the Zimbabwean Medical Association (ZiMA) to commit to eradicating torture and inhumane, degrading treatment of citizens in Zimbabwe and reaffirm their support for the clinical independence of physicians.¹⁶

Zimbabwean President Mugabe's response to the torture and political violence following March 11 has been to attempt to justify it. "If they (protest) again, we will bash them again," he declared in a speech in response to the March 11th violence, "We hope they have learned a lesson. If they have not, they will get

15. South African Medical Association. *Press Release: SAMA speaks out against human rights abuses.* April 5 2007

16. World Medical Association. *Resolution on Health and Human Rights Abuses in Zimbabwe.* Adopted by the WMA General Assembly, Copenhagen, Denmark, October 2007. Available at: <http://www.wma.net/e/policy/a29.htm>.

http://archive/hr/070313zadhr.asp?orgcode=zim065&year=0&range_start=1

similar treatment," he said later. Regarding the beating of MDC President Tsvangirai he said: "Yes, I told the African heads of state he was beaten, but he asked for it. I told the police, beat him a lot. He and his MDC must stop their terrorist activities."¹⁷

Medical documentation provides corroborating evidence of torture and abuse.¹⁸ A number of Zimbabwean health professionals have developed extensive expertise and are internationally recognized for their work in documenting and caring for victims of torture and political violence. In mid-April, ZADHR¹⁹ reported that following March 11, 2007, at least 49 individuals required hospitalization as a result of injuries from torture and political violence and an additional 175 individuals had been treated and discharged. Injuries included soft tissue injuries, head injuries, fractures and gun shot wounds.²⁰ International medical organizations, including the International Rehabilitation Council for Torture Victims (IRCT)²¹ and Physicians for Human Rights, Denmark²² have also documented several cases of torture in Zimbabwe in the past.

Ours is the first investigation of political violence conducted by international health experts since the March 11, 2007 prayer meeting. Our findings support

the assertions of other organizations that there has been an upsurge in state violence since March 2007. This report contains credible first-hand testimony from Zimbabweans who have suffered torture and political violence since March 2007 and provides evidence that the Zimbabwean government is systematically deploying torture and violence as a means of deterring political opposition, with devastating consequences for health and human rights.

17. Zimbabwe Human Rights Forum. *Their Words Condemn them: The language of Violence, Intolerance and Despotism in South Zimbabwe*. May 2007. Available at: http://www.hrforumzim.com/frames/inside_frame_special.htm.

18. Office of the United Nations High Commissioner for Human Rights. *The Istanbul Protocol*. Available at: <http://www.ohchr.org/english/about/publications/docs/8rev1.pdf>; Iacopino V, Allden K, Keller A. *Examining Asylum Seekers. A Health Professional's Guide to Medical and Psychological Evaluations of Torture*. Boston: Physicians for Human Rights; 2001.

19. For a complete list of publications/documents prepared by ZADHR see <http://www.kubatana.net/html/sectors/zim065.asp?like=Z&details=Tel&orgcode=zim065>

20. Zimbabwe Association of Doctors for Human Rights. *Update on Assaults, Torture and Health Rights Violations Since March 11 2007*. April 15 2007. Available at: http://www.kubatana.net/html/archive/hr/070415zadhr.asp?orgcode=zim065&year=0&range_start=1.

21. IRCT. *Organised Violence in Zimbabwe*. June 2000. Available at: http://www.hrforumzim.com/members_reports/irct000606/irct000606e8.htm.

22. Physicians for Human Rights, Denmark. *The Presidential Election: 44 days to go*. January 2002. Available at: http://www.solidaritypeacetrust.org/reports/pres_election.pdf.

IV. TRAUMA EXPERIENCED BY INVESTIGATION PARTICIPANTS

Nature of Traumatic Events Experienced

All 24 of the victims reported a history of torture/political violence within the past year. Twenty (83%) had experienced torture/political violence on or since March 11, 2007 (See Table 2: History of Political Violence/Torture). More than half (63%) reported experiencing torture/political violence prior to March 2007 as well. All reported a substantial fear of further violence in the period after March 11, 2007.

Individuals interviewed reported having been subjected to a number of different forms of physical torture/abuse (See Chapter V), most commonly beatings with fists, kicking with boots, or beatings with objects (shambocks, whips, gun butts). One particularly common form of torture was falanga--beatings on the soles of the feet.

Other physical forms of torture/abuse reported included being shot; stabbed with knives or other sharp objects; having food, water and basic medical care withheld; being forced into contact with urine, feces, and sewage; and being subjected to electrical shocks.

Individuals also reported a variety of psychological abuses including verbal abuse, threats to themselves and their loved ones, and humiliations such as being forced to undress or drink urine.

Commonly reported perpetrators of torture/political violence included the police, members of the Central Intelligence Organization (CIO), "War Veterans," and ZANU-PF Youth. More than half of the individuals interviewed (63%) reported having been jailed because of their political activities. Another 21% reported a history of being abducted by groups, such as the Central Intelligence Organization, ZANU-PF Youth, and War Veterans (see Table 3: Trauma History, and Chapter V). All of the individuals who were imprisoned or abducted reported a history of torture.

Health Consequences of Torture/Political Violence Experienced

All 24 of the individuals examined had clear, corroborating physical evidence of their torture/abuse. All continued to suffer from significant physical and psychological symptoms as a result of their torture/abuse (See Table 3 and Chapter VI).

In addition to clinical interviews, profound psychological distress was confirmed by standardized psychological measures (the Harvard Trauma Questionnaire for posttraumatic stress disorder -PTSD- and the Hopkins Symptom Checklist-25 for depression and anxiety). These measures were completed by 18 of the 24 individuals evaluated. Eighty nine percent reported substantial symptoms of anxiety, 83% reported substantial symptoms of depression and 76% reported substantial symptoms of PTSD (See Tables 4 and 5 and Chapter VI). Many injuries led to persistent pain that was aggravated by delayed or inadequate access to healthcare (See Chapter VII).

Among the 15 individuals who were jailed, 7 reported significant delays in receiving needed medical care while in custody, and 6 reported being denied legal services while in custody (see Chapter VII).

V. STATE SPONSORED TORTURE AND VIOLENCE AFTER MARCH 11

Since the events of March 11, 2007, the Zimbabwean government has brutally and systematically sought to suppress political opposition with state sponsored torture and political violence. This was confirmed in detailed medical/forensic evaluations of 24 Zimbabwean victims of torture and political violence as well as in interviews with non governmental organizations, human rights advocates and health professionals. The violence is targeted not only at prominent leaders of the political opposition but at ordinary citizens as well.

Under Zimbabwe's own constitution torture is illegal.¹ Article 15 of the Zimbabwean Constitution states: "No person shall be subjected to torture or to inhuman or degrading punishment or other such treatment." Additionally, Zimbabwe is a signatory to a number of international treaties, including the International Covenant on Civil and Political Rights and the African Charter on Human and People's Rights that forbid torture and other cruel inhuman or degrading treatment or punishment.²

Political Violence and the Events of March 11

On March 11, 2007, the MDC held a prayer meeting in Highfield, just outside Harare. The following accounts relate to the subsequent torture and political violence perpetrated against individuals who attended the prayer meeting.

1. Constitution of Zimbabwe, Articles 15. Available at: http://www.kubatana.net/docs/legisl/constitution_zim_070201.doc

2. International Covenant on Civil and Political Rights, adopted December 16, 1966, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A.6316 (1966), 999 U.N.T.S. 171, entered into force March 23, 1976, acceded to by Zimbabwe, May 13, 1991, Article 7; African Charter on Human and People's Rights, adopted June 27, 1981, OAU doc. CAB/LEG/67/3rev.5.21.I.LM.58 (1982), entered into force October 21, 1986, ratified by Zimbabwe in 1986, Article 5.

The case of KF

KF, an MDC leader and organizer of the March 11 rally described the scene as follows:

Unfortunately before the prayer meeting could start, we saw police details all over the place. They ordered us to disperse, claiming we are not coming for a prayer meeting but a political meeting. As we resisted, they started beating us. They indiscriminately started beating people with clubs, using tear gas. Then there were some water cannons. So there was confusion all over the place.

KF described subsequent indiscriminate shooting by police, including witnessing MDC member, Gift Tandare, shot and killed:

They started firing live ammunition into the crowd. Eventually, they shot Gift Tandare in front of me. I tried to help him but it was too late. From then, I could see that he was dead. I called his name, but he could not respond. I told my other colleagues that our friend has died.

When KF learned that MDC president Morgan Tsvangirai had been arrested and beaten, he went to the police station where Mr. Tsvangirai was being held:

When I asked why the president was being beaten, I was also beaten severely [by police] with sticks, the butt of the gun, and kicked with boots. As they beat me they said 'We are beating you for trying to unseat the government.' We were detained there overnight, myself and the others. Then the following day we were transferred to the Harare Central Police Station. Then we were again tortured, this time by members of CIO (Central Intelligence Organization). They were in plain clothes. We were in their office at the time. This time, they beat me in my genitals, with a small rubber stick. I was ordered to remove all of my clothes. They beat me and wanted me to testify on other plans that the MDC was engaging in.

While he was in custody, KF was blindfold and forced to drink a liquid that he thinks was urine. Subsequently, KF was released without any charge.

KF also described three previous severe beatings related to his political activities. Following his most recent beating, KF continued to suffer from frequent headaches. He also noted decreased hearing in one of his ears, having injured his ear when he was thrown against a wall. Physical examination revealed multiple

scars consistent with the events he described. This included several well-healed thin linear scars from the stab wounds, as well as multiple scars on his back and a smooth indented scar on his left anterior lower leg, consistent with an injury from being kicked. A perforation in his left tympanic membrane (ear drum) was noted and hearing in his left ear is decreased compared to the right.

Fearing for his safety, KF remained in hiding following his most recent abuse. Government authorities continued to come to his house looking for him:

They threatened my family, almost on a daily basis. They came to investigate trying to find out my whereabouts. They said to my wife if she was not going to reveal my whereabouts, they would arrest her, until I surrendered myself to the police.

KF suffered from a number of psychological symptoms of depression and post traumatic stress disorder (PTSD) including feelings of sadness, difficulty sleeping and frequent nightmares. He is intensely worried about his family:

The trouble that my family is facing is very upsetting to me. I am the provider for the family. In nightmares, I imagine being beaten again in the police cells. I think about it a lot when I am awake too.

The case of RP

RP is another victim of the political violence on March 11. RP is a 35 year old male who works for the MDC and who described being with Morgan Tsvangirai when he went to a police station to visit other MDC supporters who had been arrested:

When we had arrived, we were outside the police station and we were mobbed by police officers, who were shouting vulgar words at the MDC president. Because they were advancing toward us we ran into the police station.... we saw all the other MDC supporters and civic organizers. They were all lying down and being beaten, including Sekai Holland, Grace Kwinje, Tendai Biti (the Secretary General), Nelson Chamisa the Information and Publicity officer for the MDC, and Lovemore Maduku the Chairman of the National Constitutional Assembly. They were all lying down face down being beaten by many police officers. I saw this with my own eyes. They were using all sorts of weapons like shambocks (whips), sticks and some metal iron bars. When we arrived there, Mr. Tsvangirai was told to lie

down. He was forced to lie down. And immediately before he lied down, a female police officer started to beat him, and the rest joined in. They said 'You are the leader of these people and we want you to tell Blair and George Bush to remove the sanctions and to tell them they must leave Zimbabwe alone.'

Subsequently RP was beaten himself:

They started beating me all over my body. They beat me on the head, on the ribs on the shoulder-everywhere all over the body, with the sticks iron bars, some were jumping on my ribs to the extent that I passed out 3 times. Then they told me, 'You must go and tell the MDC supporters that the only president is Mugabe. Tsvangirai is not the president.'

Violence Against MDC Members and Local Organizers: The Cases of CJ and SP

Violence on March 11 was directed at local MDC organizers and ordinary citizens in addition to prominent MDC leaders. For example, CJ, a thirty year old woman and an MDC member who holds no position with the MDC, was with a group of people planning to attend the public prayer service when she was arrested.

We were taken by the police to the Highfield police station. They were accusing us of being Tony Blair's people and they wanted the money given by Tony Blair. I was hit all over the body. I was lying down on the ground. They would beat you harder if you cried out. I was beaten with iron bars, batons and open hands. After one hour we were taken to Central police station. I was already in great pain. We spent all day at Central police station. I was not beaten there.

Subsequently, CJ was taken to another police station where she was held for 3 days.

Then they were shouting at us there 'What do you get from Morgan Tsvangirai?' We were not given water or food for 3 days... We were in separate cells. I asked for food, and they said 'No you are not given food.' There was no bed, I slept on the floor. I was in great pain. I had pain all over my body. There were no blankets. I wished I would just die because I was in such pain.

In addition to suffering pain, CJ also described having blisters on her legs and bruises on her back from the beatings. At the time of evaluation, CJ continued to

suffer from pain in her legs and difficulty walking. She had lost 10kg. She described feelings of fearfulness, difficulty sleeping and concentrating and frightening memories of her abuse. She appeared numb and demoralized with slow, weak speech and gestures, avoidant eye contact and slouched posture. She provided limited details or spontaneous expression during the interview and presented as profoundly depressed:

I still have the memories of what happened, especially when I see police. I am afraid. I have nightmares nearly every night about what happened in the police station. I am crying. Whenever I hear footsteps outside, I feel scared, and I jump. When I was in the cells, I felt the death spirit. That thought still comes back to me.

Physical examination confirmed the beatings she described. Multiple linear hyperpigmented (i.e. darker than the surrounding skin) scars were present on her back. She had multiple nodular scars on her legs and a prominent scar on her left leg at the site of her skin graft. Her gait was somewhat unsteady, and she had difficulty bearing weight on her left leg.

Another MDC member, SP, who is a local MDC organizer, was also arrested on March 11. Prior to March 2007, SP had been arrested and tortured approximately 10 times. On March 11, 2007, SP was arrested near Highfield along with several other MDC members:

We were taken to Harare Central Police Station. Then they started questioning us. They took me to a back room and they came with the electric cords, and put the cord on my penis and shocked me for a second. I never received such a pain especially on my penis. It was terrible. They were saying 'Why were you going to the rally? Who authorized you to do?' They shocked me two times. They didn't beat me so much, but the electricity was very painful.

