

Rwanda 1994

a report of the genocide

Those who do not live in Rwanda need to understand where this tragedy came from in order to prevent it from happening in their own country. Others need to understand so that they can help the Rwandan people end the violence

— Father Modeste Mungwarareba

A report by

Physicians for Human Rights (UK)

[Doctors for Human Rights has been the trading name of Physicians for Human Rights since 2004]

The aims of the investigation

- To record human rights abuses that, together with others, form the genocide that took place in Rwanda following the assassination of President Juvénal Habyarimana on April 6th 1994.
- To investigate and record human rights abuses experienced by medical personnel and violations of medical neutrality.
- To investigate and record instances of medical personnel participating or colluding with human rights abuses.
- To investigate and record opposition to the policy of genocide.

The conduct of the investigation

Two delegates spent 12 days, between the 11th to 23rd July 1994, travelling through Rwanda examining and recording evidence from witnesses and sites of massacres. They visited the following centres; Byumba in the North, Kigali in the centre, Rwamagana and Gahini in the East, Nyamata in the South and Butare in the South West. At the time much of the west of Rwanda was occupied by the French “Operation Turquoise.”

Delegates

Dr Peter Hall,
Physician, Horizon NHS Trust and Watford General Hospital

Dr Andrew Carney,
Senior Registrar in the Psychiatry of Learning Disability at Harperbury Hospital and Barnet Community Team

Acknowledgements

Physicians for Human Rights gratefully acknowledges that without the knowledge, experience, contacts and collaborative support of Rakiya Omaar and Alex de Waal of African Rights, this investigation would have been impractical. Many thanks too for invaluable help from Drs. Jack Piachaud, Derek Summerfield, and Morag Robertson, and Amnesty International and many others.

This report includes attributed excerpts from the UN Secretary General’s report, Death, Despair and Defiance by African Rights, and other sources where their inclusion significantly contributes to a more complete account of events.

Foreword

Between April and July 1994 as many as one million Rwandese men, women and children, the greater proportion being Tutsis, were murdered – often in terrifying circumstances. The genocide was planned by Hutu extremists within the interim government, the military, the gendarmerie, the civil service and by other accomplices and was intended to eliminate political opposition. The assassination of President Habyarimana on April 6th, at one stroke, disposed of a leader yielding to international pressure on the implementation of a peace accord that would have led to the sharing of political power with opposition political parties and the Rwandese Patriotic Front, and offered a plausible pretext for “revenge massacres”. The tendency of the international community to erroneously label the killings as tribal, compounded by confused responses on the part of the United Nations, allowed the impetus of the slaughter to develop a critical momentum that only the slaughter of most Tutsis and moderate Hutus or the military defeat of the Rwandese Government Forces could end.

The policy to implicate as many people as possible in the killings was intended to maximise numbers killed, dilute culpability and feelings of guilt, increase those with an investment in suppressing truth and legitimise murderous behaviour through common practice. A subtler rationale was the prospect of reforging the Rwandese national identity through the shared endeavour of killing all Tutsis and those who opposed it with the objective of making Rwanda a nation wholly committed to the ideology of Hutu extremism.

To put the scale of the carnage into a more familiar context; as many civilians (men, women, children) have been murdered in Rwanda in 8 weeks as combatants (soldiers) were killed in 4 years of the First World War from the whole of the former British empire – this from a total Rwandese population only one sixth that of 1916 Britain.

It is possible to read the testimonies of survivors and know something of the experiences they lived through. But to hear them speak and see the evidence is to become involved – it is not possible to remain neutral in the face of such unremittingly repeated tales of this order of cruelty and brutality. Most of those who survived did so entirely through luck. Being careful, being thoughtful was of no use. Many had not one but two or even three brushes with death, most saw first degree relatives butchered and many sustained dreadful wounds themselves. There are a number of valid human responses to witnessing (but a tiny part of) the evidence of that loathsome 100 days in Rwanda; one is a very deep sustained anger.

It is probably true to say of the First World War with its wholesale slaughter that no conflict in history has been recalled and regretted with such emotion for so long. It was a Canadian doctor called John McCrae who made the red poppy the symbol of remembrance of the millions who died with a poem he wrote during the 2nd battle of Ypres, 1915.

It begins:

In Flanders' fields the poppies blow
between the crosses row on row...

and ends

...If ye break faith with us who die
we shall not sleep, though poppies grow
in Flanders' fields

(Dr John McCrae did not survive the war)

The number of British soldiers killed in the 1914-18 war amounted to 2% of the population and shook the nation. Many families lost one or more members. They became known as the lost generation.

The number of Rwandese civilians killed between April and June 1994 formed up to 14% of the nation; most came from one limited segment of that population. Far from missing a generation, in Rwanda thousands upon thousands of entire families have been completely wiped out ... for them there is no one left to keep the faith.

Contents

Aims/conduct/delegates/acknowledgements	2
Foreword	3
Contents	5
Acronyms/initials/names	6
Background	7
Countdown to genocide	10
Genocide	11
The situation/a personal task	22
The Church and the massacres	23
Hospitals and medical centres	27
Functioning medical facilities	31
Doctors and the genocide	33
The Rwandese Patriotic Front	37
General health questionnaire	39
The crime of genocide	40
War crimes tribunal	42
Appendix 1 (the UN resolution on the International Tribunal)	44
Appendix 2 (the Arusha peace accord)	48

Acronyms/Initials/Names

RPF (RPA)	R wandese P atriotic F ront or Rebel Army (R wandese P atriotic A rmy)
RGF	R wandese G overnment F orces (former Government) sometimes known as FAR
CDR	C ommittees in D efence of the R evolution
MRND	M ouvement R épublicain National Pour Le D éveloppement
UNAMIR	U nited N ations A id M ission in R wanda
OAU	O rganisation of A frican U nity
President Juvénal Habyarimana	President of Rwanda from 1973 until the plane crash April 6.
Arusha Peace Agreement	An accord negotiated in Tanzania under the auspices of the OAU between the Rwandanese Government and the RPF in 1993.
Interahamwe	“Those who work together” or militia (the killer squads)
Kinyarwanda	Language of Rwanda
UNR	Ugandan National Resistance Army of Yoweri Museveni
Tutsi	Ethnic group forming 15% of the Rwandese population
Hutu	Ethnic group forming 84% of the Rwandese population
Twa	Ethnic group forming 1% of the Rwandese population
Préfets	Senior (regional) administrator appointed by the president
Bourgmestre	Mayors appointed by the president
Gendarme	Policeman
ICRC	I nternational C ommittee of the R ed C ross
MSF	M édicins s ans F rontière
UNICEF	U nited N ations C hildrens F und
UNHCR	U nited N ations H igh C ommissioner for R efugees
Refugees	Anyone who is displaced, not necessarily across international borders
Inyenzi	cockroaches = member of the R wandese P atriotic F ront (RPF)
Inkotanyi	fierce fighters = member of the R wandese P atriotic F ront (RPF)
Parish	complete religious complex ie church, clinic, school, etc
Rwandese Surnames	There is no familial significance to surnames ie siblings have different surnames
RTL	R adio- T elevisi L ibre des M illes C ollines (government controlled media)
Occiput	Back of the head

Background

Rwanda, sometimes known as the 'Land of a Thousand Hills,' lies in the centre of Africa. It is the continent's most populous country, for two reasons – its altitudinous rainsoaked equatorial fertility and effective military resistance to slave traders. Over 7 million Rwandese lived in an area of similar size to Wales at three times the population density and, prior to the genocide, there were 2 million more living as refugees in neighbouring countries. Until the 11th century the area had been populated by pygmoid hunter gatherers known as Twa whose descendants now form 1% of the population. Europeans arriving 100 years ago found one nation – the Banyarwanda people made up of three groups: Tutsi, Hutu and Twa. Historians and social anthropologists consistently dispute claims that they are distinct tribes, seeing them as different segments within the same nationality who often intermarry and share the same language, culture and land.

The Germans presented themselves to the court of King Rwabugili in 1884. Twelve months later the Berlin Conference initiated a division of Africa that left Rwanda German territory until Belgium assumed control after the First World War. The Belgian administration defined the criterion for belonging to the Tutsi group as ownership of at least ten cows. The 1933-34 census demonstrated 15% of population possessed such wealth – the remaining Rwandese were identified as Hutus or Twa, according to whether they were agriculturalists or potters. Thus the few Hutu who were big cattle owners were counted among the Tutsi and a large number of Tutsis became Hutu. Identity cards were issued specifying ethnicity based on that census, in effect freezing an individual's social mobility at that 1933 snapshot. (Later versions of these identity cards determined, by specifying ethnicity, who lived and who died at the check points all over Rwanda during the genocide. The new government's identity card excludes any indication of ethnicity).

Abetted by the Catholic Church, the colonialists exploited and exaggerated the hierarchical differences to facilitate indirect administration of the country. They promoted the interests of the ruling elite of Tutsis at the expense of the Hutus, institutionalising their power in a way that transformed what had previously been a reciprocal if unequal relationship into an entrenched system of Tutsi domination. The ending of the Second World War provided an impetus for anti-colonial struggle and prompted the Belgians to switch support to the majority Hutu. The end of Tutsi domination provided the spark that culminated in the massacre of thousands of Tutsis in November 1959. From then onwards there were periodic massacres of Tutsis (1959, 1963, 1967, 1973) that left tens of thousands dead and forced hundreds of thousands to flee the country. The massacres were used by government officials to settle political scores for which no one has ever been punished – the international community viewed them as an internal affair and the government was never likely to punish that which it had ordered. When Rwanda achieved independence in 1962 the old policies favouring Tutsis were reversed although for while they remained prominent in the professions and commerce while the army, police and civil service came to be dominated by Hutus.

In 1973 the Hutu Major-General Juvénal Habyarimana seized power in a coup d'état and became President until his assassination in the plane crash on 6th April. He banned all political activity, suspended the legislature and established a military command until, 2 years later, he launched a ruling party called the Mouvement Républicain National Pour Le Développement (MRND). Initially he promoted genuine national development but latterly his administration became increasingly authoritarian and corrupt. Habyarimana fostered "ethnic" politics to divert attention from the nation's poverty and intra-Hutu political divisions. An imposed quota system

maintained an employment imbalance that preferred Hutus, especially those from northern Rwanda, to Tutsis and southern Hutus in education and employment. The army, diplomatic service and parliament were, with rare exceptions, always reserved for Hutus. In the mid-80's the political divisions in Rwanda were along a North/South divide and the Tutsi factor was not politically significant. By the end of the 80's in an effort to create a pan-Hutu political platform mobs were being encouraged to attack Tutsi families with resulting grave abuses of human rights. Pressures had led to political reforms despite which, in the 1983 elections, opposition political parties were unable to function and Habyarimana was elected unopposed. In the 1990 elections provisions were made for multiparty democracy but the government again failed to fulfil basic democratic requirements and the new cabinet was formed almost exclusively by MRND candidates.

By the time of Habyarimana's death Rwanda was a poor country with a crippling foreign debt and an over-reliance on one cash crop. When the price of coffee collapsed in 1989 Rwanda's foreign debt rose to \$90 per head of population in a country where the total annual income per head is only \$320. Thus the timing of the RPF invasion (see below) in 1990 was particularly unfortunate for the Habyarimana government because donor countries were simultaneously demanding austerity measures that, along with the collapse in coffee prices, weakened government support at a time when local and international pressures were forcing further relaxations of the restrictions on democratic political development. The President responded by adapting his own MRND party and infiltrating opposition parties while close colleagues set about creating the hard line Hutu extremist party, the Coalition for the Defence of the Republic (CDR) which later was so prominent in organising the militia, the so-called *interahamwe* or death squads. Anti-government protests were staged in 1991 by the Rwandan Liberal Party and the Rwandan Socialist Party but conditions made political activity difficult.

The Rwandese Patriotic Front (RPF) has its origins in the Rwandese Alliance for National Unity (RANU) founded in 1979. RANU drew its support from Tutsis, finding it's main constituency among Rwandese refugees in neighbouring countries. Rwandese refugees in Uganda, Zaire and Burundi had suffered persistent discrimination. Those in Uganda became the target of Presidents Oboto's murderous campaign in the Luwero triangle in the early eighties. The ferocity of Oboto's counter-insurgency campaign drove many refugees to return to Rwanda where they were denied right of citizenship. Many subsequently returned to Uganda convinced that the only long term future lay in enforcing the right to return to Rwanda, by military means if necessary.

