



Forced flight: a brutal strategy of elimination in eastern Zaire

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Forced Flight: A Brutal Strategy of Elimination in Eastern Zaire

MSF, May 1997

Introduction

During late October/November 1996, troops of the *Alliance des Forces Démocratiques pour la Libération du Congo-Zaire* (AFDL) attacked refugee camps in Eastern Zaire. In the camps, former members of the *Forces Armées Rwandaises* (referred to as ex-FAR) and *Interahamwe* had been living among the refugees, using the camps as a base for cross-border operations and intimidating the majority of the camp population. As a result of the attacks, humanitarian organisations were forced to leave Uvira on 22 October 1996, Bukavu on 28 October 1996 and Goma on 2 November 1996. These attacks marked the beginning of a period during which refugees, internally displaced Zairians and local populations suffered a steady deterioration of their humanitarian situation. Throughout this period, they have been victims of serious violations of international humanitarian and human rights law, including intimidation, ill-treatment and killings as well as the denial of adequate protection and assistance. Until the present time, their plight continues.

According to UNHCR data and other unpublished estimates, there were more than 1.2 million Rwandan and Burundian refugees in the Zairian camps at the outset of the AFDL attacks. At least 900,000 returned to their countries of origin. It is estimated that over 340,000 remained in Zaire, hiding in the hills and forests of the Kivu region, in areas controlled by the AFDL, or fleeing north-west, ahead of the advancing front-line.¹

1. After several weeks during which the whereabouts of those who fled west remained unknown, groups of refugees resurfaced in mid-December and makeshift camps were set up at Tingi Tingi and Amisi. In February 1997, the AFDL attacked and emptied the camps at Tingi Tingi and Amisi. Most refugees forced out of Tingi Tingi and Amisi fled towards Ubundu/Kisangani. Another group took the road to Opala and western Zaire.

2. In mid-January, the AFDL attacked refugee camp that had been set up in Shabunda, South Kivu, in mid-December, reportedly killing thousands of people. Large numbers fled into the forests in the Bukavu-Shabunda area, now under AFDL control. From there, thousands attempted to return to Rwanda on foot. However it has become increasingly evident that the military in the area is carrying out operations directed at the elimination of refugees, including women and children, under the pretext of military operations against the ex-FAR and Interahamwe.²

3. Those who fled to the Masisi region of North Kivu found themselves in an area of long-standing ethnic violence which was exacerbated by the fighting between AFDL and the *Forces Armées Zairoises* (FAZ). The area continues to be a war zone with clashes between AFDL and supporting groups on one side and coalitions of ex-FAR, Interahamwe,

¹ The exact number of refugees is almost impossible to ascertain, due to uncertainty about original camp censuses, possible multiple registrations, and the inexact estimates of returning refugees during the massive repatriation of November-December, 1996. MSF has attempted to compile the variety of data on the numbers of refugees in order to clarify the issue; MSF's conclusions are included in annexe I.

² Details on the situation in the Shabunda area, including information relating to killings of refugees and an AFDL "ideological seminar" which took place in late March in Shabunda and marked a heightening in pressure on the local population on the part of the military, are contained in a report reconstructing an exploratory mission by MSF along the Bukavu-Kigulube-Shabunda road in late March/early April 1997. This report is on file with MSF Amsterdam.

FAZ (also referred to as ex-FAZ) and armed Hutu villagers on the other side. Hutu refugees and local Hutu residents appear to be coerced and targeted by both sides in the conflict.³

Médecins Sans Frontières (MSF) estimates that of the 340,000 refugees who remained in Zaire, the location of at least 190,000 refugees remain unknown. The majority of the refugees in Zaire remain dispersed and largely inaccessible to humanitarian relief organisations. In addition, an unknown number of Zairians have been displaced by the ongoing conflict between the various groups. Those who remain in their villages have also increasingly suffered oppression, intimidation and even killings at the hands of the AFDL, or by ex-FAR and Interahamwe as well as ex-FAZ and armed Hutu villagers.

The humanitarian situation in Eastern Zaire has been, and continues to be, appalling. The medical status of many of those affected has progressively deteriorated. The delivery of food and medical care to those in need has been severely curtailed by limitations of access imposed on the humanitarian agencies. In part, restrictions are due to difficult physical conditions such as the lack of infrastructure or road conditions. Security concerns have also limited access; on repeated occasions, humanitarian organisations had to pull out of refugee camps or zones due to armed conflict in the area. Refugees could not be followed as they fled further into dense forests.

