

INTERNATIONAL RESCUE COMMITTEE
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Operator: Good day, everyone. And welcome to the International Rescue Committee ***Briefing from the Field- Crisis in the Congo: How is the IRC rescuing lives?*** My name is Darrell and I will be the operator facilitating the call. Please note that today's call is being recorded. And at this time, I would like to turn the call over to the IRC's Vice President of development, Ms. Janet Harris, please go ahead.

Janet Harris: Hello. Welcome everyone to the sixth installment of our Briefings from the Field series. We appreciate the interest and support we have dozens of people on the line with us today joining us from the West Coast, Seattle, the bay area, from Washington D.C., and New York where IRC is headquartered. And we appreciate your support and partnership and interest in this very vital topic of saving lives in the Congo. Without your support and your partnership, our programs would be impossible. So we're very grateful for your interest and your support especially those of you who give us unrestricted support which helps us to be flexible and responsive to crisis all over the world.

Today, our conference call is going to focus on the situation in Democratic Republic of the Congo and it is demonstrative of IRC's good work all over the world. It represents the work that we do in 25 countries and the resettlement work that we do here in the United States.

Our goal today, however, is to engage you in a conversation. Let me get started. We've got some experts on the line with us. But we want you to be thinking about your own questions and concerns that you'll raise to our participants at the end of the session.

And now, it's my pleasure to introduce Dr. George Rupp, the President of the IRC. Since 2002, Dr. Rupp has overseen the IRC's relief and rehabilitation operations all over the world and our resettlement programs here in the United States. He also leads our advocacy efforts in Washington, London, Geneva, Brussels, and other capitals on behalf of the world's most vulnerable people. Before joining the IRC, George Rupp was the president of Columbia University. He also served as president of Rice University and he was the dean of the Harvard Divinity School. But today, George brings us his observations from his recent trip to the Democratic Republic of Congo, which was just last month.

From Washington D.C., we have joining us our board member, Susan Dentzer. She is a career journalist and on-air correspondent for the *NewsHour with Jim Lehrer* on PBS. And she leads a unit that specializes in coverage of healthcare and health policy and you'll hear a good deal from Susan who also visited the Congo last summer with a special concern and eye for the programs in the health area.

And we're especially grateful that Alyoscia D'Onofrio, our country director from the Democratic Republic of Congo is joining us on the line from Kinshasa, the capital of the Congo. Alyoscia began working for the IRC in Bosnia in 1997 and has previously served as the IRC director of our U.K. office in London. We're very pleased to have him. He moved to the Democratic Republic of Congo with his family in 2004 and has been our country director ever since.

So welcome to all of you, and Susan is going to be our facilitator for the conversation. Susan, I'll turn the call over to you and again, welcome to all of our partners who are calling in from around the country.

Susan Dentzer: Thank you so much, Janet. And welcome again to all of you on the phone. We're delighted to have you with us today for this briefing on our field work from the Democratic Republic of Congo. For the rest of the call, we'll be referring to Congo as either the DRC or simply the Congo.

Just some quick background facts. The Congo, as many of you know, is the third largest country in Africa. It's located in Central Africa. It borders Sudan and Central African Republic on the northeast, Rwanda, Uganda, Tanzania, and Burundi on the east, Zambia and Angola to the south and Republic of Congo to the northwest. Capital is Kinshasa where Alyoscia is, and the population is roughly 63 million. It's the homeland of more than 200 ethnic groups.

And if there's a hall of fame for countries that have been the victims of the world's greatest injustices, Congo surely has a place of prominence there. Many of you will know about the history of the looting and exploitation of Congo by King Leopold II of Belgium in the 19th and 20th centuries resulting in the deaths of -- minimum -- 3 million people. Following independence of Congo in 1960 came the three-decade reign of Mobutu Sese Seko who renamed the country Zaire. It's really hard to comprehend until you go there how thoroughly Mobutu helped to loot this very mineral rich nation while simultaneously under investing in almost anything that could benefit his people.

Even today, you have a country -- Congo -- that's roughly the size of the U.S. east of the Mississippi with fewer than 500 miles of paved roads. So the logistics of operating there are very, very difficult and transportation to remote areas is often dependent on planes landing on dirt tarmacs. So you can imagine that has its own substantial degree of risk.

In the late 1990s and the early 2000, Congo was embroiled in an eight-nation conflict that finally ended with a treaty in 2003. And that war featured extreme violence, mass displacement of

populations, widespread rape, and a collapse of government-sponsored health services. Congo is still struggling to recover from all of that and it's really no stretch to say that even today Congo is really a tender box from which that conflict could spread to much of central and east Africa and into which conflict has spread in turn from neighboring countries. The aftermath of this war continues to cause immense suffering for the civilian population.

