On The Long Road

Journeys of Peace in Burundi and the DRC
After I heard the teachings, I went back to Muhato and met with the people who had destroyed our houses. I began to talk to them. They had been afraid to come and ask for forgiveness. They would send others, but were too scared to come themselves. HROC helped me learn to reconcile things and reach out to them. I also got the courage to put new metal sheets on the roof. The people who stole from us now rent the houses.

North Kivu HROC participant

We try to make each edition of PeaceWays-AGLI different. In this issue, On the Long Road, we focus on two of AGLI’s program, the Healing and Rebuilding Our Community program in North Kivu, Democratic Republic of the Congo and the Friends Women’s Association’s Kamenge Clinic in Bujumbura, Burundi.

“On the Long Road: DRC ” is about a small town, Nyamitaba, in the Masisi area of North Kivu, Democratic Republic of the Congo. The fighting in North Kivu is a neglected story in western media. This report is unique in that it depicts the history, not of the whole war and the various military and political actors as is usual in such descriptions, but one small community as people who live there see it. Alex noted that the “history” they are writing about is the history as the people in the community see it. In some cases this might be at variance with the accepted history of North Kivu.

“On the Long Road: Burundi” updates the situation in Kamenge, a slum of Bujumbura, Burundi. When war officially ends, its consequences continue long afterwards. In particular it affects women and their children. This is the story of how the Kamenge Clinic is trying to resolve those related issues of trauma, poverty, gender inequality, lack of community resources, and healthy wellbeing.

David Zarembka
AGLI Coordinator

What does the picture on the front cover say to you?

Does the picture of a vehicle stuck in the mud on a hilly road in Africa convey a negative image that Africa is also stuck in the mud?

The picture was taken by Alexandra Douglas and she explains it this way: “I was envisioning it was more about how we keep going forward along the road of peace, despite any difficulties that may be faced. The fact that the HROC jeep is wading through mud is in fact a testament of strength, positivity, and forward motion.”

What does the picture on the front cover say to you?
Table of Contents:

On the Long Road: Burundi... by Alexandra Douglas and Dr. Alexia Nibona
Introduction.......................................................................................................................Pg. 3
War and Health..............................................................................................................(cont)...Pg. 14
Health and Peace ........................................................................................................Pg. 16
A Community Peace and Health Model......................................................................Pg. 17
FWA’s Philosophy.........................................................................................................Pg. 20

On the Long Road: DRC.... by Alexandra Douglas and Zawadi Nikuze
Summary.............................................................................................................................Pg. 4
The Story You Need to Hear.........................................................................................Pg. 8
Learning From Within.................................................................................................Pg. 10
The Worst Place to Be a Woman...................................................................................Pg. 11
Conclusion....................................................................................................................Pg. 12

Introduction

Kamenge is a stigmatized community. The best comparison to a U.S. context would be Southeast D.C. or South Central L.A. during the crack epidemic in the 1980s. It’s one of those places “you just don’t go.” The Friends Women’s Association (FWA) clinic staff often find that their colleagues in the medical community react with shock when, given their advanced education and social status (even though most of FWA’s staff come from Kamenge itself), they tell them they work in Kamenge. Other umuzungu (Kirundi for “white person”) quickly produce a copy of the latest security report which undoubtedly contains warnings about travel to Kamenge.

The reasons for such stigma lie in Kamenge’s recent history. Kamenge is an urban community about 5 miles north of Burundi’s capital city, Bujumbura. While once multi-ethnic, Kamenge was one of the main theaters of mass violence during Burundi’s “crisis,” or 12-year civil war, resulting in the community becoming almost entirely ethnically Hutu. Thousands of people were killed there in 1994 during stand-offs between Kamenge’s infamous gangs and the predominantly Tutsi military. It later became a recruitment ground and stronghold for Hutu rebel groups such as the FNL and CNDD-FDD.

The scars and stigma of this violence are still evident today. Some houses remain destroyed. Others are covered with bullet holes. It is one of the poorest communities in urban Burundi with virtually no access to public services. There are few water points, mostly open sewers, and one of the lowest rates of education. And underneath the surface are still deeper, open wounds: stories of loss, rape, hunger, lootings, and disease.

The Friends Women’s Association was founded in 2002 with the support of the African Great Lakes Initiative to address some of these deeper wounds, particularly in the lives of women who have been made vulnerable by years of war and poverty. The Friends Women’s Association has embarked on the long road of peace and recovery, using public health as the starting point. This is our story.

Continued on page 14
The trainings Chief Majumbuko is referring to are the 3-day Healing and Rebuilding Our Communities (HROC) workshops run by the Ebenezer Peace Center in the North Kivu province of eastern Democratic Republic of Congo (DRC). With original funding from the African Great Lakes Initiative of the Friends Peace Teams and further support from the Saskatchewan Council for International Co-operation, the Canadian Friends Service Committee, and individual donors, the HROC-North Kivu program has held over 70 workshops in the North Kivu region since May 2007, primarily in the Masisi Territory and Internally Displaced Persons (IDP) camps located around the provincial capital of Goma.

The HROC program was developed in the Great Lakes Region of Africa, predominantly Rwanda and Burundi, to address the on-going effects of violence and trauma in the lives of individuals and communities. Partially adapted from the Alternatives to Violence Project, HROC is a 3-day curriculum which uses a participatory approach (including the use of games, songs, and discussion) to teach participants about the concept of trauma (definition, origin, symptoms, and consequences), facilitate the initial stages of expression of loss, grief, and mourning, establish mechanisms to deal with anger, and build trust between individuals and within communities which have histories of violence and betrayal. HROC is based on the underlying philosophy that in every person there is something good, that each individual and community has the inner capacity to heal and recover from trauma, and that trauma healing is fundamentally connected to the possibilities of long-term peace. HROC’s approach relies on participants’ own knowledge of their experiences to facilitate a healing process.

HROC was introduced to eastern DRC with the goal of “bringing the community back together and helping people live in unity.” There has been deadly conflict in the North Kivu province since 1992 and the majority of people in the region have suffered some degree of trauma through the direct (fighting, rape, lootings) and in-direct (disease, poverty, malnutrition) consequences of violence. The conflict in North Kivu has intensified already deep ethnic divisions and has caused people to fear living side by side. Given the success of HROC programs in Rwanda and Burundi in addressing the hidden pain lying just below the surface due to war and genocide, it was deemed appropriate to bring/adapt the HROC program to the DRC context.

In January 2010, AGLI performed its first evaluation of the impact of HROC workshops in eastern Democratic Republic of Congo (a copy of the full evaluation report is available at www.aglifpt.org). As Chief Majumbuko’s quote captures so clearly: the HROC program is having a real, significant impact on the communities where it works.

Over four days, we—Zawadi Nikuze and Alexandra Douglas—individually interviewed 12 past participants and facilitators, as well as held a group session with 39 past participants, to see how HROC has impacted their lives over time and how the HROC-North Kivu program can be improved in the future. In addition, we spoke with two rape survivors who participated in HROC North Kivu’s new trauma healing initiative for women who have experienced sexual violence.