In many more instances, the AFDL has denied MSF and other humanitarian organisations access to populations in need of medical assistance. On some occasions, the authorities claimed that it would be too dangerous for international agencies to enter certain areas as military confrontations were taking place, or that the presence of ex-FAR and Interahamwe constituted a risk for humanitarian staff. On other occasions, however, it appeared that AFDL authorities simply did not want humanitarian organisations to see what was happening in the areas under their control. In addition, in the Shabunda area, where access was granted, humanitarian organisations realised that humanitarian aid was used as a lure by the military in order to attract refugees out of the forest onto the road, where according to witnesses, they were then killed.⁴

Thus, throughout its programmes in Kivu, MSF constantly encountered difficulties of access and could provide assistance to those in need only on a sporadic and inadequate basis. Yet, the medical data obtained by MSF indicates that the health status of many groups in Eastern Zaire, including the refugees, is deteriorating. Health checks performed by MSF at the transit camps in Rwanda (Nkarnira, Musange, Runda) also provided alarming results, particularly with regard to widespread severe malnutrition putting many lives, particularly those of children, at high risk. Furthermore, on the basis of information obtained by MSF staff in the area, there are strong reasons to believe that severe human rights violations have taken place and are ongoing.

The present report describes the humanitarian situation. Unless otherwise stated, information contained in this report is based on the direct experience of MSF staff working in the area as well as information made available to MSF in the field by reliable local and expatriate sources, as reflected in MSF's internal records. The following sections focus on the three main scenarios outlined above: the plight of the refugees forced to move towards Kisangani; the situation of refugees and the suffering of local populations in the Shabunda area; and the conflicts in the Masisi region.

1.1 Mid-December 1996 to February 1997: Tingi Tingi - Amisi

³ Reports of MSF exploratory missions into the Masisi region are on file with MSF-Amsterdam.

⁴ See the report on Shabunda (see footnote 2)

In mid-December 1996, groups of refugees who had been forced out of the camps in Eastern Zaire during AFDL attacks in October and November of that year, and had since been missing, resurfaced.

Makeshift camps were set up at Tingi Tingi and Amisi in West Kivu. MSF estimated the population of the camp at Tingi Tingi at 80,000 refugees, of whom 12,000 were children younger than five years age. Amisi camp is believed to have contained 40,000 refugees. Other sources suggest that Tingi Tingi and Amisi together held as many as 170,000 refugees.⁵

MSF could deliver assistance at Tingi Tingi as of the 15th of December, 1996, when basic health facilities were operational. On arrival at Tingi Tingi, the health status of the refugees was acceptable and was closely monitored up to 7 February 1997, when humanitarian organisations no longer had a permanent presence in the camps because of the proximity of the fighting. The surveillance system showed that the health status of refugees progressively deteriorated, primarily due to the absence of adequate food supplies. Between the first food-distribution day (27 December 1996) and the 24th of January, 1997, a daily average of 900 kcal per person was provided to the refugees (UNHCR recommended daily ration 1900 kcal per person). Lack of food and logistical constraints lay at the heart of the shortage, although the reluctance of international agencies and donors to support the ex-FAR and Interahamwe among the refugee population also contributed to the insufficient supplies. In addition, the available food was not shared equally among refugees, partly due to the influence of the ex-Far and Interahamwe.

Children suffered disproportionately in relation to their numbers. From the 18th of December, 1996 until the 7th of February, 1997, MSF registered 1,045 deaths, including 568 (54.4%) among children aged under five. The average mortality rate was 2.5/10,000 people per day. Trends showed a progressive increase of this rate up to 3.3/10,000 people. The average crude mortality rate for children under five was 9.1/10,000 people per day and progressively increased to 12.5/10,000 per day. 616 severely malnourished children were admitted to MSF's feeding centre - 118 of them later died - yielding a case fatality rate of 19.2%. On 10 January 1997, eight stool samples were collected from patients with suspected cholera (acute watery diarrhoea and dehydration) and were sent to reference laboratories in Kinshasa and Paris. Six tested positive for *Vibrio cholerae*. By the 7th of February 1997, 483 cases of suspected cholera had been admitted to the isolation ward, of which 42 (8.7%) occurred among children younger than five years. 22 of the 483 patients, including six children, died.

By the end of February 1997, the AFDL forces reached Tingi Tingi. Most refugees fled in the direction of Ubundu. Some 2,200 fled into the forests and eventually returned to Tingi Tingi and Amisi. During the entire 12 week period of MSF's presence at Tingi Tingi, 1,811 refugees died. By the end of February, the mortality rate had risen to 4.8/10,000 people per day.

On 22 February 1997, the camp at Amisi also had to be evacuated after being attacked and most of the estimated 40,000 Amisi refugees fled in the direction of Kisangani.

