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Congo-Brazzaville: Chronicle of a Forgotten War

Introduction

For the past 11 months, fighting between the government army or militias and rebel militias have resumed in Brazzaville, the capital of the Congo Republic. This fighting has generated massive and blind atrocities against civilian populations. The resulting widespread violence perpetrated by the parties at war affects the entire civilian population. Arbitrary executions, mutilations, rapes, and disappearances illustrate the arbitrary character of the violence perpetrated against the civilians.

In December 1998, more than 250,000 people fled the capital because of the fighting, to seek refuge in the tropical forests of the "Pool," a region south of the city. However, they found themselves caught up in the middle of the fighting, de facto hostages of the "Ninjas" (the rebel militias). Victims of indiscriminate violence, they have had no access to food or medical care, and could not benefit from any exterior help. Furthermore, the ones who survived and managed to come back to Brazzaville are now the victims of indiscriminate attacks from the government army and militias (the "Cobras").

Until now, no party in the conflict has taken significant steps to prevent the violence against civilians. This lack of action clearly shows their indifference to the fate of the civilian population. Given the gravity of the situation, the silence and indifference of the international community is unbearable.

Doctors Without Borders/Médecins Sans Frontières (MSF) volunteers have been present in Brazzaville since April 1999, implementing medical and nutritional programs. They have witnessed tens of thousands of starving civilians returning to the capital, exhausted after several months spent wandering in the forest. Doctors Without Borders teams in Congo-Brazzaville are facing an unprecedented nutritional and medical crisis.

The Population, Taken Hostage by Fighting

Last December, hundreds of thousands of people fled the fighting and violence by armed groups in the Congo Republic's capital. The total population of the country is 2.8 million people. More than 10% of the population has been forced to leave their homes and the capital. While 70,000 people found refuge in the relatively safe northern part of the city, most of the displaced went to the Pool, a tropical forest zone south of Brazzaville. For several months, these refugees have lived without any resources, prisoners of the militias, with aid organizations unable to provide them assistance.

The displaced people who made it back to Brazzaville say that they were not able to leave the Pool region because of violence, and the control the Ninjas have of the zone. Repeatedly forced to flee, they first lived in villages, where locals helped them. With the continuing fighting, they dispersed to seek refuge in the forest. They all tell of extremely difficult survival conditions (absence of food, hygiene, medical assistance) and speak of "epidemics of swollen feet" (a symptom of kwashiorkor, a very serious form of malnutrition), and of numerous deaths among children and elderly people.

According to testimonies collected by Doctors Without Borders, villages were deliberately targeted by one or the other party to the conflict, and sometimes even bombarded by helicopter. Some displaced confirm that they were strictly controlled by the Ninjas, who increased their pressure as the government troops got closer. Some say they were used as human shields.

[Return to Top of Page](#)

Massive Violations of Human Rights

About 200,000 people have returned from the Pool to Brazzaville since last May. During the last several weeks, 1,000 to 2,000 people have been arriving in the capital every day.

The flow of the displaced returning to Brazzaville started at the beginning of May, after the government army conquered cities south of Brazzaville and officially reopened the southern parts of the city. The size of the movements back to the capital have been proportional to the violence in the Pool region, and to the progress of government troops in the south toward the main strongholds of the opposition.

New arrivals in Brazzaville tell of abuses and acts of violence perpetrated by both the Forces Armées Congolaises (FAC) or the Cobra militias, and the rebel Ninja militias. Government troops and militias supervise the convoys of internally displaced people (IDPs), and control the military roadblocks on the road going from Kinkala to Brazzaville. The IDPs call this road the Corridor of Death: young men—suspected of being Ninjas—are arbitrarily executed, and acts of violence and robberies are regularly reported. This violence continues today.

Scores of rapes of women and very young girls have been reported. Since April 30, more than 500 cases have been reported at the Makelekele hospital and at the Sports Center (now transformed into a transit center) where the Doctors Without Borders teams receive the displaced. This figure is thought to be very low compared to the true incidence of rape. It only includes the women who acknowledge having been raped on the road to Brazzaville by Cobra militiamen and government troops. It does not include the cases of sexual violence during their stay in the Pool region, or the cases not declared.

