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COMMISSION OF INQUIRY ON THE REPORTED
MASSACRES IN MOZAMBIQUE

PROVISIONAL RECORD OF TESTIMONY TAKEN AT THE
TWENTIETH MEETING

Held at the Institute of Finance Management, Dar es Salaam, Tanzania
on Wednesday, 5 June 1974, at 3.15 p.m.

Chairman:

Mr. UPADHYAY

(Nepal)

- Hearing of witnesses (continued)

Persons heard: Dr. Slavcho Rajkov SLAVOV
Samuel Rodrigues DHLAKAMA

HEARING OF WITNESSES (continued)

The CHAIRMAN: Today we have before us a number of witnesses, starting with Dr. Slavcho Slavov; Mr. Samuel Rodrigues Dhlakama; Mr. Oreste Kunambude Nankoloma; Mr. Joaquina José; Mr. Ntenga Mumwilo; and Mr. Remigio Vapanguile. First of all, I would invite Dr. Slavov to come to the witness table.

At the invitation of the Chairman, Dr. Slavcho Slavov took a place at the witness table.

The CHAIRMAN: Dr. Slavov, we appreciate your willingness to appear before this Commission as a witness. The Commission was established by the United Nations General Assembly to investigate the reported massacres in Mozambique. It is a very serious problem which needs to be clarified beyond any reasonable doubt. We hope your testimony can lead to the clarification of what actually happened. All the information you may have on the reported massacres will be valuable to the work of the Commission. It is the procedure of this Commission to request the witnesses to make a solemn declaration. The declaration reads as follows: "I solemnly declare upon my honour and conscience, that my statement will be in accordance with my sincere belief". Are you willing to make such a solemn declaration?

Dr. SLAVOV: Yes.

Dr. Slavcho Slavov made the solemn declaration.

The CHAIRMAN: Now I have a few questions before I invite you to make a statement. Will you please identify yourself by name?

Dr. SLAVOV: Dr. Slavcho Rajkov Slavov.

The CHAIRMAN: What is your age?

Dr. SLAVOV: Forty-three years.

The CHAIRMAN: Your profession?

Dr. SLAVOV: Physician-Surgeon.

The CHAIRMAN: Your address.

Dr. SLAVOV: Here in Tanzania or in my country?

The CHAIRMAN: Wherever you like. Give us your permanent address.

Dr. SLAVOV: Mtwara, P.O. Box 563, Tanzania.

The CHAIRMAN: I believe that you are going to tell the Commission, Dr. Slavov, about some acts of massacres and atrocities that were committed by the Portuguese in Mozambique. May I know, Sir, where you were when those atrocities took place?

Dr. SLAVOV (interpretation from Portuguese): Yes. I am going to speak in Portuguese. I understand English, but I have difficulties in speaking English well. Since April 1971, I have been working in the hospital of FRELIMO in Mtwara. I have been working there up to now. During that period I visited the liberated areas of the province of Cabo Delgado in 1972 for one month. During that time I visited hospitals, schools, nurseries, villages and military bases.

I want to say something else. As one of the two doctors working with FRELIMO, I am working not only in the hospital, but to help the health services of FRELIMO: with their technical problems, with the problems of preparation of cadres, and with the general problems of health in the liberated areas. That is how we have a good picture of the general situation in Mozambique.

The CHAIRMAN: Now, Dr. Slavov, please describe what you know about all those atrocities.

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Dr. SLAVOV (interpretation from Portuguese): I am going to talk about some impressions I have gained during more than three years of work with the Mozambican people. The FRELIMO hospital in Mtwara has 70 beds and place to accommodate more than 300 persons.

(Dr. Slavov)

That hospital treats both FRELIMO soldiers and people from the liberated areas, because -- we must emphasize -- not less than three quarters of our patients are civilians. About 200 persons a year are treated for "war" wounds in the hospital. These are only persons sent from the provinces of Mozambique because of the unusual medical treatment that they need. What is interesting is that about 80 per cent of the wounded are civilians -- women, children, old people and young people, who are not in any way linked with FRELIMO.

Another observation that I have made during these years is that, in that hospital, we have never treated sick people with wounds who came from FRELIMO military bases that had been attacked by Portuguese troops. We have treated FRELIMO soldiers who were wounded during combat -- FRELIMO against Portuguese bases -- or in ambushes organized by Portuguese troops. On the other hand, however, we have treated a great number of sick people who arrived in large numbers, in groups, from bases -- not military bases -- in the liberated areas: from the schools, from the hospitals, from the villages and from the nurseries in the liberated areas. I want to emphasize that this fact, a very sad one, shows that the Portuguese troops prefer to fight unarmed people, people in the schools and hospitals, rather than FRELIMO soldiers. It could be because that is easier, but it is sad.

I want to give some concrete examples of some patients. Shortly after I arrived at the hospital in 1971 I was called to observe a group of wounded people who had arrived a short while before. There is one case that I will never forget for as long as I live: a woman with a child younger than one year. The child was being carried on its mother's back, as is customary in Africa, in the village where they were living -- as the mother explained to me -- when they were attacked by Portuguese troops. When she started to run away she was wounded by a bullet from a rifle, which completely shattered

the leg of the baby, who was younger than one year, passed into the mother's body and fractured the iliac bone, thus causing a tremendous wound in that part of her body. That was inflicted at very short distance with a bullet from a rifle, that is to say, a deliberate attempt was made to kill the child and the mother.

There is another case that I shall not forget: that of an old, blind woman who, under similar circumstances, was wounded in the left leg. We had to amputate the leg because the wounds made it impossible for us to save it.

I remember many, many cases. I shall relate only some of them. In 1973 a child, about ten years old, a pupil of a school in Cabo Delgado, was wounded by a rifle shot in the region of the left shoulder, from a short distance. Later in the hospital she developed complications of tetanus and died.

I remember another case in 1972 when a woman was giving birth to a child and an air raid started over the village. She was not able to run away or to go to the air-raid shelter. After giving birth, the child was killed by bomb fragments; she received a big wound on the right part of her leg and the spinal cord was attacked. When she arrived she had paraplegia in the lower region of her body.

There are other cases about which I can tell the Commission. I shall tell you about one woman who until this day is in the hospital in Mtwara. She was taking water to her house when she was ambushed by Portuguese troops.

(Dr. Slavov)

Her child was killed with a bullet and the woman received a wound in the region of the left collar bone, with paralysis of the left arm. This woman is still in the hospital up to today. I am only emphasizing those cases to explain that we must be clear that those cases, those wounds, from the medical point of view, are sufferings certainly provoked on purpose. In a case of bombing, one would think that they might suspect that there were guerrillas in this region, but in these cases that possibility is excluded.

I should like to mention some other cases in order to cite other types of action of the Portuguese troops. When I visited the liberated areas of Cabo Delgado in 1972, one of my jobs there was to exchange opinions with our nurses about the problems that they come across during their work: what are the difficulties, how they organize their work, and also about treatment of patients and concrete cases.

During those meetings and those conversations, one of the nurses, called Vicente Mussa -- this nurse is still working up to today in the province -- informed me that at the beginning of this year, in the region where he was working, the Portuguese troops were using defoliants. These defoliants affected a large segment of the population. Some suffered from diarrhea and vomited. No one died. I myself did not observe it, but certainly I can say that defoliants were used in Cabo Delgado in 1972. If the Commission decides that it is necessary, that nurse can be called in from the province of Cabo Delgado.

I want to speak further of another case. In the second half of 1973, the health leadership of FRELIMO received information that in the provinces of Manica and Sofala and Tete there were cases of cholera. Some time before this, we had information that on the other side of the Portuguese troops there were isolated cases of cholera. Later, it also came from Malawi. Some cases of cholera were also reported. But what is interesting is that we sent groups with medicine, with vaccines, to organize a struggle against the epidemic. What is important is that in these regions, in comparison to the zones controlled by the Portuguese, we found great differences.