IRC's carried out five major mortality surveys in Congo in recent years during the so-called peace that followed the end of the war. And has determined that as of 2004, nearly 4 million more Congolese had died than might have been expected to die over that period. Ninety-eight percent of those deaths were not due to conflict but rather to death due to commonplace diseases that would have been readily preventable here in the U.S. And even more ghastly is about half of those roughly 4 million deaths occurred in children under the age of five and this makes the crisis in Congo really the deadliest since World War II and a humanitarian disaster unmatched by any in recent decades.

Well, some piece of good news is the democratic elections in 2006 installed a new president, Joseph Kabila, who's Africa's youngest head of state. But the instability in much of the country continues especially in the east where in recent months forces loyal to a renegade Congolese general named Laurent Nkunda have been battling Congolese army troops. We're not going to spend much time today on these complexities but in many respects Congo is still living through the spillover effects of the genocide that took place in bordering Rwanda in 1994.

Now, the IRC's work in Congo. We've been providing humanitarian assistance there since 1996. IRC is one of the largest humanitarian actors in the Congo to this day. We're supporting the Ministry of Health in the delivery of health services to several hundred thousand patients scaling up dramatically in the years ahead. We're fostering economic and social development through what we call community-driven reconstruction and civil society development. Our work in Congo really reflects IRC's priorities of creating durable solutions and saving lives. We don't want to just

improve the health system and thereby save the lives of lots of children under five only to see them grow up with no economic opportunities and no choice but to become, for example, the next generation of child soldiers. We really need durable solutions.

And while we work on those, we're also addressing many immediate concerns. We're helping to prevent sexual violence against women and girls. We're continuing to document the magnitude of this broader humanitarian crisis with a fifth mortality survey as we'll tell you about.

And in September of this year, we launched an emergency response in North Kivu, in eastern Congo, where as many as several hundred thousand people have been displaced in a re-fighting I referred to a moment ago. We've also responded to a recent outbreak of the deadly Ebola virus in the southern province of Kasai Occidental.

So with that by way of overview, I'm going to turn now to our regional director Alyoscia D'Onofrio to update us on the emergency situation in North Kivu and on the Kasai provinces with respect to Ebola. So Alyoscia, what's the latest?

Alyoscia D'Onofrio: Thanks, Susan. Well, let me start with the Kasai crisis. The Ebola outbreak which, while horrific and dramatic in and of itself, was I think in many ways is a lot less complex than North Kivu and it's also something that is happily I think has now come to an end.

This was an outbreak that started in August of this year and very rapidly spread out to a couple of villages and began to threaten a much larger potential geographic area. And today, as many of you, I'm sure know, Ebola is an incredibly contagious disease. And it was therefore very, very necessary for the Congolese Ministry of Health and for partners such as the IRC and other international agencies to mobilize very, very quickly and effectively to not only contain the spread of the disease but to do a lot of education on communities in neighboring areas about means of preventing the spread of disease.

And, happily, it now seems that this crisis is over. The disease kind of tends to strike rapidly and burn out quickly. And hopefully we've seen the back of this but it was a very, very dangerous and risky time for the Congo with cases spreading out to over quite a large geographical area.

So a lot of the things that IRC was involved in doing was responding to the outbreak itself but also dealing with communities who was threatened by spread of the disease and helping to supply materials to the Ministry of Health to help them actually track down and trace cases so that we could ensure that the disease did not spread more widely. So that was one so very contained and dramatic event.

Moving over to North Kivu, though. What we have there is, again as many of you I'm sure know, a long running low-level conflict has actually blown up into a much more intense series of conflicts over the last few months. IRC is engaged in an emergency response there in the area that is being fought over currently by no less than four armed groups including the official Congolese army themselves, rebels loyal to General Nkunda as you mentioned, and at least two other armed groups.

We have program there up in a very critical area that borders both Rwanda and Uganda just north of the city of Goma, the provincial capital. It's a very, very beautiful area. And you know, as with many conflicts the world over, it was quite a stark contrast between the beauty of the landscape and the horror of the conflicts that play out in those landscapes.

IRC is currently engaged in some emergency healthcare response in one of the major health zones in the area where I think the latest access that we've managed to get by negotiating with all of the -- all of the armed groups, we've managed to access 11 of 17 health centers in this much fought over area bringing kind of life-saving healthcare to approximately 100,000 people in the area that we've been able to access.

