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VIA ONUC STAN LETTRE ACREDITATION CROIX ROUGE CONGO
ET OCOS POUR DELEGUE CASSART FAIRE CONFIRMER PAR M. FOMBRUN
AU CHEF AFFAIRES CIVILES ONUC STAN. QUE PROGRAMME LAIT
UNICEF RESTE INCHANGE ET QUE VEHICULES ET ESSENCE RESTE
ENCHA^{RGE} ONUC. QUITTE STAN DEMAIN VIA GOMA FRAUCHIGER ARGENT
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MAY 31 1963

ACTION

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*Transmitted by
phone to Mr. Stouffs
31/5 = 9.15 a.m.*

*{ Mr Stouffs' phone:- 5007
Address:- 33 Comité Urbain*



L.47/63

30 May, 1963

To: Mr. G. Amahree
Under-Secretary in charge of Civilian Operations in the Congo

From: S. Habib Ahmed
Chief of Civilian Operations

Subject: Report on situation in Elisabethville by Mr. G.C. Senn

.... I attach for your information copy of an interesting report dated 27 May, on the situation in Elisabethville, which Mr. G. C. Senn, Chief Delegate of the International Committee of the Red Cross, has kindly made available to us.

cc: Mr. Dorsinville (with encl)

272 mai 1963

Note No 60

Délégation générale - Salisbury

Re. Remarks on the position in Elisabethville.

The delegate arrived in Elisabethville from Leopoldville on the 10th of May, and returned to Leopoldville on the 22nd of May.

He contacted and talked to as many people as possible, but avoided to contact members of the South Katanga government, as this would inevitably have caused suspicion.

Elisabethville is at present severely supervised by the "Sûreté" of the Central Government. The ONUC personnel has lost recently its best and most active member who was transferred elsewhere. The present ONUC personnel in the Katanga is by far too young and inexperienced to deal with the situation and the many problems which arise unexpectedly. The head of ONUC in Katanga, Mr. MATHU (a Kenya African) will leave within a fortnight and be replaced by a newcomer, a former member of the Jordan Government. During discussions the delegate had with ONUC personnel, it was inevitable to notice a state of helplessness. It is again the insuperable difficulty that ONUC is only ~~not~~ entitled to advise, but not to administer government.

The UN military forces have been reduced by more than half and there are now in South and North Katanga : 2 1/2 battalions of Indonesians, 2 battalions of Ethiopians, 1 Irish and 1 Swedish battalions, 1 battery of Norwegian artillery and 1 Danish transport company. The troops most respected and liked by the European and Africans are the Ethiopians because they are the only ones who really interfere when ordered to do so. During recent disturbances in Jadotville, the Indonesians unit stood by. If it had intervened and forced the ANC unit to stay in their barracks, bloodshed and death could easily have been avoided.

The strenght of the ANC is gradually increased, New units are arriving and among those are soldiers who have suffered losses during the fighting of 1962 in the North Katanga. In these units are soldiers of other tribes than those living in the Katanga and they regard them tra~~x~~ditionally as en~~n~~emies, and behave as being in an occupied country. In addition, they regard any European male, aged between 17 and 50, as a possible mercenary.

Local Africans who have private accounts to settle with personal en~~n~~emies or bear a grudge against a European, denounce them to either the security officials of the Central Government, or to members of the ANC. The sequences are arbitrary arrests.

The European houses of Elisabethville have been subject to meticulous searches for arms, in many cases more than ones. Sometimes these searches are made by members of the ANC alone, sometimes by security officials together with members of the ANC. The searches are very thorough, but there are hardly any complaints of loss of property.

At the beginning of May, Col. BOBOSO took over the command of the ANC in the South Katanga. Allegedly he is a good disciplinarian, but as Commander in Chief stationed in Elisabethville and has thus only a very limited personal contral over the ANC in the South Katanga.

One company each of ANC troops are stationed in Mukambo and Sakania, about 150 and 250 kms South-East of Elisabethville. Most of these soldiers are married and have their families with them, and they go on very well with the local population. These 2 companies are without any work and enjoy a continuous holiday. Family life keeps them reasonably busy, but it is only a question of time that troubles with the local population will start over thefts, brawls and interference with local women.

