

HEARTBREAK AND HOPE IN THE CONGO

by Anne Crane

On January 27 I joined a 12-member delegation in the city of Goma, which hugs the northern shore of beautiful Lake Kivu on the eastern border of the Democratic Republic of the Congo. We were beginning a ten-day travel-study seminar sponsored by the Presbyterian Church (USA) and the Eglise du Christ au Congo, (**ECC**, the Church of Christ in the Congo), one of the PCUSA's partners in that country. The purpose of the visit was to listen to the stories of survivors of sexual violence and to witness the grassroots work of the women leaders of the ECC who are addressing the multiple needs of these survivors and their communities. While Goma was our focal point, over the weekend we divided into three small groups and went in different directions to visit other communities. Two groups went north in a small plane to the towns of Beni and Bunia, in an area where there have been numerous incidents of violence reported in recent months. Another group (after several last-minute changes in plans) went by boat down Lake Kivu to the city of Bukavu. Rev. Berthe Nzeba, National General Secretary of the Department of Women and Families of the ECC, came from Kinshasa to join the delegation, and we were accompanied at all times by local women leaders. We were welcomed enthusiastically, often by singing and dancing, wherever we went.

The stories we heard from survivors, like the two that follow, were heartbreaking. But we were inspired by the courageous women and men who are accompanying these survivors, often at great personal risk. These are people who work steadfastly and tirelessly to heal the suffering and to effect change in this conflict-torn area.

Heartbreak and Suffering

The young woman was engaged to be married. Her fiancé's family had paid the bride price of \$1500, and plans were being made for the wedding in December. But the day in late January when we met her in Goma, she had been alone in a hospital far from home for about two months. Perhaps in her late teens, she lived in an area where armed militia had been active. She had been raped and had become pregnant. Unable to get an abortion, because it is illegal, and knowing that her pregnancy would be cause for rejection by her fiancé and that her own family could not now repay the \$1500 bride price, she had planned to commit suicide. Because of the complexity of her case, the doctor at the health clinic where she was initially treated arranged for her to be transferred to Kyeshero Hospital in Goma, about 60 miles away from her village. Her fiancé was told that she needed to go away for medical treatment, but he did not know the whole truth, and no one in her family could accompany her because of the distance, so she went alone. At the hospital, in addition to medical treatment, she was receiving trauma counseling and was beginning to come to grips with what had happened to her. Recent tests had shown that her fetus was severely deformed, a fact which made it possible to get an abortion. At least for the moment she was in a safe place surrounded by caring people who were doing all they could to help her.

Mukosi, age 13, had been helping her mother sell things in the market in her village, about 40 miles from the town of Bunia, where we met her. She left before her

mother at about 4 PM and walked home alone with the money from the sales, basket on her head. A man whom she described as about 30 years old tried unsuccessfully to get her attention, then he snatched her basket. When she tried to retrieve it, he grabbed her, dragged her into the bush and raped her. People who were passing by heard her frantic screams and came to her rescue, capturing the rapist, who was arrested. She was one of the lucky ones who received help immediately.

In Goma and in other towns we visited, including Bunia, Beni and Bukavu, we heard many more heartbreaking stories from survivors: stories of women and young girls who had been raped multiple times in different incidents, stories of victims who had developed AIDS or cancer and of women who had undergone fistula repair surgery*, some more than once. We heard of women who had been rejected or deserted by their husbands after being raped. We met with the wives and widows of Congolese soldiers in a military camp and learned of the desperate measures many must take in order to receive the meager benefits that the army is supposed to pay them. Some told of following their husbands to the front lines of battle just to be able to feed their families. And we visited a refugee camp for internally displaced persons where women who had sought refuge after being attacked in their villages were still raped. The stories we heard often brought tears to the speakers as well as to the listeners. How can people go on living in such circumstances? Where is there hope in such despair?

Courage and Resilience

The answer came as we met the courageous women who are working with the victims of violence - women like Kavira Nganza, Jeanne Banyere, Marie Kabazaire, Mama Olela and Neema Androsi, to name only a few. These women are leaders in the Baptist, Pentecostalist, Anglican and Methodist churches (all ECC communities), respectively. Through the ECC networks information is passed along quickly when an incident of rape or other violence occurs. Women will often go out to the “front lines” to help survivors procure the medical, legal and spiritual help they need as soon as possible. In the case of 13-year-old Mukosi, it was Neema Androsi, President of the local ECC Women’s Federation, who intervened with authorities to make sure the rapist was arrested and brought to trial. Earlier Mama Androsi had led 19 ECC women and one man into the forest at great personal risk to negotiate with a notorious rebel leader, “Cobra”, who was known for extreme acts of violence. After four trips over a period of six months, the group persuaded Cobra to turn himself in.

The ECC women work directly with the survivors, helping them to recover physically and emotionally from their ordeals and to get back on their feet. They do trauma healing and train others to perform this important work in a place where there are few professional mental health workers. They train women for income-generating activities and organize survivors’ solidarity groups. Some create savings and loans programs to help women market the goods they produce. Others offer adult literacy programs and provide community-based care and education for war orphans and children who have been affected by sexual violence. The women are also involved in the political process, regularly organizing marches (often joined by men, but led by women) to demonstrate their anger about the ongoing violence. They send written

petitions to government authorities demanding protection and accountability. They are also educating people about the importance of being involved in the electoral process as the Congo approaches elections later this year.

Kyeshero Hospital, opened in Goma in 2012, is one of three hospitals in the area that primarily treats victims of sexual violence. Many of the patients are children and teenagers. This is where we met the young woman who was raped a few weeks before she was to marry. Operated by the Pentecostal Church of Central Africa, the hospital was built with funds from the Norwegian government (facilitated by Secretary of State Hillary Clinton when she visited Goma). It provides a holistic approach to healing with medical, psychological and socio-economic services, as well as spiritual care for the patients. It is a major training center for fistula repair. Two of the greatest needs that the staff articulated were for a better maternity ward to address the high mortality rate among women and newborns and for more diagnostic equipment, even if it is second hand. Kyeshero Hospital is an integral part of the churches' response to the violence in the North Kivu region of the Congo.

During the second half of our time in the eastern Congo, our delegation met with representatives of the civil society organizations, the United Nations and the World March of Women. We also visited a coffee farm that works with Equal Exchange and a mining town that has been affected by the implementation of the Dodd Frank Law in 2010, which limits the export of conflict minerals. These visits gave us a broader perspective on the complex challenges of working in the eastern Congo. Just as importantly, they gave us concrete reasons to hope for positive change.

(To be continued in Part II)

*Traumatic fistula is an abnormal opening between the reproductive tract of a woman or girl and one or more body cavities or surfaces, caused by sexual violence.