Repeated appeals to President Habyarimana to allow them to return to their own country came to nothing despite the involvement of UNHCR in the negotiations. In 1982 many joined the National Resistance Army (NRA) of Yoweri Museveni that eventually won control of Uganda in 1986. Having gained extensive experience in the NRA 4,000 Rwandese refugees, most of them offspring of those forced out of Rwanda in the late fifties and early sixties, subsequently formed the RPF. They were joined by a number of high ranking politicians and army officers dissatisfied with the Habyarimana regime. They invaded northern Rwanda on 1st October 1990, reaching to within 30 km of the capital Kigali. Only the intervention of Zairean, Belgian and French troops prevented the capital being taken. By late October a cease-fire was declared but hostilities continued in the north. In December 1990 and January 1991 further incursions by the RPF were made into Rwanda.

The 1990 invasion gave Habyarimana's government a pretext for imprisoning thousands of people suspected of being sympathetic to the RPF. Most were Tutsis but a few were Hutus who dared to criticise the regime. They were released after six months, their imprisonment having apparently been an intimidatory measure which nonetheless entailed some fatalities. However, faced with the continuous pressure from the RPF and activity on the part of opposition parties the authorities began to menace those who did not favour them, this time killing

rather than incarcerating. In 1992, hundreds of Tutsi were massacred at Bugesera in what may have been a rehearsal for the genocide in 1994. Amnesty International documented over 2,300 cases, between October 1990 and 7th April 1994, of extrajudicial execution by members of the security forces and militia as well as cases of torture. These were essentially political crimes with ethnic overtones. President Habyarimana's regime could not tolerate the sharing of power and perceived any opposition as enemy. The official media constantly referred to those who opposed the MRND as enemies of the country.

In July 1992 peace talks in Arusha, Tanzania, supported by the Organisation of African Unity, neighbouring countries and other sponsors resulted in a cease-fire agreement but were stalled on the question of the establishing political accountability, the RPF's role in a united Rwandese military, the repatriation of Tutsi refugees and the RPF's demand for full participation in the establishment of a transitional government. After the talks broke down again in 1993 the violence escalated to the extent that the fighting eventually displaced as many as 800,000. Following this exodus, in February 1993, the RPF launched another offensive that again threatened Kigali before French military reinforcements rushed to back up Habyarimana's government and pushed them back again.

Peace talks were reconvened once Habyarimana agreed to the RPF's demands for the withdrawal of foreign troops and the French army began returning to the Central African Republic. By August 1993 the Arusha Peace Agreement delivered the promise of democratic power sharing and the eventual integration of the RPF into the national armed forces. In November 1993 the Agreement (see appendix 2) established a broad-based transitional government in Rwanda with the guarantee of early multi-party elections for 1995, when it was anticipated that the then ruling extremist government would lose power to opposition parties. Much optimism was generated by the peace accord and the arrangements were seen as a model for the future that offered the prospect of peace and democracy. Those guilty of political crimes, particularly those named by the International Commission on human rights abuse that visited Rwanda in 1993, which included "The Rwandan government (which) has killed or caused to be killed about 2,000 of its citizens ..." realised the implications for their future that the establishment of democracy and justice represented.

Countdown to genocide

falsehood flies and the truth comes limping after; so that when men come to be undeceived it is too late; the jest is over and the tale has had its effect – Jonathan Swift (1667-1745)

Extremist Hutus recognised that the anticipated development, in November 1993, of multiparty transitional government as part of the Arusha Peace Agreement (see appendix 2) represented a threat to their power because moderate opposition parties were acknowledged as likely to win the subsequent multi-party elections planned for 1995. The UN Special Representative to Rwanda, Jacques-Roger Booh-Booh, a former foreign minister of Camerouns, faced great difficulties getting the Habyarimana's government to cooperate and has since been criticised for failing to deal effectively with the regime. He was supported by UNAMIR which on 1 November 1993 deployed 1,260 soldiers from Belgium and Bangladesh to help ensure the country's security, establish the transitional government, and peaceful and fair elections for the presidency and legislature. In January 1994, the U.N. Security Council approved the dispatch of another 1,350 peacekeepers. At the onset of the genocide in April the Security Council cut back UNAMIR to 450 soldiers – only to call for an expansion to 5,500 troops but one month later.

It appears likely it was members of the Presidential Guard who fired the missile that brought down Habyarimana's plane as he returned from a regional summit at Arusha, Tanzania, where he had yielded to international pressure to hasten full implementation of the power-sharing agreement. Within hours twelve opposition members of the transitional government (11 Hutus and one Tutsi), including the Prime Minister, Agatha Uwilingiyimana and her 10 Belgian UN guards, were killed by troops of the Presidential Guard. Some opposition politicians survived because, recognising their lives were in danger as soon as the plane was reported to be in flames, they sought the protection of UNAMIR. Others were either later rescued by the RPF battalion placed in Kigali as part of the Arusha peace accord or hid while the the remainder were fortuitously out of the country.

Not only did most governments initially fail to recognise the culpability of the extremist Hutus but one of them, Jean-Bosco Barayagwiza, a principal extremist ideologue and shareholder in Radio-Television Libre des Mille Collines, along with government colleagues including the Foreign Minister, was allowed to speak at the United Nations six weeks into the genocide of which he stands accused as one of it's architects. Part of the reason for the lack of condemnation was because the interim government that assumed power on Habyarimana's death won at least tacit acceptance from Booh-Booh who then submitted inaccurate reports to the UN that failed to convey the systematic and organised nature of the killing. Since January 1994, the Rwandese government had been represented on the 15-member UN Council by Jean-Damascene Bizimana who consistently depicted the killing as spontaneous acts of outrage at Habyarimana's death. Not until eight weeks later, when most of the killings been perpetrated, did the Secretary General, Boutros Boutros-Ghali, in his report to the UN Security Council, acknowledge that the conflict amounted to genocide. It was only after the defeat of the interim government by the RPF that President Clinton decided to expel the Rwandese ambassador in Washington DC who had all along been allowed to represent a regime whose entire raison d'etre was genocide.

Genocide

The result of the Rwandan drama is collective suicide; a nation has destroyed itself. It is as if the protagonists were saying: "I am killing you because I am already dead; you have to die with me. I do not want you to enjoy the good things I cannot enjoy. You and I cannot be separated. Death is the seal of this indissoluble unity between us, enemy brothers

– Father Modeste Mungwarareba, director of the Theological Centre, Butare

The secretary general of the UN is satisfied there is overwhelming evidence to indicate that the extermination of Tutsis by Hutus had been planned months in advance of its execution. The massacres were carried out primarily by Hutu elements in a concerted, planned, systematic and methodical way. They were "committed with intent to destroy, in whole or in part" an ethnic group within the meaning of article II of the Convention on the Prevention and Punishment of the Crime of Genocide of 1948. The victims were mostly either of Tutsi origin or were Hutus considered to be moderate. The UN report cited numerous heinous acts perpetrated against those groups, including the killing of moderate Hutus by extremist Hutus, acts of torture and other cruel, inhuman or degrading treatment, as well as the incitement of ethnically motivated hatred and violence. It concluded that responsibility for the above rested with the interim Government of Rwanda.

Racist hate propaganda was being disseminated as far back as 1993, especially by Radio-Television Libre des Milles Collines (RTL), a private radio station owned by members of President Habyarimana's party, the MRND. All "enemies were " to be "exterminated". Posters, leaflets and radio broadcasts dehumanised Tutsis into "snakes", "cockroaches" and "animals" and the population was inculcated into the belief that the *nettoyage* or cleansing was a civic duty. Those individuals named in the radio broadcasts were among the first killed (along with their families) in April 1994.

The militia known as *interahamwe* meaning "those who attack together" were one of the core perpetrators of the genocide. They were recruited from among the unoccupied and disaffected young, trained by the Presidential Guard in a camp at Mutara and formed the uniformed "regular" *interahamwe*. The programmes, which lasted for three weeks each, involved indoctrination of groups of 300 men in ethnic hatred against Tutsis and information on methods of mass murder. These "regular" *interahamwe* were augmented by "irregular" *interahamwe* trained over several days after April 6th and *impuzamugambi*, which means "those who have a single aim", of the Hutu Coalition pour le defense de la Republique (CDR) who were trained, armed and led by the Presidential Guard and other elements of the Rwandese government army.

The soldiers of the RGF, the Presidential Guard, the gendarmerie, and presidentially appointed civil administrators préfets, sous-préfets, and bourgmestres as well as members of the general population played their part but there is evidence it was the RGF which killed more than any other group. The system of local civil administrative which is modelled on that of France and was so effective that ultimately every person could be contacted from the capital, Kigali. As the order to kill cascaded down via the préfets and bourgmestres nobody could plead ignorance. When Dr Tajudeen Abdulrahim, chair of the 7th Pan African Conference asked an old man why, at his advanced age, he had not ignored the instructions to kill, the reply came: "My children and my grandchildren made me – orders are heavier than stones." An extravagant respect for authority is not atypical and may have been a factor in recruiting collaborators. That said, many ordinary Hutu people throughout Rwanda refused to participate and others took extraordinary personal risks to protect endangered friends and even

strangers. Many will have paid for it with their lives.

There were many such heroic acts by unknown people, in the hills where the media did not go. Several martyrs of this conflict are known only to God.

– Father Modeste Mungwarareba

The *interahamwe* used the following methods of killing:– machetes, *masus* (clubs studded with nails), small axes, knives, grenades, guns, fragmentation grenades, beatings to death, amputation with exsanguination, buried alive, drowned, or raped and killed later. Many victims had both their achilles tendons cut with machetes as they ran away, to immobilise them so they could be finished off later. Others had machete wounds to the forearms where they had tried to protect the face, back of the head or neck.

The count of machete injuries to head and neck amongst survivors is high. While organising a self report questionnaire off the main street in Rwamagana the Physicians for Human Rights (UK) delegates saw three women with fresh occipital scars and a 2 year old child with a still incompletely healed cut to the right axilla – all within several minutes.

One of the *interahamwe* chopped at him with a machete when they attacked out house on the 11th April. I had been sitting breast feeding him when they broke in. I fled leaving the baby because I thought he would slow me up and that the *interahamwe* would not harm him. My husband was killed in the attack.¹

Sometimes Tutsis were forced to kill members of their own family. Husbands are known to have killed wives; sons to have killed mothers. Fathers have been forced to kill their children – one who did committed suicide immediately afterwards. Children from the age of 7 upwards have killed.

(The *interahamwe*) told us that (my brother) had to be killed to prove the family were not agents of the RPF ... The whole family was threatened with death if we did not kill him ... After 4 days the *interahamwe* came to the house ... and stood over me saying “Kill him”. ... My brother said “I fear being killed by a machete; so please go ahead and kill me but do it with a small hoe” and he went away to get a hoe. ... I hit him over the head. I kept hitting him ... but he would not die. It was agonising; finally I took the machete he dreaded to finish him off quickly.²

Interahamwe were often, as a matter of policy, moved to other parts of the country to encourage *interahamwe* who were insufficiently “enthusiastic“ or to augment other *interahamwe* groups. There were three main types of *interahamwe* :

- the zealots who form up to 1 to 2 % of the population and killed out of conviction. They had been trained to kill, often smoke hashish and are thought to have of killed between 200 -300 people each.
- members of armed wings of the MRND or CDR
- citizens who were either intimidated into killing or did it from greed, or both.

In the middle of crowds of frenzied killers, some murdered against their will. They lacked the courage to oppose the fanatics though they disapproved of these massacres.

– Father Modeste Mungwarareba

¹ Testimony of Vererand Bantegeye, Rwamagana. 18th July 1994.

² Testimony of Venuste Hakizamungu from near Gitarama, quoted from Death, Despair and Defiance, African Rights.

The first few days and weeks in Kigali.

Maria³ lived in Kigali. At twelve, was the oldest of six children. On the evening of 7 April, she went as usual to fetch water even though she had heard on the radio that the president had been killed the previous evening and a curfew had been imposed by the interim government. When she got home she found her mother disembowelled and her father, brothers and sisters with their throats cut. Terrified she ran to her grandparents only to find they too had been slaughtered. After three weeks alone in the bush she was found and cared for by a member of the Ghanian Battalion of UNAMIR who then handed her on to the RPF when the fighting finished in Kigali.

