

August 2005

Democratic Republic of Congo
**Nothing New in Ituri :
The Violence Continues**

MSF Report

<http://www.msf.ch>



© Ron Haviv/VII



On July 22nd, 2005, Médecins Sans Frontières (MSF) ceases all medical and humanitarian assistance in the periphery of Bunia, Ituri district, DRC.

This assistance concerned more than 100 000 displaced persons.

The cessation of activities is the direct consequence of the abduction of two members of MSF on June 2nd of this year.

Their release, ten days later, is not a sufficient reason for the resumption of activities.

With this report MSF aims to describe the situation surrounding the populations in Ituri and the difficulties involved with providing them humanitarian assistance.

In Ituri District in the eastern Democratic Republic of Congo (DRC), the violence carried out by the large number of different armed groups is felt mainly by the civilian population. Direct confrontations between rival factions are not the most common type of clashes. Quite the contrary. Looting, murder, massacre, kidnapping, rape, torture, and humiliation are the kinds of violence inflicted by armed fighters on all sides.

The violence also has indirect consequences that clearly threaten the survival of civilians: being forcibly displaced, having their belongings searched, being kept from farming or fishing, and being forced to flee into the forest and live there in unimaginably precarious conditions. Other civilians have sought refuge in gathering areas that are often overpopulated, have unacceptable living conditions, lack food supplies, and have seen the outbreak of epidemics such as cholera and measles.

MSF teams have witnessed this violence every day since their return to Bunia town in 2003. Despite many needs among the populations beyond Bunia town, due to insecurity it took a year and a half before teams were finally able to travel outside of the town. Since, the difficulty of bringing tangible, effective aid to a significant part of the population living in highly unstable conditions has been a daily reality for aid workers.

In this kind of situation, humanitarian work has always been extremely difficult. Recently, in June 2005, two MSF employees were kidnapped and subjected to direct physical and psychological violence for ten days. Following this incident, MSF had no other choice but to withdraw its teams from the outskirts of Bunia, thus leaving 100'000 displaced people as well as the resident population in a precarious situation.

Once again, this has left those trying to survive beyond Bunia town, in a very precarious situation and without the most essential services.

A Brief History

The last war fought on Congolese soil involved seven countries from across the continent and various Congolese factions. It started in 1997 and ended in 2002 with the official and gradual withdrawal of foreign troops and the beginning of a transitional period. The conflict left more than three million people dead from violence and the consequences of the war, particularly access to medical care.¹

The transition signaled the end of fighting at the national level and the establishment of a government in which the enemies of yesterday now work side by side. The transitional period, originally projected to last two years, did not end with elections in June 2005 as planned. It has now been extended for an initial period of six months until the end of 2005.

While the war is officially over, the fact remains that insecurity and violence against populations prevail in the eastern portion of the country. In the Kivus, Katanga, and Ituri, civilian populations still have not seen the possible benefits of the end of the war. For them violence is a part of daily life.

Ituri District has a population of six million people. It is located to the east of Oriental Province along the Ugandan border. Within an already unstable context, in 1999, a local war, fueled largely by regional powers, broke out in Ituri. Since then the entire district has been the site of an extremely bloody conflict. At least 500,000 people have been displaced and more than 50,000 have died.

Efforts by the international community (Operation Artemis, in June–September 2003; MONUC under Chapter VII², in July 2003) did not change the status quo³: Bunia Town is secure; however, a large part of the region is subject to the control and violence of various armed groups.

The gradual deployment of the Armed Forces of the DRC (FARDC) and troops from the UN Mission in the DRC (MONUC) outside Bunia and the process of voluntary disarmament have had only a very minor impact on violence against civilians.

Since the beginning of the conflict, humanitarian workers have faced enormous difficulties in working with populations even though the needs have been so great. The primary reason for the limited access has been the insecurity, which also affects humanitarian workers. In 2001, six members of the International Committee

¹ According to previous estimations.

² For relevant texts, cf. <http://www.monuc.org/>

³ July 2003. MSF report “Ituri : Unkept Promises ? A Pretense of Protection and Inadequate Assistance.”

of the Red Cross (ICRC) were murdered in their car near Fataki, 70 kilometers from Bunia.

MSF has been trying since 1999 to provide medical assistance to Ituri's civilian population. On several occasions, teams had to evacuate for safety reasons.