The feedback we received from the evaluation was overwhelmingly positive. On the one hand, the impact of the HROC program is quantifiable. Chief Majumbuko testified that the number of court cases in Nyamitaba has noticeably dropped since community members began participating in the HROC workshops. People engaged in land and property disputes as a result of the war have begun to settle these problems peacefully between themselves, without involving or even dropping previously instigated court cases.

On the other hand, the impact of the HROC program in the North Kivu province is intangible, as it lies in the hearts and minds of the people who participated in the program. People reported having fewer flashbacks and other trauma symptoms, reaching out to neighbors or

Continued on page 6
Speaking Tours

**Alexandra Douglas**, AGLI’s extended service volunteer with the Kamenge Clinic, will be on a speaking tour of the United States from March 29 to May 2 in Iowa, California, Missouri, Florida, Tennessee, and Washington, DC.

**Zawadi Nikuze**, HROC coordinator from North Kivu, Democratic Republic of the Congo, will be on a speaking tour of the United States from April 22 to June 5 in Tampa, Philadelphia, QUNO in NYC, New England, New Jersey, Texas, University of Redlands (CA), Olympia, Seattle, AVP-USA in Minneapolis, and Denver.

**David Zarembka**, AGLI Coordinator, will be speaking in Greensboro, North Carolina on April 19 and May 2 and Atlanta on April 26.

Please look at the AGLI webpage: [www.aglifpt.org](http://www.aglifpt.org) for details of the speaking engagements.

For more information contact David Zarembka at: [dave@aglifpt.org](mailto:dave@aglifpt.org)

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**Jacqueline is a 40 year old woman with 4 children. She is Tutsi.**

Before 1994, we lived well with our neighbors. After fleeing because of the war, we were trying to trace information on all the things that we left behind. My family owned three houses, but we heard that they had all been set ablaze. My brother went back to check on the houses, but then he didn’t come back and we heard that he was dead. We never saw his body.

As soon as security was restored again, we went back to start rebuilding our lives. But then security broke again, and so we fled... again. This time, the roofing was stolen from the houses we had rebuilt.

We came back again during the census and we learned who had stolen from us. I began to feel this hatred grow in me from the bottom of my heart.

After the census, we went back to Rwanda where we had fled. But life was difficult. So when security was re-established once again, we came back. It was then that I heard about HROC.

After I heard the teachings, I went back to Muhato and met with the people who had destroyed our houses. I began to talk to them. They had been afraid to come and ask for forgiveness. They would send others, but were too scared to come themselves. HROC helped me learn to reconcile things and reach out to them. I also got the courage to put new metal sheets on the roof. The people who stole from us now rent the houses.

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**America Imprisoned**

I am not talking about the two million Americans currently in prison in the United States, but about all three hundred million plus Americans. If someone cannot visit people in America the real effect is that Americans are prisoners in their own country.

Dr. Alexia Nibona, doctor and director of the Friends Women’s Association’s Kamenge Clinic was denied a visa by the US consular officer in Bujumbura. The consular officer wrote:

*An refusal based on this section of law generally means that the visa applicant was unable to demonstrate strong enough family, social and economic ties to their country of residence that would compel them to depart the United States after a temporary visit. The burden of proof is on the applicant to prove that they overcome the immigrant presumption.*

We had an extensive tour arranged for her between March 29 and May 2. This denial was a tremendous disappointment to Alexia.

In order not to disappoint those who worked so hard on arrangements for the tour, Alexandra Douglas, extended service volunteer at the Kamenge Clinic, will substitute for her. She will bring a short video presentation by Alexia so that she can have at least some presence in the US.

*David Zarembka*

AGLI Coordinator
community members who killed their family and/or looted their home, choosing not to join the army or militia, deciding not to seek revenge, and—as so many participants described it—learning “to feel” again.

The positive impact of the HROC program can be summarized into three overarching and recurrent concepts: trauma-healing, reconciliation, and context.

Trauma Healing
Most participants had never heard of trauma before coming to a HROC workshop; those who had heard of trauma said they did not know what it meant. Nonetheless, almost all participants in the evaluation expressed relief at finally being able to name and understand what they had been experiencing and feeling since their initial moment(s) of trauma. Such validation then enabled them to see a path forward in their own stages of healing.

Worthwhile noting is that the impact of the HROC trauma healing workshops seems to go well beyond addressing the direct outside pressures of war (lootings, banditry, theft, land scarcity, killings, rape, etc.). Many participants stated that the teachings also address painful and debilitating household conflicts such as domestic abuse, the stigmatization of pregnancy outside of marriage or due to rape, children of one marriage being pitted against the other, relations between a widow and her in-laws, etc., thus demonstrating that the program works within a more holistic understanding of conflict.

In areas of deadly conflict, the staggering outside pressures of war often manifest themselves in domestic or intra-familial disputes. One woman described how, despite living through more than a decade of war and fleeing to an IDP camp, the “most traumatic moments in [her] life were seeing [her] husband coming home already drunk.” Such personal trauma is often overlooked or sidelined by peacebuilding projects; yet HROC, which uses participants own experiences to facilitate understandings of trauma, is able to access these personal issues as a springboard for further learning and recovery.

Reconciliation
The second concept leading to HROC’s positive impact on the lives of participants is reconciliation. Forgiveness and reconciliation are not concepts which are themselves taught in the 3-day HROC workshops; however, they were reported as frequent (and welcome) byproducts of the trainings. As a previous evaluation on HROC programs in Rwanda reported, the HROC program recognizes that “to choose to forgive someone is a deeply personal and tremendously difficult process. No one knows how a person will react after learning about trauma, grief, and trust or hearing the truth about what happened to a slain relative… [HROC] does not outwardly promote forgiveness or even discuss it directly; rather the program seeks to empower participants to make their own choices and creates a unique place for people to begin rebuilding broken relationships of the past.” And indeed it does.

North Kivu HROC participants reported frequently reaching out to neighbors and former friends who had killed their family members or stolen all of their belongings. Many women also reported reaching out to their in-laws who had abandoned them after the death of their Continued on page 4

Continued from page 4

Kaembe Majumbuko is the Chief of Nyamitaba. He lost three of his twelve children in the war. He is Hunde.

My own story is that, in 1994, I fled to Minova because the war had come too close. After 3 years, we were told that the war was over and that we could go back home. That was in 1997. But then another rebel movement developed, the CNDP, and our people fled again in 2007. Then again, they said the war was over and we came back.