Jean-Baptiste Kayigamba is a journalist who worked on an independent newspaper as well as being an human rights activist, a member of Association de la Volunteer de la Pays⁴ :-

In the months before (April 6th) soldiers from the Presidential Guard had been frequenting new drinking places to observe people and note where they lived – presumably so that they would be able to target them when they needed to. American friends had said that they had sometimes been quizzed by strange people. On April 7th (the day after the plane crash) I saw the same troops on the streets at the same time that people started to report killings around the city. The militia had recently been extremely active and everyone was well aware of the situation because we had had some houses destroyed and some families were no longer spending the night in their houses.

On April 6th I was in Kigali, busy the whole day writing a report about some displaced people whom the *interahamwe* had attacked. (When we heard that the president's plane had crashed) we went out on the streets to see what was happening – we stayed out until midnight watching and wondering. Radio Rwanda went off the air as usual at 11pm but instead of closing down normally RTM played classical music through the night. At 1 am a short wave French station claimed the president was dead and this was soon confirmed by BBC World Service. I could not sleep...

At 5 am Radio Rwanda announced the Cabinet was asking everyone to stay at home because the President had been killed by the enemy. I heard gunfire from the direction of a police camp and possibly other fire in response. We remembered that when the RPF had invaded in October 1990 the police had opened fire in a simulated attack, possibly using it as a pretext to hide the mass arrest of people and we wondered if this was another attempt to cover illegal activities. Later we went to check the road outside. Witnesses there said they had seen the abduction of a prominent Tutsi, the chairman of my human rights association, whose name was Charles Chamuchiga. They had seen him in a pick up being taken away by the Presidential Guard and we realised that they had started weeding out prominent Tutsis. We had expected to hear on the radio from the Prime Minister (a member of an opposition party) by now, perhaps calling for people to remain quiet. What we got instead was an correspondent on Voice of America saying that he could see her house was surrounded by the RGF, and that the bullets were flying everywhere and that she could not get out.

About 10 am a group of people told us about entire families from our vicinity who had been wiped out that morning. Soon after five Presidential Guards erupted into our compound and we ran away. They broke into the rooms of some women civil servants and killed 4 of them – one who pretended to be dead told us what happened later.

I ran to the Centre des Langues Africaine where there were white Missionaires d'Afrique. Later on I and my housemate tried to reach other families in our compound to warn them that they had started to kill people and in a matter of 20 minutes maybe 10 families from the compound had joined us in that Centre with their children. Meanwhile other people had run to the Centre from outside the compound. At 4 pm we

³ Testimony of Maria. Kigali airport. 15th July 1994.

⁴ Interviewed in Nyamata on 20th July 1994.

decided it would be best to move those families to Sainte Famille and Sainte Paul (religious community complexes) where the families of the Presidential Guard and government officers had also been taken for protection before being moved out of Kigali. Some of us removed the bodies of the 4 ladies who were killed and buried them near the centre. There was a curfew at 10 pm. It was not announced on the radio but the roadblocks were already set up on April 7th.

We were taking details about people who had been killed as survivors came in. One of the ladies had got shot in the abdomen; these missionaries couldn't help. We could not give her a mercy killing, but in the morning people went to check and they found that she was still breathing. On the 8th they gave her some porridge and the man in charge of this centre persuaded a lieutenant in the RGF who had come, maybe to find out what was going on, to take her to the hospital. So this lieutenant took her to the hospital and then we heard stories of killings at the hospital. Apparently on the 8th they had started to kill patients at the Central Hospitale Kigali. A friend of mine was taken there and later a witness told me that he had been killed.

There was no food or water. The numbers of people at the Language Centre were increasing. We asked the priest, an expatriate, to contact UNAMIR (United Nations Assistance in Rwanda) who were only 10 minutes walk away but they said that they could do nothing except lend us a phone. We used it to phone Tutsis elsewhere in the suburbs who said they were staying inside, terrified, but they could see the *interahamwe* on the streets. Later the phones in our sector of the city stopped working. The expatriates were evacuated when the French and Belgian soldiers arrived but they left the phone. By then there were 400–450 people at the Centre.

Two weeks after the president's death the Presidential Guard, gendarmarie and *interahamwe* came to the Rugengi area. They started cutting down bushes and banana plantation in the garden to stop people using them to hide. At 10 am a number of them with hand grenades, machetes, and guns surrounded the Centre. They herded everyone into one area and asked for identity cards. Some had left their identity cards at home, others had Tutsi identity cards. They had a lists of people they wanted – Tutsis and moderate Hutus. They beat them there and then and took them round behind the building. By noon no one knew what to do for the best – everyone was milling about. Then the security forces asked the women to move to the Sainte Famille, so they started packing. Later in the afternoon a priest called Wencester Munyeshyaka came to see what was happening. He asked for the women to be spared but tried to reassure the men even though he knew the préfet was there and he would have known that we might be killed. He was alleged to be on the *interahamwes'* side – he was the same priest who went around with a pistol and grenades and he was based at Sainte Famille (see later). Eventually they took away 50 moderate wing Hutu people with whom they had had problems before – the soldiers and gendarmes let the *interahamwe* choose their victims. What saved me was that I had not been very visible in recent months because I had been so busy and the *interahamwe* did not know me. They pushed a stick grenade against my chest. “We don't know you” they said. “I live in a Catholic hostel” I replied. They had no idea I was educated. My housemate, a teacher, was taken away. They asked the rest of us to go to their own homes even though they were planning to kill us. They expected we would be caught at checkpoints. I negotiated with a Hutu that I would go to Sainte Famille the next day and spent that night in my own hostel.

At 3 pm on Friday 22nd April we heard gunshots. Nearby there was a place where the *interahamwe* killed people and it was there those who had been on the lists were killed. 2 survived because they gave the *interahamwe* an expensive watch. “You go” they had said. “You will die later.” I met them later at Sainte Famille. Another escaped by running away and he also turned up at Sainte Famille and eventually survived. My friend, Albert, was shot in the eye as he tried to escape and was killed with a screwdriver. Their bodies were still there the next day. Later they were put in a trench and covered with grass. Patrols were collecting the bodies.

Within the 1st week, the Presidential Guard and militia had killed an estimated 20,000 people in Kigali and its immediate environs.⁵

The Sainte Famille Parish in Kigali

The president of the *interahamwe* in the Rugenge sector of Kigali was, extraordinarily, a woman called Angeline Mukandutiye who was not only a Tutsi but a director of primary schools and mother of 4 children. She was identified by Sister Suzanne, Mother Superior of the Congregation Soeur Theresa de Calcutta Orphanage, by Innocent Munyaneza, Alfred Rutembeshawho works in the pharmacy at the Sainte Famille clinic and by K.K., a former airport worker. Angeline's identity card, with her Tutsi ethnicity clearly marked, was lent to Physicians for Human Rights (UK). A blackboard in her garden which gave details of her killer squads' areas of responsibility bore the instructions "Don't fire in the air, fire directly at your target" was televised by the BBC's Foreign Editor, John Simpson. Physicians for Human Rights (UK) was given a list names of 30 of the local Rugenge *interahamwe* by K.K.⁶, after considerable consultation with other locals in the Sainte Famille area. Sainte Famille is a religious complex of church, clinic and school.

The behaviour of the *interahamwe*, RGF and gendarme was unusually circumspect with regard to the refugees at Sainte Famille, Sainte Paul, Hotel Mille Colline, the King Feisal Hospital and the Amaharo Stadium – presumably because international observers were watching.

So many people took refuge in the Sainte Famille parish that the *interahamwe* came daily to take away individuals. On one occasion it was 150 people but usually it was less but up to 60 a day. They could just drive in and do whatever they wanted. In the first few days there were curfews and the roadblocks where people were caught and subsequently killed. Many people injured in the first few days delayed came to the clinic because initially they went into hiding. At first it had been difficult to know who was who because of the confusion and the *interahamwe* leaders would come with lists of names The *interahamwe* were collecting people right up to when Kigali was freed. They picked Tutsi people and opposition people⁷.

The head of the mission at the Sainte Famille was called Father Anaclet Musunvaneza. He was forced to leave as soon as the killings began, being replaced by a Wencester Munyeshyaka, but stayed at the nearby church of Sainte Paul and kept in touch with Sainte Famille. He calculated that at least 4000 people had been taken from the complex and killed in the three months.⁸

Many found Sainte Famille safer than staying at home; Jean-Baptiste Kayigamba continues:–

On Saturday morning we decided that we were going to be killed if we stayed put (in the hostel), so I and a friend got clubs and pretended to be *interahamwe*. We managed to reach the Sainte Famille complex 2–300 hundred yards away. There we found gendarmes pretending to protect the refugees. On Sunday those 15 of 17 who remained in the hostel were killed and Hutus were asked by the *interahamwe* to bury them in the compound of the hostel. Two of them had hidden in the toilets and later made it to Sainte Famille.

I was 2 weeks at Sainte Famille. The ICRC would bring us food. Every morning the *interahamwe* used

⁵ Secretary General's report to the President of the Security Council. 1st October 1994.

⁶ Testimony of KK. Kigali. 14th July 1994

⁷ . Testimony of Innocent Munyaneza and Alfred Rutembesha, Kigali. 14th July 1994.

⁸ Testimony of Fr.Anaclet Musunvneza. Sainte Famille. 14th July 1994.

to come to seeking people they wanted. They called out names from lists but nobody ever answered. They were after 2 or 3 particular journalists. There were about 6,000 there so they could not go through everyone's identity card. On May 6th, after the burial of the President, the *interahamwe* said they would kill everyone. Soon after my sister found out where I was and bribed a member of the gendarmerie at Mille Colline Hotel with 100,000 Rwandese dollars to let her take me away from Sainte Famille to the hotel underground car park. From the Mille Colline Hotel I was eventually exchanged for RGF prisoners by the RPF.⁹

Aurea Uwizeye, a Tutsi aged 38 was injured in Kigali on 15th April. She had been forced to lie prone and was then shot from behind. Her husband was killed and her 3 children are still missing. She sheltered 18 days in Sainte Famille until evacuated after the RPF liberated them. She confirmed that each day 15 or more people were taken out by the *interahamwe* to be killed. On the 17th of June 65 people were shot in the compound.¹⁰

From the beginning the (Sainte Famille) church was guarded by gendarmes. At first they seemed to provide security but as time wore on they appeared more and more to side with the *interahamwe*.

We could see (the *interahamwe*) kill people with machetes just outside. They did not use guns so as not to alert the gendarmes who had been brought in to guard us.¹¹

100 metres down the hill from Sainte Famille is the Congregation Soeur Theresa de Calcutta Orphanage. The Sister Superior, who is French, remained throughout the conflict. When Physicians for Human Rights (UK) visited there were 250 children present – orphans, children who'd lost their parents, and children who were sick. Children were still coming in on the 14th of July – at a rate of up to 10 or 15 a day or just one a day. At the time Physicians for Human Rights (UK) visited they were short of water. (Kigali was without food, water, telephones or electricity for many weeks after the RPF won control) Some parents were coming to claim their children.

During the genocide injured children were being brought here – some as long as three days after their parents had been killed. They refused to live. They died. 10 to 15 children died of diarrhoea. There was often no water and no food. We were constantly being threatened by the *interahamwe* with being shot. During that first week in April the *interahamwe* came to the orphanage 8 times daily to find hidden people they were seeking. They simply jumped over the wall. At that time there were 150 children. They beat up one of the sisters. There were many Tutsi people hiding in the roof. They only managed to find and kill 8 of them – two were women. 17 women were being hidden at one stage. They threw bombs into the garden and on to the roof of one of the buildings. They shot at the car owned by one of the sisters. One *interahamwe* member called Sadakie wanted to kill me and was put in prison by the gendarmerie when he threatened to shoot me. The *interahamwe* were mostly local people. We saw children killing people – one 12 year old killed a man.

The *interahamwe* were particularly looking for a journalist called Andrew Kameya who lived near Sainte Famille and had worked for an opposition paper. He hid in Sainte Famille throughout and may have survived but his wife, Suzanne and child, hid in this orphanage and were both killed. The night before she was discovered she had a stroke because she was so terrified. She was beaten to death in front of me. On the

⁹ Testimony of Jean-Baptiste Kayigamba, a human rights activist and journalist working on an independent newspaper. Kigali. 20 July 1994.

¹⁰ Aurea Uwizeyewas interviewed in Gahini Hospital. 15th July 1994.