What are these differences? In the places where these cases appeared, there was an outbreak that reached a great number of people. Thousands of FRELIMO soldieris died in the villages of Manica and Sofala and Tete. But let us observe how, after this, things continued. It is interesting that the epidemic stopped spontaneously, something that is impossible from a medical point of view. If it is an epidemic of cholera of this type, it attacks great number of people, with a very high mortality. This means that the virus of cholera that provoked the illness is of a tremendous force, of great virulence. An epidemic of that type cannot stop during just two or three days. Every epidemic has its development. It is typical. It is an outbreak; there are some variations with smaller outbreaks. And the rate of development continues for months.

But the nurses that we sent to this place did not discover any cholera. There were also expirations by the people who were attacked. These expirations were not typical for cases of cholera. There is another thing which is very interesting. At the same time, in the same region, FRELIMO soldiers buried various captured materials of the Portuguese troops. They captured tins with pure water. In other regions pure water tins had never been captured before. I am not in a position to prove it -- we do not have the possibilities of making chemical analyses immediately at this time -- but I am certain that it was not any epidemic of cholera. It was an act of poisoning of the water sources of the wells, which are very limited in these provinces. For that reason, the Portuguese troops were provided with pure water. That is why this cholera, which is not a cholera, was very intelligently linked with some isolated cases of cholera that were observed in the zones controlled by the Portuguese troops.

(Dr. Slavov)

About the problem of how this story of cholera happened, I think Comrade Samuel Dhlakama, who as head of the FRELIMO health department was sent to the province of Tete, can explain more because he met someone else, Comrade Joao Chauque, who is now in Tanzania, and he could be called to give evidence. He was head of the first group that went to Manica e Sofala to solve the problem of the epidemic. Dinis Mapulango, a nurse from that same province, who was prepared in our school and called to go with the second group, can also be called. I spoke with him only during the last week and, as he explained to me, we cannot talk about any cholera during that period in the province of Manica e Sofala.

A further problem that can be explained by Samuel Dhlakama is the information I received to the effect that when he visited the province of Tete he did not find cholera, but he found vast regions where the people were dying of hunger because the Portuguese troops, helped by Rhodesian troops near the frontier with Rhodesia, had liquidated all the people's crops to force FRELIMO to leave that region and to go and live in other parts. The people refused to leave their land, and it is possible that until now they continue to die.

In conclusion, I want to say that on the basis of my personal observations, on the basis of all the information I have as a result of my position as health assistant to the leadership of FRELIMO, I can say with complete frankness that Wiriyamu and massacres like that at Wiriyamu are not isolated cases; similar incidents occur daily. If we do not consider these cases as evidence of the policy of the Portuguese troops and the Portuguese Government, if we do not perceive these as acts of genocide, what is genocide?

The CHAIRMAN: Thank you for your statement, Dr. Slavov. I hope you will not mind answering a few questions.

Dr. SLAVOV: Of course not.

The CHAIRMAN: Before I call on other members of the Commission to ask questions, I have one. I presume you are a foreigner. What is your nationality?

Dr. SLAVOV: I am Bulgarian.

Mr. RABETAFIKA (interpretation from French): I should like to ask Dr. Slavov for some clarification that may be very valuable, because he speaks as an expert.

Dr. Slavov, you said that the Mtwara hospital was a civilian hospital where soldiers were treated from time to time. Is that correct?

Dr. SLAVOV (interpretation from Portuguese): The Mtwara hospital is civilian but it is a FRELIMO hospital. That means FRELIMO soldiers and all people from the liberated areas who need treatment. The number of civilians is much greater than military personnel.

Mr. RABETAFIKA (interpretation from French): You spoke of non-military FRELIMO bases and described what they were like. From my understanding they were social centres rather than bases. Is that so?

Dr. SLAVOV (interpretation from Portuguese): It is true. I visited many schools and hospitals, but these are not military bases. They are all like air-raid shelters.

Mr. RABETAFIKA (interpretation from French): Dr. Slavov, of the bullet wounds you have treated what percentage of those wounds was on the victims' back or posterior?

Dr. SLAVOV (interpretation from Portuguese): The wounds that we came across were varied. Some were provoked by bullets --- those were very easy to discover, because the hole at the point of entry of the projectile is smaller than that from which the projectile leaves the body. In the majority

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(Dr. Slavov)

of cases of bullet wounds of civilians, the holes of entry were in the posterior parts of the body. That means that those civilians were running away when they were wounded. In the cases of wounds by mines, from fragment of bombs and burns, I cannot say that there was any great preference for the posterior parts or for the front parts. But that is not of any importance, because those pieces of fragments and the incendiaries can be provoked in any position.

Mr. RABETAFIKA (interpretation from French): Above all, Doctor, I am interested in knowing whether the bullets were shot into the back and not consistent with what should be -- that is, it was a cowardly action to shoot at people while they were trying to flee, and to shoot at them in a cowardly fashion. That is what I want to know.

Doctor, have you treated people who were stricken by napalm bombs?

Dr. SLAVOV (interpretation from Portuguese): In reply to your first question, I must say that the bullet wounds of the people were caused from a very short distance. That means absolutely that they were done on purpose against the civilian population. Some of them must be considered as originating from 40 to 50 metres. It is very easy to distinguish a FRELIMO soldier from a woman with a skirt who is carrying a child.

In answer to the second question, in our hospital we treated many patients with burns. Many died -- women and old people, not soldiers. But they were burns from incendiary bombs. During these three years I have not observed cases of napalm burns.

Mr. RABETAFIKA (interpretation from French): We have heard quite a bit about Bengololo bombs. In your capacity as an expert, what are the effects that can be observed on a person injured by these Bengololo bombs? From the observations you made concerning those injured by Bengololo bombs, can you, as an expert, tell us the nature of those bombs?

Dr. SLAVOV (interpretation from Portuguese): I must say I do not know that type of bomb. They seem to be multifragment bombs. I do not know this Bengololo bomb.

Mr. RABETAFIKA (interpretation from French): Doctor, according to what you describe about the "cases of cholera", do you have the impression that bacteriological weapons were used in the liberated areas of Cabo Delgado and elsewhere -- particularly, as you said, in Tete and the other areas?

Dr. SLAVOV (interpretation from Portuguese): I have not got that impression. Bacteriological weapons have the same effect and the same development of sicknesses as any infectious disease, and they provoke epidemics. In the case of this, as I explained in Manica and Sofala and Tete, we cannot think of the use of bacteriological weapons. We must think about the use of poisonous chemicals, concerning which I have information. But for the isolated cases in the other provinces, in the liberated areas, especially in Cabo Delgado during 1972 and 1971. But those are isolated cases, and the poison was put in the wells from which the people were taking water by Portuguese agents, not by Portuguese troops.

Mr. RABETAFIKA (interpretation from French): I asked that question because in your statement I thought I understood that there was a certain coincidence between the bombings and the unexpected spread of epidemics.

Dr. SLAVOV (inteppretation from Portuguese): I cannot make any connexion between the bombings and the use of poisons such as I think were used. They are different manoeuvres, as the Portuguese troops understand the war.

Mr. RABETAFIKA (interpretation from French): Doctor, do you have the impression that chemical weapons were used?

Dr. SLAVOV: Chemical weapons? I have no impression.
(spoke in Portuguese)

In this case, we cannot think about chemical weapons. This is a simple poison that can quite easily be put in the wells from which people are used to drawing their water. When those wells are very limited in number, in very large, vast regions, success is certain. But this is not the same thing as using chemical weapons.

Mr. RABETAFIKA (interpretation from French): Doctor, I understand very well, but I do not want to stop only at the cholera epidemic. I am speaking generally, and that is why I have stressed the point. It is that we are not only looking at this from the angle of specific cases of cholera. I shall re-state my

(Mr. Rabetafika)

question. According to the cases you treated at the hospital in Mtwara, or according to what you heard, do you have the impression that bacteriological or chemical weapons were used in the liberated areas?

Mr. SLAVOV (interpretation from Portuguese): I understand the question. In the hospital at Mtwara we have not treated such cases, but defoliants. We can consider those chemical weapons, and, since defoliants were used -- and I am certain they were -- in the province of Cabo Delgado, that means the Portuguese troops used chemical weapons.

Mr. RABETAFIKA (interpretation from French): Doctor, what are, or may be, the permanent effects of defoliants on the human being?