Coming back was not easy. It was not easy to accept one another with what had happened between us. The [HROC] teachings help to reduce hatred. Hatred is slowing down due to this peace work. I realized that if people had gone to these trainings before, it would have reduced the violence. Now it is helping more people to come back and join us and be okay because they feel free, safe, and accepted. I wish all the Chiefs of villages could attend these workshops.
husbands and/or making amends with parents who had thrown them out due to pregnancies. As forgiveness itself is not taught, these stories of reconciliation grow out of a process of internal understanding and awareness of what it will take to break the enduring cycle of violence in their own lives and in the eastern DRC.

It is this internal process of understanding that forms the basis of reconciliation which leads to the long-term positive impact of the HROC program. The post-conflict environment brings with it a myriad of challenges. Returned refugees find that their land is occupied or that their belongings are gone; so-called “victims” and “perpetrators” return to living side by side in their villages; rape survivors face extreme stigmatization and ostracization from their communities; and the list goes on. These challenges often become court cases presented to a juridical sector which is broken and powerless after years of deadly conflict. Therefore, people often leave court with little resolution, even more frustration, and a deeper mistrust in the state’s ability to administer justice. At this point, people often take matters “into their own hands,” carrying out acts of revenge or retribution and thus continuing a cycle of violence.

The HROC teachings illuminate the root causes of violence (mistrust, hatred, etc) and allow participants to draw their own conclusions about how to move out of the cycle of violence. Very often, their conclusions point them to reconciliation. Because reconciliation is drawn from participants’ own self-knowledge and conclusions, it has a deeper and longer-lasting foundation than any teachings of forgiveness could possibly have.

Context
The final concept which leads to HROC’s success in the DRC is context. When the HROC teachings first came to the DRC, many participants were skeptical (or even fearful) of teachings which were “imported” from Rwanda, given Rwanda’s role in the DRC conflict after 1996. However, the ultimate success of the program in the DRC is due to the ability of HROC to adapt to varying contexts and cultures. While many of the games and teachings were derived from other East African and Western concepts, DRC facilitators quickly adapted such games and activities to be appropriate for their participants. Moreover, as the content of the teachings is derived from participants’ own experiences, all participants with whom we spoke found that they could relate to the HROC program.

Facilitators also work to create a safe-space for all participants. This includes ensuring an ethnic make-up of both participants and facilitators which is reflective of the community where the program is being conducted. More recently, this also includes holding HROC workshops entirely for women who have experienced sexual violence. Such context adaptability is essential to HROC’s success as it allows people to feel safe sharing their experiences, which is critical to their healing and learning processes.

In the end, participants were very pleased with the work of HROC over its almost three years in the Democratic Republic of Congo. They recommended more workshops, in more villages, with more local facilitators, with more focused constituent groups, with more resources, with more help. Participants, like Chief Majumbuko, truly believe that HROC will make a difference on the long road of peace, despite the many challenges that lay ahead.

In the next few pages, you will hear more about the transformative power of the HROC program in the lives of DRC participants. The article “Learning from Within” (page 10) discusses how participants internalize the HROC teachings and begin their own processes of recovery and reconciliation. Then, “The Worst Place to Be a Woman” (page 12) gives a more focused report on the use of rape in the eastern DRC conflict and how HROC North Kivu is creating a trauma healing program to work with women who have experienced sexual violence. Finally, we will conclude with a discussion of the hopes and challenges that lay ahead for HROC’s trauma healing program in the eastern Democratic Republic of Congo. However, to begin, we have tried to provide you with a deeper understanding of the conflict in North Kivu.
The Story You Need to Hear

“The world focuses on the conflict after 1997. But it has its roots in 1992. This is the story you need to hear.” Zawadi Nikuze

Some people have called the conflict in the Democratic Republic of Congo “Africa’s World War.” Indeed, it is the deadliest international conflict since World War II. An estimated 5.4 million have died as a result of the conflict either through direct violence or the indirect consequences of war (disease, poverty, malnutrition).

Yet few people understand the nature, breadth, or history of the conflict in the eastern DRC, in part because reporters and journalists have been highly restricted and threatened in their movements. For the most part, however, the world tends to focus on the development of the conflict since 1997, even though the roots of the conflict go back as far as the Berlin Conference of 1885. It is only through the currents of history that you can begin to understand the conflict in North Kivu today.

The DRC is a massive territory stretching from the Atlantic Ocean to eastern Central Africa, sharing borders with Angola, the Republic of Congo, the Central African Republic, Sudan, Uganda, Rwanda, Burundi, Tanzania, and Zambia. Its land mass is approximately equivalent to that of all of the U.S. east of the Mississippi.

Yet the recent conflict in the DRC has predominantly been isolated to only the DRC’s most eastern provinces—North Kivu, South Kivu and Ituri (the map to the right highlights key areas of conflict)—an area just smaller than Pennsylvania.

The scramble for Africa could be labeled as the starting point for the ethnic conflict in eastern DRC today.

At the Berlin Conference of 1885, European nations arbitrarily placed lines across the continent of Africa and gave power over the new nation states of Rwanda, Burundi, and what was then known as the Congo Free State to Belgium.

Today, Rwanda claims that the region of the DRC encompassing the Masisi territory, Rutshuru, all the way down to South Kivu (an area extending down to Bukavu) is historically part of the Rwandan kingdoms. Rwanda also claims portions of Uganda and Burundi. This is one dynamic at play in the conflict today.

A second dynamic at play is that throughout the early colonial period, the eastern DRC became a predominantly Hunde area due to the Belgians’ division and categorization of ethnic groups. Then, in the late 1950s, the Belgians forcefully imported Hutus from Rwanda to exploit the fertile land of the Masisi territory (the Belgians believed that the Hutus were stronger workers than the Hunde) and Tutsis to oversee the Hutus’ labor.

Nyamitaba in Central Masisi was the first area of forced migration by the Belgians. While it was the center of the seven surrounding villages, the importation of Hutus and Tutsis was so large that it was not long before they were the majority in the area. Because the Belgians had made a deal with the Hunde leadership prior to the forced migrations, Hutus and Tutsis were excluded from the leadership of the area.

When the Congo Free State gained independence in 1960, the new Constitution recognized all people brought over from Rwanda before 1960 as Congolese. Later, after Mubuto Sese Seko took power, they were also recognized as Zairois. However, the Hunde leadership continued to deny Hutus and Tutsis entrance into local power structures.

War broke out in 1964. It was called the “War of Kinyarwanda,” meaning that Hutus and Tutsis were fighting for their right to leadership in the Masisi Territory. Hutus eventually took power and declared that there would be no more fighting. So, as a local pastor described it, “People kept quiet. They lived together, but like cats and dogs. They lived together because the master wanted them to, they were obligated. But by their own will, the Hutu and the
Hunde would not live together” and tensions continued to grow.

In 1977, Hutus and Tutsis were elected to the Parliament for the first time. The term was 5 years long. Upon completion of this first term, a national mandate was issued denying Hutu and Tutsi candidates’ participation in national elections; it was not until 2006 that they were again allowed to participate.