SP remained in jail for 3 days. Before being released, SP was ordered to pay a fine for inciting people to attend the rally, which SP noted had been allowed by the Zimbabwean High Court. Subsequently, SP reported he had learned that the CIO had been looking for him and other local leaders on suspicion of being involved in petrol bombings of police stations, which he denied:

They arrested more than 12 activists and they are still in prison. After they put them in prison, they tortured those guys. We saw pictures of them in the court and we saw the pictures they had blood and swollen heads... They are torturing and making sure you won't do anything. In the past- in 2000- I was forced to sign an affidavit, putting allegations on myself-like beating police officers. They were not truthful.

Fearing for his safety SP fled to South Africa:

If I go back they will definitely arrest and torture me. If they arrest me, they will definitely torture me until I say what they want me to say-that we were doing all of those activities-I wasn't doing any of that.

SP described experiencing chronic pain in his right leg and hand since they were broken by police in incidents when he was arrested prior to 2007. He also frequently experienced headaches. He was haunted by memories of his trauma:

I have bad dreams especially these days. It is terrible I dream about all the people being beaten. I feel very nervous. I am afraid even of my shadow walking in the street.

I'm very worried for my family. They can do anything. Last time they beat my wife, she had a miscarriage. I haven't been able to communicate with my family. What they are doing is trying to put people who are influential in prison so they can't do anything and then beat them. When I was arrested, in March, they said 'We will make sure that you never lead this country because you never went to war.'

On physical examination, SP was found to have a scar on his forehead and a well healed smooth elliptical hyperpigmented scar on the back of his right wrist consistent with the history of the beatings he described.

Violence by Perpetrators Other Than the Police: The Case of YD

Police were by no means the only ones perpetrating violence on March 11. YD, a 29 year old male who worked in the national MDC office was stopped by police at a road block en route to the prayer rally at Highfield. He was subsequently turned over by the police to members of the Youth militia:

When we got there the roads were sealed and the police were beating people with baton sticks and the butt of the guns. I saw this. We were stopped by police officers and then taken by guys in civilian clothes. One of them showed us an official card of the youth militia and asked if I had one (he did not). I was handcuffed by the police with my hands behind my back the moment I was taken from the roadblock. The police put the handcuffs on and turned me over to the youth group.

Subsequently, YD was taken by the 6 men in civilian clothes to the Southerton police station:

They had guns. Then they made us stay outside the police station, and waiting for a vehicle. Then we were taken in a vehicle to another place. I was blindfolded. They were shouting telling me, 'You are going to meet Tsvangirai in hell. Tsvangirai is also dying. Tsvangirai is being beaten right now, who are you? We understand Tsvangirai is causing trouble, we have been given information that you have been trained to fight the government, and it was part of the strategy to destabilize the country. Therefore you are a sellout for Tsvangirai.'

At the second location, YD was placed alone in a room. He was forced to remove all his clothing except his underwear. His blindfold was removed, but his hands were still cuffed behind his back. Then he was beaten:

They hit me with the baton sticks all over my body, including my shoulders and on the bottom of my feet. I was very weak. They said, 'This person won't talk, we must try some other means.' They said, 'Do you know what is torture?' A woman came into the room. She said 'I am a mother-I can't accept this kind of beating.' They put my head inside her dress and said 'What do you see?' I said I can't see anything. They kept saying 'Why are you saying nothing?' and kept beating me, so I said I can see red pants. Then the lady hit me very hard across my face and said 'You are telling people what I am wearing.'

YD was told that his torturers had information about him and his family, including where his parents lived and that his sister was a government employee. He reported that his sister had previously been harassed at work as a result of his activities. He was told that if he gave them information about the MDC, he and his family would not be hurt. Otherwise, they would be harmed:

They told me the name of my father, my mother, and where my sister worked. They said we know everything about your family. So you must know your life is really

shit, either for you or your family. If you don't tell us what we want to know –they wanted to know about the MDC and what it was planning.

Subsequently YD was hit on the head and lost consciousness:

The next thing that I remember, I woke up. I was lying along the road outside of Harare. I was now wearing my clothes. I was soaked with blood. I suspect that they thought I was dead. Somebody who was driving along the road shook me and I woke up. They told me I am badly injured. I looked at my clothes. I could feel too much pain from my head and I had a very big wound.

YD described significant difficulty obtaining medical care for his head wound. (See Chapter VII) Subsequently, he learned that authorities were looking for him:

My [relative] got a message that there were some people at my place looking for me and wanting to arrest me saying I was involved in the violence and part of the people who had dropped petrol bombs [on police stations]. But I was being beaten by those people at the time when the bombing happened.

Fearing for his safety, YD decided to leave for South Africa. His family was also living in hiding. "I sent them to the rural area because their life was in danger. We couldn't stay together."

After his beatings, YD continued to suffer from frequent headaches, chronic dizziness, poor vision and back pain. He also experienced psychological symptoms including difficulty sleeping, frequent nightmares and feeling easily startled.

On physical examination, he had several well healed scars on his back and legs consistent with the beatings he described. There was point tenderness over the lumbosacral region (lower back). On the left posterior aspect of his skull was a large open ulceration (6 ½ centimeter by 4 centimeters), with granulation tissue.

Violence Against Women

Five of the victims of torture and political violence whom we interviewed were women. This is consistent with other recent reports of state-sponsored gender based violence in Zimbabwe. For example, in a July

2007 report by Solidarity Peace Trust³ presenting information on 414 Zimbabwean victims of political violence in March, April and May 2007, 24% were women. A recent report by Amnesty International⁴ also highlighted the increasing number of women subjected to torture and violence as a result of their political activities.

Noted Zimbabwean public health expert, Dr. Matchaba-Hove:

Women have been turning out in larger numbers for leadership positions in the opposition. Women have been able to reach across the political divide to deal with issues not only pertaining to the representation of women in governance, but also on how to resolve the crisis in Zimbabwe. My guess is that there is a sense that some of these women have been the key in mobilizing for the opposition; so disable them and the opposition is significantly affected.

The following two cases illustrate such gender based violence.

The case of Sekai Holland⁵

Sekai Holland is a 64-year old woman in baseline good health who is a prominent MDC leader. She is active in her district and nationally in party politics, strategy, and activism including the prayer meeting scheduled for March 11th. She reported careful planning on the part of party leaders on how to use non-violent techniques to critique the ZANU-PF government. Party leadership agreed to be present and risk being jailed at the demonstration. She explained, "The Women's Assembly met and said we must find a strategy to lead any function we have where there is bashing up."

3. Solidarity Peace Trust. *Destructive Engagement: Violence, Mediation and Politics in Zimbabwe*. Johannesburg, South Africa: Solidarity Peace Trust. July 10, 2007. Available at: <http://www.solidaritypeacetrust.org>.

4. Amnesty International. *Zimbabwe. Between a rock and a hard place-women human rights defenders at risk*. July 2007. Available at: <http://web.amnesty.org/library/Index/ENGAFR460172007?open&of=ENG-ZWE>

5. Ms. Holland was interviewed for this report in her hospital room in Johannesburg, South Africa on April 26, 2007

So we met on March 11 at the YMCA. As we got out, the militia was coming to the YMCA. They were going in, we were going out. When we got to Highfield, the police told us not to come. But we agreed to have a prayer meeting. So we told the police we are going to have a prayer meeting.

Police then arrested them before the prayer meeting had begun:

So we were made to lie down in an L shape. There were about 60 of us, and the militia started to beat us up... There was one woman with boots who was jumping on the women. She made a hole on me which required plastic surgery. She was calling us prostitutes of Tony Blair.

Ms. Holland described that once Morgan Tsvangirai had arrived the police began calling their names and torturing them individually:

I got up, and when I was called there were 5 men... and I was standing in the center, and each was holding a different instrument, and several men hit me. I said, why are you hitting me? They said, you are Tony Blair's prostitute...When we got out I was hit on the back. And they said, 'hit her on the buttocks a lot.' When I got into the charge office, they kept beating me. So I went out of the charge office being hit on the back and hit on the front. I had this done to me three times. A woman said 'sit there.' Several men came to hit me.

They had broken my glasses and my watch. They said, 'Do you want these? I took the glasses and put them in my shoes. They said, 'She is still using her hands.' And so now they were breaking my left hand. And then we were told to go. [Someone] said, 'I think you have broken your feet.'

At this point a large truck arrived to carry the arrested activists. When some younger demonstrators attempted to help Ms. Holland to the truck, they were beaten. "[The police] made us lie down on the truck, face down. It was very hot, it was late afternoon. People started to vomit. I had diarrhea. All of us were bleeding."

The arrested were taken to a central police station:

Before, I felt the first strike. After that I didn't feel any pain in my body. They made me lie on the grass. Holding the grass gave me comfort. What I remember is this multistory building. Police lined every window. There

was not one smile, they were all very grim. They were very upset.

The prisoners were then transported to various police stations. Ms. Holland made an effort to be dropped at the first station because she felt so ill. "At every station they took off a CIO (Central Intelligence Organization officer). They went to different police stations, dropping different people off." At the jail she requested to use the toilet. "I knew if we were not to be killed this was the time to drink a lot of water and wash myself."

We were then taken into the cell. [Another prisoner] was so shocked by my condition. She took from the prison blankets and cleaned me. A woman dragged me and got me something to drink... In the morning, she went to court; I was left alone.

Ms. Holland said the police in the jail spoke to her saying, "You know how you were injured you fell from the truck." She remained in a lice-infested cell for 3 days before she was brought to court with the others. There, lawyers insisted that the injured prisoners be brought to the hospital for treatment.

Initially only a select few were to be taken to the hospital but Morgan Tsvangirai refused to go unless they were all taken for evaluation of their injuries. Ultimately Ms. Holland and Mr. Tsvangirai required treatment in the Intensive Care Unit. Ms. Holland had a broken arm, a broken leg, several broken ribs, and severe soft tissue injury to a hand. She required surgical treatment of the leg fracture and ultimately her doctors recommended transfer to a South African hospital. In Johannesburg she had three additional operations including skin grafts and additional rods placed in her broken leg. She required transfer to a rehabilitation facility given the severity of her injuries and length of her hospital stay.

During her hospitalization in South Africa Ms. Holland reported having plain-clothes CIO visit her room looking for another Zimbabwean victim. She described fearfulness and insomnia from then on. "I had to sleep with the buzzer beside my head."

Ms. Holland described symptoms of numbing, insomnia, and hyperarousal. "I know I should be angry, scared but I can't feel anything." She appeared physically tired but alert and agitated. She was afraid to be left alone.

Ms. Holland began the interview by stating, "The MDC has finally realized if we shut our eyes, the world will go to sleep and we will all die." When asked if she planned to return to Zimbabwe she said, "I want to get well. I left my house to go to a prayer meeting. The worst would be if they beat me and I never went back."

The case of DR

DR is a 62 year old woman who holds a district-level administrative position in the MDC party. Approximately 1 week after the March 11 prayer rally, she was arrested along with approximately 10 other women while visiting her daughter who had been injured in the March 11th events:

We were ambushed and police started firing bullets into the air outside the house. We told the police we had come to see [my] injured daughter. Two young kids [who were in the vicinity] ran away and they beat up one young boy with bare hands. They were beating the kid up saying you should tell where the rest of the women live. We were forced into [a truck] and driven to the police station. Several attempted to jump from the truck and were beaten up. One woman fell on her face.

DR was taken to a police station without being given any explanation for their arrest:

We obeyed what they said, we were very afraid because the police had guns and batons. We were all put in a holding cell, 11 of us, two with children on our backs, there was no light it was dark. Some of the women who had been beaten up were crying...No one slept, we were sitting on the floor and there was nowhere to sleep.

She described being taken for interrogation one at a time and hearing the screams of other women before being taken in for her own interrogation. "They told us they would beat us and use electricity, the woman returned so badly beaten she could not stand on her own."

Of her own interrogation DR said:

After they could not get any information from me they began beating the bottom of my feet with a baton, I tried to escape by going under a table and they beat my back and bottom with a baton. They were accusing me of bombing one of the police stations and if I

didn't give enough information they were going to use electricity on me. I was very afraid and I thought I was going to die. It was extremely painful I could not walk on my feet I could not sit I was actually crawling when they ordered me to go back.

Three days after being arrested, DR and the other women were released with the assistance of an attorney who had previously been prevented from meeting with them (see Chapter VII). They were required to pay an admission of guilt fine, even though, "The police could not give a reason why we were arrested, just following orders."

DR was subsequently taken to a local clinic where she was treated for swollen, painful feet and lacerations on the back and buttocks. She said she could not sit or walk with swelling persisting for about a week. She continued to experience pain in her back and under her feet when walking. She also reported several weeks of crying and "constant fear they would come back" that has now subsided. She continued to have difficulty sleeping with occasional nightmares and flashbacks and frequent chest pain believed to be anxiety. She said, "There was one hole to use as a toilet and since then I have lost my appetite. My clothes don't fit anymore."

On physical examination over one month after her abuse, she had a resolving large bruise over the right buttock and bilateral tender soles of her feet with residual swelling. Her symptoms of acute stress had improved which she attributed to avoiding thoughts of the beating and relying on support from church. She remarked, "I feel very beat up because I was beaten up for no apparent reason."

Violence and the Funeral of Gift Tandare

Political violence continued at the funeral of MDC member, Gift Tandare, who was shot and killed by police at the March 11 prayer meeting. Several of those interviewed reported being victims of violence while gathering to attend his funeral.

The case of KP

KP, a male in his 20s who is active as a local organizer in the MDC Party, was one of the individuals injured following Gift Tandare's death. He was with a crowd

of people gathering outside of Tandare's home for his funeral when police arrived. "The police started beating people," KP told us:

As I tried to run away, I was shot in the arm. Another guy next to me was shot on the ankle. The police just arrived and didn't give any warning. They started hitting people with sticks and then started shooting and people started running away.

As KP fled the scene a bullet grazed his arm. He sought medical care and his wound was cleaned and bandaged. Subsequently, he returned to the home where the funeral was. "It was safer to go to the funeral than stay at home, because I know the police were already looking for me. I was scared to go home. I still don't go home."

KP described the following:

I went back to the funeral, the police came back late in the evening. Again the police started beating people and shouting 'What are you doing? Just go away.' So the people started running away. As I am starting to move, I just tried to run away. I was shot twice in the same arm. One of the bones was coming out of my skin.

KP had been shot a second time. He required several operations in the ensuing weeks. He continued to have significant weakness in the fingers of the twice-injured arm. Physical examination confirmed decreased strength and sensation in several of his fingers.

