

Rebels, Doctors and Merchants of Violence

How the fight against Ebola became part of the conflict in eastern DRC





The Congo Research Group (CRG) is an independent, non-profit research project dedicated to understanding the violence that affects millions of Congolese. We carry out rigorous research on different aspects of the conflict in the Democratic Republic of the Congo. All of our research is informed by deep historical and social knowledge of the problem at hand. We are based at the Center on International Cooperation at New York University.

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Cover photo: Tanzanian special forces of MONUSCO inside an Ebola treatment center - © Alexis Huguet



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Executive Summary

The outbreak of the Ebola virus in the eastern Democratic Republic of the Congo in 2018, the 10th outbreak in the DRC, was the first time that the disease emerged in a conflict zone. This report, the second in a series on the Ebola epidemic, attempts to explain how the epidemic and the transnational effort launched to contain it (the *Riposte*) was affected by this violence, and how they in turn influenced the armed conflict.

Building on months of research and investigation, we argue that the *Riposte* became a source of both grievances and opportunism, inadvertently triggering resistance and aggravating the conflict. In its haste to prevent the spread of the deadly disease, and to protect its own staff, the *Riposte* paid both government security forces and armed groups, prompting it to be perceived as a *de facto* conflict actor and rendering itself indirectly complicit in the ongoing armed violence. The World Health Organization (WHO) was particularly involved in these payments, breaking with United Nations regulations, carrying out most of the payments and deciding how much they would be paid; they therefore had a particular responsibility in the security consequences.¹

This militarization of the *Riposte* sparked a vicious cycle of resistance and coercion. The local population was already wary of the Kinshasa government and foreign intervention due to past abuse and apathy. This mistrust was further exacerbated by a type of top-down engagement that failed to sufficiently engage and consult with local communities. In particular, interlocutors complained that the humanitarian community had done little to bring an end to the gruesome violence that had engulfed their region since 2014, and that the *Riposte* could be heavy handed, in some instances allegedly transporting suspected patients to health centers by force and breaking up funerals.

Within this context, the payments to Congolese security forces had two critical consequences. First, they undermined the most important asset in dealing with the epidemic—trust toward healthcare workers. Second, they made the *Riposte* an unwitting contributor to conflict—armed violence became a way for actors in the conflict to call attention to themselves so as to be bought off, as well as a means of prolonging the epidemic in order to extract more resources from the *Riposte*.

This experience provides lessons for public health interventions in conflict situations and beyond. Communities affected by public health emergencies, including epidemic outbreaks, are likely to be skeptical of outside or government intervention whether in the Congo or elsewhere. Public health interventions—whether led by UN bodies, national governments, or both—must take communities seriously, seek compromise when deciding whether to hire outside experts or locals with extensive know-how, and avoid involvement in conflicts. While each situation will have its own security dynamics, the lesson from this case suggests that hiring armed escorts ended up creating more problems than it solved.



Glossary

ADF	Allied Democratic Forces, a Ugandan-originating armed group in Beni area
ANR	National Intelligence Agency (<i>Agence nationale de renseignements</i>)
AS	Health area (<i>Aire de santé</i>)
BCZ	Head office of a Health zone (<i>Bureau chef de zone</i>)
CRG	Congo Research Group
CS	Health Center (<i>Centre de santé</i>)
CT	Transit Center for suspected cases of Ebola (<i>Centre de transit</i>)
CSR	Referral Health Center (<i>Centre de santé de référence</i>)
DGM	General Direction of Migration (<i>Direction générale de migration</i>)
DRC	Democratic Republic of the Congo
EDS	Safe and dignified burial (<i>Enterrement digne et sécurisé</i>)
ETC	Ebola Treatment Centre (<i>Centre de traitement Ebola</i>)
EVD	Ebola Virus Disease
FARDC	Armed Forces of the DRC (<i>Forces armées de la République démocratique du Congo</i>)
HGR	General Referral Hospital (<i>Hôpital général de référence</i>)
IMC	International Medical Corps
Mai-Mai	Collective term for nationalist armed and unarmed resistance groups in eastern Congo
Mai-Mai APASIKO	Mai-Mai group led by Kishya and David Kiboko operating around Mambali
Mai-Mai Barcelone	Mai-Mai group led by Baraka Lolwako; factions: Fanyakazi, Tokolonga and Yobu
Mai-Mai FPP/AP	Pro-Lafontaine Mai-Mai Mazembe offshoot led by Kabidon Kasereka
Mai-Mai Léopards	Mai-Mai group led by Fabrice and Mutsuva and operating in Malio groupement
Mai-Mai Mandefu	Mai-Mai Group led by Alphonse Nzirunga and Drago alias Ougandais
Mai-Mai MNLDK	Mai-Mai group led by Kambale Kyandenga, a former RCD-K/ML commander
Mai-Mai OAPB/Uhuru	Mai-Mai group led by Kasereka Muhasa Uhuru and close to the UPLC universe
Mai-Mai Shingo Pamba	Mai-Mai group led by Kitwa Kathugho alias Kakuhi Matabishi Jackson “Prof”
Mai-Mai UPLC	Mai-Mai group led by Kilalo and Mayani, co-opted by FARDC and the <i>Riposte</i>
Mai-Mai UPLC–Saperita	Mai-Mai group previously part of UPLC before the defection of Kitelemire Saperita
MCZ	Chief doctor of a Health zone (<i>Médecin chef de zone</i>)
MOH	Ministry of Health of the DRC
MSF	Doctors Without Borders (<i>Médecins sans frontières</i>)
PHEIC	Public Health Emergency of International Concern
PNC	Congolese National Police (<i>Police nationale congolaise</i>)
RECO	Community liaison officers sensitizing populations (<i>relais communautaire</i>)
Riposte	Collective term for actors, institutions and activities against the EVD



Introduction

In August 2018, the Democratic Republic of the Congo officially announced its tenth Ebola outbreak.² Over the following two years, this outbreak became the second largest and most protracted outbreak ever recorded globally, with peaks in late 2018 and mid-2019. The disease spread across North Kivu, South Kivu, and Ituri provinces; its epicenters were in the urban areas of Beni and Butembo and the rural health zones of Mabalako and Mandima.

On 17 July 2019, shortly after the first case in the regional trade hub of Goma and potential cross-border cases between DRC and Uganda, the World Health Organization (WHO) declared a Public Health Emergency of International Concern (PHEIC), leading to a massive increase of international funding and staff. The epidemic was declared over in June 2020, having infected around 3,470 people and claimed 2,287 lives. While this was the first epidemic in which vaccines and cures were available, the average mortality of this outbreak (65%) barely changed compared with previous outbreaks.

This Ebola epidemic was the first to occur in an active conflict zone, which led to far-reaching repercussions for the humanitarian intervention. In North Kivu, South Kivu, and Ituri alone, around 120 different armed non-state actors are active, joining regular security forces in committing acts of violence against civilians.³ As a result, public life in eastern Congo is highly militarized and disputes over land, local politics, and access to resources are often solved through violence. The same goes for health care and humanitarian operations, which in some areas are significant sources of income and intersect with moral and political debates over healing, death, and governance.

In late 2018, the Congolese government set up what came to be known as the *Riposte*,⁴ the combined national and international response to contain the outbreak, with the WHO playing the lead role in coordinating international actors, although this UN agency has insisted that it did not play a more important role than any other of the international actors.⁵ Based in Butembo and Beni, the priority of the *Riposte* was to act swiftly to prevent the spread of the disease. While its leaders were obviously aware of the complex security dynamics surrounding them, they perceived armed groups as obstacles and threats to their humanitarian operations, and not as political actors who could be affected and transformed by the vast resources and outsiders arriving in the area.

Throughout the outbreak, dozens of armed groups, a variety of governmental actors, and networks of politicians, opinion leaders, intelligence operatives, and others targeted the *Riposte*, seeking either to extract resources or to express their anger at what they perceived to be a botched intervention. Concerned for its security, the *Riposte* adopted a militarized approach, which ended up having far-reaching repercussions, including the sub-contracting of security to the government and, according to numerous sources, to non-state armed groups.

The *Riposte* itself, and Congolese authorities in general, have been quick in attributing the bulk of the violence to “terrorism”⁶ and “rebels.”⁷ However, research by the Congo Research Group—including into the murder of WHO doctor Richard Mouzoko in Butembo and attacks on Ebola treatment centers (ETCs) in Katwa and Biakato—points to a more complex configuration of perpetrators, and to dynamics in which the humanitarian response itself at times became complicit. This report is based on four months of research in North Kivu, Ituri, Kinshasa and draws on 285 interviews. In order to protect the sources, most of the interviews were confidential.

Governance and conflict in the *Grand Nord*

Many of the hundreds of outsiders—foreigners as well as people from elsewhere in the Congo—who arrived in Butembo and Beni for the *Riposte* were struck by the distrust and resistance of the local population. This suspicion, however, was perfectly understandable. People often suspected something sinister when taking stock of the massive resources that these outsiders had at their disposal, and the persistence of poverty and violence in their own communities. Were the outsiders’ abundant material and financial resources—their fortunes—being made thanks to the suffering of people in the *Grand Nord*? Why, given their wherewithal, had they not been able to bring an end to their suffering?

The *Grand Nord* area of North Kivu, made up of the territories of Beni and Lubero, has long been the site of violence, both physical and structural, and resistance to it. An area of intense migration and regional trade,⁸ colonial rule attempted to impose arbitrary boundaries and fixed identities onto dynamic communities, fundamentally reshaping political and customary organization.⁹



Belgian administrators reshaped existing governance structures, making customary chiefs answer to them and undermining the structures that rendered them accountable to their population. Irritating local rulers were removed, shuffled into new positions, or in some cases—as with the chief of Bambuba-Kisiki in northern Beni territory—replaced with compliant outsiders.¹⁰ This triggered fierce local resistance, as in the case of the *hommes-léopards* (“leopard men”), a secret society active in the Beni area that carried out targeted killings against colonial agents and migrants who were seen as encroaching on land and local power.¹¹

Later, throughout the three decades of Mobutu’s reign, struggles over local power and tensions with the capital Kinshasa shaped economic and political developments in the *Grand Nord*. The city of Butembo, which had initially formed as a colonial outpost to manage Lubero’s gold mines, emerged as a bustling entrepreneurial hub, forging trade ties with Dubai and Guangzhou but remaining wary of a central government that many viewed as a continuation of colonialism.¹² The demographic growth of the majority Nande community and its economic rise also fueled tensions with the smaller Pere, Pakombe, Vuba, and Tangi communities, leading to periodic conflict.

The 1973 Zairianisation policies, which nationalized many private companies, further entrenched the hold of Nande elites over the local economy, while the 1983 liberalization of mining helped Butembo’s entrepreneurial class to assert dominance over the region’s gold trade. A tight-knit business elite established strong influence over tax and customs agencies, often acting through the *Association nationale des entreprises du Zaïre* (ANEZA). Much later, these structures contributed to motivating and organizing violence against a *Riposte* perceived by some as a threat to local economic power.

Mobutu’s authoritarianism of the 1970s, and his divide-and-rule politics of the 1990s accentuated local resistance and fiscal disobedience.¹³ However, the autocrat still found allies in the *Grand Nord*. Local strongman Enoch Nyamwisi helped broker an alliance with the NALU, a Ugandan rebellion that later merged with the Allied Democratic Forces (ADF)¹⁴ and settled in the Rwenzori area, part of Mobutu’s strategy of using armed force as leverage against rival neighboring rulers.

As the country entered a period of protracted instability, the *Grand Nord*—like other parts of the Kivus—saw a multitude of armed resistance movements emerge. Beginning in the early 1990s, local Mai-Mai self-defense militias formed at the interstices of local and national

power struggles, mobilizing to protect their communities but also to provide leverage to strongmen seeking influence.

After a brief flurry of fighting between these groups and the invading Rwandan and Ugandan armies during the First Congo War (1996–97), a shaky equilibrium emerged between the *Rassemblement congolais pour la démocratie-Kisangani/Mouvement de libération* (RCD–K/ML), a Ugandan-backed armed group that was led by Antipas Mbusa Nyamwisi, and a handful of armed groups opposed to him. Drawing on support from Nande business networks, Mbusa turned the RCD–K/ML into a formidable belligerent controlling most of the *Grand Nord*. In 2003, the RCD–K/ML became one of the main parties to the peace deal that unified the country and forged new, democratic institutions. Mbusa Nyamwisi joined the alliance of President Joseph Kabila and occupied several important ministerial positions in national government.

This alliance came to an end in 2001, when Mbusa fell out with Kabila and left for exile. This also created a rift within local elites as Julien Paluku Kahongya, North Kivu governor between 2007 and 2019, sided with Kabila. This power struggle, and continuing tensions between the Nande and smaller communities, formed the backdrop to the *Sukola I* military operations launched by the Congolese army against the ADF in 2014. These operations undid a fragile security equilibrium and were quickly perceived as an armed occupation by Nande nationalists, an existential threat by the ADF and associated networks, and an opportunity by free-rider violent entrepreneurs including former RCD–K/ML officers. This prompted a spate of violence worse than anything this region had ever seen; the ADF and a variety of other actors have killed over 2,000 civilians in this area since 2014, often in large, gruesome massacres. As a result, government legitimacy further eroded and Mai-Mai mobilisation resurged.¹⁵

It is in this context that Ebola broke out in mid-2018, prompting unprecedented public health intervention by the Congolese Ministry of Health (MOH), the World Health Organization (WHO) and others. This *Riposte* inadvertently reproduced the history of outside encroachment on local power and reinforced a view of affluent outsiders deriving profit by exploiting local communities. One of our local sources expressed it this way:

The Riposte’s operations and behaviors are a threat to our community. They disregard our chiefs and custom. Then, they talk about emergency but go on renting houses for two years. Is that an emergency? It looks as they came to



stay and earn money by creating more cases. They fight amongst themselves and everyone says different things. All that against the backdrop of a fragile political system, to which the Riposte adds tension. Doctors use our women as sex workers. Our authorities refer to the Riposte to solve conflicts over land. Their forceful referrals trigger feelings of avenge among concerned families.¹⁶

If until mid-2019, violent resistance was mostly triggered by specific actions undertaken by the *Riposte*, the second half of the epidemic saw these dynamics take on a momentum of their own. What had begun as grassroots resistance by communities distrustful of outside intervention became increasingly captured by political and military spoilers. The *Riposte* thus had a direct role in how armed groups, politicians and entrepreneurs quarreled, split, coalesced and reoriented their operations, being perceived as a conflict actor itself. Its teams, which were often accompanied by armed escorts, became locally known as “Mai-Mai OMS [WHO]”;¹⁷ in a survey around Beni and Butembo we found that UN forces were seen to be less trustworthy than actual Mai-Mai.¹⁸

The evolution of violence

Since the beginning of the epidemic, there has been a clear correlation between Ebola cases and violent incidents. Causality has flown in both directions: while attacks on ETC’s and other installations undermined the capacity to identify, isolate, and treat patients, the *Riposte* also provoked violence and resistance.

A closer look at the spatio-temporal evolution of cases and violent incidents allows us to categorize the epidemic into four broad periods. At the beginning (May–December 2018), a small number of incidents occurred, mostly in the cities of Beni and Butembo. The second phase (January–May 2019) saw the epidemic moving southwards, with a steep rise in attacks clustered around Butembo.

During a third phase (June–December 2019), Ebola cases and violence concentrated again in the areas around and to the northwest of Beni, including across the border with Ituri province, while Butembo remained a hotspot of minor incidents.