Chronology of MSF Intervention in Ituri

1988: First MSF intervention in DRC.

1999: First MSF intervention in Ituri with several evacuations for security reasons.

2001: MSF returns to Ituri.

2001: Murder of six ICRC members in Ituri and complete withdrawal from the area.
MSF also withdraws from Ituri.

December 2002: MSF brings assistance to the displaced in Mambassa.

April 2003: Launch of MSF's mobile health clinics in Bunia (evacuation in early June after fighting in the town).

November 2004: Launch of mobile consultations along the outskirts of Bunia.

February 2005: Intervention to assist displaced populations in Djugu District, Ituri.

2 June 2005: Kidnapping of two MSF volunteers who were freed ten days later.

22 July 2005: Final closure of MSF activities outside of Bunia town.

Bon Marché Hospital in Bunia: Two and a Half Years of Emergency Efforts

Medical activities are related to the direct and indirect violence carried out against civilians. MSF has been working in Bunia since April 2003 when the population was trapped in the town by the fighting.

The escalation of the conflict along the edge of Bunia and the subsequent expansion of clashes into town caused a large number of medical workers to flee and led to the departure of MSF teams. After an evacuation that lasted a few days, a second team returned to Bunia to face a medical emergency of extraordinary proportions.

An independent medical facility (Bon Marché Hospital) was set up and opened to all patients without discrimination. All patients are guaranteed free treatment.

Bon Marché Hospital, where MSF has been working since 2003, was opened under emergency conditions to focus on war surgery and outpatient consultations. Since then it has never been able to evolve from this has never moved beyond this initial emergency phase.

Today, the hospital is the only medical facility in the area that offers complete, free health care. Every day, its 300 beds are occupied by emergency cases.

100,000 People Live in Camps on the Outskirts of Bunia

In late 2004, fighting between the warring factions in Ituri District resumed with renewed intensity. The escalating violence caused new displacements of tens of thousands of people, mainly in Djugu area. This time the displaced populations gathered in distinct areas: Tchomia, Kakwa, Gina, and Tché, as well as on the opposite shore of Lake Albert in Uganda.

In February 2005, access to some of the camps is possible and an emergency medical intervention set up.

I. Violence against Civilians

The violence to which Ituri's civilian population is subjected has been an intense, daily occurrence for years. This chronic violence, perpetrated by all armed groups against civilians, is regularly marked by particularly acute and intense episodes.

A. Direct Violence

At present, violence is more the rule than the exception for the people of Ituri. This observation is not new. For several years, this has been the daily fate of civilians: assassinations, murders, torture, rape, kidnapping, and humiliation. Such direct violence borders on the unspeakable in its cruelty.

“After seven weeks in the bush, they found us. They set the bush on fire and shot in all directions. That time, they shot dead my uncle's six children, three girls and three boys. The oldest daughter had a baby who miraculously survived. After the baby's mother died, the attackers put the baby to the mother's breast for the child to nurse.” Man, 42 years old

More than one third of families interviewed during a survey said they had been the victims of at least one violent act Between 18th December 2004 and 27th March 2005⁴. Among these families, 65% cited the attack on their village, their escape into the bush, and the looting and destruction of their belongings. 35% were subjected to direct physical violence, including mutilation, gunshot wounds, rape, torture, kidnapping, and arbitrary detention. This violence comes to light repeatedly in the medical data collected at health centers and hospitals.

The violence reported to have occurred in people's home villages or while they fled affected more women than men, especially with respect to kidnappings. Children under age five were also affected : they were involved in 10% of reported acts of violence, which took on many forms.

- **Looting**

It was reported that the entire population of displaced people were the victim of looting, either in their village during attacks by militia or during their escape into the

⁴ 795 families. Between March and April, 2005, a quick health evaluation by Epicentre estimated retrospective mortality, conditions of displacement, access to food, violent events as well as the vaccinal coverage (measles) of children between 6 months and 14 years.

bush. Some people saw their huts deliberately burned to the ground by their attackers, who purposely destroyed all of a community's resources and structures.

“Armed men attacked our village. They burned the huts, toilets, showers, and seed stocks. They destroyed the banana trees.” Man, 55 years old

- **Humiliation**

There are numerous accounts of attacks on the physical integrity of people and humiliating practices. All parties involved in the conflict commonly practice torture.