KP described frequent nightmares (1-2 times per week) about the events of his and Tandare's shooting. "I have nightmares about what happened, and when I am awake I think a lot about it. If somebody drops a bottle I jump and am easily startled." He said he slept on average only 1-2 hours per night. He appeared relaxed except when discussing the memories of being shot and chased, when he suddenly appeared withdrawn, tense and moody. His fluctuations in mood and reported hyperarousal were consistent with signs of PTSD.

The case of GK

GK is a male in his 40's who serves as a local District MDC organizer. He described being beaten while attending Gift Tandare's funeral:

The police came with a truck and I still remember there were police with guns and other with baton sticks. As they approached where we were, they started shooting into the people. I saw one man shot. He was running away. He was not doing anything to threaten the police in any way.

Many people ran away. For the approximately 20 who remained, GK described the following:

The police ordered us to lie down on the ground and started beating us. The beatings were so vigorous. They would hit the head and the chest, using police boots, baton sticks and gun butts. We were lying face down, and most of the injuries happened when we were lying down. The beatings continued for about 30 minutes. The police were yelling 'What do you want here?'

Over the subsequent days GK continued to experience pain, particularly in his left thumb, which he subsequently learned was broken and required surgery.

GK described difficulty sleeping and is haunted by recurrent memories and nightmares of his beatings. "I dream of bad things, those things that happened to me keep coming back."

I am very very sad, this is my own country. The government should be protecting me. If they are going to torture us you don't feel safe. Not at all. They come to your home. They come to your workplace. They come to your hospital. I feel sad every day. The injury on my thumb reminds me of the danger. I'm always looking to see if I'm being watched. I try not to think about what happened, but I can't help it.

On physical examination GK had multiple linear scars on his back, legs and buttocks consistent with the trauma he described. An x ray, which GK had in his possession, showed surgical clips in his left thumb, and an old fracture noted in the thumb.

Continued, Targeted Political Violence

Violence continued in the weeks following the events of March 11 and the funeral of Gift Tandare. Several individuals noted their perception of more systematic and sustained levels of violence continuing after March 11. One MDC leader, LG, who was arrested, on March 11 and severely beaten stated:

In the previous episodes, the government would react and then stop. But now it is systematic. They've got a list⁶ and they are following up so they will go to your own place even in the rural areas where you are. This time it's much more systematic. It's more thorough. They are leaving no stone unturned.

Before he was released 3 days later police warned LG to stop his political activities:

They said 'We know everything that is happening in the MDC. We know which meetings you have attended.' And they said 'If you are going to come back here for any other charge you will regret it.'

JT, an MDC member was arrested while attending the funeral of Gift Tandare, who was shot and killed at the March 11 prayer meeting. At the time of his arrest JT was hit by a police officer who shouted at him: 'You assholes think that (MDC President) Morgan will rule this country. We are going to finish you all.'

Any association with the MDC, real or perceived, meant the risk of assault or worse by police or other government operatives. Lawyers observed a shift in methods of detention and torture toward more frequent arrests, attacks on lower level rank and file members of the opposition, a more chaotic manner of detention including late night arrests and frequent transfers of victims from police station to police station, as well as numerous charges of terrorism. Otto Saki, an attorney with Zimbabwe Lawyers for Human Rights (ZLHR) noted:

What has been of concern to us as late, the acts of torture being carried out is systematic. The individuals becoming the victims of torture at first were the high profile individuals. And now they are going for the middle layer, the individual on the ground...If you are going to target the lower level key players, you are weakening the structure (of the

6. Reports of such lists have appeared in several on-line Zimbabwean news forums. Ncube B. Tsvangirai tops fresh hit list. *ZimOnline*. April 19, 2007. Available at: www.zimonline.co.za/Article.aspx?ArticleId=1246; Staff Writer. Exposed! Mugabe's hit list. *ZimDaily.Com*. April 5, 2007. Available at: <http://www.zimdaily.com/news/117/ARTICLE/1529/2007-04-05.html>.

political opposition). The core of the (MDC) party is not in the leadership but in the core structure.

At present you have all these acts of torture being carried out by the police and soldiers. It might even give ZANU-PF the excuse to say these things are being carried out in the day-to-day enforcement of security. To them it's a way of saying they wash their hands of involvement. That's our fear, within ZANU-PF. They try on state sanctioned violence and give that excuse that it is prosecution, but really its persecution.

On March 20, 2007, Harvest House, the MDC headquarters was raided by the police. CF, who is involved in political organizing in his province, was at Harvest House at the time of the raid:

They came in and took everyone who was there. About 300 people were arrested, including tenants there. We were taken to the Central Police Station in Harare and we were beaten thoroughly.

CF subsequently was able to escape, and fearing for his safety went into hiding. RP, who visited Harvest House shortly after the raid, described the following:

I went into Harvest House, and I saw all the destruction they had done there--destroying computers, destroying party documents. The doors in the office were all broken off. Everything was turned upside down, and they took whatever documents they saw there including birth certificates and passports. And then I learned they were looking for me.

They arrested most of the workers at Harvest House, many who are still in detention right now. And when they raided Harvest House, they arrested the MDC youth who were there and they beat them up at the Harare police station. And it is there that they alleged that some of the youth were being trained to make petrol bombs. That is what the police are saying and they have been forced to sign some affidavits that they are involved in terrorist activities in Zimbabwe. But we know it is false. These are being engineered by the police. And then from there, they started looking for me.

The following individual cases all took place during this period following March 11 and the Tandare funeral.

The case of FL

FL is a 25-year old man who is a member of the MDC and works in a shop. In mid-March he and about ten fellow employees were attacked by police while closing up.

We were about 7 boys and 3 girls, including the manager; they were riot police. We were trying to explain to them we were closing, we are at work, but they just didn't listen and were beating us with baton sticks, while others were watching us with guns.

FL believed he was attacked because his workplace is owned by an MDC member. During the attack, the police said, "We know people at your shops are MDC."

FL and several other employees were injured. "My nose was bleeding and my left leg had a wound, and my left hand was in severe pain." He reported that they were afraid to go to the hospital because they had heard CIO were looking for the injured at the government hospitals. He went home and did not return to work or seek medical attention for a week because he was afraid and it was painful to walk:

I was very afraid even up to now. The police told us if we told anyone the story they would track us down. So I didn't go for help until the 20th because I couldn't walk.

When FL finally saw a doctor he was found to have a broken hand requiring an operation to pin the bones. At the time of our evaluation, his right ankle remained swollen and painful. He appeared frightened and had large fading bruises on his upper left thigh and left calf. He had a raised healing scar on his left shin, his right ankle was tender and had limited range of motion due to pain. His hand remained in a bandage post-surgery. He complained of trouble concentrating, difficulty making decisions, fatigue, sadness and anxiety. He showed poor grooming, poor eye contact, and had evidence of ruminating, hopeless thinking indicative of depression.

FL concluded the examination by explaining that he couldn't decide whether or not to take his case to high court because he was afraid he would be brought to prison. He considered leaving the country to be the safest option.

Complicity of CIO, War Veterans, and ZANU-PF Youth post March 11

In addition to police, groups frequently cited as targeting individuals for political violence with impunity following March 11th included the Central Intelligence Organization (CIO), ZANU-PF war veterans, and members of the ZANU-PF youth.⁷ In many cases these groups were working directly with the police.

The case of VM

VM, a 45-year old male, is an MDC organizer in his District. Before March 2007, he was in good health without physical or psychological problems. On March 11, he traveled from his city to Harare to participate in the prayer rally. When he saw the violence there, he turned around and returned home. Several days later members of the CIO came to his home:

They knew who I was. They said come with us, they didn't say why. There were 4 of them. They took me to the (local) police station. On the way to the police station, they stopped the vehicle, they took me to the bush, and they beat me very hard all over my body, with fists and sticks and boots. As they beat me they said 'You are the one causing trouble. You cause the violence.' They said they know me as an MDC organizer. They hit me on my head and all over my body.

They had tied my hands with rope in the back of my arm when they stopped the vehicle. Then they put me back in the car, and drove to the central police in Bulawayo. When they put me in the cell they said they would sort me out. In the morning they took me to another office and they continued to beat me. I was lying down on the ground. There were 6 men and they were hitting me with baton sticks. They said they were beating me because I am a member of the MDC and that I had to resign from the party.

7. While members of organizations such as the ZANU-PF youth may wear characteristic uniforms, (e.g. ZANU-PF youth often wear green military fatigues and are thus known as "green bombers) community members in Zimbabwe are typically aware of political affiliations i.e. who is a member of which organization. This was confirmed in background interviews with members of nongovernmental organizations as well as in the interviews with victims of torture/political violence. When an individual was unsure of who their abusers were, this is stated.

Subsequently, VM was returned to a prison cell where he remained for 3 days and was then released. He was never formally charged with any crime. While imprisoned, he was given food, but did not receive any medical care for his injuries.

Abductions of the type described by VM were reported by 5 of the 24 victims interviewed for this report. All were known or suspected of being active with the MDC.

The case of PG

PG is a 31-year old male who is a local MDC party officer. PG had been arrested several times since 1999 because of his work as a local counselor for the MDC:

If anything happened in the area, I was arrested. Always when arresting you they are threatening and intimidating you and discouraging you from doing your political activities. Sometimes they would say 'You will die for nothing, you are too young, why don't you pursue your private life and get out of politics- it is a dangerous game.' This was said to me by the police. Sometimes I was beaten but not too badly.

PG was abducted in late March after attending Gift Tandare's memorial service:

I was in my friend's car and we decided to stop at a local shopping center. My friend went out and was looking for some things. When he came back, we saw a group of men in civilian clothes surround our vehicle, and they were calling out my name. They knew who I was. Then they forcibly removed me from the car. There were about 10 men in plain clothes. I tried to resist, but eventually I was overpowered. They grabbed me and threw me in the back of a truck. Then a number of them jumped into the truck. Immediately I was blindfolded. From then, they drove away. I didn't know where I was going because I was blindfolded.

On our way to the destination, they were interrogating me. They wanted to know any information about the MDC, what we were planning, what was my position. They threatened me that I must give me as much information as I could, otherwise, they were going to kill me. Then they tied a string on my penis in the car. When they wanted me to speak, they would pull the string so I could feel the pain, and then I would cooperate. Then we stopped. They changed the vehicle, and they stopped again, and put us into another vehicle. And eventually, they stopped it. And removed me from the car, and

made me lie down on the ground. At that time I didn't know where I was-I was blindfolded and my hands were tied. They removed all my clothes, I was naked except underwear.

They asked me 'Do you want water?' I said yes, and then they started urinating in my mouth and all over my body. One of them was claiming he fought for this country and he was accusing us of being agents of imperialists-that we wanted this country to be colonized again. Then they started to beat me all over the body. I don't know with what because I was blindfolded, but I suspect wooden sticks or iron bars or baton sticks. They beat me all over, my back stomach, and legs,-particularly my left leg. I don't think they kicked me. They were just using those weapons. I started shivering. When I started shivering they stopped beating me. I suspect they thought I was dying. While beating me, they made the same accusations- 'You are an imperialist and you want this country to be colonized. You want ZANU-PF to be removed from power.' And they also were asking 'why did I attend the memorial service of someone I was not related to?' They threatened me that I was not to do MDC work. They asked me if I have children and a wife. They threatened that they would go and kidnap my children if I did not cooperate. They asked me if I loved my family. I said yes. They said if you love your family then you must cooperate with them. Because if I don't do that, they will do harm to my family. So when I started shivering, they left me. They thought I was dying. Then one of them left and removed the blindfold cloth, and this time blindfolded me with tape, and then they went away.

They said 'Your party is not going anywhere. You are wasting your time, because by the election time, there won't be any MDC to talk about and that you will be dead.'

After 20 minutes or so, when I couldn't hear their voices, I was able to untie my hands, and then removed the tape. Then I tried to stand up, and I couldn't. That's when I realized I fractured my left leg, because I couldn't walk with it. Luckily enough there was a wooden stick nearby. I used that wooden stick to walk slowly and I arrived at the nearest road. I was feeling weak, and I sat down.

PG was eventually assisted by a passerby and went to a medical facility for care. An x ray showed a fracture on his left leg and a cast was put on. While PG had not experienced further threats as of April 2007, he continued to be very frightened:

The other day there were some guys claiming to be police [they were not in uniform] visiting my neighborhood. They were looking for another guy there and wanting to arrest him. So when I saw this it reminded me of my experience and I felt unsafe, that maybe they would come again to me.

The case of MS

MS is a 39-year old male with no physical or psychological problems prior to March 2007. He is a local youth organizer for the MDC, as well as an active member in a local community group, the Combined Harare Residents Association (CHRA). On March 11 he was on his way to the prayer meeting in Harare. "I met some ZANU-PF youth and they started pointing at me, and we ran away." He learned that individuals unknown to him had been coming to his home at different hours of the day and night. "From then, I have been living a life of moving from one place to another. I haven't been sleeping well."

Near the end of April, MS went out with a friend to buy food. At the time he was wearing a CHRA T-shirt. Several men in civilian clothing approached him and said, "We have been looking for you." He was forcibly taken to a local ZANU-PF office:

They started beating me. They were saying 'Why are you putting on these T-shirts for an organization that is an arm of the MDC?' They were beating us everywhere with baton sticks. And they knew my name and where I stayed. And they said we are only waiting for the time. And they beat us everywhere. I don't know what happened--I collapsed. I had a cut on my chin and they broke my arm.

Subsequently MS was forced to swim in a nearby pool of dirty green water that he believed was overflow sewerage:

They would beat us, make us swim in the water, then bring us back to the office and beat us some more. This happened 3 times. I got the most beatings, I was their target. They beat us everywhere. As they beat us they said 'We are going to stop all of these small organizations--and if we can beat Tsoangirai, we can beat you.'

MS was accused by his captors of participating in petrol bombings of police stations, which he denied. He was asked about future targets. "I told them I don't know anything about it. But when you refused, they

beat you more. They took the other guy's cell phone and were searching in the cell phone and calling the numbers, but they were all business numbers." MS was also forced to sing ZANU-PF songs while he was being beaten. After being beaten on the soles of his feet he was forced to jog in place. "The floor was mixed with blood and water. They made us use our T-shirts to clean that up, and then put them back on. It was quite humiliating."

After approximately 4 hours they were released:

They said, 'We are releasing you but if anything happens we will be coming back.' They asked me how much I was being paid by the MDC? I said it is for the love of the country I want to be free. They said they would destroy the MDC. They said, 'Soon all of you will be gone. All of these opposition groups will be gone, we are going to destroy them.'