MSF was allowed to return to Tingi Tingi and Amisi on the 12th of March, 1997. In co-ordination with the UN and non-governmental organisations (NGOs), MSF attempted to provide medical care to approximately 2,000 refugees in the vicinity, as well as obtain access to the large numbers thought to be scattered in other areas. The refugees arriving at Tingi Tingi were in a dire medical state requiring immediate emergency intervention. Many suffered from severe dehydration, malaria, diarrhoea and leg wounds. The majority of the refugees was severely malnourished. Mortality was extremely high, with an average

⁵ See MSF's compilation of refugee numbers (see footnote 1)

of 10 refugees dying every day. For two weeks, MSF was granted access only for a few hours a day, a few days per week. Access to Amisi was continuously hampered by late departures from Goma airport and cancellations of flights. Permission to land in Tingi Tingi, where the refugees were in the most vulnerable medical state, was constantly denied on security grounds. Medical teams were forced to travel by road from Amisi, with the result that the working time was confined to absurdly short and irregular periods. Efforts to maintain a constant medical presence by stationing teams in the vicinity were also constrained by a delayed authorisation from the AFDL. In addition, expatriate staff were not permitted to stay overnight in the camp. With limitations of access thus making it impossible to deliver adequate assistance - a pattern to be repeated on the Kisangani - Ubundu railway line -, MSF's activities were heavily restricted at Tingi Tingi by the 26th of March, 1997. On the 2nd of April, 1997, the AFDL closed the camp. A total of 216 refugees died in Tingi Tingi during the three week period that MSF was present in the camp. The remaining refugees were airlifted to Goma/Gisenyi and from there taken to the transit camp in Nkamira.

1.2 Late February -mid-April 1997: Ubundu - Kisangani region

After fleeing their camps, most of the Tingi Tingi and Amisi refugees moved west towards Ubundu, i.e. between 120,000 and 160,000. In late March, it was observed that ex-FAR, Interahamwe and some civilian refugees separated from the central group at Ubundu (103 kms south of Kisangani) and crossed the river, moving on to Opala (140 kms west of Ubundu). The bulk of the refugees -estimated at 85,000 - continued northward towards the town of Kisangani up the railway line.

On the 25th of March, 1997, 15,000 refugees had reached Lula (7 kms south of Kisangani). By the next day, their number had increased to 18000. These refugees were the strongest survivors who had gone ahead. Between 40,000 and 80,000 further refugees were reported to be at Kasese (25 kms south of Kisangani) and Biaro (42 kms south of Kisangani).

AFDL announced that those at Lula would not be permitted passage through Kisangani but would be returned to Ubundu within 48 hours. Eventually, the AFDL appeared to have agreed to force them to move only as far as a location at 19 kms south of Kisangani, but refugees reportedly suffered harassment from the military. By the end of March, camps were set up at several locations along the railway line. In mid-April, MSF estimated their populations to be the following:

.Kasese 1 (25kms south of Kisangani): 20,000 - 25,000 people

.Kasese 2 (25 kms): 25,000 - 30,000 people

.Biaro (42 kms): 20,000 - 25,000 people

.Obilo (km 82): 600 people

.Ubundu (103 kms): 350 people

.dispersed along the railway line: a few hundred people

The state of the refugees who reached the Kisangani region in late March and early April was described as "catastrophic". MSF carried out an assessment mission along the railway line on the 26th and 27th of March, 1997, and found the health status of the refugees to be dramatic. Diarrhoea, malnutrition, malaria, respiratory tract infections, as well as severe foot and leg injuries were commonly observed pathologies at all locations. The conditions in the camps were dire: in all of them, refugees suffered from severe overcrowding and lack of clean drinking water and sanitation. At Obilo, 10.000 refugees

were reported to be hiding in the forest traumatised after fighting between the AFDL and ex-FAR on the 25th of March. One hundred survivors of the fighting were dying at the Obilo camp from injuries, diarrhea, malnutrition, and the lack of proper treatment. On the 31st of March, 1997, 300 refugees were seen at Obilo, all in a very bad state. There were 7 to 8 deaths per day in that camp. Some refugees at Biaro had also sustained bullet wounds during fighting which took place on 22 March at 52 kms, giving rise to suspicions that some groups of ex-FAR fighters might still be in the area, possibly even still within the refugees.

After initial difficulties, MSF and other humanitarian agencies began providing medical, sanitary and food assistance in early April. Even so, the conditions in the camps remained appalling and the situation was deteriorating: at Kasese I, refugees suffered from malaria, diarrhoea, wounds, suspected cholera and malnutrition. Little food was available and the organisation of distribution was in need of improvement. Sanitary conditions were also bad. The estimated mortality rate was between 8 - 12/10,000 people per day.

