

# Women left for dead—and the man who's saving them

By Eve Ensler



I have just returned from hell. I am trying for the life of me to figure out how to communicate what I have seen and heard in the Democratic Republic of the Congo. How do I convey these stories of atrocities without your shutting down, quickly turning the page or feeling too disturbed?

How do I tell you of girls as young as nine raped by gangs of soldiers, of women whose insides were blown apart by rifle blasts and whose bodies now leak uncontrollable streams of urine and feces?

## How you can help

The women of Eastern Congo, V-Day and UNICEF—the latter acting on behalf of United Nations Action Against Sexual Violence in Conflict—are launching a new campaign to urge an end to the femicide and raise money for women's groups in the Congo. You can...

- Write a letter addressed to His Excellency, the President of the Democratic Republic of the Congo, Joseph Kabila Kabange; demand that he take action to stop the attacks on women. Send it to U.N. Action Against Sexual Violence in Conflict, P.O. Box 3862, New York, NY 10163, and it will be delivered to Kabila.
- Donate directly to Panzi Hospital through [vday.org](http://vday.org).

Money donated to Panzi also goes to establish a City of Joy, a safe haven for the healed women, where they'll learn to become political leaders.

This journey was a departure for me. It began with a man, Dr. Denis Mukwege, and a conversation we had in New York City in December 2006, when he came to speak about his work helping women at Panzi Hospital in Bukavu. It began with my rusty French and his limited English. It began with the quiet anguish in his bloodshot eyes, eyes that seemed to me to be bleeding from the horrors he'd witnessed.

Something happened in this conversation that compelled me to go halfway around the world to visit the doctor, this holy man who was sewing up women as fast as the mad militiamen could rip them apart.

I am going to tell the stories of the patients he saves so that the faceless, generic, raped women of war become Alfonsine and Nadine—women with names and memories and dreams. I am going to ask you to stay with me, to open your hearts, to be as outraged and nauseated as I felt sitting in Panzi Hospital in faraway Bukavu.

Before I went to the Congo, I'd spent the past 10 years working on V-Day, the global movement to end violence against women and girls. I'd traveled to the rape mines of the world, places like Bosnia, Afghanistan and Haiti, where rape has been used as a tool of war. But nothing I ever experienced felt as ghastly, terrifying and complete as the sexual torture and attempted destruction of the female species here. It is not too strong to call this a femicide, to say that the future of the Congo's women is in serious jeopardy.

I learned from my trip that there are men who take their sorrow and helplessness and destroy women's bodies—and there are others with the same feelings who devote their lives to healing and serving. I do not know all the reasons men end up in one or the other of these groups, but I do know that one good man can create many more. One good man can inspire other men to ache for women, to fight for them and protect them. One good man can win the trust of a community of raped women—and in doing so, keep their faith in humanity alive.

Dr. Mukwege picks me up at 6:30 A.M. It is a lush, clean morning. Eastern Congo, where Panzi Hospital is located, is wildly fertile. You can almost hear the vegetation growing. There are banana trees and cartoon-colored birds. And there is Lake Kivu, a vast body of water that contains enough methane to power a good portion of the sub-Saharan—yet the city of Bukavu on its banks has only sporadic electricity. This is a theme in the Congo. There are more natural resources than almost anywhere else on the planet, yet 80 percent of the people make less than a dollar a day. More rain falls than one can imagine, but for millions, clean drinking water is scarce. The earth is gorgeously abundant, and yet almost one third of the population is starving.

As we drive along the semblance of road, the doctor tells me how different things were when he was a child. "In the sixties 50,000 people lived here in Bukavu. It was a relaxed place. There were rich people who had speedy boats in the lakes. There were gorillas in the mountains." Now there are at least a million displaced Congolese, many of whom arrive in the city daily, fleeing the numerous armed groups that have ravaged the countryside since fighting erupted in 1996. What started as a civil war to overthrow

dictator Mobutu Sese Seko soon became “Africa’s first world war,” as observers have called it, with soldiers from neighboring countries joining in the mayhem. The troops have various agendas: Many are fighting for control of the region’s extraordinary mineral wealth. Others are out to grab whatever they can get.