¹¹ Testimony of Albert Majaro who was in Sainte Famille. quoted from Death, Despair and Defiance, African Rights

17th of June 52 people sheltering in Sainte Pauls (a nearby church) were killed¹². They were shot in the head. One our staff, a man called Innocent although he is known as the “boy” even though he was 38, was killed in Sainte Famille having hidden there for 2 months.¹³

The disposal of the bodies

Latrine pits are cylindrical holes 1-2 metres across dug 15 metres or more deep into the ground. They may be found in the garden or within a building or room ie toilet. The *interahamwe* found them convenient places to dispose of corpses although more normal mass graves were also a common sight. Physicians for Human Rights (UK) was shown 7 latrine pits in the Rugenge sector of Kigali. It was difficult to clearly see human remains at the bottom of each but the smell of decomposing bodies, the blood splashes on the ground and adjacent walls and the personal effects such as prayer beads and identity cards scattered around the entrance to the pits left little doubt about the purpose to which they had been put. Children were sometimes thrown in alive – some of those that survived the 45 foot drop climbed out by inching up the walls in the same way a mountain climber moves up a “chimney” – supporting themselves by pressing the back and arms and legs outwards in opposite directions against the walls and inching upwards.

One family of 20 Tutsis living round the corner from Sainte Famille were killed by *interahamwe* on 7th April and were buried in a next door outside toilet building which was then demolished on top of them. 2 *interahamwe* from the list given to Physicians for Human Rights (UK) were named as being involved in their murder.¹⁴

I was buried alive on 1st June in a mass grave with 100 other bodies but climbed out and fled in the general confusion. My elder brother was shot so that he fell into the same grave. When he climbed out he was shot again and this time killed. My father was killed on 6th June. My mother was spared because she is a Hutu.¹⁵ (Physicians for Human Rights (UK) examined the alleged grave which was 6 x 4 metres in size and placed in within yards of houses, perhaps 100 metres from Jean Claude’s home)

Twayigira Charles, Subika Joseph and Muyoboke Bosco were killed and buried in a latrine pit in the Rugenge sector.¹⁶

Vuna Maria Mukankusi saw the bodies of 10 adults and 10 children thrown into latrine pits over a period of many weeks. 3 of the children survived – 2 by climbing out themselves. She cared for each one of them all until the RPF arrived and evacuated them to the Amaharo stadium, Kigali. She also saw, in April, a Tutsi family of 10 lined up in front of their house nearby and shot and then the house demolished. Their bodies lay there for several days she said. The house she pointed out had been partly knocked down.¹⁷

Physicians for Human Rights (UK) examined the pit described below. There was olfactory evidence of human remains within and a bloodstained (Tutsi) identity card and other personal effects within 3 yards of the entrance

¹² probably referring to the 62 men taken and killed on the 14th June

¹³ Testimony of Sister Suzanne, Sister Superior of the Congregation Soeur Theresa de Calcutta Orphanage. Kigali. 14 July 1994.

¹⁴ Testimony of KK. Kigali. 14th July 1994

¹⁵ Testimony of Musayidine Jean Claude. Kigali. 14th July 1994.

¹⁶ Testimony of John Majes. Kigali . 14th July 1994.

¹⁷ Testimony of Vuna Maria Mukankusi. Kigali. 14th July 1994.

to the pit.

I saw 5 bodies put down the pit in the garden of Munyantore Ernest, a member of the local *interahamwe* who has since been killed. There are said to be 50 bodies in that one pit. 18

Beatrice Mukandige is 24. She comes from sector Nawe, commune Bicumbi, Prefecture Kigali. She experienced many of the different horrors of the genocide and the attentions of both *interahamwe* and Presidential Guard.

When the *interahamwe* started to get near, my father and others decided to fight back supported by the local bourgmestre. So the Presidential Guard were brought in and we were overrun and my father killed. Mother suffered a machete head injury and 3 of my aunts and uncles were killed. My three brothers have survived. I fled with my friends to the Hill at Mururire to be near a Tutsi counsellor called Bakundukize who gave us refuge for 2 weeks. He was later killed. There were so many people there that we overpowered the *interahamwe* again so the Presidential Guard were called back 2 weeks later. We ran away again and I was trying to find my way back near to home to seek shelter from another counsellor called Manaraho Dionizio but he kicked us out of his garden after 24 hours. I decided to go home to die. There the *interahamwe* took all us girls and shared us out. One of them paid 1,000 Rwandese Francs (about £1.50) to take me "as his wife" for a week. His name was M. from the north west Rwanda. He raped me every night. The names of other *interahamwe* were R., N.M., and A. – the last also known as "the butcher" because victims were brought to him to be killed. The names of those I know who were taken to be killed were: Olive and her 4 children, a girl called Uwimana, a boy called Rutembeza. Other girls called Muleamana Berna and Uwera were also raped. Another, called Nibakaisabe Vivian, "cost" the same as I. I escaped by pretending to go to the latrine at one in the morning and came to Rwamagana where I found my mother was okay.¹⁹

It is generally accepted that it was the Presidential Guard that assassinated the presidents of Rwanda and Burundi and their staff, the event that signalled the beginning of the slaughter. Within minutes the Presidential Guard had set up the roadblock that prevented UNAMIR troops based round the corner from reaching the airport to investigate the cause of the plane crash. Very early next day they assassinated Hutu opposition members of the government and started to kill previously marked out liberal intellectuals, human rights activists and journalists.

The Guard were very active throughout the genocide. On 19th April, the President of the self appointed interim Rwandese government, Dr Theodore Sindikubwabo, spoke on the radio and called for the killing of "accomplices" in Butare. The Presidential Guard flew in that night and dug pits, filled them with burning tires, and pushed Tutsi into them. They also executed Tutsi near the National University for the next three days, killing thousands. 20

In the middle of April the country's only psychiatric hospital was overrun by Presidential Guard garrisoned at Kigali airport after they were summoned because 2 refugees hidden in the capacious buildings fired at marauding *interahamwe*. All but 20 of the 250 patients are alleged to have been killed. In July Physicians for Human Rights (UK) found there to be extensive grenade damage to floors and roofs and automatic fire had raked the walls. Unburied human remains still littered the ground to the rear of the hospital. Nearby there were dozens of graves placed haphazardly in the banana plantation that were alleged to contain 3-4 bodies each where victims had been buried where they fell.

¹⁸ Testimony of Ahabantegeye Christine. Kigali . 14th July 1994.

¹⁹ Testimony of Beatrice Mukandige aged 24 years from sector Nawe, commune Bicumbi, Prefecture Kigali. Rwamagana. 18th July 1994

²⁰ Secretary General's report to the President of the Security Council. 1 October 1994

Immediately after the death of the President everyone was asked to stay indoors. If you went out to get food at the market there were roadblocks around. This did not prevent people from moving but we did have our identity cards checked. We noticed that the homes of Tutsi people were being burned down and thought it was the *interahamwe* doing it but it was the soldiers who were doing it. On the 20th of April, my nephew, a teacher at the military school in town, came home with a deep cut in his neck. He was unable to speak and had to hold his head on. He went to the medical centre but subsequently died. That day an aeroplane had landed with rumours that the Presidential Guard were coming to kill people. I fled to the guest house (of the university) and hid in the ceiling with 2 children from my home and a babysitter. I left my wife who was pregnant at our house. A Hutu neighbour who was a lecturer at the University hid my wife at night. She spent the days at home on her own. The *interahamwe* visited my wife and told her that they would come to kill her after the delivery of the baby. This continued until the delivery of my baby at home.

To get food the babysitter, who had a Hutu nose, went out to the bank and bought food. Later the *interahamwe* wanted to use the guest house in which I was hiding to sell beer from. Apparently a man watching the area had told the administrator that I was hiding inside and he warned me. But soon the RPF got near and trucks came round to evacuate people to Cyangugu. I climbed down from the ceiling for the first time for 2 months. We were unable to get into the convoy. About 20 of my relatives were killed. Many university staff I knew were killed. I am saddened by what happened and my wife is still traumatised by the RGF who looted our house. Even now she won't go home. She still sees the army coming.²¹

The gendarmarie, in general either colluded or participated in the massacres. Some have been described as being the most vicious killers in Rwanda. But as with all groups involved in the genocide there were people who tried to help the victims...

The *interahamwe* were most interested in looting in Rwamagana initially but the killing started on the 11th April. I was responsible for 48 student nurses from the local hospital. Between April 7th and 20th all the teachers came to stay in the the nurses home. A gendarme called Michael Havugiyaremye who was a major was always visiting and warning us when the *interahamwe* were active in area . He then found a lorry for us to leave on. We were aiming for Nyanza when the *interahamwe* in a town on the way who had been killing everyone with a long nose turned us back. By then we were a convoy of 150 people and we got a police escort to Izaza where again we got turned back by *interahamwe* despite paying them large amount of money. We returned to Rwamagana. The RPF phoned us on the 20th and brought us to Gahini on the 22nd. There were 51 students and 48 went to Gahini. 3 went with their parents.²²

Robert Kajuga is a Tutsi, yet he was the president of the *interahamwe*. This did not protect his family...

Three gendarmes went to the home of my brother Hus ... (and) took 12 people out on the lawn and shot them.²³

²¹ Testimony of Athanase Mbarubukeye, manager of the guest house at the University. Butare. 22nd July 1994.

²² Testimony of Sister Hélène Nayituliki, a Belgian nun with Soeurs Menedine d'Oudenaande and the headmistress of the Rwamagana School of Nursing. Gahini. 18th July 1994

²³ Testimony of one of Robert Kajuga's brothers 28th May 1994. Quoted from Death, Despair and Defiance, African Rights.

The orphans stories

The children were living at the orphanage at Gahini where they had been brought by the RPF. They were all interviewed on 17th July 1994.

Kubwimana Tewoneste is a 15 year old boy and comes from the commune Mugesere.

“Both my parents have disappeared and may be dead. We had taken refuge in the same place as many others were killed. I have no idea where my 3 brothers and sisters are. It all happened on the 19th of May when the *interahamwe* attacked our church of the parish of Zaza. I was hit twice with a spear and by a machete on the back of the head. There were about 5000 people killed.”

Mukarusanga Nikuze is a girl of only 8 years old and comes from the commune Muhazi.

“My mother and father were killed by the *interahamwe*. on the 15th April. I was hit on the head with a masu and was wounded in the chest by shrapnel. I do not know what has happened to my brothers and sisters, they have disappeared.”

Clavere Mbanda, a boy, is also only 8, and comes from Kibungo commune, Gatore.

“My parents and two brothers were killed by the *interahamwe* in April. My other brother had been taken to Italy because he has a wound in the leg where he was shot in the left thigh and he a panga wound to the forehead.”²⁴

Angerike is a 5 year old girl. Her parents were killed and she was raped by the *interahamwe* and in Kigali. She was reluctant to speak and when she did it was very slowly and very quietly.

Terefina is a 5 year old boy. He had a wound in the forehead still discharging pus.

“I only know I am alive. I have no idea how I got here. I do not know if any of my family are alive or dead.”

Rebecca Mukantari is a 12 year old girl from the commune Kanzenze.

“On the 20th April the *interahamwe* attacked our house and killed my brothers and sisters and my mother and father. I was beaten over the head with clubs and only survived by pretending to be dead.”

Mukmazimdaka is an 8 year old girl from the commune Mbandazi near Kigali. She had a shrapnel wound at the angle of the left jaw.

“I do not know where my parents and sisters are and I do not remember how I got this injury”.

Jojerina Uwimbabazi is a 12 year old girl from the commune Gikoro.

“My parents were in Kigali and I have no idea if they are dead or alive. I was staying at a village where a local administrator told us we had to go to the community headquarters. When we got there the *interahamwe* killed everyone. I was found lying under bodies by Europeans from Rwamagana. I have been shot in the right wrist and have lost some of my fingers. I was also hit over the back of the head with a stone and still feel sick.”

²⁴ The most severely injured, more than 3,000 children from RPF controlled Rwanda, had been evacuated to Italy by helicopter to Italy, Spain and France. They would have died otherwise.

Irene Ngabire is a 10 year old girl from the commune Rubongo. She had a wound over the left eye and face.

“We were all hiding in the bush. My mother and father were killed by the *interahamwe* with stones, spears and pangas. I was with my sister who was not injured. We were found among all the dead bodies. I was cut over the left side of the head with a machete.

Bagira Iswubaza is a 7 years old boy. He was unable to say anything at all. He had a scar running through the left eye (which was lost) and another scar across the nose going over to the right side of the face. He had been hit with a machete by the *interahamwe*.