“They ordered me to have sex with a woman. I was forced to have sex with her and I penetrated her vagina. Since then it hurts when I urinate.” Man, 30 years old

“Armed men shouted death threats and beat us with whips. We were outside in the yard without anything to drink or eat.” Man, 24 years old

Survivors also told that they were forced to watch acts of torture, rapes, assassinations, and massacres.

“One day they found us in the bush. They killed some people with machetes, including people from our family. One was named Jeanne and the other Charlotte.⁵ They were both killed right in front of me. I saw them bleed.” Girl, 12 years old

- **Kidnappings**

A total of 92% of families interviewed during the study said that at least one member of their family had been kidnapped. Kidnappings during attacks on villages have been an everyday occurrence. According to the same study, the majority of people kidnapped are women.

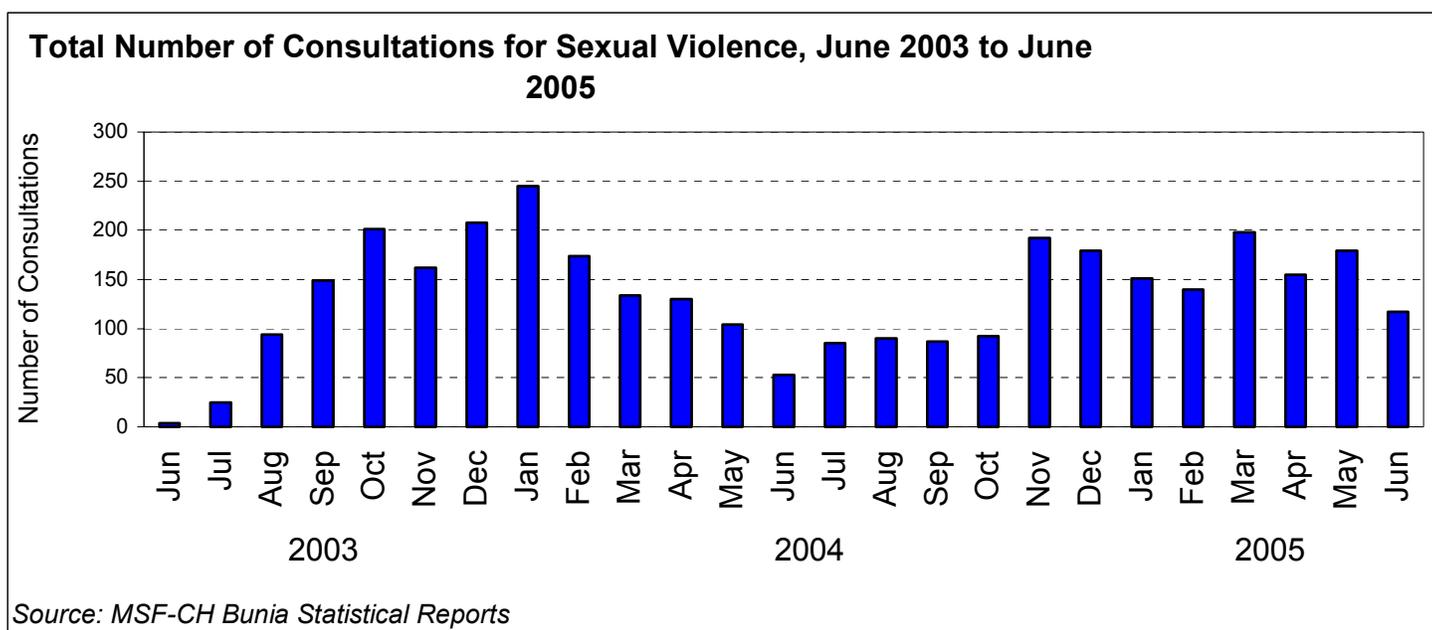
Often, people who have been kidnapped serve as porters for loot and weapons. Women have been essential to maintaining troops: they serve as laborers, cooks, and sexual slaves.

⁵ Both names have been changed.