The ANC troops in Elisabethville are reasonably controlled and their camp Karavia is about 5 kms South of the town.

In collaboration with the Elisabethville police, all houses of the African townships were systematically searched and a good deal of weapons and ammunition discovered and confiscated. Since then peace could be maintained and a few attempts of Baluba tribesmen to disturb the peace by attacking Katangese tribesmen were easily suppressed.

In the mining town of Kipushi a company of Ethiopians maintains good relations with the local population. In the important mining town of Kolwezi troops of the Irish battalion and ANC control the town and the Irish troops have from the very beginning nipped in the bud all attempts of misbehaviour of the ANC. A disturbing and grave situation exists in Jadotville. In the previous report of April 18th (No 37), the delegate mentioned disturbances in Jadotville. The final figures obtained from the State Attorney are : 74 dead, 156 gravely injured but recuperating, and 149 condemned to imprisonment from 1/2 year to 10 years.

It is of importance to know that the Central Government did not interfere in the legal procedure subsequently to the disturbances. There is, however, quite a different attitude of the Central Government as soon as ANC soldiers are involved in disturbances, and particularly if they have misbehaved or committed crimes against Africans or Europeans. In these cases, the Central Government authorities in Elisabethville, as well as the Command of the ANC, do not allow the Katangese judicial authorities to take any legal steps or to prosecute and, worse, not even to institute investigations.

The delegate discussed this question with the "Directeur du Cabinet du Ministre d'Etat pour les affaires katangaises" whom he knows personally well since 1960, Mr. A. M'PASE (a graduate of Louvain University). It is understandable that Mr. M'PASE must defend the Central Government's attitude, but he does it to an extent which cannot be deemed to be serious.

In the South Katanga, the judiciary has remained from before 1960 and has worked as well as the circumstances allowed. The Belgian colonial authorities decreed in 1958 that the administrative heads of the provinces of the Congo could detain administratively people who were endangering the peace. It is understandable that after independence the Congolese authorities made good use of this decree, and for a time in the Katanga under Tshombe's

rule there were about 1500 persons "administratively detained" against whom never any charge was laid with the State Attorney. Already in 1960, the State Attorney complained to the delegate of the sad consequences of the above mentioned decree, and that he had no possibility to interfere and to ask for trial.

The delegate had ample opportunities to observe and to gather informations on the activities of the Katangese Courts under the regime of Tshombe and he never heard any complaints or criticisms of justice arbitrarily applied. It is less understandable that the Central Government's officials in ~~the~~ Elisabethville alledge that they cannot trust the local judiciary. Two cases are illustrating the position and photocopies of 2 documents in the matter are attached to this report.

The delegate discussed the position of the judiciary with the above mentioned Mr. M'PASE who declared that a commission would be sent from Leopoldville in order to investigate the position of the Katangese judiciary and to recommend necessary changes. It must be feared that the proposed commission will consist of prejudiced politicians whose purpose will be to disrupt the South Katanga judiciary, which is the only one still acting normally and efficiently.

The Central Government attached little importance to the application of justice and if the U.N. were not insisting on the establishment of the judiciary, hardly anything would have been done by the Central Government itself. The delegate knows the 3 State Attorneys of Stanleyville, Luluabourg and Leopoldville. They are all Greek lawyers, and none of them was a member of the Greek judiciary. Their high salaries are guaranteed by the U.N. and this is seemingly the only motive for their coming to the Congo to administer justice.

It is necessary to mention the behaviour of the ANC soldiers towards the local population. Whenever they feel like, they arrest Africans and Europeans under the pretext that they might be mercenaries. In many cases, the arrest is followed by manhandling and beatings, and only afterwards is the arrestee handed to the security officials who then proceed and start the interrogation.

The expression is that "l'ANC commence la procédure par une correction et l'interrogatoire suit". Particularly Africans are suffering as they cannot appeal for help like the Europeans to diplomatic or consular representatives. In this way a system of terror is being built up in all places of the Katanga where ANC troops are stationed. ONUC troops do not interfere in these arbitrary arrests and the UN civilian affairs officers are informed too late and only if harm is already done.