Biaro continued to be the worst affected location of those MSF could access.⁶ The situation there continued to be described as "catastrophic". Among its refugee population were numerous adults, malnourished and without families. Refugees who emerged from the forests were also taken to Biaro. Generally, they were in a very poor state. Many people in the camp suffered from malnutrition, malaria, respiratory tract infections, wounds, etc. The estimated mortality rate at that camp was 17/10,000 people per day and rose to 21/10,000 people per day by the 20 of April.

On the 15th of April, 1997, MSF staff reported that medical structures were working and functioning very well and a separate cholera camp had been established at Kasese. Yet, until then the positive impact on refugees seemed to be very small. As one staff member put it, for many of them assistance came *"trop tard, bien trop tard..."*. An eye-witness to the events described the situation thus: "Every day you think that it cannot get worse. And every new day, it turns out that it can be worse."

During the first half of April, UNHCR attempted to organise the repatriation of those individuals who were strong enough to be transported. However, this effort was impeded by logistical constraints and lack of co-operation from the AFDL. After MSF set up a separate cholera camp at Kasese, data related to this camp was used by AFDL to spread negative radio messages concerning alleged health risks for the local population as a result of repatriations of infected or sick people. Permission to airlift refugees to Rwanda was subsequently denied.

By mid-April 1997, possibilities for humanitarian assistance were diminishing. Access to the camps south of Kisangani was limited: for instance, on the 18th of April, 1997, no access at all was permitted; on the following two days, MSF was allowed to visit the camps only for two hours per day. Since the first of April, at least 1,581 deaths had officially been registered. Exhaustion, malnutrition, malaria and cholera were the main causes. On the 20th of April, 1997, 60 deaths per day occurred in the Kasese camp. 545 cases of suspected cholera were known, with 50 more being added every day. 437 refugees were hospitalised, 1,200 children were severely malnourished. In Biaro, the situation was even worse: 60 to 74 deaths per day were counted. There were cases of suspected cholera and dysentery. One MSF staff described it as follows: *"Ce ne sont même plus des malades, mais des pré-cadavres - ils n'ont même pas la force de manger."*

1.3 The attacks on camps at Kasese

⁶ It has been estimated that a further 50,000 refugees are in the forest west of Biaro, cut off from any humanitarian assistance;

From the 17th of April, 1997, a strong military presence was noticeable in Kisangani, and many of the troops were identified as Rwandan. Some of the soldiers who escorted MSF on their last permitted visit to the camps were Rwandans, whereas previously they had been soldiers from the Katanga region. Abuses and threats towards refugees and the local population were a daily occurrence - the number of such incidents was increasing, and they became more and more obvious. It should be noted that MSF did not notice signs of aggression or hostility on the part of the local residents towards the refugees during the first weeks of the latter's presence in the region. The situation appeared to have worsened only after the military influenced the local population. On the night of the 20th of April, 1997, villagers attacked a train loaded with food supplied by the World Food Programme after it had been stopped by the military.

On the 20th of April, six Zairian villagers were killed in Kasese. Between the 21st and 23rd of April, 1997, the camps at Kasese were attacked. AFDL leader Laurent Kabila put the blame for the attacks on refugees who he claimed had attacked villagers.⁷ They denied massacring any of the refugees. Humanitarian organisations did not have access to the camps at all between the 21st and 25th April. However, reports have been received which contradict the AFDL 's explanation of events. Thus, refugees who survived the attacks reported that the camps had been surrounded by soldiers and were then attacked by villagers armed with axes and machetes.

On the 23rd of April, 1997, UNHCR and journalists were allowed to enter Kasese camp and found it empty - all the refugees, including the sick and 9,000 children had disappeared. The visit to the camps was cut short by gunfire nearby - which the AFDL claimed was fighting - and it was not possible to take a closer look at the suspected mass graves. On the 28th of April, 1997, MSF was permitted to enter Kasese and Biaro camps. All the sanitary infrastructure was gone, as were all the refugees under medical treatment. Before the attacks, MSF had delivered hospital treatment to a total of 1,250 sick refugees in Kasese and Biaro. In the latter camp, where 15,000 of the 35,000 refugees had been assisted by MSF, 5,000 were estimated to have been too sick to walk even small distances. Those 6,250 refugees were too weak or ill to flee and it is unlikely that they could have survived an entire week without medical assistance. MSF has yet to find any living trace of them or their bodies. In addition, all material in the camps had disappeared, including items that were too heavy for the villagers to carry. MSF structures at Obilo camp were also looted.

In total, some 85,000 refugees had disappeared from the camps at Kasese and Biaro.