After I was released, I went home because I was bloodied all over. I was feeling cold all over my body. I hurt all over, especially under my feet and my left arm-I couldn't move it. I couldn't walk. I was walking on tip toes because of the beatings on the bottom of my feet with baton sticks.

Subsequently, MS sought medical care, and was found to have a fractured left arm. MS continued to experience pain in his arm and feet. On physical examination MS had several linear scars on his back, each approximately ½ centimeter wide, consistent with his report of baton beatings. There was diffuse ecchymosis (black and blue marks) over his buttocks bilaterally, consistent with having suffered recent beatings there.

He also described experiencing a number of psychological symptoms:

Sometimes I wake up in cold sweats, nightmares, as if I am fighting people. I have nightmares they are coming to take me away. If I am asleep, I hear cars passing, or even if someone is walking here, I get frightened and wake up. And I switch off the light. I am afraid they will come for me here.

MS was easily startled. "I try to get my mind off by reading a lot, but even if I read a story which is violent it jogs my memory. I try very hard not to think about it. I push it away."

Increased Harassment and Fear post March 11

State-sanctioned political violence against individuals perceived as critical of the ruling authorities in Zimbabwe pre-dated the events of March 11, 2007. Such individuals described increased fear after March 2007, even if they have not been victims of violence since then.

The case of ER

ER, a 42-year old teacher from Bulawayo who holds no formal position with the MDC, was harassed in 2006 because of a writing assignment he gave his students:

I wrote a comprehension passage for the students, where I described how the main lion is eventually kicked out of the pride. The reason is that his muscles will be weak, his teeth will be worn out, but the voice remains sharp.

While he did not refer to President Mugabe specifically, the Central Intelligence Organization called him in for questioning about why he was being critical of the President. Subsequently, local leaders fired him and he was instructed to leave the district. He then moved to another district, where he again began teaching:

Two men came to the school where I was teaching. They identified themselves as being from the CIO. They said 'Let's go to the police camp,' which is 30 km away.

We started walking, and when we reached an area of thicket and bushes, they said, 'Let's go there and take a rest.' And we left the road into the bush, and that's where they had their torture instruments. They had a bag with water, and big plastic ring, and batons.

They beat me up very badly with their fists and batons. They kicked me. They said 'Tell us what you are doing with the MDC.' And then I said nothing. And so they said 'Now we are going to make you talk.'

And they put salty water inside a plastic bag. So one opened it and said, put your head inside. I was leaning, so I did that. And then they put the plastic thing around my neck, and then up so the bag with the water was on my head. I couldn't talk or breathe. Each time I would fall down, they would beat me very hard on the feet-my shoes were off. I swallowed a lot of water. Because each time you feel the pain you scream. When they removed

the bag, I was choked and felt weak. They said 'We know what you have been doing. We are going to get you and get you to talk.' So I was almost unconscious and then they left.

I woke up during the evening. I tried to walk, but I could not walk, because my feet were sore, and so I had to crawl back to school where a friend, another teacher, took me to hide me. So I stayed there for a week. I was in pain all over. I was coughing. I was bleeding.

Fearing for his safety, ER went into hiding. He learned that CIO agents repeatedly came to his house looking for him:

The same plain-clothes men kept coming to my house and asking my wife where I was, she said she didn't know, that maybe I was dead. She said they threatened to take her. She said, 'Who will take care of the children?' so they left her.

At the time of our evaluation, ER had fled to South Africa out of increased fear following the events of March:

I was in hiding during March because I was still suffering from the beatings in December. So I was in hiding because they were looking for me and are still looking for me. I would have come earlier but I had no money. I was sick from the beatings. It has taken several months after the beatings to regain my strength.

The case of RC

Other individuals who had not been tortured or beaten since March 11 described direct threats to either themselves or their family.

For example, RC, a 35-year old male active in local MDC political activities, had been arrested and briefly detained several times prior to March 11 for his political activities. He was not beaten during these arrests, except for once in 2002, when he was beaten on his back and head by police with sticks and gun butts. Since then he has suffered from chronic backaches and headaches.

Following the March 11 violence in Harare, RC helped to organize a rally in his city:

We had about 400-500 people marching. And the message was put across clearly. They were singing. We were carrying signs saying 'Mugabe must go now, please

release our president' (referring to the arrest of Morgan Tsvangirai).

Signs also called for access to medications, access to lawyers for those arrested, and the repeal of the Public Order and Security Act.⁸ Then RC went to another district near Bulawayo to help organize another group of protesters:

Before we even started, the police started beating. There were about 50-60 people there. A truck full of police came, maybe 20-25, and they started beating up everyone. Anyone they could see they were just beating up. I didn't get hit myself at that time. So we dispersed.

He later learned that the same thing had happened in a nearby town:

The police started beating people and were using water tankers. Because of the escalating violence, a decision was made to stop the protests. We feared all the people going to work, school children and old people would get beaten up.

RC then learned that the police were looking for him:

I got a call from my wife, she was at the house, and she told me plain-clothed policemen were at the house and turned it upside down, taking all of my personal documents and documents related to the party, and my photos. And she was asked where I am. She told them I had gone out of town on business. So that night I did not return home. The following morning I phoned my house, I was told the same people but more in numbers came back at 4 am, and then they still asked where I was, and my wife was pushed around, and they told her that the next time that they come and I am not there that they will pick her up.

RC's wife went into hiding as well:

So that morning she went to my parents in another district. And they [the police officers] came back again at 8am. My wife had already left. So they picked up my brother and tried to intimidate and threaten him. They put him in the car, drove approximately 1 kilometer, and then told him to get out. He wasn't beaten. From then, I did not sleep at my house.

8. POSA, signed into law in 2002, declares it is illegal, among other things, to have a gathering of more than 2 people. (see http://www.hrforumzim.com/special_hrru/Special_Report_4_2002%20Election/SR_03.htm)

RC learned that the police were continuing to look for him and that he was reportedly on a “death list.” He has remained in hiding ever since. He described feeling very sad and having difficulty sleeping. He blamed himself for the problems that he has caused his family.

Hardship and Fear for Zimbabwean Refugees in South Africa

Fearing for their safety, several of the Zimbabwean victims of political violence we interviewed had fled to South Africa after March 2007. Noted SP, who was tortured after the March 11th prayer rally:

If I go back they will definitely arrest and torture me. [Zimbabwean authorities] started making false allegations and arresting our leaders. Fortunately, they didn't catch up with me... They came to my house. I think they were trying to remove the bridge between the leadership and the grass roots. They don't want us to campaign, so they use that trick to make us flee.

VM an MDC member who was imprisoned and tortured in Bulawayo after returning from the March 11 prayer rally in Harare said:

I decided to leave because I was living a very hard life. I was afraid they were going to come back to my house and kill me. Because they [CIO Officers] promised me if I continue with my party, they are going to kill me. That's why I decided to come to South Africa.

While these individuals reported feeling safer in South Africa, they feared deportation back to Zimbabwe. Furthermore, the Zimbabwean refugees encountered many difficulties upon arrival in South Africa. They cited problems with obtaining refugee status or political asylum; problems with attaining adequate food and shelter; and difficulty obtaining necessary healthcare.

LG, who fled after being arrested and beaten at the March 11th prayer rally summed up his experience in South Africa:

It's difficult here. It's difficult to find somewhere to sleep. It's difficult to find food. We have no shelter. It's difficult to secure asylum papers. And while you move around there is a risk the police could arrest you and deport you. [But] if I were sent back to Zimbabwe I would be butchered.

Noted ER: “Identification is a problem here. I always feel afraid that the police might arrest me.”

Estimates of the number of undocumented Zimbabweans living in South Africa are uncertain and range from several hundred thousand to two million.⁹ While most Zimbabweans in South Africa are believed to have left Zimbabwe for economic reasons, many have fled political violence and persecution.

According to Zimbabwean advocacy organizations the influx of Zimbabwean refugees always increases during periods of crisis. Joyce Dube, director of the Southern African Women's Institute for Migration Affairs (SAWIMA) a referral center for Zimbabweans in Johannesburg, told us:

All the people who came here in March are torture victims. We send people to Zimbabwe Torture Victims/Survivors Project (ZTVP) (a counseling and medical referral service for trauma victims) every day... In March and April we got 15-20/day – double what we had seen in previous months.

According to one human rights advocate:

People are being persecuted. [They] are likely to come into the Diaspora because of the persecution and can't go home because of the fear of torture. The fear of torture is real and the world can anticipate a new wave of victims of torture and political violence fleeing Zimbabwe. There is a need for that to be recognized by receiving countries – the high risk of being tortured if they are repatriated.

Zimbabwean victims of political violence and refugee advocates described difficulties applying for political asylum or even obtaining identification. Ms Dube from SAWIMA explained:

The Department of Home Affairs has its own problems. They [Zimbabweans] will stay a long time before they are interviewed...and during that period while they're applying they have no status. First, to get access to a temporary permit, I know someone who was in line for 4 days. To get the status is 4, 5, 6 years or even more. It's unpredictable.

Such delays and difficulties are the result of an inadequate and overwhelmed system in South Africa.

9. Wines M. Influx from Zimbabwe to South Africa Tests Both. *The New York Times*. June 23, 2007. Page A1.

In 2006, for example, of the more than 53,000 new applications for political asylum submitted to the Office of Home Affairs, only approximately 5,000 were processed.¹⁰ Of these, approximately 800 were accepted for refugee status at the first stage. By far the greatest number of new applications were from Zimbabwe-nearly 19,000. Of these, fewer than 2,000 were processed and only 103 were granted political asylum.¹¹

One Zimbabwean refugee who had been in South Africa for several years said:

I had all of the documents of torture. But still I was told unless war is declared there is no way you can seek asylum. After 3 years of waiting, in late 2005 I was rejected... I was given a few days to leave the country... I was ultimately granted refugee status.

According to a June 23, 2007 report in the New York Times, approximately 4,000 Zimbabweans are deported per week.¹² One human rights advocate described the stress of this existence:

Even when people flee to South Africa for safety, the asylum process, which is the process you go through to become a recognized refugee in South Africa, takes a long time – often years, and you are not a refugee yet – you are a citizen in limbo. And when you are in limbo you are at risk of arrest.

Zimbabwean Refugees interviewed in South Africa described difficulties obtaining basic needs. RC, who fled leaving behind a small shop in Zimbabwe, said:

Things have been really tough for me in South Africa. My life standard just changed all of a sudden. Back home I had a nice house, but now I share a bed-just a bed with 4 guys. All my energy here is looking for food and accommodation. You are not yourself. As much as I want to go back, going back would be the end of me.

In contrast to those who flee for economic reasons, refugees fleeing violence tend to arrive less well

10. Consortium for Refugees and Migrants in South Africa. *Protecting Refugees and Asylum Seekers in South Africa*. Pretoria, South Africa: June 19, 2007.

11. Wines M. Influx from Zimbabwe to South Africa Tests Both. *The New York Times*. June 23, 2007. Page A1

12. Ibid.

prepared and in need of more services. Ms. Dube from SAWIMA noted:

When we started we realized there are 2 kinds of victims: economic migrants, and political victims. The economic migrants plan to come to South Africa, they get a job, make money, and they go back and forth. They are prepared to come and have saved up money and are prepared to be in this country. Unlike asylum seekers – it's hard for them because they come with nothing. They are running away. For them to live in South Africa is very tough.

Ms. Dube and others working with Zimbabwean refugees agreed that South Africa does not adequately support them. "There is no access to humanitarian assistance when they first arrive," Ms. Dube said, "They have no food or clothing."

NF, a local MDC organizer, fled after ZANU-PF operatives visited her home two days in a row and she returned to find her phone lines cut. Friends advised her to go to South Africa, but she had never been there before. She left the next day and tearfully described the journey:

I was always praying, "God please keep me." I was wearing tennis shoes. They were torn, I finally threw them away. My feet were in pain and swollen.

She arrived in Johannesburg with "only the dress I was wearing" and a 1500 Rand debt for transport. She has not had any communication with her husband because the phone line to her house was cut before she fled. She is staying with a friend but faces many hardships:

I am starving. At times I don't go to the bathroom for weeks because my tummy doesn't have anything. The place where I stay is very cold at night so I can't sleep. I don't have blankets. I am wearing the dress I have on.

But she said, "I really am very afraid to go back to Zimbabwe. They will kill me."

WB also decided to leave quickly after having been forced to remain in the military and subjected to torture for refusing to participate in pro-ZANU political activities. He was stationed near the border:

I told myself this is the chance for me to go and I left. I went by river. I don't know how to swim but I crossed.

Then I managed to get a taxi and I went. I never paid for it. The guy now needs his money and I don't know what to say.

Dolores Cortes from ZTVP said traumatic entry is a common experience:

How they enter is under fences, swimming through rivers. Women are raped, stripped of their belongings. The trauma is quite severe. They already come into South Africa traumatized. The flight is traumatizing and the difficulty of surviving in South Africa – makes it difficult to cope.

At the time of our visit, the Central Methodist church in Johannesburg was housing several hundred Zimbabweans per night, many of whom slept in the hallways and stairwells. They had to vacate the building by 6:00 in the morning.

For the few who find work, labor abuses are common. Most received intermittent wages of 40-50 Rand per day, far below a living wage. Ms. Dube, Director of SAWIMA explained:

There are labor abuses. People are underpaid. Asylum seekers are underpaid... or not paid at all. The restaurant owners will threaten to turn them in.

Refugees in South Africa are guaranteed protection under both domestic and international law including the South African Constitution¹³ and the United Nations Refugee Convention.¹⁴ Several Organizations, however, have raised concerns about South Africa's failure to ensure adequate protection of refugees. For example, a November 2005 report by Human Rights Watch noted:

These legal guarantees have not been fully put into practice by those South African institutions responsible for the protection and promotion of these rights. Although South Africa now has in place a good formal legal regime for the protection of refugees and asylum seekers, serious flaws remain in its implementation...The inability of the Department of Home Affairs to process asylum applications within the legally stipulated six-month period has resulted in prolonged insecurity for asylum seekers, in some cases for up to five years.¹⁵

A June 2007 report issued by the Consortium for Refugees and Migrants in South Africa concurred:

The country's legislative framework and moral commitments have not been supported by the necessary human and financial resources needed to offer basic protections to asylum seekers and refugees.¹⁶

13. South African Constitution, Act. No. 108 of 1996.

14. 1951 Convention relating to the Status of Refugees, 189 UNTS150; and the 1967 Protocol Relating to the Status of Refugees, 606 UNTS 267.

