



## Our Experience in Luvungi

International Medical Corps responds to Laura Heaton's investigation of mass rape in a small Congolese town.

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The March/April issue of Foreign Policy magazine features an opinion piece by Laura Heaton titled "What Happened in Luvungi? On rape and truth in Congo." The article questions accounts of an attack on villages around Luvungi, a town in North Kivu, Democratic Republic of Congo (DRC), that occurred during four days in late July and early August of 2010, and questions the attention that sexual violence in the DRC receives in the wider international community.

In the article, Heaton alludes to a conspiracy among the U.N., international humanitarian organizations, researchers, and Congolese community leaders to fabricate or inflate stories of rape in DRC. What might motivate this range of actors to collectively lie about sexual violence is left unclear, and Heaton's allegations of distortion are largely based on "wildly disparate reports" of rape during the Luvungi attacks. But these simply do not exist. Every humanitarian organization reporting on the Luvungi response, and multiple human rights investigations all found that hundreds of women and girls reported being raped during those four days. In July 2011, the U.N. Office of the High Commissioner for Human Rights released a Final Report



of U.N. Fact-Finding Missions into both the Luvungi incidents and the widely criticized U.N. peacekeeping response to the incidents. The U.N. confirmed that at least 387 civilians were raped, many by multiple perpetrators, and a great number in front of multiple witnesses.

This weight of evidence is not counterbalanced by the suspicions of one anonymous health worker whom Heaton interviewed, nor by her own inexpert and offensive suggestion that a "psychological element seemed to be missing" in the three survivors she encountered. Sadly, the author missed an opportunity to really explore what happened in Luvungi -- and the truth about rape in Congo -- when she chose to disregard available

information (including information provided by both of us) that wasn't compatible with a premise she was determined to pursue.

In early August 2010, at the request of the Walikale Health Zone authorities and civil society leaders, we sent a joint Ministry of Public Health-International Medical Corps team to respond to the Luvungi incidents. On August 6, three days after the attacks ended, we began transporting people to the nearest health center, roughly 8 kilometers from Luvungi. While sexual violence is a too-common feature of conflict in DRC, we did not expect to receive such large numbers of patients reporting rape. As days and weeks passed, more and more women came forward. For survivors who

arrived at the health center there was never any financial or material incentive provided. Far from encouraging increased reports, we were concerned about our ability to provide adequate treatment to those who needed it, as our supplies of emergency contraception and antibiotics were limited and we struggled to restock.

There are undoubtedly many important lessons to learn from the Luvungi incidents. For us, the priority has been determining how to better prepare response teams to meet the needs of survivors. We have since conducted numerous trainings on appropriate care and have pre-positioned emergency stocks of essential drugs in several health zones in North and South Kivu.

International Medical Corps has worked in DRC since 1999, providing health, nutrition, and other services to conflict-affected populations. In recent years, we have worked with communities to increase access to medical, psychosocial, legal, and livelihoods services for survivors of violence and vulnerable women. These programs have not replaced or come at the expense of other important initiatives, as Heaton suggests; on the contrary, programming to prevent and respond to violence against women and girls aims to increase the overall health and wellbeing of communities. Our programs, like most others in DRC, are carefully designed to not exclusively benefit survivors. This reduces a risk of further stigmatizing survivors

and also eliminates a possible incentive for false reporting.

Globally, rape is considered to be one of the most underreported violent crimes, and DRC is no exception. Survivors of violence often feel ashamed, afraid their partners or families will abandon them, worried their communities will ostracize or isolate them. Many sense that reporting is futile, expecting that police and healthcare providers will not believe their stories. We train health and psychosocial workers to respect survivors' testimonies, and to provide services they seek without subjecting them to suspicion or inquiry. This approach is critical to increasing access to care. Last year, health facilities we support in eastern DRC treated an average of 128 survivors of rape every month, and psychosocial support staff received an average of 143 individuals reporting violence each month. Half of those cases reportedly involved rape, with more than 80 percent identifying armed actors as their perpetrators.

The brutality of sexual violence in eastern DRC is difficult to fathom, and all of us should feel outraged by the large numbers of women and girls, as well as men and boys, who are victimized by widespread rape. This outrage has led to increased support of organizations like ours that respond to the needs of survivors. In her article, Heaton points to increased funding for sexual violence response as evidence that "the advocacy works." This ignores the fact

that current funding remains woefully inadequate to cover the tremendous needs in a large country, with limited infrastructure and continued insecurity in the east. Some of the facilities International Medical Corps supports in North Kivu cannot be reached by car or motorbike; our staff must walk for up to four days, with no telephone access, through terrain that often erupts in conflict. Responding to sexual violence in eastern Congo is difficult, dangerous, and expensive work. Organizations engaged with this work understand the great impact of sexual violence for survivors, families, and communities, and are consequently committed to advocating for increased protection and support of affected populations. It is deeply cynical to suggest that humanitarian organizations would misrepresent the toll of sexual violence for the purpose of increasing funding.

Sexual violence remains a salient feature of the conflict in eastern DRC. Some may be of the opinion that this is a tired story, or one that has been exaggerated. From our experience working with survivors and communities, we contend that the issue of sexual violence in DRC deserves increased attention and action. And we believe that in any debate over rape in eastern DRC, Congolese women and girls who have been most affected deserve the final say on truth. ●