



The Story of the Ugandan Invisible Children & the 2009 Medical Relief Trip

By **Natasha Demehri**

Being afraid of the dark is a universal aspect of growing up, but for the young boys and girls of northern Uganda nightfall has become particularly terrifying. For 23 years a man by the name of Joseph Kony has been terrorizing Africa. Kony considers himself a messiah, leading a holy war in an attempt to create a “theocratic state” based on the 10 commandments and Acholi tradition. Through a combination of Christianity, Mysticism, and Witchcraft he has created what many consider the most neglected humanitarian emergency in the world today.

What makes this war so terrifying is that it’s essentially a war of children on children. Kony’s army is called the LRA, or the Lord’s Resistance Army, and 90% of the soldiers are children between the ages of 6 and 18. The LRA uses children as soldiers because Kony finds them easily manipulated and easily expendable – a heartbreaking reality. Through spiri-

tual blood rituals, animism, and voodoo-based beliefs, more than 30,000 children have been abducted from their homes at night and been brainwashed into child soldiers or sex slaves. These young militants are then sent back into the villages from which they were abducted to terrorize their communities, kill their own families, and abduct more children to swell the ranks of the LRA. For the past two decades children were forced to become “night commuters” as 44,000 rural children left their villages every evening to walk several miles barefoot and seek refuge in the town before nightfall. This war has waged on for 23 years, leaving an entire generation of youth that has never known peace.

The LRA was committing human rights violations including murder, abduction, mutilation, sexual enslavement of women and children, torture, and training of child soldiers. The results have been horrifying, and the psychological trauma incalculable. Young girls and women who were attacked by the child soldiers had their ears, noses, and lips cut off if they made any attempt at escape or resist sexual enslavement. Then they were left to return to their villages and spread fear and warning to their communities.

As the night commutes continued, the government of Uganda was forced to displace 2 million villagers into Internally Displaced Camps, better known as IDP camps. Serving as sites of refuge, these camps had become the new homes for the citizens of northern Uganda. Although the camps provided shelter and safety from the LRA, the horrid condi-



tions led to the death of nearly 1,000 people every week from disease and starvation.

In 2004 the Jubu Peace Talks began between the Ugandan government and the LRA. Joseph Kony failed to sign peace agreements on four separate occasions, but the war finally came to an end in Northern Uganda 2 years ago, as the LRA left the villages in which they had delivered countless nights of terror. Unfortunately, they have now moved to terrorize the Central Republic of Africa, the Congo, and Sudan, ensuring that the war in Africa is far from over.

In the summer of 2009, eight medical students from FSU's College of Medicine accompanied physicians, pharmacists, nurses, psychologists, and lab technicians to bring as much medical care as possible to the city of Gulu, the most war-affected and traumatized city of Uganda. We arrived with \$500,000 worth of medical supplies and tests and set up clinic in an abandoned school that was previously used as refuge for the child night commuters during the war. Throughout the week we were assisted by a group of Clinical Officer Students, the equivalent of Physician's Assistants in the U.S., who proved to be invaluable medical resources and Acholi translators.

Before each day in the clinic patients would walk several miles, some overnight, in order to receive treatment and care. Some of the most serious illnesses that we treated were Malaria and Kaposi's Sarcoma, a cancer in end-stage

AIDS patients that is rarely seen in the U.S. Other patients arrived to the clinic with illnesses ranging from tinea capitis to atrophic vaginitis. With the help of a local lab technician from Kenya we were able to use an ultrasound to diagnose Burkett's Lymphoma in an 11-year old girl and several other pregnancy-related problems in some of the young women. Our medical team had designed the layout of the clinic to help with more than just medical treatment. We had set up an area to teach HIV/AIDS education and another area for our psychologist and psychiatrist to work with a mental health team to help any patients who had difficulty coping with HIV/AIDS, poverty, war-crimes, and the many countless traumatic events that have affected the people of Gulu. Every single person who entered the clinic was given a 10 day supply of multi-vitamins, mebendazole de-worming treatment, and vitamin A unless they were females of reproductive age. Through our clinic we treated 1,749 patients and gave 93,000 vitamins, 300 reading glasses, 300 sunglasses, over 400 pounds of medicine, and 5,510 packages of seeds to help them grow their own food. We also completed 281 lab tests, did 74 ultrasounds, fed over 1,000 people, de-wormed 975 villagers, and counseled over 100 trauma victims.