*"They took more than 1,000 people into an area they controlled. We had a hard time there and were able to eat only once a day by stealing food while our attackers guarded us."
 Woman, 25 years old*

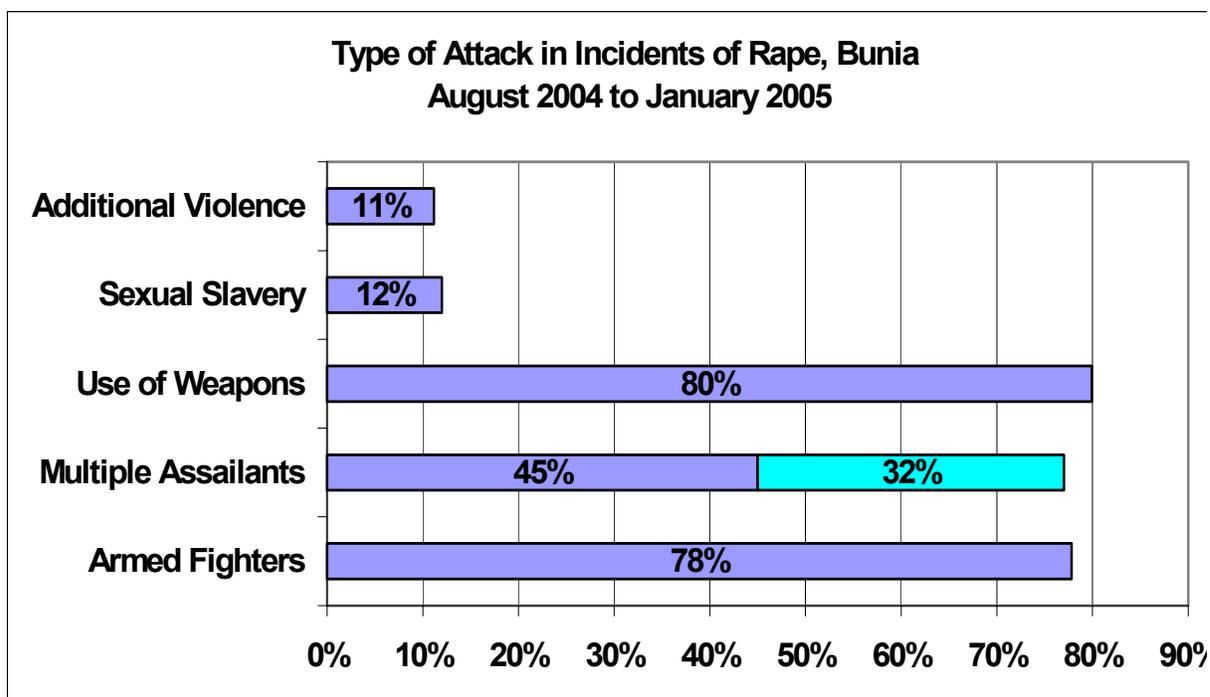
- **Rape**

In over two and a half years, more than 3,500 victims of sexual violence between the ages of 8 months and 80 years were treated at MSF facilities. Nearly one third of them came to a health center within 72 hours after the attack, making it possible to use treatments adapted to the circumstances, particularly treatments that reduce the risk of contamination with HIV/AIDS.



"When they attacked the village, people took refuge in another village. They followed them and took them to another village. After looting and burning the huts in that village, the armed men gathered up all the girls and took them to be their wives faraway into the forest. One of them forced himself on me and penetrated my vagina the entire time I was there—a month and a week. I escaped one night

when all the fighters were sleeping. I spent two days walking through the bush.” Girl, 14 years old



As illustrated by the graph, 78% of sexual violence was carried out by armed fighters and 80% of attacks involved the use of weapons (rifle, machete, etc.).

11% of rapes were associated with other forms of violence, such as torture, and humiliations.

