

RELEASE IN PART
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From: PVerveer [redacted]
Sent: Thursday, August 27, 2009 12:09 AM
To: H2
Subject: FW: From Lyn Lusi in Goma

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We are working with Lyn to try to better determine the specific needs at Heal Africa. The Norwegian development staff is on vacation but we should connect shortly. I'm going to try to steer their assistance to Heal Africa if I can.

Otherwise, we've had marathon meetings with all the key players to follow up on your trip to DRC. There is so much that needs to be done and Congress is already asking for reports.

From: Lyn Lusi [mailto:healafrika.lynn@healafrika.org] [redacted]
Sent: Wednesday, August 26, 2009 2:09 PM
To: Verveer, Melanne S
Subject: From Lyn Lusi in Goma

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Dear Melanne,

It is very kind of you to write to me. Eve had already told me from you that there is more interpretation than fact in the new hospital story, and I really apologise for the embarrassment that our reaction and the echoes from our friends will have caused you and Secretary Mrs Clinton. The fact that you came, and gave priority to the catastrophic epidemic of rape in our country gives a clear and loud signal that the most powerful nation in the world has put Congo's women at the top of their agenda.

Thank you for your questions about the best way forward for training in dealing with fistula. Our approach is in some ways different from Panzi, because we are so limited by our facilities: we have to do our surgical work by 'campaigns' – this month, a vvf campaign; next month, a cleft lip and palate campaign; then a club foot and post polio campaign. This lack of space, with our commitment to training 12 Congolese doctors in six specialist areas of medicine, limits us considerably, and makes our medical teams compete with each other for OR time and beds.

To deal with the cases waiting in rural areas, we regularly send our surgical specialists on outreach: in July, they operated in Kasongo (South Maniema), in August at home in Goma, in September in Adi, in October in South Maniema and November back in Adi, December, here in Goma. Outreach is very unsatisfactory to surgeons: they like to be able to follow through to complete recovery, and we like to accompany women with training and literacy and psychosocial support. Although this provides teaching time to local doctors, there must be a better way to provide continuing medical education to the rural medical staff of Congo.

If we could receive women here in Goma and organise a dedicated service, they would be treated more competently and effectively, and we would be a much better training centre for young doctors eager to learn. The special thing about learning at HEAL Africa is that young doctors can go out with our Safe Motherhood teams, learning how to prevent fistula from ever happening to women; they learn how medical and psychosocial services can be delivered to survivors of rape out in the most remote and dangerous parts of the province. Because of this program of education, more than 50% of women attacked are getting PEP in their nearest health centres. And these young doctors get the message that our programs converge towards empowerment of women. For me, that means, reviving the soul of Congo.

USAID Kinshasa is sending two people here at the end of the week, to talk more to us about how we want to develop our services. I want to show them these needs:

- An adequate teaching facility in Goma; with regular visits from overseas experts, especially urologists;
- Reinforcing the GBV program – all the components of response, plus teaching the *Gender and Justice* module over the LONG TERM, to bring communities in line with the new laws;
- Extending and reinforcing the community based Safe Motherhood program (a combination of women's empowerment with traditional reinforcement of maternity services).

Dear Melanne, I know that this visit from USAID is happening because you came to visit us first. Believe me, we are all very grateful for this, and we will do our utmost not to disappoint you.

With best regards.

Lyn Lusi

De : Verveer, Melanne S [mailto:VerveerMS@state.gov]

Envoyé : 25 August 2009 01:21

À : healafrica.lynd@state.gov

Objet :

Dear Lyn, thank you again for receiving us at HEAL Africa. We had heard so much about the extraordinary work that you do every day that it was a privilege to actually be able to come and meet you and have the chance to be there.

I have been troubled by the communication that I've had from you and others suggesting some kind of deal between the US and the Norwegian Government had been made to build a state of the art fistula and teaching hospital in Goma. Neither I nor the Secretary is aware of any such deal, nor was it ever

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our intent to do anything to undermine the excellent work that you and your colleagues are doing at HEAL Africa. The package of US supports that the Secretary announced were made to directly respond to needs that we had heard from local people on the ground who are doing the heroic work that all of you do every day. When I was speaking with you prior to the roundtable discussion, I had mentioned training for local doctors to be able to perform complicated fistula surgeries. This is clearly a need that Dr. Mukwege expressed to us and we will be working with him to figure out the best ways to address this need, given his circumstances. I know when I raised it with you, you had mentioned having such potential training made available outside the DRC. We obviously want to be able to address your specific needs and would like to discuss this further with you, if it is something you would want us to pursue. As for the Norwegian commitment, I am hoping to speak to them shortly and I will recommend that any support they want to provide for medical treatment in North Kivu be directed to assisting you.

Please know that we came to HEAL Africa because we support the work that you do. We did not come to undermine it.

With best regards,

Melanne Verveer