The situation in those parts of Rwanda over which the RPF had won control
(all but the west of the country)

At the time the PHR delegates travelled through Rwanda (11–23 July) the countryside was eerily empty after the Hutu population had fled, anticipating revenge would be exacted by the RPF. Rarely someone could be seen working the fields or banana plantations. Most of the people in towns were displaced people although a few refugees were returning. We came across no Hutus except those with the RPF. The roads were virtually empty apart from the occasional military vehicles and the odd lorry brimming over with refugees returning from where ever they had been. Kigali was quiet and relatively deserted although there many more soldiers and more returning refugees each day, walking along the side of the road carrying their belongings on their heads from day break to dusk. The day we left we saw the first market. We only saw half a dozen “shops“ open and water, electricity, telephones, and food in quantity was unavailable. Nearer the ”front“ between Operation Turquoise and RPF held Rwanda the ratio between military and civilian altered and in Butare there were very few civilians. Most buildings in Rwanda were relatively untouched except in Kigali and Gitarama, towns which particularly suffered ordnance damage. Frequently, however, we came across houses deliberately damage by hand – usually the walls on either side of the front door of single storey homes were knocked out – these were alleged to be the homes of Tutsis.

A personal task

We had a personal task in Rwanda. A London friend had seen his mother on BBC news in the ICRC refugee camp at Kabgayi from where refugees were regularly taken by *interahamwe*. She was elderly and had looked weak. Some years previously he had advised his family, when they were long term refugees in Zaire, to return to Rwanda because of the deteriorating situation in Zaire. We carried the names of his family on a piece of paper and asked refugees we met as we passed through the Rwanda if they knew anything of them. We became discouraged and gave up asking. When the Kabgayi camp had been liberated by the RPF the survivors were forced to walk huge distances to avoid the fighting with little food or water. 100, 000 had been trapped days in the swamps by a bridge blown by the RGF as they retreated and it seemed unlikely she would have survived. Later, as we searched Butare Hospital three civilians appeared – one, a cousin of his, asked us if we knew our friend! Only three out of twenty of his immediate family remain alive. After we returned to the UK news came through that a niece had been found by French soldiers, alive, buried under a number of dead bodies. She had seen her family killed, relentlessly picked off one at a time as they tried to walk their way through unavoidable roadblocks out of Kigali. A 7th Day Adventist priest took her under his wing and smuggled her rolled up in a carpet to relative safety in the west. The *interahamwe* eventually caught them and she fell in the ditch under other women as the group she was with were killed. She now lives in London.

The Church and the massacres

Ninety percent of Rwandese called themselves Christians in the 1991 census (62% Catholic, 18% Protestant, 8% Adventists). Baptised in 1943, King Mutara III Rudahigwa encouraged his chiefs and subchiefs to accept the Catholic faith. The Christian Churches built the first schools, opened the first clinics and health centres, and made major contributions to social development. This was a golden age of the Catholic mission in Rwanda and culminated in the consecration of the country to Christ in 1947 and in 1952 of the first Rwandan elevated to the episcopate.

Many of the largest massacres took place in churches because, rather than waiting to be picked off in their homes, people fled there looking for sanctuary, religious comfort, solidarity with others in danger and the opportunity to defend themselves in numbers. The leaders of the Roman Catholic and Anglican churches, to their shame, were inexcusably slow and mild in condemnation of the massacres. Some priests colluded, others participated in the genocide. Some priests showed extraordinary courage in resisting the carnage.

There is an unanswered question about Rwanda's tragedy: how could such hatred explode in a country where Christianity seemed so deeply rooted? The scandal of churches transformed into slaughter houses by Christians who massacred other human beings makes us question the methods of evangelisation and the missionary work of almost a century.

Killers with machetes wore rosaries or religious medals around their necks. Fervent prayers calling for the extermination of one's enemies were heard. Priests armed with guns were seen, convinced that, in this fraternal war, it was Christian to take sides and to kill.

– Father Modeste Mungwarareba

The massacre at Nyamata church was in no significant way different to other church massacres. Consolata Mamashenge, an unmarried seamstress lived in Nyamata, a town 40 kms south of Kigali :-

On the 7th April, the day after the president's plane crash, it was quiet at Nyamata but 2 casualties came in from surrounding districts with gunshot wounds. The next night 2 people were shot and killed in their homes and by the 9th refugees and wounded were streaming into town. That evening, Bernard Gantanze, the local bourgmestre called a public meeting and asked the refugees why they had left their homes. "We flee the Hutu (*interahamwe*)" came the reply. But the Hutu are everywhere he rejoined, and, refusing their plea for help, encouraged them to return home. On the 11th the *interahamwe* and RGF soldiers from the nearby Gako barracks encircled the town at a distance of 3 km and, working their way inwards, systematically killing everyone with the wrong identity card. By 10 am the killing had reached the centre of town and the gendarmes had joined in. The shooting continued up to 6 pm by which time those still alive had hidden in the church, the maternity hospital, the houses of friendly Hutus or the bushes. The killing continued throughout the 12th, 13th, and 14th of April. Consolata heard the exploding grenades, the shooting and the shouting as the *interahamwe* slaughtered those in the church.²⁵

Physicians for Human Rights (UK) visited Nyamata and published a description of the church:-

As, 3 months (after the massacre), we approached (Nyamata) church the grenade damage to the roof over the entry hall was apparent, as was explosive damage to the concrete floor under the substantial but

²⁵ Testimony of Consolata Mamashenge. Nyamata. 20 July 1994.

now distorted church door where it had been blasted open. Standing inside the church it is not difficult to imagine some of the terror the victims inside must have experienced as the bastards outside set about their terrible work. Much of the killing was completed from outside the building. Sections of church wall are made up of an open lattice brickwork which allow not only cool air and light to enter the nave but also grenades and bullets. A tide mark reaching 5 feet up the far wall showed where bodies had pressed against it, straining to escape the blasts. The floor, walls, alter, and font are splashed and smeared with blood. Looking up from the gloom of the body of the building the metal ceiling resembles nothing so much as the planetarium, so peppered is it with holes letting in daylight where shrapnel tore upwards instead of laterally through bodies. Spattered elsewhere over the ceiling 30 feet above there is blood and human tissue. Inevitably, anyone left alive at the end would have been finished off with machetes.

Behind the church are the mass graves. They say 2,000 died in that church. It would have seated perhaps 500 comfortably and 2,000 may be an exaggeration – but then again, in Rwanda it may not be. As we walked away from the church a 7 year old boy walked past unselfconsciously sporting an oblique 6 inch scar across his forehead and a deep and still infected occipital machete wound. Round the corner the maternity hospital remains empty, its anteroom walls and floor still smeared with blood where those who sheltered there were dispatched. Consolata hid for 10 days in the lavatory of a local authority building, then, desperate with hunger she successfully sought shelter from a friendly Hutu widow until the Rwandese Patriotic Front arrived having overrun the Gako Barracks on May 13th. The last Hutus left on the 12th.²⁶

A thirteen year old girl survived the massacre at Nyamata church:–

I tried to get up but it was in vain. I was very weak from my injuries and there were so many bodies everywhere that you could hardly move. A few children, perhaps because they were unaware of the dangers stood up. I called one of the children to help me. She was a girl of about nine. She replied that she could not help me because they had cut off her arms. I struggled and managed to sit up. But what I could not do was stand up. I tried and I tried but I just could not do it. Finally I saw a young woman I knew, a neighbour. I called out to her. At first she did not answer. I insisted and finally she responded. When I looked closely I saw she too had had her arms cut off.

By now I don't know if what I am feeling and seeing is real life or a nightmare. I asked her if it was real life or a nightmare. She confirmed it was real life. She tried to get someone else to help me but could not find anyone. Eventually I forced myself to get up and out of the church. When I got out I got so scared that I returned to the church in spite of the dead bodies. I spent the night there with all the corpses around me.²⁷

Most survivors of massacres lost many relatives, invariably into double figures. Consolata continues:–

I knew many of the interahamwe. There was the bourgmestre, the assistant bourgmestre, tradesman, teachers, a sous-préfets, the director of the primary school, a judge and many others. After killing people here the RGF and police killed people in nearby sectors. Many people ran into the swamps and hid there. The people currently living in Nyamata were those who had survived fleeing to the swamps. My mother was killed – cut in the neck, legs and nose – she took 2 days to die at Ntarama. One of my brothers, my sister-in-law and 7 children were killed – one child of 4 survives. My brother in law, my sister and 5 children was killed. My older brother and his wife and 2 children were killed. He was director of Relimo prison and was highly thought of by the Hutu prisoners who hid him from the Presidential Guards for a while. One of the children, the 3 year old, survived but was so badly hurt that the prisoners had to kill him as a mercy. My third brother, wife and 5 children have survived. I still dream about what

²⁶ The above is excerpted from an article written by Physicians for Human Rights (UK) and published, in amended form, in the British Medical Journal. [Reflections on a genocide. BMJ 1994; 309: 614-5]

²⁷ Testimony of Makuramanzi. Quoted from Death, Despair and Defiance: African Rights.

has happened; I am still frightened at night.²⁸

Someone else survived the massacre at Nyamata church:–

On the fourth day (of sheltering in Nyamata Church) [...] the white priest apologised that he did not have much (food) to give us saying “but I want to share what I have” adding “ you will be killed anyway.” On the seventh day the white priest drove away in broad daylight. Then disaster came on the eighth day ... ²⁹

Chantal Kayisinga, aged 22, was a student teacher at Mukarange. She still had a deep 18 inch machete wound over the left shoulder and upper arm when Physicians for Human Rights (UK) examined her in Gahini Hospital on 17th July. On the April 13th her family were attacked at home by *interahamwe*, many of whom were neighbours. They fled to Rukara Church where she estimates there were between 5 and 8 thousand others sheltering. After a while the local administrator brought weapons for the *interahamwe* from the RGF and gendarmes. The church had been locked from the inside but over 2 days the *interahamwe* broke down the doors and opened up the roof. Once inside they started cutting, firing and shooting. Those who survived hid among the bodies. She was there a week before the RPF found her. Her mother, father and five brothers and 2 sisters were killed.

Olive Tengera is 15. She too lived in Rukara sector. She fled to Karubamba Church where there were 1,400 sheltering. The *interahamwe* broke down the door and used machetes and spears to kill people. She received a spear wound in the left anterior armpit – when interviewed she had a chest drain exiting the thorax at that point. She bled very heavily and found she was dizzy on standing and short of breath on exertion (perhaps because of a pneumothorax [collapsed lung]). ³⁰

Beatrice Mukarutabana is a Tutsi woman aged 32. She also survived the *interahamwe* attack on Karubamba Church on 12th April 1994. She had shrapnel wounds to her right hip and the right side of the head. 2 of her children and her husband were killed. One son survived. ³¹

The Catholic Church was, after the government, the single most powerful institution through its network of social, educational and medical institutions. From the beginning it had cosy relations with both the colonial administration and the royal house and before independence began to support the aspirations and the emancipation of the Hutu. The late Archbishop Vincent Nsengiyumva (murdered by RPF soldiers in early June) was a member of the Central committee of the ruling party (MRND) for years and remained close to President Habyarimana. Some church groups more recently began to work for peace, justice, human rights and democratisation and became a target of militia attacks but their movement lacked the force to counter political propaganda. The hierarchy remained too closely linked with the ruling regime to be a credible voice of protest. Their many declarations during the genocide were insignificant and inadequate. Church reaction was too late and too little. Yet many priest and nuns were heroically courageous.³²

²⁸ Testimony of Consolata Mamashenge. Nyamata. 20 July 1994.

²⁹ Testimony of Philipo Kayitare aged 18 who survived the church massacre. Quoted from Death, Despair and Defiance: African Rights.

³⁰ Testimony of Olive Tengera interviewed in Gahini hospital. 17th July 1994.

³¹ Testimony of Beatrice Mukarutabana interviewed in Gahini hospital. 17th July 1994.