[Retour haut de page](#)

An Exceptional Medical and Nutritional Emergency

Humanitarian organizations are facing an exceptional medical and nutritional emergency in Brazzaville: since

May 1999, out of 200,000 people who returned from the Pool, 14,700 suffering from serious malnutrition have been taken into nutritional centers set up by humanitarian organizations. Among those treated were more than 3,300 children under age 5. A further 31,000 are suffering from moderate malnutrition.

Among the children under 5 coming back from the Pool, more than 20% are suffering from severe malnutrition, and 40% from moderate malnutrition. Many adults are also suffering from malnutrition. Various types of serious anemia have been registered, as well as respiratory infections, malaria, and septic dermatosis.

One-hundred percent of the malnourished children being treated in Doctors Without Borders feeding centers are internally displaced persons (IDPs) coming back from the Pool. With each new wave of IDPs returning, the feeding centers run by Doctors Without Borders teams are seeing an increase in the number of malnourished children.

In order to properly to take care of the returning displaced persons, Doctors Without Borders has progressively implemented four feeding centers of which the latest was opened in October. That so many adults and teenagers are also malnourished is a sign of the seriousness of the situation.

Because of their poor health and the acts of violence against them, many people are still dying during their trip back to Brazzaville, or soon after they arrive. In the southern part of the country, where fighting continues, as well as in the regions of Niara, Lekoumou, and Bouenza, civilians are still dying without humanitarian organizations being able to assist them.

[Return to Top of Page](#)

A Forgotten Conflict

The testimonies collected by Doctors Without Borders volunteers during their medical and nutritional work tell of massive human rights violations and acts of violence by the various armed forces, in the Pool region or on the way back to Brazzaville.

However, the crisis in Brazzaville still has not received media coverage or attention from the international community. Furthermore, there is little hope today of a rapid and negotiated solution to the conflict, and both sides reject responsibility for acts of violence committed.

Since last July, the capital and its periphery have been relatively calm. However, despite this apparent appeasement, and an effort from the government to regain control and limit the violence committed by the militias, the Pool region is still not accessible to humanitarian organizations without military protection.

Several hundred thousand civilians are still caught up in the fighting. Based on the stories told by the displaced who managed to reach Brazzaville, the worst is feared: they are without food or health care and are victims of

violence.

As for the resident population (estimated at 240,000), little information is available as to their fate, but they might very well be going through the same situation. Over the past few weeks, Doctors Without Borders teams have witnessed a new phenomenon: of the refugees who have come to Brazzaville, 30% were originally residents of the Pool region itself. This means that residents are also suffering from the conflict, and are forced to seek help in the capital.

As the security situation outside Brazzaville and in most parts of the country is extremely hazardous, Doctors Without Borders does not have access to the Pool region.

Doctors Without Borders Operations in the Congo Republic

Doctors Without Borders/Médecins Sans Frontières has been present in Brazzaville, Congo Republic, since April 1999.

Fourteen volunteers are in charge of medical and nutrition programs. The Brazzaville program is one of Doctors Without Borders' largest emergency programs at the present time.

1. Transit Areas: The Sports Center, the Station, and Nganga Lingolo (South Brazzaville)

Refugees returning to the capital gather in these transit areas, where they undergo medical checks.

Doctors Without Borders teams assess their level of nutritional health and direct the sick to the health facilities (either the hospital or nutrition centers). Between 1,000 and 2,000 people continue to arrive every day in Brazzaville.

2. In the Nutrition Centers

To cope with the state of emergency, Doctors Without Borders has set up 3 therapeutic feeding centers (TFCs) in succession, to take care of children suffering from severe malnutrition. These children present a height:weight ratio of 70% below normal). Plans for a fourth center are underway.

1,100 children under the age of five are currently being treated in Doctors Without Borders' TFCs.

If we take into account the operations of all the organizations present in Brazzaville, a total of 3,380 people suffering from severe malnutrition are receiving treatment from one of the intensive feeding programs.

3. Makelekele Hospital

In April, Doctors Without Borders began to support medical services provided by Makelekele Hospital in the areas of emergency treatment, pediatric care, and surgery. A team is always on hand to deal with emergencies, pediatric care, and outpatient surgeries.