From 1982, people in the Masisi territory began to divide even more. Militias started forming and in 1992 war broke out again. In our interviews, locals called this the “second phase of the war,” a continuation from 1964. The Hutu land holders formed one militia, the Pareco. The Hunde formed another militia, the Mai-Mai. After the genocide in Rwanda in 1994, the Interahamwe, or Hutu génocidaires, who fled (still armed) to Congo formed their own militia, the FDLR. The Congolese Tutsis fled to Rwanda after Paul Kagame, the leader of the Rwandan Patriotic Front, gained victory in Rwanda and welcomed back all Tutsi refugees and people. In this way, the war and conflict kept on expanding.

In 1996, although the international community often claims that this is when the war started, the third phase of the war began. First, militias backed by Rwanda and Uganda ousted 30-year ruler Mubutu Sese Seko in what became commonly known as the “Liberation War.” Then, after newly installed former-rebel President Laurent Kabila broke his alliance with his former backers, the Rwandan and Ugandan militaries invaded eastern DRC claiming they were looking for members of the Interahamwe, or the Rwandan génocidaires, in the “Re-Vindication War.” The people we spoke with in Nyamitaba stated that at this point “organized and systemic rapes and massacres began, houses were set on fire, and there was massive displacement.” The ethnic war had become an international war: Rwanda and Uganda against the Congolese army backed by Angola, Zimbabwe, and Namibia. However, according to one of the HROC participants, it was actually “an open, ‘legitimized’ war between three ethnic groups. It was all about revenge.”

A peace agreement was signed in 2002 which supposedly brought an end to the war and the integration of militias and rebels into the national army. However, the military integration process fell apart when one rebel leader, Laurent Nkunda, refused the offer to be a general in the national army. However, the military integration process fell apart when one rebel leader, Laurent Nkunda, refused the offer to be a general in the national army and began organizing a new, predominantly Tutsi, rebel group, the CNDP. Despite the “official” end to the war, the worst abuses of the conflict in the eastern DRC were still to come.

The first multi-party elections in over 40 years were held in the DRC in 2006. Joseph Kabila, the son of the former President, won the election based on a campaign to end the violence in eastern DRC. But only months after President Kabila took office, the CNDP attacked the national army, leading to a period of even worse displacement, lootings, recruitment of child soldiers, and sexual violence.

In 2007, an attempt to “mix” the CNDP with the national army was tried again and then abandoned, the only result being a quadrupling of the CNDP’s brigade size. In 2009, in a shift in former political alliances brought about by international pressure to end the conflict in North Kivu, the DRC and Rwandan militaries launched a joint offensive against the FDLR (former Rwandan génocidaires).

Today, North Kivu remains politically divided. The national government, CNDP, and FDLR all maintain political control over particular sectors of the province, especially in the Masisi territory. Six years after the war “ended,” people still live in fear. When we spoke with HROC participants in Nyamitaba, they told us that people in the surrounding villages still sleep in the bush at night, only returning to their houses during the day, for fear of the militias and army which patrol the area.

As Zawadi says, the conflict in the DRC cannot be simplified to the invasion of eastern Congo by Rwanda and Uganda. It is a long and complex history of building mistrust and hatred between ethnic groups. To walk the road of peace, this is the story that needs to be understood.

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**Cell Phones Needed for Project**

The HROC program in Burundi is introducing an Election Early Warning project and needs up to 400 used cell phones which are unlocked and have picture taking capacity. The phones need to use SIM cards which are only used by AT&T and T-Mobile in the United States. If you have one or more phones to donate, please contact: David Zarembka at dave@aglifpt.org
Learning From Within: The Transformative Power of HROC

What do you remember most about the workshop?” asked the facilitator. “I remember the Mistrust Tree. All of my children, but my youngest son, were killed in the war. So I told myself that I would raise him telling him all that happened to our family so that once he was grown he could seek revenge for us. But then I learned about the Mistrust Tree and I realized I must teach him good things if I want this war to stop.

Male Participant, Group Session

Nearby half a century of ethnic division and violence have caused many people in North Kivu, like the man quoted above, to desire revenge against those who hurt and/or killed their families. Many people would probably describe this as a “natural” reaction to profound pain and suffering caused by seeing your family murdered, raped, or losing all of your belongings to lootings. Yet what are the long term consequences of trauma? For one person? For a community?

This is one of main questions that HROC participants grapple with throughout the 3-day seminars. And it was by far the most memorable part of the HROC workshop for virtually all the participants we interviewed.

HROC does not use didactic lecture methods to teach about the definition, origin, symptoms, or consequences of trauma. It also does not provide a prescription for how to manage grief, loss, anger, and desires for revenge. Rather, it uses participative games and activities which allow participants to come to their own conclusions based on their own experiences.

For instance, in the quote above, the man mentions the “Mistrust Tree.” This is an activity in which the facilitator draws a tree on a piece of newsprint and asks participants to write or say what they believe are the “roots” of mistrust in the eastern DRC. The facilitator then asks the participants to contemplate what “fruits” a tree rooted in mistrust would yield.

When we asked participants to recall keywords from the workshop, participants in both the individual and the group sessions frequently spoke of the Mistrust Tree. They recalled realizing that among the fruits of mistrust were “rape,” “violence,” “hatred,” “looting,” and “killing.” One participant then added, “The mistrust tree grows and grows until it bears fruits, like war. Then it can even spread its seed.”

This exercise allows participants to see the causal relationship between old ethnic divisions and conflicts and the current situation in the Kivu provinces. Participants ask themselves, “What causes me to mistrust my neighbor?” And then, “What has this mistrust led me to do or desire to do in the past?” The metaphor of a fruit tree also leads participants to see how mistrust and violence beget more mistrust and violence.

The facilitator then draws a second tree asking participants what they believe the roots of trust are. Similarly, they follow up by asking, “What are the fruits of trust?” Participants described the fruits of trust to us as “peace,” “security,” “safety,” and “friendship.” Once again, a causal relationship was drawn, but this time between trust and the possibilities for long-term peace.

After the exercise, participants are then given time to discuss in small groups how the roots of trust can be planted in North Kivu; however, the facilitator never provides a prescriptive answer. Rather, after the group session, s/he organizes a game which helps participants understand how scary and difficult—as well as rewarding—taking the first step of trust can be. One such game is the “trust walk,” an exercise in which participants are paired, with one person in each pair blindfolded and led outside by the other person who tries to ensure that the blindfolded partner does not trip or fall.

Rebuilding trust in conflict and post-conflict environments is not easy. As described in the short history of the conflict in North Kivu, the development of ethnic division and conflict in the region has a long and complex history. However, the HROC program does not pretend...
that this is an easy process. Rather, the program works to give participants tools and empower them to understand and locate their experience within the broader context of the conflict. Participants must ask for themselves: How do my actions fertilize a tree of mistrust? How could my actions fertilize a tree of trust? How do my actions affect the larger community?

