

# DON'T LOOK AWAY!

Snapshots of Congo and the Pygmies of Mubambiro

BARBARA ROSE FERGUSON





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In memory of the people of the forest on Mount Shove,  
Democratic Republic of the Congo



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I could never have had these experiences to record without the team of people in Congo who have guarded and guided me through the past ten years – especially Virginie, Samuel, Fabien, Thomson and Martin – and of course Dr Jo Lusi at HEAL Africa Hospital, without whose support I would never have got into the country.

I don't pretend to be an expert on Pygmies or on the Democratic Republic of the Congo. What I've said in this book is based on what I've seen and heard in the course of my work. Inevitably, sometimes I will have misunderstood or misinterpreted. I take full responsibility for all errors and apologise sincerely if I have offended anyone in any way.

Most of all I acknowledge the people of the forest, displaced from Mount Shove and still struggling to survive in a hostile environment. They are all precious to me and I thank them for letting me into their lives, forgiving me my mistakes and trusting me to have their best interests at heart.

## Abbreviations

ADRA	Seventh Day Adventist Rural Development Agency
AIDS	Acquired Immune Deficiency Syndrome
BITS	Brief Intervention for Trauma Survivors
CNDP	National Congress for the Defence of the People
FDLR	Democratic Forces for the Liberation of Rwanda
GDG	Global Development Group
HAH	HEAL Africa Hospital
HIV	Human Immunodeficiency Virus
MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
NGO	Non-governmental organisation
PCC	Pygmy Child Care
UN	United Nations

## Swahili words

Amani	peace
Asante	thanks
Barabara	highway
Bambutu	Pygmies (pl.)
Bantu	People (pl.)
Chukudus	unique-to-Congo wheelbarrow/scooters
Fufu	staple food made with cassava flour
Hapana	no
Kanga	piece of material for a wrap-around skirt
Mai Mai	illegal local civilian defence force
Mali	bride price
Mbuti	Pygmy (sing.)
Mubarikiwe	be blessed (pl.)
Mzungu	foreigner
Mzee	old
Ndiyo	yes
Ntu	person
Ubarikiwe	be blessed (sing.)







## Prologue

'You must read this!' my friend Lesley said as she thrust the weekend edition of the *Sydney Morning Herald* in front of me. 'The world continues to look away. Don't!' ran the big, bold headline above a half-page photo of an African woman trying to conceal her face with a ragged cloth. As I read the text below the photograph I was aghast at the stories of unimaginable brutality being inflicted on tens of thousands of Congolese women. It was 27 November 2007, and in the first six months of the year, four thousand five hundred women had reported violent rape every month – women caught up in a war I'd never heard about. I would soon learn that the war in the Democratic Republic of the Congo (DRC) had in ten years claimed more lives than had been lost in any other country or conflict since the Second World War. The suffering of the women – of all the people caught up in this war – hit me like a body blow. I knew at once that I had to get involved.

I was sixty-seven years old when I read about the plight of the Congolese. My beloved mother, who had been my priority for the past five years, had just died at the age of 101 and I was looking for a new preoccupation to give meaning to my days. Here it was. And the article reminded me of a vow I'd made as an eight-year-old to dedicate my life to alleviating poverty and suffering in Africa. But I'd forgotten about Africa when I was an adult, instead spending eight years as an aid-worker in war-torn South Vietnam, an experience I documented in my first book, *Rain in my Heart*.

Throughout 2008, I met Congolese refugees and other Australians already involved in Congo. I was amazed that although United Nations reports found that Congo's people were enduring the worst humanitarian crisis in the world, this was largely ignored by the international media. I read whatever I could find on Congo's turbulent history and the current tragedy there, and began to understand the many intractable forces maintaining the violence. Then I heard an interview on ABC radio with Lyn Lusi, a woman visiting Australia from North Kivu province in Eastern Congo. Lyn and her husband Jo, an orthopaedic surgeon, had set up the indigenous acute-care HEAL Africa Hospital (HAH) in a city called Goma. Lyn spoke about their efforts to bring physical, spiritual and emotional healing to the thousands of women who came to the hospital with horrendous wounds

following rape. Many of these women were infected with HIV, and many were pregnant.

I sent Lyn an email detailing my practical experience with women and children during the war in South Vietnam and the seventeen years I'd spent teaching social work and social development at the University of New South Wales. I asked if I could be of any help in the hospital as a volunteer – perhaps to train staff in strategies to deal with survivors of war and rape trauma. She replied simply, 'Come.'