Dr. SLAVOV (interpretation from Portuguese): I am not a specialist in cases of these chemical weapons, but they can have one effect that can provoke disorders. They can provoke illnesses and digestive disorders. And so in the cases where they are used in great quantities, they can provoke death. If they are used regularly, they can provoke chronic intoxication; they can reach the liver and the kidneys.

Mr. RABETAFIKA (interpretation from French): Doctor, did you hear of any cases where people died due to the abuse and massive use of defoliants? That is my first question. The second one is this: Have you treated cases of serious intoxication due to repeated use of defoliants?

Dr. SLAVOV (interpretation from Portuguese): I understand your questions. I must explain that before those defoliants were used, our health services of FRELIMO organized a good explanation for the people in the liberated areas: that the practices used in Viet-Nam show that it is possible that defoliants can be used, as well as other chemical weapons. For that reason, the people were prepared for the use of these weapons. Only a small number, or those who were not informed, or did not pay any attention to the information they received, and used those products, only those people suffered from these defoliants.

I do not have information about any person having died of this. That is my reply. Based upon our preventive work, it did not reach serious cases of intoxication through the use of chemicals in the zones hit by these defoliants.

Mr. RABETAFIKA (interpretation from French): Doctor, I am now going back to the so-called cholera epidemic. Did you have any knowledge of a report, which was supposed to have been published by FRELIMO authorities, to the World Health Organization about the conditions under which this epidemic appeared in Tete, Manica and Sofala?

Dr. SLAVOV (interpretation from Portuguese): In the first place, I must say that we never confirmed the presence of cholera in the liberated areas of Mozambique. From our point of view, from our understanding of these cases, it was not cholera. For that reason, we did not inform the World Health Organization on the one hand; on the other hand, in our liberated areas, those are not yet in the state of governments and we are not authorized to inform the World Health Organization about cases such as this. But at the beginning, when the problem was explained as the presence of some cases of cholera, we asked help from many countries, and we received that help. I cannot give any figure now about the doses of anti-cholera vaccine but I think that the figure was more than half a million doses that were sent to the liberated areas, of liquids. This is not more important in the treatment of cholera. In practice, they never managed to use these liquids because it was not cholera; they did not have cholera.

Mr. RABETAFIKA (interpretation from French): I have one last question to ask you, Doctor. According to the various observations which you made, or which you heard of, do you confirm that this was a policy of genocide on the part of the Portuguese authorities?

Dr. SLAVOV (interpretation from Portuguese): On the basis of all that I have been talking about, I am absolutely certain that the policy of the Portuguese Government, through the actions of the Portuguese troops, was a policy of genocide.

Mr. RABETAFIKA (interpretation from French): Thank you, Doctor, I have no further questions.

Mr. MARTINEZ ORDONEZ: You have appeared here before this Commission as an expert, as a medical doctor. In that regard, I should like you to clarify for us some factors of your statement today before the Commission. The first refers to the types of wounds. You stated that they were wounds inflicted from a short distance and that in your opinion they were carried out intentionally, precisely to kill the people who received the wounds. Specifically,

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(Mr. Martinez Ordonez)

you referred to this in the first case you brought to the attention of the Commission, that of a child whose face had been so badly hurt, and that of a woman who had received the same wound in the iliac region. Doctor, what were the characteristics of the wound that led you to the conclusion that the shots had been fired from a short distance?

Dr. SLAVOV (interpretation from Portuguese): First, the same bullet first hit the child's leg and completely amputated that leg; afterwards it passed into the mother's body, fractured the lateral part of the iliac bone and provoked an open wound typical of a wound sustained at close range. If it had been fired from a great distance, the same bullet could never have completely amputated the child's leg and provoked a great wound and bone fracture.

Mr. MARTINEZ ORDOÑEZ: You said that you had estimated the distance to be about 50 metres. Is the Commission to understand that there were no traces of powder or anything close to the wounds?

Dr. SLAVOV (interpretation from Portuguese): Powder traces can be found only when the shot is made from a very, very short distance -- some centimetres or a few metres. It is not possible to see them farther, only chemically.

Mr. MARTINEZ ORDOÑEZ: Dr., in the case to which you referred, was it possible to approximate the size of the projectile that had entered the mother's body?

Dr. SLAVOV (interpretation from Portuguese): The projectile, in that case, after fracturing the bone remained in the mother's body; it was not possible to say it was a projectile from a typical rifle, automatic gun or machine-gun; but it was a bullet, it was a shot fired to kill that person, that concrete object, in that case a woman and a child.

Mr. MARTINEZ ORDOÑEZ: Doctor, you said that you could not identify it, but that you might remember the size of the bullet. Normally, a light machine-gun, a rifle or even a pistol would have a 7 millimetre to 9 millimetre shot. Was that the approximate size of the shot about which you are talking or was it a bigger bullet?

Dr. SLAVOV (interpretation from Portuguese): That was a child, less than a year old. I cannot remember clearly; that was a long time ago. What I can remember is that the leg was completely amputated and the same bullet provoked a wound in the mother. That could not be a bullet from a pistol; it could be from a rifle, a machine-gun or a submachine-gun.

Mr. MARTINEZ ORDOÑEZ: Passing on to another matter, the so-called cholera cases in Mozambique, would you, as an expert, tell the Commission what are the basic symptoms of cholera?

Dr. SLAVOV (interpretation from Portuguese): Symptoms of cholera or symptoms in this case?

Mr. MARTINEZ ORDOÑEZ: The symptoms of cholera.

Dr. SLAVOV (interpretation from Portuguese): The principal symptoms of cholera are severe vomiting and frequent diarrhoea of a water type. With this diarrhoea and vomiting, a lot of liquid is lost during a short period and a great quantity of minerals too; the body's temperature is less than normal; the patients suffer from a complete, absolute weakness and a great percentage dies when the cholera is with an acute virulence. As the days pass, as with any other epidemic, the number of patients starts to decline, the number of deaths declines, because the cholera virus declines.

Mr. MARTINEZ ORDOÑEZ: To the eyes of a person who is not an expert on diseases, the basic symptoms that would appear, if I understood you correctly, would be a decrease in the body temperature and vomiting?

Dr. SLAVOV (interpretation from Portuguese): Yes.

Mr. MARTINEZ ORDOÑEZ: Were these the symptoms reported to you in the so-called cholera cases?

Dr. SLAVOV (interpretation from Portuguese): Some of the symptoms were the same -- diarrhoea and vomiting. But the diarrhoea and the vomiting are typical of cholera; they have a liquid aspect. In the case of the cholera that we are considering now, our doubts were not based on the symptoms that appeared but on the development of the epidemic of cholera. It is not possible for a cholera epidemic to reach a great number of people during one or two days and not affect the neighbouring regions when we do not have absolute isolation.

(Dr. Slavov)

That was not possible. It was not possible to think such a thing. It was not the development of an epidemic, which cannot be limited to the area of a village, to a solitary region, without passing to other regions. And an epidemic of cholera of the type this cholera started must last months and reach vast regions, when we are going to know that conditions of hygiene and prophylaxis in the region are in practice very low.

From the other point of view, in the regions and parts of Mozambique where control was by the Portuguese troops, the reported cases were isolated ones, not the epidemic type of a virulent agent.

From my point of view, the cases that were reported in those regions were cases transmitted either from the cholera epidemic that occurred in Italy in the past year, but with a very low virulence, or they were transmitted from India, where there constantly exist isolated cases of cholera.

On the basis of the lack of the development of an epidemic of cholera, on the basis of comparison with the cases of cholera in the Portuguese part of Mozambique, I think this was not an epidemic of cholera.

Mr. MARTINEZ ORDÓÑEZ: I believe it has been evident to the Commission from your very first declaration that the absence of the characteristics of an explosion would discard the possibility of an epidemic and hence discard the possibility of cholera. My questions were pointing more towards the characteristics that were reported to you in the sense that they coincided with the idea of the illness of cholera. Now, Doctor, do you know of any poison that would give the same characteristics you have described as those of cholera?