Participants must each find their own answers to these questions; HROC could not itself provide answers that would be sincere or that would address the variety of traumatic events that individuals experience in conflict situations. But as seen in the quote at the beginning of this section, at least this man came to the conclusion that he must teach his son good things if he wants this war to stop. Here are some other participants’ responses:

*We must begin to uproot these seeds of mistrust within ourselves. Only then can we also help others. It is a slow process, but possible, once you realize you can take control, that you can take the wheel.*

Female Participant

*To revenge has no benefit, it only increases conflict. Now I work on my own anger, because it was pushing me to revenge.*

Female Participant

*Now I try to reach out to my enemies. I realized that if I sought revenge, it did no good. I would likely hurt myself or even be dead in the process. Now, I seek to do good.*

Male Participant

*Before, I couldn’t stand people who were not from my ethnic group. But now, those of us from the workshop are trying mix together to build trust.*

Male Participant

It is clear from these quotes that even a year or two years after people participate in a HROC workshop, they are on a path of personal transformation which encourages them to do good and act peacefully in their communities. But the transformative power of HROC does not stop there. It also touches the deepest core of a person’s heart. To bring together the words of HROC participants into a conclusion:

*Trauma is the inner wounds of someone’s heart. I used to go for days in silence without speaking to anyone. I used to get angry and yell all the time. I used to cry and cry. People thought I was crazy. Then there was that exercise, Johari’s Window, which makes you think about what others know about you and what only you know about yourself. I learned about myself then. I realized that if you hold on to trauma, it will physically make you sick. Knowing that, you can learn strategies to manage these emotions.*

Melody of Voices, HROC Participants

Continued from page 10

**Alain is married and has four children. He is Timbo.**

Before the war, I lived in Ufamando village. In 2002, we had to flee. The conflict was an ethnic conflict between the Rwandese and other people. They began killing one another and people had to run for their lives. We fled on foot for more than 180 km. I was then settled into an IDP camp, but then the camp was set ablaze. And so again I moved with my family. Life was tough. There was not enough humanitarian assistance, or even none.

The worst thing was to see that those people who made us flee were the same people who set the IDP camp ablaze. We didn’t know these people, or who they were. We just heard Kiryanwandan [the language from Rwanda]. I vowed not to share anything with these people in my life.

But what I liked about the workshop was that it builds hope and trust between people. I especially remember the Trust Walk where we were all mixed together ethnically—Timbo, Hutu, Tutsi, Rwandese. After the training, I decided to start sharing.
The Worst Place to Be a Woman: Rape in the DRC

In the course of the conflict in the DRC, the country has become known as “the worst place to be a woman.” Since 1998 when the Rwandan and Ugandan militaries invaded eastern Congo, reports of sexual violence have been widespread and even systematic; there are tens of thousands of known rape cases and it is believed that most actual rapes are not reported. Human rights groups report that rape has been deliberately used on all sides “to terrorize citizens, to exert control over them, or to punish them for perceived collaboration with the enemy.” (Human Rights Watch, “Soldiers Who Rape, Commanders Who Condone,” July 2009), whoever the “enemy” to one particular militia or military group may be. Moreover, reports of rape have continued to rise during the peace process.

Over eighty-percent of reported rapes are attributed to soldiers (men in uniforms), even though defining who is a soldier amidst the many militias and national armies operating in the DRC is difficult. Nonetheless, it is well documented that the Congolese military (FARDC), which is meant to provide citizen protection and is backed by the United Nations, is one of the main perpetrators of systematic rape.

The physical, psychological, and emotional trauma of sexual violence and rape is overwhelming. Women, especially young girls (the UN Population Fund estimates that 65% of rapes in the DRC are against adolescent girls), frequently suffer deadly or chronic injuries due to rape. Risk of HIV and other STI transmission is also significantly greater if the rape was carried out by a soldier.

However, women and girls are not only traumatized by the act of sexual violence; they also face the negative attitudes and stigmatization of their families and communities. Families often kick young girls out of the house after they have been raped. Husbands will divorce their wives and engagements will be broken off. Women are then required to care for themselves and their children alone, which frequently makes them vulnerable to even further abuse.

Continued on page 13

Rebecca is a 35 year old Hutu woman with 3 children. Her husband divorced her after he discovered she had been raped. She lived in the Mugunga IDP (Internally Displaced Persons) camp until it was dispersed in September 2009.

In 1998, I was in the house with my younger siblings and my mom. We were all raped. Even my mother was raped, and she died as a result.

It was all in the night. The men were all in the military, or at least they wore military uniforms. We don’t really know who they were, but the Interahamwe [FDLR] used to wander through that area at night. The Interahamwe would mix with the locals and the locals would tell them where to loot and who to attack.

After it happened, we took my mom to her brother. But he had no money for medical care either and so we took her home. That is where she died. My dad died a year later.

After that, we moved to another territory. I took all of my siblings with me. But it was insecure and we could not stay there, so we came to Goma.

Everything was difficult. My sisters, in desperation, would go out to meet men. Then they would get married. Things wouldn’t work and then they would come back to me. Things got bad. They would get jobs at factories picking through beans, working long hours, and making less than $1 per day. My brother in desperation joined the army; he was only 14 years old. Today, we don’t know where he is. One of my sisters has gotten married in Muaso. The other two have given birth twice, but they live with me.

My sisters still have flashbacks. When one of my sisters gets a flashback, her eyes will get stuck in one direction. She fears something coming at her day and night. She can never stay alone or sleep near the door.

I personally don’t get flashbacks like I used to That has come with time and the [HROC] teachings. It was at the workshop that I realized I was not alone. And through that I felt I was able to take the first step towards forgiveness.
In 2009, Rebecca, a former HROC participant, approached Coordinator Zawadi Nikuze in the Mugunga IDP camp and requested a woman-led HROC workshop for women who are survivors of sexual violence. Zawadi, while knowing about the extensive use of sexual violence in the Kivu provinces, did not know that Rebecca had been raped as it had not come out in her past participation in the Basic HROC training. She realized that many women hid their experiences of sexual violence (in general and within the prior HROC workshops) because of stigma and because of re-traumatization through contact with men. She therefore developed a program through which HROC could support women survivors of sexual violence.

Late last year (2009), the Legacy Fund of Philadelphia Yearly Meeting gave HROC-North Kivu a grant to provide a series of HROC workshops to women who are rape survivors in North Kivu. At the time of the field work for this report, three workshops had taken place.

As you can see through Rebecca’s testimony, participating in a women-led, women-only HROC workshop was the necessary condition to enable many women to talk about their experiences of sexual violence. It was also the first time many of these women realized that they were not alone in their experiences.

Although some medical care is available to women who have experienced sexual violence, there are few resources available to women to help them manage the psychological and emotional trauma caused by the experience of rape and the ensuing social stigmatization. Moreover, after the IDP camps closed last fall, these women often find it is impossible to return to their home communities and even harder to access the few resources made available to them.