I've since made eleven trips to Congo, the last in April 2019. Over this time I've continued my association with HAH, which has expanded and developed into a major regional teaching hospital since my first visits. However, on my second visit in 2010 I met a group of Pygmies displaced from their traditional forest homes and living as nomads and beggars in abysmal poverty near the village of Mubambiro, and since then most of my work in both Congo and Australia has revolved around them.

As I write in 2019, the people I know and have come to love in Congo continue to live in ever-present danger of war and disease. The violence goes on, apparently of little interest to the rest of the world. And now, in addition to endemic diseases like typhoid, cholera, measles and malaria, ebola has reached Goma. Ebola is a viral haemorrhagic fever that causes internal bleeding, is highly contagious and was usually fatal until the recent limited availability of a vaccine. I open the inbox on my laptop early every morning and hope that the power and communications systems in Goma will be working so I can receive the latest news from my friends. Their lives are so different from mine, and so difficult. I'm frustrated by the web of complex factors that keep them in miserable circumstances, but thankful that in some cases I've been able to help them or at least offer some comfort and hope.

Last year I came upon that 2007 newspaper report on the suffering in Congo which had so moved me and changed my life. At first I despaired when I realised that many people in that country continue to endure a level of deprivation my fellow Australians can hardly imagine. Subsequently, I went back through the reports I'd written of my work after every visit to Congo and decided that the situation was not as bleak as I'd thought. In each chapter of this book I've used these reports to describe the successes as well as the failures, the highs as well as the lows, of one visit. It is clear

that despite the challenges, it has been possible to alleviate the suffering of a small group of this world's most disadvantaged people. While almost certainly the people of the forest can never return from exile to their forest sanctuary on Mount Shove, their children are being given the chance to survive and even thrive in the wider society. I trust that you will not just read about the Pygmies of Mubambiro and forget them. Please – don't look away!



## Chapter 1

### Do not travel – August 2009

I'm jetlagged, probably dehydrated, both excited and scared. The Australian Government travel advisory website has a clear directive for this region: 'Do not travel.' But here I am in a hired car with a Rwandan driver, approaching the border between the East African nations of Rwanda and Congo. Since flying out of Australia three days ago, I've had three flights with three different airlines and spent four hours on a road still under construction through Rwanda. Now I'm about to enter my final destination: the Congolese frontier city of Goma. For the next month I will work here as a volunteer with staff and rape survivors in the indigenous HEAL Africa Hospital (HAH).

On my way to Nairobi, I had several unsettling misadventures. Somewhere between Sydney and Johannesburg my luggage was broken into and my camera stolen. At Nairobi airport, my pre-paid hotel transport didn't show up, leaving me abandoned after dark at the deserted airport entrance with no taxis in sight. At first I ignored the man loitering at the roadside who kept offering to take me to a hotel. But then I discovered that my mobile phone was locked. Desperately tired, I threw caution to the winds and made a deal with the man to take me to the Serena Hotel. I feared he might take me to a slum, dump me and make off with my bags, but to my relief he drew up at the entrance of a brightly lit compound with lush gardens. We waited at the gates while armed guards ensured there were no bombs under the vehicle – Kenyans are no strangers to terrorist attacks. This man even came into the hotel to support my claim that I'd been stranded at the airport. I was reminded of the random angels who'd come to my rescue when I was an aid-worker in South Vietnam during the war there.

This morning my arrival at Kigali airport in Rwanda was relatively free of drama. I'm now travelling in a vehicle with Deo, the driver used by most volunteers going to the hospital. The road through Rwanda on this last leg of the journey snaked ever higher through the hills, where the soil of the steep slopes on either side of our vehicle was held by thriving Australian eucalyptus trees. Stands of banana trees, corn and cassava fields flashed

by. Roadside markets sold live hens and ducks, baskets of eggs, stacks of cabbages, and artfully constructed columns of bright orange carrots. Hollow logs that held beehives for commercial harvesting of honey perched on the upper branches of trees. Ominously, Deo pointed out the ruins of huts that had once housed large families, all now dead, bearing silent witness to the violence of the 1994 genocide. But everywhere at the side of the road, tall, stick-thin people were on the move, on foot or pushing impossibly laden bikes and drays full of produce. The people of Rwanda convey a sense of purpose, and a determination to work their way out of the chaos and poverty of previous years.