Dr. SLAVOV (interpretation from Portuguese): I think there are many poisons that can provoke vomiting, diarrhoea and death, but I am not in a position to say that it was one or another type of poison. I was reporting on this case as one that I cannot prove directly. We do not have evidence of chemical analysis of water to support our observation, but, indirectly, we cannot think of any other cause for this case. I am not in a position to say it was such-and-such a poison.

Mr. MARTINEZ ORDOÑEZ: Thank you. I think we have covered that ground. I have only one question, which complements those asked by my colleague of Madagascar with reference to the type of bombs used and some chemicals that could perhaps produce that type of reaction.

Doctor, could you perhaps tell the Committee the effects of metallic sodium or metallic potassium when they come into contact with the human body?

Dr. SLAVOV (interpretation from Portuguese): I cannot speak with certainty about cases that are the speciality of toxicologists. I am a surgeon. For that reason I do not feel in a position to be able to answer this Commission responsibly on this point.

Mr. GRAHL-MADSEN: Dr. Slavov, we have listened with interest to your statements. I have a few questions.

In your present hospital, how many beds are there?

Dr. SLAVOV (interpretation from Portuguese): We have 70 beds, and we have 200 places where our patients stay after treatment to get well enough to return home. In order to get home, sometimes they have to march for weeks. For that reason, sometimes after a simple operation -- as, for example, one for a hernia -- our patients cannot go home immediately after the operation. In such cases, we have this camp where we have conditions to house 200 or 300 people.

Mr. GRAHL-MADSEN: The 70 beds you referred to -- are those all in the surgery ward? Or does your hospital also have other departments?

Dr. SLAVOV (interpretation from Portuguese): The division of our hospital is into a male section and a female section. It is impossible for us to make other divisions. We treat surgical cases and also internal illnesses and pediatrics. My wife also works at the hospital. She is a pediatrician.

Mr. GRAHL-MADSEN: Are you and your wife the only pediatricians in the hospital?

Dr. SLAVOV (interpretation from Portuguese): Up till April this year, we were the only doctors. Since 1 April, another doctor has arrived from Brazil.

Mr. GRAHL-MADSEN: How many patients will you treat in your hospital in the course of a year, for instance?

Mr. SLAVOV (interpretation from Portuguese): On a yearly average, we have treated between 750 and 850 people, accommodated in the hospital, and about 8,000 people who cannot be treated in the hospital, but are out-patients. And there is the use of the places of the camp of the hospital where patients also stay after being treated. During one year we have between 8,000 and 9,000 patients.

Mr. GRAHL-MADSEN: Eighty per cent of your patients were civilians. From which of these figures did you compute the 80 per cent?

Dr. SLAVOV (interpretation from Portuguese): We have statistics to check the work in our hospital, how we plan our needs for medicine and the prospects for the development of the hospital. And those statistics are made on the basis of the number of patients, either civilian or military. But more important for us is that it is on the basis of the principal illnesses that we may find. We have for all these years, for each month, for each three months, for each six months, our statistics: of each group of illnesses; how many were treated during that period; what were the results of those illnesses; those that died; those that were treated, and those who got better. All this orients our work. But for us, more important, is the type of illness. We do not have preferences about treating soldiers or civilians. We only have preferences with regard to the urgency of each case.

When it is urgent, we have to admit the person immediately to the hospital. When it is not urgent and the beds are occupied, the sick people wait in the camp until there is a free bed for them.

Mr. GRAHL-MADSEN: But you mentioned at the beginning of your statement that 80 per cent of the wounded were civilians. That is then one of the categories into which you divide your patients. I take it that the wounded is one category. How many wounded would you treat on the average in a year, do you think?

Dr. SLAVOV (interpretation from Portuguese): In our hospital, in different months, in different years, we treat different numbers, but the number of patients with wounds, accommodated in the hospital, is between 150 and 200 a year. Of these patients with wounds, we have two groups. One group of wounds is wounds of the soft tissue which are much easier to treat. Another group of patients include wounds accompanied by fractures and amputations. We have a very limited number of wounds in the head region, the thorax and the abdominal cavity, because the majority die in the interior on the way, before arriving at our hospital.

Then there is the normal percentage of war wounds: 70 per cent were limb wounds and the other 30 per cent were for head wounds, chest wounds and abdominal wounds. But these figures are different from the statistics on the other types of wounds. This percentage of our cases is more than 90 per cent for limb wounds and less than 10 per cent for wounds in the cavities -- because of the very high mortality rates.

Normally, for a patient to arrive from the region where he was wounded, it takes a week, two weeks, three weeks; sometimes two months. So that when people arrive with wounds, they arrive with complications. We do not have the possibilities to evacuate these wounded people in any way without carrying them, taking them by foot.

Mr. GRAHL-MADSEN: In what you have said now, you mentioned that the figure of 80 per cent of the wounded are civilians. That would mean that around 150 persons a year are civilians, and then they would be about 30 soldiers?

Dr. SLAVOV (interpretation from Portuguese): No, no, no, that was the number of sick people with wounds. Three-quarters of them are civilians and one-quarter is soldiers. That is not an absolute number; that is just a number for general orientation. The proportion is three to one.

Mr. GRAHL-MADSEN: I understood you to say that the total number was 150 to 200 a year. Is that correct?

Dr. SLAVOV (interpretation from Portuguese): The number of patients is about 150 to 200. Of this total, about three-quarters are civilians and one-quarter is soldiers.

Mr. GRAHL-MADSEN: Then I also understand from what you said that the most serious cases would never reach your hospital because of long transportation. On the other hand, their very light wounds would probably never come to you because you have limited capacity and they would probably heal themselves during the time it would take to transport them to the hospital.

Dr. SLAVOV (interpretation from Portuguese): I want to say that we had very serious wounds in the limbs when they were fractured, particularly when they touched the joints.

Mr. GRAHL-MADSEN: Of course you had very serious wounds; but the most serious cases would probably prove fatal during their transportation and the not so important ones would not reach you at all, because they would be treated locally.

Dr. SLAVOV: Correct.

Mr. GRAHL-MADSEN: Then, with respect to this incident of poisoning that has occupied my colleague's attention for some time, although you might have made your point very clear I might have missed something in the interpretation. Is it possible for you to say in how large an area you found this? You can give some indication in square kilometres or in any other way to give some idea of the extent of the poisoning.

Dr. SLAVOV (interpretation from Portuguese): I did not visit that region. My impressions are indirect ones, on the basis of what was reported. It was reported that isolated regions were hit, without any tendency of this illness passing to neighbouring regions. That is something which does not happen in the case of epidemics. To get a more complete answer, I suggest that you call to testify before the Commission those comrades who were sent from our hospital to the region of Manica e Sofala. The head of the first group was Joao Chauque; he was the assistant head of the hospital in Mtwara. The head of the second group that we sent was a comrade named Dinis Mapulango; he returned from there only one week ago. To go from here to Manica e Sofala takes not less than two months. There is no other transport but by foot.

Mr. GRAHL-MADSEN: At approximately what time did that take place?

Dr. SLAVOV (interpretation from Portuguese): That was in the late part of 1973. I cannot remember whether it was in September or in October, but it is very easy to find out.

Mr. GRAHL-MADSEN: Could you tell us, for how long did this "epidemic" last?

Dr. SLAVOV (interpretation from Portuguese): It lasted for a very short period. Our comrades who were sent there did not find any cholera. Our nurses who worked in that zone sent telegrams in which they reported more than 1,000 deaths among both the soldiers and the civilian population in Manica e Sofala, but this suddenly stopped after a very short period. The comrades who were sent to investigate and organize the fight -- as we thought at first -- against cholera did not observe any case.

Mr. GRAHL-MADSEN: You told us just now there were about 1,000 deaths. Have you any idea of how many other persons were afflicted but got well?

Dr. SLAVOV (interpretation from Portuguese): I have no hard figure. Immediately after the first telegram arrived, I was informed:

"In Manica e Sofala we have an epidemic of cholera, more than 1,000 persons have died, please help us to organize immediately treatment and prevention of this infection."

But in the event this infection stopped spontaneously -- before our materials arrived in the regions that had been hit. That is impossible in the case of an epidemic.

Mr. GRAHL-MADSEN: I understand that, but what I am driving at is: Did all those who vomited or had diarrhoea die? Did the majority of them die, or did a minority die?

