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## TRANSCRIPTION

Speaker	Dialogue
MN	This is an interview with Dr. Benjamin Dube who has agreed to be interviewed as part of the Zenzo Nkobi Photographic Archive Project. This interview is conducted by Mary Ndlovu in Bulawayo on the 14 <sup>th</sup> of October 2011.
MN	Benjamin, just to start with, I'd like you to tell us a little bit about yourself. Where you come from, where... how did you get involved with the struggle?
BD	Yes, I am a Zimbabwean. I come from Gwanda. I was educated in Gwanda for my primary education; part of it and part of it in Bulawayo at Mzilikazi Primary School. From there I proceeded to Goromonzi High School, where I did my secondary education. That is from Form One up to Form Six, where I completed my "A" Levels. It was during this time, when I was at Goromonzi, that I got involved in politics. In 1965 when the Smith regime declared Unilateral Declaration of Independence in Rhodesia, we were the first students in the



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	country to demonstrate against UDI and I was among the five ringleaders who were arrested and tried in court. And we were found guilty but we were ... our sentences were suspended. When I completed my "A" Levels in 1966 ... 1967 I couldn't get a place at the then University of Rhodesia. That's when I decided to find...
MN	[Inaudible]
BD	<p>It has been recording so far? It was in 1967 at the height of the joint operations of Umkhonto we Sizwe, that is between ZAPU and the ANC combatants in the Hwange area that I decided to join the struggle. I left the country through the Plumtree border post at Ramokgwebana. I sought asylum ... asylum in Botswana, which was granted. I stayed there for a few months whilst processing my transit to Zambia where I had a contact with ZAPU. In November 1967, I crossed over to Zambia and joined the ZAPU contingent in Lusaka.</p> <p>I stayed in Zambia for about one and a half years, assisting in the offices and also travelling to their camps - that is Luthuli and Nkomo Camp, until I secured a scholarship to the German, German Democratic Republic. From there I enrolled in Medicine. And at the same time whilst I was still in the GDR I used to assist in the production of the party newspaper, that is the Zimbabwe Review, by proof-reading it and seeing to it that it was properly done. I pursued my studies there until I completed my medical degree. From ... after completing my medical degree, I came for a short stint in Zambia and I was really ... I was re-seconded to do a postgraduate work specializing in medicine also in Germany. I stayed there but during those years I used to come from time to time to update myself in Zambia at the camps and also what was happening in Zambia. In 1978 that's when I came back formally to participate in the struggle as a medical doctor. There I joined Dr. Bango who was already in the, on the field.</p>
MN	Okay, so you, you were the ... Bango's deputy in the health programme?
BD	Yes. Yes.
MN	Okay.
BD	I was Bango's deputy.
MN	Okay. And what were your particular responsibilities?
BD	Initially, we were really looking after the large numbers of refugees who were scattered all over Zambia but mostly they were concentrated at Victory Camp. We had some who were at Works; we had some... that is the young people, children and those underage who were at JZ Camp. But... and then we had some of course who were at Makeni whom we used to look after. Eventually it was a division of labour that I, I was seconded to the military wing of the party. That didn't mean that I was no longer participating in the welfare of the



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	refugees who were there, that is at Victory Camp, at JZ and at Makeni. But I was mostly concentrating on the military camps. That is in places like Solwezi, Maheva, Mulungushi, and also down in the valley. Those were my responsibilities.
MN	Okay, let's, let's look first maybe at the refugees. There were obviously health issues of girls. This photograph seems to be a maternity examination. Was this one of the major issues that came up? In the girls' camp? [4A-70-04]
BD	Yes, it was really a big problem in the girls' camp. That is this camp; it was mostly the Victory Camp. That's where most of our female colleagues were, were, were housed. And there of course the rate of pregnancies was very high. And we had to grapple with some of these things when people fell pregnant and we had just to take care of them until about [inaudible]. Fortunately we had some people who had basic knowledge on maternity who used to help, that is with ante-natal care and all those things.
MN	Okay, were these nurses? Were there some trained nurses?
BD	Yes, some of them were ... had basic nursing from ... those who had escaped from home here. And others also were trained by the party to be nurses and it was their duty to do that.
MN	Okay, so if there was such a high rate of pregnancy, this implies some indiscipline in the camps, I presume...
BD	Definitely, definitely
MN	Though... so you didn't, they didn't practice contraception? You weren't promoting any kind of contraception?
BD	No, no, no, no, no. The old man, that is Joshua Nkomo, was strongly against contraception.
MN	Okay
BD	Even including these girls putting on trousers
MN	Oh, he didn't like that?
BD	He didn't like that.
MN	Okay, even when they were in uniform? [laughter]
BD	When in uniform, yes, but ... [laughter]
MN	Oh I see, so he was quite conservative on that one (laughter). Okay, what other kinds of health problems were there in the refugee camps?
BD	In the refugee camps, well, apart from these pregnancies ... you know, Zambia, the terrain... there was a lot of malaria which was prevalent. There were a lot of other diseases. As you