Deo slows down and we come to a stop. On our left, between white stucco buildings festooned with red and purple bougainvillea, I glimpse the shining waters of Lake Kivu. I'm feeling increasingly anxious. Although it hasn't been difficult to get visas at the point of arrival in the countries so far, I've been warned it will be different trying to enter Congo. We have no diplomatic missions in Congo and they have none in Australia. I do have a letter of invitation from Dr Jo Lusi, the Director of HAH. Without this, the Rwandan officials could refuse to let me pass into Congo.

It's time to get out of the car, but first I fish out my passport and this precious letter. Deo waves me towards a little one-storey building where people are milling around with documents in hand. I stumble across the rough ground, and yes, I've come to the right window. The official notes the letter and stamps the exit visa in my passport. I follow the other travellers past a sentry box where my documents are checked again, then trundle my luggage behind me across no-man's-land, through boom gates and into Congo.

Instantly I sense a subtle difference about everything here. The sharp rocks underfoot are shiny black lava; the little immigration and customs building is shabby and people make no attempt to form a queue. It's survival of the fittest. People are jostling to get a foothold on the steps in front of the barred window behind which I can see sullen-faced officials. My head thumps – a situation not helped by the press of sweaty bodies and babble of voices in languages I can't understand. A young woman swathed in layers of jewel-coloured cloth tries to push in front of me. Exasperated, I resist. She totters on the narrow step and I'm mortified when I see that, as well as being loaded down with bags of milk and produce she's brought in from Rwanda, she has a small baby secured to her back in a layer of bright cloth.

Incredibly, ‘Barbara’, I hear my name. Who in this remote place in the heart of Africa knows me? At once I’m embraced by a tiny plump woman with a huge welcoming smile. It’s Mama Virginie, public relations officer for HAH with whom I’ve been corresponding via email for the many months it’s taken me to make it to this point. Even with her steering me to the right windows, it seems like ages just to get this simple visa stamp in my passport and pay the close to \$500 for a month’s stay. Far too much, but I’m not arguing.

At last we’re through the formalities, into an HAH vehicle and on our way to Maji Matulivu (Still Waters), the lakeside home of HAH founders Lyn and Jo Lusi, where I’ll be staying. In my luggage are all the materials I’ve prepared for three weeks of training hospital psychosocial counselling staff who work with survivors of rape trauma. I’ve packed videos of counselling techniques I made with Congolese people in Australia playing the parts, and CDs of the music I’ll use to introduce dance therapy. There’s lavender oil for aromatherapy and the lecture notes I’ve had translated into Swahili. This is the culmination of two years of planning for my visit.

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On the first day at the hospital, I went to the morning chapel service with Samuel, the hospital chaplain assigned to be my interpreter. In Eastern Congo, French and Swahili are the official languages, and not many people speak English. There must have been over a hundred people in the chapel building. The congregation was composed of staff in white coats, and patients, some on crutches, others swathed in bandages. They punctuated the long and impassioned speeches of several leaders with devout cries of ‘Amen’ or ‘Alleluia’. I couldn’t understand a word of the speeches but the *a cappella* singing of the choir of staff and rape survivors was sublime. As we left the chapel, Samuel approached several groups of women and introduced me. I had trouble following the rapid-fire French conversations at first, but soon realised that he was at this late stage trying to recruit staff for my seminars starting the very next day. Finally, he admitted that the two, two-week-long seminars for ten to twelve counsellors that I had planned were now to be one three-week-long training session for any member of staff who turned up. As it happened, twenty-two people enrolled.

Samuel also informed me that he was too busy to be with me every day to translate, and he introduced Zico, his tribal brother, who would be glad of the fee I would pay. I was reluctant to be a burden on the hospital staff, but I thought I really needed a female interpreter. Surely having a male interpreter was entirely inappropriate to discuss the experience of rape with the women! But I was told that apart from Mama Virginie, who had no time to help me, there was no female on the hospital staff who had sufficient English to work with me. So I sat down with Zico to establish a working relationship and discovered his English wasn't too bad. I thought that before we began the workshops we could at least go through the lecture notes that I'd emailed to Samuel several months earlier. Unfortunately, Zico soon told me that the Swahili translation was of the Kenyan variety and wouldn't be clear to the participants, some of whom weren't literate anyway.

The workshops got off to a rocky start. We were at first assigned a room on the upper floor of the hospital administration building, but after the first day the water tank on the roof above burst and flooded the room. We then moved down to a ground-floor room, but a new building was being constructed right next door, and despite the stifling heat, we had to keep the windows closed all day to try to keep out the noise and dust. Challenging conditions for everyone!