1.4 After the attacks

The attacks on Kasese were followed by negotiations and talks between AFDL, the UNHCR and other agencies, diplomats etc. International pressure was intense and resulted in the AFDL setting a deadline for the UNHCR: starting on the 1st of May, 1997, the refugees were to be found and repatriated within 60 days. In her speech before the UN Security Council on the 28th of April, 1997, the UN High Commissioner for Refugees, Sadako Ogata, described this as a daunting task.

After a few days in which the whereabouts of the refugees were not known, groups began to reappear near Kisangani. A transit centre was set up at km 11 on the road going to the airport. Among the refugees in the transit camp, MSF counted numerous cases of bloody or watery diarrhoea, malnutrition and dehydration. 51 refugees were taken into hospital care. A number of internally displaced persons were also hospitalised. The first UNHCR airlift to Rwanda took place on the 27th of April, 1997, when 33 refugees were taken to

⁷ Quoted in IRIN Emergency Update No. 157 on the Great Lakes of 24 April 1997

Rwanda. Further repatriations by air followed. By the 4th of May, 1997, 4,764 refugees had been airlifted to Kigali.

By the 30th of April, 1997, larger groups had gain settled along the railway line. In early May, 30,000 were reported at Biaro - again, their state was precarious and their number increasing. Several had suffered machete or gunshot wounds. Between thirty and forty percent of the refugees were suffering from malnutrition. At km 82, Obilo, another group of 5,800 refugees had gathered. It was reported that except for these concentration points, refugees were hiding in the forests and came out only to be evacuated on the train. The military had started bringing 920 people on the train to Kisangani on the 30th of April 1997, without prior consultations with UNHCR. On the 4th of May, 1997, 92 refugees died of asphyxiation or were crushed to death on an overcrowded train.

Again, humanitarian agencies faced obstruction of their efforts by AFDL, incidents included intimidation of MSF staff at Biaro; the placing of a landmine outside the MSF hospital at Kasese⁸; initial prohibition of food distribution at Obilo; or the previously described lack of consultation and co-ordination of repatriation efforts on the part of the AFDL. By early May, while the situation in Biaro remained dire, access to the camps near Kisangani was reported to be slowly increasing. The transit camp was better established, and refugees too sick for repatriation were allowed to remain in the camp. The healthier refugees are currently being transported from Biaro to Kisangani and from there to Rwanda, an event that has taken on the character of a "rescue operation" given the gravity of the situation in Zaire. Nevertheless, the various repatriation deadlines and conditions imposed by the AFDL are a significant threat to the survival of many of the most vulnerable refugees.

In Zaire, the security and treatment of those refugees who are too ill to be transported must be guaranteed by the AFDL. Once the refugees are repatriated, the Rwandan government must take full responsibility for the protection and continuity of medical treatment to the vulnerable segments of the refugee population.

2. Bukavu - Shabunda area

Following the AFDL attacks on the refugee camps in October/November 1996, many refugees fled west to Shabunda or deep into the forest of South Kivu. Groups of refugees started to emerge onto the roads, heading towards Rwanda, as early as December 1996, due to the hostile forest environment and the advancing front-line. At Shabunda, new camps were set up that held approximately 40,000 refugees until mid-January 1997, when the AFDL attacked. Thousands of people are reputed to have been killed during this period. The location of the refugees who fled these attacks remains unknown. A group of 30,000, last seen in Shabunda and reportedly heading towards the Angolan border, may be part of the original group.

From mid-November 1996 onwards, MSF tried to obtain permission to enter Bukavu. Repeated attempts to get there were frustrated by the AFDL. On the 23rd of November, 1996, a convoy of NGOs was given permission to assess the surroundings of Bukavu on the following day. However, movements were restricted to a 30 km zone around Bukavu. One team managed to get to Walungu (40 kms from Bukavu). On the 25th of November, 1996, the Bukavu team was reminded of the 30 km limit and the obligatory presence of a AFDL "facilitator" was imposed. One day later, a MSF team carried out an exploratory mission 40 km north of Bukavu. On the 3rd of December, 1996, a joint UN-NGO assessment team travelled south to Uvira.

⁸ It has not yet been clarified whether the location of the landmine was a deliberate targeting of MSF or pure coincidence.

These limitations of access (restriction to 30 km zones around Bukavu, the imposed presence of "facilitators", areas being declared off limits, teams stopped at military checkpoints on the roads) might, to some extent, have happened because of ongoing conflict, but in several cases, restrictions were imposed after groups of refugees had been spotted by NGOs or UN agencies. These groups subsequently disappeared or dispersed into the forest. In addition, during the period from late 1996 into early 1997, agencies were asked by the AFDL to indicate places where refugees were expected and to seek permission beforehand to go there. In December 1996, humanitarian organisations began receiving reports that the AFDL military was capturing refugees in areas where NGOs were present. Initially, such reports were thought to consist of sporadic incidents carried out by small bands of AFDL soldiers. However, more and more information emerged which suggested a systematic practice of military operations directed against ex-FAR and Interahamwe, with the aim of eliminating the combatants and accompanying refugees.