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	can see, people were living together. Sometimes with water shortages and hygiene ... then we had problems, diseases like scabies, diahorrea from time to time, malnutrition because they were not getting really food all the time, especially among boys in the camps up there in Solwezi where there was really malnutrition and all that. We lost, we lost some cases, we lost some lives because of malnutrition and all that. But...
MN	Was it difficult to get food up there? Was it a problem or...
BD	It was, well it was difficult to get food up there ... especially true when it was during the rainy season. But also there was some mischief from the logistic people; that is the distribution of food among the camps. You know there were girls' camps, there were boys' camps and there were those camps in military containment. You would find that more food would go to female colleagues than to male colleagues and yet the male colleagues outnumbered female colleagues.
MN	Really?
BD	Yes, and we had to intervene. I personally intervened, wrote a nasty report which went through our intelligence chief, that is Dr Dabengwa. And it was made ... brought to the attention of Dr Nkomo himself. But the situation was rectified and we didn't have those problems later on.
MN	Okay, so there... somebody was trying to favour the girls?
BD	Yes.
MN	Okay, so a lot of them were sort of environmentally caused diseases?
BD	They were mostly environmentally caused and then there was TB in the camps. It was really...
MN	How did they get TB?
BD	Well, some of them got it from here, especially among the trained personnel. Most of them got it during their training periods in the countries were they were. It was really prev... TB was prevalent in the military...
MN	In the ...more in the military ...
BD	Yes
MN	...than in the refugee camps?
BD	Yes, in the refugee camps we had very few cases
MN	But why would it be more in the military? Why would they have TB more?
BD	I think the countries of where they were trained. For instance we had these people who



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	were trained in Libya ... oh, TB was so prevalent.
MN	Really?
BD	Yes. Angola it was not so much.
MN	Oh, okay. Okay, so hygiene was an issue then in the provision of water.
BD	It was a big issue, the provision of water.
MN	This one now, this at Victory Camp. I am surprised that Victory Camp, I am told that this is at Victory Camp. [4A-54-10]
BD	Yes.
MN	And I am surprised that they didn't have ... hadn't put in a water system. That they had to bring water by truck.
BD	Yah, water was being brought there by trucks. When we inherited that camp, there was no water system at all. It was eventually later on when the Victory Camp was expanded, when they built a wall there. When they built extra classrooms and extra hostels, that is when they started thinking of digging a borehole.
MN	Oh, they put in a borehole?
BD	Yes.
MN	So before that it was this type of thing?
BD	Yes. Bowsers...
MN	From the bowsers and then carrying the buckets... [4A=54-21]
BD	Yes.
MN	...like this to the...
BD	Yes, definitely.
MN	... to the, the washing places. This was when there were still tents there?
BD	Yes. There were tents there.
MN	Was it difficult to keep the cleanliness this way then?
BD	Well it wasn't all that difficult to keep the cleanliness because the people were divided into sections and there were commanders in each section where there were responsible ... people appointed to be responsible for hygiene and all those things.
MN	Okay, so each section had somebody that was looking after them?
BD	Yes, looking after that. After that, yes.