The participants were nurses or counsellors who worked in the hospital's various medical departments or the community programs, and some were volunteer counsellors. Several women worked specifically with the gender violence program, others with the program for children living with HIV. One was employed as a literacy teacher for rape survivors and children living in the hospital either with their mothers or because they themselves were having multiple operations. Another participant had a cannula in her arm because twice a day she was receiving intravenous antibiotics for typhoid. I never could be sure exactly who would be present. Time and attendance were flexible, but everyone would turn up for the morning tea and lunch I provided.

When the participants arrived each morning, they scrambled to find a power-point to recharge their mobile phones for free. There are no landlines in Goma, and power, like water, is an unreliable luxury most people can't afford to have installed at home. Roadside entrepreneurs set up a generator and people line up and pay to recharge phones. Outside the university, students can have lecture notes copied at stands where the generator is

attached to a photocopier. Even the hospital only has one emergency backup generator during the frequent power cuts that plague this city of a million people. We had a period with power most days, and during these times I played a section of the video on basic counselling techniques for participants. In the discussions after, to my chagrin, it became clear that my volunteer actors in Sydney had improvised as they thought fit, and none of my carefully scripted teaching points were included.

One of the most confident of the counsellors in the workshops allowed me to sit in on her initial meetings with several women so I could understand the nature of her work. We took care to ensure that my presence was as unobtrusive as possible. I could see that her patients' immediate physical needs were being efficiently addressed. But in the workshops, when I watched the role-play of counselling sessions, I could also see that those who played the part of the patients clearly demonstrated symptoms of post-traumatic stress. These exercises led to lively and revealing discussions between me and the participants. I despaired when I learned that despite the best efforts to repair the physical trauma the patients had experienced, most of them would eventually return to the situation where the attacks had occurred and were more than likely in danger of further assault. I wondered how they could possibly get up every day and go on with life with this threat hanging over them.

I felt some concern that my lectures weren't as successful as I'd hoped. More successful were the alternatives to talk therapy I introduced: aromatherapy and dance therapy. Dance therapy to the CDs I'd brought, and would leave with the staff, encouraged patients to become comfortable again with bodies that had been violated. Concentrating on the dance movements disrupts negative thoughts, and aids breathing and digestion. Aromatherapy hand-massage, a last-minute inclusion in the program, provided an opportunity for the women to accept and enjoy the touch of another person. The pain inflicted in rape torture makes all touch threatening to some women. From observing the role-play I realised that women who had bladder or bowel fistulas as a result of penetration during violent rape might be disgusted by the smell of their own bodies. Others said that women who had been raped couldn't forget the smell of the rapists. The counsellors readily agreed that the fragrant oils used in the massage might help with these issues and I managed to find enough bottles of perfumed hand lotion in the market for each participant to use with patients for as long as the supply lasted.

I didn't know if all the participants appreciated the value of these activities to the physical and emotional wellbeing of patients, but they did find them personally entertaining and relaxing. Reflecting on what I'd learnt about the lives of the staff at the hospital, I realised that given I had such a short time to work and couldn't communicate directly with the patients, helping the staff was probably the most useful contribution I could make.

In the course of my time here, these people had shared their own lives with me. None had escaped the violence. All had experienced several traumatic events – losing their homes or witnessing family members being killed or wounded. Some were themselves survivors of rape. One had lost every member of her family when the Rwandan army advanced on her village in 1996 and massacred the entire population. And yet one of their tasks was to go out to the often-insecure rural areas and bring survivors of the brutal assaults back to the hospital for treatment.



*Figure 1.1: With some of the Heal Africa Hospital staff who participated in my trauma counselling workshop*



*Figure 1.2: Staff participating in my workshops role-play counselling a rape trauma survivor*

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It's now more than three weeks since I arrived in Congo, and it's time to say goodbye to my inspiring new friends at the hospital. This morning I made the bone-jarring hour-long car trip from Maji to the centre of the city for the last time. In this final session with the staff who've come to the workshops, we've discussed the relevance of what was shared. I gave out the evaluation forms I'd prepared, and on the whole the participants' responses were courteous and complimentary. Nevertheless, I have mixed feelings about the past weeks. Nothing has turned out the way I planned.