And, you know, what happened to this kind of cases is the IRC comes in to a situation where perhaps health centers have been seeing maybe three or four patients a day and maybe none depending on whether they've been able to access essential medicines. We come in on medicines. We provide training. We help ensure that these existing structures are really able to deliver much needed assistance to the local population and to the many displaced people who are being pushed through this area by the changing fortunes of war. And so we're seeing -- we're seeing average utilization that which numbers of people using these services going up to maybe 80 to 120 people a day in health centers and sometimes 175 in the main hospital in the area.

At the same time, we're also looking at the, you know, incredibly important and horrendous use of rape as a (working) of war in this area. We're actually into shifting patterns in the use of rape. And in the past, you know, women and girls are being abducted, speaking again about this same area that we're operating, women and girls were abducted and perhaps captives as prisoners or sex slaves essentially by one or one of the other of the armed groups and then released several weeks later.

Horrendous though that is now essentially moving now to a much more, if you might consider a much more violence at an intrusive phase where rape now is taking place in the house, in the home, in front of the family with, you know, children and husbands, and relatives forced to watch at gunpoint and killed if they turn away. So, you know, a very, very awful kind of (upsurge) in this type of violence. And so again, IRC -- what we're trying to do in areas that we can get access to survivors of rape, we're also building a strong component of clinical support, clinical management of rape victims trying to bring essential services like medical and appropriate counseling and follow on services to survivors of rape.

So that's the snapshot of what we're dealing with and there's some success -- some success stories and some positive news out of -- out of the Kasai but still very much an ongoing crisis in North Kivu that we're trying to respond to.

Susan Dentzer: And obviously, this tragedy only adds to the broader humanitarian crisis that's been underway there now for a number of years, which as I've mentioned we've captured a piece of them -- these mortality surveys. So George, let me turn to you to talk about the latest mortality survey that we hope will be published shortly. Why is IRC done these surveys and what's been the result in terms of awakening the conscience of the world to what's going on in Congo?

George Rupp: You very nicely described the surveys that we're doing. So I won't repeat that, Susan. But I think it is worth looking at the reason we started doing these surveys at all. The cause was notices in the western press including the leading newspapers in this country that estimated the total deaths from the war in Congo at about 100,000 people. And our folks on the ground were confident that was a gross underestimate of the actual situation and, in fact, it was part of the reason why so little assistance was being given to Congo.

So we started the first survey as a way of getting an accurate baseline so that we've a way of knowing how many people, in fact, had died because of this war. As you pointed out, Susan, not mainly because they were direct fatalities in the war but because they didn't -- they were indirect casualties of diseases that could readily be otherwise contained.

As you mentioned, the total of the fourth of these surveys had 3.9 almost 4 million excess casualties or deaths from this war and almost all of them from indirect causes rather than direct casualties of the fighting. As you noted, we have now done a fifth survey. It's just about completed. The analysis is continuing. It will be released in -- within a matter of weeks in The Lancet, the health publication in the U.K. And it will have some good news and some bad news. The good news is in -- if we carefully disaggregate the data and focus attention on areas where

there have been substantial health interventions and security interventions, there is a decrease in mortality.

But overall, the mortality in Congo continues to be extremely high and the numbers of total excess deaths are going to be, again, capturing the attention of the world, which of course is one of the purposes we have in conducting these surveys because the assistance provided in Congo is still dramatically incommensurate with the needs and with any other call -- any other crisis of similar proportions.

Susan Dentzer: Well, that's -- that is grim indeed. And, Alyoscia, collecting this survey as we know represents its own challenges. It's not exactly like knocking on doors in a nice U.S. suburb to do a Gallop poll. Can you just give us a flavor of the process of undertaking this survey and how really difficult it is.

Alyoscia D'Onofrio: Absolutely. I mean this is -- this is really not the easiest country to move around as you've already referenced in terms of, you know, how few paved roads. And really, you know, for the IRC to carry out a survey of 14,000 households was a huge undertaking just following on the huge undertaking already in 2004 where we reached I think 19,000 households.

In order to do a survey like this and to make it statistically valid, we have to randomly select the areas that we're surveying and there are various stages to that process which I won't describe here, I leave to the experts to detail. But really I mean what this means is essentially you can go anywhere. You cannot predict ahead of time where you want to go in order to carry out the survey. And so, you know, we had teams spread out across the country. Once this random selection of locations have been carried out, the teams are literally scattered all over the country dealing with whatever terrain they encounter, which meant dealing on some cases scaling, you know, incredibly steep hills, day after day after day.