Dr. SLAVOV (interpretation from Portuguese): I have no information about the number of sick people or percentage of death. The information can be obtained from the comrades who visited the province. I have not met the comrade who was in charge of the first group; he has returned to Tanzania but did not pass through Mtwara. I met and spoke with the one in charge of the second group last week, but he said that he did not observe any case of cholera.

I have raised the question of the epidemic only because the Commission is investigating cases of genocide. I am suggesting that that was probably a case of genocide, but I am not in a position to say with absolute certainty it was poison or what sort of poison it was.

Mr. GRAHL-MADSEN: Then, from what you said, I take it that when you got the information that there were 1,000 deaths from cholera and would you please send help that you sent some people from your hospital; I also understand that they had to go on foot and it took almost two months for them to reach the area; and that by the time they reached the area there was no trace of the cholera. Is that correct?

Dr. SLAVOV: Yes, but there is a difference here.

(spoke in Portuguese)

I am speaking about two groups that we sent: the first group was sent before the mass cases appeared, after the first notification that some cases had appeared on the Portuguese-controlled side and some isolated cases on our side. When we received information of the massive outbreak we already had people there.

Mr. GRAHL-MADSEN : So those people who were already there had some firsthand observations of what really took place?

Dr. SLAVOV (interpretation from Portuguese): I think so.

Mr. GRAHL-MADSEN: Thank you, Doctor, that was my last question.

Mr. WINTER (interpretation from French): Dr. Slavov, I too would like to ask you a few questions about this strange epidemic, which seemed to have been provoked by chemical substances.

In your statement you mentioned certain telegrams and written reports. Are those written reports in your hospital or in FRELIMO's health services centre?

Dr. SLAVOV (interpretation from Portuguese): Yes.

Mr. WINTER (interpretation from French): Would it be possible for you to give copies or the reports themselves to the Commission?

Dr. SLAVOV (interpretation from Portuguese): I do not have those telegrams with me. I am not in the leadership of the health department but an assistant to the leadership. But it should be easy to get them because the telegrams are kept in the archives of the leadership of the health department. I think that Comrade Samuel Rodrigues Dhlakama should give evidence today because he received those telegrams; they were sent to him.

Mr. WINTER (interpretation from French): I should like to address this question to Mr. Carvalho and Dr. Slavov: Would it be possible for us to see those witnesses here in a few days?

Mr. RIBEIRO de CARVALHO: We shall try our best to contribute to the Commission's work. At this moment I cannot promise you, but I think that within one or two days I can give you an answer and I hope that it will be in the affirmative.

Dr. SLAVOV (interpretation from Portuguese): I think we would find it difficult to call Vicente Mussa, who is working in the central hospital in Cabo Delgado. It would take about 10 days for him to arrive here.

Mr. WINTER (interpretation from French): Dr. Slavov, I should like to ask you to look into your hospital's archives for documents that would confirm some of the information you have given us and perhaps also on deaths in your hospital.

Your gave certain details about how the poison could be spread. I do not know if I really understood. You spoke of explosions; I did not really understand. Were you speaking of a sort of explosion of the disease itself, meaning that the disease suddenly started to spread or, rather, of projectiles that had exploded?

Dr. SLAVOV (interpretation from Portuguese): In the medical language we use the term "explosion" when during a very short period, just some days, there appears a very great number of sick people with a very serious illness.

Mr. WINTER (interpretation from French): That makes it a bit clearer for us.

You also said you had buried some tools or instruments, or something like that.* What did you mean by that?

Dr. SLAVOV (interpretation from Portuguese): I do not understand your question?

Mr. WINTER (interpretation from French): I understood that something was buried -- tools, instruments, or something like that.

Mr. RIBEIRO de CARVALHO: Could you please specify what you mean?

Mr. WINTER (interpretation from French): Dr. Slavov, when you made your statement on the outbreak of cholera you said the people buried something -- instruments or something else. Perhaps I misunderstood.
(spoke in English)

In the English interpretation we heard "... various captured materials...".

Dr. SLAVOV (interpretation from Portuguese): Now I understand. I said that, simultaneously with the appearance of the "explosion" -- as used in the medical language -- of cases of cholera, among other materials captured by FRELIMO troops were tins with pure water. Many times before our comrades had captured beer and wine, but they had never captured water.

* Note: The interpretation was subsequently corrected to the effect that tins of water had been found.

(Dr. Slavov)

This again supported indirectly the idea that in this case sources of water were poisoned on purpose. These sources of water are used by FRELIMO and also by the Portuguese troops. But on this occasion the Portuguese troops had other water in tins. Why did they have that water? Why didn't they have this water in the other provinces? Before, water had never been among the material that was captured. We are obliged to link this fact with the other fact. And these two indirect facts lead us to think that this thing is probable; and not only probable, but also very possible. While we do not have absolute proof, I think that was the situation.

Mr. WINTER (interpretation from French): Thank you, Dr. Slavov. That is clear now.

The CHAIRMAN: Dr. Slavov, I understand that you work in a hospital, that there are 70 beds in the hospital, that you have facilities for about 200 people, and that there are two of you who work there. I presume it is very time-consuming. Still, I recall that perhaps you told the Commission that you made certain trips to the liberated areas of Mozambique. What was the purpose of those trips?

Dr. SLAVOV (interpretation from Portuguese); The purpose was this: in order to really be able to help in the health work, I had to know the conditions of life, of work, of the supply of medical material, of the possibilities of transport, of the number of the most frequent illnesses, what these illnesses are, what is the preparation of the medical cadres of FRELIMO. On the basis of those observations, I could really help -- not with fantastic measures but with concrete things, practical things, that could have an effect on the one hand; on the other hand, in our hospital, we are preparing nurses and middle-level doctors. We do not have time to prepare these medical assistants for a period of three years, as is normal, as is common. We are obliged to re-inforce this preparation in no more than one year.

(Dr. Slavov)

At the same time, these cadres leave our school prepared to work alone, not as the hand of a doctor but for them to take decisions alone, to do their work alone and to treat people. To do this, our programme must be a practical programme linked to the concrete problems and not to study, things that are less important, but to study and to do more than a medical assistant can do in the case of frequent illnesses in Mozambique. That was the purpose of my visits to Mozambique.

The CHAIRMAN: Doctor, may I infer that besides your duty in the hospital in Mtwara, you have been helping as a planner or, rather, advising FRELIMO on how to plan their health services. Is that right?

Dr. SLAVOV: Yes.

The CHAIRMAN: Now you told us that you received cases that are brought to you from the localities because they could not be treated in the localities. Then I presume there are a number of cases that are being treated in the locality. Do you have local health centres throughout the liberated areas?

Dr. SLAVOV (interpretation from Portuguese): We have not only local centres, but a network of our services. We have hospitals, provincial hospitals; we have district hospitals; we have first-aid posts. Any person who is wounded or who is ill, which they send from the inside, is sent after receiving first aid in the case of wounds; in the case of illnesses, before being treated -- when it is considered that there are no possibilities to treat the illness in the interior -- these sick people are sent with a document called "Epicrize", where it is written what was done in the interior at the medical post or hospital where he was and why he is being sent to our hospital.

In practice the number of sick people that are treated in our hospital is very small. In reality, the problems of the health services are in the interior and the main problems are resolved there. On that account the preparation of pupils in our school does not have less importance than the treatment of patients. If we treat 800 or 1,000 people in the hospital, our comrades in the interior treat tens of thousands and hundreds of thousands of sick people in the interior.

The CHAIRMAN: Now I would put a question to Mr. Carvalho. Since I find that there are a number of health installations in the liberated areas, how many of those installations were there before the areas were liberated?

Mr. RIBEIRO de CARVALHO: Now, as to those areas, I cannot tell you the exact number of installations that existed before the struggle started. But what I can tell you is that in the liberated areas of Mozambique there are thousands of people who had never seen an hospital, a doctor or a nurse before FRELIMO launched its armed struggle. Never in their life had they seen a medical person or anything related to medicine. It is quite clear to us that that was the colonial policy of the Portuguese Government. This was true not only as respects the health service but also in respect of schools and nurseries. I repeat: in those areas thousands of people had never seen a school or an hospital before the armed struggle.