63. If insecurity is the issue that impacts your household the most, which actor do you trust to deal with it?

2654 out of 3631 respondents answered this question. (977 were without data)

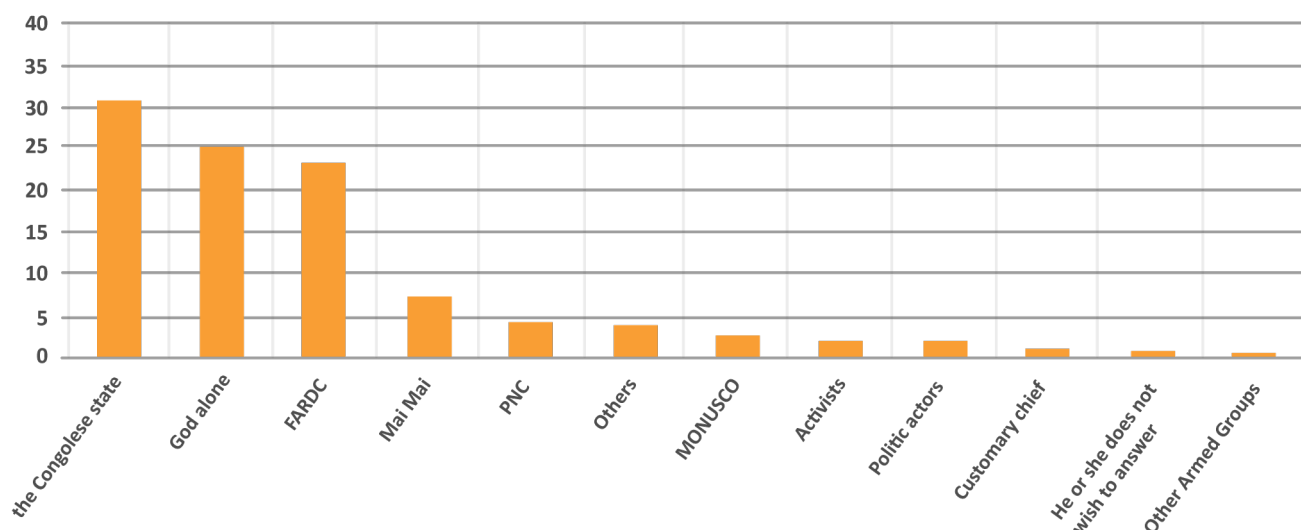
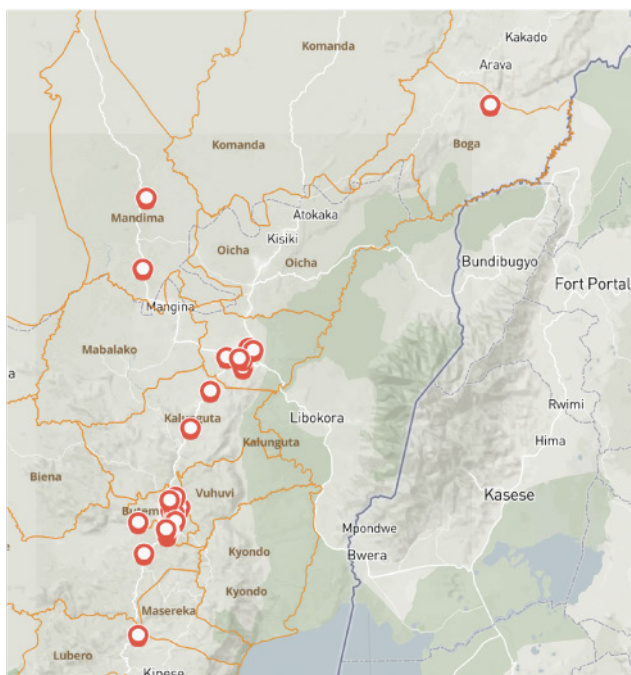


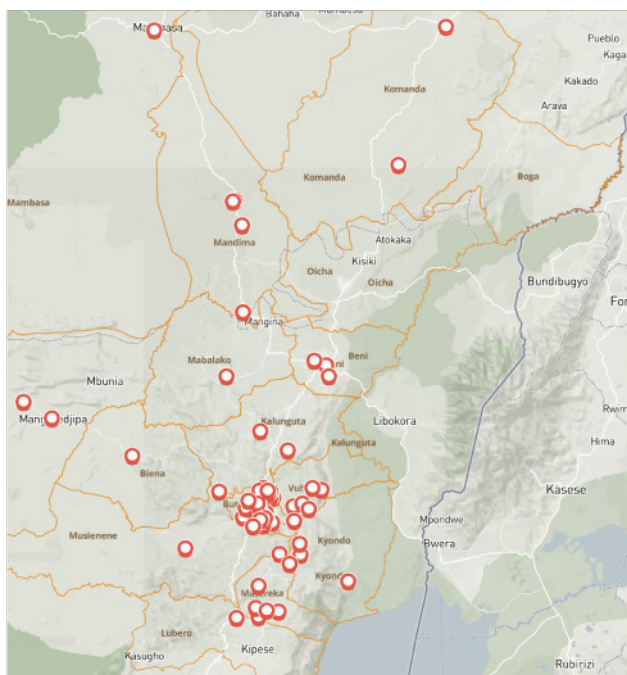
Figure 1. Question from survey conducted by CRG around Beni and Butembo in early 2020



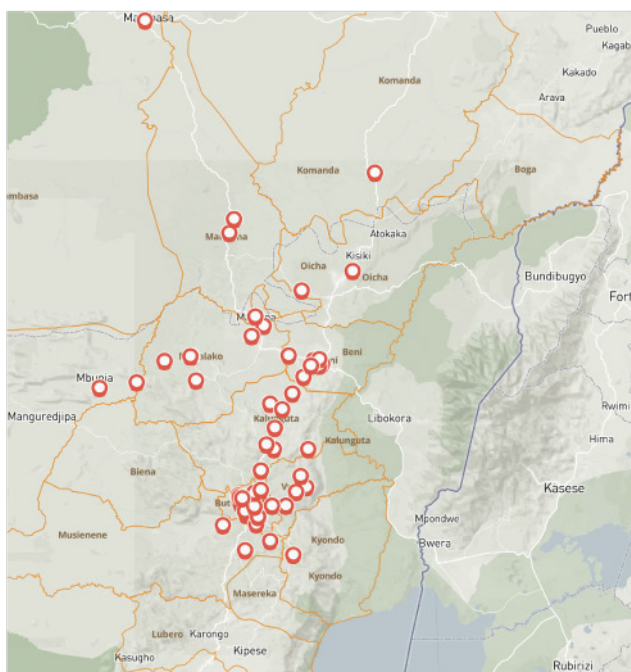
Finally, during the slow-burning end of the epidemic (January–June 2020), incidents tapered off across the entire affected territory.¹⁹ The below maps indicate the spatio-temporal distribution of violence in the context of Ebola throughout the four phases:



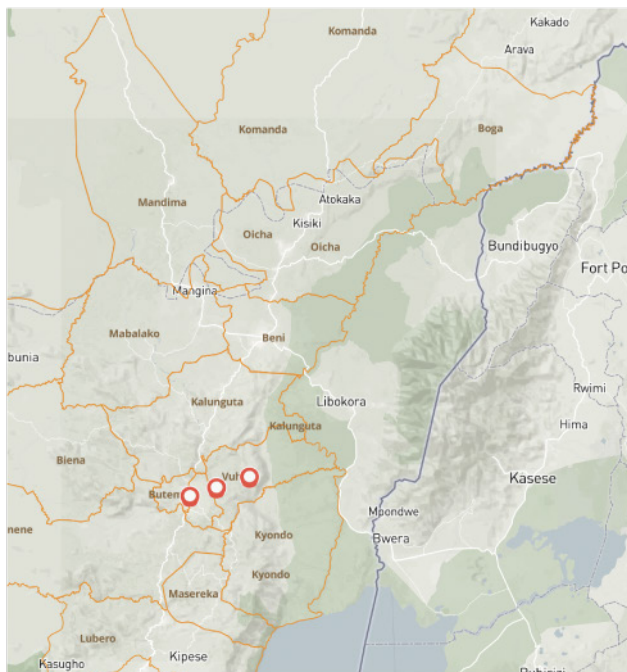
May – December 2018



January – May 2019



June – December 2019



January – June 2020

Figure 2. Maps comparing violence over time around. Full map at <https://radlyant.github.io/Ebola-Map/ebolamap.html>



While the spatio-temporal distribution clearly highlights these four periods, the picture is less clear when it comes to attempting a typology or classification of the acts and perpetrators. Although the WHO attempted to do so in a 2018-2019 report to donors, the result does little to clarify:

The WHO, UN, and other humanitarian agencies evacuated many of their nonessential staff, and the central offices of the *Riposte* were moved to Goma, where they would stay for much of the rest of the epidemic. It was after this incident that Riposte teams began increasing their demands for security escorts.

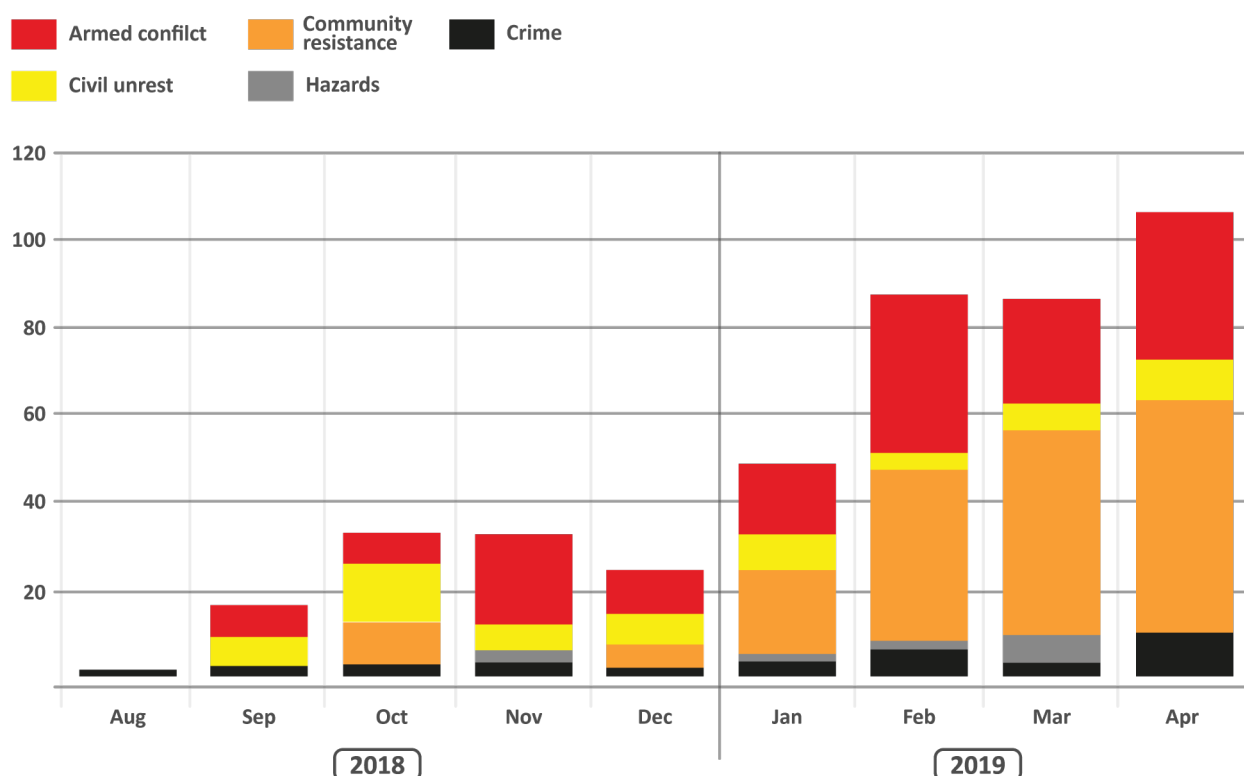


Figure 3. WHO classification of violent incidents related to Ebola epidemic.

In contrast with this neat separation of violence into discrete categories of perpetrators, CRG's research indicates complex links between various actors. It is difficult to say which attack was motivated by grievance, which one by political opportunism, or to differentiate between a Mai-Mai attack or a protest by civilians. Motives were almost always mixed, and perpetrators often entertained complex relations with other actors.

The first Ebola cases were officially diagnosed in Mangina, to the northwest of Beni, in August 2018, although the epidemic probably began in May. The *Riposte* began deploying in large numbers to Mangina, and there were several smaller security incidents over the ensuing weeks. A major turning point in the attitude of the *Riposte* toward security came in November 2018, when armed men attacked a UN military base in Beni. It is not clear whether the attack targeted the *Riposte*, but it highlighted the potential risk of violence.

Most early incidents surrounding the *Riposte* appear to have been triggered by outrage and suspicion. This phase, from August to December 2018, saw relatively few attacks. As the *Riposte* grew dramatically in size and began paying security forces and armed groups, violence also escalated. During this period, opportunism and profiteering became important motivators for the attacks, as politicians and entrepreneurs of violence took advantage of the situation. The amount of money pouring into the region affected armed actors in the region, where violence both by the government and its opponents had long been tied up in the extraction of resource struggles over status and power. While a comprehensive financial accounting is challenging, between \$489 million and \$738 million was spent battling Ebola over 20 months, much of which was spent locally.²⁰ By comparison, the annual budget for the whole province of North Kivu is around \$95 million, while remuneration for the entire army amounts to around \$250 mil-



lion.²¹ This injection of money then compounded the violence, leading some armed actors to seek to monetize their violence by being bought off by the *Riposte* or by prolonging the epidemic so they could continue to profit from it.

As we will see in the case studies below, many attacks took the shape of joint ventures involving various armed actors and occasionally including inside jobs. These collaborations also spanned the rural-urban divide and involved actors that many would consider criminal gangs as well as armed groups. It is therefore misleading to understand Ebola-related violence in mutually exclusive terms—for example “armed conflict” versus “crime”—or in dichotomies pitting “community resistance” against “civil unrest” that obfuscate as much as they explain.

Untangling perceptions of the *Riposte*

In order to understand the violence swirling around the *Riposte*—and to avoid reducing it to simple greed or grievance—we need to try to place ourselves in the shoes of the local population. After many interviews with combatants, farmers, local youths, and health care workers, one comes away with the perception of the *Riposte* as a foreign, self-interested operation, despite its humanitarian contributions. Surveys found that trust toward authority decreased the further that authority from the population, with local institutions generating less suspicion than national and international ones.²² Antonio Guterres' September 2019 visit to the Beni treatment centre is emblematic: the UN Secretary-General toured a medical facility accompanied by heavily armed soldiers, raising important questions regarding international humanitarian law and best practice. While other agencies and NGOs involved in the *Riposte* rejected or tried to minimize armed support, the WHO and Congolese government stakeholders gained a reputation for relying on military backing – whether from FARDC, MONUSCO, or armed groups – to facilitate their operations.²³

This section discusses how the perception of efforts to contain the epidemic, combined with social frictions and battles over resources, contributed to making it a target of repeated attacks. Perceptions of the *Riposte* were deeply influenced by past interventions by outsiders, from persistent memories of

colonial violence to predatory government officials sent from Kinshasa. There is a deep-rooted feeling by people in Beni and Butembo that foreign actors—ranging from aid workers to Congolese army officers—have come to the *Grand Nord* to enrich themselves on the backs of the local population through violent and mysterious conspiracies. In particular, reactions to the *Riposte* were shaped by the outrage at international inaction toward the gruesome massacres that took place around Beni during the five years prior to the outbreak. Our sources often lamented that the world had done little to bring an end to those massacres, but then deployed massive resources to deal with an outbreak of hemorrhagic fever.