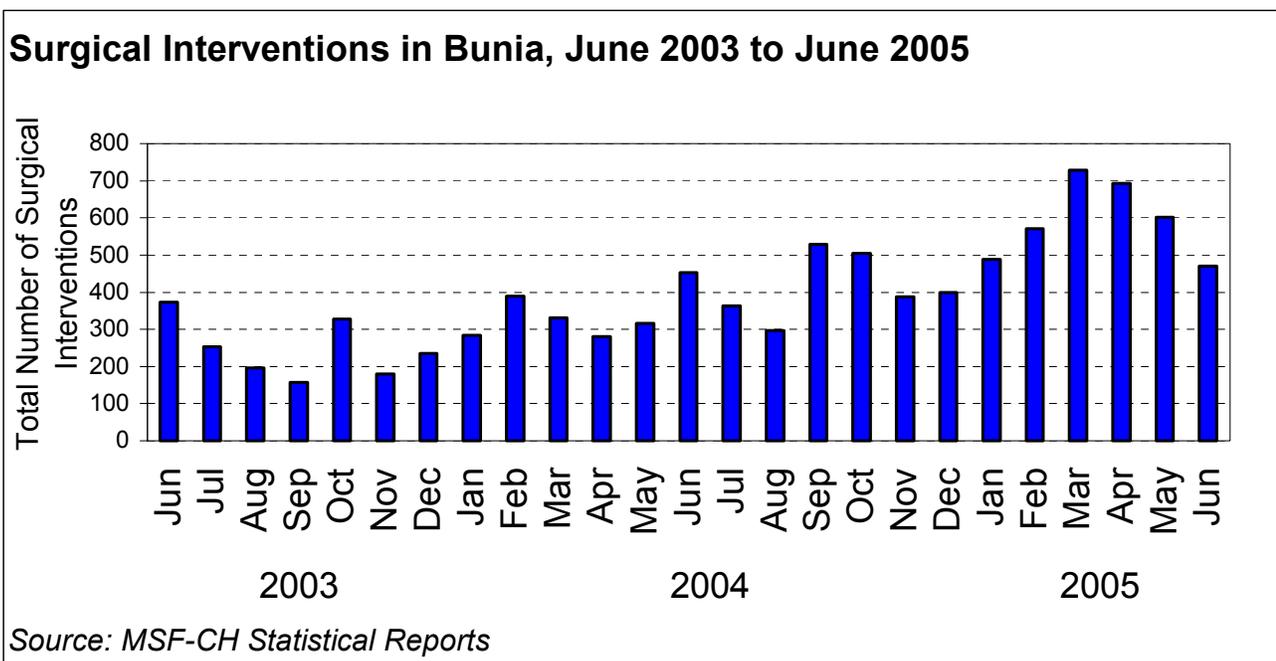
Three-fourths of all incidents involve multiple assailants: 45% involve between two and four attackers, and 32% involve more than five.⁶

⁶ Data was collected from 807 patients over a six-month period.

- **War Wounded**

Since the beginning of MSF's intervention in April 2003 up until now, surgeons have treated war wounds on a regular basis. Up to one third of all surgical interventions are war related.

In 2003, war wounds were the primary cause of hospitalization for adults. Adult fatalities were often related to complications due to trauma. Unable to easily access treatment, particularly because of unsafe roads, the most seriously wounded do not make it to health care facilities. Patients with abdominal and thoracic wounds rarely arrive at the hospital in time.



Between March and May 2005, the number of hospitalized patients doubled. This directly reflects the escalation of conflicts in the area, as well as the extension of MSF activities outside of Bunia, which allowed for the quick and medically safe referral of patients. At the same time, other health structures became even less accessible, cost being the main barrier for the population.

- **Impact of direct violence⁷**

⁷ Idem page 7

A retrospective mortality survey conducted in the outskirts of Bunia in April 2005 revealed mortality rates⁸ three times higher for children under five⁹ than the commonly accepted emergency threshold¹⁰.

These rates were directly connected to the violence carried out against civilians by the various armed groups. The most common cause of death before arrival at a camp was war-related violence (70% of reported deaths).

Two thirds of the deaths recorded between December 2004 and March 2005 occurred in the person's home village or while the person fled. Children under five are also victims, accounting for 29% of the violent deaths reported.

“When we were held captive, we were beaten—men, women, and children. A few people died because they had been killed by machete and others were shot. After beating people, they took everything from me—my money, my clothes, and even those of my family.”

Man, 22 years old

B. Indirect Violence

Success in avoiding the attack of its village is not a guarantee of survival. Living conditions in the hills or in the overcrowded camps also put the populations at risk.

- **Flight and displacement**

The vast majority of people who were interviewed spent between two days and one month in the bush. It is striking to note the level of determination with which the attackers pursued villagers who fled into the bush.

