

Africa's elite build VIP hospitals for themselves, leaving workers to die

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“We are the only continent that has its leaders seeking medical services outside the continent, outside our territory. We must be ashamed.”— Aaron Motsoaledi, South African Health Minister, 2017

The number of COVID-19 cases on the African continent has now exceeded 10,000, with more than 500 deaths reported. World Health Organisation Director-General Tedros Adhanom Ghebreyesus is warning of an “imminent surge” on the continent.

The response of the African ruling elite has been to cocoon itself in luxury, distancing even more surely from the impoverished masses it views with hostility and fear, entrenching the ever-deepening class divide.

Unable to jet off to the advanced countries to receive high-quality medical treatment as they did until recently, the African ruling elites are moving heaven and earth to provide themselves with the best possible health care—leaving millions to suffer in dilapidated hospitals and clinics.

According to *Zim Live*, two private hospitals in Zimbabwe—Rock Foundation Medical Centre in Harare’s low-density suburb of Mt. Pleasant and St. Anne’s Hospital—were requisitioned by Zanu–PF financier Kudakwashe Tagwirei through his company Sakunda Holding, to exclusively serve the country’s business and political elite.

The *Zimbabwe Herald* reports, “Sakunda Holdings is bringing into the country [100 ventilators], 10,000 rapid test kits, 10,000 disposal protective gowns, 20,000 medical masks, 10,000 disposable shoe covers, 100 infra-red thermometers, 5,000 respirator N95 masks and 2,000 hand sanitisers,” among other resources to stock these hospitals for Zimbabwe’s ultra-wealthy.

A letter sent to St. Anne’s Hospital by Health and Child Care Secretary Dr. Agnes Mahomva shows a ruling elite that will spare no expense and waste no

time when its own health and well-being are at stake. Mahomva insisted that the hospitals become functional in “the shortest possible period of time.” Tagwirei reassured her that they have the “resources and funding to do the work and hence refurbishments” will not be at the cost of the hospital. Refurbishments alone will run to US \$2.7 million.

This comes as Zimbabwe’s nurses and doctors in public hospitals went on strike to protest an extreme shortage of personal protective equipment (PPE) and a complete lack of necessary medical equipment to battle the coronavirus pandemic. The Associated Press already reported in 2019 that doctors were forced to perform “bare-handed surgeries.”

“Thorn Grove Hospital in Bulawayo, one of the two infectious diseases hospitals [owned by the local council and will serve the entire Southern region] that have been established to cater for coronavirus patients, is still ill-equipped to admit patients as government has not provided any funding,” according to *New Zimbabwe*.

Africa’s health systems, underfunded, understaffed and starved of resources by governments for years, now confront a rapidly spreading contagion that is projected to count its victims in the hundreds of thousands.

Foreign Affairs reports that in contrast to the United States, where there are 33 ICU beds to 100,000 citizens, “In sub-Saharan Africa, the situation is even more dire: Zambia has 0.6 ICU beds per 100,000; The Gambia has 0.4; and Uganda has 0.1.”

Rural doctors are facing even more difficult conditions. Dr. Lungi Hobe in South Africa told *SABC News*, “The rural population basically accounts for about 42 percent of healthcare services and we only have 15 percent of doctors looking after rural care and 20 percent of nurses. This poses a major concern for us

in terms of human resources. It has always been a major issue but now with COVID-19, it's going to be a particularly major issue."

In the Democratic Republic of Congo, the health system, already under strain after a measles outbreak that killed more than 6,000 children, is now threatened by the coronavirus pandemic.

The continent's overcrowded slums, where many live without proper sanitation and, as Reuters recently noted, entire "families also live in just one room, making it impossible to maintain a physical distance of 2 metres (6 feet)," is another cause for the spread of the contagion. The *New England Journal of Medicine* recently published a study showing that the virus can survive in air for three hours. This will no doubt facilitate the rapid and effective spread of the virus in these cramped conditions, especially given the lack of mass testing.

It should come as a shock to no one if the number of deaths from COVID-19 in Africa quickly accelerates, as dead bodies overwhelm the morgues and hospitals, and overrun the streets, homes and walkways of slums and working-class areas as has already happened in Ecuador.

The indifference and criminal negligence of the bourgeoisie to the possible exposure of millions of workers to the coronavirus is the expression of a ruling elite that will stop at nothing to extract ever more profit from the working class. Despite the possibility that the virus could kill millions without emergency action, the African ruling elite will not relinquish its billions.

Reports of the virus spreading amongst miners have already surfaced. Reuters reported that an Endeavour Mining employee in Burkina Faso had tested positive for coronavirus after returning from the UK.

Displaying mild symptoms, he was placed in quarantine; despite the identification of a case in the mine, the company reported that it had not "witnessed any impact to production or operations at any of its mines or exploration activities."

Similarly, a worker at AngloGold Ashanti's Obuasi mine in Ghana tested positive for the coronavirus. He was asked to self-isolate, and his contacts were traced. Miners, who often work together in close quarters, are particularly susceptible to picking up the virus and spreading it to their colleagues and loved ones.

Miners have found themselves in an especially

difficult situation—with both governments and employers utilising the pandemic for their own purposes.

All Africa reports that 23,000 miners from Mozambique, with only the option to stay in the mining area, were forced out of South Africa after the announcement of a 21-day lockdown. Tenke Fungurume, a mine owned by China Molybdenum Co., used the lockdowns to enforce longer work hours and stepped-up exploitation, with about 2,000 people ordered to stay on site and avoid "contact with the outside world."

Anger is mounting amongst truck drivers, as many find themselves hampered by the various lockdowns implemented all over the continent. According to *Yahoo! Finance*, cargo carriers who transport copper and cobalt from Congo's mines to ports in South Africa and Tanzania can still cross into Zambia, but new sanitation measures have led to 25-mile backups at the border. At the Congo-Zambia border, more than 1,000 trucks carrying food, equipment, and supplies for mines had to queue last week after a partial lockdown came into effect.

The response of the ruling class to the unfolding crisis exposes the great divide that exists between working people and the bourgeoisie, nowhere more so than in Africa. For the bourgeoisie it is matter of securing its wealth, returning workers to the job under unsafe conditions and destroying whatever gains were made in social welfare. For working people, it is a matter of saving lives, closing all non-essential production and reorganising economic life based on social need and not private profit. For this to be done, a socialist leadership in the working class must be built, allying with the impoverished peasantry and in unity with the working class in the imperialist centres. This requires an intransigent struggle against the banks, corporations and world imperialism and all their agents on the continent.



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