As scholars have noted elsewhere, the popularity of conspiracies, and the trust in millennial preachers and unproven, sometimes mystical remedies, is often linked to the belief that arcane forces are intervening to prevent the local population from prospering and living in peace.²⁴ How else can one explain that despite the vast sums spent and the fleets of expensive vehicles, disease has continued to spread? And Ebola is but the most recent example—equally mysterious is the failure of thousands of United Nations troops outfitted with hi-tech equipment and supported with drones and helicopters to defeat rag-tag militias with rusted Kalashnikovs. And all of this is taking place in a country that officially entered into a post-conflict period around a decade ago, and in which the promise of democracy has provided little succor for the impoverished and traumatized population.

The *Riposte*'s reported collaboration with belligerents further aggravated the local communities. The population around Beni and Butembo was largely opposed to then-President Joseph Kabila's ruling coalition and the national army, which were seen by many as complicit in or at least indifferent to the long string of massacres around Beni. Therefore, while Ebola was deadly, the “specter of Ebola”²⁵—all of the feelings and imaginaries triggered by the disease and the huge humanitarian operations aimed at stemming its spread—became perceived as just as much a threat. This occurred through two channels.

Perhaps most obviously, and as we will argue below, the *Riposte* provoked fear through the excessive use of force and by associating itself with the unpopular government.²⁶ In doing so, it both employed and mimicked state authorities. It reportedly hired security guards and collaborated with migration and intelligence agencies—all of whom had little legitimacy in the eyes of the population—to trace the contacts of those exposed to or infected by Ebola. In some



well-publicized cases it forcefully brought people to ETCs and broke up funerals.²⁷ It was not unusual for suspected patients to be taken to an ETC and be detained without a clear explanation. In relying on the Congolese migration and intelligence agencies for the tracing of contacts, the *Riposte* re-enacted the heavy-handed state policies that had earned the Congolese government, and its colonial predecessors, so much resentment.²⁸

Secondly, it triggered suspicion by coupling the invisibility of the virus with its own financial and operational opacity, further enriching the already fertile soil for rumor. Many interlocutors linked the impenetrable and sealed nature of treatment centers with the *Riposte*'s seeming lack of transparency in spending and budget allocation. At least initially, *Riposte* teams also regularly failed to explain details of their mission to populations as they showed up in areas with suspected cases. This undermined the humanitarian intervention and appeared to legitimized resistance against it. In consequence, for many members of the local population that we spoke with, the empirical manifestation of the *Riposte* began to resemble yet another emanation of the predatory, violent Congolese state and its allies.

The reactions of local communities to the Ebola epidemic, along with the humanitarian response to it, were deeply colored by this set of dynamics. Locals we interviewed tried to make sense of the arrival of a mysterious disease, more deadly than any other seen in the area, and the massive deployment of foreign doctors in strange suits, handwashing stations, and fleets of cars. While many welcomed the *Riposte*—the Ebola treatment, free healthcare, and influx of money that came with it—others perceived it as a threat to their lives and culture.

These suspicions were compounded by the *Riposte*'s approach. Given the urgency of the crisis, some in the *Riposte*'s leadership felt that setting up financial procedures and engaging in dialogue with the community would create lethal delays.²⁹ Organizational imperatives produced an inwards-oriented focus that contributed to misunderstanding and mistrust in their engagement with populations. Out of this impulse emerged a policy of paying security forces, including militia and armed groups for protection; the setting up of a parallel healthcare system, instead of trying to work through the existing, dilapidated one; and the use of force to disperse protesters, transport suspected cases to treatment centers, and to impose virus-proof burial techniques.³⁰ All of this happened as populations saw a *Riposte* with vast financial and technological means; some of those interviewed compared

its hemorrhaging of money with the symptoms of the disease, and the sealed-off nature of ETCs with the virus' own mysterious nature.

As a result, for all of the humanitarian relief it brought, in the eyes of the local population the *Riposte* ended up reproducing existing forms of governance, privatizing core functions of the state, reinforcing patronage networks and norms of violent profit-seeking, and subsuming Congolese actors to foreigners. It appeared more concerned with the management of a disease, to prevent its spread from the Congo, than with understanding the array of problems local communities were facing.³¹ This helps explain reactions to the *Riposte*. While some of the mobilization and violence was driven by opportunistic racketeering, many of the spontaneous protests—and even armed group activity—were sparked by genuine suspicion and indignation at what the population saw as disrespectful treatment.

Drivers of violence

Early on, the WHO described the outbreak as a “perfect storm” to which it responded with a “no regrets” policy that consisted of quick action while failing to anticipate the impact their massive humanitarian deployment would have on the conflict.³² This chapter analyzes the triggers and drivers of violence around the *Riposte*, parceling them into four groups: (1) miscommunication and mistrust; (2) militarization and the Beni massacres; (3) politics and electoral dynamics; and (4) Ebola business and protection rackets.

Miscommunication and mistrust

Whether in the DRC or elsewhere, communication between health personnel and populations is a crucial factor in tackling the spread of transmittable diseases and epidemics.³³ In order to prevent the spread of the disease, inhabitants needed to adopt stringent sanitary practices, refrain from contact with infected individuals and be vaccinated—all behaviors that require trust in the health authorities vehiculating these messages. And yet the DRC's tenth Ebola outbreak occurred in a climate of deep mistrust towards their own government as well as toward international actors.



As highlighted in the CRG [report on Ebola and its impact on the health system](#), actions taken by the *Riposte*, along with disinformation spread by its critics, only exacerbated public suspicion while interveners struggled to develop coordinated, consistent communication. Some of these missteps were simple. While French, standard Swahili, and Lingala were the most-used languages in the *Riposte*, local languages such as Kinande, Congolese variations of Swahili, or other vernacular languages were rarely used, as a local administrative official told CRG:

*The population speaks Kinande, but the Riposte came sensitizing in other languages. This could only go wrong.*³⁴

This was exacerbated by the confusing and sometimes contradictory information provided by humanitarian officials. Some of this was due to the haste with which teams dealt with suspected cases, resulting in violent confrontations, as the following account makes clear:

*On 14 March 2019, in Njiapanda, an elderly person died at home. An EDS team came for burial and swab testing of family members, but the populations opposed that and went on to bury the elder. [The population] did not believe he had Ebola because he had been sick a while. They also resisted PNC and FARDC who eventually forced the body back after shots were fired and two youth wounded, one of which died later. This led to further tensions and people went to nearby Mambowa [near Njiapanda and Mangu-rejipa] and ransacked the referral hospital and MSF vehicles. Others torched a public building. Some youth went on to try burning private houses.*³⁵

There were also strategic mistakes, such as focusing on discouraging populations from eating bushmeat instead of sensitizing them about human-to-human spread and infections that take place in health centers and hospitals, which were dramatically underestimated by *Riposte* experts early in the epidemic. Nonetheless, these mistakes were corrected quickly.

Distrust was clearly amplified by disinformation spread by critics of the *Riposte*. In some cases, this appears to have been spontaneous, a reaction to the particular nature of Ebola—a disease that only manifests itself when it is almost too late to cure³⁶—as well as to the imbalance between the *Riposte*'s massive footprint in the *Grand Nord* and the threat of Ebola compared to the many other security and health threats in the region. In Butembo's urban Swahili, the slogan *kiboro moya hivi* ("a fabricated thing")³⁷ became a catch-all way of connoting the suspicions around Ebola, hinting at what several interviewees saw as a hidden face of the *Riposte*.³⁸ Interviews with community members produced statements such as the following:

*"Ebola never killed a single soldier or policeman, although they don't even wash their hands."*³⁹

*"Our community has been sold [to the Riposte] for medical experiments."*⁴⁰

At times, the haughty attitude of *Riposte* staff justified this distrust. While many medical workers were fastidious and courageous in their actions, others were less considerate. A community member told us:

*They appear before us and speak to us with earphones [in their ears]. They disdain us, they don't have time to listen to us. Their manners of appearing before us and the whole community...it is as if we are not considered, as if we were animals.*⁴¹

Interlocutors complained *Riposte* teams rarely undertook the usual courtesy visits to local chiefs when showing up somewhere. A recurrent accusation was that the *Riposte* recruited sex workers as medical staff, as the credentials of non-local recruits were rarely communicated. Some *Riposte* workers also engaged in sexual misconduct, including forced sex work and rape—often framed as *opération retour* (kickback) in exchange for local recruitment—dealing a further blow to their reputation.⁴²

Other suspicions related to medical questions. In Kalengeya, a young woman died from a secret abortion after significant blood loss. An EDS team showed up for testing and burial. Locals accused the *Riposte* of trying to make the death look Ebola related, triggering anger over the external meddling into sensitive, private matters that were supposed to be handled according to custom. This incident eventually led to violent protests.⁴³

In general, humanitarian workers struggled to be accepted, especially as their demands were often related to some of the most intimate aspects of local custom and family life. The following account is compiled from three medical sources in Mabuku, Beni territory, where a washing station built by NGO Medair was attacked on 9 February 2019. It shows how the *Riposte*'s urgency was met with distrust and local manipulation:

MEDAIR came to set up a washing station in Mabuku. On 9 February, it was destroyed. The next day, an attack targeted the CS Mabuku. The population did not believe in Ebola. Some individuals close to the Mai-Mai Léopards banked on the mistrust and [...] portrayed the *Riposte* as Kabila-friendly, linking Ebola and national politics. Ten days later the first Ebola occurred in Mabuku, a girl arriving from Butembo. The *Riposte* set up shop and a second attack occurred on 8 March, forcing it to close down. To



restart, *Riposte* staff had to pay beers to the Mai-Mai Leopards of Kiboko and Fabrice. A third attack occurred on 16 April in Masongo against an EDS team and the head nurse of CS Mabuku. Neither respecting custom nor involving locals in decision-making, the *Riposte* forced local health providers to either collaborate or remain loyal to the population. Later, *Riposte* staff – alongside the wife of a victim who had accepted her late husband to receive an EDS – was summoned by a local customary chief to pay *kasiksi* [local alcohol] to the family of the deceased person for violating customary rules.⁴⁴

Another, similar example came from Njiapanda, in Lubero territory, where a local leader passed away and a *Riposte* team went to test his family but were chased away. Backed by security forces, the team returned to forcefully carry out the swab tests. When the family refused and tried to bury their elder, armed escorts dispersed the crowd with gunshots, killing one and wounding another.⁴⁵ This resulted in the ransacking of nearby Mambowa hospital, which hosted a *Riposte*-run triage center. Again, interlocutors stressed that the involvement of local authorities would have offered ways to negotiate medical intervention instead of imposing it violently, but in most instances recorded by CRG, this was not tried. CRG's external reviewers, *Riposte* officials, medical professionals and journalists confirmed this was a common pattern.

In other cases, rumors were amplified by religious, customary, and other leaders, at times to boost their stature. In Lwemba, a pastor named Henri Pauni spread the belief that Ebola did not exist, stating that it is witchcraft, and thus could be cured by witchcraft. There were other coordinated efforts to undermine the *Riposte* by spreading leaflets threatening attacks and questioning the existence of the virus and aims of the *Riposte*.⁴⁶ While it is unclear who was behind these, surveys suggest that a large part of the community sympathized with these conspiracies. One of the few independent surveys carried out on this topic⁴⁷ found that 25% of respondents did not believe Ebola existed. Thirty-two and thirty-six percent, respectively, believed the epidemic was a vehicle for enrichment or for the destabilization of the *Grand Nord*.

Miscommunication by *Riposte* members did not help either. For example, in June 2019 in Beni, motorcycle drivers attacked the *Riposte* after a series of deaths had occurred and WHO vaccination teams had reportedly declared in front of local youth that “there will be many more victims.”⁴⁸ While officials made these statements in an effort to convince people to get vaccinated, populations mistook them as proof that the UN agency had knowledge of impending new cases and was complicit in the spread of the epidemic.

Elsewhere, the *Riposte*'s policy of paying off armed groups – which we will detail below – made them vulnerable to allegations of impropriety. In September 2019, unidentified attackers burnt a *Riposte* motorcycle in Kalunguta in a bid to obstruct vaccination efforts in the area. The Mai-Mai UPLC, which since early 2019 “[had] begun to collaborate with the WHO in Kalunguta area,”⁴⁹ occasionally arrested offenders and released them only after they agreed to be vaccinated. At the same time, UPLC combatants publicly went to get the vaccine. While these actions persuaded a part of the local population to reconsider their mistrust, a rival armed group, the Mai-Mai Léopards, denounced the UPLC as Kabila allies and depicted them as a part of a broader *Riposte* conspiracy.⁵⁰

Militarization and payments to security forces

This Ebola epidemic was the first to occur in an area of ongoing hostilities between dozens of belligerents, including Congolese security forces. In addition, the area around Beni had indeed been the scene of many deadly attacks on civilians in recent years, as well as several attacks on humanitarian workers. In response, the *Riposte* paid state security forces as well as armed groups to provide protection, to enforce public health regulations, and to trace contacts.⁵¹ The humanitarian operation invoked the recent history of violence to justify the use of armed protection in an effort to protect its staff from what it considered to be high levels of threat. Indeed, humanitarian actors worldwide often collaborate with security forces, and even sometimes with non-state armed groups, in order to obtain access to populations in need.

However, as highlighted by United Nations guidelines, this kind of collaboration carries with it the danger of compromising the core principles of neutrality, impartiality, and independence.⁵² The collaboration with non-state armed groups could have also been a violation of the UN arms embargo, although humanitarians in other conflicts have taken a similar approach toward armed actors.⁵³

WHO was particularly involved in these payments and therefore had a particular responsibility in the consequences they had on security dynamics.⁵⁴ According to several senior officials involved the *Riposte*, as well as members of armed groups receiving them, payments to security forces were nearly always carried out by



WHO.⁵⁵ One of these officials said that the lists of security officials to be paid was established by the National Intelligence Agency (ANR) and were then given to WHO, which decided on remuneration based on its own calculations.⁵⁶ This was in contradiction to standard operating procedure in the United Nations, which relies on its Department of Safety and Security (UNDSS) for working out how to collaborate with national security officials. In addition, according to two independent sources, the United Nations agencies involved never completed all the required risk assessment and risk mitigation plan as per the United Nations Human Rights Due Diligence Policy (HRDDP).⁵⁷ As can be seen in its response ([Annex A](#)), WHO denies any knowledge of payments made to armed groups and says that it was merely providing support to the national government, in concertation with other humanitarian agencies. The Congolese ministry of health also replied that it was not aware of any payments made to armed groups by the *Riposte*.