The delegate discussed the misbehaviour of the ANC with the above mentioned Mr. M'PASE and asked afterwards to see the Minister of State for the Katangese affairs, Mr. J. ILEO. The latter did not try, as Mr. M'PASE did, to excuse the behaviour and misdeeds of the ANC, but promised to talk to the ANC officers and to induce them to discipline their troops. There is, however, little hope that good results will be achieved soon.

The delegate talked to Col. BOBOSO about the provisions in the Geneva Conventions and the obligation of the ANC to observe them, in this case particularly the provisions concerning the civilian populations. Col. BOBOSO's knowledge of the Geneva Convention is less than rudimentary. This is not his fault but that of General MOBUTU who is only interested in maintaining his power, glory and prestige.

The delegate intends to call as soon as possible on the Minister of National Defence and to direct his attention to the grave and dangerous situation created not only in the Katanga, but in the whole country by the deliberate flouting of the Geneva Conventions.

Economic position

As import licences are issued^{to/} the Katangese merchants by the Central authorities in Leopoldville, delays are inevitable. Mr. J. ILEO does his utmost to help but it is difficult for him to fight against*aversion existing in Leopoldville against everything which concerns the Katanga.

*(the)

On the other hand the Katangese authorities still led by Mr. TSHOMBE criticize and antagonize the Central Government whenever there is an opportunity, and there is anything but a spirit of reconciliation.

There are much less consumers' goods in the Katanga than 1/2 year ago e.g. shoes are not obtainable except sandals made of plastic by Bata, sugar was not available during the delegate's staying in Elisabethville. The black market flourishes. The official exchange rate of the Congolese franc is 65frs for 1 \$. Merchants who import goods from Southern Rhodesia for hard currency pay up to 380frs for 1 \$, but the ordinary black market exchange rate is 320frs for 1 \$.

It is inevitable that under these conditions the whole economy of the Katanga must desintegrate rapidly. Spare parts for motor cars are unobtainable. It is interesting to note that petrol, diesel fuel and lubricants are obtainable in great quantities.

mainly ~~USA~~ ~~the~~ agricultural surplus goods are becoming available and sold ~~partially~~ to merchants ~~in order to cover transport costs,~~ the remainder is distributed to private and Government institutions free of charge. A special division of ONUC is in charge of this operation. Meat and fish are in good supply, but so expensive that the urban African population cannot afford to buy them more than once weekly and only in insufficient quantities. Signs of malnutrition are more and more evident.

The social and medical services in the Katanga are greatly curtailed as only a small percentage of the copper revenue is made available to the Katangese authorities. On more than one occasion, the delegate has been told by Central Government officials that the latter disagree that the Katanga should have better social and medical services than the remainder of the Congo Republic.

The Chief of Delegation

G.C. Senn - delegate

Doc 520/1

L.45/63

27 May, 1963

To : Mr. G. Amachree
Under-Secretary in charge of Civilian Operations in the Congo

From : S. Habib Ahmed
Chief of Civilian Operations

Subject : Mr. G. C. Senn's reports on Kasai

...

I attach for your information two copies of recent reports by Mr. G. C. Senn, the representative of the International Committee of the Red Cross, of the situation in South Kasai, and on the conditions of the hospitals in Luluabourg; also the text of a talk which he gave to the ANC officers of the Luluabourg garrison, and notes on a visit to the Luluabourg central prison.

These reports are under study by WHO, and you may wish to bring the notes on the Luluabourg central prison to the attention of Miss Henderson.

cc: Dr. Bellerive
Mr. Marcella
Mr. Grigg



Comité International de la Croix-Rouge

DELEGATION AU CONGO

Léopoldville, le 11th May, 1963
41, avenue Valcke - Tél 4596 B. P. 3055

Notre réf. :

Note No 69

General Delegation - Salisbury

Re. Talk of the delegate to the ANC officers of the garrison of Luluabourg.

