

## Sudan arrests aid worker for “crimes against the state”

Peter Moszynski *London*

The arrest of Paul Foreman, head of Médecins Sans Frontières (MSF) Holland, for publishing a report on rape in Darfur has caused repercussions in Africa and Europe. But despite the outrage caused by his detention, the Sudanese government went a step further by also arresting the agency's Darfur regional coordinator, Vincent Hoedt.

“These arrests are totally unacceptable. The government is punishing humanitarian aid workers for doing their job for victims of the conflict,” said MSF's director in Holland, Geoff Prescott. “As providers of medical assistance and as human beings we find it impossible to stay silent when we are witnessing these abuses.” He pointed out that his agency was the largest in the region, working in more than 29 locations with 180 expatriate and 3000 national staff, who have carried out more than a million consultations in the past 12 months.

“The arrest of two senior coordinators severely undermines our ability to provide humanitarian assistance,” he said. “The people of Darfur, who have been through so much already, must not be allowed to suffer as a result of these actions.”

The United Nations' high commissioner for human rights, Louise Arbour, said, “Rape and sexual violence are very real features of the life of the women of Darfur. This is the conclusion of our monitors, of the International Commission of Inquiry on Darfur, and of all serious investigations into the unfolding human rights crisis in the region. MSF has done nothing more than record these horrendous crimes and try to focus critically needed attention on them.”

She warned that targeting the humanitarian community would “not only do a disservice to the people of Darfur, it will draw attention away from the real criminals, those who continue to rape, kill, and pillage with impunity.”

Although both were subsequently released, Mr Foreman said that he had been charged with crimes against the state, publishing false information, and espionage. “They want me to denounce the report or jeop-

ardise the doctor-patient confidentiality of MSF by releasing the medical dossiers. I'm not going to do either of those.”

The foreign minister, Mustafa Osman Ismail, commented, “Organisations operating in Sudan should observe the country's national security in their dealings, and they should not seek to tarnish Sudan's image through issuance of false information.”

• The agency has announced that two of its staff were abducted at gunpoint by unknown assailants near Bunia in the Democratic Republic of Congo on 2 June—the same day as five of its volunteers were killed last year in Afghanistan. □

The report, *The Crushing Burden of Rape: Sexual Violence in Darfur*, is available at [www.artsenzondergrenzen.nl/index.php?pid=338](http://www.artsenzondergrenzen.nl/index.php?pid=338).



The Sudanese government wants Paul Foreman (above) to denounce his report on rape in Darfur

## “Lost boys of Sudan” have emotional problems

Susan Mayor *London*

A group of young unaccompanied Sudanese refugees settling in the United States have generally done well. But some are showing behavioural and emotional problems in their personal and home lives, a study published this week has found (*Archives of Pediatrics and Adolescent Medicine* 2005;159:585-91).

Living in an institution or being alone in a US foster family, without any of their relatives or fellow refugees, increased the risk of prolonged psychological distress.

The study followed up the refugees, a group of unaccompanied minors from a Kenyan refugee camp, called the “lost boys of Sudan” by the media, who were resettled in the US in 2000. The mean age of the boys

was 17.6 years. As very young children in the Sudan in the 1980s, they had been forced to flee their burning villages and then trekked hundreds of kilometres across desert to Ethiopia. They were then expelled in 1991 and fled to Kenya, fording rivers in which many drowned or were killed by crocodiles.

The functional and behavioural health of a sample of 304 of the refugees was assessed about one year after resettlement in the US by using the Harvard trauma questionnaire and the child health questionnaire. Feedback was sought from foster parents, resettlement programme staff, and the children themselves, to assess their trauma, coping, and quality of life.

Results showed that the children scored well on measures related to functioning at school and with peers. However, they tended to score less well on measures of general and mental health, family activities, and family cohesion. A fifth of the boys had a diagnosis of post-traumatic stress disorder and were more likely to have lower (worse) scores on all the subscales of the child health questionnaire. Low functional and behavioural health scores were seen mainly in functioning in the home and in subjective health ratings.

Some factors were associated with increased risk of post-traumatic stress disorder in the youths, including separation from immediate family, direct personal injury, and head trauma. Most of the children had directly witnessed or were victims of violence related to war. Nearly all (93%) reported that their villages had been attacked; many reported witnessing close friends or family members being tortured, injured

or killed; and 20% said that they had been tortured themselves.

Experiences in the US that increased the risk of post-traumatic stress disorder included living in an institution or being in foster care alone with a US family; feeling lonely or isolated; and less participation in group activities. Feeling safe at home and at school reduced the risk of post-traumatic stress disorder.

Paul Geltman, assistant professor of paediatrics at Boston University School of Medicine, said, “This suggests that relative levels of family and community engagement after arriving in the United States may mediate the ultimate impact of early trauma on later psychosocial functioning.”

“The Sudanese minors seemed to function well in school and activities outside the home. However, problems emerged in their home lives and emotional states, as evidenced by low scores on the child health questionnaire family and mental health subscales.” □