The HROC program for rape survivors is new. Initial feedback shows that the experience-led approach of HROC has a transformative power in the lives of these women when steps are taken to create a safe-space. AGLI will conduct a full evaluation of the rape survivors program this fall, so look forward to further information.

Conclusion

As reviewed in the previous pages, HROC-North Kivu has already made life-altering differences in the lives of participants and communities where it operates. In the village of Nyamitaba, which is barely accessible by jeep and yet continues to be a center for on-going violence, HROC is working in and through the transformative power of peace to help heal the wounds which continue this deadly cycle of conflict.

However, on the road of peace, there are also many challenges. In September 2009, the internally displaced person (IDP) camps were unexpectedly disbanded by the government. The government did not follow any of the international protocols for the repatriation of IDPs. That is to say, the dispersion of the camps was not informed, planned, or voluntary. The international NGOs administrating the IDP camps were taken by surprise and no support was made available to people returning to their villages (i.e. people were forced to walk). This has resulted in HROC-North Kivu not knowing where many past HROC participants currently reside.

The HROC-North Kivu staff is working to locate past participants so they can continue to follow up and accompany them on their healing processes. But instances such as these often mean that participants will face further traumatic experiences as they return to their homes to perhaps find them destroyed or occupied by others.

The HROC staff has also found that women who are rape survivors feel they cannot return to their villages because of stigmatization and ostracization by their families and communities. This means that they must find ways to survive on their own in Goma or surrounding cities without the humanitarian assistance provided to them in the camps. Given women’s low socioeconomic status, gender discrimination in the workplace, lack of formal education, and the stigmatization of survivors of rape, these women are made even more vulnerable in their new circumstances.

In many ways, challenges such as these mean that the work of HROC-North Kivu is more needed than ever. Without a doubt, the HROC staff and facilitators are doing their best to meet any new obstacles they come across, even if it means putting on their boots to walk through the mud and the bush to reach the villages where HROC participants—old and new—reside. Their only recommendation to AGLI was to continue supporting this work so that the program can expand, reach more people, and provide further training for those who have already participated.
Different scholars provide varying views on the origins of Burundi’s 12-year civil war; that is to say, on why Burundi’s civil war broke out at that particular place and time.

The war, without doubt, was an ethno-political war. By 1993, politics were almost solely determined along ethnic lines. This was the result of the colonial legacy and the post-colonial struggle for power. For many Tutsis, the struggle against Hutus was rooted in the “social revolution” in Rwanda from 1959 to 1962 where the majority gained control of the government. For Hutus, it was rooted in the massacre of tens of thousands of Hutu intellectuals in 1972 by the Tutsi controlled military. By either accord, the “tipping point” was reached in 1993 when Melchoir Ndadaye was elected the first ever Hutu president of Burundi and, after 100 days in office, was assassinated by the Tutsi military.

However, the escalation of ethnic conflict was also deeply structural. Burundi is one of the poorest countries of the world. The GDP per capita is estimated at $138 per year, even though in poor urban communes and/or rural areas, a person may see less than $60 pass through their hands in any given year.

The conflict in Burundi is sometimes termed a “popular” conflict. This means that not all actors responsible for acts of violence were members of the military or ‘extremist’ or ‘ideological’ rebel groups. Many so-called “perpetrators” were ordinary citizens who, under extreme pressure, chaos, and destruction, did things they would never imagine doing under ordinary circumstances. Neighbors killed, looted, and raped their neighbors. The question is: why?

In the Burundi context, the meeting point between politics and chaos cannot be played down. On the night of Ndadaye’s assassination, the Tutsi military also assassinated most of Ndadaye’s cabinet and party leaders. The majority Hutu population woke up to learn that the first ever democratically elected leadership of the country was dead. Retaliatory actions by Hutus—mostly in the countryside—killed thousands of Tutsis and, from there, the “kill-retaliate” nature of the war began.

Even before the war began in 1993, Burundians faced short life expectancies due to the effects of poverty, often dying from treatable and preventable diseases. Infant and maternal mortality rates were high and the emerging HIV/AIDS crisis was just beginning to wash through Burundi’s urban neighborhoods. Despite the existence of effective treatments for nearly all of these causes of death, the average Burundian did not have access to them.

The reality of pre-war Burundi was that people could not provide for their families. They did not have access to basic health services and deeply mistrusted a juridical sector which was controlled—or was feared of being controlled—by someone of another ethnicity. Perhaps the saying “desperate times require desperate measures” provides an accurate analogy, especially when people’s lack of personal health, safety, and security is placed in the context of extremely polarized local and national politics.

Ultimately, however, the 12-year civil war, or “crisis” as it is called by the Burundian people, only exacerbated the extreme poverty and public health crisis faced by the country before 1993. Deadly conflict has a huge health impact on communities. Approximately 300,000 people were killed in
Burundi between 1993 and 2005 as a direct result of armed conflict. Many more were physically injured by gunshot, machete, or grenade attacks. And this says nothing of the health consequences caused by people fleeing their homes, hiding in the bush, or living in overcrowded internally displaced person (IDP) or refugee camps. Under these conditions, lack of water, malnutrition, and communicable diseases became major public health concerns.

Instances of sexual and gender based violence also rose dramatically during the years of the war. In some instances, rape was deliberately used by the military and rebel groups to perpetuate fear among the population. However, instances of “civilian” rape also rose.

As discussed above, the war in Burundi was a “popular” war and was perpetrated at all levels of society. Risk of HIV and other STI transmission becomes much higher under such circumstances. Poverty is already a main risk factor for HIV transmission. This risk is multiplied when a concentrated group of individuals such as soldiers, rebels, or members of one community aggressively (which, among many other implications, implies without protection) have sex with many people. HIV positivity rates therefore grew dramatically in Burundi throughout the war, especially in areas like Kamenge which were epicenters of violence. Today, a moderate estimate for HIV positivity in Kamenge is 16% of the adult population.

All of these issues—physical wounds, malnutrition, communicable disease, rape, HIV and STI transmission—took place on the backdrop of an overtaxed and deteriorating medical system. Amidst losing everything, Burundians did not have the ability to meet their basic health needs. Therefore, many more people died—unnecessarily—as a result.

The deterioration of health services had a particularly devastating effect on women. Women who experienced sexual violence could not seek physical or emotional support. Women, who were frequently becoming single heads of households, could not provide for the health needs of their children. Lastly, even on occasions when medicines and treatment were available, women did not receive them due to on-going gender inequality and discrimination.

To this day, Burundi feels the effects of war on its public health system. Despite great increases in health needs, the country has less than 300 medical doctors to treat its population of 8.6 million—this is the equivalent of the state of Maryland having 137 doctors instead of its actual 13,500. However, this is still an improvement from the years of the war when the number of doctors was only half of what it is today.

Looking at Burundi’s experience, it goes without saying that war had a devastating impact on health. But what we at the Friends Women’s Association are asking is: What impact does health have on peace?

