small fraction of the total, since most cases go unreported. Lewis estimates the total number at about 200 000.

Lewis wants the UN to double its 17 000 troops in the Congo through the "Responsibility to Protect" principle, which gives the international agency the right to intervene to stop human rights abuses in countries where national governments lack the will or the power to do so. "In the Congo, rape is no longer merely a weapon of war. Rape is a strategy of war, employed to humiliate entire families and communities through their women in order to take possession of resources, or to turn the women into sex slaves," he says.

The money from the Stephen Lewis Foundation will go to everything from nurses' salaries to school fees for the women's children. One of its most important uses will be to provide more counselling, not just for the women, but also for the doctors who treat them.

"A work day at Panzi is nothing that you can ever imagine," says Luhiriri, who manages Panzi's maternity ward and performs about 10 surgeries per week, usually for obstetric and traumatic fistula — tearing in the vagina, anus or urinary tract. "The doctors themselves or the nurses practising have to deal with their own trauma, because at any given time, you could be in front of maybe your sister, your neighbour, your aunt, your friend's girlfriend or wife," he says.

"Right now, I care for the physical state of the person, but mental disease is really difficult to care for," Luhiriri adds.

Lewis says the international community's indifference to the plight of women in the Congo is the result of simple misogyny. Still, he sees reasons to be hopeful. This spring, the United States is scheduled to put forth a resolution to the UN Security Council to designate sexual violence a security issue. "And although it may be odd to be coming, in some respects, from the United States, it is nonetheless a signal that the issue now has huge international resonance," he adds. — Amanda Truscott, Toronto, Ont.

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Dispatch from the medical front

Darfur: arrival

Two days into my mission with Médecins Sans Frontières (MSF) and it is clear that my body's Dutch constitution is not yet acclimated to the country of Sudan. The never-ending heat (40 degrees Celsius) reminds me of a hair dryer. There is no escape from the blowing, hot dry air and before long, I am visited by some non-Dutch viruses.

After a night of vomiting, I fainted. Along with the MSF logistician, I was put to bed. I woke up as they were giving me an IV in an attempt to breathe — inject? — some courage into me. While I lay on my thin mattress, looking at the bag leading to the IV in my arm which was tied to one of the bamboo sticks holding up my mosquito net, it dawned on me that my comfortable life in The Hague was, in fact, now a distant dream. … For the next 6 months, Darfur waits for me.

The original plan was that I would go to a project called "Muhajariya" but because of the unstable security situation, I am assigned to visit a camp for internally displaced persons 17 km from the city of Nyala, where we live. MSF has set up a 6-day-per-week health post there, providing support to pregnant women and people with psychiatric problems.

Médecins Sans Frontières

Midwife Maaike van Rijn left the comforts of The Hague for a 6-month stint with Médecins Sans Frontières in the Sudan.

I had never been in a camp before and don't know what to expect.

Our 3-jeep convoy leaves the city. The landscape becomes more and more barren and the heat and warm wind increase. It seems impossible that 80 000 people live somewhere nearby.

We pass through 2 checkpoints. As a foreigner, you need a permit (renewable weekly) to enter the camp. Past the checkpoints, some straw huts appear.

Now hut is actually a big word. Some of them have only 1 wall still standing or a piece of ripped plastic roofing, tied to a stick, now flapping in the wind. Some people try to find shelter under just a piece of plastic. Farther on, women and children with jerry cans surround a big water pump. A large portion of the camp is empty. I am told 20 000 people fled after fighting broke out. I can't imagine where the people have gone.

The clinic is located in the middle of the camp. I am quickly surrounded by large numbers of pregnant women dressed in brightly coloured clothes. I soon forget that I am in Darfur, in a camp with nothing, and with people who have nothing and are merely trying to survive. Driving back, I again feel all the way down to my toes why I wanted to be here. — Maaike van Rijn, Nyala, Sudan

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CMAJ invites contributions to Dispatches from the medical front, in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cma.ca