Mr. RABETAFIKA (interpretation from French): Doctor, I should like to ask only for three small clarifications. I am sorry for coming back to the same question of cholera infection. My first question is: To your knowledge, were there areas of endemic cholera in the provinces of Tete and Manica e Sofala?

Dr. SLAVOV (interpretation from Portuguese): In Mozambique -- I cannot say for how many years -- since I arrived there, in our zones and also in Portuguese Mozambique and other neighbouring countries cases of cholera had not been observed. Only last year about 30 cases were reported in the Portuguese part of Mozambique and -- I do not know exactly how many -- a few cases in Malawi. I do not know for a certainty in the case of Malawi, because it was reported only in newspapers.

Mr. RABETAFIKA (interpretation from French): My second question is: With regard to the anti-cholera vaccines that were received from friendly countries, were they all used?

Dr. SLAVOV (interpretation from Portuguese): Some of those vaccines were used. They were used in parts of Mozambique, especially in Manica e Sofala and in Tete. -- regions close to the areas where cholera cases were reported. [Certain] people were immunized. All the nurses and all the soldiers were immunized, [as were] people who were obliged, because of their occupation, to go to areas where cholera had been found. [This was done] so as not to spread the problem. The rest of the vaccine was kept as a reserve in case a real cholera epidemic did appear.

Mr. RABETAFIKA (interpretation from French): My last question, Doctor. I do not know whether you will be able to answer it. Do you know -- especially in some areas in Africa -- of poisoning by a substance with an alkaloid base that gives rise to the same symptoms as those you described for the so-called cholera?

Dr. SLAVOV (interpretation from Portuguese): That is possible, but I do not have any information about it.

Mr. GRAHL-MADSEN: Dr. Slavov, I should like to ask some additional questions in connexion with the matters raised by the Chairman and the representative of Madagascar.

First, you told us that there was an extensive vaccination programme in the areas adjacent to those places where there were reported cases of cholera; that FRELIMO soldiers and health personnel were all vaccinated; and that there was the occurrence of something which looked like cholera on a mass scale. Have you any idea if people who were vaccinated were also afflicted by this so-called cholera?

Dr. SLAVOV (interpretation from Portuguese): In practice the vaccinations were made in the regions where isolated cases had been discovered by the first group we sent. The second group discovered vast regions of Manica and Sofala and of Tete province. I do not have any report about cases that were immunized against cholera and later suffered cholera. I cannot say anything about that.

The meeting was suspended at 5.25 p.m. and resumed at 5.30 p.m.

Mr. GRAHL-MADSEN: Doctor Slavov, you told us about the extensive health services you have and also the extensive vaccination programme which you carried through. My question is now: do you have any information about people who were vaccinated but yet afflicted by this so-called cholera?

Doctor SLAVOV (interpretation from Portuguese): I think I have already answered this question. I replied that I don't have any information about the cases that were immunized and afterwards suffered cholera. In this case a more correct answer can be obtained from our nurses. These nurses, as I said, Chauque, who was the head of the first group, Manica e Sofala and Matulango, who was head of the second group and who also went to Manica and Sofala.

Mr. GRAHL-MADSEN: My second question is also related to what we have just heard, namely, about your health services. In one of your former replies you mentioned that you treated between 150 and 200 patients of wounds every year. On the other hand, we have now learnt that there were a number of other hospitals in the FRELIMO-held territory of Mozambique. My question is now: would they also treat wounds in those places, so that the total number of wounds would be far in excess of that figure that you mentioned for your own hospital?

Dr. SLAVOV (interpretation from Portuguese): In all the hospitals of FRELIMO, both the district hospitals and also the provincial hospitals, they treat patients with war wounds, and the number of patients treated for wounds is often greater, many times greater than this number of wounds that we treat.

Mr. WINTER (interpretation from French): Doctor Slavov, do you know the boy Joao Chauque? This is the boy who appeared before our Commission yesterday. He was injured by a Bengololo bomb. Did you treat this boy?

Dr. SLAVOV (interpretation from Portuguese): I can't remember this name. If I could see his face I might be able to remember. We have treated many children.

Mr. WINTER (interpretation from French): His picture appeared in today's paper.

Dr. SLAVOV: I don't remember this, sir, I don't remember. There are so many, it is impossible to remember all. We have had many cases which resulted in the amputation of one or two hands or forearms. I don't mention them. There are so many. There is no reason to mention a very great number.

(continued in Portuguese)

As I see it, this wound is not very serious. We have treated many, many others much more serious.

The CHAIRMAN: There being no further questions, I thank you, Doctor Slavov, for answering our questions.

The witness withdrew.

The CHAIRMAN: Now, I would invite Mr. Samuel Rodrigues Dhlakama to come to the witness table.

At the invitation of the Chairman, Mr. Samuel Rodrigues Dhlakama took a place at the witness table.

The CHAIRMAN: Mr. Samuel Rodrigues Dhlakama, we appreciate your willingness to appear as a witness before this Commission, which was established by the United Nations General Assembly to investigate the reported massacres in Mozambique. It is a very serious problem which needs to be clarified beyond any reasonable doubt. We hope your testimony can lead to the clarification of what actually happened. All the information you may have on the reported massacres will be valuable to the work of the Commission. It is the procedure of this Commission to request the witnesses to make a solemn declaration. The declaration reads as follows: "I solemnly declare, upon my honour and conscience, that my statement will be in accordance with my sincere belief". Are you willing to make such a solemn declaration?

Mr. DHLAKAMA (interpretation from Portuguese): Yes, I am willing.
Mr. Samuel Rodrigues Dhlakama made the solemn declaration.

The CHAIRMAN: Mr. Dhlakama, I have a few questions before I invite you to make your statement. Will you please identify yourself by your name.

Mr. DHLAKAMA (interpretation from Portuguese): Samuel Rodrigues Dhlakama.

The CHAIRMAN: Your age?

Mr. DHLAKAMA (interpretation from Portuguese): Fifty-two.

The CHAIRMAN: Your occupation?

Mr. DHLAKAMA: Medical assistant.

The CHAIRMAN: Your address?

Mr. DHLAKAMA: 563 Mtwara.

The CHAIRMAN: Now, Mr. Dhlakama, I believe you are going to tell the Commission about your experiences or your information about some of the atrocities that took place in Mozambique. Before I invite you to describe what you know, may I ask you where you were when all the incidents, about which you have knowledge and are going to describe to the Commission, took place?

Mr. DHLAKAMA (interpretation from Portuguese): When those problems of cholera took place, I was in Mtwara.

The CHAIRMAN: Now, please describe to the Commission what you know.

Mr. DHLAKAMA (interpretation from Portuguese): After hearing about the problem of cholera, I want to give some points which I think are necessary at this moment. I am responsible for the health services of FRELIMO, of contacts within Mozambique, which FRELIMO directs. There come to my work table enormous volumes of the work of the health services of FRELIMO in the interior. I know that in 1972 the regional hospital of Niassa was set on fire. I know that on 11 September 1973, the Central Hospital of Cabo Delgado was burned. That hospital is also known by the name of Zambezia. Some people died. In Chinyerere -- that is the fourth region of Tete -- where the enemy, the Rhodesians, made their incursions and entered there, many people died. Moreover, our poor people did not want to leave that place and they still continued to live there.

That is the information that I can give about the general happenings, which I did not see but about which I received reports. In September 1973, we had an official communication from FRELIMO, from Tete, in collaboration with Manica e Sofala, that cholera had appeared in those two provinces.

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(Mr. Dhlkama)

We were preoccupied immediately through communications to the organs immediately above us. The Executive Committee of the Organization of African Unity was approached by us and informed about what was happening, and we asked that they arrange vaccines for us, as well as anti-biotics and other medicines that were needed, including what was needed to combat illnesses that can appear with cholera. We made the request and later received the vaccine. The vaccine was sent immediately to Tete, as also was a group of health personnel to investigate the situation. The Lutheran Church also made a contribution. They gave us money to buy anti-biotics. The OAU helped us with transport, to transport the medicines from here to the frontier at Tete.