And as experienced in fact by Dr. (Brennan), you know, one of the survey leaders and the director of our health unit- of our global health unit. I remember him coming back in and talking about having never had to climb, you know, so many equivalent of so many staircases back to back.

Or in other cases, I mean, you know, we have staff wading chest deep in water for a mile or more before being able to get out of the rivers where they're trying to ((inaudible)). We have people carrying motorbikes over rivers on, you know, makeshift rafts, worked on canoes, airplanes, you know, vehicles where it's possible. And, you know, from the most -- you know, some of the most intensely populated urban areas on this planet in Kinshasa to some of the most sparsely populated pieces of rainforest on this planet.

So really it captures the whole gamut of terrain that one might need to cross doing this kind of survey, you know, pretty much and one of the most difficult countries in the world to access.

So it's very, very challenging. And I think very, very rewarding though at the same time for those who participated because they really -- they saw the real Congo. The many facets of the real Congo, if you like. And I think even for many of our long-term Congolese staff, this was -- this was a real eye opener to see how diverse -- and how people live across this very diverse country.

Susan Dentzer: Well, as we noted one of the major faces of our involvement in Congo has been supporting the Ministry of Health in operating the health system and you talked a bit about how we're supporting health zones and clinics in North Kivu. But more broadly across the country, Alyoscia, give us a flavor of what we're doing.

Alyoscia D'Onofrio: Sure. And again, as I said with the survey now, I mean, just as our survey spanned from the very densely populated urban areas of Kinshasa, a huge sprawling city of 8 million plus

people, so too do our health programs span not reality all the way to some incredibly remote areas.

For example, on the high plateau in South Kivu, an area again close to Rwanda and Burundi, we operate in some health zones that are accessible -- until very recently were only accessible by air -- and now by very, very rough road. One may access the main point in these two health zones. And from there, staff have to walk -- staff and partners in the Ministry of Health have to walk at least four hours to get to the next health center and this is four hours from an incredibly fit mountain walker or I think more like eight hours of my walking speed.

And staff are walking, carrying, you know, vaccines in cooler boxes, which you know, you or I might be more used to in a kind of picnic environment. But they're carrying cooler boxes to maintain the quality of these vaccines over, again, incredibly tough terrain, mountains, rivers that, you know, we have to ((inaudible)) that are, you know, often chest deep and freezing cold to get these vaccines and other medicines into very remote health centers.

And to carry out trainings with the staff in those very remote centers, and to monitor and supervise what is happening there so that we have a sense that all of the incredibly important resources that are brought to the table are being used efficiently and effectively and well for the benefit of the population.

So I mean that's -- that's one extreme. The other extreme like I said we have urban Kinshasa which is a very -- we're operating in a district that's in Ndjili which is one of the most densely populated zones -- open zones on this planet where conditions are incredibly bad. People have been displaced there by war and by poverty. There are no decent water and sanitation services. So people live in a really, really squalid slum-like conditions.

And there we see a whole set of other challenges in terms of working with local partners to deliver quality services in an area where people have next to nothing and have huge expectations following a democratic election and the arrival of the new government have huge expectations that things are going to get better.

So, you know, and between these two extremes, there are all sorts of other urban and semi-rural areas that we serve bringing like I said medicines to clinics for perhaps who have not had a reliable supply of medicines before, bringing training to areas where it's very, very difficult to recruit and retain a qualified nurse or a qualified doctor, bringing medical equipment. And at times, rehabilitating and reconstructing or constructing a new some very basic but decent condition which people can work and provide medical services to the population.

So there's a whole range of activities going on and all of these together make up a really important package of assistance that we deliver in cooperation with the Ministry of Health. Because, you know, as with everything we do, we are looking to the long-term. We don't want to be here forever. We don't want to be doing other people's jobs. We really are here to try and lend a hand, help the country recover, get on its feet, and deliver services to its -- you know, help the state and the Ministry of Health deliver these services to its population. And at that point, you know, hopefully we can withdraw and fade into the background where we belong.

Susan Dentzer: George, you visited several health zones on your recent trip, can you give me one example of what you saw.

George Rupp: Well, I would say that Alyoscia has just described very eloquently both kinds of health zones that we visited, both the ones in the rural area and ones in -- Ndjili and Kinshasa in the capital. But I won't repeat that. I will say a word about what I think the challenge for us is, this is a program or health program in Congo where we work with the Ministry of Health. We need to build the capacity of the Ministry of Health but in the course of doing that we work with private as

well as public hospitals. So the challenge for us is to work closely with the Ministry of Health but still stand for whatever the highest quality programs are, whether they're delivered at the moment through the government ministry or through private hospitals. And in that respect, I would say the high point of our visit to health centers, it was in fact a private hospital, Kingasani which is in the Ndjili health district in Kinshasa which was an absolutely vibrant, flourishing neonatal hospital. It had -- it was clean, it was disciplined. People worked very hard. It was -- it had -- it was absolutely filled to capacity but with really a standard that need to be emulated by other Ministry of Health facilities and we can help to reinforce that kind of quality and see that it spreads elsewhere.