“They chased us into the bush, but we fled into the forest where we spent two days. From there, we were chased again and we went to another place. There we ran into other militiamen. They held us for four hours, the time it took them to loot us.” Woman, 51 years old

“When our village was attacked by armed men, we took refuge in the bush. Unfortunately, around two o'clock in the morning,

⁸ Idem page 7

⁹ (4.2–6.5 deaths/10,000 children/day)

¹⁰ (2 deaths/10,000 children/day)

another group came after us and gathered men, women, and children. Since they were well armed, we let them do what they wanted.” Man, 32 years old

In February 2005, it was possible to enter Tch , Kakwa, and Tchomia Camps and set up an emergency medical and hygiene intervention. Approximately 32,000 people, live in these camps in extremely unsafe health conditions. They account for less than half of those known to be displaced following attacks between December and January. Only part of the displaced population has access to humanitarian aid: those who were gathering in growing numbers around MONUC’s new military positions in search of security however minimal.

This extremely relative security does not include roads or rural areas. The deployment of MONUC troops in Tch , Gina, and Kakwa had a magnetic effect on displaced populations who came out of the forests and hills. The gathering of people enabled humanitarian groups to help people more easily than if they were scattered throughout the forest. However, tens of thousands of people still hiding throughout the forest and in the hills are still inaccessible.

- **Terrible Living Conditions in the Camps**

Following repeated attacks on villages, populations had no choice but to gather spontaneously, often in unsuitable locations. For instance, one camp, along the shores of Lake Albert, is accessible only by boat, while another emerged in the middle of nowhere between two hills.

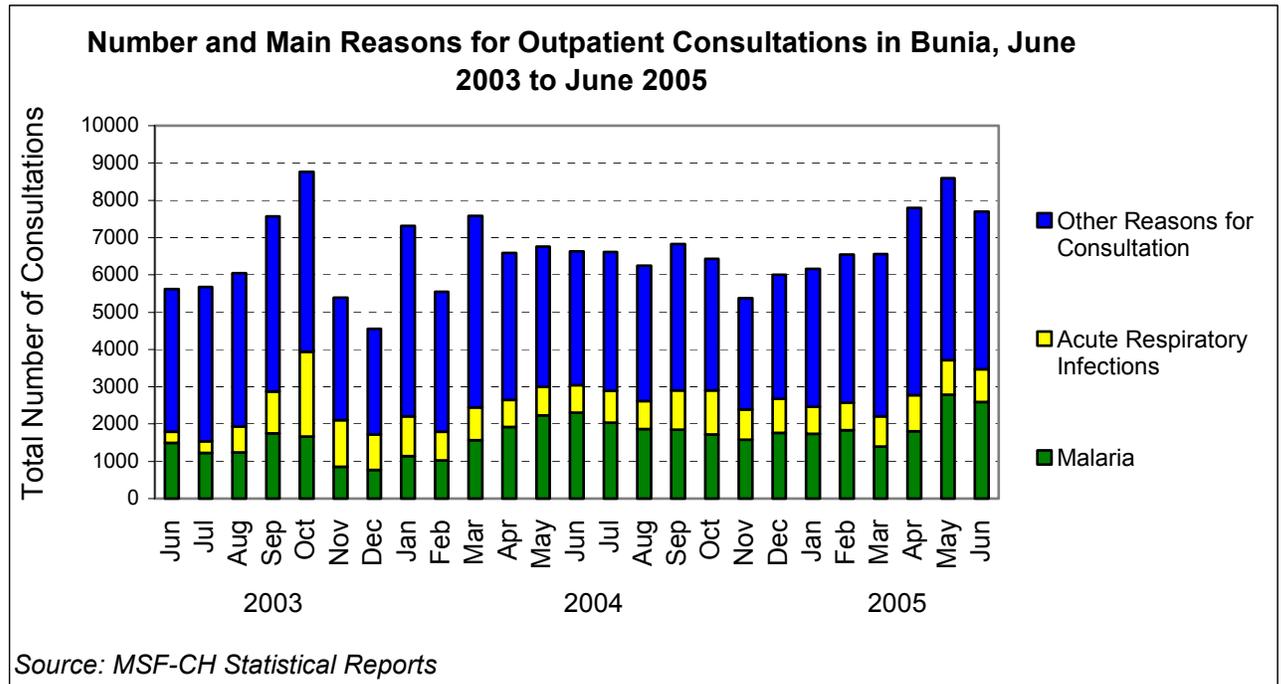
The areas considered safe were very limited. As a result population density is very high, increasing the risk of epidemics and directly threatening the lives of the most at-risk population, children under five.

One of the most striking examples was the treatment of 1,633 cholera patients beginning in March 2005 for a period of seven weeks.