15. Human Rights Watch. *Living on the Margins: Inadequate Protection*

for Refugees and Asylum Seekers in Johannesburg. November 2005. Available at: <http://hrw.org/reports/2005/southafrica1105/>

16. Consortium for Refugees and Migrants in South Africa. *Protecting Refugees and Asylum Seekers in South Africa*. Pretoria, South Africa: June 19, 2007.

VI. PHOTOGRAPHS



Victim of Assault (BA) by ZANUPF Youth. Multiple linear markings are present on his back, many of which are parallel to one another and approximately the same width. This is highly consistent with the history of beatings reported.



Right arm of individual (KP) shot by police at funeral of Gift Tandare. KP suffered fracture and nerve injury as a result of gunshot wound.



Infected leg wound resulting from injury caused by beating by police while in custody. The infection likely worsened as a result of unsanitary prison conditions under which the individual (CJ) was held and delay in access to appropriate medical care.



Large ulceration on head resulting from beating. After being stopped by police at a checkpoint on March 11, 2007, this individual (YD) was turned over to men in civilian clothing, who brought him to a location where he was beaten interrogated about his political activities, including being beaten on head.



Dr. Allen Keller and Dr Samantha Stewart interviewing MDC Leader Sekai Holland in her hospital room in Johannesburg South Africa. Ms. Holland suffered multiple fractures and other injuries as a result of severe beatings she suffered by Zimbabwean police on March 11 2007.

VII. HEALTH CONSEQUENCES OF TORTURE AND POLITICAL VIOLENCE IN ZIMBABWE

Torture and political violence can have devastating health consequences—physical, psychological and social—for the individual victim, his or her family, and the broader community through fear and intimidation.¹ All 24 of the Zimbabwean victims of torture and political violence evaluated for this report had corroborating physical and psychological evidence of their abuse. All continued to suffer from substantial and often debilitating symptoms caused by their abuse. They complained of persistent headaches, backaches and difficulty walking secondary to beatings. Physical examinations revealed festering wounds from being kicked or hit with the butt of a gun; scars on victims' backs and buttocks from being whipped, and broken arms and legs. The psychological symptoms were severe and potentially more enduring. They were haunted by recurrent, terrifying memories of their torture. They suffered from ruminating thoughts and intrusive flashbacks during the day, and insomnia and frequent nightmares at night. Those who were in hiding or had been forced to flee the country were especially likely to describe profound sadness and hopelessness.

According to a recent report by Zimbabwe Association of Doctors for Human Rights (ZADHR) and Zimbabwe Lawyers for Human Rights (ZLHR), 325 individuals sought medical treatment for injuries sustained through torture and political violence during March 2007, more than double the number typically seen, and with the injuries sustained far more severe.² Zimbabwean Human Rights Organizations speculated

1. Basoglu M, Paker M, Paker Ö, Özmen E, Sahin D. Factors related to long-term traumatic stress responses in survivors of torture. *Journal of the American Medical Association*. 1994;272:357-363. Quiroga J, Jaranson J. Politically motivated torture and its survivors: A desk study review of the literature. *Torture*. 2005;15:1-112. Piwowarczyk L, Moreno A, Grodin M. Health care of Torture Survivors. *JAMA*. 2000;284:539-541. Jaranson J, Popkin M. *Caring for Victims of Torture*. Washington, D.C.: American Psychiatric Press; 1998. Keller A, Saul J, Eisenman D. Caring for Survivors of Torture in an Urban, Municipal Hospital. *J Amb Care Mgmt*. 1998;21:20-29.

2. Zimbabwe Lawyers for Human Rights, Zimbabwean Association of Doctors for Human Rights. *A Brief Report of Human Rights Violations in Zimbabwe since March 11 2007*. Submitted to the African Commission on Human and People's rights, May 2007.

that there may have been many more victims who were not identified:

*During this fateful period it is possible that a large number of other cases of gross human rights violations went unreported, as the victims did not approach legal practitioners or medical practitioners for advice or medical attention.*³

Among the victims of torture and political violence who did present for evaluation and treatment, ZADHR reported significant morbidity including frequent soft tissue injuries, fractures, gunshot wounds and head injuries. More than 50% of the victims demonstrated severe psychological distress.⁴

The different dimensions of health—physical, psychological and social—are interrelated and can exacerbate one another. For example many of the individuals interviewed described musculoskeletal pain as a result of beatings. Such physical symptoms often triggered psychological symptoms such as disturbing, recurrent memories of their trauma. Psychological symptoms such as flashbacks often invoked palpitations (i.e. the sensation of the heart beating fast) or somatic symptoms (i.e. without an explanatory physical basis) including stomachaches and headaches. Finally, many victims also felt generally distrustful and socially isolated, which in turn escalated feelings of sadness and hopelessness and at times prevented them from accessing adequate medical or psychological assistance.

Physical Health Consequences of Torture/Political Violence

Individuals interviewed for this report described being subjected to a number of different forms of physical torture. The most commonly reported form of physical torture or abuse was beatings. This included beatings with fists and kicking with boots, as well as beatings with objects (shambocks, whips, gun butts). One particularly common form of torture repeatedly described was “falanga,” or beatings on the soles of the feet.

Following his arrest on March 11, LG one of the organizers of the March 11 prayer meeting, described the following:

3. Ibid.

4. Ibid.

They were using baton sticks. They would hit the buttocks, they would hit under the feet-they would remove your shoes and beat you under the feet. And they were saying as they beat us, 'You are refusing to obey police orders. This is not the first time you are here. You are now becoming a nuisance to the State-you want to remove the government.'

In several cases the distinct imprints of the torture instruments used were present at the time of evaluation. This included backs riddled with linear markings from whips or the outlines of clubs. Scars with indentations on legs from being kicked or on the head from being hit with the butt of a gun were present. Physical examinations also revealed scars from gunshot wounds and knife injuries in several individuals evaluated. Neurological findings such as decreased motor strength, decreased sensation, and perforated ear drums were clearly identified. Many individuals had x rays that showed fractures. At the time of the evaluation, some also wore casts from fractures due to beatings or falls while being attacked.

YD, who was arrested and repeatedly beaten with foreign objects, including batons, had several linear scars on his back that were likely caused by the same instrument. This is indicated when groupings of scars have similar shape, depth and degree of healing. YD had several well-demarcated scars on his leg with atrophic changes (i.e. the skin was thin and shiny in these areas) consistent with a history of experiencing blunt trauma. Most notably he had a large open ulceration on the left side of his head, consistent with his report of being struck on the head, knocked unconscious and awakening covered in blood with a large wound on his head. Subsequently YD fled to South Africa, but at the time of our evaluation had been unable to receive adequate health care for his injury (see Chapter VII).

BA, a local MDC organizer suffered a broken arm in mid-February when he tried to block the blows of police who beat him at a rally he was helping to organize in his district. He was cared for at a private medical clinic where his arm was placed in a cast. In late March, BA was abducted from his home by ZANU-PF youth.

They started assaulting me one by one. They were using shambocks, iron bars and sticks and at times they were using fists saying, 'You've got to tell us your MDC structures. We want to know who petrol bombed police stations. If we can beat Tsvangirai why can't we beat

you? You must go with us and show us where others live.' They were using stones to try to crack and remove my cast.

BA lost consciousness after being hit on the head and was subsequently left naked on the side of the road outside of Harare. "I was covered, soaked with blood. I had great pain all over." BA heard his captors as they left him saying "Just put him by that tree. I think he's dead." BA subsequently was cared for at a private clinic where he was admitted for 2 weeks. His broken cast was replaced. He also received treatment for an infected wound and hemorrhage in one eye.

At the time of evaluation, BA's right arm remained in a cast. He had more than 20 linear scars across his back and on his arms, many parallel to one another and all approximately the same width-likely resulting from repeatedly being struck with the same object. He had raised, healing, circular scars on his chest, shoulder and shin. He had superficial hypopigmented (ie. lighter than the surrounding skin) scars on his left forearm and shoulder. All of these findings were highly consistent with the events he described.

Other physical forms of torture/abuse reported included being shot; stabbed with knives and sharp objects; forced contact with urine, feces, and sewage; electrical shocks; and withholding of food and water.

JT was deprived of food for two days:

I was dehydrated by that time. My mouth was dry, I asked for water. They blindfolded me. They told me to open my mouth and I could smell and taste a bitter liquid that they poured in my mouth, and it was warm, I think it was urine.

All 24 individuals, continued to suffer from significant physical symptoms including chronic back and muscle pain, weakness, difficulty walking, neurological symptoms such as dizziness, unsteady gait, weakness in arms and legs from nerve damage caused by beatings, stabbings or gunshot wounds, and chronic headaches, dizziness and difficulty hearing as a result of beatings on the head. Such symptoms may resolve after a few weeks, but are often chronic, or may even result in permanent disability.

LG, continued to have weakness in his left hand caused by a beating by police 6 months earlier. The beatings during his more recent imprisonment continued to cause persistent pain in his feet. After

his release from prison, JT continued to experience headaches and dizziness, which likely resulted from being beaten on his head. His feet continued to hurt after walking long distances. Many of those who sustained injuries have experienced persistent pain that was aggravated by delayed or inadequate access to healthcare. The impact of physical injuries and difficulties accessing health care continued to be a problem for the Zimbabwean victims we interviewed who had fled to South Africa as well (see Chapter VII).

Psychological Effects of Torture and Political Violence

Torture and political violence can have severe and long lasting psychological consequences.⁵ Zimbabwean victims interviewed were subjected to a variety of psychological forms of torture, including verbal abuse, threats to themselves and their loved ones, and humiliations such as being forced to undress or drink urine. It is clear that physical forms of torture can have psychological consequences as well.

All 24 of the individuals interviewed continued to suffer from significant psychological symptoms resulting from their abuse. Many met diagnostic criteria for depression, anxiety and post traumatic stress disorder (PTSD).

Exposure to both direct and witnessed violence raises levels of psychological distress.⁶ The psychological response to trauma and torture most commonly manifests as symptoms of depression, anxiety, and PTSD. The most commonly reported psychological symptoms included recurrent, intrusive thoughts, memories or nightmares; constant feelings of being on

guard; difficulty sleeping; and “re-experiencing” i.e. feeling as though the event is happening again (see Table 4). Many individuals suffered from PTSD, based on clinical interviews and psychological testing. More than ¾ (76.4%) of those who completed the PTSD portion of the Harvard Trauma Questionnaire (HTQ), which measures symptoms of PTSD, scored above the cutoff for clinically significant PTSD. On the Hopkins Symptoms Checklist (HSCL) which measures symptoms of depression and anxiety, nearly 90% of individuals who completed the questionnaire had clinically significant symptoms of depression and 83% had clinically significant symptoms of anxiety (see Table 5).

CJ experienced symptoms from several of these categories:

I still have the memories of what happened. Especially when I see police I am afraid. I have nightmares nearly every night about what happened in the police station. I am crying. Whenever I hear footsteps outside, I feel scared and I jump. When I was in the cells, I felt the death spirit. That thought still comes back to me.

In clinical interviews, many victims manifested signs of depression such as slow speech, downward gaze, slumped posture, tearfulness, and describing feelings of profound sadness. They also exhibited signs of anxiety such as trembling, hand-wringing, and fidgeting. Physiologic hyperarousal during the retelling of events--characteristic of PTSD--was marked by leaning forward in the chair, widened stare and scanning the environment, increased rate of breathing, disorganized and increased rate of speech, and increased tendency to startle and describe memory with exquisite detail.

Many of the individuals exhibited evidence of Common Mental Disorders (CMD's). CMD is the internationally accepted term for symptoms of depression and anxiety that clearly interfere with coping, productivity, and recovery. CMD's may also manifest as physical symptoms without physiologic basis such as body aches, headaches, dizziness, insomnia and poor appetite.

At least four of the individuals interviewed were receiving medical treatment for insomnia, anxiety, or depression. One reported significant problems with alcohol since his first episode of torture. Three of the individuals who had fled to South Africa were receiving professional counseling. Several others who would have benefited from psychological or psychiatric treatment did not have access to such services.

5. Jaranson J, Popkin M. *Caring for Victims of Torture*. Washington, D.C.: American Psychiatric Press; 1998. Keller A, Gold J. "Survivors of Torture." In: Sadock B, ed. *Comprehensive Textbook of Psychiatry*. B Sadock, V Sadock, eds. New York: Lippincott Williams and Wilkins; 2005:21. Keller A, Lhewa, D, Rosenfeld B, Sachs E, Aladjem A, Cohen I, Smith H, Porterfield K. Traumatic Experiences and Psychological Distress Among an Urban Refugee Population. *J Nervous and Mental Disease*. 2006;194:188-194.

6. Eriksson CB, Kemp HV, Gorsuch R, Hoke S, Foy DW. Trauma exposure and PTSD symptoms in International Relief and Development Personnel. *Journal of Traumatic Stress*. 2001;14:205-212. Cooley-Quille M, Boyd RC, Frantz E, Walsh J. Emotional and behavioral impact of exposure to community violence in inner-city adolescents. *Journal of Clinical Child Psychology*. 2001;30:199-206.

Many of the interviews took place approximately one month after the traumatic event. This is an important cutoff mark for diagnosing acute stress disorder versus a longer lasting post traumatic stress disorder. Acute stress disorder describes dysfunctional reactions that occur within one month of a traumatic event. Post traumatic stress disorder describes an impaired state that persists for longer than one month after exposure to trauma. An acute stress reaction predicts an increased likelihood of a more prolonged post-traumatic stress reaction.⁷ In some cases depressed or post-traumatic symptoms do not emerge until well after the event. Both are more likely to emerge with repeated exposure to stress or trauma.⁸ The psychological signs and symptoms observed during our interviews represent an early phase of the response to trauma that may improve in some cases and worsen in others.⁹

Depression

Depression is a common psychological reaction to traumatic events such as torture, displacement, and chronic stress.¹⁰ Depression is defined as a low mood that persists for longer than two weeks. Common symptoms of depression include changed sleep, appetite, and energy levels; slowed thinking and movements; difficulty with motivation, interest or enjoyment of regular activities; and guilty, hopeless, or even suicidal thoughts. Symptoms may vary in severity and number, but all interfere with day-to-day functioning and recovery from trauma.

The Zimbabwean victims of torture whom we interviewed manifested many symptoms of depression. Many had poor eye contact, slumped shoulders, downward gaze, and slowed or quiet speech that are consistent with the loss of energy, lowered self-esteem, and psychomotor retardation seen in depressed patients. A few had lost interest in personal grooming and appeared disheveled and unkempt. For example, FL, a previously healthy young

man, rarely looked up during the interview that took place approximately three weeks after he was beaten by police while closing up at his workplace. He moved his limbs slowly and heavily and appeared not to have washed his clothing or body. The bandage around his left hand was dirty and partially unraveled. He peeled dirty, foul-smelling socks off his feet to reveal injuries near his ankle.