As the delegate is well-acquainted with the Chief of staff of the 1st Groupement, Major MENA, he asked for an opportunity to address the officers on the Conventions of Geneva.

It is deplorable to state that hardly any officer knows that there are Conventions!

The behaviour of the troops in the capitals of the 5 new provinces is deplorable and worse if they are on duty in the villages.

It was a tradition of the Force Publique before independence "to live on the land", but there might have been at least some discipline, whilst at present the authority of the officers outside the garrison towns is hardly recognized by the NCOs and the soldiers, who indulge in licentious behaviour in every respect : looting, rape, stealing, killing and beating up who ever dares to resist.

It is no exaggeration to say that after an ANC unit has gone through a native village, hardly any f~~owl~~ and goat will be found, and f~~owls~~ and goats are the only animals these people possess.

If the ANC is on the war path, e.g. to "restore order" or to crush some insubordination, the behaviour of the troops is much worse and it reminds one of the happenings during the 30-years-war in Germany.



Comité International de la Croix-Rouge

DELEGATION AU CONGO

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- 2 -

There were about 80 officers from sub-lieutenant to major present when the delegate explained to them the most basic obligations laid down in the Geneva Conventions, and he had ample examples by which to demonstrate the misbehaviour of the troops.

It would be an exaggeration to say that the officers were sympathetic to the delegate's remarks, but these things had to be said and the ~~xxx~~ chaplain of the 1st Groupement thanked the delegate afterwards for having spoken frankly.

After the address, the delegate replied for about an hour to questions and gave additional explanations.

G.C. Senn - delegate

is guarded by members of the gendarmerie (military).

- 5/ The atmosphere in the prison and the relations between the prisoners and the administration seem to be based on the principle of "live and let live", and differences are ironed out by the customary interminable "palabres".
- 6/ The discipline is lax, to put it mildly, and the insufficient and/or completely lacking issues of indispensable items to the prisoners force the administration to concessions which completely contradict the purpose of punitive detention.

Issues

- 1/ The soap issue is 50gr per week of an inferior type of laundry soap, for personal hygiene and laundry. It is insufficient in quality and quantity.
- 2/ There are no issues of either clothing or blankets, because there are none. The prisoners wear their own clothing, and are allowed, on the visiting days (Thursdays and Sundays) to take from the store their own "better clothing", and to return it after the visit. The prisoners have to sleep on the bed boards either naked or in their own clothing.
- 3/ The cooking is done by the prisoners, under the supervision of a prison official. The following items were issued for April 30th, for 195 prisoners (the 3 politicals receive their food from friends outside)

121,5kg of a mixture of flour of manioc and maize -		
	per person	630 gr
3,0kg of dried beans	" "	16 gr
4,0kg of palm oil	" "	21 gr
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3,0kg of salt	" "	16 gr

- 4/ There are on the diet scale quite a lot of other food items, but they are either not obtainable at all, or in short supply and therefore not purchased by administration, or there is no money to buy - in short, a very unsatisfactory state of affairs.

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- 5/ Twice weekly, relatives and friends are permitted to bring food to the prisoners, and about a half of the prisoners receive food, and the director stated that it is shared with the prisoners who do not receive anything.

Work

The only occupation of the prisoners is the cleaning of the yard, the quarters and the offices; the cooking of the food and the laundry of their own clothing. About a dozen prisoners do in a shed under the guidance of an instructor some carpentering and metal work, as far as material and tools are available. It is a courageous praiseworthy attempt and shows the Administration's good will. There is a teacher on the staff who holds literacy lessons for those interested, but he has at his disposal only chalk and a blackboard.

Health

No doctor visits the prison, and the ONUC official who accompanied the Delegate promised to arrange for an WHO doctor at the Luluabourg hospital to visit the prison at regular intervals.

There is neither a dispensary nor a medical orderly, nor any control of the sanitary installations.

Conclusion

The prison fulfils its purpose only to a very limited extent. There is no possibility of re-education and or rehabilitation. The (European) Prison Chaplain (who is at the same time Chaplain to the Luluabourg police corps, comprising with families about 1300 persons) does his best to instill into the prisoners some sense of moral responsibility. He spends two days per week in the prison.