Generose is a 57 year old widow with five children. Her husband died in 1993 at the start of the Crisis.

Before the war, I had a good life. When the war began and my husband was killed, my life changed. My children were still very young when he died and it was very difficult for me to take care of them. During the war, we were fleeing and coming back. Fleeing and coming back. Sometimes we spent nights in the bush. It was not easy with five children. Then, in 1997, I came back home after fleeing, and found they had stolen everything from my house.

Since I first learned of my husband being killed, I got aggravated easily. When my children talked to me or asked me questions about the past, they would annoy me; I would start to think about my husband and how I didn’t get to bury him, that there was no funeral for my husband. I developed chronic gastritis and was continually ill. But when you are a widow, when you have orphans, it is not easy to go to the hospital to pay for the medical care.

When I first went to FWA, it felt as if something fell away from me. I realized I had experienced trauma, but didn’t know what it was. I had developed a chronic illness from trauma, but now my gastritis has diminished. The most useful thing now is that [FWA] has also taught us to work in a women’s group. Together, we cultivate land and it is an opportunity to talk and share together.
Health and Peace

Health is fundamentally connected to peace. Just as the lack of health and human security was a root cause of Burundi’s civil war, the fulfillment of health and human security is a root of sustainable peace.

The end of Burundi’s civil war has seen a massive influx of conflict resolution and general development aid. Literally millions of dollars are currently being poured into the country by foreign donors. While local conflict resolution actors, such as the AGLI supported program HROC, have worked in Kamenge, very little international aid intended for work in HIV/AIDS, public health, or food security has reached the Kamenge people, in part because donors still deem it too “insecure” to work there.

Yet this supposed “insecurity” is exactly why the Friends Women’s Association believes that it should be working in Kamenge.

The people of Kamenge face many interconnected challenges in the post-conflict environment. Among these are HIV/AIDS, food insecurity, lack of access to potable water, no healthcare, stigmatization, sexual violence, and deep psychosocial trauma from the years of war. Amidst Burundi’s relative peace today, Burundians—especially the people of Kamenge—recognize the extreme consequences the war had and has on their lives and well-being. Nonetheless, these challenges are like open-wounds and stress fractures lying just beneath the surface. If they are not cared for, they can infect and/or break, especially if exposed to the right political instigation.

Peace should not be viewed as just the end of armed conflict. Rather it is the series of sustained actions which build and maintain trust, safety, and personal security in people’s lives. Without these elements, the seeds of instability and conflict continue to grow and multiply.

Yet many people like to divide health, peace, gender, poverty, etc., into their own individual categories. Doctors treat disease. Peacemakers mediate conflict. Women work against sexual violence and aid workers distribute food. However, the reality is that if peace is viewed as not just the end of armed conflict, but the creation and sustainability of a society where the root causes of conflict are eliminated, it is impossible to separate these categories as such. They are deeply interconnected.

For example, to provide quality medical care, it is also necessary to address poverty. A doctor cannot care for a patient if the patient cannot afford the necessary medications. Similarly, it is dangerous for both the patient and the community if a patient can only afford to buy part of the treatment regimen as this builds up resistance to the most effective medications for that disease. Medications and treatment also do no good if a person develops side effects from lack of food, such as vomiting from taking medication on an empty stomach, which is a common occurrence among poor HIV+ patients in Kamenge.

In the same vein, addressing healthcare and poverty must also address gender-inequality. Take this story from the FWA clinic as an example:

One day a woman came into the FWA clinic and tested positive for HIV. During the course of her counseling session, it was revealed that she was the fourth wife to her husband. All three of his prior wives had died of HIV-related complications, yet her husband had never been tested for HIV. The clinic staff eventually persuaded the husband to come in for testing and, indeed, he was HIV positive. An international volunteer at the clinic during this time then asked the clinic’s staff how the man was still alive when three of his wives had already died from HIV. They responded, “In a poor family in Burundi, it is the men who get the milk, meat, and medicines.”

To truly address the root causes of conflict and work towards sustainable peace, the interconnected challenges of a population must be addressed simultaneously.

The Friends Women’s Association believes that health is the best entry point to meet the challenges faced by Kamenge. In line with the belief that health, poverty, gender, and peace are interconnected, we define health as not just the absence of physical disease, but the whole well-being of body, mind, and spirit of both individuals and our community. We, therefore, provide medical care in addition to adherence support, psychological counseling, community trauma healing, nutritional support, micro-credit loans, and women’s empowerment programs.

Our work is on the long road of peace.
A Community Peace and Health Model

“Our work will continually be at the nexus of providing quality and accessible healthcare to our patients and addressing the underlying causes of structural violence and inequality which are the seeds of greater instability and conflict in Burundi.” - FWA Strategic Plan

Addressing the root causes of conflict requires first analyzing what creates mistrust and insecurity in a community. It then requires developing an action model which meets the specific needs of that community.

The majority of FWA’s founders and staff come from Kamenge themselves. Drawing from their own experiences as women living in poverty in war-torn Burundi, they developed a community peace and health model which they believed would best meet the needs of people in Kamenge and work towards sustainable peace.

This approach has four main tenets: community, comprehensive healthcare, trauma, and women.

Community

As stated in the introduction, Kamenge is a stigmatized community. It is also a poor community. This has a specific impact on the delivery of peace and health services.

Poverty means that most of Kamenge’s residents cannot afford to seek medical care. They will wait until an infection or disease reaches advanced stages before seeking medical attention. Even then, it often means waiting until the beginning of the month (when they are paid) to seek services and perhaps until the beginning of the next month to buy the necessary medications.

Despite the fact that Kamenge has over 50,000 residents, FWA is one of only two clinics with a medical doctor in the community. One of the major concerns of FWA’s founders was that people would not seek medical attention because it required walking to Bujumbura and waiting all day (or days) at an overcrowded hospital to see a doctor. This meant losing valuable work time and leaving children at home alone.

Therefore the FWA clinic is located in the heart of Kamenge. This central location means that people can easily access the clinic from their homes, do not have to wait in long lines to see a doctor, and can receive all necessary testing and medication at the same central site. All of FWA’s services are offered at little or no cost.

Recognizing that many people in Kamenge do not seek health services, FWA’s nurses and staff also make regular home visits to track the health of patients and their families. The staff’s presence in the community outside of the clinic also helps identify other community members who are sick or in need.

Comprehensive Health Care

All people have the capacity to heal and lead a healthy life, including people who are living with life-long diseases such as HIV. However, empowering people to live a healthy life requires providing comprehensive medical and psychosocial support, especially when working in a resource poor community like Kamenge.

Continued on page 18
At FWA, comprehensive health care includes three integral pieces of work. First, it means providing medical consultation, laboratory testing, counseling, and medication dispensation at the same community-based location. Second, it means providing nutritional support through direct food aid, gardening projects, and micro-credit loans to ensure that the needs of both patients and their families’ are met. Third, it means providing adherence support to help ensure that patients are “accompanied” both physically and psychologically through the healing process. Currently, this is done through home visits by FWA’s doctor and nurses. However, as seen on the back cover, FWA is currently expanding this through the development of a community peace and health worker program.