Possibilities of delivering assistance to those in need were limited: physical conditions in the area make access difficult, particularly during the rainy season. Remote villages in the forest can be reached only via small footpaths. Therefore, MSF could provide humanitarian assistance only to a limited degree at some transit centres and waystations along the routes most commonly taken by the refugees (western axis Shabunda-Kigulube-Bukavu; north-western axis Makwe-Bukavu). In addition, as a result of the recent conflict, the health infrastructure in the South Kivu region has collapsed. Health centres have been looted, supply lines and support structures ceased to exist. The population consists of highly vulnerable refugees and internally displaced people, but local residents, too, have lost important resources through looting of their belongings. Chronic malnutrition is endemic in the region, but acute malnutrition is now imminent and likely to increase in the future. An assessment conducted by MSF at transit centres in Kigulube, Ihembe and Kando (Bunyakiri) in March 1997 showed cases of malaria, respiratory tract infections, diarrhoea as well as machete and bullet wounds among refugees and Zairians.

Having obtained the permission of the AFDL, MSF carried out an exploratory mission in late March/early April 1997 on the western axis, from Bukavu via Kigulube to Shabunda. This trip gave rise to grave concerns about human rights violations taking place in that area.⁹ Various local and expatriate sources reported that the military were killing refugees: this had been a practice over the past months and was ongoing. Originally, the military was said to have targeted male refugees, both adults and young boys, but had recently changed to also kill women and children. As was directly stated to MSF by a military commander, "all ex-FAR and Interahamwe had to be eliminated -it is unfortunate if they are using women and children as a shield. "He also declared that all those in the forest are considered to be the enemy".

Both military commanders and personnel from the *Société Nationale de Renseignements* (SNR), a recently established secret service body, explained to MSF that they had started to go into the forests to look for refugees, but that it was difficult to find them. It was stated explicitly that, for this reason, they needed the presence of international organisation: as refugees became aware of the NGO presence, in an area, they would emerge from the forest. They would then be followed and killed by military. Plans to start a repatriation process, whereby refugees would walk east along the road from one waystation to the other, were also said to fit the military's strategy of luring refugees out of the forest for elimination.

The local population in the area is intimidated and threatened by the military. Villagers have been told not to help the refugees but, instead, to get them to leave the forest and come out onto the road to make their way to Rwanda. Once on the road, however, they

⁹ Detailed report on file with MSF Amsterdam (see footnote 2).

are killed. The intimidation campaign was heightened by the military in the context of an "ideological seminar", which took place in Shabunda from the 17th to the 23rd of March 1997. All community chiefs (*chefs de groupement*) of the region had to participate. MSF was told that, at this seminar, Easter Sunday was set as a deadline: anyone found helping the refugees after that day would be tortured and killed by the military. Two incidents were reported to MSF in which the military killed members of the local population during the exploratory mission: in the first one, the victims were local staff at a mission compound providing shelter to refugees; in the second case, villagers who had talked to the team on its way to Shabunda were taken away by the military, allegedly to be killed.

At the above-mentioned "ideological seminar", village chiefs were also ordered to assist the military in "cleaning the road". This was understood to mean removing bodies and bones as well as other indications of killings, such as clothes, cooking utensils, etc., from the roadside. On the road, at km 145.5 west of Kigulube, the team encountered a group of soldiers and villagers. Clearly surprised by the team's arrival, the military commander yelled at the team, trying to intimidate them, while his men could be seen hurrying to put shovels into a truck. Earlier, the team had received numerous reports about the road from Katchungu (112.8 kms west of Kigulube) to Shabunda being littered with bones and decomposing bodies. As the team proceeded, only two skeletons could be seen. However, there were signs of "cleaning" operations having taken place which grew more visible as the team approached Shabunda, for instance, the team observed freshly-dug earth on sites that were reported to be mass graves.

Since this exploratory mission, MSF has not had access to the area. Refugees, as well as internally displaced people and local residents, remain without adequate protection and assistance. Recent incidents continue to give rise to grave concern: in late April, some 50 Hutu children being treated for malnutrition were seized from Lwiro Pediatric Hospital near Bukavu and flung into the back of a truck by a group of soldiers led by the commander of Katana military camp, a Rwandan. 60 adults were also taken away and two nurses and a health assistant were severely beaten. Hospital staff said the attackers were Rwandan military. After intense international media pressure, the children and adults were brought back to the hospital after having been kept in a container without food or water for two days. In early May, it was reported that a small band of 40-50 ex-FAR and Interahamwe was still in the area northwest of Bukavu.