There is certainly no prison discipline, "but rather an agreement of mutual tolerance". The cachots were empty and they have, like in all Congolese prisons, neither adequate daylight nor the required minimum of ventilation; there are in each cachot (measuring 2,5 x 2,0m) high up in two opposite walls 2 slits in each wall of about 10 x 30cm, and two slits open into a hall between the 2 rows of cachots. Regulations permit a prisoner to ~~be~~ spend only 30 minutes per day in open air. Reading in the semi-dark cachots is impossible. A disciplinary punishment of 30 days in cachot must inevitably affect a prisoner physically, particularly in view of the gregarious habits of the Bantu race. Improving the ventilation and lighting of the cachots cannot be delayed if it is not intended to break a prisoner physically and mentally.

G.C. Senn - delegate



Comité International de la Croix-Rouge

DELEGATION AU CONGO

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After the address, the delegate replied for about an hour to questions and gave additional explanations.

G.C. Senn - delegate

12th May, 1963

Note No 70

General Delegation - Salisbury

Re. Notes on visit to Luluabourg Central prison on
April 30th, 1963.

accompanied by Assistant Civil Affairs Officer ONUC (Mr. R. CHAUI
FJ
and the Regional director of the Congo Central Government's
Prison Administration.

Director of the prison : Mr. Pierre MATADI

<u>Total number</u> :	male sentenced & remand prisoners	178
	female " " "	11
	infants with mothers	3
	administratively detained (politicals)	<u>3</u>
	Total	195

Notes

- 1/ The three politicals were detained by order of the provincial authorities, and their cases are with the State Attorney. All three are provincial civil servants and at the same time members of the provincial council, i.e. the provincial parliament.
- 2/ 5 of the male remand prisoners are juveniles, 3 imprisoned since the beginning of March, 1 since the beginning of April, and 1 since the end of April; they have not yet been interrogated so far.
- 3/ There are remand prisoners, who are imprisoned since 1960, and who greeted the Delegate as an old friend. When the recently appointed "Procureur d'Etat" (a Greek lawyer) will deal with their cases, is everybody's guess.
- 4/ The last mass escape occurred about two months ago, but nobody seems to attach great importance to it. The prison

is guarded by members of the gendarmerie (military).

- 5/ The atmosphere in the prison and the relations between the prisoners and the administration seem to be based on the principle of "live and let live", and differences are ironed out by the customary interminable "palabres".
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The prison fulfills its purpose only to a very limited extent. There is no possibility of re-education and or rehabilitation. The (European) Prison Chaplain (who is at the same time Chaplain to the Luluabourg police-corps, comprising with families about 1300 persons) does his best to instill into the prisoners some sense of moral responsibility. He spends two days per week in the prison.

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G.C. Senn - delegate

10 mai 1963

Note No 68

Délégation générale - Salisbury

Re. Remarks on the conditions of the hospitals in Luluabourg.

A. The Government Hospital for Africans

The hospital is managed administratively by a Congolese director who was, before independence, a medical orderly (infirmier). Under him are working 9 doctors of the WHO and a number of medical orderlies.

The delegate discussed the position of the hospital first of all with the head of the WHO service in the Kasai Province, Dr. G. SCALZO, and he received a good deal of valuable information from the chaplain of the hospital.

The hospital is a financial responsibility of the Lulua Province. The former Kasai Province is now subdivided into 5 smaller ones and each of them has its own full-fledged government: Lomami in the Southern-East, Sankuru in the North-East, South-Kasai in the middle South, Lulua in the South-Western part, and the Unité kasaienne stretching from the North-West towards the South and then turning East.

Some boundaries of the new provinces are still disputed and there are incidents on the borders. There was recently an attempt to form a new province from parts of 3 existing ones on a tribal basis. This costed about 300 human lives and a number of villages burnt.

The delegate was accompanied on his visit by the WHO ophtalmologist, and he met subsequently all other WHO doctors in their wards. All doctors complained that the African orderlies "come to work when they feel like". Working time for them is 07.30 to 12.00 and 14.00 to 16.00. The first ones turn up at 08.15 and leave about 11.30. To come to work in the afternoon depends on their goodwill.