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MN	Okay. And then the kitchen I suppose was also a place you had to look carefully at? [4A-70-14]
BD	Yes, it had to be looked carefully into. And also the way how people succeeded also is that even if there were many people, these people were divided into sections as I have said and the food was distributed according to those sections...
MN	Okay.
BD	Just like that and that way it was easy to contain them and the numbers.
MN	So you could actually identify anybody responsible for...
BD	That's right
MN	... for that purpose.
BD	Yes.
MN	And was that the same in the military camps?
BD	Yah, it was the same in the military camps.
MN	Okay and then, maybe you could just explain what type of personnel you had and where they were from, to ... to manage this health programme?
BD	To manage these health programmes, really. To start with we had our own health personnel. We started small. You know, the first medical assistant who looked after those people there when it was only based in Zimbabwe House, it was the late Jabulani Ncube who used to look after these camps, that is Nkomo and Luthuli Camp. And what used to happen is that during the training of cadres, it was also the time to train people in the medical sort of set up. Basic first aid, basic, what do you call, hygiene and all that. As we expanded, there was now need really to have people who were more or less advanced in medical training. These people were sent to different countries including even our host country, Zambia, used to train our medical assistants. And once they were trained, they came back to assist, especially during the 1977 – 78, when there was this influx of people coming from home - some from ... fresh from secondary schools. So they had to be trained in different fields. One of, some of the fields were in medicine ... to come and assist in the camps.
MN	Okay, so there were people trained as nurses ...
BD	Yes
MN	... medical assistants
BD	Yes.



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MN	And then, were there people trained in laboratory work?
	[Inaudible]
MN	So you were able to establish a laboratory there?
BD	Yes
MN	In the, in ... where was this laboratory that we see in this photograph? [4A-86-32]
BD	The laboratory was at Victory Camp. It was through the assistance of a German couple. The husband was a doctor; the wife was a laboratory technician. And she's the one who assisted us to train ... to do in-house training for the girls who were there. Yes.
MN	What, what kind of tests would you be doing? Malaria..?
BD	Mostly it would be malaria, it will be pregnancy. Pregnancy not so much really, it would be malaria, it would be stools, it would be bloods. That is with blood shortage, that is anaemia and all those things. Those are the basic tests which were done, yes.
MN	Okay and then did you have medicines to treat people in the camps yourselves or ...
BD	Oh yes. Medicines, we had medicines really ...
MN	Where did you get the medicines from?
BD	... we were better supplied, I think sometimes, than our host country [laughter]. Medicines were coming from all over the world.
MN	Really?
BD	I must say, donations were so good. We couldn't really complain about medicines.
MN	Okay and then you got other materials like the laboratory ...
BD	Equipment, yes.
MN	Equipment and the testing materials.
BD	Yes, that's right
MN	Cotton wool and all those kinds of things, I suppose
BD	That's right. Yes.
MN	Okay. And then did you also have a cooperation with the hospitals in Zambia? When you really needed to hospitalise somebody?
BD	Oh yes. We had a very good working relationship with the University Teaching Hospital, Zambia, Lusaka. We also had a very good cooperation with the hospitals, Kabwe where our cadres were nursing; we used to get them admitted there. We had a good working



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	relationship with the hospitals at Solwezi. When we were bombed, I think over 100 of our chaps at one time they filled that hospital. And also in the Copperbelt, that is Kitwe and Ndola. We had a good working relationship with those people.
MN	Now let's come to the military side a bit more. This is Dr Bango, I believe at Nampundwe? [3A-22-01]
BD	Yes.
MN	What... and, this is where the people arrived?
BD	Yes
MN	Got sorted out
BD	Yes
MN	And ... what would be done there then at Nampundwe?
BD	You see, at Nampundwe... that was a transit camp. People who were arriving from home via Botswana mostly, and coming there in their hundreds. They needed to be screened before they could undergo military training. You would be surprised that ... you thought perhaps people here at home were fit all of them and there was no need. But when we went ... when these people underwent screening, there were a lot of disabilities that one discovered. Yah, there were a lot of disabilities that one discovered.
MN	What type of things? Vision...
BD	Sometimes vision, sometimes blindness, sometimes short-sightedness, sometimes even limbs had deformities. And all those things, one would pick them up there.
MN	Then you would screen them out?
BD	Yes and then we would screen them out to say, well these ones, yes, these ones can go further for military training. These ones you can do rear duties and all those things.
MN	Okay.
BD	Yes.
MN	You didn't test them for heart problems...
BD	We were, we were also testing them for heart problems
MN	You did?
BD	I must hasten to say yes. Some of them we would find had heart ailments. All those ailments.
MN	So everybody that, everybody was given a medical exam then, were they?