3. North Kivu - Masisi area

The Masisi region of North Kivu has long been a site of ethnic complexity and conflict. In addition to the Hunde, Nande, Tembo and Nyanga ethnic groups inhabiting the area, large waves of Banyarwanda immigrants, both Hutu and Tutsi, have settled in North Kivu over the past century. Ethnic tensions in the Masisi region had escalated into violence in 1993. Tensions between Hunde and Banyarwanda were central to the conflict, but ethnic alliances were somewhat fluid, with different groups aligning at different times. The Zairian Tutsi were constantly victimised by all sides. The influx of Rwandan Hutu refugees in 1993 and 1994, as well as the establishment of camps in July 1994 catalysed a new phase of ethnic alliances and conflict. The flow of arms also increased, with Tutsis, Hunde, Zairian Hutu and refugees both provoking and suffering from the violence. By September 1996, the previously multi-ethnic map of Masisi had changed considerably. Most of the Zairian Tutsi population had been cleansed from the region, previously multi-ethnic villages had become exclusively Hutu, and Hunde were situated primarily in the region surrounding Masisi, Kitchanga and Sake. While some villages of mixed ethnicity remained, ethnic segregation had become the norm.

Against this backdrop, the recent conflicts in North Kivu can be summarised as follows:

.Reprisals by Banyamulenge returning as part of the AFDL. Many former Zairian Tutsi from Masisi were forced to flee anti-Tutsi violence promulgated by Hutu and other ethnic groups in 1996.

. AFDL military violence against Hutu civilians in Masisi, whether refugee or local Zairian Hutus, who are suspected of collaborating with ex-FAZ, ex-FAR, Interahamwe and armed Hutu militias.

. Opposition to AFDL from a coalition of anti-Alliance groups. They base themselves in Hutu villages and operate against the AFDL. The alliance between Banyamulenge and other groups, particularly Nande fighter groups known as Maimai and Banyanglima, is fragile, as the predominant position of the Banyamulenge is resented by some.

The primary victims of this situation are Hutu refugees, an unknown number of whom are still hiding in the forests of North Kivu, and Zairian Hutu civilians who are being targeted by the AFDL for their ethnicity and suspected support of ex-FAR, Interahamwe and armed Hutu extremists, but who also suffer intimidation and coercion at the hands of the latter. Eyewitnesses report seeing the bodies of women, children's clothing, and other human remains in mass grave sites in western Masisi. In addition, a large number of Zairian residents of North Kivu have fled to other parts of Zaire, outside Kivu. Many residents have been, are or will be temporarily or longer-term displaced within North Kivu. The fighting, attacking, massacres, looting, robberies, etc., have resulted in further deterioration of the already poorly functioning society in North Kivu and particularly in Masisi. The cost of continuous insecurity for everybody, continuous movements of people (displacements), loss of income and resources, disruption in regional economics (cattle and coffee plantations), loss of shelter, water and sanitation facilities, health care, community structures, food reserves and production capacities, family disruption, unaccompanied children, orphans, war deaths and wounded, etc., is enormous.

Two surveys carried out by MSF in the areas of Sake (30 January - 1 February 1997) and in the Rwanguba health zone (13-16 March 1997), respectively, provided indications as to the nutritional status of displaced and resident populations and may illustrate the effects of the conflict on the food situation in the area. Both surveys suggest that the rate of malnutrition had increased by comparison with earlier surveys carried out in these areas. In Sake, an area where 65% of the total population consists of displaced persons -some of them multiply displaced -, rates of acute global malnutrition among 900 children measured were 10.7%, acute severe malnutrition 3.6% with 2% having oedema. The rate of global malnutrition for displaced people was 14%, for residents 6%¹⁰. The study suggests that the displaced are particularly vulnerable to malnutrition, as they have suffered loss of economic power due to often-repeated displacements and have less access to land for cultivation as well as to small scale economic activities than residents. The Rwanguba survey revealed global malnutrition rates of 12.6% and severe malnutrition rates of 9.4%¹¹. In that health zone, people who stayed during the period of armed conflict seemed to have suffered more than those who fled the events. Many have not yet recovered from the ensuing food shortages. In addition, in both areas under survey, vaccination coverage against measles was found to be very low.

MSF, present in the area since 1992, has recently suffered severe limitations of access in an area already - difficult to reach, particularly when road conditions are bad during the rainy season. Since mid-December 1996, access to Masisi and other parts of North Kivu

¹⁰ An MSF survey in Sake in October 1996 revealed an overall malnutrition rate of 9%. Global malnutrition was found to be 9.3% and the severe rate 5.6%. Since that survey, general food distribution to the displaced had stopped and no other programmes aimed at food security have been initiated.