Nearly all of the victims described poor sleep. This ranged from difficulty falling asleep due to fearfulness or ruminative, anxious thoughts; to waking frequently with nightmares; to spontaneous early morning awakening that are highly characteristic of depression. Many described decreased appetite and weight loss. For example, CJ had lost 10-15 kilograms. Many described their clothes as ill-fitting due to significant weight loss.

The victims interviewed also showed evidence of the cognitive effects of depression. For example, FL described difficulty making decisions, asking the interviewer "What should I do?" Several victims described being plagued with guilt and worry about the impact on their families. YD told his story in a disorganized manner demonstrating his difficulties with concentration.

The most predominant evidence of depression was the sad mood described by almost all of the victims interviewed. NF wept during her interview. LR had a pinched frown throughout the interview. FL had sad-appearing eyes and held back tears. BA's expression was flat and deadened even when describing emotional experiences. NT put it simply, "I feel sad every day." In the cases of CJ and ER, the depressed mood included thoughts of death described as the "death spirit" and dreams of dying. None of the victims interviewed described thoughts of suicide, but many described feeling hopeless and having given up, with statements like BA's: "I've got nothing. Everything was taken."

Post Traumatic Stress Disorder (PTSD)

PTSD is characterized by hyperarousal (e.g., irritability, poor sleep, and hyper vigilance), numbing and avoidance, and re-experiencing of a traumatic event. The following testimonies illustrate the presence of these symptoms in those interviewed for this report:

1) Symptoms of hyperarousal such as irritability, poor sleep, and hypervigilance

7. Classen, C. et al (1998) Acute Stress Disorder as a predictor of posttraumatic stress symptoms. *American Journal of Psychiatry*, 155, 620-624.

8. *Ibid*

9. Shalev et al. 1998 Prospective study of posttraumatic stress disorder and depression following trauma. *Am J Psychiatry* 155:630-637.

10. Kendler et al. 1999 Causal relationship between stressful life events and the onset of major depression. *Am J Psychiatry* 156:837-841.

PG: Sometimes I feel frightened- especially during the night. If a car is just moving in the nearby road, I start to think that maybe this is some of those guys.

SP: I have bad dreams especially these days. It is terrible- I dream about all the people being beaten. I feel very nervous. I am afraid even of my shadow walking in the street.

2) Symptoms of numbing and avoidance

NE: I try not to think about what happened because if you do you'll go crazy, but one can't help think about it.

BA: It's like I'm in prison because I don't go out, I don't meet other people. I only stay indoors.

And 3) Symptoms of re-experiencing

NT: You begin to tell yourself that this place is safe, and all of a sudden that feeling starts coming over to you and the brain starts going back to those memories of when I was hit, when I was interrogated.

MS: Sometimes I wake up in cold sweats, nightmares, as if I am fighting people. I have nightmares they are coming to take me away. If I am asleep, I hear cars passing, or even if someone is walking here, I get frightened and wake up.

Demoralization

Many victims expressed a profound sense of demoralization. Mental health professionals see demoralization as an existential reaction to stress, and one of the best predictors of suicide and loss of productivity.

KP: Because of the situation in Zimbabwe I am sad. I don't feel free or happy.

DR: I feel very beat up because I was beaten up for no apparent reason.

BA: I've got nothing. Everything was taken and they're still looking for me there.

The activists we met had been working to promote human rights in Zimbabwe for many years, but they considered this level of demoralization to be a new phenomenon. In the past, torture was often an incentive for increased political activity, but lately

victims have simply felt overwhelmed and afraid. One local activist observed:

You would go to people after they were beaten previously, like 2 years ago in the pre-election violence, and you would say, 'How are you actually feeling?' and they would say, 'My body is broken but my spirit is strong.' And now they say, 'These people are so cruel and brutal.' I can see the distress in their eyes and faces.

Victims said they felt incapacitated, were unable to leave their homes, and wished to leave the country.

Fear

Fear was the most common reaction to the widespread violence and torture, and it affected not only torture victims, but the rest of the community as well. Noted prominent MDC leader Sekai Holland, "People in Zimbabwe are ruled by fear. It is a strategy to say fear in Zimbabwe has blocked a lot of positive things."

Fear was cited as interfering with ongoing political activism. For example, NT stated:

I was very frightened, and got even more frightened when I saw the people beaten after March 11. Because after that they said we are coming for his [Morgan Tsvangirai] people. They are targeting our age group [the youth], because they thought we are the ones who start the rallies. I was really willing and ready to go to the rally [in the town where he lived] but I was afraid. I knew people who went to a rally in my town and they were beaten by the police. I have a friend who was beaten the week before the March 11 rallies, and that really made me want to stay at home.

Others cited fear as a barrier to obtaining appropriate medical care. For example, VM stated,

After I was released, I needed medical treatment, because I was sore and couldn't hear. But I was afraid to go for medical treatment--otherwise, they would follow me.

NT predicted that fear will prevent the upcoming elections from being free and democratic. "Everyone lives in fear in Zimbabwe, everyone is confused. I don't think it's possible that they will have fair elections. People are too afraid." He maintained that fear was driving many out of the country:

Psychologically, I was affected. I couldn't concentrate on much. I feared for my life and my family's safety. So

I really thought it would be a wise choice to leave the profession and leave the country.

Impact of Fear on the Community

Fear affected our work on this report. We have been very careful to disguise the identities of our informants because they told us that it was nearly impossible to determine who could be trusted. Any evidence of sympathy with the political opposition could be communicated back to the government and police and lead to further harassment. Several informants were even unwilling to discuss their injuries and physical location with their own families. Several of the individuals we interviewed remained in hiding. "It's like a prison," BA said. He believed that going to his family would be too risky for them and for himself. "I can't tell my own mother [about my assault and location] because you don't know who can be trusted." FL and LR expressed similar fears. Activists don't even speak openly among themselves. NT related that when a close friend said he "fell from a train," NT "didn't buy that story," He knew the friend had been beaten.

The fear of communication exacerbated feelings of isolation and depression and limited the sharing of information that could provide reality-testing and decrease the feelings of "going crazy" common in PTSD. Worst of all, fear of communication interferes with the natural healing processes that takes place through talking, sharing stories, and speaking out. FL had been particularly affected by police threats and had not told his story in full until our interview. Afterwards, he appeared more relaxed and said:

It helps to offload stress but if you tell other people, you can't know who they are.

In addition to the impact of torture and political violence on individuals and their relationship and communication with others, such abuse results in profound fear and mistrust which pervades the broader community. Torture in this manner is used as a tool by government authorities to intimidate and silence current and future opposition.

Noted one human rights advocate:

The thing I always think of is people in Zimbabwe are living such a permanent state of fear and oppression that normal democratic processes cannot take place.

Psychological Distress Among Zimbabwean Refugees in South Africa

Zimbabwean victims of political violence who had fled to South Africa typically lived without the support of family and a pre-existing social network. Many refugees, such as NT who fled after recurrent harassment at his job as a teacher, felt lonely and adrift:

I feel sad every day. Because my family is back at home and they are worrying about me. I miss my friends and family. I also am sad for my students. I was a good teacher, my students really loved me. I am sad because when I called home, they told me that my students don't have a teacher anymore. They just sit outside.

NT described other persistent psychological symptoms:

Sometimes I have bad dreams. I always feel like I have to look over my shoulder all the time. I think it's psychological and mental. It really affects you when something like that happens. You begin to tell yourself that this place is safe, and all of a sudden that feeling starts coming over to you and the brain starts going back to those memories of when I was hit, when I was interrogated.

Many refugees reported that police continued to come to their homes and harass their families in Zimbabwe. "I'm very worried for my family. They can do anything to them. Last time they beat my wife, she had a miscarriage," said SP. Others worried about their family's economic situation. "I am the provider for my family," said KF. "The trouble that my family is facing is very upsetting to me."

NT shared the sentiments of many of the Zimbabweans interviewed when he said "If Zimbabwe is peaceful and safe, I want to go back because it is my home and that is where I grew up, and my family, my life is there."

VIII. POOR CONDITIONS OF DETENTION AND DELAYS IN ACCESS TO MEDICAL CARE AND LEGAL ASSISTANCE

Informants who had been held in police custody described unsanitary, inhuman conditions with no attention paid to the severity of their injuries. Many were denied food or water and experienced substantial delays in obtaining access to legal services and medical treatment. A frequently reported tactic to reduce inmates' access to both medical and legal services was to constantly move them from one police station to another. Such conditions and mistreatment are in clear violation of Zimbabwe's own Constitution as well as the International Covenant on Civil and Political Rights and the African Charter on Human and People's Rights, both of which Zimbabwe is a signatory to, and the United Nations Standard Minimum Rules for the Treatment of Prisoners.¹ As stated in Article 10 of the International Covenant on Civil and Political Rights:

All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.

Inhuman Jail Conditions

Victims of torture and political violence who had been jailed described deplorable prison conditions. Basic needs such as food, water, light, toilets, blankets, and access to exercise were often not provided. CJ, a young

1. Constitution of Zimbabwe, Articles 13 (3), 15 (1). Available at: http://www.kubatana.net/docs/legisl/constitution_zim_070201.doc; International Covenant on Civil and Political Rights, adopted December 16, 1966, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A.6316 (1966), 999 U.N.T.S. 171, entered into force March 23, 1976, acceded to by Zimbabwe, May 13, 1991, Articles 7 and 10; African Charter on Human and People's Rights, adopted June 27, 1981, OAU doc. CAB/LEG/67/3rev.5.21.I.LM.58 (1982), entered into force October 21, 1986, ratified by Zimbabwe in 1986, Article 5; Office of the High Commissioner for Human Rights. Standard Minimum Rules for the Treatment of Prisoners.

Adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council by its resolution 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977. Available at: http://www.unhcr.ch/html/menu3/b/h_comp34.htm.

woman who had been tortured after being arrested on March 11, spent three days in police custody and was denied all food.

They said 'No, you are not given food.' There was no bed, I slept on the floor. I was in great pain I had pain all over my body. There were no blankets. I wished I would just die because I was in such pain.

DR, a woman in her 60's who was arrested and tortured in mid-March was not given any food for the first 2 days of her imprisonment. During that time, she was held in a dark windowless cell. "No one slept. We were sitting on the floor. There was nowhere to sleep." NE, who was arrested on March 11, described the cell in which he was held for 3 days as "dirty, smelly and full of lice."

The cell was uninhabitable. The toilet was overflowing. Urine was everywhere. Since we had no shoes we were walking in urine and god knows what, and the lice would fall off onto you. The lice that would fall on the ground would crawl up on you and it was hell. There were two beds, but no one dared go there because that was the domain of the lice so we literally spent the night standing by the door where there was a little trickle of light-otherwise it was dark and smelly.

SP's cell was overcrowded and filthy:

There were more than 25 people in the cell I was in. They don't clean those things. The toilet didn't work. It smelled very bad. It was terrible.

After being beaten, JT was taken to a police station and placed in solitary confinement:

I spent 2 nights in that cell alone. No communication, no food, no water. I asked for water and they told me to drink my urine. There was no toilet in the room, I was in terrible pain, I would urinate on the walls. The cells were filthy. No bed, no toilet, only one dirty blanket. It was lice infested. When I got out I was itching all over and coughing.

Even if torture has not occurred, such conditions constitute cruel and degrading treatment, violating domestic and international law and international standards. As stated in Articles 10 and 12 of the United Nations Standard Minimum Rules for the Treatment of Prisoners:

All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum

floor space, lighting, heating and ventilation... The sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.

“Our prison cells were found to be unfit for human habitation,” said one Zimbabwean human rights activist:

To be beaten up and tortured is one thing. To be beaten up and thrown into uninhabitable prison cells is another violation. That is degrading and dehumanizing treatment. Whatever the reason for being in prisons you have the right to human dignity.

Such unsanitary conditions can cause malnourishment from inadequate food, gastrointestinal/parasitic infections, bacterial skin infections and infestation with lice. Zimbabwe’s crowded filthy prison cells are breeding grounds for tuberculosis.²

One human rights advocate likened extended imprisonment in Zimbabwe to a “death sentence:”

A huge percentage of individuals in prison are likely HIV positive. Many likely get tuberculosis. Prisoners sleep on cement floors crawling with lice. They keep it as dirty as possible. The TB is really serious. If they are on anti-retrovirals (for HIV infection) they are not getting them. So it’s killing people from several directions. It’s shocking.

Zimbabwe’s health care system already faces profound challenges³ including shortages of drugs, supplies and health workers. But as Dr. Gwatidzo, Chairman of Zimbabwe Association of Doctors for

Human Rights (ZADHR) explained the situation in prisons is even worse:

The number of doctors in prisons is inadequate. The medical officers in the prisons will never be able to take care of all the prisoners. When there is a sudden influx of injured prisoners, they don’t respond on short notice. They don’t have the capacity.

“I think it has always been dangerous to be in custody in conditions that are filthy, degrading, and inhuman,” noted Otto Saki, an attorney with Zimbabwe Lawyers for Human Rights (ZLHR). “But now, while you are in those conditions that are already degrading, you are now being subjected to torture and beatings. It is something that is on the increase.”

Delays in Access to Legal Services While in Police Custody

Several victims and human rights attorneys described intentional delays in accessing legal services. For example, JT, who was arrested and severely beaten by police after attending the funeral of Gift Tandare, was not able to see a lawyer until the 4th day he was in police custody:

Early in the morning, they woke me up and told me there was someone to meet me, only to see it was [a lawyer]. He told me, he started looking for me on the 13th at Harare Central Police Station and I wasn’t there. He told me he had been looking for me for some days. He told me some of the people who were arrested were put in different police stations outside of Harare. He came to a police station looking for me. I was there at the time, but they denied that I was there--the police station where I was. He came looking for me, but the police officer denied my presence. He found me by an anonymous tip.

Several inmates overheard police officers denying to lawyers and family members that they were present. When lawyers came looking for DR and the group of women she was arrested with, “The police said we were not there. We could hear the conversation.”

“Lawyers and doctors were trying to see us and were refused to see the prisoners,” said MDC feminist leader Sekai Holland, who was imprisoned and tortured on March 11. “The military intelligence told us, ‘The lawyers and doctors were trying to get to you.’”