Eyewitness Accounts from Refugees Returning to Brazzaville

These testimonies were collected at Makelekele Hospital during the spring and summer of 1999.

Cedric, 9 (May 8, 1999): "My name is Cedric and I am 9 years old. During the war we were living in a village near Boko. My mother is dead. She was sick and we couldn't make her better. We heard people saying that we could go back to Brazzaville. We left—my father, my uncle, my aunt and me. Other people came with us too. Everyone thought that we were going to find a convoy at Nganga Lingolo to take us to Brazzaville. We came across soldiers very early in the morning. I didn't understand. I heard shots, my daddy fell to the ground, my aunt too, and I felt a bad pain in my foot. My uncle grabbed me and we ran. The truck took us to the hospital. My foot still hurts but the doctor has put a big bandage on it. My big sister came. She had stayed in Brazzaville during the war. She says that my daddy is dead and so is my auntie. Is it true?"

This child is suffering from a bullet wound, resulting in an open fracture in the foot & extensive skin loss. His foot will probably not be able to be saved.

A couple (May 9, 1999):

The couple weep, cradling the limp body of their two-year-old baby girl. They arrived a few hours before. An army truck dropped them off in the hospital forecourt. The little girl was admitted immediately to the feeding center. She was suffering from kwashiorkor, a severe form of malnutrition, and acute anemia. She died within an hour of being admitted.

The father's story:

"We were living in Makelekele in December. We fled the fighting and hid in the forest. My daughter was sick. She had a fever and constant diarrhea. My wife was also exhausted. She is disabled, as she had polio when she was young. So we went to Kinkala. But there were no medicines there. We didn't have any food. We had to eat cassava leaves. At the beginning of May helicopters flew over Kinkala and bombed the surrounding areas. The Ninja militiamen asked us to leave with them. They told us that dreadful mercenaries were going to kill us and that Brazzaville was in ruins. The militiamen left us alone as my little girl was so ill. The army soldiers came back to Kinkala the next day. They stopped me, tied me up and interrogated me because they thought that I was a rebel Ninja. In the end they let us join the convoy to return to Brazzaville and get help for our daughter."

Doctors Without Borders took the dead body of the little girl to the CHU mortuary and went back with the couple to what used to be their home. Their small house was overgrown with weeds and had been looted. A neighboring family that had returned several days earlier offered them hospitality. The father is now living in his house, which he has managed to clean up and restore to some kind of order. His wife is very distressed and is often in tears.

An elderly woman (May 15, 1999): "My name is M.... I don't know how old I am. In these parts they say that I am

"elderly." In December I was staying at my daughter's house in the Bacongo district. When the war hit our district, we took refuge in the north. We found refuge within the walls of a Catholic parish, which had become a site for the displaced. More than 3,000 people were living there. It was cramped but we were all together. The Red Cross built shelters and gave us supplies of food and water every week. My daughter ran a small market stall. On the first of May, the president had given authorization for us to return to the southern districts, but we were afraid. My daughter's house had been looted. We were in no hurry to go back to Bacongo. We wanted to wait and be sure that it was really safe again, to know that the looters had gone.

"The local authorities sent buses to take us back. Not many of our neighbors at the site were in much of a hurry to go either. And then the Lady Mayoress paid us a visit. She told us that the site had to be closed as soon as possible. If we didn't leave, she would call in the army. Then near to the refugee site we found a family who, in return for a low rent, was willing to take us in. So we moved in with this family. Yesterday, I was coming back from market in the late afternoon. I was on my own. The streets were full of soldiers and young militiamen. A group of young men stopped me and questioned me in Lingala. I don't speak Lingala very well. The young militiamen were on edge and seemed to be drunk. They started shouting and pushing me. They said I was the mother of Ninjas and two of them started to hit me. I fell in the mud, they stamped on my face, and I felt a bad pain in my side. I don't remember anything after that. Night fell."

This woman was found unconscious at daybreak in a road in one of the northern districts of Brazzaville. Her children took her to Makelekele Hospital. She presented multiple wounds to the breast and left side made by a sharp weapon (probably a knife). Her face was swollen. Doctors Without Borders stitched and dressed her wounds.