³² Father. Wolfgang Schonecke, Secretary, AMECEA Pastoral Department. Sept 1994 (Published by Jesuit Refugee Service)

The nuns were wonderful. I cannot imagine how many of us could have lived through the nightmare of life at Sainte Famille without them³³

Life at St Pauls was ... utterly miserable. What made it bearable was the warm welcome from Father Célsetin and his ceaseless efforts to protect and assist us ... Célsetin kept the *interahamwe* away from the dispensary. If it were not for his courage they would have walked right in and killed the patients as well as us of course.³⁴

Lt Iradukunda ... gave Father Célsetin a list of men they wanted to take. ... Father Célsetin ordered the *interahamwe* to leave. They set up a barrier in just outside the church. The priest alerted UNAMIR who sent 4 soldiers ... Frustrated, Odette took her anger out on the priest ... threatened him, accused him of being *inyenzi* .³⁵

We spent the night (sheltering) at the seminary. (They)... told the rector to chase us out. The rector refused ... and told us to defend ourselves. Soldiers with guns came ... and asked for keys to the rooms. Father Ananias Rugasira refused. He was shot dead. Then they shot the rector. ... Saturday and Sunday were days of killing at the Parish and seminary. The *interahamwe* went wild with their traditional weapons, even dragging people from under the beds of the priests and killing them outside. ³⁶

I know young people from the "Ingoro y'urukundo" Community, a charismatic community in Kibirizi, near Butare. Ordered by the militia to separate into two groups, Hutus and Tutsis, the young people, all under 25, refused. As a sign of protest they formed a circle. Holding hands, they formed a tight circle to signify that they were members of one body: neither Jew nor Greek; Hutu nor Tutsi. In front of this strong resistance, the militia left. The Tutsis among them were thus spared. ³⁷

For the church, this is the moment to learn how to be an instrument of peace and reconciliation. It is essential to be extremely humble and at the same time give a chance to creativity. Humble, for the simple reason that our present reality is terribly humiliating: one appears so small faced with the unleashing of so much evil. Humble also to accept questioning and be open to self-criticism. Humble above all to face the truth, without being concerned with defending at any price what we can call the system.

– Agustin Karekezi, S.J., Rector of Hekima College, Nairobi. November 1994

³³ . *Testimony of Goretti Uwimana*. Quoted from *Death, Despair and Defiance: African Rights*.

³⁴ *Testimony of Dr Vincent Banyabgilkiri who used to work in the Centre Hospitalier de Kigali*. Quoted from *Death, Despair and Defiance: African Rights*.

³⁵ Anonymous. Quoted from *Death, Despair and Defiance: African Rights*.

³⁶ Anonymous Quoted from *Death, Despair and Defiance: African Rights*.

³⁷ Testimony of Father Modeste Mungwarareba, director, Theological Centre, Butare.

Hospitals and medical centres

The immense number of victims attacked over a short period, the relatively inefficient methods of killing, the appealing but usually erroneous perception that medical establishments were safe areas – all inevitably put medical facilities right in the front line of the holocaust. Flagrant, outrageous violations of medical neutrality were commonplace – part of a systematic policy perpetrated by the interahamwe and government soldiers. The seeking out and killing of wounded survivors of previous massacres once they were conveniently assembled in hospitals was an efficient way of completing the job.

The Centre de Sante Rubugo near Kigali which was raided by the interahamwe on 30th April.³⁸ (Physicians for Human Rights (UK) found it looted and home to a number of refugees).

The Centre Hospitalier de Kigali (CHK) was the capital's main hospital. On the first day (7th April) the RGF brought 30 lorry loads of dead and injured civilians among whom the staff recognised 2 colleagues. Soon the interahamwe were regularly entering the wards seeking out injured Tutsis who, sometimes with visiting relatives, were dragged out and dispatched in or just outside the grounds.³⁹

The buildings of Centre Hospitalier de Kigali were deserted when Physicians for Human Rights (UK) visited on 15th July 1994. Many had been damaged by ordnance, the Médecins sans Frontière field station tent was flattened and there was concentrated small arms fire damage to many of the back buildings consistent with deliberate targeted controlled fire.

I was injured at Rukara ... (and) got caught by them in the banana plantation and was left for dead. I was brought to Gahini hospital at 9am on the 8th. That day the interahamwe attacked. There were very many. They pulled a roof off the top of a ward to get to the people hiding inside. Dr Robert Wilson, the English medical director was still here at the time but he left after he was threatened.⁴⁰ (He had wounds to the forearms where he had tried to protect his face and divided tendoachilles bilaterally.)

Caraes psychiatric hospital at Ndera in Greater Kigali is the only psychiatric institution in the country. Shortly before the conflict it had been enlarged and, being only partially full, attracted refugees fleeing interahamwe in April. When a number of refugees fired at marauding interahamwes the Presidential Guard from Kigali airport was summoned. They attacked the hospital with grenades, automatic rifles and cannon. When Physicians for Human Rights (UK) examined the buildings 13th July 1994 there were only 22 remaining patients out of the normal total of 250 before the conflict. The last member of staff had left four days beforehand and the patients had received no medication for over a week. Most of the patients appeared to be suffering from a recrudescence of psychotic symptoms. African Rights had been there earlier on 17th June when local residents claimed that 120 decomposing bodies had lain about the area.

There was evidence of the ferocity of the attack. Grenade damage to floors and roofs was extensive and automatic small arms and shell fire had raked the building. Unburied human remains lay about the grounds to the rear of the hospital. Nearby there were dozens of graves placed haphazardly in the banana plantation that were alleged to contain 3-4 bodies each where victims had been buried where they fell. Three allegedly violent,

³⁸ Testimony of Lea Mukangwije from the Ministry of Development. Ndera. 13th July 1994.

³⁹ Testimony of Catherine Mukarwego. Quoted from Death, Despair and Defiance, African Rights.

⁴⁰ Testimony of Karasira, a farmer from Rukara interviewed at Gahini Hospital on 17th July 1994.

psychotic patients had been incarcerated by the refugees who had taken over most of the building. Confined to tiny cells in unsanitary conditions 24 hours a day, their chances of survival seemed slim.

In the street below the convent (the ICRC Field Hospital) came a whistle. Then many others blew their whistle as well [the blowing of whistles by interahamwe indicated that a victim had been seen/caught]. The way they went for him was truly awful. I saw them ... hacking him. ... They left him with half a tongue and very deep cuts everywhere. We took him to the ICRC hospital. I am sure they did these things so near the ICRC hospital to show their power. They were very frustrated they could not go inside and murder the patients like they did at the Central Hospital Kigali.

The violation of ambulances became so commonplace that the ICRC was compelled to suspend its ambulance service on the 21st April. ... the wounded can no longer be taken to the medical centres because they will be killed before they arrive and those who have been saved cannot leave the hospital because to do so would mean certain death. Later the ambulances resumed their work.⁴¹

Butare

Butare, in south west is the country's only university town and was the intellectual centre of Rwanda. The préfet, Jean Baptiste Habyarimana was the only Tutsi préfet in Rwanda. Not only did he do all he could to prevent massacres but he welcomed refugees fleeing elsewhere. He was removed and later killed and ultimately because of the influx of refugees the massacres in this area were larger than many areas in Rwanda.

MSF were only able to stay 3 days: –

I arrived in Butare on 20th April. We had gone there to set up a field hospital but had to abandon our plans because of the violence. The killings were happening at night ... At night we had terrified Tutsis on the telephone saying they had wounded people that they needed to bring to hospital. But we had to say we could not help because transporting wounded Tutsis exposed them to the danger of death. ... There were even ordinary women waving clubs with nails just outside the hospital. ... We decided to leave Butare on Sunday (23rd April) because they were; pulling Tutsis out of the hospital and killing them even before the big massacre began on the 28th.⁴²

Dr Claude-Emil Rawagoncza from the commune Shyanda and parish Save qualified as a doctor in 1992. He was in Butare throughout the massacres:–

The massacres were delayed until the 20th April. That day everyone was asked to stay at home except those working in the hospital. Medical staff were transported to the hospital. Nurses had to walk and numerous were stopped at the check point, asked to show their identity cards and killed if they were Tutsis. There were 35 doctors at the hospital of which 4 were Tutsis. Because of the danger all 4 Tutsis stayed at the hospital as did some nurses. Drs Jean Bunco Rugira and Jeane Claude Kanangire are known to have been killed and the fate of Dr Isidore Kanangare who was hiding in the hospital and may have been evacuated by the French is unknown.

⁴¹ Quoted from Death, Despair and Defiance, African Rights.

⁴² Testimony of a Médecins sans Frontières employee interviewed in Nairobi 30th April 1994. Quoted from Death, Despair and Defiance, African Rights.

The massacres became systematic by the 21st. Those targeted in the first few days were those on lists such as the Hutus who were sympathetic to opposition parties and prominent Tutsis. On the 21st there were general attacks, roadblocks, and killings started by interahamwe from Kigali and elements of RGF. Tutsis rubbed off the Tutsi mark on the identity card showing their ethnicity. The situation became complicated when the militia ran out of lists of people in mid May. They started using the local population to identify Tutsis. Also in mid May injured soldiers from the Kanombe barracks started being brought to Butare hospital and no more civilians were being admitted. They also started deciding who were Tutsis on the basis their features, looking at the nose, height and fingers because the identity cards were no longer accurate. Some of the doctors at the hospital risked their lives by helping threatened staff by hiding and feeding them

The MSF came and were treating people in the field hospital they had set up in the grounds. They started noticing there was something wrong when patients returned several times with injuries even though they had been treated once. They also noticed patients disappearing from the hospital. MSF asked Dr Jothan Nshimyumkiza, the medical director of the University hospital, the chancellor and the dean of the medical faculty, Dr Alphonse Karemera what was going on and why patients were being taken out and killed. I think that if these three important people had tried to stop the killing of patients it would have stopped.

When the patients wounds had healed some of the doctors, the “bad doctors,” (named) expelled the Tutsis even though everyone knew they would be killed outside. At night the interahamwe and RGF came in but these doctors were colluding willingly. If people refused to go they were taken out at night. They could be seen being killed by the interahamwe waiting at the gates. Later the Prime Minister came down to Butare – apparently the educated Hutu people in Butare asked him to come, and while here he had a meeting with medical staff. They all said peace had returned and told the patients that it was safe to return home. They wanted those who were remaining here here to go. Those who did were then killed.

In June the killing became sporadic and isolated. By now no more civilians were being treated at the hospital – only military personnel. There was no other hospital to go to so only people with influence got treated here. There was a medical centre functioning in town but the military had commandeered that as well. The killings continued until two days before the RPF took over in early July. The RGF started to evacuate Hutu patients to Cyangugu. They systematically killed Hutus who did not want to be evacuated. They moved everyone out of the wards who weren't about to die.

No one knew who my family were. We had good neighbours who said that my family were Hutu. My wife was taken twice by the interahamwe but neighbours insisted she was a Hutu. We have a six month old daughter. My sister, mother and father fled to Burundi but all my aunts and uncles and in-laws were all killed except for my mother in law. In other words more than 40 of my relatives were killed but others are unaccounted for.

I spent my time hiding in a toilet at the hospital. Eventually I left the hospital and stayed with another friendly Hutu doctor who took me to another Hutu friend who hid me in his toilet. I was in the hospital from April the 20th to May the 15th and with the Hutu friend until July the 2nd. On July the 2nd there was general panic as the RPF arrived. That night I moved from his friend's house to my own home. My neighbours thought me dead and were going to try and evacuate his wife and child to Cyangugu but she locked herself in her own loo and signed a note saying that she had left for Cyangugu, so the neighbours left her there. We stayed there for 2 days after the RPF had arrived until the gunfire had stopped. 43

43 Testimony of Dr Claude-Emil Rawagoncza from the commune Shyanda and parish Save. Save. 22nd July 1994.

Butare University Hospital was empty but for 3 wards and 30 patients when Physicians for Human Rights (UK) visited on 22nd July 1994. It has over 300 beds. We found six long dead bodies, 4 in beds and 2 on the floor – one in the obstetrics unit, one in the surgical block (8 other rooms in the surgical block were locked and there was olfactory evidence of more dead bodies nearby), one in a dermatology ward*, one on a medical gastrointestinal ward and there were 2 bodies in the mortuary of which one appeared to have died peacefully.

*Esperance Mukarusagara, interviewed on 22nd July 1994, knew the patient who died in the dermatology ward. He had only one leg and was alive on Saturday but dead on Monday, after the RGF and interahamwe spent Saturday and Sunday clearing the hospital.

Adephonse Gasana aged 30 is civil servant from the Ministry of Public Works at Gikongora and was interviewed on 22nd July 1994 at Butare Hospital. He had machete wounds to the tendoachilles bilaterally sustained on the outskirts of town. People were being forced out of their homes. He was admitted to Butare Hospital on 21st April so had been present throughout. The interahamwe used to come into the hospital daily but because he had been unable to walk out they hadn't taken him out to kill him. Before the RGF soldiers and the interahamwe left with the evacuation they were killing people in the wards. They had said that they would go to check those who hadn't come out (of the wards). The RGF and the interahamwe had organised mass graves. He had been left at the front of the hospital waiting with other severely injured to be picked up to be evacuated to Cyanguu. As the fighting intensified the government forces left for the front Others were helping to take the sick out. He had 12 relatives killed and is the only one left.