Just one example, in this single hospital, there were 15,000 transfusions done each year. So that's -- if you do the arithmetic, more than 40 a day, 365 days a year and they had the capacity to do that at a standard that was unmatched in other parts of Congo. Our job is to work with the very best providers of health service and see that their pattern is extended to the rest of the health ministry's operations.

Susan Dentzer: In just a moment, we do want to open this call up to questions from all of you on the line. And just to give you a heads up about how to do that, press star one to get into the queue to ask a question.

Before we get to those questions though I do want to ask George and Alyoscia about one more set of our activities there in Congo which is community-driven reconstruction. And George, could you describe in the most basic terms, what we're doing in that context.

George Rupp: Well, as my IRC colleagues know, community-driven reconstruction programs are one of my favorites in all of what we do around the world including the way in which we originally got involved with it. So let me give you just a word of history. One of the earliest examples of community-driven reconstruction was in Rwanda which has a problem with having a quite

competent central government with very little reach to more remote areas. And we worked with the Rwandan government in developing the kind of first run of this community-driven reconstruction which involves enlisting a community development council at the village level and then the aggregation of villages, the community level, letting them decide their own reconstruction priorities and then bringing fundings through the central government to enable that to happen.

From Congo, we followed the same pattern elsewhere. One of the most interesting examples is in Afghanistan where the National Solidarity Program was actually designed based on the Rwandan model. And the team of our Rwandan staff went to Afghanistan to work with the -- at that time Minister of Rural Development, a man named Haneef Atmar who had led IRC programs in Afghanistan and designed a very similar program.

We are now having the same kind of program launched in the DRC. It is -- it focuses on getting community-based citizens to establish their own priorities and have the authority to be able to implement those. We are now -- but we will be working in over 1500 villages with small scale projects and these will be aggregated into a whole system of lay leadership in which we're building capacity to local community.

It's very interesting how these councils are enormously invested in the priorities that they themselves set. They usually pick a water project or a health clinic or build a school or pave the section of road or build a bridge and they do the work themselves. They have resources that allow them to stretch -- they have human resources on the ground that allow them to stretch the money that we give them but they have a tremendous sense of ownership as a result of being able to identify priorities and implement them themselves.

Susan Dentzer: And Alyoscia, there's an innovative feature of all this in the sense that we're actually running a kind of comparative study to see if different ways of involving the community produced different results. And one of the things, as you know that we're doing is in effect testing what

happens if you involve more women in these local councils. Tell us exactly what we're doing and what we think we might see.

Alyoscia D'Onofrio: Absolutely. Well, I guess we've always assumed that and there have been a variety of other studies that suggest that the involvement of women in decision making makes the difference, is a positive force for, you know, improved outcomes. But one of the things that we're very much focused on with this -- with this community-driven reconstruction project in the Congo is trying to -- basically trying to measure how useful and how powerful it was and what its impact is and whilst doing that we thought we would test out, you know, a key variable which gives this participation of women in the project.

So essentially what happened is, we randomly choose the areas that we're going to work in so that we can be absolutely clear that, you know, remove selection bias from the beginning and at the same time within the universe of communities that we -- that are randomly selected as communities we will look in. We then randomly applied a quota of women's participation in certain areas and not in others and then we may be able to measure the difference in the outcomes -- in the project outcomes in, for example, the types of project selected as George described or how well the community participates or the quality of decision making in another way.

It's a very complex research tool that we have developed with, you know, a leading scholar at Columbia University and it's built on earlier research that's been done in other CDR programs that the IRC is engaged in.

So we're very excited about this as an opportunity to learn a lot more about how to do what we're trying to do better. And I think this is the common thing that runs through a lot of other programs both in the Congo and in a number of other countries. This isn't just about delivering the service

or doing what is thought to be the best thing in that context. It is about trying to determine with data, with the best tools that we have available how to do what we do better.

Susan Dentzer: And build these durable solutions that are so important to us.

Alyoscia D'Onofrio: Absolutely.

Susan Dentzer: With that I want to turn this over to the operator to open up the phone lines for questions.
So, operator?