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BD	The aim was to give everybody a medical exam but I must say not everybody got that medical exam. Because now we were under pressure from the regime at ... here at home threatening to bomb those camps. So we wanted to get rid of those people as soon as possible, to clear them and not be concentrated in one place. There I mentioned... there was one incident when I had gone there for a screening exercise and on that fateful day, fortunately or unfortunately, the water pump at the camp had broken down so people were scattered all over the show. I went to my usual routine. I screened those people up to about half past twelve - I had started early in the morning. Then around ... I went after screening those people ... there was a point where we kept those people who were suffering from tuberculosis. I reviewed them. When I had finished reviewing them, I came back now with the intention after one o'clock to go back to Lusaka. As I was discussing issues that we had seen at this camp when we were screening these TB patients with my medical assistant and I called for my ambulance to come and pick me up, suddenly there was this air strike ... exactly one o'clock because they thought people had come for lunch, to ambush yes...
MN	And people were killed?
BD	Oh yes, some people were killed. But as I say, fortunately on that day the engine... the pump... water... there was no water and there was... so therefore they didn't cook that day and the people were not crowded at the point where they were supposed to get food. Very few people were affected. Of course they did again around two o'clock. They came again to strike because they knew that now it was the time for rescue operation ...
MN	Yes
BD	To attack those, yes.
MN	Yah. Okay. So if there was an attack like that on a camp when you weren't there, like for example at Freedom Camp when there were many people who were affected. How did you manage that then, knowing that there were a lot of injured people there?
BD	Well, we managed. We attended to those who were seriously injured. Some of them we took them with us to Lusaka Hospital. Then, I went there to report that we had been bombed, so there were quite a number of ambulances, even Zambian government ambulances came to our rescue, to rescue those people to Lusaka.
MN	Okay
BD	Yes
MN	And the kind of injuries that the people suffered from in those attacks, what type of injuries were there mostly?



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BD	The type of injuries... as you might know the attacks were through these bombs, cluster bombs and....These were cluster bombs, when the bomb exploded, it was...the bomb was made of, you know, fragments. All sort of metal fragments. And it had the effect that you would get people with fragments, you know, hit with fragments everywhere and some with mutilated limbs and any part of the body. And then the worst of it, it was napalm, which was just thrown into a crowd from, from an aircraft. And they pour it on those crowds.
MN	Does ... it's a liquid?
BD	It's a liquid, yes.
MN	Okay
BD	It's a boiling liquid and it would just be poured down like that. And it was a terrible thing.
MN	And nobody would survive that?
BD	Well, some survived but with scars afterwards and all that. But especially this young man whom I lost who was my medical assistant. He was a victim of that napalm. He didn't survive that. Yah.
MN	Was that a situation where you died of the injury immediately or you got to hospital and...?
BD	Some would go to hospital and die at the hospital. Some died on the spot, immediately, yes.
MN	So the injuries then that were suffered in those bombing raids, I suppose they were somewhat different from the injuries that the soldiers experienced in the front, who were fighting in the front?
BD	Oh yes. They were quite different. As I have said, these were injuries from fragments, from napalm. And yet the injuries which were experienced from the front, they were gunshot wounds, bullets and all those and sometimes fractures on the...even on the ... soft issue injuries and all that. They were a bit different. Yes. Combat type injuries.
MN	Yah. And obviously you had medics with every unit.
BD	Oh yes.
MN	In the frontline. Did you train them or were they trained separately?
BD	Some we trained them, some were trained separately. What used to happen is, as the struggle, you know, grew, as we grew in numbers, is that when a battalion or a... let's say a battalion or a brigade went for training, it was at the same time when people to train as medics were identified and trained at the same time.
MN	Oh, okay