In the early days of their operations around Beni in 2018, some members of the *Riposte* had already used armed escorts, reportedly at the instigation of former ministry of health coordinator Njoloko Thambwe, a Kabila ally who also stood as a candidate in Beni for the 2018 parliamentary elections.⁵⁸ The militarization of the response then intensified following a major attack against MONUSCO in Beni on 17 November 2018, as mentioned above. The attack led to the evacuation of WHO staff from Beni and the more systematic use of armed escorts. In the eyes of the local population, this collaboration with a government and army considered illegitimate by many tainted the humanitarian actions. The policy of certain actors, such as *Médecins Sans Frontières* (MSF) and the Red Cross movement, not to use any armed protection, indicating that armed escorts were not absolutely necessary, reinforced these suspicions.⁵⁹ This collaboration with Congolese security services was originally intended simply to provide access, but there were also soon instances of armed escorts being used to coerce suspects into getting tested and to take them to medical facilities and forcefully disperse burial gatherings that did not respect sanitary guidelines. This collaboration led some interlocutors and local experts to place the *Riposte* among the many armed groups operating in the *Grand Nord*, calling it “Mai-Mai OMS [WHO].” By 2019, the *Riposte* had sub-contracted between 1,000-2000 FARDC, PNC and ANR officials alone, making it arguably the third-largest belligerent in the *Grand Nord* area (after the FARDC and MONUSCO).⁶⁰

Following the November 2018 attack on the UN in Beni, contacts with armed groups in Beni and Lubero area intensified and led to a series of arrangements with armed groups, who provided security and access in return for

payment and employment.⁶¹ One armed group commander told CRG:

*A WHO official came to visit us to discuss the existence of Ebola. Then, we helped them organize a meeting to sensitize the local population in our area. This is how we established good relations with the WHO, and other Riposte actors. Later on, the WHO coordination in Butembo realized we did good work in supporting the Riposte, and asked us if we would like to put some of our combatants at their disposal. We suggested 10 of our men, but the WHO refused, since their initial budgets had not foreseen paying armed groups. Since they had already to pay for FARDC, policemen and ANR staff, they told us to limit our staff to three. They were contracted since November 2018 with half of their salaries paid to them by WHO, and half to the group as a whole. Jealous about this agreement, the Mai-Mai APASIKO and the Mai-Mai Léopards then threatened WHO, and were also contracted in December 2018. The FPP/AP followed later on as we helped WHO to get in touch with them too.*⁶²

A senior *Riposte* official confirmed that WHO authorized at least three large payments to armed groups, an allegation that WHO rejects.⁶³ This collaboration led the *Riposte* to engage with some armed groups that were in conflict with others, becoming embroiled and in some cases complicit in armed violence and resistance. This is echoed in a confidential review by the UN’s Inter-Agency Standing Committee:

*There was a lack of a clear policy on the use of escorts; the use of payments and incentives to security forces and armed groups by local field teams to provide access and certain services in the absence of DSS in affected areas. This was a major concern expressed to us on several occasions – that of the militarization and monetization of the response which jeopardizes humanitarian principles and turns assets to liabilities for the humanitarian operations when payments cease [...] While the payments of security forces ha[ve] been raised as an issue and known to many staff in the EVD response, the issue has not been addressed.*⁶⁴

Other groups, however, did not benefit from these deals and resentment then led them to ramp up attacks. Armed groups such as the Mai-Mai of Mutsuwa Kikongo began carrying out ambushes against *Riposte* personnel and installations, explicitly framing these as “some sort of job application” to prove they were able to provide security.⁶⁵

In the end, the *Riposte*’s sub-contracting of security offered both a window of opportunity for armed networks to negotiate protection arrangements and a reason for

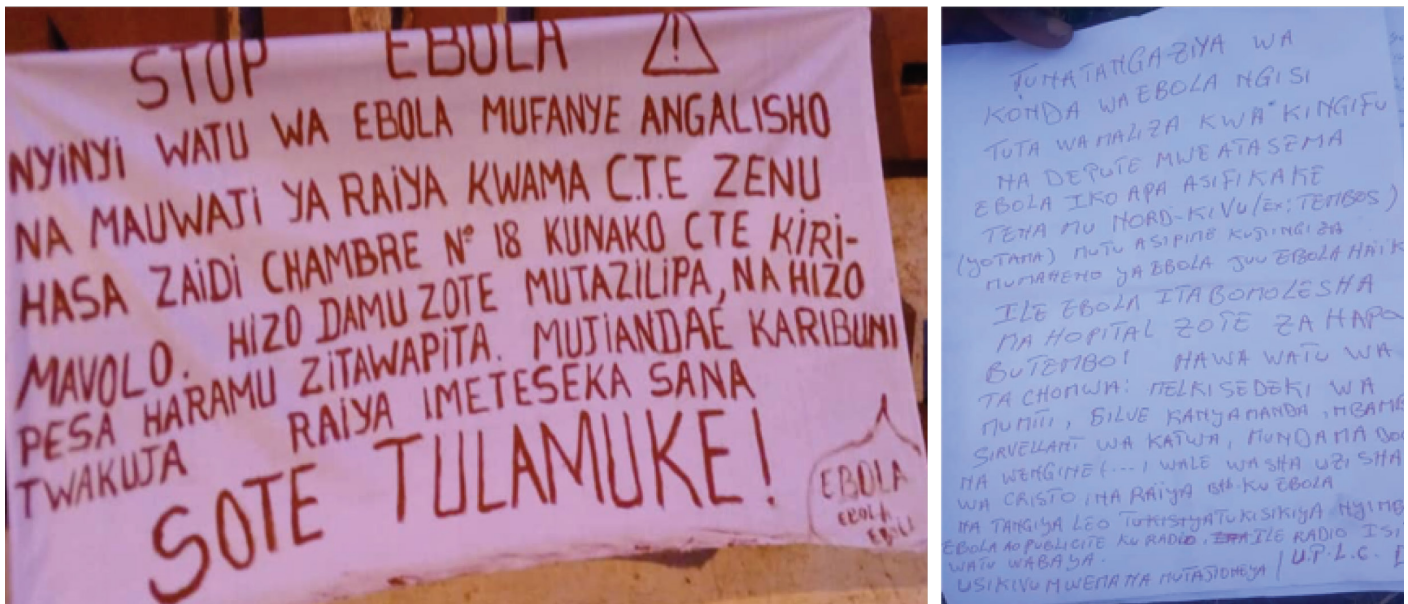


Figure 4. Examples of tracts and banners protesting the *Riposte*.

critics to justify attacks against a *Riposte* that was in their eyes allied to an illegitimate government. Initiated by WHO and the Ministry of Health in late 2018, high-level UN officials called for carefully dismantling this system of payments to regular and irregular armed actors, fearing that ceasing payments could itself provoke violence.⁶⁶ However, the WHO leadership eventually made a sudden decision to stop payments due to budget reasons.⁶⁷

Politics and electoral dynamics

The December 2018 national parliamentary and presidential elections ended up contributing to the violence around the *Riposte*. The stakes of these elections were high, as they marked the end of Joseph Kabila's term in office. The Beni-Butembo area was a hotbed of opposition activism, fueled by local leaders and a legacy of distrust toward the central government. Mbusa Nyamwisi, the popular former rebel, was a member of the opposition Lamuka coalition, as were several other prominent local leaders. In this context, local politicians and other leaders associated the *Riposte* with the government and issued implicit and explicit calls for resistance against the *Riposte* in public speeches. Similar rhetoric reverberated through social media pamphlets clamoring for violence or other resistance against the *Riposte*.⁶⁸

A key example was the election campaign in Butembo, where parliamentary candidates Crispin Mbindule and Tembos Yotama—respectively leaders of Parlement Debout de Furu and Veranda Mutsanga,

Butembo's two most influential youth groups—respectively adopted anti- and pro-*Riposte* messaging as part of their campaign, before Mbindule changed tack after the elections to also back the *Riposte*, even helping to sensitize communities.⁶⁹ Controversy over the *Riposte* and its funds also influenced political positioning in the *Grand Nord* and Goma, often along ethnic or party lines. According to one politician:

Ebola is a political disease. The [ruling party] has gotten their people recruited. More so, Ebola never killed a soldier or a police officer while they do not wash their hands, are in the bush and consume wild animals.⁷⁰

Another expressed a similar view:

Our area is an opposition area, [when Ebola came] we felt we had been sold by our leaders and the government.⁷¹

The decision by the election commission in November 2018 to postpone elections in the *Grand Nord* until March 2019 due to Ebola further fueled resentment. Given Lamuka's popularity in the *Grand Nord*, postponing the polls was considered a move to sideline the opposition, further politicizing the *Riposte*. Many people wondered, for example, why people could not go and vote, but could continue going to church, school, and other public gatherings. The popular mock elections organized by youth movements in Beni and Butembo were a symbol of this defiance against the government and the *Riposte*.

An example of these dynamics surfaced in Mabolyo, Beni territory, where two youth movements (Organisation des Têtes Troubles, OTT, and the Vichwa Vigumu)



mobilized for Lamuka.⁷² Mabolyo had its first Ebola cases in July 2019, including one child of Urbain Muhima, a campaigner for Lamuka parliamentary candidate Kizerbo Watevkwwa. Parallel to campaigning, Kizerbo—alongside armed group leaders like Saperita—supported the marketing of a medicine known as *mangwende*, a local brew made of maize and herbs, as an alternative Ebola cure. Muhima claimed that he had asked to be vaccinated, but that the *Riposte* had initially refused. By the time *Riposte* agents finally agreed to vaccinate his family, his child was dead. Muhima and other Vichwa Vigumu members began spreading a conspiracy that the vaccine was made from viral samples obtained in Western Congo, and thus suspicious, and that “all people brought to the ETC die.” A week after his child’s death, other family members fell sick, died, and infected around 50 others, mostly at the *Main de Dieu* clinic in Mabolyo. This rise in cases, coupled with the rumormongering, fueled the belief in a conspiracy. A Congolese doctor also engaged in local politics told CRG:

We saw how people without degrees were recruited by the Riposte and witnessed the closure of private clinics in Mabolyo. Kizerbo said we need to defend ourselves against the virus brought from the West to kill us. The main organizer was Bienfait from Kabisa clinic. We began resisting in July 2019 and kept stepping up until attacking CS Mabolyo, thanks to guidance and dawa from UPLC Kilalo and support from medical staff out of jobs after the closure of health structures. It was a mix of medical and political claims that underpinned our action, as well as opposition against Kabila whose soldiers are with the Riposte.⁷³

With health centers being attacked by suspicious locals, and the *Riposte* threatening to close private health centers that did not apply proper treatment hygiene, one of the *Main de Dieu* clinic owners wrote the WHO to receive compensation when authorities shut down his center, but never received a reply. Later on, his clinic was attacked on 2 August while a *Riposte* vaccination team was present. He then joined Vichwa Vigumu to seek protection and engaged in resistance against the *Riposte*. On 2 September, a coalition of Vichwa Vigumu activists supporting Kizerbo and Saperita’s Mai-Mai, raided and burnt the Mabolyo health center. While Muhima and the networks around him remained hostile to the *Riposte*, many thought he was merely seeking leverage in order to be bought off. This would not have been surprising, as violence against the *Riposte* in Mabolyo also involved the UPLC, an armed group that started off being critical but was then co-opted by both the *Riposte*, to facilitate access

by protection, and the army, in a bid to weaken Mai-Mai networks. Interviewed by CRG, two armed group leaders outlined in detail how WHO officials organized payments for them, and requested specific services, including securing *Riposte* operations and patrolling on behalf of the *Riposte*. One of them described the relations between his armed group and the WHO as “friendly and frank collaboration.”⁷⁴

In general, suspicion of the *Riposte* and disbelief in Ebola seemed more common among Lamuka supporters and officials, as exemplified by the Yambi Yaya and Telema youth groups in Cantine village, close to Beni. At times, antagonism against the *Riposte* linked the political sphere with business circles and armed mobilization, such as in the case of Kambale Kiraraumu Kiri, an advisor to the Mai-Mai Mazembe. His son Sele is a palm oil trader who travels extensively in the *Grand Nord* and, in October 2019, returned from Kirumba, an area with several armed groups, with the idea of setting up armed resistance against the *Riposte*.⁷⁵ They rallied Kambale Madusu—a Lamuka MP candidate, Yambi Yaya leader, and *Riposte* staffer—to their cause. While Madusu pushed for peaceful resistance, the death of Kiri’s friend Philemon changed things. Philemon had just celebrated his and his fiancée’s recovery from Ebola, but both died shortly afterwards on 4 December 2019. Outraged, Sele, Madusu, and others decided to attack the Tumaini health center where Philemon had been treated and got in touch with several local Mai-Mai groups to organize the raid two days later. Shortly afterwards, Oxfam closed down operations in Cantine and on 15 December, the Yambi Yaya youth organization and their Mai-Mai allies launched a bid to chase away the entire *Riposte* from Cantine.

The critical stance of Lamuka supporters is another side effect of the militarization of the *Riposte*. While the local population had other reasons to be skeptical of the humanitarian operations, the alliance with the government, and especially with the national army, politicized the *Riposte* during this crucial electoral period. However, it is important to point out that national Lamuka leaders including Mbusa and Martin Fayulu largely supported the *Riposte*.



Ebola business and protection rackets

While violence was pervasive around Beni prior to the Ebola epidemic, the injection of hundreds of millions of dollars transformed the conflict:⁷⁶ by the end of the *Riposte*, nearly a billion dollars had been spent. Dubbed “Ebola business” by locals, the financial face of the humanitarian operations prompted local elites and armed groups to use violence in a bid to get access to this influx of cash. Interviews with people who worked with the *Riposte* show the cynical attitudes that developed due to this:

We’re just eating the money, there is no disease. (“Tuko na kula faranga, malali haiko tu.”)⁷⁷

We’re a source of revenue for the Ebola Riposte that looks for money. (“Sisi ni pononya ya batu ya Ebola kwa kupata franga.”)⁷⁸

Ebola is good, it shall go on, since I was born I never had 2000 dollars in my hand but with Ebola I get as much every month, may it never stop. (“Ebola ezali malamu, esila te, banda na botamaka, nazwaka te 2000\$ na maboko, mais avec Ebola, nazozua yango chaque mois, esila te vraiment.”)⁷⁹

A new vocabulary developed to talk about this phenomenon: The *Riposte* was called a *coop*, an informal business opportunity, in which one had to provide *opérations retour* (kickbacks); it was like *nyama ya tembo* (“elephant meat”) in how many resources it provided, and workers would *kula* (eat) or *meza* (swallow) their share.

This was the case in the area around Biakato and Mangina where the influx of funds led to corruption and nepotism.⁸⁰ The *Riposte* challenged existing business oligopolies, such as the FEC and other powerful business circles in Butembo and Beni. At a dinner in Butembo, a small-scale businessman bragged how “renting out cars to the *Riposte* made for [his] annual income after only two months.”⁸¹ Free healthcare triggered jealousy and discriminated against private healthcare, motivating rumor and misinformation. Certain nurses would privately admit the existence of Ebola but deny it towards their clients while in front of the *Riposte*.⁸² However, as demonstrated above, it would be wrong to attribute anti-*Riposte* violence uniquely to extraction or capture. Many of the economic drivers of violence were enmeshed into other types of conflicts, claims, and tensions.

An attack at the Ngoyo health center in November 2019 exemplifies this, showcasing how deep the reach of

healthcare in society goes. On 13 November, the Mai-Mai led by “Drago Ougandais” burned three *Riposte* motorcycles at Ngoyo health center and tried to kill head nurse Chrispin Muhindo.⁸³ The latter had been instrumental in setting up a *Riposte*-led rehabilitation project for the Kyanzaba–Ngoyo road that replaced a previously planned project managed by the International Organization for Migration (IOM), which had provided jobs to local youth including some Mai-Mai. When the IOM project was ready to begin, the WHO arrived and created an identical, parallel project, without realizing another international agency had already done so. This raised fears among the IOM-recruited locals they would lose their jobs. In early September, a spear was rammed into the yard of Ngoyo health center. Mastaki Ngunga, who had debts at the health center, and another local called Kasoya approached the Mai-Mai network around Drago Ougandais and Matabishi Prof reportedly seeking to plan an attack on the health center a few days later.⁸⁴

In some instances, the way the *Riposte* recruited its staff and casual laborers created tensions, disfavoring local communities due to both required skillsets and nepotism amongst Kinshasa- and Goma-based medical elites. Some unskilled workers were recruited only temporarily or promised jobs sans suite while medical professionals from Goma or Kinshasa were recruited “over the phone,” or as a result of backroom deals involving political elites and other leaders.