(Mr. Dhlakama)

After some time, we had telegraphic information from Manica e Sofala to the effect that a great number of people had died of cholera -- but the comrades, the nurses and health personnel who were there still had not identified it as cholera, although they were looking for the correct information.

We were obliged to send another group as reinforcement; I went in that other group. We were divided between Tete and Manica e Sofala. I personally went to some regions of Tete. I did not see any case of cholera. I stayed for the necessary period. I had to return to Dar es Salaam. Meanwhile, the comrades continued the research, because it was not only a mission to fight cholera; it was also necessary to try to organize the health services with those who were in the interior -- a very small number in relation to our requirements. We gave them instructions to talk about the problems of hygiene, health conditions, responsibility for water, other preventive health measures and various illnesses that were in the areas through which they passed.

In April of this year I again went to the frontier of Tete. In one of the bases on the frontier it was established that from 20 January to the beginning of March 33 people had died. I personally went there to see the base. I exchanged impressions with people, including the nurse, who were there to try and see if they had died of cholera -- there were no signs of cholera -- but suddenly the illness ceased. The illness was strange; if it had been cholera it would have lasted for awhile.

Since Dr. Slavov has already said a lot of things, perhaps I can clarify some points on other matters for the Commission.

The CHAIRMAN: Thank you for your statement, Mr. Dhlakama. I hope you will not mind answering a few questions.

Mr. DHLAKAMA (interpretation from Portuguese): No, not at all.

Mr. RABETAFIKA (interpretation from French): Mr. Dhlakama, you are a medical assistant in the Mtwara medical centre. Will you tell the Commission from what date you have been in that post?

Mr. DHLAKAMA (interpretation from Portuguese): In practice I am not a medical assistant in the hospital. I work with the health services of FRELIMO; I am responsible for FRELIMO's health services; I co-ordinate the health services in general.

Mr. RABETAFIKA (interpretation from French): For how long have you been the official of the FRELIMO health services?

Mr. DHLAKAMA (interpretation from Portuguese): Since May 1973.

Mr. RABETAFIKA (interpretation from French): Do you have preventive health services and services that are curative as well as preventive?

Mr. DHLAKAMA (interpretation from Portuguese): We are very concerned with our health services, in the first place, with the problem of developing hygiene and preventive medicine among the people found in the interior of Mozambique.

Mr. RABETAFIKA (interpretation from French): You said you found no signs of cholera in the area of Tete when you were there towards the end of 1973. You also said that when you returned in April 1974, although there were deaths between January and March 1974, you did not see any signs of cholera. Is that so?

Mr. DHLAKAMA (interpretation from Portuguese): Yes, that is true. I said that I did not see any.

Mr. RABETAFIKA (interpretation from French): This concerns only the province of Tete. Do you know about Manica e Sofala?

Mr. DHLAKAMA (interpretation from Portuguese): Reports came from Manica e Sofala concerning the death of many people in various localities, but the nurses who went there said that the signs were not those of cholera. I personally did not go there but I accept the explanations of the people there.

Mr. RABETAFIKA (interpretation from French): Can you describe for the members of the Commission the symptoms which you did observe when you personally went to the area of Tete towards the end of 1973 as well as in April 1974?

Mr. DHLAKAMA (interpretation from Portuguese): In the Tete region, we did not find sick people with symptoms of cholera, because in the places where I went the comrades had already been around those areas to make observations, from one village to another, from one base to another, to see if there were any cases, and they did not find any. I went to the same places; and we did not find any people sick because of cholera. If there were any ill people -- there was one with malaria, one with wounds, one with diarrhoea. That is all we saw.

But already in April 1974 I passed through a base where the people were and there they told me that 23 people had just died through diarrhoea. And then I dug deeper to find out if there had been other symptoms like vomiting or skin disorders, skin discolouration. They said they had not seen it.

Thus, since no one else was ill, it was not possible to confirm the existence of this illness.

Mr. RABETAFIKA (interpretation from French): I think you said that after the deaths of these 23 victims their stomachs were swollen.

Mr. DHLAKAMA (interpretation from Portuguese): It was exactly that that I wished to find out -- whether the stomachs were swollen, and the information was that they were not. People denied it. The nurse who was absent, looking for cholera, also said that that had not been established. He did not see the people, but he said it was not so.

Mr. RABETAFIKA (interpretation from French): Do you have any knowledge of poisoning through alkaloid derivatives?

Mr. DHLAKAMA (interpretation from Portuguese): I do not know, but the truth is this. In the place where the Rhodesians make their incursions -- in those incursions, the people affirm, they had small closed tins containing water that they drank. That means that they did not use the water of the rivers, as the local people do. The question, therefore, is why they stopped using local water and started using water from tins.

Mr. GRAHL-MADSEN: Mr. Dhlakama, I suppose you heard what Dr. Slavov told us about the so-called cholera he thought was a case of mass poisoning. When you went to the area, did you hear about that incident?

Mr. DHLAKAMA (interpretation from Portuguese): In the region of Manica and Sofala, those militarily responsible in FRELIMO are convinced there was some substance which the enemy perhaps put into the water. They cannot prove it, but they think so. On Radio Lourenco Marques, the radio of Mozambique, types of declarations were made by the Director of Health in Mozambique. I listened to those attentively. They gave a sign that a small number of people had died of cholera on that side. They talked about six in Mobusi and three in Beira, and later there were two or three in Lourenco Marques, and nothing more. That is what I heard on the radio. Perhaps there was other news I did not hear.

Mr. GRAHL-MADSEN: You heard Dr. Slavov say here that about 1,000 people died of what he presumed was a kind of poisoning. Do you know if there were many other persons who were afflicted without dying?

Mr. DHLAKAMA (interpretation from Portuguese): No. It was I who informed Dr. Slavov, because I had statistics affirming that, saying these people died. But they did not mention other people. They gave figures for only those who died. I suppose some resisted and thus were saved, but that information was not given.

Mr. GRAHL-MADSEN: Did you yourself go to any of the villages where those deaths occurred?

Mr. DHLAKAMA (interpretation from Portuguese): In Tete I passed through a region in which I have said 23 people died. I went there in April. I passed through on 27 or 28 April, but the people were already dead and there was no possibility to verify from what they had died..

Mr. GRAHL-MADSEN: When you were there, did you hear about other people who had been sick but had not died of this illness?

Mr. DHLAKAMA (interpretation from Portuguese): No, I was not informed if some people had managed to survive the disease. I was told only that 23 people had died. I asked the cause, and it was more serious in people of middle age than adults.

Mr. GRAHL-MADSEN: When you say it was more serious for people of middle age, that would mean that others might have had it but not so badly?

Mr. DHLAKAMA (interpretation from Portuguese): I suppose this is the case. I can't answer exactly, but I suppose so.

Mr. GRAHL-MADSEN: Then according to the interpretation you said that Rhodesian troops had water in tins. Did you say actually that it was Rhodesian troops?

Mr. DHLAKAMA (interpretation from Portuguese): Yes. In that region where I passed, they talked of Rhodesian troops and that they had drinking water in tins. This is the information they gave.

Mr. GRAHL-MADSEN: Do you know if there are any reports of Portuguese troops having water in tins?

Mr. DHLAKAMA (interpretation from Portuguese): As regards the Portuguese troops, they travelled with water in very big tins and not in small enclosed tins. This is in Manica e Sofala. . . What I am talking about is water in small sealed tins, and this was Rhodesian soldiers in that part of Tete. In Manica e Sofala groups of Portuguese soldiers travelled with very big tins full of water.

Mr. GRAHL-MADSEN: And were those very big tins also transported from far away, so that they used those tins rather than the local water?

Mr. DHLAKAMA (interpretation from Portuguese): They say that they put these in their bases. They have the tins in their bases, just as they have alcoholic drinks, just as they have food in their bases.

Mr. GRAHL-MADSEN: And was that something new, something that hadn't happened before?

Mr. DHLAKAMA (interpretation from Portuguese): Yes, it was something new.

Mr. GRAHL-MADSEN: Then, I understand that you are in charge of the health services of FRELIMO. Do you have any statistics of how many people are wounded -- for instance, last year?