Three women (May 20, 1999):

Three women are waiting in the office of a female Congolese doctor, who examines female rape victims. They have just arrived in Brazzaville. One of the women has two children, a baby of 12 months and a 5-year-old. The youngest is very malnourished. The mother herself is extremely thin. Her clothes are torn. These women were part of a group of about 25 people who had left a village to return to Brazzaville. When they got close to Nganga Lingolo, they came across some army soldiers or militiamen. The soldiers separated the women from the rest of the group, robbed them and subjected them to gang rape. Then they took them by truck to Nganga Lingolo where they were raped again by other militiamen. The next day they were able to ride in a truck which dropped them off at the hospital.

"Other women have been raped but they don't want to talk about it," said one of the three women. "It is so shameful for us."

A refugee (May 1999): "My name is Mr. C... They wanted to rape my sister. She was only 17. I tried to defend her, so one of the militiamen fired a shot and she fell. They killed her and they made me get into the truck (to return

to Brazzaville)."

Another refugee (May 1999): "I've had no news of my wife and my two children since December. I was hoping that they were going to be in the first groups which returned from the Pool. But when I see and hear about all these terrible things, I would rather they stayed hidden in the forest, if they are still alive."

Two young women (May 26, 1999):

The small truck that carries people from Nganga Lingolo to Brazzaville pulls up in the hospital forecourt. It is overloaded, crammed full with over 70 people. Two women are plucked out of the crowd. One is gasping for breath, the other unconscious. After initial first-aid treatment, the first calms down.

"We were very crushed in the truck and I was so frightened. We heard a lot of gunshots. We ran to catch the truck. And then, just as we got to the bridge at Djoué, we were stopped by a group of militiamen. They took away everything that we had left and terrorized us. They threatened to beat us all up. In the end the truck driver succeeded in getting them to back off, since an army patrol had arrived, and we were able to cross the river."

The second young woman is surrounded by her brothers. Her blood pressure is low. Fearing hypoglycemia, Doctors Without Borders gave her an IV and administered hypertonic glucose. She opens her eyes but is unable to speak. She is trembling. Then she notices the Congolese surgeon and indicates that she wants to write.

"I am dead," she writes. "You too are dead?"

The surgeon reassures her. No, he is alive and well and he remembers her. He operated on her shortly before the events in December. It takes 24 hours before she regains her speech. Then she tells the MSF team that she has been terrorized by militiamen. She thinks they have beaten up her brothers.

Mr. N., 46 (July 1999):

Mr. N. fled his hometown, Linzolo (situated 40 km south of Brazzaville), in December, when the fighting broke out. His ex-wife fled with their four children. He thinks that the whole family is in Boko, which lies at the southernmost point of the Pool. He has had no news since January. He took refuge in Nbandza Dounga with his present wife. At the end of April helicopters bombed Nbandza Ndounga.

Mr. N. fled again to a small village some 20 km from Nbandza Ndounga. By the end of May there were shortages in the village, so he decided to go to the river so that he could continue to feed himself. After a week spent fishing on the banks of the river, a Cobra vehicle surprised the group just as they were about to eat. Thirteen people were taken away. Mr. N. was struck by a bullet in his foot because he couldn't give them any money. Mrs. N. escaped into the forest as soon as the shooting began. Mr. N. arrived at the Sports Center in Brazzaville with 13 people in the Cobra vehicle. Of these 13, one young man does not leave the vehicle. The Cobras have taken him. There has

been no news of him to this day.

Miss A., 19 (July 1999): "A group of us came out of the forest. When we reached the military roadblock at Makana, the men were separated from the women. In the queue, they chose me and put me in a room. When I tried to escape they fired shots at my feet. Luckily they didn't hit me. Five men raped me."

Mrs. X. (July 1999): Mrs. X. reached the Sports Center in a highly emotional state. She was sick. When Patrick, the Doctors Without Borders nurse, took her away in the ambulance she asked, "Where is my son? I have to comfort him."

Her son was 17 years old and the militiamen forced him to rape his mother.

Mr. A., 30 (October 1999): "On the way up to Brazzaville there were 10 of us when the military held us up and robbed us close to the military checkpoint at Mabaya. Five people got scared and escaped. The military threatened us and then fired at us. I was hit.... I stayed by the roadside for two days until a women put me into her wheelbarrow and brought me to Ganga Lingolo (about 25 km)"

Mr. A. has a broken tibia and kneecap. He will limp for the rest of his life.