I promise to keep in contact with everyone via emails to Zico, but life is so unpredictable in Congo that any of the people I've got to know could be dead tomorrow. I stumble over the Swahili farewell and blessing I've practised, but get applauded for the effort anyway. Now there are tearful goodbyes. The young literacy teacher, Kavira, crushes an envelope into my hand as she hugs me close. Impatient with all the emotion, Zico announces he will give me a tour of the hospital. I've already visited the transit ward

to meet the eighty rape survivors waiting for fistula repair surgery and the overcrowded intensive care ward where fourteen of them had surgery on just one day. However, I've seen nothing of the rest of the hospital so I'm pleased by the prospect of a tour. While I wait for him to say his farewells, I open the envelope from Kavira and read the short note – in English! I had no idea she knew any English. I read, 'This is to thank you for coming to Congo and for all that you gave me.' And there is a US\$5 note enclosed. I'm overwhelmed – people here often have to live on this amount for a week.

Still incredibly moved by this undeserved tribute, I follow Zico into a ward. People in this small, overcrowded room look really sick. There's no space between the dozen or so iron beds and the patients' belongings are stored beside them on the beds. I know the toilets are in a separate building some distance away and I wonder how patients manage to get there, because no staff are about and call buttons don't exist here.

A little girl, maybe eight or nine years old, sits up as we edge single-file up the aisle by her bed. Suddenly she's alert and excited, pointing at me and then at herself. I can't understand what she's saying. It could be in Swahili or one of several hundred languages spoken in this wide, geographically diverse country of many tribes. Zico is frowning at her and shaking his head. 'What is she saying?' I ask as she dives across the bed to the plastic bag containing her few possessions and pulls out some papers, waving them at me.

'She says her name is Barbara too, but it's unlikely. She is just reading your name tag. You mustn't trust these people,' Zico warns. But he takes the papers and scans them for her details. It is true, her name is Barbara. She reaches out both hands to me in a gesture I understand too well.

Zico laughs. 'She is asking you to take her home with you.'

One of the women, cradling her baby in a nearby bed, has been listening and joins in in French. 'She is an orphan. Her relatives brought her here very sick and abandoned her without leaving any contact details. So now she is better she has nowhere to go.'

'What was her illness,' I ask.

'Typhoid. This is the infectious diseases ward. We all have typhoid.'

Zico grabs my arm and hustles me out the door, ending this impromptu tour of the hospital. 'I didn't know,' he says.

I look back and through my tears see little Barbara, still sitting there, her arms outstretched towards me.





Figure 1.3: Rape trauma survivors waiting for surgery at HEAL Africa Hospital, 2009

*Don't Look Away! Snapshots of Congo and the Pygmies of Mubambiro* is the story of Australian Barbara Rose Ferguson's unique experiences in the remote and war-torn African nation, the Democratic Republic of Congo. Over a period of eight years she formed precious relationships with women who had survived unimaginable brutality and found a new passion in life in working for a band of destitute and despised Pygmies. This is an authentic, 'warts and all' account from someone who has spent a lifetime working, researching and teaching in the field of international aid on the frontline in two war-torn countries, and eight years in one of the most troubled parts of the world involved with arguably the most disadvantaged people in the world: Pygmies.

*Dr Barbara Ferguson is an Australian humanitarian ambassador. She served with distinction in Vietnam for an international charity, and over four decades later she is now working in Congo. You are never too old to do good. Don't Look Away! is the inspiring story of a brave woman working voluntarily in horrendous circumstances. In this selfish era of 'greed is good' and 'look out for number one', this book is a reminder that there are still some big-hearted Australians risking their lives for worthy causes.*

Dr Keith Suter, Managing Director: [www.global-directions.com](http://www.global-directions.com)

*With humour and humility, Barbara Ferguson shows what people can achieve when led by their conscience. Don't Look Away! transports us to the heart of humanitarian action and the complications of working in a war zone. Inspirational for those who want to make a difference.*

Dr Michael Nest,

Congo specialist and award-winning author of three books on Central Africa.



Barbara Rose Ferguson was eight years old when she promised to serve God in Africa. She trained as a schoolteacher and later earned her Licentiate in Theology from the Australian College of Theology. Barbara answered a call for teachers to go to work with children in war-ravaged South Vietnam. With the fall of Saigon, she flew to the USA where she completed a master's degree and a PhD. Returning to Australia in 1986, Barbara worked for 17 years at the University of New South Wales. In her 'retirement', Barbara recalled her childhood promise and has made 11 visits to Congo, working as a volunteer in the HEAL Africa Hospital. Her chief concern is for the destitute Pygmies forced from their traditional forest homes by war. Barbara founded and funded the NGO, Pygmy Child Care, which provides a daily meal, health care and educational activities for children in the village of Mubambiro. Barbara was awarded a Medal in the Order of Australia in 2004.

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