The director cannot dare to interfere, nor would the provincial ministry of health dare to discharge one of them for negligence.

The patients are supposed to be fed by the hospital but all WHO doctors emphasized that "the food issues are irregular, if there is any food". If the patient has relatives or friends who bring him food, he either starves or leaves the hospital in spite of being ill or, if he is ^{no} bed-ridden tries to make some money by buying and selling goods outside the hospital. Often patients are forced to sell all their belongings in order to buy food.

A part of the African staff is paid by the Central Government and a part by the provincial authorities. The former receive their salaries regularly, but the provincial authorities have not paid any salaries since February. The salaries are low in view of the inflation of the Congo franc, and the African staff has found a solution by helping themselves to medicines and selling them, not only outside the hospital, but even to the patients in the hospital.

The African staff is described as "undisciplined, unreliable and lazy". The surgeon mentioned particularly that his medical orderlies are extorting money from relations of operated persons. In one case, whilst the patient was already on the operating table, the orderly left the theatre, went to the relatives waiting outside and told them that the doctor would not operate if he would not get 500 frs.

The African staff has, on instruction of the director, got hold of all the keys and they take the keys home, so that in an emergency a doctor must first find his orderly before he has access to either medicines or his office.

Hereunder follow now some explanations and complaints made by the doctors when the delegate saw them in their sections :

1/ Ophthalmologist

The lighting equipment for operations is out of order since November 1961 and he must be satisfied with daylight, which makes its work not only difficult, but often dangerous for the patients.

The infectious diseases ward was, during the delegate's visit, nearly empty and probably for this reason clean. There were some cases of smallpox. A quarter of the beds were without any mattresses, half of the mattresses were torn and the quarter are serviceable. There is neither a bedsheet or a pillow, or a pillow slip in the hospital. Mattresses are unbelievable filthy, never disinfected, never washed, and transmit diseases from patients to patients. It happens that a patient has to lay in his clothing on a wire-netting if he does not prefer the floor.

2/ Surgical ward

The surgeon pointed out that the irregular and often missing food delays the convalescence of the patients very considerably, and the patients are quite content if they receive per day : 1 ladle of rice and 1 ladle of boiled manioc leaves. There is never any proteine food or fruit.

The hydraulic lift of the operation table does not work and the surgeon, who is a tall man, finds operating very tiring.

The most modern electric sterilizer is, since the beginning of 1962, out of commission because 4 heating elements are not replaced.

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The European~~an~~ nuns pointed out other grave deficiencies in the hospital, e.g. that the water supply is often interrupted, that the WCs are often blocked, and that no disinfectant at all are available. Further, that the European nuns and the sister experience continuous vexations and opposition by the African staff.

The European sister pointed out that her predecessor had left because the administrative director ordered her to hand the keys to an African assistant-orderly. She refused and went to the Provincial Minister of Health pointing out that she would resign if she had to deliver the keys and to depend on this assistant-orderly. The Minister, however, upheld the administrative director's order and the European sister resigned. The present European sister keeps the keys on a chain, as she cannot trust any African member of the staff who "steal medicines and sell them as fast as they can".

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Neither the ministers of the provincial government, nor their staffs are capable and interested in administering the government. The main purpose is to use all opportunities to fill their pockets by accepting bribe or by threat.

The hospital employees steal, whenever they can medicines and sell them. It has happened that consignments of medicines dispatched from the central medical stores in Leopoldville reached Luluabourg, but not the hospital because they were "directed elsewhere". As far as it is known, the Lulua provincia government owes the Central medical stores in Leopoldville a large amount of money for medicines and equipment supplied, and until payment is made no further medicines and equipment will be sent to Luluabourg.

In order to obtain money, the outpatients at the hospitals and at the dispensaries must now pay for the medicines, which they often are unable, and always unwilling to do.

The WHO doctors are thus gradually left without medicines.