But you have to go back further than 1996 to understand what is going on in the Congo today. This country has been tortured for more than 120 years, beginning with King Leopold II of Belgium, who “acquired” the Congo and, between 1885 and 1908, exterminated an estimated 10 million people, about half the population. The violent consequences of genocide and colonialism have had a profound impact on the psyche of the Congolese. Despite a 2003 peace agreement and recent elections, armed groups continue to terrorize the eastern half of the country. Overall the war has left nearly 4 million people dead—more than in any other conflict since World War II—and resulted in the rape of hundreds of thousands of women and girls.

In Bukavu, the people escaping the fighting walk from early morning to late at night. They walk and walk, searching for a way to buy or sell a tomato, or for a banana for their baby. It is a relentless river of humans, anxious and hungry. “People used to eat three meals a day,” says Dr. Mukwege. “Now they are lucky to eat one.”

Everyone knows the doctor, an ob-gyn. He waves and stops to inquire about this person’s health, that person’s mother. Most doctors, teachers and lawyers fled the Congo after the wars started. It never occurred to Dr. Mukwege to leave his people at their most desperate hour.

He first became aware of the epidemic of rape in 1996. “I saw women who had been raped in an extremely barbaric way,” he recalls. “First, the women were raped in front of their children, their husbands and neighbors. Second, the rapes were done by many men at the same time. Third, not only were the women raped, but their vaginas were mutilated with guns and sticks. These situations show that sex was being used as a weapon that is cheap.

“When rape is done in front of your family,” he continues, “it destroys everyone. I have seen men suffer who watched their wives raped; they are not mentally stable anymore. The children are in even worse condition. Most of the time, when a woman suffers this much violence, she is not able to bear children afterward. Clearly these rapes are not done to satisfy any sexual desire but to destroy the soul. The whole family and community are broken.”

We arrive at Panzi Hospital, a spread-out complex of about a dozen buildings. Eight years ago Dr. Mukwege created a special maternity ward here with an operating room. Panzi as a whole has 334 beds, 250 of which now hold female victims of sexual violence. The hospital and its surrounding property have become, essentially, a village of raped women. The grounds are overwhelmed with children and hunger and need. Every day at least two children here die from malnutrition. Then there are the many problems that result from severe trauma: women with nightmares and insomnia, women rejected by

their husbands, women who have no interest in nurturing the babies of their rapists, women and children with nowhere to go.

It is early morning, and the hospital courtyard has been transformed into a temporary church. Women dressed in their most colorful, or perhaps only, *pagne* (a six-yard piece of brightly patterned cloth that can be wrapped into a dress or skirt) sit waiting for the doctor to arrive and lead the prayer service that begins each day. A dedicated staff of female nurses and social workers are there as well, dressed in their starched white jackets. There is singing, a combination of Pentecostal calls and Swahili rhythms, Sunday-morning voices calling up Jesus.

This morning service is a kind of daily gathering of strength and unity. When the women sing, everything else seems to disappear. They are with the sun, the sky, the drums, each other. They are alive in their bodies, momentarily safe and free.

As they sing, Dr. Mukwege tells me stories about the women in the chorus. Many were naked when they arrived, or starving. Many were so badly damaged he is amazed they are singing at all. He takes enormous pride in their recovery. “I will never be ashamed,” the women sing. “God gave me a new heart that I can be very strong.”

“At the beginning I used to hear patients’ stories,” Dr. Mukwege tells me. “Now I abstain.” I soon understand why. I meet Nadine (like others in this story, she agreed to be photographed, but asked that her name be changed, as she could be subject to reprisals for speaking out), who tells me a tale so horrendous it will haunt me for years to come.

When we begin talking, Nadine seems utterly disassociated from her surroundings—far away. “I’m 29,” she begins. “I am from the village of Nindja. Normally there was insecurity in our area. We would hide many nights in the bush. The soldiers found us there. They killed our village chief and his children. We were 50 women. I was with my three children and my older brother; they told him to have sex with me. He refused, so they cut his head and he died.”