There was another patient in Butare hospital throughout most of the massacres:-

I came down to Butare from Kigali at the beginning of the conflict because I happened to be on annual leave visiting my family. On the 22nd of April more than 10 RGF soldiers entered our compound. We were in the living room with relatives. They entered the house and asked everyone to lie down. They said they were looking for RPF soldiers. They asked for money which was given them. Then they started beating people with a hammer, knives and pangas. They left everyone for dead. I was left unconscious among the bodies. 2 children also escaped – the Red Cross hid them and they went off with the French evacuation (as the RPF took over the area). I had a divided right achilles tendon and a deep wound in the back of my head. (She had a very large depressed fracture of the occiput.) The Red Cross brought me to Butare hospital where Médecins sans Frontière staff looked after me in their field tent. I was unconscious and only began to come round about the 10th of May, 3 weeks after the attack. Apparently the soldiers and interahamwe came into the tent after men and others who were improving. No one was expecting me to survive. The RGF soldiers were going around the wards and rooms telling people they were going to be killed. Convalescing soldiers were taking people out who did not return and you could hear screams from the bushes outside the hospital. These were the people who disappeared. The soldiers were bragging about the killings. They came from Kanombe barracks, Kigali. When they heard the fighting as the RPF began to get near the soldiers panicked and started moving people. They were all terribly frightened and the place was full of interahamwe and soldiers. The telephonist locked me in a clinic to save me from being killed by the soldiers. I heard that there was another body in the maternity room. We found a body in there. Of my family more than 20 were killed overall, more than 14 of them in that one room. 44

⁴⁴ Testimony of Esperance Mukarusagara, Aged 35, an unmarried civil servant from the ministry of education. Butare Hospital. 22nd July 1994.

Functioning medical facilities

Rwanda had one of the densest health networks in Africa. There were 34 hospitals and 188 health centres (centre de sante) offering up to 80% of the population access to some form of health facility within 5 kms of their homes. Up to half the health centres were run by religious organisations, particularly the Catholic Church. Those too poor to buy health care can only choose between traditional therapies or suffer and hope for a spontaneous cure. The most important causes of death used to be malaria, respiratory and intestinal diseases and AIDS.

By the time the conflict ended few if any health centres were open, most having been looted by the interahamwe or taken over by displaced people. Most hospital were functioning at sharply reduced capacity and were dependent on the services of expatriate medical staff but the Rwandese population had been almost halved with up to one million dead and two million living in refugee camps in neighbouring countries.

The ICRC field hospital in Kigali comprised a number of buildings set on a hillside in a residential area. It had opened for war surgery on the 7th of April and at one stage was the only hospital running. They had accepted a very high number of casualties – everyone without discrimination. At one stage 100 patients were coming in daily. Admissions had predominantly been bullet, shrapnel and machete wounds and they had delivered more than 50 babies of injured women. The hospital had been hit by 10 rockets in the 3 months. It is not known if these were deliberate hits but they had at one stage been in the middle of a battlefield between the opposing sides. One rocket had landed on top of the triage station killing 6 injured patients.

Currently there were 265 patients with 2 surgical teams working 7 days a week. They had treated more than 3000 people in the last 6 weeks. Most cases were now mine injuries with ages ranging from the young to the very old. There are some pregnant patients. There is no shortage of drugs or equipment. 15 children remained.

Many of the staff were local and comprised both Hutu and Tutsi people working together without antipathy. Some staff had coped better than others. The teams have had to be changed several times. There was a specialised doctor in Geneva to care for those who have psychological problems as a result of working there. Some people were extremely shocked and required debriefing, as they had done in Yugoslavia and Somalia. Sometimes one may recall events up to 2 years afterwards. Of course staff who come from abroad can leave but Rwandese Red Cross people cannot. Some ICRC staff have disappeared and may have been killed outside the grounds and others have had no news of relatives.

It was hoped to soon phase out the field hospital because it did not have proper facilities although it was still carrying out surgery. There were no medical cases at that time. Little by little people having been bringing children in, some of which are orphans and some were just unaccompanied. At one stage they had 60 orphans aged between 2 weeks and 16 years. A lot of children were traumatised and UNICEF, MSF and ICRC were trying to collect data about unaccompanied children, here and in Europe, to facilitate reunions. Some parents had visited several times and found their children. ICRC were restarting the tracing facility.

The day before Physicians for Human Rights (UK) visited they had allowed 30 RPF soldiers inside the grounds to look for arms. The ICRC had nothing to hide. They have a standard procedure for everyone who visited the place. No weapons were allowed. Everyone from outside is supervised and the rules were always respected.⁴⁵

The King Feisal Hospital is a large modern building situated on the outskirts of Kigali. At the time of our visit it was being run by Médecins sans Frontière. In July they were beginning to receive a large number of

⁴⁵ A distillation of the testimonies of Marjolaine Martin, deputy head of the field station who had been present 5 weeks and the administrator, and Dominic Voichard, who had worked for the Red Cross 3 years but had only been in Kigali one week. 16th July 1994

patients, often arriving at short notice, from all over Rwanda. Dr James Orbinsky, was the medical coordinator for Médecins sans Frontière in Rwanda:–

We have 350 patients in the King Feisal. There have been about 400 admissions in the last 4 weeks with land mine injuries. There are 6 doctors working up to 18 hours daily with 6 weeks or more continuous on-call. We are able to provide each patient with a daily medical visit, 14-1800 Kcalories per day, clean sheets, and daily dressings. We also have to feed 1,600 refugees and 90 orphans.

There are 50 to 70 either interahamwe or RGF soldiers in the hospital. The RPF have been acting very properly over them. When they had visit they always allow a UNAMIR escort. There is a dilemma over what to do with them eventually. The alternatives are to either send them to the RGF territory or make them into POWs, when the Geneva Convention will have to apply and the ICRC will need to make lists of them.

When I was working in the triage station at the ICRC field hospital when the situation was at its worst we were at times receiving 3-400 casualties a day. Kigali was a ghost town until 8 days ago with 20,000 in hiding. Now people are returning we are seeing cases of malaria, dysentery, AIDS and TB.⁴⁶

Gahini Hospital remained open throughout and was used by the RPF to care for sick from areas without functioning medical facilities. There had been a Medicine du Monde presence in Gahini refugee camp and hospital in eastern Rwanda from the 14th April, starting with a surgical team comprising a surgeon, a paediatrician, a nursing sister and a logistician. On the 17th July there were 5 personnel, 3 nurses and 2 logisticians but no doctor although one was coming within a few days. A one week old survey that showed there was 1624 refugee children in the camp who had come from within a 20 kilometre radius of Gahini. As late as the 13th of June 40 women and children from Kayonza came in with cuts. One child aged 4 had a wound to the head and had to have the left eye enucleated. On the 15th of June 20 people arrived from Kayaza. A nutritional survey in the hospital showed that 10 children had marasmus ($\leq 70\%$ normal body weight) and 2 kwashiorkor. Every adult and child is given 1900 kilocalories per day. Food includes beans, maize and oil. Their supplies included drugs, antibiotics, analgesics, anti malarial tablets, surgical equipment, dressings, food for therapeutic feeding, PB14 biscuits, and unimix.⁴⁷

Rwamagana hospital has 250 beds. Before the conflict there had been 10 doctors, of which 3 of which were Belgian, 15 nurses, 15 health auxiliaries and 20 ancillary staff. Currently there were 3 doctors, one local plus 2 Swiss doctors who arrived 5 weeks previously (one orthopaedic surgeon and 2 general medical doctors), 9 nurses, 15 health auxiliaries and 15 ancillary staff. Before the conflict there had been 4 medical services:– surgical, obstetric and gynaecology, paediatrics, internal medicine, traumatology and a chest surgeon. Any severe problems were transferred to Kigali for treatment. Before the conflict they had usually been treating pneumonias, malaria, respiratory diseases, diarrhoea, Aids. There were currently only 50 patients with wounds but during the conflict they had had 400 to 500 people admitted of which 20 had died. At that time they were working six days a week plus on call at night. The hospital had not been attacked as they had 70 government soldiers as inpatients from Kayunza. There were currently no health centres locally open although Mukanza was dispensing drugs.⁴⁸

⁴⁶ Testimony of Dr James Orbinsky, medical coordinator for Médecins sans Frontière in Rwanda. 13th July 1994.

⁴⁷ Testimony of Mr Baishti-Seddick, operating theatre nurse and nutritionist. 17th July 1994.

⁴⁸ Testimony of Dr J Bosco Ahoranyew who was 39 years old qualified in September 85 from the University of Butare. 18th July 1994.

Doctors and the genocide

Two doctors were senior members of the interim government that conducted the slaughter of up to one million of its own defenceless people, including women and children. The president, a paediatrician, was Dr Théodore Sindikukwabo and the minister of health, a long time MRND politician and ally of President Juvénal Habyarimana, was Dr Casimir Bizimungu. The special rapporteur for the UN Commission on Human Rights cites Dr Sindikukwabo's visit to Butare, specifically to incite its population who had been reluctant to start killing, as the prelude to the slaughter there. He replaced Jean Baptiste Habyarimana, the Tutsi préfet of Butare whose influence helped delay the massacres until late April and who, along with his family, was subsequently killed. A witness tells of Dr Sindikukwabo accusing refugees fleeing massacres in Gikongoro of coming to Butare to cause trouble and seek food.

The conclusion that every member of a government that assumes power only to immediately realise a carefully planned genocide are guilty of one of the gravest crimes known to man is unavoidable. It is not easy to accept the reality, that two doctors have contributed in an executive capacity to one of the nastiest episodes of human behaviour ever to take place – maleficence amounting to an utter and total abrogation of the ideals that underpin medical practice and medical ethics.

The facility with which modern media were able, through the propagation of vicious racist disinformation, to create the all pervasive climate that fostered mass participation in the genocide is disturbing. Doctors experience the same human emotions as everyone else and may have been influenced by the broadcasts and by popular sentiment. That said, no educated person could have remained unaware, over the years, of what was taking place, of the incremental promotion of spurious ethnic antipathy. Butare for instance, as the country's only university town and its intellectual centre, was home to a clutch of opposition party members, so Butare citizens would have had ample opportunity to develop informed opinions. Yet the risks involved in criticising government policy should not be underestimated – moderate Hutus who had opposed MRND extremism were some of the first to be singled out and killed by the death squads. Another factor, the absence of a regulatory or representative medical professional bodies to guide, support and set standards for doctors in Rwanda, may have contributed to medical participation.

A doctor was identified as leading an attack on Kibeho Hospital, Gikongoro on 14th April as well as on a school and a parish. Another, a prominent doctor at the King Feisal Hospital Kigali, was widely regarded as being a member of interahamwe. Other doctors there were members of the CDR. A doctor is accused of being an accomplice in the attack on Caraes psychiatric hospital. Jean Marie-Vianney Beijing who ran a health centre in Greater Kigali was an active leader of interahamwe. There will have been others.

If the influences that inspired participation were compelling they are not an excuse because not all doctors contributed to the genocide. Six Hutu doctors in Butare are named as having hidden Tutsis in their houses, an act often punished by death. And the fact is that, throughout Rwanda, many ordinary Hutu people (apparently more often the poorly educated) took extraordinary risks to protect endangered friends and strangers – and many paid for it with their lives.

Living in a country which has long enjoyed a tradition for free speech may make it all too easy to criticise colleagues with little experience of this privilege. Nonetheless participation in genocide is so irreconcilable with ethical medical practice, so incongruent with a doctor's caring behaviour as to be unacceptable conduct for a doctor whatever the circumstances.

Within days of the massacres beginning in Butare doctors were knowingly discharging patients who had recovered, to their deaths. Later, still injured patients were dragged from Butare Hospital by militia and soldiers

– to be murdered immediately outside by *interahamwe*. Eventually, it is alleged, hospital doctors at Butare refused to treat Tutsi patients. After the fall of Kanombe Barracks in Kigali (22nd May) Butare Hospital became almost exclusively a military hospital. In Nyamata an unnamed doctor refused to treat a Tutsi woman – “Louise” , who survived being raped 4 times, beaten up and thrown into a deep latrine pit on top of the body of her aunt.

Throughout, many Rwandese people tried to ignore the slaughter as it took place around them. The interim government policy of implicating as many people as possible led to many being forced to kill neighbours, friends – even family members. Criticising government policy was dangerous and many took the middle course of carrying on with life as if it was not taking place.