Operator: Thank you. Again, to ask a question, please press star one. That is star one to ask a question. And if you're on a speakerphone, please pick up your handset to ask your question.

And our first question will come from Catherine Connolly with CM Connolly. Please go ahead, ma'am.

Catherine Connolly: I was curious about the security situation there that staff of these programs face and what's being done to keep them safe in the way that they can accomplish all that -- all the goals and things that we want to do there.

Susan Dentzer: Alyoscia.

Alyoscia D'Onofrio: Yes. I mean very good question. And something that is that at forefront of our minds on a daily basis. And security of our staff and of our partners and of the people that we serve are all very, very important issues for us. We maintain very, very close relations with a whole range of U.N. and other security specialists that provide us information on the latest developments.

So, for example, in North Kivu which is the hottest area at the moment we have daily security briefings in Goma with whole of the agencies that are actively participating, information is shared, and on the basis of that decisions are taken about whether or not it is safe to enter a particular area at a particular time.

The other thing that we also do is trying to be very, very distant but good relations with the various military factions that are active. And we need to do that in order to be able to operate there. And this is really just a question of showing them respect and making sure that they provide us with the information they're able to do about whether or not it is safe for our staff to travel into a particular area on a particular day.

Susan Dentzer: George, do you want to add anything to that?

George Rupp: No. I think that's a good summary. It is, in our worldwide operations, a major concern as Alyoscia says not only for our staff but also the people with whom we work.

Susan Dentzer: Great. Let's take another question.

Operator: Once again, if you have any questions, please press star one. Star one for questions. And we'll take our next question with Zach Braun from the Men's Journal. Please go ahead, sir.

Zach Braun: Yes. I believe the first person asked the question that I was going to ask about the security. Are there actually security people traveling with the IRC, any armed are traveling with them rather than info briefings?

Susan Dentzer: Alyoscia.

Alyoscia D'Onofrio: If you mean, do we have -- are there any -- I'm not sure that I have the question correctly but if there's any reference to armed security or security people traveling with the IRC, the answer is no. We do not allow weapons in our vehicles and we do not associate with any armed people be they police or army or any other private security or anything of that nature.

The feeling being that once one does that when starts ((inaudible)) a slippery slope and that's certainly the context in the Congo. It would be inappropriate for us to do that. What we do though is very, very occasionally we have operated under an escort from MONUC, which is the U.N. mission in the Congo. But, again, we prefer not to do that because one of the U.N. mission's roles in the Congo is to support the state -- the Congolese state to exert its authority and therefore it can be seen as being partisan by some of the rebels and therefore it's not really good for the IRC to be associated too closely. And so really our basic principle is neutrality and we try to maintain that all the way.

Zach Braun: Thank you.

George Rupp: Maybe, Susan, can I just add a brief comment to that question?

Susan Dentzer: Please, George.

George Rupp: Certainly, Alyoscia's just described what our situation in Congo is and it is also our policy worldwide not to have arms in IRC vehicles. In all of the visits I've made to our countries around the world -- and I've now visited all of them -- there's one exception to that when I traveled the first time to Afghanistan. I was in the delegation that included three former U.S. Ambassadors who were on our -- who are members of our board. And the State Department and the Ambassadors' office in Kabul insisted that we have armed guards whether we wanted them or not. They weren't in our vehicles but they rode in front of and behind us everywhere that we went.

And I think it's very clear that our staff was unanimous in the view that it was far less safe to travel that way than the way we ordinarily travel. We act -- as to the pressure from the U.S. government -- but as a matter of policy, we almost never do that. And I think that one case in which we breached that policy made it clear that we would be wise to abide by our policy consistently.

Susan Dentzer: I'd like to come back, Alyoscia, to a topic you introduced when you were speaking about our response to the emergency in North Kivu, which is the sexual violence occurring just on a massive scale against women and girls. And obviously we're intervening in an emergency context there but as I saw it and George and others have seen, we have a gender-based violence as we call them programs operative also elsewhere in Congo, with a very important emphasis on essentially helping support women not only who've been victims of these episodes but also helping in whatever way we can to foster cultural change. Talk a bit more about our gender-based violence efforts elsewhere in Congo not necessarily strictly speaking in the emergency context?

Alyoscia D'Onofrio: Sure. You know, it is a problem that IRC has been trying to address and work with the survivors all of since 2002. And this is something that we began actually in South Kivu -- at the town of Bukavu. It's on the other side of the lake -- of the Lake Kivu from the war that we were describing the conflict we were describing earlier.