2. Agence France-Presse. Overcrowding, poor conditions claim 127 lives in Zimbabwe jail: study. Available at: <http://www.aegis.com/news/afp/2005/AF050234.html>.

3. Thornycroft, P. Zimbabwe public health care costs soar. Available at: www.voanews.com/english/2006-04-26-voa40.cfm; Zimbabwe Association of Doctors for Human Rights (ZADHR). Taking stock of health rights in Zimbabwe on World Health Day. Available at: http://www.kubatana.net/html/archive/health/060407zadhr.asp?orgcode=zim065&year=2006&range_start=1. Zimbabwe Association of Doctors for Human Rights (ZADHR). *Prevailing health sector emergency*. Available at: http://www.kubatana.net/html/archive/hr/070601zadhr.asp?orgcode=zim065&year=0&range_start=1.

ZLHR attorney Mr. Saki distinguished between those in remand prison (jail) and police custody. “The ones that are in remand prison, we have access. But when they are in police custody we are denied access.”

Lawyers trying to obtain court orders to see their clients reported that even when such court orders were obtained, they were not enforced. Lawyers also described an increase in the length of time it took to obtain access to their clients from the standard 24-48 hours following arrest to a prolonged 4 to 5 days.

“Often during the first 4 to 5 days of being arrested, we have no access at all while they are in police custody,” noted Mr. Saki. “It has become a strategy to move individuals from one police station to another to hamper our access. They have been using no less than 10 police stations.”

Several of the victims described being moved from one prison to another 2 or 3 times, making it harder for their attorneys to trace them.

Domestic and International Law require access to legal representation.⁴ Article 13 of the Zimbabwean Constitution states:

Any person who is arrested or detained shall be informed as soon as reasonably practicable, in a language that he understands, of the reasons for his arrest or detention and shall be permitted at his own expense to obtain and instruct without delay a legal representative of his own choice and hold communication with him.

Delays in Access to Medical Care While in Police Custody

There was a clear pattern of delaying or denying access to health care for Zimbabwean victims while in police custody in violation of international standards.⁵

4. Constitution of Zimbabwe, Articles 13 (3). Available at: http://www.kubatana.net/docs/legisl/constitution_zim_070201.doc; International Covenant on Civil and Political Rights, adopted December 16, 1966, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A.6316 (1966), 999 U.N.T.S. 171, entered into force March 23, 1976, acceded to by Zimbabwe, May 13, 1991, Article 14; African Charter on Human and People’s Rights, adopted June 27, 1981, OAU doc. CAB/LEG/67/3rev.5.21.I.LM.58 (1982), entered into force October 21, 1986, ratified by Zimbabwe in 1986, Article 7.

5. Office of the High Commissioner for Human Rights. Standard Minimum Rules for the Treatment of Prisoners.

This was true for both prominent individuals such as senior Zimbabwean MDC leader Sekai Holland, as well as lesser known victims.

Dr. Reginald Matchaba-Hove of the University of Zimbabwe College of Health Sciences explained:

The denial of access is both medical and legal. The people arrested and tortured March 11 were picked up Sunday. By Monday, I, along with others, rushed down there with the orders. We rushed to the police cells and they would deny having the people there. We went to at least four police stations and we were denied access. Denial of medical access has been systematic. Not just with Morgan [Tsvangirai] but with the others – and the world is not aware of this.

Human rights attorney, Otto Saki, noted:

In most of the individuals, they have been abducted in the middle of the night, denied access to lawyers, subjected to mistreatment, not given access to medical doctors, except for government hospitals, and we all know the state of conditions in these hospitals and the reluctance of doctors to attend to these cases.

According to Dr. Gwatidzo of ZADHR delays in medical care increased medical complications in many cases, including that of Sekai Holland.

She never got any treatment from March 11th to the 13th. Sekai Holland had the worst injuries and the state she was in was a result of prolonged imprisonment and denial of access to medical treatment. And she got complications as a result. Her left leg she had fractured, and besides the bruising it had become infected. It was really bad.

Ms. Holland confirmed, “My injury was on Sunday and I had not received care until 3 days later.” She drank what little water she was given, rather than clean herself, despite her bleeding, inability to walk, and diarrhea.

RP, who was in jail with MDC President, Morgan

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Tsvangirai remembered how he protested that other prisoners needing medical care be brought to a hospital:

I was having difficulty breathing... Mr. Tsvangirai asked the officer in charge to take me to the hospital and she refused. She said she had orders from the highest order that she should only take Mr. Tsvangirai and Mr. Maduko to the hospital and no one else... The first two days they wouldn't let us out of the cell.

Even after it was mandated by the court that all of the prisoners be provided with healthcare, there were delays, explained RP:

The third day ...we were taken to court. When we got there, there was no magistrate in the court. But there was an order from the high court that we should be immediately taken to the hospital. At first they refused, but then around 7 pm we were taken to a clinic. I was there for five days.

LG, who had open wounds all over his body, particularly on his feet from police beatings endured on March 11 2007, did not receive any medical care during the 3 days he was in detention. Following his release, he was cared for in a private clinic where his wounds were cleaned, disinfected, and he was given pain medication. "I was particularly sore on the soles of my feet which were swollen," he noted.

This was not the first time LG had been denied medical care or legal assistance while in police custody. In September, 2006, he was arrested, severely beaten and tortured following his participation in the Zimbabwe Congress of Trade Unions (ZCTU) march.

We were at that police station for about 3 days. We were denied access to lawyers...I needed medical attention because my hand was badly injured [after being beaten by police with baton sticks]. I asked 'can I see a doctor?' and they said 'there is no room for that. You are in prison. You don't have your freedom anymore. You are under our custody.' We could see that the lawyers were trying to come and wanting to see us and they were turned away.

DR did not receive any medical care, during her 3 days of imprisonment for swollen painful feet and lacerations on her back and buttocks, resulting from her beatings while being interrogated by the police.

Untreated wounds easily become infected, particularly in unsanitary conditions. CJ, who had painful open ulcers on her legs from being beaten after her arrest in March 2007, did not receive any medical care until 3 days after her arrest, when she was brought to a medical facility under police guard. By then, her wounds were infected. Her wounds were cleaned and she received antibiotics and pain medication, but one of the ulcers on her leg ultimately required a skin graft likely due to the delay in treatment.

Several Zimbabwean doctors speculated that delays in treatment may have been intended to allow time for evidence of torture/trauma to heal and disappear. But this was believed to be more common in the past. Given the marked increase in violence, this strategy was less feasible now. "If they beat them, they can't hold them until they are healed because they don't have the manpower," said one doctor.

Noted Dr. Gwatidzo:

I believe there are a lot of aims to what they do. They keep them in a cell and deny them access. It's a severe mental torture when you don't think you will get adequate treatment.

"The police should produce people requiring treatment for medical conditions," said a human rights advocate:

The state has a legal requirement to do so. The problem is the will of the state. The police prevent individuals from getting to medical care-even with supervised evaluations.

Mr. Saki noted that recently in a number of cases involving individuals facing terrorist charges, court orders for detainees to receive medical care were ignored. "When we have been successful in obtaining an order, we have had difficulty in seeing it enforced and allowing access to doctors."

According to ZLHR and ZADHR, 9 MDC members arrested on March 24 on terrorist charges were released and a court order instructed that they have access to medical attention at a facility and by doctors of their choice. But according to a health professional who was present in the court room:

One of the clients collapsed outside the court. He couldn't stand, he couldn't sit, he had been beaten so badly. He was just lying outside the court, but police wouldn't let any doctor attend to him.

When the court order was confirmed, ambulances were called to take them to a private hospital.

At that point the 9 individuals for about 4 days had not received any medical care. They were being beaten during those 4 days. When the ambulances arrived, about half had to be carried, the others who could walk were having difficulty walking. They were still limping along because they had been beaten on their feet.

A doctor at the private hospital told us:

When I left the hospital, they [the victims brought to hospital by court order] were in safe hands. The prison officers were in the company of the consulting doctor. Now we don't know what happened to those individuals, because we have never seen them again. We honestly don't know.

A nurse who was present that night witnessed the arrival of police and a prison doctor in the middle of the night. They moved the men into a police truck without any communication with the treating physician or formal transfer documentation.

When I got there two [of the victims] were waiting outside the x-rays... The high courts had instructed the state to let the prisoners have access to medical attention at a facility of their choice and then doctors of their own choice... The doctors... had seen the majority. Most had soft tissue injuries... The others were in the observation unit... another staff said, 'Do you know what is happening?' By this time, the fire escape had opened, and as I got there, he [a doctor from the prison] was already closing the prison truck. It was a police who said, 'We have our own hospital.'

The doctor from the prison said, 'What is your problem, sister?' I thought they had only taken one, but in the meantime they had come in with a lot of prison guards and they forced the patients to get into prison uniforms. One was wearing a uniform so tight and I said, 'It's too tight' and the guard said, 'No worry, we will change it.'... He [the prisoner/patient] had an IV and he was wheeled out into the prison truck...

He [the prison doctor] did not get any information, as far as I can see, about the patients. It was not a smooth takeover. They were taken out the fire escape. Patients were taken out. I was horrified...

One physician noted dispiritedly, "Generally health professionals don't usually abduct patients."

Delays in Medical Care Outside of Prison

Individuals reported delays in receiving medical care for reasons aside from imprisonment including bureaucratic impediments, fear of receiving services at public hospitals, and inadequately staffed/supplied hospitals.

Bureaucratic Impediments

Several individuals described a requirement at Zimbabwean government hospitals that injured individuals bring a police report in order to get treatment.

YD, who suffered a severe head wound after being beaten by members of the Youth Militia had difficulty accessing care because he did not have a police report. YD was found unconscious on the side of the road and brought to a nearby government clinic, where his head wound was cleaned. Staff at the clinic then told him to go to a police station and file a report.

After I was bandaged, I was taken to a police station, and asked who I was attacked by. I tried to explain to them what happened, and they told me I was lying, that I was beaten by robbers. I told them that I had passed through another police station. They said 'No that's not true.' They started questioning the people who brought me to the police station and they got nervous, and they called my relative.

YD's relative then went to a hospital, but was unable to get assistance.

I couldn't get help because they didn't get a police report. In Zimbabwe, to get treated, you have to have a police report. The police had not given me one—they had sent me away. So they wouldn't help me at the hospital.

Three other victims said they tried to present their stories to the police in order to obtain further services, but the police did not respond or refused to believe their stories.

Delays in Accessing Medical Care Because of Fear

Several individuals said they were afraid that if they sought treatment, particularly in public hospitals, they risked further abuse. When FL was beaten outside of his workplace along with several co-workers, he didn't

go to the hospital right away because “the police told us if we told anyone the story, they would track us down.” Added FL, “It was difficult for us to go to the public hospitals because there were CIO there looking for those who were injured.”

VM, believed he needed medical care after being beaten and remaining for three days in police custody:

After I was released I needed medical treatment because I was sore. But I was afraid to go for medical treatment. Otherwise they would follow me.

Dr. Matchaba-Hove confirmed that public hospitals do not always provide adequate or safe care:

The quality of care at the public hospitals leaves a lot to be desired and from a security standpoint people don't feel they are safe. So you won't get the best care. But people are also suspicious because there are military there. [After the September ZCTU rally when many protesters were attacked by police] the head of the casualty unit was very negative. He said these are prisoners; this is not urgent; we can see them tomorrow.

Inadequate Availability of Medical Services

The poor state of the health system exacerbated the victims' problems accessing care. BA, who was abducted on a Thursday went to two public hospitals before he found one with a doctor and necessary medical supplies. “I was admitted on Friday. There was no doctor. They even said the doctor was coming the following Monday.” He was given only Tylenol even though he was still bleeding profusely and was in severe pain.

On the third day of his detention in the fall of 2006, LG was taken by police to a public hospital “...where they did little to assist us. They gave us pain killers.” Upon his release the following day, he went to a private clinic where surgery was performed on his fractured hand and leg.

Difficulties Accessing Medical Care in South Africa

Several of the Zimbabwean victims of political violence interviewed for this report who fled to South Africa encountered significant difficulties in obtaining needed medical care there.

For example, VM, suffered a loss of hearing and pain as a result of beatings to the head. We found he had a ruptured tympanic membrane (ear drum). “Life is very hard here. I can't get food. I can't get treatment. Still I have pain in my ear, but I can't get treatment, because they don't give it to you if you don't have any ID.”

NF is an elderly woman who had symptomatic high blood pressure upon arrival. She was prescribed treatment but could not pay for it. “I said I am not working and they said, ‘You must work--then go to the doctor.’”

YD, who had a severe head wound from his beating, had a similar experience:

When I arrived in South Africa I went to a hospital and the doctors said the blood was coming out bit by bit, so they sewed up the veins. Then they bandaged me and told me I should be having a skin grafting in the future. I was supposed to be admitted but I haven't gotten refugee status or a temporary refugee document. I applied but I haven't gotten it yet, and so they told me I am supposed to pay 51,000 Rand for the graft because I am a foreigner. So I just told them I don't have that kind of money, I don't even have a place to stay. They said they can't do anything. They are treating more than 50 Zimbabweans every day. So now Zimbabweans have to pay. They said come back when I have the money. So far there is no way I can get that money.

At the time of evaluation, YD still had a large open wound on his head that he was doing his best to keep clean so it would not become infected. He also was easily startled, had difficulty sleeping, and had frequent nightmares when he did fall asleep.

DK, an HIV positive Zimbabwean who arrived in 2002 after being tortured and raped by ZANU-PF military described the many problems of having no citizenship papers.

I haven't started on anti-retrovirals because I know that it's important that once you start you don't stop, and it's difficult for me because of my status. I have not been granted asylum yet. I applied for asylum in 2003, and still have not heard a decision. They are still postponing. It's a puzzle. It seems the South African government has taken a position that those people who are real victims of torture – they have made a decision not to grant them political status. My status is asylum pending. I don't qualify for medical benefits. Nothing. I can't afford the medications for HIV on my own. Sometimes we have it very tough just to put a meal on the table.

According to the South African Constitution, everyone in the country, regardless of legal status is entitled to lifesaving care. The 1998 Refugee Act provides for even greater access to health care for refugees and other non-citizens in the country with permits. Access to health care for refugees and asylum seekers, however, remains a significant challenge. According to a recent report by the Consortium for Refugees and Migrants in South Africa⁶.