Nadine’s body is trembling. It is hard to believe these words are coming out of a woman who is still alive and breathing. She tells me how one of the soldiers forced her to drink his urine and eat his feces, how the soldiers killed 10 of her friends and then murdered her children: her four-year-old and two-year-old boys and her one-year-old girl. “They flung my baby’s body on the ground like she was garbage,” Nadine says. “One after another they raped me. From that my vagina and anus were ripped apart.”

Nadine holds onto my hand as if she were drowning in a tsunami of memory. As devastated as she is, it is clear that she needs to be telling this story, needs me to listen to what she is saying. She closes her eyes and says something I cannot believe I’m hearing. “One of the soldiers cut open a pregnant woman,” she says. “It was a mature baby and they killed it. They cooked it and forced us to eat it.”

Incredibly, Nadine was the only one of the 50 women to escape. “When I got away from the soldiers, there was a man passing. He said, ‘What is that bad smell?’ It was me; because of my wounds, I couldn’t control my urine or feces. I explained what had happened. The man wept right there. He and some others brought me to the Panzi Hospital.”

She stops. Neither of us has breathed. Nadine looks at me, longing for me to make sense of what she’s related. She says, “When I got here I had no hope. But this hospital helped me so much. Whenever I thought about what happened, I became mad. I believed I would lose my mind. I asked God to kill me. Dr. Mukwege told me: Maybe God didn’t want me to lose my life.”

Nadine later tells me that the doctor was right. As she fled the slaughter, she says, she saw an infant lying on the ground next to her slain parents. Nadine rescued the girl; now having a child to care for gives her reason to keep going. “I can’t go back to my village. It’s too dangerous. But if I had a place to live I could go to school. I lost my children but I’m raising this child as my own. This girl is my future.”

I stay for a week at Panzi. Women line up to tell me their stories. They come into the interview numb, distant, glazed over, dead. They leave alive, grateful, empowered. I begin to understand that the deepest wound for them is the sense that they have been forgotten, that they are invisible and that their suffering has no meaning. The simple act of listening to them has enormous impact. The slightest touch or kindness restores their faith and energy. The strength of these women is remarkable, as is their unparalleled resiliency. Dr. Mukwege tells me I need to meet Alfonsine (her name also has been changed). “Her story really touched me,” he says. “Her body, her case is the worst I have ever seen, but she has given us all courage.”

Alfonsine is thin and poised, profoundly calm. She tells me she was walking through the forest when she encountered a lone soldier. “He followed me and then forced me to lie down. He said he would kill me. I struggled with him hard; it went on for a long time. Then he went for his rifle, pressed it on the outside of my vagina and shot his entire cartridge into me. I just heard the voice of bullets. My clothes were glued to me with blood. I passed out.”

Dr. Mukwege tells me, “I never saw such destruction. Her colon, bladder, vagina and rectum were basically gone. She had lost her mind. I was sure she wouldn’t make it. I rebuilt her bladder. Sometimes you don’t even know where you are going. There’s no map. I operated on her six times, and then I sent her to Ethiopia so they could heal the incontinence problem, and they did.”

“I was in bed when I first met Dr. Mukwege,” Alfonsine says. “He caressed my face. I lived at Panzi for six months. He helped me spiritually. He showed me how many times God makes miracles. He built me up morally.”

I look at Alfonsine's petite body and imagine the scars beneath her humble white clothes. I imagine the reconstructed flesh, the agony she experienced after being shot. I listen carefully. I cannot detect a drop of bitterness or any desire for revenge. Instead, her attention is fixed on transforming the future. She tells me with great pride, "I am now studying to be a nurse. My first choice is to work at Panzi. It was the nurses who nurtured me day after day, who loved me back into living."

Alfonsine has ambitions that go beyond Panzi: "I feel like a big person in my community; I can do something for my people. Women must lead our country. They know the way."