And our approach has always been, you know, if you'll going to try -- if you're going to stand a chance of doing anything of substance both for the survivors and for the communities ((inaudible)) of time change perceptions of rape survivors and of the criminal nature of both then you have to engage on a whole series of fronts.

So what we do is similar to what I've described in relation to North Kivu. And the clinical management of rape is really providing very immediate highest quality possible services to rape survivors is and remains largely the essential to the program but we try to go beyond that as well.

The trauma of rape is something that we've really try to address through working with a whole lot of -- a whole series of women community-based groups. And I think both Susan and George have the opportunity of visiting some of these groups and seeing how they -- some of them many strategies were used to help bring women back -- women who had been raped back into the community. And make them part of that community again whether that is through helping them generate an income and engage in commercial activities, whether it is about helping them with counseling, and helping them to interact with their fellow community members, or whether that is done through conversation, through activities of one towards another.

There's a whole range of support that is provided and developed with these local groups in a way that tries to be as appropriate to their cultural context as possible. But also other aspects those that -- of the response and IRC has partnered for a number of years with local Congolese NGOs engaged in supporting women who wants to pursue legal law, other forms of justice ((inaudible)) or the formal legal system or through more traditional forms of justice.

And so what we saw or what we have seen in Bukavu is that we helped to bring the first successful cases to court -- both in the military court and civil court and to bring perpetrators to justice. And I think that's a very, very important factor and can't be emphasized too much. They watched for a very long time and there remains still a culture of impunity and we have to break that down.

They have to be, you know, they have to be legal redress where the -- where the survivor wants it and where it is appropriate. So that' also another really important concept of what we've done in this program. And beyond that, and there's a whole lot of sense of causation activities, you know,

working with the communities, working with the men in communities to look at why this is happening and what can be done to stop it and what can be done to change people attitudes.

And again, this remain a very, very important and probably a much longer term part of the response to this horrific levels of rape that we have seen and continued to see in the Congo, in particular in Eastern Congo.

So I mean, yes, it's a very, very multifaceted approach and I think, you know, one of the -- one the cutting edges of our programs here in the -- here in the Congo is something we very much want to and need to continue and remains a challenge for us. Sometimes to much ((inaudible)) resources around this particular issue and notes with ((inaudible)) because it has so many aspects to it and there are, you know, there are so many challenges albeit something we're very, very eager to respond and to keep responding to.

One other little point I would just like to mention again coming back to what I've said earlier about making sure that we're going to just do what we think is right, by researching into it and making sure that we learn as we go and improve what we do as we go. We partnered with another academic institution, with another academic colleague. He has done some very interesting work on the ability of survivors to function again within their society.

And so we have been working to design, research around that and to -basically operational research and we are learning as we go and improving the services we deliver as we go. So, you know, a lot of very interesting work happening in this field.

Susan Dentzer: And I think both you and George have just beautifully encapsulated the symmetry of our problems in Congo as is the case with our programs throughout much of the world. And that, on the one hand, we are working in the short-term to deal actively with people who have been

displaced or otherwise affected by conflict including the rape survivors you've mentioned, helping them on many levels, so legal, clinical et cetera.

And at the same time working for this longer term durable solutions through community-driven reconstruction, empowering more women in local government as a -- as a perfect example, and learning as we go, studying all of these and making sure that we have the data to support our efforts, tell our donors that we really do think we have what works and put it to excellent use.

So we that let me turn this over to Janet Harris. We're at the end of our time for calls. So Janet, take it away please.

Janet Harris: Thank you, Susan. I actually think we have a number of callers in the queue here and, operator, if we have a couple more minutes maybe we can take one or two more quick questions from our callers.

Operator: OK. We'll take our next question with Valerie Bemo with Bill & Melinda Gates Foundation. Please go ahead.

Valerie Bemo: And thank you. My question is about the -- thank you and hello to everybody. I would like to ask about the mortality survey. In 2004, the mortality survey showed a excess mortality. After that, there has been a lot of donors' reaction and a lot of fund gone to Congo, but we still have the bad news that there's not ((inaudible)) a huge improvement. What do you think should be done to improve the situation apart from of the security issue? Or what effort more on how the people will react after this is -- you are not scared about the donor fatigue in Congo? Thank you.

Susan Dentzer: Alyoscia, do you want to take that?

Alyoscia D'Onofrio: Absolutely. Yes. I think there are -- there are few elements here. As described, there was an upsurge of interest and support in the health sector in the Congo after the last mortality survey. Many of the -- many of the programs that have started to come on stream were I mean really just beginning to come on stream now.