Trauma
FWA’s founders recognized that war had a deep psychological impact on all of Kamenge’s residents at both the individual and community level. Therefore, in addition to clinical counseling services, the FWA clinic also runs community trauma healing programs, much like the HROC program described in the article “On the Long Road: DRC” (pg 4).

These programs focus on helping people recognize their own trauma and empowering them to embark on their own process of healing and reconciliation. FWA has also developed trauma healing programs specifically for widows, sex workers, HIV+ women, and survivors of sexual violence.

Women
FWA emphasizes women’s health. As discussed in the section “Health and Peace,” the impact of war and poverty on health especially affects women. Systemic gender discrimination and inequalities mean that women do not have control over their own health or bodies. Women may not be able to convince their husbands to wear condoms or engage in family planning; women living in poverty are also less likely to challenge their husbands on these issues because of economic dependence.

Women’s health is also often considered secondary to men’s. Many infectious diseases, like tuberculosis and HIV, require that patients eat properly to heal and live a healthy life. However, in poor families in Burundi, it is men who will receive available “milk, meat, and medicines.”

Taking these realities into consideration, as well as the pervasive use of sexual violence and the long-term psychological effects of Burundi’s “crisis,” FWA’s founders believed that women needed a place where they were welcomed, where their needs were prioritized, and where they would not be denied treatment because of their gender or economic status. FWA does not turn male patients away—in fact, many of our patients are men—but FWA emphasizes the needs of women to ensure a systemic cycle of exclusion is not continued.

Georgette is a 54 year old school teacher. She is member of FWA’s Executive Committee and is a trauma healing facilitator.

During the war, I fled to Bujumbura. We went to pray on a Sunday and on our way home, they came and they hit my child and he died. He was three years old.

It was the hot period of the war, so there was no way to dig a grave because the fighting was so bad. So we kept the dead body in the house. We kept the dead body for three weeks and a day before we could bury him.

I later went back home, but had to flee again. I experienced so much fear, thinking that perhaps an animal would eat me. I saw something everywhere. At certain moments, it was not even easy for me to go on walking. I felt that I was constantly thirsty. For days, I didn’t recognize who I was or where I was.

Since that day, I got ill. I got diarrhea which lasted for 4-5 years. I couldn’t eat. If I ate, I was still thin. I would have attacks where my pulse would rise. I went to many hospitals. I took many medications. I even did X-rays. It was not until I went to FWA and learned about trauma that I began to heal. Learning about trauma comforted me. It is not the same once you know what and why you are experiencing it. Now, my health has improved and I am no longer on any medications.
Agathe

When I was 15, I was in love with a young man and I got pregnant. When I told him, he told me to go away. After two weeks, he married someone else, not me. When my parents later asked who is responsible, I told them. They had heard that he was married and they chased me away. My brothers said that if they ever met me again, they would kill me.

I walked for 14 km, and where I went, I suffered. After birth, my family looked for me. They said we could live together but that they would not provide for me. I must take my child to the father. But the father said “No,” as he would have nothing to do with the child. So I didn’t know what to do with my child. I sold cassava flour trying to sell enough to at least get a little bit of soap. I got no help from my family. They said I just brought them shame. Whenever my child got sick, I had no money. I would go out into the bush and find herbs and try to help my child.

I thought of joining the army so that I could come back and kill my family. But God came through for me. I had already registered and enlisted to join the army. But then I thought that I should not go without saying goodbye. I went to ask advice from my sister, but I asked her not to tell me not to go. Instead, she told me she had just come from a [HROC] workshop. Then she said she would accompany me to the military office if I wanted her to. When she told me this, I cried. Then she called the office and it turned out there were no flights that day for the army. So I stayed the night with my sister.

I kept thinking about what I was doing. Even if I went into the army, I was going with my child, my baby. Through the night my sister read to me what she had learned at the workshop. I was not satisfied. After awhile, she sent me an invitation [to a HROC workshop]. She said it might be helpful for me in the army. Then I went to the teachings and felt the facilitators were like my brothers. But I thought they didn’t like me. But then my heart started to loosen up and I chose to not join the army.

The African Great Lakes Initiative has a new webpage:
www.aglifpt.org

David Zarembka has a new email address at:
dave@aglifpt.org

Dawn Rubbert has a new email address at:
dawn@aglifpt.org

Ways to Give

1. Stay informed on the progress of peacebuilding in the Great Lakes region of Africa.

2. Pray for/hold in the Light the success of AGLI programs in the region.

3. Attend an AGLI presentation.

4. Coordinate an AGLI presentation for your meeting, church, and/or community.

5. Choose a specific AGLI program and actively follow its development.

6. Join an AGLI workcamp or become a short/long term team member in the region.

7. Support AGLI or a particular AGLI program with your tax-deductible donation:
   * Mail a check to Friends Peace Teams/AGLI, 1001 Park Avenue, St Louis, MO 63104 USA
   * Make an on-line donation with your credit/debit card by visiting the AGLI website, www.aglionline.org
   * Become a regular monthly or quarterly donor. Contact tzarembka@comcast.net for details.
   * Host an AGLI fundraising event.
   * Ask your meeting, church, or other organization to include AGLI in their annual budget.
FWA’s Philosophy

The Friends Women’s Association’s work is based on the following philosophy and principles:

1. Health is a human right. No person should be denied healthcare because of gender or economic status.

2. Health, at the individual and community level, is not just the absence of physical disease, but the whole wellbeing of body, mind, and spirit.

3. Every person and community has the capacity to heal and lead a positive life. Sometimes healing requires psychosocial accompaniment to help people reencounter their own inner capacity to heal from violence and trauma. Other times it requires on-going medical treatment and support.

4. Overall health disparities are caused by underlying structural violence and inequalities, which are also the seeds of greater instability and conflict. Therefore, efforts to heal must address these large-scale social forces at both the individual and community level.

5. Health is fundamentally connected to peace. Where there is not health, there is no peace. Efforts to provide quality, whole-being healthcare and peacebuilding must happen simultaneously.

6. Women’s needs must be emphasized in both healthcare and peacebuilding projects in order to ensure that the systematic exclusion of women is not continued.

What’s next for FWA? Over the coming year, we will:

1. Provide life-saving antiretroviral treatment to our HIV+ patients. To do this, we must:
   a. Purchase important laboratory equipment
   b. Build a new counseling room
   c. Hire additional nursing staff

2. Implement a Community Peace and Health Worker (CPHW) program. CPHWs will work directly in the community to:
   a. Care for sick patients and community members in their homes
   b. Provide counseling and conflict mediation
   c. Identify additional needs of the community

3. Begin a new urban gardening project to provide nutritional support to people living with HIV

Visit FWA’s website: www.fwaburundi.com