Every day about a dozen new women arrive at Panzi Hospital. Most come for surgery to repair a fistula, a rip in their internal tissue. There are two types of fistulas seen here: One is the aftermath of brutal rape, the other the result of birth complications, something that could be prevented if there were adequate maternity health care. These obstetric fistulas are the result of abnormal tearing during the birth process. Many occur when women flee the militias while they are in labor; there is no time to give birth, and the baby dies inside. The women who make it here are the lucky ones. They limp on homemade canes made from tree branches; they trudge slowly in deep pain. Some have walked 40 miles. Because it takes so long to get to the hospital, women have no chance to receive the anti-HIV medications that must be taken within 48 hours after rape. Health experts fear that in a few years, there will be an explosion of AIDS in the Congo.

Dr. Mukwege was once the only doctor at Panzi Hospital able to perform fistula surgery; now he has trained four others. The hospital does 1,000 such operations a year.

I sit in on a typical operation in a clean, safe, but seriously underequipped operating room (nurses use torn pieces of a green dressing gown to tie the woman's ankles to the stirrups). I am able to see the fistula—a hole in the tissue between the woman's vaginal wall and bladder. A hole in her body. A hole in her soul. A hole where her confidence, her esteem, her spirit, her light, her urine leak out.

Because of the prevalence of fistulas, the Panzi complex is soaked in urine. The smell pervades everything. Pee spills out of women in a huge, dirt-floored hangarlike space where hundreds sit all day. Pee spills out in classrooms, leaving puddles on the floor. The women are always wet. Their legs chafe and their skin burns. There are many little girls in pee-stained dresses roaming around Panzi; shy and ashamed, they, too, are victims of rape. The week of my visit, a state agency had turned off the water for the hospital after billing Panzi \$70,000 (an insane amount by Congolese standards) because it heard that the hospital, which is private, was receiving money from the West. Staff had to bring in buckets of water from the surrounding neighborhood. To have hundreds of women with fistula-caused incontinence and no water seemed like a crime upon a crime.

I can't help wondering what happened in Dr. Mukwege's life that compelled him to work here, sometimes 14 hours a day. "I was born in Bukavu on March 1, 1955," he tells me. "During my young age my mother was suffering with asthma. In the night when she became ill, I was the one who would go and look for a nurse or bring her medication. We

all thought she would die. Even now, each birthday she celebrates, I am so happy to see her alive.

“My father was a pastor. He was very gentle, very human. From him I got the caring to treat patients. When we would go and visit sick people together, he would pray. I would ask, ‘Why can’t you give them tablets or prescriptions?’ He said, ‘I am not a doctor.’ I decided then that prayer is not enough. People must take things into their own hands. Asking God does not change anything. He gives us the ability to say yes or no. You must use your hands, your mind. When I receive women here who are hungry, I can’t say, ‘God bless you.’ I have to give them something to eat. When someone is suffering, I can’t tell her about God, I have to treat her pain. You can’t hide yourself in religion. Not a solution.”

Dr. Mukwege began as a general practitioner, focusing on pediatrics. When he worked in a clinic in Lemera, a village south of Bukavu, he saw dreadful things happening in maternity. “Women were coming in bleeding day after day, many with severe infections. A woman had a baby and carried it dead in her vagina for a week. It was terrible. This helped me make a total engagement in a new career.”

He went back to school to study gynecology in Angers, France, and then returned to Lemera to train the staff in obstetrics and gynecology. After he moved to Bukavu he created a special maternity ward at Panzi. Women who were victims of extreme sexual violence began to arrive. The number grew every day.

Who was—and is—raping the women? The better question might be, who isn’t?

The perpetrators include the Interahamwe, the Hutu fighters who fled neighboring Rwanda in 1994 after committing genocide there; the Congolese army; a loose assortment of armed civilians; even U.N. peacekeepers. Christine Schuler Deschryver, who works for a German aid organization and is a fierce advocate for Panzi Hospital and Congolese women, says, “All of them are raping women. It is a country sport. Any person in uniform is an enemy to women.”