Mr. DHLAKAMA (interpretation from Portuguese): I have, but I have to consult my registers. I have not got them with me. I was passing through. If it is necessary to consult the statistics, we can provide them later.

Mr. GRAHL-MADSEN: I would be very grateful for that. Thank you. That was my last question.

Mr. MARTINEZ ORDONEZ: Just one question. You were talking about Rhodesian soldiers in the sector of Tete, in relation to the tins captured, but it is not the same sector that the doctor was telling us about. The sector the doctor was telling us about is Manica e Sofala. Do you know anything about the tins captured there? Were they from the Portuguese?

Mr. DHLAKAMA (interpretation from Portuguese): I do not have any knowledge if water was captured but I have the information that the Portuguese travel with tins of water, something they don't do in other regions, something they didn't do before this period of so-called cholera.

Mr. WINTER (interpretation from French): In April 1974, before you visited the FRELIMO base on the border of the Tete province, you said that 23 people had died. Did these 23 people have signs which indicated cholera along with other symptoms but did not die of cholera? I would like to ask for further clarification on this item.

Mr. DHLAKAMA (interpretation from Portuguese): Please repeat the question.

Mr. WINTER (interpretation from French): Of the 23 people who were in this place on the border of Tete, were there deaths not due to cholera although they had certain symptoms which resembled those symptoms of cholera? I am asking for further clarification.

Mr. DHLAKAMA (interpretation from Portuguese): When I asked, the reply was that they had diarrhoea. They spent a day and died within a day. They didn't give any idea about vomiting. They didn't give any idea of the skin disorders or aberrations or any information about vomiting, things that occur with cholera. They didn't indicate this.

Mr. WINTER (interpretation from French): Did the people who died come from various localities or from a single one?

Mr. DHLAKAMA (interpretation from Portuguese): That was in one locality, in one village.

Mr. WINTER (interpretation from French): How many water wells were there in the area of this base?? How many water sources, water wells, were there in this area?

Mr. DHLAKAMA (interpretation from Portuguese): I saw only one water source there. I saw one. It can be that there were others, but I was only passing through. I only saw one.

Mr. WINTER (interpretation from French): Did the people of this place take water from this well? Do you know this?

Mr. DHLAKAMA (interpretation from Portuguese): Yes, they took water from there.

Mr. WINTER (interpretation from French): What was the percentage of ill people in this place? How many people were not sick and how many were sick?

Mr. DHLAKAMA (interpretation from Portuguese): The villagers of Mozambique were gathered together in that place, near our military base, and responsible for that base and the people is our military base.- The nurse who does service in the military base is the same person who helps thee people, the villagers.

(Mr. Dhlakama)

Thus, when he makes statistics, he includes the villages, the populations, and the people in the military base. He does not make a distinction. He puts the figure for the sick people.

Mr. WINTER (interpretation from French): But it seems to me that this is a rather high percentage of the population, rather an extraordinary extension of this illness, or not?

Mr. DHLAKAMA (interpretation from Portuguese): I consider it a high percentage, but it is only in one village, not in lots of villages. It was just in one village. There cannot be more than a 100 huts in a small space. I think it is a high percentage.

Mr. WINTER (interpretation from French): Did you receive information or reports from other areas or localities where this same illness was discovered?

Mr. DHLAKAMA (interpretation from Portuguese): Only in this region where I was did there appear to be this problem.

Mr. GRAHL-MADSEN: I have a few additional questions. Could this illness have been dysentery?

Mr. DHLAKAMA (interpretation from Portuguese): If it had been dysentery perhaps it would have registered the problem of blood in the faeces. I cannot say exactly because it would require an analysis of the faeces. That was not done because we do not have the conditions to do it. We do not have a microscope in that area.

Mr. GRAHL-MADSEN: Was this in the rainy period or was it in the dry period?

Mr. DHLAKAMA (interpretation from Portuguese): It was in the rainy season.

Mr. GRAHL-MADSEN: Are there normally more or less epidemics in the rainy season than in the dry season?

Mr. DHLAKAMA (interpretation from Portuguese): It is difficult for me to say because I do not live in that locality. I only went there on a mission and do not know all that happened. Therefore, it is a bit difficult to say if this is a habit or not. I have not received any information.

Mr. GRAHL-MADSEN: You have used statistics and I just wonder if the statistics show that there are more epidemics in the rainy season than in the dry season.

Mr. DHLAKAMA (interpretation from Portuguese): Yes, generally in the rainy season there are more illnesses because there is more production, there are more mosquitoes.

Mr. GRAHL-MADSEN: A final question. You saw the water source in that village. Would it be possible for the water from the surface to come down in the well without being sifted through sand or anything like that?

Mr. DHLAKAMA (interpretation from Portuguese): It is possible. The water is close to the village. It is possible that there might be some erosion that pulls water outside to the area where they draw water to drink.

The CHAIRMAN: I have a few questions. You told the Commission that you saw the source of water. Was it a well, a spring or a river?

Mr. DHLAKAMA (interpretation from Portuguese): It was a well.

The CHAIRMAN: The area that was affected seems to be quite big because about a thousand people died. Do you think this single well was sufficient to meet the drinking water demands of that area where more than a thousand people lived?

(The Chairman)

Mr. DHLAKAMA (interpretation from Portuguese): Would you repeat the question please?

The CHAIRMAN: My question was this: We were given to understand that about 1,000 people died of a disease which was reported as cholera but which was not really confirmed as cases of cholera. Now if those 1,000 people died, I presume that the population must have been at least 1,000. So was one source of water sufficient to meet the drinking water demands of the population?

Mr. DHLAKAMA (interpretation from Portuguese): I did not say that 1,000 people lived there. I said that the number of huts, approximately, could not be more than 100 in that village, and that 23 people died.

The CHAIRMAN: Then you mean you told us about one village, but that those 1,000 people had died in many of the villages?

Mr. DHLAKAMA (interpretation from Portuguese): It was in the region of Tete where 23 people died. The other died in Manica and Sofala.

The CHAIRMAN: Then I have another question. Can you tell the Commission what is the difference in symptoms between dysentery and cholera?

Mr. DHLAKAMA (interpretation from Portuguese): Generally, cholera provokes diarrhoea in great quantity; it provokes vomiting and dry skin; the temperature is lower than normal and it gives rise to a type of boils or signs in the vomit. In the case of dysentery, it depends on whether it is amoebic or bacillic. If it is bacillic dysentery, generally there is blood in the faeces. In amoebic dysentery, the person can suffer for many days, blood does not necessarily appear in the faeces and there is generally no vomiting. That is what I know.

The CHAIRMAN: So I gather that in dysentery there is no vomiting; in cholera there is diarrhoea, as well as vomiting.

Mr. DHLAKAMA (interpretation from Portuguese): There is vomiting in the case of cholera, there is diarrhoea and the skin gets dry because there is a great loss of water.

The CHAIRMAN: What I want to generalize is that, for a layman like me, when I see a person with diarrhoea and is vomiting, with those symptoms I may guess that he has cholera, or it looks like cholera; but a patient with dysentery will not look like a patient who has cholera. Is that so?

Mr. DHLAKAMA (interpretation from Portuguese): It could also be a case of simple diarrhoea. Generally, these illnesses can be confirmed only by analyses in laboratories -- that is the only way to confirm them. But we know the symptoms of the illnesses, and in the case of simple diarrhoea we can see that the person goes to the toilet many times; but when it is dysentery the sick person goes a little, with abdominal pains.

There are two types of dysentery: bacillic and amoebic. With amoebic dysentery they can suffer for a long time, but bacillic dysentery is more dangerous because it provokes intestinal haemorrhaging. That helps us to deduce whether it is diarrhoea, dysentery -- or cholera, when there is discolouration of the skin and so on.

The CHAIRMAN: But, as I gather, the reported epidemic at Manica e Sofala had killed about 1,000 people, whose symptoms were very much like those of cholera. Is that so?

Mr. DHLAKAMA (interpretation from Portuguese): In the case of Manica e Sofala it is a little difficult to define because there were different areas; it was not just in one locality. And the statistics given by people were simply "This person has died; that person has died". It was not information from health people, and it was therefore very difficult to get confirmation.

The meeting rose at 6.35 p.m.