When in mid-2019 a case was detected in Pinga, Walikale territory, WHO deployed a team, recruiting 304 local staff for three weeks at a rate of 20 USD per day. Pinga is a remote area, where this influx of money represented a windfall for many. However, as the case turned out to be a false positive, the WHO withdrew soon afterward. Unpaid for work they had already carried out, a group of workers chased away the *médecin chef de zone* (MCZ), the doctor in charge of the health zone, in December 2019. Only then did the WHO react and begin to compensate some of the workers. Months later, many were unpaid while others had only received part of what they had expected. As there were no contracts—only oral agreements and attendance sheets—it was difficult for local staff to engage legal action. CRG spoke to policemen, sensitization workers, and local traders who said they had delivered services and supplies for the *Riposte* without having been reimbursed. One such worker said:

It’s a lot of money. If they pay me, I will build a new life. (“C’est beaucoup d’argent. S’ils me payent je vais refaire ma vie.”)⁸⁵

The unpaid police officers told us that they did not in-



tervene to prevent the locking of the Ebola treatment center, arguing that demanding salaries is a legitimate claim.⁸⁶ Elsewhere, Ebola funds kindled competition between armed actors. There were many reported examples of this from our interviews:

- In December 2018, a Mai-Mai group attacked a treatment center in Beni after another group had received two motorcycles from the *Riposte*.
- Several months later, a small coalition of local commanders—Kisya, Kiboko, Kadeu, and Mulozi—called Mai-Mai APASIKO emerged apparently to extort funds from the *Riposte*, by attacking health centers in Kazebere and Mabuku in April 2019.⁸⁷ While these commanders were united by common interests for some time, competition over the *Riposte*'s money created friction, eventually leading to the demise of the coalition.
- In June 2019, the UPLC armed group approached *Riposte* staff in Kalunguta to broker a deal involving payments in return for protection, submitting a list of demands. When that remained unanswered for a while, the group began threatening local *Riposte* leaders.⁸⁸ Most of the UPLC was eventually co-opted by the *Riposte* through payments to members of the armed group.⁸⁹
- On 20 July 2019, Mai-Mai led by Mutsuva Kikongo burnt down Buhesi health center and justified it as a “job application” to provide security to the *Riposte*. On 28 July 2019, a local sensitization worker was kidnapped, raped, and released later by the same group. When Mutsuva was co-opted by the *Riposte*, the attacks subsided.

The co-opting of armed groups by regularly paying some of its members also led to situations where one armed group would attack another in retaliation for violence against the *Riposte*, such as after an attack against a nurse in Munoli. Having led the attack, a Mai-Mai leader called Adam was later executed by the FPP-AP armed group, which was trying to showcase itself as *Riposte*-friendly.

There were also many violent incidents that involved the *Riposte*'s community liaison officers, known as RECO. RECOs are a long-standing voluntary institution in the Congolese health system but the *Riposte* began paying them 10 USD per day. RECOs are community health volunteers; for many years they have been a crucial link between humanitarian and health interventions in the DRC. Several armed groups hostile to the *Riposte* began targeting the RECOs when they started receiving these payments.

On 29 October 2019, one RECO was almost killed by Mai-Mai Drago Ougandais, but spared due to family links with Drago, who explained to her that killing RECOs is “part of their tasks.” Drago also pushed her to stop working for the *Riposte*, “who eat the money on the back of communities.” One day later, Twaye Nzumbu, another RECO, was killed by Drago and Prof Kitwa.⁹⁰

Case studies

This section singles out three emblematic stories of violence and resistance that targeted *Riposte* installations and staff between mid-2018 and mid-2020. In each of them, a combination of the drivers of violence discussed above is at play. While these vignettes do not offer a full forensic analysis on the perpetrators, they illustrate the interplay of the drivers of violence discussed in the previous sections, as well as particular contingencies and trajectories, and offer insight on victims, perpetrators, and other stakeholders.

Networks, conspiracies and the killing of Dr Richard Mouzoko

In the afternoon of 19 April 2019, one of the most salient and mediatized attacks against the *Riposte* targeted the university clinic of Butembo. Situated slightly outside Butembo's city center, this clinic is located on the Horizon campus of the main university in town and hosted a range of *Riposte* coordination facilities as well as its own treatment center. In what appears to have been a carefully prepared attack, gunmen entered the site and burst into a room near the campus chapel where *Riposte* staff had gathered for a meeting. In a matter of seconds, the Cameroonian WHO medic Richard Mouzoko was singled out and killed; the attackers went on to set fire to a jeep outside and left. Congolese military prosecutors arrested some 30 suspects—*Riposte* members, individuals with a Mai-Mai background, and a couple of well-known Butembo-based intelligence operatives and brokers of armed mobilization. The case seemed obvious at first sight—jealous national *Riposte* staff (including a few doctors) appeared to have resorted to guns-for-hire to get rid of an unwanted colleague. Upon closer examination, however, [the picture becomes blurred](#).⁹¹



A couple of converging dynamics generated the momentum that led to the assassination. The first is linked to the controversial policy, outlined above, adopted by the *Riposte* regarding paying armed groups for security and access. The blueprint of this practice was established with the Mai-Mai UPLC, a group known for having attacked Butembo's prison and a nearby MONUSCO base in December 2016.⁹² Interviews with UPLC leaders, Congolese security officials and *Riposte* employees provide detail on the agreement between WHO and UPLC:

*The WHO's coordinator for Butembo saw we were doing a good job in securing the Riposte teams, so he asked us to suggest a group of UPLC to join the Riposte. We suggested ten elements, but WHO said they were too many, for it already paid ANR, police and FARDC, so a maximum three of us could be contracted. They would receive half the agreed monthly salaries (150 dollars each) while the second half (450 dollars) would go straight to the UPLC's leaders. We sent Germain, Sengemoya and Kamwanga in November 2018, and by early 2020 they still work for WHO although their contract will end soon.*⁹³

As with other groups later on, the *Riposte* did not pay the armed groups as organizations, but rather through a mix of payments to commanders and the individual employment of combatants as security guards. After hearing about the UPLC's deal, other Mai-Mai groups demanded similar payments, backing their claims with

threats and attacks against *Riposte* facilities and staff, such as in the case of the Mai-Mai Léopards who attacked Kalunguta hospital in November 2018. Shortly thereafter, according to civil society representatives and armed group members from the area, the Léopards branch led by Fabrice Kisya was co-opted into the *Riposte* as well, allegedly after having been proposed by UPLC leaders to the WHO.⁹⁴

These agreements created perverse incentives for armed groups to threaten the *Riposte* in order to be bought off. This is not an unusual stance for Congolese armed groups, which have often used violence as a form of leverage, especially in negotiations with the national government.⁹⁵ Several armed groups were successful in claiming what they believed was their fair share of the *Riposte*'s massive financial endowment; others could not reach deals despite lengthy negotiations, including splinter groups of the UPLC and the groups around Mai-Mai leaders Baraka, Mandefu, Drago, and Prof. Far from producing security, however, by early 2019, the overall security situation in Butembo—and in the suburb of Katwa specifically—had significantly worsened, as several incidents illustrate.

On 19 February 2019, the head nurse of Isonga health center, Kambale Visogho Saanane, was stabbed in the stomach by a local Mai-Mai Mazembe faction and died.⁹⁶ Visogho had helped transferring Ebola patients to treatment centers. On 22 February, youth protested against

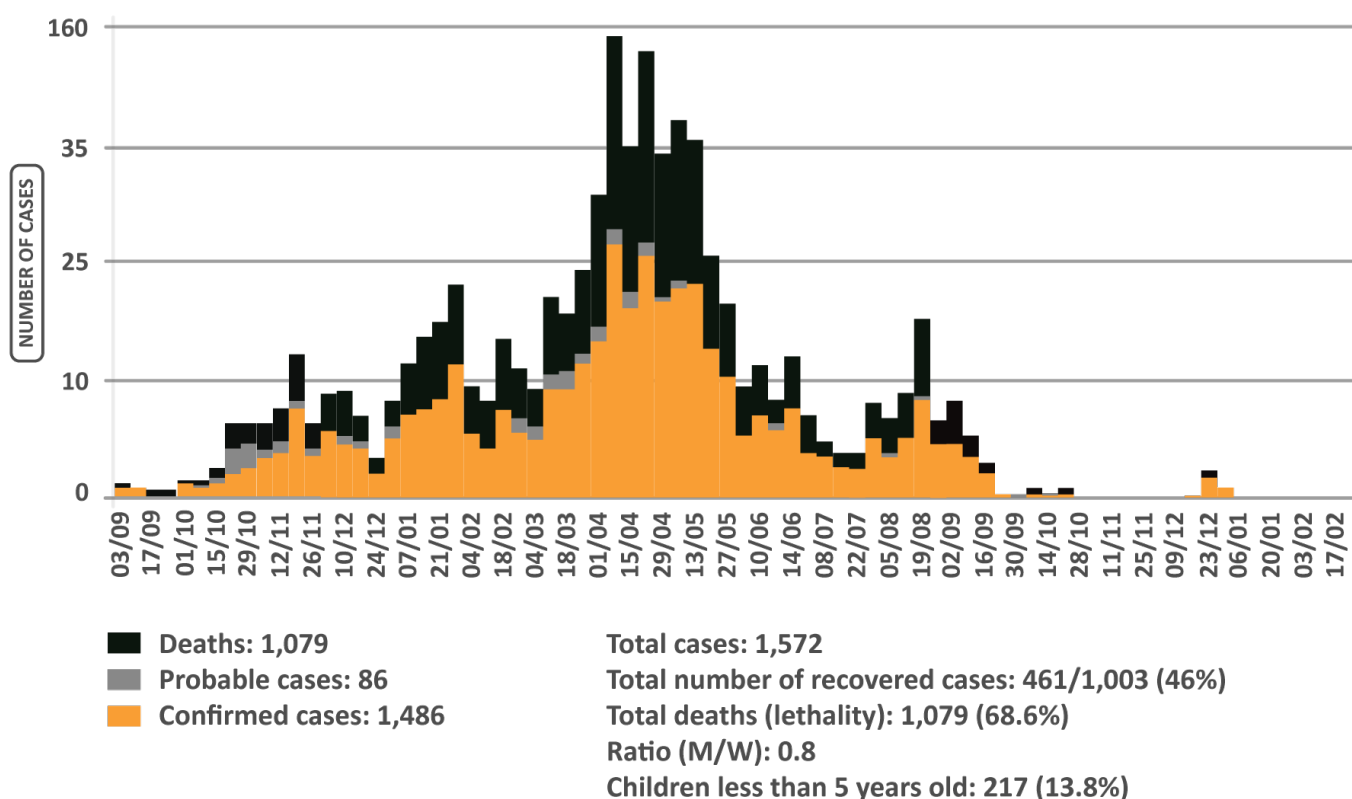


Figure 5. Number of cases recorded in the health zones of Katwa and Butembo (Source: WHO)



what they believed was *Riposte* malpractice in front of a *Riposte* office in Butembo's Katwa area. That same evening, a nearby health center was burnt down, leading to the temporary closure of numerous health facilities in the area, depriving an entire community of health care. On 24 February, Katwa's ETC was also attacked, partially burned down and patients transferred to another ETC in Butembo, located at Institut Technique Agricole et Vétérinaire (ITAV).⁹⁷ That ETC was then also attacked on 27 February, prompting MSF to leave Butembo. As illustrated in the graph, these attacks were followed by a steep rise of Ebola cases in the Butembo area.

The February attacks were followed by a lull in violence as the region prepared for its delayed elections in March 2019, but tensions geared up again in mid-April. It was during this escalation that the murder of Dr. Mouzoko took place.

Since arriving in the DRC, the Cameroonian doctor had gained a reputation of being critical of the *Riposte*, accusing it of embezzlement of funds and having links to armed actors. According to some interviewees, he also allegedly disagreed over treatment options with Congolese *Riposte* medics. In one meeting at the residence of Butembo's Bishop Sikuli Melkisedech, Dr. Mouzoko and Dr. Jean-Paul Mundama reportedly had a heated argument over ZMapp and Remdesivir, two of the experimental treatments that had been approved by the US Food and Drug Administration under the fast-tracked "compassionate use" protocol. Dr. Mouzoko also voiced concern over the contacts between *Riposte* agents and armed groups and criticized the work of the *Riposte*'s security sub-commission.

The escalation of violence in February occurred alongside a flurry of networking between Mai-Mai groups and their contacts in business, politics, and intelligence, including security officials who worked behind the scenes for the *Riposte*. Some of these meetings took place at the *Au-berge de Butembo* hotel, where a *Riposte* headquarters was located. In interviews with CRG, witnesses have corroborated the presence of the following security and government officials at these meetings, each on at least one occasion: Masumbuko, a former Mai-Mai who became a clerk in the Butembo mayor's office; Isesomo Mboyiloko, a Mai-Mai broker allegedly involved in some of the earlier Beni violence; Roger Nzanzu, also known as "Berlin," a middleman between the ANR and different militia in the area; Paluku Kensekele, also known as "Pablo," a former Mai-Mai accused of having shot Dr. Mouzoko; Jonas Kabuyaya, a local ANR agent and his brother Petit-Jean Mutamu; and Butembo's ANR chief Blaise Amaghito as well as armed group leaders Kitete Bushu (UPDI-Mazembe), Jacques Buligho (FPP/AP), Saperita Kitelemire (UPLC), and

David Kiboko (Léopards). Senior *Riposte* officials were also sometimes present in these meetings—including Dr. Mundama and the head of Civil Protection, Joseph Makundi, although their role in these meetings remains unclear.

Initially, some of the discussions included Dr. Jean-Christophe Shako, Butembo's *Riposte* coordinator who had been publicly praised for traveling to insecure areas to negotiate access with armed groups. However, Shako quickly lost credibility in certain Mai-Mai circles, some not being satisfied with the arrangements made and others disgruntled at being left out. However, an initial plan to kidnap him for ransom fell apart when he was re-deployed to lead the *Riposte* in Ituri province. It was then that the focus apparently shifted towards Dr. Mouzoko. According to interviews, the same networks of Mai-Mai and intelligence operatives hammered out a plan to kidnap the doctor for ransom—24,000 USD is the figure that was most frequently mentioned in interviews—and in order to instill enough fear among expatriate *Riposte* staff to enhance the Mai-Mai's bargaining position without provoking a full-scale evacuation that would have jeopardized their funding altogether.

At the same time, a series of demonstrations took place in Butembo against the *Riposte*. One of Butembo's known militia brokers, former Mai-Mai commander Esdras Katembo, appeared to play a key role in this mobilization, which featured local youth, motorcycle taxi drivers, and Mai-Mai combatants. These demonstrations escalated when a well-known traditional healer called Ezekiel Mumbere Karasaba died on 9 April.⁹⁸ Alongside Dr. Mundama, who fled the DRC on 14 April, Karasaba was posthumously accused by the Congolese military prosecutor for recruiting militiamen to kill Dr. Mouzoko. Both have somewhat plausible motives: Mundama had disagreements with his Cameroonian colleague and Karasaba had been deprived of significant revenues due to the *Riposte*'s policy of free healthcare. However, none of the claims have thus far been substantiated by the prosecution.⁹⁹

Between 9 and 18 April, further meetings were organized at a bar called Maman Jeanette. Masumbuko and Berlin managed to involve Butembo's police commander Richard Mbambi, who promised individuals in the *Riposte* to remove some of his officers from the area to avoid interference, while a few dozen Mai-Mai combatants were designated for the attack.¹⁰⁰ Two Mai-Mai *féticheurs* (witchdoctors), Kiriku from FPP/AP and Kambale Vagheni from UPLC, prepared the *dawa* (traditional medicine) for the attacks, and Katembo provided other logistics. According to CRG's sources, the change in plans from kidnapping to killing Dr. Mouzoko occurred very late in the



process, possibly during a last meeting on 18 April. While it is unclear why and by whom the decision to kill him was taken, several sources told CRG that the initial plan was to kidnap him for ransom. The night before the attack on UCG Horizon and the killing of Dr. Mouzoko, gunmen tried a raid at Saint Cyrille parish and ITAV ETC but were repelled by police and security guards. One day, later, Dr. Mouzoko was assassinated.