Extreme living conditions, with little or no access to water and few or no latrines are the direct cause of the epidemic. During the study, there were 11 times more people per latrine—or 296 people sharing the same one latrine—than is generally accepted in emergency situations.

The overcrowded conditions also encouraged the spread of measles. More than 10,000 children between six months and 15 years of age were vaccinated between February and March 2005, in three of the camps.

The deaths that occurred after populations arrived in the camps were due mainly to the very poor hygiene conditions, an inappropriate and inadequate diet, and the lack of access to health care and supplies for basic needs. People who died in the camps during this time primarily lost their lives to fevers and diarrhea (86% of reported deaths for children under five). Seen as often in outpatient consultations as in hospitalizations, malaria and acute respiratory infections are the two main pathologies affecting the displaced and are intimately linked to the unstable conditions surrounding this population.



Children under five account for one third (32.4%) of hospitalizations. They arrive at the hospital very late and are in a critical condition that requires emergency hospitalization, greatly increasing the risk of death in the first 24 hours.

Moreover, the fighting began at the start of the rainy season, forcing the population to leave their homes at planting time. Today, most of the displaced still do not have access to their fields. In the coming months, they will depend on food aid from outside.

The Other Victims of the Violence: Humanitarian Workers

Adding to the unacceptable violence facing the population on a daily basis is the problem of humanitarian aid that is largely inadequate in quality and insufficient in coverage. The minimal amount of assistance that is provided has been scaled back again following the violence that has directly affected humanitarian workers for years—and just recently two MSF volunteers.

In June, a French logistician and a Congolese driver/interpreter were kidnapped in the Djugu region. Armed men stopped the car and, after violently beating the two aid workers, kidnapped them at gunpoint.

The violent kidnapping of our colleagues by individuals who are familiar with our activities and who had assured us of relative safety in their zones is unacceptable. For ten days, their detention was punctuated with death threats, mock executions, acts of torture, and attacks on their physical and psychological integrity.

« (...) We were abducted in very violent conditions, for reasons we still today do not comprehend. Violence was continuously present during those 10 days. It turned against us, it was present amongst members of the armed group itself, but most of all it was turned against the population. Against civilians we encountered during our long walk through the hills or in villages.

In these villages, our abductors "had a rest " (by ousting the owners), "ate" (by stealing the little food the people had), "relaxed" (by raping girls in their homes).

We walked for hours, during whole nights without drinking and eating, with bare feet and with our hands tied in our backs.

We slept outside on the bare ground sometimes in the rain.

Every telephone contact was preceded by a session of blows, " You see this heap of green branches, we'll break them all on the back ".

I understood later that it was so that I would be in "condition" and say only what they wanted.

Having felt the cold and bitter taste of the steel gun the "leader" would put in my mouth, having been subjected to numerous threats and mock executions, I know today what the population of this part of Congo is going through. I shudder to think of the life the 100 ' 000 displaced living outside of Bunia endure every day, without access to care, to food, with very few water... » Hostage in Ituri June 2nd to 11th 2005.

As a result, the minimum amount of assistance that was being provided to displaced populations living in camps around Bunia has been halted. Since, MSF has been wrestling with the inability to continue providing the minimal amount of aid tolerated in times of intense crisis. Meanwhile, the civilian population has been trying to survive in entrenched camps while remaining dependent on completely inadequate outside assistance. Civilians have been abandoned without any real possibility of surviving on their own.

II. From Minimal to Nearly Non-existent Aid

A. Access to Populations Limited by Constant Insecurity

The people of Ituri are caught in a stranglehold between different armed groups whose only objectives have been gaining control over the area. Following the logic of war, civilians have been nothing more than “tools” for meeting the groups’ needs despite all existing international laws and conventions. That said, any attempt to assist the invisible populations living outside Bunia and the perimeter secured by MONUC has posed a potential danger to humanitarian workers.

In a volatile security situation that imposed a limited number of operational choices, we first responded to the immediate needs of Bunia’s population following massacres in the town. Then we tried to respond to the needs of populations newly displaced by recent clashes (December 2004).

After one and a half years of working with the populations, MSF attempted to expand the area in which it could intervene. The expansion was the result of knowing the populations’ needs and the possibility of gaining access to them because of changes in the security situation. It was also tied to our perception of our own legitimacy given the recognition of the impartiality of our medical work and our neutrality toward each of the armed groups operating in the region.