Charlotte, 25 (October 1999): "I come from Kibouendé, alongside the railway. Seven of us lived in the same house. When the helicopters attacked our village—it was in July I think—we all fled. The soldiers came to hunt us out in the forest. I have no more news of either my mother or my little brothers. My small brothers had already been attacked by the Ninjas and Cobras. In the lorry which brought us to Brazzaville, there were about 20 civilians and some soldiers. At the military roadblock at Mabaya, the Cobras made us all get out. The soldiers in the lorry did nothing. The militiamen robbed us and hit five boys who were with us with the butts of their rifles. One of these young men refused to go to the hospital when we reached Brazzaville, saying that he preferred to die at home."

Mr. B. (October 1999): In Makelekele hospital: "I am a member of this department. Before I fled Brazza, when the war started up again, I used to work here. My wife is very ill and if I were not part of the medical profession, she would have died a long time ago. I had to carry her on my back for 120 km."

When Mr. B.'s wife reached the emergency ward, she was in cardiac and respiratory arrest. She is now out of the coma and there is a slight chance of saving her.

EYEWITNESS ACCOUNT BY FRANCOIS GUILLEMOT, A DOCTORS WITHOUT BORDERS
DOCTOR WORKING IN Brazzaville

Brazzaville, a day in June 1999, 8:00 a.m.:

"We left the Doctors Without Borders base for the hospital and two feeding centers. In May 1999, Doctors

Without Borders began a program of food and medical aid in this region torn apart by civil war. The team that preceded us, some of whom are still present, did excellent work, which we are attempting to continue. Two feeding centers—one for children under 5 years old and one for those over 5 years old—and a cholera treatment center were set up in Brazzaville. The southern hospital at Makelekele, looted by the militias, has been re-opened, also by Doctors Without Borders. A pediatrics unit with emergency service, an adult medical service, and the pharmacy (reopened thanks to drug donations by Doctors Without Borders) started up in May in this hospital. The Congolese doctors and nurses are gradually returning to their posts. They have not been paid for four months, and were also subject to deportation into the forest and brutality from the militias, either in the forest or upon returning to Brazzaville. Their houses are often destroyed and looted—but they're still here. The head nurse is also there, seven days a week, always available and friendly, torn between the many and contradictory demands on his time.

"The day begins.... I cannot help a feeling of dread on entering this building. What fresh drama awaits? We start with the horrible news from the night, during which we cannot work for safety reasons: the malnourished child who we thought was through the worst of his pneumopathy died during the night, the child suffering from cerebral malaria is still feverish and in a deep coma. The small premature newborn who was admitted last night died two hours later. The building echoes to the laments of the mothers. Who said that African mothers were fatalistic? But the new day's emergencies are already arriving. At the same time, two children suffering from advanced kwashiorkor are brought in, in total silence, by their exhausted mothers.

"The clinical picture is disastrous: burst skin edemas, hypothermia, diarrhea completing the work of dehydration...and the gaze of the exhausted, inert children. The mothers bring them here, as if to say that they have held on right up to the end, right up to this hospital, and now await a miracle. The miracle will unfortunately only happen for one of the children. Did the other one hold on beyond all medical expectation simply to help its mother to live? Its mission now accomplished, it was to die within six hours. Then come the emergencies: the cerebral malaras, now fortunately nearly always treatable, the pneumopathies and above all the cases of diarrhea, which are always hard to treat when dealing with malnourished children. We are now all busy, along with the nurses, some administering drips, some installing a naso-gastric tube to administer Resomal, a solution to rehydrate malnourished infants. Neither too much nor too little liquid, but the mother often has trouble understanding this and increases the infusion rate as soon as we turn our backs.