Political bargain around Goma's Ebola treatment center

As Ebola cases proliferated in the *Grand Nord* and the epidemic moved southwards along the Beni–Butembo road in early 2019, the *Riposte* and other humanitarians began anticipating scenarios of Ebola reaching the provincial capital Goma, home to around a million. After searching for a suitable spot, a plot of land in a peripheral neighborhood called Buhene, owned by Mwami (traditional chief) Bakungu Bigaruka, was designated for the construction of a treatment center by MSF. Contestation over the construction and operation of this center later became an arena for local conflicts involving politicians, customary chiefs and youth militia.

Buhene is de facto part of Goma but administratively lies in Nyiragongo territory, home to mostly Hutu, Kumu, and Nande. These communities vie over land and political power, with some youth leaders and pressure groups suspected of having ties to armed groups. On the Hutu and Kumu side, the main such group is led by Pascal Shamboko, a former combatant of the Rwandan FDLR armed group and brother of provincial MP Olivier Kakoti. Shamboko also is a confidant of Mwami Butsitsi, a provincial MP and uncle of Mwami Bakungu. Called Bagiri (after a clan from the area) or BDGL, Shamboko's group enforces protection rackets in Nyiragongo and also levies customary taxes on behalf of the Bukumu chieftaincy.¹⁰¹ The other key Kumu mobiliser in the area is Kidudu, a former combatant for the M23 armed group, close to the traditional chief, and, as witnesses described, a powerful individual. Within the Nande community, on the other hand, Eric Bwanapuwa commands considerable respect and is suspected to have ties to armed groups. Bwanapuwa is an unsuccessful candidate for provincial MP, having lost to Kakoti in late 2018.

During construction of the treatment center in June and July, tensions flared up when local youth accused MSF of recruiting most of the workforce from outside Nyiragongo territory, an accusation that had been leveled against

Riposte in the *Grand Nord*, as well. Interviewees told CRG that the accusations were an expression of genuine frustration amongst the numerous unemployed youths of the area, as well as unpaid civil servants who had previously engaged in voluntary sensitization on behalf of the *Riposte* and later saw others receiving paid jobs. However, it was also the result of electoral politicking and manipulations involving local militia.

Interviewed by CRG, both Bwanapuwa and one leading member of the BDGL group recount how Shamboko called up Bwanapuwa prior to the incident to ask for a hand. When Bwanapuwa refused, Kakoti also called him. Later on, Kakoti and Butsitsi started to organize protests by Hutu and Kumu youth led by Shamboko and Kidudu in order to push MSF to employ some of their cronies and thereby bolstering Kakoti's and Butsitsi's standing among their electoral base.

Contestation ramped up in early July, as local elites, including Kakoti and Butsitsi, began using the BDGL group to infiltrate these demonstrations and issue threats against MSF. On 2 July, demonstrators barricaded access to the ETC and stormed a nearby sanitary checkpoint managed by IOM, leading to a temporary halt in the building. Another source, one of the key instigators of the protests, denied that the incident before the ETC was an attack, stating it was a mix of civil disobedience and bluffing:

There was no attack as such, my group—with around 20 people—barricaded the road, pretending to set the ETC on fire to be heard in our protests against the employment policies of MSF [...] and as you know, all means are permitted in politics.¹⁰²

After negotiations facilitated by Mwami Bakungu, an agreement was reached for jobs to be allocated through a mixture of competency tests and recommendations by two local civil society organizations, which were reported to be controlled by Kakoti and others. On 21 July 2019 at Hotel Nyiragongo House, Kakoti met with supporters and he handed out work at the ETC, saying they had to report to him. Both Shamboko and Kidudu took part in the meeting. Kakoti inveighed against the *Riposte*, saying that the ETC had been built to spread Ebola to Nyiragongo and Goma.¹⁰³

While Goma's small sample of Ebola cases was treated in the ETC during July and August 2019, the only further incidents in proximity to the ETC were threats issued by Nande youth—allegedly led by Bwanapuwa, who was later arrested—in September and November 2019. On both occasions, demonstrators were kept in check by local PNC units.



The November 2019 attacks: militarization, miscommunication and money

Twenty-eight November 2018 was one of the most violent days of the epidemic with simultaneous attacks against the *Riposte* in Biakato, Kalunguta, and Mangina, all villages northwest of Beni town. The origin of these attacks can be traced to the death of Kasereka Himata, a nurse in Lwemba, on 14 September 2019. Himata was both a nurse and a traditional healer with close ties to Mai-Mai groups in the area. He was known for assisting Ebola patients without contracting the virus, telling people that his *mulinga* (also referred to as *museghe*) bracelet protected him against the disease. His claim to be immune quickly provoked hostility from *Riposte* staff who believed that Himata could become a stumbling block to their work.

These suspicions deepened when a conflict pitted Lwemba's protestant ministers against each other: Henri Pauni preached that Ebola did not exist and accused a fellow minister, Willy Yokebedi, of colluding with the *Riposte* and practicing witchcraft on its behalf. Then, the wife of a third minister named Siriwayo, who was also a well-known traditional healer and Ebola-skeptic herbalist, fell sick and refused to go to a treatment center. Accompanied by FARDC escorts, a WHO team forcefully took her to the ETC Mangina on 6 September. Following this incident, Himata was also picked up, beaten and his *mulinga* bracelet stolen by *Riposte* agents. A leader of the local Kyaghanda Yira branch, a Nande cultural association, told CRG:

Some of our local customary authorities hammered out a plan with WHO representatives to bring Himata to an ETC and take away his bracelet.¹⁰⁴

After a few days, Himata was released and returned to his workplace, but then fell sick on 11 September. A day later, he asked to be admitted to the ETC Mangina where he died on 14 September 2019. Before his burial, Himata's family members asked for the body bag to be opened to recover the bracelet but the EDS teams refused. Tensions ensued, and a few days later Himata's wife fell sick and died. When a third person fell sick, the family decided to get in touch with Himata's contacts among the Mai-Mai, telling them that *Riposte* workers had stolen the bracelet. Even before this, many Mai-Mai had attributed responsibility for Himata's death to the WHO. Local members of the Kyaghanda Yira community organization tried to negotiate to have the bracelet restituted but to no avail. A non-coopted branch of UPLC and other Mai-Mai, including those led by Drago Ougandais, then decided to send

troops to attack *Riposte* facilities.¹⁰⁵ A *Riposte* checkpoint in Lwemba and houses of *Riposte* staffers were burnt by protesting populations. On 2 November, a journalist working for the WHO was killed by Mai-Mai in Lwemba on suspicion of spying.¹⁰⁶

Then, on 28 November, three simultaneous attacks on health installations took place. The most significant of the three 28 November attacks was the raid on ETC Biakato. The ETC Biakato had recently been transferred from MSF and UNICEF management to the WHO, leading to a loss of trust by local populations:

While MSF and UNICEF had adapted to the context and involved local stakeholders, WHO stuck to its policies regardless of the local specificity, hence triggering suspicion among beneficiaries.¹⁰⁷

Amongst other things, WHO was suspected of having brought Ebola to the area, of embezzling funds and considered particularly close to the FARDC (and thus, allied to Kabila).¹⁰⁸ CRG spoke to some of the involved Mai-Mai who stated the attack was "spiritually inspired by the *Riposte* through the way in which it acts." Several of the combatants involved in the Biakato attack also took part in the late 2019 Beni demonstrations against MONUSCO.¹⁰⁹ A commander called Tokolonga, connected to both the Mai-Mai Léopards as well as the groups led by Mandefu and Drago Ougandais, led the attack. According to interviews with sources aware of and involved in the planning, including Mai-Mai commanders, local politicians, and customary leaders, this incident occurred in response to Himata's death—a mixture of revenge for his passing and profit-seeking motivated the Mai-Mai's attack.¹¹⁰ A local civil society source described this as follows:

*Colonels Obetela Mike (PNC) and Mwanze (FARDC) helped stealing Himata's bracelet. They worked with WHO, triggering the later attack against Biakato ETC, which occurred after failed demands for protection money by Mai-Mai. While the Lwemba's problems were cooking up around Himata, WHO and MSF entered in open conflict in Biakato. The community accepted Unicef and MSF before, they refused WHO, thinking they dealt more with gold than with healing. MSF had a good relationship in sensitizing Mai-Mai like Baraka, but WHO had to be intimidated, hence the attack on Biakato on 28 November 2019. The *Riposte* itself is the spiritual orchestrator of the attacks.¹¹¹*

Before they carried out the operation, several Mai-Mai factions sought to contact the *Riposte* to voice their demands, which allegedly included two motorcycles, a generator, a satellite receiver, a gold tester, walkie talkies,



raincoats, and fuel.¹¹² In response, *Riposte* agents said as humanitarians they were not supposed to support armed actors. However, the “humanitarian spirit” of the *Riposte* did not prevent it from routinely paying off other armed groups and regular forces, or to publicly state the *Riposte* was not bound by humanitarian principles at all.¹¹³ Like in other places, the discontinuation of payments to armed actors also depended on budgetary considerations in Biakato and Mangina.¹¹⁴ A Congolese *Riposte* official told us:

*I invited them to my place on 22 November [2019] to explain that humanitarians can't engage in such deals and proposed to involve them in sensitization instead. [The Mai-Mai commander] refused. I ended up giving them 200 USD on behalf of UNICEF before. When I brought these demands up with the coordination they were refused, and we stopped following up.*¹¹⁵

Led by commander Tokolonga, the Biakato attack involved different Mai-Mai factions and weeks of planning.¹¹⁶ With the complicity of Colonel Mwanze, the local FARDC commander,¹¹⁷ around 50 attackers assaulted the treatment center from different sides, killing three health care workers.

The second attack took place on the same day, 28 November, in Mangina and was carried out by a Mai-Mai coalition involving Tokolonga and Baraka, who had told CRG that Himata's treatment had been a key reason for his group's hostility towards the *Riposte*.¹¹⁸ This attack was also motivated by corruption in the recruitment of *Riposte* workers: the WHO had tasked Lembavu, a local leader of motorcycle taxis, to recruit workers. Lembavu then began referring people in return for kickbacks (*opérations retour*). This engendered friction, leading to demands by the local community for MSF to return to run the ETC. Local *Riposte* employees contributed to the growing tensions by mobilizing other youth with slogans like this:

*The visitors can go, whatever [work] remains, we can do it. There won't be any folks left looking to enrich themselves. ("Bageni banaweza enda, yenye inabakiya nasiye tunaweza fanya, hakutakuwa tena bakutukulako franga.")*¹¹⁹

While the Biakato and Mangina attacks are clearly linked to Himata's death and his bracelet, CRG was not able to definitely confirm the same for the attack at Kalunguta hospital, which was burnt down by Sedaseda's Mai-Mai, also on 28 November.¹²⁰ Sedaseda had close ties to Siriwayo, the protestant minister who marketed traditional Ebola cures under the label of FORIC. Prior to

the attack, Sedaseda allegedly tried to negotiate being paid by the *Riposte* for security, but to no avail. Initially a commander of the Mai-Mai UPLC, Sedaseda fell out with the group and joined the Mai-Mai Léopards. Both of these groups used to visit the Kalunguta for treatment, but Léopards combatants told CRG they had felt discriminated against compared with UPLC combatants; it is possible that this was a motive for the attack.¹²¹

Conclusion

Congolese and international officials approached the 2018-2020 Ebola epidemic in the northeast of the Democratic Republic of the Congo with considerable trepidation. For the first time in the Congo, the disease had gained a foothold in a densely populated urban corridor, and for the first time anywhere Ebola surfaced in a broader zone of active armed conflict. What if violence led to the rapid spread of the disease? What if one of the many armed groups in the area targeted health workers, undermining containment efforts?

This report argues that another, arguably more important question should have been added: What if the *Riposte* itself becomes a conflict actor, feeding into the violence? This is what ended up happening. The *Riposte* itself, one of the largest and most expensive international public health interventions of our times, unwittingly contributed to this violence, a fact that became expressed through its nickname “Mai-Mai OMS.” In its haste to contain the deadly disease, the *Riposte*'s massive financial footprint helped create what is known as “Ebola business,” paying both state security forces and armed groups for protection, instilling both distrust in local communities and jealousy among excluded armed groups. Although CRG could not conclusively establish to what extent the WHO's senior regional and global leadership, based in Brazzaville and Geneva, respectively, was aware of payments to both regular and irregular armed forces, these payments have been confirmed by witnesses in local government and health structures, senior *Riposte* staff and the concerned armed actors themselves.¹²² As rumors and hearsay proliferated, often driven by local spoilers, these dynamics inspired acts of violence such as the revenge for Himata or the killing of Dr. Mouzoko.

But the perverse consequences of the intervention cannot be reduced to greed. For many locals, the *Riposte* was experienced as a foreign and suspicious presence, the most recent of many predatory outsider interventions in



local society. In particular, the *Riposte*'s massive resources quickly led to questioning as to why neither the international community nor the central government had not intervened as decisively against the Beni massacres.¹²³ In this sense, the popular conspiracy theories that circulated concerning Ebola and the recourse to traditional medicines and magic could have been anticipated. Rather, they were means by which Congolese tried to understand and respond to the mysterious disease and to reconcile the massive response of the international community with the violence, disease, and poverty that permeated their lives.

Their suspicions were aggravated by the use of police and army escorts, which in the minds of many in the *Grand Nord* were illegitimate and abusive, and the mysterious, sealed off treatment centers. All of this took place against the backdrop of controversial elections, which were delayed in this area, depriving the electorate of a say in presidential elections. This provided fertile ground for critics to cast the *Riposte* as part of an elaborate plot to exterminate the Nande population.

In addition, the *Riposte*'s heavy-handed approach elicited considerable mistrust and stoked conspiracy theories, which led to resistance by both armed groups and the civilian population. This approach was rooted in the belief of engaging in an active conflict zone. Yet, even though eastern Congo is a region marked by insecurity, violence and armed conflict – CRG's most recent work counts around 125 armed groups,¹²⁴ – it is not a place of "terror all the time 'all over the place'".¹²⁵ A closer look at the map suggest that most of the rural and urban Ebola hotspots were areas of relative safety.

Counting the recent Ebola relapse in the *Grand Nord*, there have already been twelve Ebola outbreaks in the DRC since 1976—a much smaller one has just come to an end in Equateur province—and there will inevitably be another. The lessons learned from this epidemic need to therefore be incorporated as quickly as possible. A compassionate approach would be to understand the needs of Congolese in their own terms and allowing for their own agency. This is only possible with long-term investment and foresight.

As highlighted in CRG's first report on the consequences of the Ebola epidemic for the health system, instead of creating ad hoc solutions to each new epidemic through initiatives parallel to the national health system, donors should work with the government to strengthen the standing Ebola response mechanism within the ministry of health. This standing mechanism should include comprehensive protocols for how to rapidly engage in areas of conflict without feeding into and exacerbating vio-

lence. Moreover, it should reach out to key stakeholders beyond the ministry of health and the WHO, such as the US Centers for Disease Control and Prevention, university research centers and aid organizations with solid epidemiological experience.

As humanitarians have learned elsewhere, when there is no comprehensive policy for engaging with armed groups there is a risk that humanitarian agencies will be manipulated and played off against each other by belligerents, and that individuals take advantage of armed groups and criminal actors to build their own networks of corruption. Future response efforts thus require independent oversight and binding due diligence guidelines on how best to hire workers, rent equipment, and liaise with security forces.¹²⁶

In general, this report cautions against making payments to any belligerent in return for access, as thus can inadvertently turn humanitarian operations into a source of profit and undermine the impartiality of aid workers. Even though the *Riposte* was not a classic humanitarian operation, the departure from the principle of impartiality significantly lowered the bar for employing violence on all sides.