So I think it was a bit early to pick up any impact from those programs during this current latest survey. But I think Valerie, you are right to highlight the risk that people may turn their back on the Congo and this is a constant struggle that one faces with what is essentially one of the world's longest running and largely forgotten and hidden conflicts and humanitarian crises. And we will do everything we can to keep bringing this to the attention of the world whether it's through briefings like this or whether it's through work in the media or (renewal) with governments or with people interest in the Congo around the world. There is -- there are a lot of stories to tell about the Congo and a lot of very, very important stories and we will continue to tell them.

Susan Dentzer: Janet, do we have more callers?

Janet Harris: I think if we take one more quick call and I'm just warning our callers, we have a limit on Alyoscia's time because the long distance call from Congo may fall off the line, so if we can take one more quick question here.

Operator: Sure. We'll take our next question with Maggie Fleming with Senator Brownback's office.
Please go ahead.

Maggie Fleming: Yes. I realized that this is not a responsibility of the IRC but there has been some talk of illegal exports of minerals in Eastern Congo and how that is funding the war there? I was just curious as to whether or not you guys have any knowledge of this or see it at the ground level and what your take on at this?

Susan Dentzer: Alyoscia, why don't you comment on that?

Alyoscia D'Onofrio: The fact that I may get cut off during my response is not me trying to dock the question. There is the one-hour cut off point on international calls out of the Congo. So I'll just get that out though in case I disappear.

Listen, yes, we don't have any specific information that isn't available in the public domain. It's not that we are specifically working on issues around mineral resource extraction, legal or illegal or otherwise. What I would say is that it is clear that this conflict has been about the control of resources from the very beginning. And it would seem logical that the continued conflict is linked to continued struggles over the control of those resources.

Above and beyond that, you know, we don't really have any privileged information that we can bring to the table. There are others who worked on this as a part of their -- call mandate. For us, the issue is much more about responding to the needs of those impacted by the conflict from trying to lay the basis within the communities that we serve for futures, free of conflict and being recognized.

But the solution to conflict requires many, many more efforts by many, many more people and, you know, again not to throw the question back but certainly, you know, we look to the continued engagement and support by your office and by the offices of other politicians entrusted in the Congo to make sure that illegal resource extraction (comes down on). And, you know, this important driver of the conflict is removed. But that requires much bigger action by much bigger players than me and my team here on the ground.

Susan Dentzer: Thank you very much, Alyoscia. George, I don't know if you wanted to add anything to that.

George Rupp: I'll just add a sentence. I think Congo wonderfully illustrates the way in which great mineral wealth can be both an asset and a liability. Clearly, for the long-term strength of Congo it's potentially a great asset. But in the short-term, as Alyoscia said, access to those -- to that wealth particularly mineral wealth has fueled much of the conflict and that will require a geopolitical solution that's beyond the kind of humanitarian assistance and advocacy that the IRC does.

Susan Dentzer: And with that since we're probably about to lose Alyoscia, let me thank both George and Alyoscia for that and turn it back over to you, Janet Harris.

Janet Harris: OK. Thank you. Well, I'll add my note of thanks to you, Susan as well for sharing all of your expertise and your knowledge on one of our more -- most complex and challenging programs in all of IRC's portfolio.

And thank you all. We have dozens of people on the line today and we appreciate your thoughtful questions on the subject of the Democratic Republic of Congo. Now I want to suggest to you some ways that you can help us. As you have done so generously in the past, we appreciate and hope that you'll continue to support the IRC both for our programs in the Congo and in the 25 countries around the world where we work. You've just heard one example of some of the variety of programs that we carry out in the Congo.

And we're also working not only to provide immediate release to some of the emergency situations you've heard about today, but also combating more deeply (grained) problems, violence against women, the rebuilding up health structures et cetera. So thank you again for the support that you've given us especially your unrestricted support because it allows us to be flexible and responsive wherever our work is needed. And I know that my colleagues, Susan Dentzer, George Rupp and Alyoscia D'Onofrio join me in thanking you.

We also invite you to visit our website www.theirc.org and click on the take action section. There, you'll find a link that will join you to the Congo global action and this is an alliance of humanitarian, human rights, environmental and faith-based organizations who come together to advocate with one voice to urge increased local and international response for the people in the Congo.

So we hope you'll do both things -- support us financially and support us with your active voice. Thanks to all of you for participating in our conference call today. And we look forward to seeing you and hearing you online at our Seventh Briefing from the Field which will be in the New Year. Thank you so much.

Operator: And again, thank you for participating in our Briefing from the Field. Please enjoy the rest of your day. You may now disconnect.

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