Moreover, for simple operational reasons, providing aid to camps outside Bunia was made possible by the spontaneous gathering of displaced populations; it would have been impossible if the people had been scattered across the region.

Having access to populations made it possible to understand their conditions of survival; unfortunately, it also exposed our teams to more security incidents.

The Population Is a Pawn in the War

“The Nightmare of Nights”

During the night of 22 February 2005, a group of approximately 150 displaced people left one camp for another. They were caught in an ambush. It is difficult to know the exact number of dead and wounded. The incident was reported by wounded who escaped and were treated at the health center. One man was transferred because of gunshot wounds to the shoulder; four children with machete wounds were also transferred.

Fewer than 20 people succeeded in reaching their destination after the massacre.

- Some were shot.
- Children were killed in machete attacks.
- A 15-year-old girl was raped in public.
- A wounded child left for dead woke up the next morning surrounded by nine bodies.

Survivors arrived at their destination after hiding for two or three days in the forest.

B. The Abandonment of Civilians in Entrenched Camps without Any Possibility of Surviving on Their Own

Following the kidnapping of our colleagues and the subsequent end of medical activities outside Bunia, the 100,000 people now living in camps outside the town found themselves with little or, in some cases, no assistance. The minimal amount of emergency aid they had been receiving is now nearly nonexistent.

The reality cannot be denied.

If we consider that in an emergency situation, every family is supposed to be able to receive and have access to:

- 10 liters to 20 liters of water per day per person;
- a survival ration of 500 kcal and then 2,100 kcal of food per day per person;
- shelter; and

- 1 latrine per 50 people and then per 25 people at best.

Currently, a family of five or six living in the camps has to make do with an average of:

- 4 liters of water per day per person;
- 8 m² of living space that is not necessarily covered; and
- 1 latrine for 250 people in Tch  and one latrine for 50 people Tchomia.

Moreover, very little to no food is available in the camps. Leaving the camps to look for food presents a life-threatening situation.

Risking Your Life to Feed Yourself and Your Family

Eight people from Tch  were on the edge of the camp when they were attacked. They were trying to return with some food gathered from their fields near villages that had been abandoned. All eight were attacked with machetes; seven died. The lone survivor reported the incident when he was picked up along the road and then hospitalized.

In Gina Camp, women leave in the early morning to try to gather something with which to feed their families from their abandoned fields. Some have reported being subjected to collective rapes in front of other victims when they returned.

Abandoning populations in a more than worrisome medical and health situation is admitting failure. We have no choice but to acknowledge that the humanitarian arena in which MSF operated has shrunk considerably and that we have returned to the situation as it was in June 2003.

Despite the efforts put in by the international community, protection of civilian population remains very limited in Ituri. Furthermore, the UN's strategy of linking humanitarian aid and Monuc activities is a source of dangerous confusion, which further limits our independent capacity to respond to the population's needs.

The use of armed escorts from MONUC by some humanitarians only reinforces the confusion between humanitarian groups and military forces. De facto, the various armed groups suspect NGOs of having a mandate other than to simply provide humanitarian aid, or even of having a double agenda that includes collaborating with MONUC.

Our only recourse is in the reaffirmation of our principles and our identity.

“MSF demands access to populations; protection and respect of its charter and its humanitarian teams by all parties to the conflict; complete independence from the Congolese government, the international community, MONUC, other NGOs, and all forces present; access to quality health care for all; respect for the confidentiality and protection of the patients in its care.”¹¹

¹¹ Excerpt from brochures distributed in Ituri by MSF.

Conclusion

Today, we have to recognize that outside Bunia, even the most minimal amount of aid does not reach populations while the violence carried out by parties to the conflict is unacceptable.

The admission of failure exists on two levels: lack of protection for civilians and generally insufficient access to humanitarian aid. This involves first and foremost the protagonists of the conflict. Yet, it also concerns the entire international community despite the undeniable efforts it has made and the resources it has put into place¹².

Yet results are ineffective. While Bunia and few other towns enjoy relative security, protection remains wishful thinking for the vast majority of Ituri's populations.

Today the reality is plain: populations living outside Bunia have been left to fend for themselves and given over to the limitless violence of armed groups.

¹² Operation Artemis, Chapter VII for MONUC, and the increased number of peace-keepers.