Above all, public health interventions should draw as much as possible on local expertise and knowledge, identify potential conflicts, and engage proactively with communities. As our previous report documented, and this report further substantiates, local communities' lack of trust in the *Riposte* was the most important accelerator of the epidemic. People were reluctant to collaborate with contact tracers, go to local clinics if they presented Ebola symptoms, and to comply with regulations regarding burials and treatment. Whereas community leaders in Mangina reacted proactively to the first Ebola cases there in May 2018, and *relais communautaires*—local health workers who usually operated on a voluntary basis—had deep roots in the community, the *Riposte* eventually sidelined these actors, stoking resentment and suspicion. The fact that this was done despite widespread awareness of conflict risks, and the creation of a social science arm—the *Cellule d'Analyse en Sciences Sociales* (CASS)—to inform its work, shows how steep these challenges are.



Notes on methodology

This report is based on four months of ethnographic research by nine Congolese and two foreign researchers. This report draws from 285 semi-structured ethnographic interviews carried out in North Kivu, Ituri, Kinshasa, and by phone. The interviews focused on generating an understanding of the violence that surrounds the fight against Ebola, both with regards to how this violence is motivated and how it plays out.

Field researchers used semi-structured questionnaires to allow interlocutors to speak freely and safely about their factual knowledge and personal opinions. Moreover, the report uses material gathered from informal discussions, public and confidential sources, and documentary evidence. While their identity is not revealed, most of the interviewees are direct or indirect victims of the violence, victims of the *Riposte* or its subsidiaries, individuals engaged with the *Riposte*, working for state institutions, or witnesses and authors of the violence surrounding the *Riposte*. All of them deserve thanks for their availability and trust in this research. Any mistakes or shortcomings in this report, however, are the sole responsibility of the Congo Research Group.



Annex A: Reply from the World Health Organization

The following is an emailed response by the World Health Organization to a query by the Congo Research Group. The text in orange is their response to the CRG conclusions we sent them, the black text.

Overall

The response to the Ebola virus disease outbreak in North Kivu was led by the national government, initially through the Ministry of Health, and then directly under the Office of the President.

As a Member State organization, WHO's role was to support and provide guidance to the national authorities, and to coordinate international assistance. We would request that you clearly state this.

We also request that you not use the format of "WHO and Congolese Ministry of Health- (MoH) led response" which misrepresents the structure of the response and conflates the actions of the two entities.

We note that we have not received the evidence or detailed information on the allegations you have raised, only a summary as listed below. We would request you provide us with the information so we can take appropriate action against any potential misconduct of WHO staff and contractors.

Response to the specific allegations raised

1. The WHO and Congolese Ministry of Health-(MoH) led response paid both government security forces and armed groups, prompting it to be perceived as a de facto conflict actor and rendering itself indirectly complicit in armed violence.

The Ebola response was led by the DRC Government through the Ministry of Health (MoH) with technical support from WHO, as well as other relevant partners in different response areas. The MoH established various technical commissions in several areas of responsibilities or pillars, which included the Security

Commission led by the national security officials. As the MoH determined the payment scale for all providers according to their respective levels of responsibility, it was within this framework that the government security forces under the Security Commission were paid for their services. This was known by all partners involved in the Commission.

WHO is not aware of any payments to non-state armed groups.

In the context of this Ebola response in DRC, everyone is aware of the challenges of insecurity and access in the operational area, which is characterized by a protracted armed conflict with the presence of more than fifty active non-state armed groups. Indeed, the WHO teams were under regular threat of attack, and several colleagues were injured and others tragically murdered.

Under the Charter of the United Nations, the primary responsibility for the security and protection of personnel rests with the host government. However, the UN (including WHO) also has a duty as an employer to supplement these arrangements to protect its employees. As such, WHO engaged national security officers to protect health care facilities, teams conducting contact tracing, and other teams that might be faced with violent opposition. At the same time, WHO worked closely with community representatives and leaders to build community trust and lessen the need for security escorts.

2. The WHO and MoH-led response was extremely heavy-handed, on some occasions forcefully transporting suspected patients to health centres and breaking up funerals.

As per WHO's mandate, WHO provided technical advice based on evidence to control a disease outbreak. The implementation of technical advice is done by national authorities with administrative measures set by law. Under no circumstance does WHO support interventions that are outside the law.

WHO and the rest of the UN system and other field partners raised concerns to national authorities when actions were not up to standard. For example, WHO along with NGOs strongly condemned incidents when patients were brought to treatment centres by force.



3. In relying on the Congolese intelligence agencies for the tracing of contacts, the WHO and MoH-led response was complicit with human rights violations at the hand of law enforcement agencies.

We are not aware of any arrangements made between WHO and intelligence services for contact- tracing activities.

As for law enforcement, it is not unusual for law enforcement agencies to support a crisis response, although their actions should always respect human rights and national laws. Contact-tracing is done by health workers and community workers. The MoH set up a taskforce to look for contacts lost to follow-up, which included the use of national security services and those involved in point of entry screenings to locate missing high-risk contacts or cases. This type of screening helped to trigger the response when cases and contacts crossed the border to Uganda, for example.

4. Some of the WHO and MoH-led response workers also engaged in misconduct, including forced sex work and rape – often framed as an operation retour (kickback) in exchange for recruitment.

WHO has a zero-tolerance policy regarding sexual exploitation, harassment and abuse.

WHO's Director-General has appointed an independent commission to investigate all allegations of sexual abuse and exploitation. The commission's investigation is ongoing. If there were staff with WHO contracts involved, they will face disciplinary actions in accordance with WHO regulations and national laws.

5. The WHO and MoH-led response's policy of sub-contracting certain armed groups for access and protection led to rival armed groups stepping up their attacks on medical facilities and health workers to claim their share.

WHO is not aware of any payments to such armed groups.

6. With assistance by Congolese security forces, employees of the response kidnapped a nurse and took a talisman bracelet of his by force. These acts inspired the large-scale attacks against Ebola treatment centers in Bimakato and Mangina in November 2019.

WHO was not involved in this incident. We have seen reports of this incident, and the facts do not seem to align with the description above. It is our understanding that the nurse referred to in this finding was a confirmed Ebola positive case who unfortunately died. During the burial conducted by the MoH Safe and Dignified Burial Teams, local youths attacked the response workers. The attackers recovered the body and buried it themselves. Later, the MoH returned personal effects recovered from the body to the relatives.



Endnotes

1. Phone interview with senior former Riposte official, February 2021, personal communication with senior former Riposte official, February 2021; interviews with commanders of two different armed groups, one head nurse, one customary chief and one civil society leader, all in Beni territory, February 2020.
2. The outbreak had begun around May 2018 in Mangina area, see Congo Research Group. *Ebola in the DRC. The Perverse Effects of a Parallel Health System*. New York: Center on International Cooperation, 2020.
3. See Vogel, Christoph and Jason Stearns. "Kivu's Intractable Security Conundrum, revisited." *African Affairs* 117, no. 469 (2018): 695–707; Kivu Security Tracker. 2019. Congo, Forgotten. Biannual Report. Center on International Cooperation, New York.
4. We conceive of Riposte as the entirety of the political, institutional, infrastructural and financial assemblage to control the outbreak, including the Congolese Ministry of Health, the WHO, and a range of other medical and humanitarian actors. This term has been consistently and overwhelmingly employed by populations and institutional stakeholders alike and represents an emic and formal term in French, the DRC's official language. The notion of *Riposte* embodies both the self-conception of actors engaged in fighting the outbreak as well as the imagery and experience of Congolese with these actors. The report uses "response efforts," in turn, when talking about the specific activities occurring in the frame of this assemblage. The Riposte was formally led by the ministry of health. According to a senior Riposte official, "WHO had the overall lead role among international organizations in assisting the MOH to set up the response." Phone interview with former senior Riposte official, February, 2021.
5. See Annex A.
6. "Ebola: Trois Médecins Soupçonnés de Meurtre Arrêtés En RDC - BBC News Afrique," accessed December 17, 2020, <https://www.bbc.com/afrique/region-49273557>.
7. "Ebola/RDC: L'ONU Appelle Les Rebelles à Ne Pas Interférer," accessed December 17, 2020, <https://www.lefigaro.fr/flash-actu/2018/11/09/97001-20181109FILWWW00148-ebolardc-l-onu-appelle-les-rebelles-a-ne-pas-interferer.php>.
8. Gillian Mathys. "People on the Move: Frontiers, Borders, Mobility and History the Lake Kivu Region 19th-20th Century". PhD thesis, Gent University, 2014; Peer Schouten, Janvier Murairi, and Saidi Kubuya. *Everything That Moves Will Be Taxed: The Political Economy of Roadblocks in North and South Kivu*. Antwerp: International Peace Information Service, 2017.
9. The question of who is Congolese or not remains a highly contested matter, and it is nearly impossible to use respective terminology without noting the ambivalence. While Kinyarwanda-speaking populations have probably always existed in what today is the DRC, others claiming autochthony are likely to be former migrant populations too (e.g. the Nande, or also the Lendu that often claim autochthony versus the Hema) and vice-versa.
10. Colonial intrusion also coincided with a wave of medical interventions in Central and East Africa, including in the Kivus. Daniel Headrick. "Sleeping Sickness Epidemics and Colonial Responses in East and Central Africa, 1900–1940," *PLoS Neglected Tropical Diseases* 8, no. 4 (2014); Nancy Rose Hunt. *A Colonial Lexicon: Of Birth Ritual, Medicalization, and Mobility in the Congo*. Durham: Duke University Press, 1999.
11. In some ways, the *hommes-léopards*, also called *vihokohoko*, foreshadowed some of the current dynamics around Beni as locals used armed force and subterfuge as a means of self-defense and leverage against outsiders.
12. Mukhoya Vwakyankazi. "African Traders in Butembo". PhD thesis, Eastern Zaire, University of Wisconsin-Madison, 1982; Timothy Raeymaekers. *Violent Capitalism and Hybrid Identity in the Eastern Congo: Power to the Margins*. Cambridge: Cambridge University Press, 2014.
13. Janet Roitman. *Fiscal Disobedience: An Anthropology of Economic Regulation in Central Africa*. New Jersey: Princeton University Press, 2004.
14. Kristof Titeca and Koen Vlassenroot. "Rebels without Borders in the Rwenzori Borderland? A Biography of the Allied Democratic Forces," *Journal of Eastern African Studies* 6, no. 1 (2012): 154–176.
15. Also due to tit-for-tat violence between Nande and Hutu in southern Lubero, linked to the Sukola II operations. Congo Research Group. *For the Army, with the Army, like the Army. The Remarkable Rise of Guidon Shimiray and the NDC-Rénové in Eastern Congo* New York: Center on International Cooperation, 2020.
16. Interview, leader of a local youth organization, Beni territory, November 2019.
17. "Ils Ont Tué Le « docteur Richard »,," accessed December 17, 2020, <https://lesjours.fr/obsessions/ebola/ep2-assassinat-richard-mouzoko/>.



18. This household survey was carried out in early 2020 by the Health research stream of the project. It offered the possibility of multiple answers and free answers for a total of 3631 households. Alongside a focus on medical and socio-economic aspects, this was a rare security-related question.
19. See the full interactive CRG map of incidents in the context of the Riposte at <https://radlyant.github.io/Ebola-Map/ebolamap.html>.
20. There were five successive Strategic Response Plans (SRP), 1, 2, 3, 4 and 4.1 that each covered a few months of Response activities, setting out the strategy and budget for that period. The total amount budgeted in the SRP adds up to \$738m. These plans can be found on the WHO site at <https://www.who.int>. According to OCHA's Financial Tracking System (OCHA 2020), \$489 million were contributed in total to the Ebola response. \$292 million by the US, \$62 million by the UK and \$35 million by the World bank. Of those, \$105 million were given to the WHO, 59 million to UNICEF and \$39 million to the WFP, according to OCHA. OCHA. 2020. "Financial Tracking Service." June 30, 2020. <https://fts.unocha.org/>.
21. Radio Okapi, "Nord-Kivu : l'assemblée provinciale adopte le budget 2021 chiffré 95 millions USD," December 15, 2020; the national budget for 2020 is available on the website of the ministry of budget, www.budget.gouv.cd.
22. Patrick Vinck, et al. "Institutional Trust and Misinformation in the Response to the 2018–19 Ebola Outbreak in North Kivu, DR Congo," *Lancet Infectious Diseases* 19, no. 5 (2019): 529–36.
23. See Annex A for WHO's response to these allegations.
24. John L. Comaroff, Jean. Comaroff, and American Bar Foundation. *Occult Economies and the Violence of Abstraction: Notes from the South African Postcolony*. Chicago, Ill.: American Bar Foundation, 1998; Max Gluckman. *The Allocation of Responsibility* Manchester, Eng.: Manchester University Press, 1972; Diane M. Ciekawy and Peter. Geschiere. "Containing Witchcraft: Conflicting Scenarios in Postcolonial Africa," *African Studies Review*. 41 (1998): 1–14.
25. As described during the West Africa outbreak, the "messages that 'Ebola is Real' adorning banners on the rainy streets of Monrovia smack of distant authority." Melissa Leach, "The Ebola Crisis and Post-2015 Development: Ebola and Post-2015 Development," *Journal of International Development* 27, no. 6 (2015): 816–34. It is thus perhaps more the spectre of Ebola, than the actual virus that contributed to anger, fear, and rejection.
26. Sources for these claims are noted below when we provide details.
27. Sources for these claims are noted below when we provide details.
28. See the subsequent Riposte strategic plans, on file with CRG.
29. Phone interview, senior former Riposte official, October, 2019; phone interview with a different senior former Riposte official, February 2021.
30. For sources see below when we provide details about these claims. See also Congo Research Group, *Ebola in the DRC*.
31. Achille Mbembe. "Necropolitics," *Public Culture* 15, no. 1 (2003): 11–40.
32. See "WHO Extremely Concerned about Ebola 'perfect Storm' in Congo," Reuters, accessed December 17, 2020, <https://www.reuters.com/article/us-health-ebola-congo/who-extremely-concerned-about-ebola-perfect-storm-in-congo-idUSKCN1M510T>.
33. Vinck et al. "Institutional Trust and Misinformation in the Response to the 2018–19 Ebola Outbreak in North Kivu, DR Congo"; Paul Richards. *Ebola: How a People's Science Helped End an Epidemic. African Arguments*. London: Zed Books, 2016.
34. Interview, nurse, Lubero territory, February 2020.
35. Translated and corroborated from four interviews, a doctor, two civil society leaders and a police officer, Lubero territory, December 2019.
36. People admitted to ETCs on the day of or even a few days after symptom onset have a good chance of survival with the new treatments. When people arrive later, little can be done.
37. In local Swahili, this literally means "a random thing."
38. On 24 June, in Kalinda, a taxi driver fell ill and taken away by the *Riposte* where he died. Populations responded with attack against the *Riposte* staff, claiming *Riposte* is "Kiboro moya ivi," meaning that it has a hidden face. Veranda Mutsanga and taxi-drivers were involved. Interview, local politician, Beni territory, February 2020.
39. Interview with two politicians and youth leaders, Beni territory, December 2019.