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The UN hospital in Luluabourg is managed since the 1st March, 1963 by an Austrian medical team (AMT), which arrived partially from Austria, partially from Stanleyville where it was stationed before. It consists of a total of 33 men of whom 9 are doctors.

The commandant is Lt. Col. Dr. R. WECH.

The hospital was before independence reserved for the European community until the new hospital for Europeans was completed, which is now reserved to fully paying patients of all races. It is managed by European nuns.

The old European hospital was taken over by UNO in September 1960 and an Indian military medical team was in charge of it until the Austrian arrived i.e. for 2 1/2 years.

Under Indian management, the hospital was always overstaffed and discipline, order and cleanliness left much to be desired. When the AMT took over, the first tasks were : a/ to clean the hospital, to destroy the vermin (in two months 320 rats have been killed) and only on March 10th, the hospital was free from bedbugs⁴ flees).

b/ to repair the technical installation out of commission (X-Ray plant, sterilizers, dentist electrical equipment, hot water supply). This was completed at the beginning of April.

The commandant of the AMT stated that "very regrettably the Indians removed not only their own equipment and material, but whatever could be removed and they could lay their hands upon". The AMT had to replace everything missing from Austria, at the expense of UN.

As the AMT has started to treat out-patients and to give them the required medicines free of any charge, the Congolese are quite naturally making full use of this opportunity. The AMT has treated in April over 8000 out-patients i.e. an average about 270 per day. The medicines are ultimately paid for by UN to the Austrian Government which supplies them to the AMT.

A disagreeable consequence is that the doctors of the

WHO are gradually left without out-patients.

C. The food position in the Government hospitals outside Luluabourg.

It is probably even worse than in Luluabourg. The head of the WHO, Dr. SCHALZO stated that "the position in the hospitals with regard to food, medicines and hygiene is not unsatisfactory or critical, but there is no longer anything which can be called a position. It is just decay and desintegration"; e.g.

since independence no food has ever been distributed to the patients in the Lodja government hospital, because it was not foreseen in the budget,

in the Lomami Province (Kabinda) government hospitals patients receive 3 meager meals per week,

in other hospitals patients were left without any food for 4 consecutive days.

The head of the WHO is now distributing himself a limited quantity of USA C-rations put at his disposal by the "USA catholic relief action for the Congo", to those patients at government hospitals who have no relatives or members of the same clan to bring them food.

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The following is a list of missing medicines, supplied by the WHO doctors, and primordialy necessary for the treatment of kwashiorkor, anemia and avitaminosis. These medicines are completely lacking :

1/ liver extract

- 2/ vitamin B complex
- 3/ iron sirup
- 4/ multi-vitamin injections, tablets and sirups
- 5/ cod liver oil
- 6/ amino acids
- 7/ large spectrum anti biotics for the treatment of acute illness
- 8/ terramycin drops, injections and sirup
- 9/ ledermycin for children

The doctors pointed out that most of the diseases are resistant to penicillin and to streptomycin.

Also necessary are Baxters solution for blood transfusions (15 to 20 blood transfusions are made monthly to anemic children). There is also a lack of blood transfusion sets.

When the new provinces were formed that of the Unité kasaienne with capital of Tshikapa decided to provide jobs for patriots, and they sent teams to mission hospitals without advising the heads of the missions i.e. there arrived in the middle of March, at the MWETSHI mission, a team of Africans telling the superior that they were taking over the hospital and that the sisters in charge of the hospital were no longer necessary. Within a month no medicines were left. In the meantime the archbishop of Luluabourg directed the attention of the provincial government of the Unité kasaienne to the illegality of the procedure and the team was recalled.

The same happened at the MASUIKA mission hospital, but the superior refused to accept the scheme and after 11/2 days of negotiations the appointed director agreed to be employed as an orderly and the rest disappeared.

At the LUAMBO hospital, the superior refused to accept them and they were subsequently all employed at the Luiza government hospital.

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As the League of the Red Cross ceased its activities in the Congo at the end of March, the distribution of skim milk has ceased, but arrangements are now made for the continuation by the Congolese Red Cross with the help and assistance of personnel of the Belgian Red Cross, who have already arrived. The total required for the Kasai Province is about 12 1/2 tons per month, of which 5 tons for infant care and 7 1/2 tons for institutions (hospitals, orphanages, sanatoria, schools).