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BD	So that when they finished, they were already attached to their units.
MN	Okay, so, so they had their military training and their medical training...
BD	That's right
MN	...at the same time?
BD	Yes.
MN	Okay, alright. And did some of them go on to do medical work after the struggle or...
BD	Oh yes definitely. We have Dr Chemuru, I think you have heard of him, who is the, who is the medical director, Provincial Medical Director for Manicaland. He was called Mbeya, now he is a big man [laughter].
MN	Okay. And those, those who were injured so badly that they couldn't go back to the front, what did you ... what happened with them? I mean, I suppose some of them were ... were not... you couldn't even treat yourselves or ...
BD	No
MN	...they had to go...
BD	Yes, some, those were seriously injured had to be sent abroad to those countries which were prepared to help us, assist us. Countries like the Soviet Union, the then Soviet Union, Bulgaria, quite a number of countries which could assist us. Then when they came back home... that is when they came back to Zambia really, in the camps, we had established a camp for the disabled, which was Solwezi, around that area. It was NK Ndlovu who was looking after those cases.
MN	Naison?
BD	Naison Ndlovu. And of course the overall boss was the late Stephen Nkomo who was in charge of Social Welfare and administration for those people and the late Amai Lesabe
MN	Right. Okay. So what did they do there then, in that camp?
BD	It was ...
MN	Did they have any programme or they just sat?
BD	It was really to cater for them, that, that is to see to it that their welfare was looked after. And of course we were now in the process of also to rehabilitate them in any other way, whether it meant rudimentary schooling and all those things.
MN	Okay, maybe learning a skill or...
BD	That's right.



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MN	And, and did you have problems of mental illness?
BD	A lot. We had a lot of mental illness as you would imagine. When people left this country, going to war, some of them imagined that it would be a good bonanza and they enjoy themselves there and when they came in there, they found the situation quite different, depressing. And some of them really went into depression. Some of them, as you say ... all sorts of mental illness. Some had to be admitted at the Zambian government institutions for treatment...
MN	Really? But how did you handle them? The ones that you couldn't hospitalise? How did you handle them?
BD	It's so tricky. It's so tricky that with the few drugs that we had, we managed to handle them.
MN	You used ...you had drugs, proper drugs for them?
BD	Yes.
MN	Okay. And did you have field hospitals or clinics in the camps or you, you would mostly use the Zambian hospitals?
BD	We had field hospitals in the big camps, just like now we have been talking of Victory Camp. We had a big field hospital there which had everything, as you can even see, with microscopes and all those things. Things were expanding. We were even in the process of establishing an x-ray sort of unit. In the big camps in Solwezi, we had a big field hospital which was donated by the Swedes. It had almost everything you can think of. It was a field hospital as you can say. Yes. With operating theatres...
MN	My goodness
BD	With all the linen and instrumentation. All those things were there.
MN	And, and did you have enough personnel yourselves to operate these things or ...
BD	Well ...
MN	...did they also send personnel?
BD	I won't say that we had really enough but we had some. Because I must say, with Solwezi, that time, because that's where the military camps were concentrated also down the Zambezi Valley... through solidarity with the international organisations, we had a contingent of two doctors who joined me, those were the Cuban doctors. I used to work with them. Even in these field hospitals which made our work a bit easier. Yes.
MN	Okay, it's very... were you satisfied that you were able to ... you know, provide a good healthcare or adequate healthcare in the circumstances?



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BD	Well, under the circumstances I could say yes because we could not just stand there, look at patients or at people dying and say, if there was this, we could have done that. We were in a position really to assist and establish whatever it is ... those makeshift health, health, what do you call, set-ups which did help a lot, yes.
MN	Okay, good. Is there anything that we have left out about this whole programme that you think we should have included?
BD	No, all I can say is that the international community when it came to health services really came to our rescue and to our assistance, especially in the form of, as we have mentioned, drugs. We were well supplied with drugs. Transport, we had a fleet of ambulances, good ambulances that we were using. Some of them which even before they were used, those which were donated had to find us here in Zimbabwe which were donated when I went to Leyden in the Netherlands to appeal for those things. Unfortunately those ambulances were confiscated by some powers ...
MN	Oh, this was after Independence?
BD	Yes
MN	Okay, this has been very interesting. Thank you very much.
BD	Thank you.