Following our work in the clinic, our medical team was taken to visit the Laroo School for War Affected Children. This was a school with children ranging from 3 years to 18 years of age that were either former abducted child soldiers, born into "the bush" of the war, or orphaned by the LRA. The clinicians worked to set up a temporary clinic in one of the

classrooms of the school to treat the children who were ill and to give any needed psychological counseling; however, in fear of disrupting any recovery, we were all under strict instruction to not discuss the war with any of the children unless they initiated the conversation.

There was also a team from Dublin, Ireland working at the school during the same week, and some of us were able to help them with their project to use music and art to help de-sensitize the children to the war. All the games we played and music we learned somehow incorporated balloons, drums, and loud noises in an attempt to associate a previously traumatizing war-related noise to a newly conditioned emotion free of fear and violence. For the most part the children were happy and playful, but there were a few that were clearly traumatized by the LRA. One four-year old boy hadn't spoken a single word since he entered the school one year ago. He never laughed, never cried, and was essentially numb to all emotional stimuli. Others were quiet and shy as well, providing a clear image of the wide range of coping mechanisms that the children used. From playing games and making music with the children to providing adequate medical and psychological care to those in need we were able to bring a sense of hope and joy to the youth at Laroo.

After the war ended two years ago, the Government of Uganda decided to no longer recognize the IDP camps in an attempt to force the displaced villagers to return home. Unfortunately, to date only only 900,000 of the 2 million people displaced have returned to their communities, leaving the rest to struggle for survival in a camp that has essentially been cut off from all foreign aid. Without adequate food supply or economic resources, the IDP camps have turned into a health nightmare. Every single child we saw was severely malnourished, most of which had Kwashiorkor and parasites of some sort. As we gathered the children and the adults in lines we used the remainder of our medications from the clinic to de-worm every person we could in the IDP Camp as well as

provide them with Vitamin A and 10-day supplies of multi-vitamins. Over the course of the day we were also able to feed the displaced villagers with beans, rice, and meat that we had paid for in order to provide them with at least one nutritious meal for which they were extremely grateful.

Before we left the camp everyone gathered around a central tree in the field and the villagers performed several wonderfully entertaining skits and songs in order to show us their gratitude. Their priest then told the history of the camp to us, and selected villagers stood to share their stories. One woman in particular touched our hearts as she told her horrific tale. She was abducted by the LRA a few years ago and blindfolded and taken into "the bush" as a young woman. She was then abused and sent into a nearby farm instructed to murder six people and bring back their livers to the LRA or they would murder her and her family. With great fear and hesitation, being left no alternative but death, she completed the order and brought all six livers back to the soldiers. Upon her return the soldiers then ordered her to eat all six of the livers by the end of the day, and she again was left with no choice. We sat in awe and disbelief as the brave young woman hesitantly told her tale. After experiencing such a life-altering tragedy, this woman stood with dignity and grace under the tree that day, teaching us an invaluable lesson of hope and perseverance.

At that very moment I realized that although I came to Uganda with the intention of bringing aid and change to the people of Gulu, I was the one who was changed. I left with a new sense of gratitude, appreciation, and hope from the incredible families that I had met over my two week trip. In spite of some of the most horrid health conditions, traumatic histories, and lost loved ones, the people of northern Uganda were some of the most patient, kind, and peaceful people I have ever encountered. Every child's survival, every mother's love, and every story of perseverance and hope touched each and every one of our souls forever.