¹¹ Normal global malnutrition rates for Zaire are 5%. During a survey in October 1995 in the same area, rates were 5.1% for global malnutrition, 2.4% severe.

has been virtually non-existent, due to the continuing presence of armed Interahamwe in the region and the ongoing conflict between the Interahamwe and the AFDL military. These conflicts pose security risks to humanitarian personnel. However, there are grounds to fear that access is restricted also because the AFDL do not want any witnesses to their operations, particularly violations against the civilian population. Occasionally, the AFDL has denied MSF teams access at military checkpoints on the grounds of lack of proper authorisation. As a result, MSF's capacity to monitor and address the health needs of refugees and local population is currently very much restricted.

There appears to be a consistent flow of refugees moving around the Masisi road, away from the military and Hunde villages, and integrating into the Hutu villages to some extent. There are conceivable routes the refugees can take both of which wind around Masisi town, through Hutu villages and the forest. Many of the refugees appear to be gathering in Katoyi and other villages in the west of Masisi. There are certainly Interahamwe among this group, but numbers are unknown. The recent emergence of refugees at Karuba indicates that AFDL attacks may be responsible for driving some of the refugees out of the region. Interviews with the Karuba group indicate that these refugees have been heavily dependent on the Zairian Hutu population in Masisi and have been hired or helping to cultivate the fields in order to receive food. By 2 April 1997, 15,000 refugees had gathered in Karuba. They were in poor health, though in a better state than the refugees near Kisangani, and over 24,000 refugees were eventually repatriated from Karuba. Refugee movement through Gisenyi also increased; during the first days of April, over 4,000 crossed the border into Rwanda.

Conclusions and Recommendations

Since the AFDL attacks on refugee camps in Eastern Zaire in October/November 1996, the humanitarian situation for refugees, internally displaced Zairians, and the local populations has been steadily deteriorating. At present, it can only be described as dramatic. To a large extent, this appears to be the result of a deliberate strategy by the AFDL, aimed at the elimination of all remaining Rwandan refugees, including women and children¹². The systematic obstruction by the AFDL of efforts by humanitarian aid organisations to provide the refugees with food and medical assistance amounts, in effect, to a denial of their right to adequate protection and assistance, as granted to them under the provisions of international law. Many refugees have died of hunger, exhaustion and diseases. Others who have survived thus far remain in an extremely precarious condition. The AFDL has been insensitive to repeated demands and persistent lobbying for improved access to the refugees.

In areas where the refugees were dispersed and hidden in the forests, as well as during attacks on refugee camps, the AFDL's extermination strategy has also taken the form of killing refugees, including women and children. Such indiscriminate killings do not occur in the context of combat. Humanitarian aid agencies have been used repeatedly by the military to either locate refugees or lure them out of the forest in order to eliminate them.

The local population and the displaced have also suffered large scale infringements of their rights to life and physical integrity, freedom of movement and enjoyment of property. Residents of areas where fighting took place saw their homes destroyed and their properties looted by ex-FAZ, ex-FAR and Interahamwe. Once the front-line had passed beyond their villages, in many places that were now under the control of the AFDL, local populations were subjected to intimidation and threats not to help the refugees but rather

¹² It may be recalled that UN Secretary General Kofi Annan accused the AFDL of instituting a policy of "slow extermination" and of killing the refugees "by starvation" (quoted by Reuters on 26 April 1997)

to assist the AFDL military in their attempts to exterminate them. Methods used by the military include beatings and killings of local population.

In the Masisi region of North Kivu, AFDL soldiers killed unarmed local Hutu villagers and destroyed their houses and villages during attacks directed against them because of their ethnicity and suspected support for ex-FAR, Interahamwe, ex-FAZ and armed Hutu villagers in the area. The latter, too, are reported to intimidate Hutu civilians and coerce them into co-operation.

MSF is also deeply concerned at the general socio-economic disruption caused by the conflict and its aftermath. In particular, pressure on food resources and military harassment due to the presence of large numbers of refugees is a source of chronic destabilisation for the local population. Continuing insecurity and forced movements, as well as the destruction of local infrastructure, including health care facilities puts constant strain on the population.

In view of the above, MSF urgently calls on all parties to the conflict to respect international humanitarian and human rights law.

In particular, MSF calls on the AFDL

- to immediately put a halt to elements within the AFDL killing and intimidating refugees and local populations
- to grant full access to populations in need so that adequate assistance may be delivered
- to allow refugees to remain in safe locations and in conditions that permit their health status to stabilise.