"With Lambert, the Congolese doctor who recently returned to the hospital, we nonetheless attempt to make a coherent medical round of the inpatient wards between emergencies. We first meet a small boy of 8, who smiles and welcomes us warmly. His foot was blown apart by a round from a Kalashnikov and now lies in plaster, it having been possible to avoid amputation. His mother was killed before his eyes and as for his father, he "disappeared" in the forest.... And then there is this little girl of 9, accompanied by her grandfather. Her parents were killed in front of her and her sisters taken away.... Only her old grandfather remains, desperate, lost, uncomprehending of why his granddaughter refuses to eat. She in a deep nutritional marasmus and I try to offer a naso-gastric tube, which she has trouble accepting. Her grandfather learns how to use the supply syringe. For

two days, she receives a correct calorie intake, steadily improves and begins to take food orally.... Then suddenly, she rips out the tube and turns her face to the wall. She still answers our questions and we each try to convince her to start feeding herself again. There is nothing to be done and she lets herself die without any of us finding the words to convince her to live.... I will never forget the sight of her sobbing grandfather, head in hands, his family and his life destroyed, beside the corpse of his granddaughter. But there is also this small boy: diarrhea, fever, a typhoid case, brought under control by antibiotics; we savor his first smile and that of his mother. He will soon be out of danger.

"Then there is also Armand. Armand is four, has two sisters and a big brother. His mother stayed with them after a long journey through the forest. The four children arrived in a pitiful state: advanced kwashiorkor, skin lesions, pneumopathy. And yet, two weeks later, the little girls are playing and the older brother laughingly goes off to fetch water and tries to wangle extra protein biscuits from us; he's a real comic! But there's still Armand: feverish, sad, he sits for hours uncomprehendingly watching his brothers and sisters playing. Armand, why won't you get better? There is a father, holding his premature daughter in his arms. He has not left her side in the days since she was admitted. She has trouble breathing and although she has escaped pneumopathy, she will not escape the diarrhea that awaits her. I explain to the father that the coming days will be hard for his daughter, but he does not seem to want to hear. And he is right because the little girl, taken into care by the feeding center next to the hospital, survives against all medical odds....

"A moment of calm, and I get away for a quick visit to the feeding center: here there is laughter and children playing. What a joy it is to see children who have experienced so much that is bad greeting me with a loud "m'boté," hello!

"The day will continue with its lot of emergencies and consultations. The Congolese doctors are less in evidence in the afternoons and sometimes adopt a surprisingly inappropriate, passive attitude towards the emergency cases. I realize that they too have suffered and are showing all the signs of post-traumatic stress syndrome. A stretcher is dumped down in the corridor, carrying an old man, hollow-eyed, barely detectable pulse. Vomiting and abundant diarrhea since the morning, a typical case of cholera. He is immediately infused and the ambulance whisks him off to the cholera treatment center at the university hospital. The sprayer leaps into action to disinfect the corridor, the stretcher and the car.

"Suddenly, the hospital yard is shaken by the sound of an engine. A large lorry has just stopped. In the back of the lorry are about 20 dust-covered people, mainly women, children and the elderly, surrounded by armed men. A man gets down, holding his right arm: the day before, a machine gun burst tore his shoulder off and his arm is hanging off, the shattered bone exposed through the gaping wound. Why has he been shot? For no reason, simply because he was near a soldier.... He said that he was lucky and that others had been shot in the legs. As for those who would never be seen again...

"A young woman got down, emaciated, exhausted, accompanied by little girls about age 12. They had been repeatedly raped at a checkpoint, after the husband—who had attempted to intervene—had been beaten and then

taken away. The hospital has set up a service specifically for these cases, with midwives issuing contraceptives. But who can heal with what these women have suffered?

6:00 p.m.:

Time to leave. Afterward, the checkpoints will be everywhere on the road home. There is no aggressiveness during these checks, and we are let through with no problem after showing our passes. In recent days, small shops have reappeared in Brazzaville and the animation there contrasts with the deserted, sinister streets of only a few days before. There are few security problems, and the main risk is from stray bullets, such as those we saw in front of the hospital during an arrest of looters by the "regular" army. On the way, we came across armed soldiers—an offensive underway in the South—pick-ups from Chad with their machine guns held by a wild-eyed man wreathed in cartridge belts, and above all the worn-out pick-ups belonging to the Cobras, sitting on their booty and waving their Kalashnikovs. They continue to loot and we hear sporadic shooting during the night.

In the car we listen to RFI. The news is of France and the 35-hour working week. I feel strangely remote from all of that."

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