Many refugees and asylum seekers report being refused access to treatment at clinics and hospitals. Often, they face the same understaffing, lack of medication and long waiting times at public health care providers that many South Africans also suffer. But in many instances, international migrants also face discrimination and ignorance of their rights when they attempt to access medical services.

The refugee advocates in South Africa with whom we spoke cited several contributing factors to this including lack of official documentation from the Department of Home Affairs, xenophobia, and confusion among health providers over the rights different categories of migrants have to services, and ambiguous guidelines for asylum seekers.

Noted Dr Loren Landau, Director of the Forced Migration Studies Program at the University of Witwatersrand, South Africa:

Zimbabwean refugees and asylum seekers certainly need better access to basic services. This can be accomplished by strengthening and enhancing access to government funded social, housing and medical services, and educating providers. Furthermore, there needs to be increased support for nongovernmental organizations assisting Zimbabwean refugees and asylum seekers.

6. Consortium for Refugees and Migrants in South Africa. *Protecting Refugees and Asylum Seekers in South Africa*. Pretoria, South Africa: June 19, 2007.

IX. HARASSMENT OF DOCTORS AND LAWYERS ASSISTING VICTIMS OF TORTURE AND POLITICAL VIOLENCE IN ZIMBABWE

Doctors and lawyers provided numerous accounts of receiving direct verbal threats from police and government authorities. They reported receiving messages at their workplaces, at home, and on their personal cell phones warning them not to “interfere” with state-sponsored violence. Government authorities also obstructed lawyers’ access to clients (see Chapter VI), and insisted on being present while medical doctors examined political prisoners. International standards and codes of professional conduct clearly delineate the rights and responsibilities of doctors and lawyers to function independently and without such harassment and intimidation.¹

Intimidation and Harassment of Doctors

One Zimbabwean human rights advocate summarized the situation of Zimbabwean health professionals as follows:

There is the stress of being in a system under stress, but then being watched closely. People take an oath of caring for someone, but then [are prevented] if you take care of a political prisoner. Imagine if you were a doctor or nurse

1. World Medical Association. *Declaration of Hamburg*. (Declaration Concerning Support for Medical Doctors Refusing to Participate in, or to Condone, the Use of Torture or other Forms of Cruel, Inhuman or Degrading Treatment). November, 1997. Available at: <http://www.wma.net/e/policy/c19.htm>; World Medical Association. *Declaration of Madrid on Professional Autonomy and Self-Regulation*. May 2005. Available at: <http://www.wma.net/e/policy/a21.htm>; World Medical Association. *Declaration of Geneva*. September 1948 and editorially revised May 2006. Available at: <http://www.wma.net/e/policy/c8.htm>; Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders. *Basic Principles on the Role of Lawyers*. September 1990. Available at: http://www.unhchr.ch/html/menu3/b/h_comp44.htm; United Nations General Assembly. *Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power*. Adopted by General Assembly resolution 40/34, November 29, 1985. Available at: http://www.unhchr.ch/html/menu3/b/h_comp49.htm.

at one of the hospitals where the victims were brought and you are just trying to do your job--and you have people in riot gear watching over you.

After forming the Zimbabwe Association of Doctors for Human Rights (ZADHR) in 2002, its chairman Dr. Douglas Gwatidzo was contacted by the Zimbabwean Minister of Health and questioned by the Zimbabwean Intelligence Service about the group's activities. In 2004, the Zimbabwean government accused ZADHR of being "one of the vehicles through which [foreign] forces are trying to spread malicious reports about the human rights situation in the country."²

Dr. Gwatidzo said such claims are false and are intended to instill fear in doctors of openly supporting ZADHR.³ "Many doctors don't want to be identified with ZADHR publicly," he explained to investigators.

While Dr. Gwatidzo was in New York in April 2007 speaking about the March 11 events, his wife received phone calls at home requesting him to appear at the police station when he returned. Otto Saki of Zimbabwean Lawyers for Human Rights explained that Dr. Gwatidzo is "on the radar" due to his documentation of police violence and interference with medical care surrounding the events of March 11th. "He had taken pictures of the people he was attending to and they were not taking it lightly."

"The work I do is not acceptable to the system," said Dr. Gwatidzo. However, he sees it as his central responsibility as a clinician to treat all those injured, regardless of political affiliations. "I am a general practitioner. I do accident and injury work," he explained.

On March 24, 2007, ZADHR released a petition to protest the hospital delays in caring for those arrested after the state sponsored attack on MDC leader Tsvangirai and others and the intimidating and antagonistic police presence in the hospital once they were finally brought for treatment:

Despite their best efforts, health professionals in Zimbabwe are placed in an impossible position as they are prevented from treating "politically unacceptable"

citizens. Efforts taken by health professionals to document and prevent human rights abuses meet with further intimidation by security forces. The treatment of the leader of the opposition, Mr. Morgan Tsvangirai, on the night of his assault illustrates this situation. After his arrest and subsequent assault he collapsed while being held in police cells. He was taken to the Accident and Emergency Department of the government Central Hospital at 03:00hrs. The A&E department was cordoned off. A junior medical officer on duty was made to review him in the presence of armed police, which he did superficially without reference to senior colleagues. He did not implement effective management of Mr. Tsvangirai's injuries so that the latter was released back to the police despite having lost sufficient blood to lose consciousness again the next day. He was eventually treated at a private hospital where he required a blood transfusion.⁴

A spokesperson for ZADHR explained that doctors were constantly being intimidated by the police:

It's that level of intimidation, you censor yourself. Even at Avenues [a private clinic in Harare that frequently treats victims of the police] the armed police come into the examining room. It takes someone quite mature to say 'no you can't go into the room.' Or if they are in the room (they demand) how to do our job.

The young doctor who initially attended to Mr. Tsvangirai on March 11 was especially nervous, Dr. Gwatidzo said:

And so they [the police] said 'everyone else out'. For someone who is young that is intimidating... They were not saying, 'Don't do this.' But at the end of the day, they are taking him [the prisoner]. The young doctor had to examine him in the middle of the night after March 11th in the presence of police. They have created a very tense atmosphere.

Several doctors told us how stressful they found the constant surveillance of their work. They did not even feel comfortable identifying themselves for this report because they feared harassment.

2. Zimbabwe Sunday Mail. July 2004.

3. Pincock S. Douglas Gwatidzo: Defending Human Rights in Zimbabwe. *The Lancet*. 2005;366:363. Information also confirmed in interview with investigators, May 2007.

4. Zimbabwe Association of Doctors for Human Rights. *The time to speak and to make a difference is now*. Available at: http://www.ifhhro.org/files/Petition_March_24_07_ZADHR.doc.

Intimidation and Threats to Lawyers

Lawyers have also been harassed by the government.⁵ As one ZLHR lawyer told us:

While the lawyers have been threatened in the past, it is on the increase. I had an anonymous call soon after March 11th. I was actually at home... the person said to me, 'If you continue representing these guys we will f-- you up.

On the day of the court order allowing Gift Tandare's burial, another attorney was threatened by the commander of the Law and Order Section of the Zimbabwean police force, Musarashana Mabunda.

He said, 'During the liberation struggle lawyers disappeared. So you are fighting for the liberation of the country. So you can also disappear.

The threats, including anonymous threatening phone calls to the wives of 2 attorneys on April 25 led ZLHR to provide security at the homes of several of the attorneys. Two were arrested on May 4, 2007 and all of their records were seized.⁶ In response 60 human rights lawyers attended a peaceful demonstration in front of the National High Court building on May 8. One lawyer was beaten up in front of the court buildings and ten others were arrested and released that day. According to Front Line, a Dublin-based human rights organization:

Reportedly, three truckloads of riot police, uniformed officers and individuals in plain clothes armed with automatic rifles, shot guns and batons initiated the attack, verbally abused the lawyers and physically attacked them on charges of "not dispersing fast enough." A number of lawyers sought protection inside the Attorney General's office but were physically attacked by riot police and additional officers waiting inside the building. The lawyers Beatrice Mtetwa, Colin Kuhuni, Chris Mhike and Terrence Fitzpatrick were placed onto a police truck and driven to Eastlea, a nearby suburb where they were ordered to lie on the ground on the side of the

5. Federation for Human Rights. Ill-treatment / Arbitrary detentions and releases / Judicial proceedings / Unlawful search - ZWE 003 / 0507 / OBS 046. Available at: http://www.fidh.org/article.php?id_article=4299.

6. Reuters. "Two Lawyers Arrested In Zimbabwe Sweep". *New York Times*. May 6, 2007. Available at: <http://query.nytimes.com/gst/fullpage.html?res=980CEFDE1E3EF935A35756C0A9619C8B63>.

*road and beaten in full view of the public. The lawyers were then released on the roadside.*⁷

Some ZLHR lawyers described an increasing sense of demoralization:

One thing we are very concerned about is that even as lawyers we get to a stage that we are starting to burn out. There are about 10 of us. That's why it's easy to threaten us. They know it is the same lawyers.

Fewer and fewer professionals are willing and able to work under such stressful conditions, and "brain drain" is increasing rapidly according to the Southern African Migration Project (SAMP) and others.⁸ "Compassion fatigue" or "secondary traumatization," the stress of working with those in crisis, has also been documented.⁹

7. Front line. *Ongoing harassment of human rights lawyers in Zimbabwe*. Available at: <http://www.frontlinedefenders.org>.

8. See Chikanda, Abel "Skilled health professionals' migration and its impact on health delivery in Zimbabwe" in *Journal of Ethnic and Migration Studies*, May 2006. Also Stilwell B. Developing evidence-based ethical policies on the migration of health workers: conceptual and practical challenges. *Hum Resour Health*. 2003;1:8.

9. Beaton RD, Murphy SA. Working with people in crisis: Research Implications. In: Figley CR, ed. *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. NY: Brunner/Mazel; 1995:51-81.

X. Risks and Limitations of this Investigation

While names and other identifying information of informants and victims of torture/political violence are not included in this report (except where permission was given to do so), individuals were informed of the risk of being identified based on narrative information presented in this report. All individuals nonetheless agreed to be interviewed.

Much of this report is based upon the evaluation of a relatively small sample (24). One cannot necessarily extrapolate the results of these interviews to the population of torture victims in Zimbabwe as a whole or to the general Zimbabwean population. Additionally, the individuals in the sample were not randomly selected but were referred for evaluation. Nevertheless, the group interviewed offers a cross section in terms of gender, age and political stature. Individuals included both prominent leaders of the political opposition as well as local organizers and ordinary citizens. Furthermore, our findings were also consistent with information gathered in more than 30 meetings with health professionals, human rights advocates and representatives of non-governmental organizations in Zimbabwe and South Africa.

Interviews were transcribed by the evaluating physicians (Drs Keller and Stewart). While every effort was made to accurately transcribe individual's comments, for safety reasons interviews were not tape recorded to confirm exact statements made. Interviews were conducted in English except for two evaluations where translators were used. Errors in translation in these two cases cannot be ruled out.

In conducting forensic evaluations of individuals claiming harm/injury from violent acts such as torture, the potential for individuals falsifying information, exaggerating symptoms or falsely claiming that physical findings are associated with their reported abuse must be considered. The individuals in this report underwent detailed evaluations, typically lasting 2 hours, and were found to be highly credible and have clear physical and psychological findings corroborating their allegations of torture and abuse. Furthermore, as noted in the methods section, rigorous criteria were used to define torture and political violence. The two physicians agreed in all cases on the classifications of individuals as victims of torture and/or political violence.

The victims evaluated for this report did not appear to be exaggerating or falsely reporting the events they described. They were forthcoming about what events they did and did not recall and what abusive treatments they did and did not experience. The findings on physical and psychological evaluation were consistent with the events individuals described. Furthermore, individuals readily acknowledged that some of the scars noted on physical examination were unrelated to their imprisonment and mistreatment.

XI. TABLES

Demographic Information

(n=24)

	Frequency	Percentage
Gender		
Female	5	21
Male	19	79
Age		
19-25	6	25
26-35	9	38
36-45	5	21
46-55	1	4
56-65	3	13
MDC Affiliate		
Member	4	17
Local Organizer	12	50
National Organizer/leader	6	25
Non Member	2	8

Table 2: History of Political Violence or Torture pre and post March 11, 2007

(n=24)

	Frequency	Percentage
Pre 3/11 Political violence	11	46
Pre 3/11 Torture	9	38
Post 3/11 Political violence	7	29
Post 3/11 Fear of political violence	24	100
Post 3/11 History of torture	16	67
Pre 3/11 Political violence OR torture	15	63
Post 3/11 Political violence OR torture	20	83

Table 3:
Trauma History
(n=24 unless specified)

	Frequency	Percentage
Jailed	15	63
Abducted	5	21
Denied legal services in prison (n=15)	6	40
Delayed medical services in prison (n=15)	6	40
Denied medical services in prison (n= 15)	1	7
Continued physical symptoms	24	100
Corroborated physical symptoms	24	100
Significant psychological symptoms based on clinical interview or diagnosis	24	100
Family persecuted/harassed	11	46
Perpetrators of pre 3/11 violence (n= 16)		
CIO	3	19
Police	9	56
War Veterans	4	25
ZANU-PF Militia	2	13
ZANU-PF Youth	5	31
Perpetrators of post 3/11 violence (n=20)		
CIO	2	10
Police	15	75
ZANU-PF Youth	2	10
Unknown	2	10

Table 4:
Frequency of Individuals Meeting cut-off for HSCL-25 and HTQ

	Frequency above cut-off	Percentage
Hopkins Symptom Checklist- 25 (n= 18)		
Anxiety Subscale	16	88.9
Depression Subscale	15	83.3
Harvard Trauma Questionnaire (n= 17)		
PTSD	13	76.4

**Table 5:
Most Frequently Endorsed Symptoms on HSCL-15 and HTQ**

	Frequency	Percentage
Hopkins Symptom Checklist-25 (n= 18)		
Anxiety Subscale		
Spells of terror or panic	11	61
Feeling restless, Can't sit still	10	56
Feeling fearful	10	56
Faintness, dizziness, or weakness	9	50
Nervousness or shakiness inside	9	50
Feeling tense or keyed up	9	50
Headaches	9	50
Depression Subscale		
Difficulty falling asleep, staying asleep	15	83
Worrying too much about things	13	72
Poor appetite	12	67
Feeling blue	12	67
Feeling lonely	12	67
Harvard Trauma Questionnaire (n=17)		
PTSD		
Recurrent thoughts or memories of the most hurtful or terrifying events	16	94
Feeling on guard	15	88
Recurrent nightmares	14	82
Trouble sleeping	14	82
Feelings as though the event is happening again	13	76
Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events	13	76