G.C. Senn - delegate

10 mai 1963

Note No 68

Délégation générale - Salisbury

Re. Remarks on the conditions of the hospitals in Luluabourg.

A. The Government Hospital for Africans

The hospital is managed administratively by a Congolese director who was, before independence, a medical orderly (infirmier). Under him are working 9 doctors of the WHO and a number of medical orderlies.

The delegate discussed the position of the hospital first of all with the head of the WHO service in the Kasai Province, Dr. G. SCALZO, and he received a good deal of valuable information from the chaplain of the hospital.

The hospital is a financial responsibility of the Lulua Province. The former Kasai Province is now subdivided into 5 smaller ones and each of them has its own full-fledged government : Lomami in the Southern-East, Sankuru in the North-East, South-Kasai in the middle South, Lulua in the South-Western part, and the Unité kasaïenne stretching from the North-West towards the South and then turning East.

Some boundaries of the new provinces are still disputed and there are incidents on the borders. There was recently an attempt to form a new province from parts of 3 existing ones on a tribal basis. This costed about 300 human lives and a number of villages burnt.

The delegate was accompanied on his visit by the WHO ophtalmologist, and he met subsequently all other WHO doctors in their wards. All doctors complained that the African orderlies "come to work when they feel like". Working time for them is 07.30 to 12.00 and 14.00 to 16.00. The first ones turn up at 08.15 and leave about 11.30. To come to work in the afternoon depends on their goodwill.

The director cannot dare to interfere, nor would the provincial ministry of health dare to discharge one of them for negligence.

The patients are supposed to be fed by the hospital but all WHO doctors emphasized that "the food issues are irregular, if there is any food". If the patient has relatives or friends who bring him food, he either starves or leaves the hospital in spite of being ill or, if he is ~~un~~ bed-ridden tries to make some money by buying and selling goods outside the hospital. Often patients are forced to sell all their belongings in order to buy food.

A part of the African staff is paid by the Central Government and a part by the provincial authorities. The former receive their salaries regularly, but the provincial authorities have not paid any salaries since February. The salaries are low in view of the inflation of the Congo franc, and the African staff has found a solution by helping themselves to medicines and selling them, not only outside the hospital, but even to the patients in the hospital.

The African staff is described as "undisciplined, unreliable and lazy". The surgeon mentioned particularly that his medical orderlies are extorting money from relations of operated persons. In one case, whilst the patient was already on the operating table, the orderly left the theatre, went to the relatives waiting outside and told them that the doctor would not operate if he would not get 500 frs.

The African staff has, on instruction of the director, got hold of all the keys and they take the keys home, so that in an emergency a doctor must first find his orderly before he has access to either medicines or his office.

Hereunder follow now some explanations and complaints made by the doctors when the delegate saw them in their sections :

1/ Ophthalmologist

The lighting equipment for operations is out of order since November 1961 and he must be satisfied with daylight, which makes its work not only difficult, but often dangerous for the patients.

The infectious diseases ward was, during the delegate's visit, nearly empty and probably for this reason clean. There were some cases of smallpox. A quarter of the beds were without any mattresses, half of the mattresses were torn and the quarter are serviceable. There is neither a bedsheet or a pillow, or a pillow slip in the hospital. Mattresses are unbelievable filthy, never disinfected, never washed, and transmit diseases from patients to patients. It happens that a patient has to lay in his clothing on a wire-netting if he does not prefer the floor.

2/ Surgical ward

The surgeon pointed out that the irregular and often missing food delays the convalescence of the patients very considerably, and the patients are quite content if they receive per day : 1 ladle of rice and 1 ladle of boiled manioc leaves. There is never any protein food or fruit.

The hydraulic lift of the operation table does not work and the surgeon, who is a tall man, finds operating very tiring.

The most modern electric sterilizer is, since the beginning of 1962, out of commission because 4 heating elements are not replaced.

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