40. Concordant interviews with an NGO security officer, Beni territory, December 2019, and a nurse, Beni territory, February 2020.
41. Interview, leader of a youth movement, Beni territory, December 2019.
42. See “More than 50 Women Accuse Aid Workers of Sex Abuse in Congo Ebola Crisis,” *The New Humanitarian*, 50, accessed December 17, 2020, <https://www.thenewhumanitarian.org/2020/09/29/exclusive-more-50-women-accuse-aid-workers-sex-abuse-congo-ebola-crisis>.
43. See also “Not All That Bleeds Is Ebola – How the DRC Outbreak Impacts Reproductive Health,” International Rescue Committee (IRC), February 3, 2020, <https://www.rescue.org/report/not-all-bleeds-ebola-how-drc-outbreak-impacts-reproductive-health>.
44. Compiled from three interviews with a nurse, a doctor and a RECO, Beni territory, February 2020.
45. Interviews, civil society leader, Lubero territory, December 2019; policer officer, Lubero territory, December 2019.
46. Rachel Sweet and Juliet Bedford. “Politics, Factions and Violence: Listening to Local Voices on Ebola,” *Local Media Update* 3 (2019).
47. Vinck et al., “Institutional Trust and Misinformation in the Response to the 2018–19 Ebola Outbreak in North Kivu, DR Congo.”
48. Interview leader of a youth movement, Beni territory, December 2019.
49. Interview police officer, Beni territory, February 2020.
50. See interviews armed group leader, Beni territory, January 2020, interview, farmer, Beni territory, February 2020.
51. Phone interview with senior former *Riposte* official, February 2021, personal communication with senior former *Riposte* official, February 2021; interviews with commanders of two different armed groups, one head nurse, one customary chief and one civil society leader, all in Beni territory, February 2020.
52. United Nations Inter-Agency Standing Committee, “IASC Non-Binding Guidelines on the use of Armed Escorts for Humanitarian Convoys,” February 27, 2013. See also https://www.unocha.org/sites/unocha/files/Armed%20Escort%20Guidelines%20-%20Final_1.pdf.
53. Swiss Federal Department of Foreign Affairs. “Humanitarian Access in Situations of Armed Conflict—Practitioners Manual,” p. 90.
54. Phone interview with senior former *Riposte* official, February 2021, personal communication with senior former *Riposte* official, February 2021; interviews with commanders of two different armed groups, one head nurse, one customary chief and one civil society leader, all in Beni territory, February 2020.
55. Phone interview with senior former *Riposte* official, February 2021, personal communication with senior former *Riposte* official, February 2021.
56. Phone interview with senior former *Riposte* official, February 2021.
57. Phone interview with senior *Riposte* official, February 21, 2021; email correspondence with NGO official, March 1, 2021.
58. See “Ils ont tué le docteur Richard” “Le meurtre du docteur et l’argent d’Ebola.” <https://lesjours.fr/obsessions/ebola/ep2-assassinat-richard-mouzoko/>
59. Ilunga, Oly et al. “The Ongoing Ebola Epidemic in the Democratic Republic of Congo, 2018–2019,” *New England Journal of Medicine* 381, no. 4 (2019); Ebola Gbalo Group. “Responding to the Ebola Virus Disease Outbreak in DR Congo: When Will We Learn from Sierra Leone?” *The Lancet* 393, no. 10191 (2019): 2647–50.
60. Personal communication with a high-level *Riposte* official, October 2019, phone interview with former senior *Riposte* official, February 2021.
61. Interviews with commanders of two different armed groups, one head nurse and one customary chief, all in Beni territory, February 2020. Personal communication with a senior *Riposte* official, October 2019; phone interview with former senior *Riposte* official, February, 2021.
62. Interview, armed group leader, Beni territory, February 2020.
63. Phone interview with senior *Riposte* official, February 21, 2021. See Annex A for the WHO response.
64. I.A.S.C. “Ebola Virus Disease Response,” on file with CRG, p. 14-16.



65. Local government official, Lubero territory, February 2020.
66. Personal communication with several former high-level *Riposte* officials, October 2019 and February 2021.
67. Personal communication with a former high-level *Riposte* official, October 2019.
68. See Sweet and Bedford. "Politics, Factions and Violence: Listening to Local Voices on Ebola," as well as Images of pamphlets collected by CRG.
69. See for instance "Ebola, enjeu politique en RDC," MO*, accessed December 17, 2020, <https://www.mo.be/fr/blog/ebola-enjeu-politique-en-rdc>.
70. Interview with two politicians and youth leaders, Beni territory, December 2019.
71. Interview, local politician and *Riposte* staffer, Beni territory, January 2020.
72. The parts on the Vichwa Vigumu contestation are based on interviews with a professor, a local politician, a nurse, a clinic owner, a doctor, Beni territory, January 2020.
73. Interview, doctor and community leader, Beni territory, January 2020.
74. Interviews, armed group leader, Beni territory, February 2020, (another) armed group leader, Beni territory, February 2020, confirmed by senior former *Riposte* officials.
75. Interview, professor, Lubero territory, January 2020.
76. For more on this, see Congo Research Group. "No regrets: Ebola Business in the DR Congo". New York, Center on International Cooperation, *forthcoming*.
77. Interview civil society leader, Beni territory, January 2020.
78. Interview local UN employee, Beni territory, January 2020.
79. Interview community organizer, Beni territory, January 2020.
80. Besides the preceding quotes, the following notions were recurrent: *co-op* (cooperation), *opération retour* (kickbacks), *nyama ya tembo* ("elephant meat"), *tushakameza* ("we already ate").
81. Personal communication with a businessman from Butembo who was present at the event, October 2019.
82. As discussed in our first report (Congo Research Group 2020b), funds were channeled through a parallel system, leaving health zones without core funding and neglecting traditional and/or private circuits, including lay care.
83. Chrispin is a *Riposte* collaborator, accused to have brought Ebola to Ngoyo. Drago suspected him to have ties with APASIKO, an enemy militia.
84. Interviews with a village chief, a civil society leader and a mayor, Beni territory, December 2019, a focus group with local nurses and civil society, Beni territory, January 2020, and another village chief, Beni territory, January 2020.
85. Interview, *Riposte* supplier, Walikale territory, March 2020.
86. Interviews with four local *Riposte* staff, one a *Riposte* supplier, two police officers, a doctor and a nurse, Walikale territory, March 2020.
87. This coalition included commanders Kisya and Kiboko, who carried out attacks in Mabuku, and Kadeu, who launched an attack in Kazebere, as well as Mulozi.
88. Interviews with a local government official, Beni territory, December 2019, a police officer and a customary leader, Beni territory, February 2020.
89. Interviews, armed group leader, Beni territory, February 2020, (another) armed group leader, Beni territory, February 2020, confirmed by senior former *Riposte* officials.



90. This attack was organized by the in-laws of Pori, who blamed Twaye for the death. They got in touch with Drago to plot Twaye's killing. Beyond being RECO, Twaye's position in Malekesa was tenuous due to a struggle among customary leaders, of which Twaye and Pori represented respective branches. Twaye had sensitized for the *Riposte*, raising Pori's anger as his private clinic went bankrupt. Then, Pori and two of his kids fell ill and Twaye helped deporting him to an ETC where he died. Later Fabrice of Mai-Mai Léopard was detained for Twaye's murder. Interviews with an Ebola survivor, a customary chief, Lubero territory, February 2020, and a local health worker, Beni territory, February 2020.
91. The section on Dr Mouzoko is compiled from public sources, confidential UN and government documents and interviews with an eyewitness of the killing, a former Mai-Mai combatant, an intelligence officer, a Mai-Mai doctor, and a civil society leader, Lubero territory, February 2020, and a military intelligence officer, and a former Mai-Mai commander, Lubero territory, March 2020.
92. See United Nations Security Council. "Final Report of the Group of Experts on the Democratic Republic of the Congo (S/2017/672.Rev1), accessed 17 December 2020 at <https://www.un.org/securitycouncil/sanctions/1533/panel-of-experts/expert-reports>.
93. Interviews, civil society leader, Lubero territory, February 2020, confirmed by interviews with a Mai-Mai doctor and a police commander, Lubero territory, February 2020.
94. Interview, civil society leader, Beni territory, February 2020.
95. See, for example, Judith Verweijen. "Pompier-Pyromanocracy: Mbusa Nyamwisi and the DR Congo's Inflammable Post-Settlement Political Order," in *Warlord Democrats in Africa: Ex-Military Leaders and Electoral Politics*, ed. A. Themnér. London: Zed Books, 2017, 41–67.
96. This group was later also contracted by the *Riposte*. Interviews with a local *Riposte* staffer and a human rights defender, Beni territory, December 2019.
97. This attack occurred during the visit of former CENI president Nangaa to appease populations with regards to the postponed elections.
98. See "Le Meurtre Du Docteur et l'argent d'Ebola," accessed December 17, 2020, <https://lesjours.fr/obsessions/ebola/ep5-karasaba-commanditaire/>.
99. Although certain witnesses claim that Mundama reached out to Mai-Mai circles via Masumbuko after the tensions with Mouzoko, various observers believe it is more likely that Mundama went to exile following an internal charade among Congolese *Riposte* doctors over an WHO-funded program to train and remunerate local healthcare workers. This program, piloted in Beni, was supposed to be replicated in Butembo area given the high number of nosocomial infections and led to a conflict between Mundama and his colleague Dr Justus Nsio. Mundama implicitly accused Nsio of plotting to derail the program to the benefit of Kinshasa-based MOH elites. CRG could not confirm whether this is among the problems that led to the firing of former health minister Oly Ilunga over corruption charges. See "Le Meurtre Du Docteur et l'argent d'Ebola."
100. Interview with one of the individuals participating in the murder of Dr Mouzoko, Lubero territory, December 2019.
101. Since mid-2020, Shamboko is the commander in charge of nearby Rugari area on behalf of the *Collectif des Mouvements pour le Changement* (CMC), a Nyatura coalition allied to the FDLR. See Congo Research Group, *For the Army, with the Army, like the Army. The Remarkable Rise of Guidon Shimiray and the NDC-Rénové in Eastern Congo*.
102. Interview, armed group leader, Nyiragongo territory, February 2020.
103. Interviews, local politician, eyewitness, Nyiragongo territory, February 2020
104. Interview, local customary leader, Beni territory, January 2020.
105. This led to the Biakato and Mangina attacks in late November 2019. The bracelet was returned by chief Deo at a later date (Interview journalist, Beni territory, January 2020.)
106. Interviews, NGO coordinator, customary leader, civil society leader, journalist, and eye-witness, Beni territory, January 2020.
107. Interview *Riposte* agent and local politician, Beni territory, December 2019.
108. Interviews agronomist, *Riposte* agent and local politician, Beni territory, December 2019. The use of a private security companies in Biakato (GAMI and KK) was further point of contestation, which was temporarily solved through dialogue and a football match between *Riposte* staffers and Mai-Mai. Nonetheless, having faced protests by local youth as early as October 2019, one security company used these underlying tensions to seek patronage from local business leaders who in turn brought in Mai-Mai Barcelona which would end up being a key group involved in planning the 28 November attack.
109. Interviews Agronomist, *Riposte* agent and local politician, local UN employee, civil society leader, customary agent, Beni territory, December 2019, civil society leader, Beni territory, January 2020, Mai-Mai doctor, local politician, Beni territory, February 2020, Mai-Mai combatant, Beni territory, March 2020.



110. Interview, armed group leader, Beni territory, March 2020.
111. Interview, civil society leader, Beni territory, January 2020.
112. This included commanders like Baraka Lolwako who do not deny the existence of Ebola but took offense at not being associated. In this case, it allegedly involved 2 motorcycles, a generator, a satellite receiver, a gold tester, Motorola handsets, raincoats and fuel. Members of different Mai-Mai factions told CRG that deals were hammered out between them and the *Riposte*, but that WHO did not live up to its promises.
113. Conversation with a high-ranking international *Riposte* official in March 2020.
114. See Congo Research Group. *No regrets: Ebola Business in the DR Congo*. New York: Center on International Cooperation, forthcoming.
115. Interview Interview *Riposte* agent and local politician, Beni territory, December 2019.
116. Including a meeting at ILAC on 8 October and at Kiwezo's place on 22 October. Kiwezo is a well-known dawa producer for Mai-Mai Barcelone of Baraka, linked to Kyaghanda Yira networks in Beni area critical towards the *Riposte* for violating custom. Simultaneously, the family of the late Himata had gotten in touch with a Mai-Mai group from Baiti. "We decided to put up the 'Kekele' chair on the road from Lwemba to Malutu and protest against the *Riposte*. The Yira used to be on good terms with the Bila but strangely they don't help us countering the *Riposte*, they work with them against us. We attack the *Riposte* because it tries to divide us, and we received lots of information from where the military kills our people, like in Eringeti. We have lots of kids from all over North Kivu and Baraka and Kyandenga came with reinforcements." (Interview, combatant, Beni territory, March 2020).
117. Tokolonga heard that Dr Rebecca of the *Riposte* carried lots of cash and called Col Mwanze of the FARDC to suggest a deal. This ambush then took place but one of Mwanze's men was killed and the colonel then sent his T2 to Tokolonga to complain. Tokolonga disappeared but was later arrested.
118. Interview Mai-Mai commander, Beni territory, March 2020.
119. Interviews with civil society leader, Mai-Mai commander, Beni territory, January 2020.
120. Ever since relations had been souring between *Riposte* critics and west of Beni town, HGR Kalunguta had been situated somehow at the frontlines of government (and thus, *Riposte*) control. While it is difficult to prove a clear and close coordination with the Mangina and Biakato attacks that same day, Sources told CRG that Sedaseda's move was motivated by frustration over free healthcare at HGR Kalunguta—supported by MEDAIR, which had delivered a big truck of materials just a day before the attack. Although the HGR itself was not run as a *Riposte* installation, its free healthcare is made possible by *Riposte* stakeholders and the HGR is used as a hub to organize sensitization activities. Parts of the population therefore viewed it with a critical eye. When the *Riposte* set up a TC annexed to the HGR, workers accidentally cut the hose providing water to the population. As diarrhea cases exploded, the population saw this as the *Riposte*'s trick to claim there were many Ebola cases, justifying their presence. As the *Riposte* repaired the water provision popular beliefs switched to the *Riposte* providing contaminated water to infect people with Ebola. Despite some timid attempts to diffuse the rumours via RECOs, a Mai-Mai Léopards faction under Sedaseda rallied this anti-*Riposte* sentiment prior to their attack.
121. Interviews, doctor, civil society leader, agronomist, Beni territory, January 2020, farmer, Beni territory, February 2020.
122. Interviews, armed group leader, Beni territory, February 2020, (another) armed group leader, Beni territory, February 2020, local government official, Beni territory, February 2020, a community liaison officer, Beni territory, February 2020, as well as phone interviews with two senior former *Riposte* officials, February 2021.
123. See Congo Research Group. *Qui Sont Les Tueurs de Beni?* New York: Center on International Cooperation, 2016; Congo Research Group. *Mass Killings in Beni Territory: Political Violence, Cover Ups, and Cooptation*. New York: Center on International Cooperation, 2017.
124. See Kivu Security Tracker. *The Landscape of Armed Groups in Eastern Congo. Missed Opportunities, Protracted Insecurity and Self-Fulfilling Prophecies*. New York: Center on International Cooperation, forthcoming.
125. See Korf, Benedikt, Michelle Engeler and Tobias Hagmann, Tobias. "The Geography of Warscape." *Third World Quarterly* 33, no. 3 (2010): 385—399.
126. Ashley Jackson. "HPG Policy Brief 47: Talking to the Other Side". London: Humanitarian Policy Group, 2012.

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The Congo Research Group (CRG) is an independent, non-profit research project dedicated to understanding the violence that affects millions of Congolese. We carry out rigorous research on different aspects of the conflict in the Democratic Republic of the Congo. All of our research is informed by deep historical and social knowledge of the problem at hand. We are based at the Center on International Cooperation at New York University.

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