Many women do not even report the violations, because they are afraid of rejection by their husbands and families. Although there are laws against rape in the Congo, if a woman reports her rape and her rapist is arrested, he can pay his way out and come back and rape her again. Or murder her.

Dr. Mukwege, in contrast, is motivating a different kind of healing army. I speak with a hospital employee named Bonane. “I was in Uganda,” he says. “I saw the doctor on TV. He was explaining the atrocities. I realized these are my mothers and sisters. I was so inspired, I came here to work with him.”

Dr. Mukwege is married with five children, but his brother, Herman, tells me his family doesn’t see him much because his devotion to the women has consumed his life. Although the doctor’s energy never flags, I notice an underlying exhaustion in his face

and his being, a sleepless despair that comes from dwelling constantly amid violence and cruelty. He says to me, “When you rape a woman, you destroy life and you destroy your own life. Animals don’t do this. When a pigeon has sex with another pigeon, it is kind. I am wondering how man has the power of such destruction.”

And yet, the status of women in the Congo was dismal long before the wars started. The women work all day in the field and market, carrying the Congo on their backs (sometimes up to 200 pounds in bags strapped to their foreheads). They prepare the dinner, wash the clothes, clean the house, take care of the children, have mandatory sex with their husbands. They have no power, no rights and no value. Many women I talk to ask why I am “wasting my time” with them.

I interview a man who is the keeper of a gorilla preserve. He tells me that when dangerous militias began staking out territory in the park, he went to their commanders and asked if their soldiers would work with him to protect the gorillas. In the end they all agreed. I ask him why he didn’t feel compelled to do the same for the women. The question surprised him. He had no answer.

I ask the doctor about the Congo’s leader, Joseph Kabila, who in November 2006 became the country’s first democratically elected president in 46 years and promised to be the “craftsman of peace.” Are things getting better?

Dr. Mukwege sighs. “Kabila,” he says, “has done nothing. The fighting here in the east has not stopped. During 2004 my life was threatened; I got phone calls warning me to stop my work or die. The calls have ceased, but it is still very dangerous.

“Visitors come from the international community,” he continues. “They eat sandwiches and cry, but they do not come back with help. Even President Kabila has never put his foot here. His wife was here. She wept, but she has done nothing.”

UNICEF, ECHO (the humanitarian aid office of the European Commission) and PMU (a Swedish humanitarian organization) are the major supporters of Panzi. Although the hospital can always use more money, the real need is for a political response to the violence. Barring that, Dr. Mukwege would at least like to get real protection for the women once they leave the hospital. “I patch them up and send them back home,” he says, “but there is no guarantee they will not be raped again. There have been several cases where women have come back a second time, more destroyed than the first.”

On my last day, the doctor asks me if I will lead some exercises for the women that will help alleviate their trauma. We go to the hangarlike building where 250 depressed and sick women are waiting. We begin with breathing. Inhale, exhale. Inhale, exhale. Then we attach a noise to the breath. Other noises follow. One after another, noise after noise. Then we attach a movement. There is stomping. There is punching. There is mad waving of arms. The women are up on their feet, screaming, releasing guttural sounds of sorrow, rage, terror. In a matter of minutes, I watch them go from broken, mute women to wild, laughing, ferocious beings.

In the midst of this energy, Dr. Mukwege challenges the women to a dance contest. Celebration and power explode from their bodies. A part of each woman is fierce, unbreakable. No one has killed their spirits. The doctor whispers to me, “When I see this joy, this life in the women, I know why I must come back here every day.”

The women’s frenzy builds and builds. They dance in the hot African sun. They dance in the open road. They literally dance us up a steep hill, hundreds of women and children moving in a single, radiant feminine mass.

If 250 women who have been raped, torn, starved and tortured can find the strength to dance us up a mountain, surely the rest of us can find the resources and will to guarantee their future.

Eve Ensler is a playwright, an activist and the founder of V-Day. Her latest book is *Insecure at Last*.