The medical director of the Butare University Hospital wrote to the local commander of the Rwandese Government Forces on 15th April asking for safe passes for named medical, nursing and other staff on duty during the week April 16th to 23rd. The letter begins – “ J’ai l’honneur de vous transmettre la liste du personnel medical ...” and ends “...veuillez agréer, Monsieur le Commandant de Place, l’expression de mon profond respect.” This deferential letter at a time when, elsewhere, the army were taking a lead in the brutal massacre of hundreds of thousands of fellow citizens. Surgical lists were still being completed at Butare Hospital right up to the time when the RGF evacuated the hospital – murdering those who refused to go with them in their beds. It is alleged that when the *Médicins sans Frontière* complained to the medical director, the University chancellor and the Dean of the medical faculty, that their patients were being taken from their beds and killed, they were told that the three had nothing to do with it and were asked to carry on and not worry. The *Médicins sans Frontière* team left after 3 days unable to tolerate the situation. No doctor can continue to blithely practise medicine in any ethical sense while the mayhem of genocide takes place all around – it is a contradiction in terms and as a notion is obscene.

Prominent and educated moderate Hutus and Tutsis were the first to be targeted and this meant many doctors and other medical staff died in the first days of the genocide. Tutsi *Médicins sans Frontière* doctors and medical staff who worked in a camp for Burundian refugees in southern Rwanda were killed once the expatriate medical staff were evacuated to Burundi. In letter dated 21st May doctors and medical staff who survived massacres in Kigali and collected, as refugees, in Byumba wrote a letter to the High Commissioner for Human Rights and Humanitarian Affairs of the United Nations describing what had happened, naming 43 medical staff they knew from Kigali who had been killed.

Leoncie Mukarulinda is a 35 year old physician who qualified at Butare University in 1983. She and her husband, Dr Mugamanye Jean-Elise, worked at Rwamagana Hospital in east Rwanda.

There was a curfew from the 7th onwards so we did not go to work. Because the local civil administer was against the killing the *interahamwe* had to wait until the 14th April to start the massacres. That day I hid in the nearby banana plantation with my 3 children but during an attack led by a gendarme called corporal Nsengiyumvo a government soldier killed my husband at home. After 4 hours we were found and attacked by *interahamwe* with *masus* (clubs studded with nails) and machetes. I was unconscious but everyone was afraid to help me. I woke at midnight dizzy confused and bleeding from a panga head wound. I tied clothes over the wound and felt better in the morning. I took my two surviving children to hospital where the wards were full off injured people. Some injured soldiers were admitted on the 15th and provided some security. We were targeted because we were said not to be supportive and were suspected of being RPF collaborators. My 5

year old has an injury to the jaw he and my 12 year old were both badly beaten. My 10 year old died of a head injury.

I know medical assistants (semi-qualified nurse practitioners) who were in the company of the interahamwe but most people seemed to participate to varying degrees. ⁴⁹ Dr Mukarulinda eventually reached Gahini hospital on the 20th April, 20 kilometres away, and had been working there since.

The importance of regulatory and representative medical bodies

The medical profession in Rwanda has no experience of a regulatory or a representative medical organisation. As with many developing countries once a doctor qualifies he or she is free the practice without the discipline of professional self-regulation and the support that a medical association offers, and thus may be disadvantaged when faced with issues that challenge medical ethical practice. Occasionally, as recently with the Egyptian medical syndicate, governments legislate to control the influence of medical bodies. If most doctors in a country come from a dominant ethnic or national faction the organisations may not respond appropriately – apartheid and the South African Medical Association and the South African Medical and Dental Councils being an example. In East Timor, where up to half a million citizens have been killed, all the doctors were Indonesian.

A Council of European document insists that ...” the intolerable choice between complicity and heroism ... should not be left to individual conscience and that ... it is incumbent upon each national ... community to elaborate rules which prohibit participation ... but effectively protect doctors against risks to which refusal ... will expose them.“ Whilst, in many conflicts throughout the world, health care professionals are more likely than most groups to be subjected to intimidation and demands from authorities to behave unethically, because of their influence and association with injured people, in Rwanda everybody was exposed to government coercion. The choices doctors had to make were little different to those forced on everyone else.

What behaviour could have been expected of doctors in Rwanda as fellow citizens were literally decimated? The authors of *Medicine Betrayed*, an authoritative book on doctors and torture written by the BMA, themselves self-confessed non-heroes, counsel against expecting doctors caught up in a conflict to put their lives at risk. In more normal circumstances an answer to the question would depend upon the degree of coercion and how far the unethical practice deviates from acceptable – but Rwanda is so much the exception, genocide being several steps removed from most human crime, that established responses seem inapplicable. Conducting and participating in genocide is an international crime so serious a specific international instrument, the Convention on the Prevention and Punishment of the Crime of Genocide, exists to deal with it. The now established International Criminal Tribunal for Rwanda may treat collusion with the killing under Article 6 of United Nations Resolution 955 (1994), as “A person who ... abetted ... (in the) execution of ... (the) crime (of genocide)... shall be ... individually responsible for the crime.“ The fact that many acted under threat of violence to themselves or others will, presumably, be a factor “considered in mitigation of punishment if the International Tribunal for Rwanda determines that justice so requires.“

How might medical professional organisations have helped doctors during the genocide? There is little to suggest that any association, never mind professional organisations with little if any political clout, would have had a moderating influence on the interim Hutu extremist government once the killing began. It is in the years

⁴⁹ Testimony of Leoncie Mukarulinda. 17th July 1994

leading up to the holocaust that doctors would have had the opportunity to declare and promulgate humane policies that might have had a chance of modifying the chain of events. At worst, it could have armed doctors and health care workers with points of reference, a common code of ethics, from which to approach the dilemmas unique to Rwandese circumstances.

Disciplinary powers were first conferred on the General Medical Council (GMC) of the UK in 1858. It is the supreme regulating body of the medicine, has statutory powers, and protects the public through its part in setting and maintaining standards of practice and the ethos of medicine. GMC power emanates from controlling the register of those who are competent to practise. It approves medical schools, coordinates and judges the quality of first year doctors posts and postgraduate medical education and examines complaints from patients and any convictions of doctors. More recently it has involved itself in the management of doctors whose performance has become unsatisfactory through illness or otherwise. It proffers advice to doctors on professional conduct and medical ethics through publications, most notably the “blue book“ – Professional Conduct and Discipline: fitness to Practise, but also advice in booklets on specific contentious subjects such as HIV infection, confidentiality, advertising. All doctors must pay an annual retention fee to remain on the register. The members of the GMC number nearly 100 and are derived from 3 sources; around 50 are directly elected from the profession, 40 are elected from universities or specialist medical colleges and the remainder are government appointees.

The British Medical (BMA) is the main medical representative body and membership is voluntary, although 78% of practising doctors do join. Set up in 1892 it represents the profession through democratically derived policies via democratically elected committees, posts and conferences. The BMA provides the forum for discussion for matters of interest to doctors and speaks for them over issues of national or personal importance. Thus it might criticise government policy over medical issues or observe the best interests of doctors over pay. The BMA has an important educational role, publishing the British Medical Journal and other specialist journals and has an enviable reputation for speaking out on ethical matters – Medicine Betrayed has become a standard text on doctors and torture. On a practical point the ethical committee advises doctors on ethical aspects of their work. Staff process dozens of telephone calls daily on questions about medical ethics and the news media expect an instant BMA response to whatever the latest medical ethical conundrum facing the health service.

Through the BMA doctors can influence medical practice, the strategy of the National Health Service and national political policy where there is a medical perspective eg alcohol. The GMC is the profession’s self-regulating watch-dog and, being sensitive (although many would say not sensitive enough) to national mood, is a forum through which the government and public can influence medical practice (other examples being the courts, community health councils, specialist health pressure groups and, ultimately, general elections).

The Rwandese Patriotic Front

The RPF failed to achieve their aims through negotiation. They invaded northern Rwanda in 1990 and over the next 3 years made intermittent military forays south, threatening Kigali on at least two occasions. The menace these incursions represented strengthened their bargaining position to the extent that the Arusha Peace Accord of August 1993 promised political power-sharing between the government and opposition parties followed by, for the first time, democratic elections. Once the massacres began in April they mobilised and rapidly won control of the country from RGF.

The Convention on the Prevention and Punishment of the Crime of Genocide, adopted by the United Nations 1948, entered into force 1951, acceded to by Rwanda 1975, requires contracting parties to prevent and punish genocide. The RPF had met the legal strictures required of it as an armed movement by the Geneva Conventions as long ago as 1990 and had become, by dint of the Arusha Peace Accord, members of the transitional government of Rwanda. Thus any political, ethical and humanitarian obligation they, as an organisation with the power to attempt to stop the genocide, were under, was augmented by a legal requirement to act under International Law. The only other power in Rwanda capable of influencing the holocaust was UNAMIR, which responded by reducing its complement from over 2,500 to 450 men. It was 2 more months before the United Nations acknowledged genocide was taking place and a full 11 weeks, by which time between half and one million people had already been slaughtered, before action was taken by any other agency.

The soldiers of the RPF are in the main well disciplined and trained. Most of them have other trades and there is an unusually high proportion of doctors amongst the them. The following testimonies demonstrate something of their motivation, the losses they have suffered amongst their relatives and their perceptions of the situation.

We have not been investigating the camps for the interahamwe because we don't want to disturb the current equilibrium but if you ask the refugees they will point out who they are, but this would disturb the situation and they have been told we'd harm them. All my grandfather's family have been killed. Only one nephew was left in alive in Nyamata. About 50 of my relatives have been killed in all – some in Nyamata, some in Kigali. I no longer find it shocking. It is not unusual for a family to have so many deaths and most people are just happy to hear someone is alive. In my own opinion it is the French government that is to blame as the interahamwe are an institution that has been planned over a period.⁵⁰

My parents ran away in 1959, first to Burundi then to Zaire. I have a diploma in education in Uganda. As a teacher I was paid more than the Ugandans because I am better qualified and they resented that. I understand that all my relatives in Rwanda have been killed. I became a professional soldier after being in Uganda where I found I was resented. My parents had cows in Uganda and they can't afford to hire a vehicle to bring them over so eventually I will have bring them over land by walking them.⁵¹

Physicians for Human Rights (UK) saw no evidence of mistreatment of civilians by the RPF except for a

⁵⁰ Captain John Zgira was the commander of the RPF in the Butare area and was acting préfet. 21st July 1994.

⁵¹ Jordan Mbanda an information officer born in 1961. 21st July 1994.

man whom we were told was suspected to be a member of the interahamwe . This was just west of the bridge (which the RGF had blown up) at Bosoro. He was sitting on the ground watched by RPF soldiers with his arms tied tightly behind him above the elbows, a method known as three piece tying or kandoya which can be both painful and cause permanent damage and is prohibited under the of international human rights agreements. At a distance of 40 yards he looked worse for wear and frightened.

Physicians for Human Rights (UK) on 22nd July observed a meeting at Save near Butare from which, it has been alleged by a prominent human rights organisation, a number of former refugees were taken into custody. We saw about 300 out of an estimated 30,000 surrounding Captain John Zgira stood in the centre, alone except for an interpreter. The report alleges that “200 or so persons ... were taken away for questioning” and implies, without specifying, some abuse. The captain, who was also acting préfet, had the night before told us (see above) that their policy had, hitherto, been to postpone seeking out interahamwe to avoid destabilising refugee camps. He added that, if you ask, the refugees know and will point out who the interahamwe are. If he did later that day arrest suspected interahamwe he would have been complying with international laws on genocide, to which Rwanda became a party in 1975.

Two prominent human rights groups have investigated human rights abuses by RPF soldiers in Rwanda since the genocide started in April. Both conclude there is overwhelming evidence that hundreds and possibly thousands of Hutu civilians have been killed by soldiers of the RPF although that evidence is testimonial only, there being no objective evidence. In May, similar allegations propagated by interahamwe were reported by UNHCR but subsequently disproved. The new Rwandese government has admitted killings have taken place, one of the most notorious being 13 priests, including the Archbishop of Rwanda, Mgr Vincent Nsengiyumva and two other bishops, murdered in June by 3 RPF soldiers. Revenge killings are a very real risk in a situation where a victorious army finds relatives murdered in unprecedented numbers and terrifying circumstances for arbitrary reasons. No army in the world would have had the universal discipline required to prevent revenge killings in the uniquely horrifying circumstances of Rwanda during the genocide. Every reprisal killing is murder and requires proper investigation and judicial punishment based upon the facts of each case. In the context of Rwanda there is no analogy in terms of numbers killed or reprehensibility between the genocide and revenge killings. The natural passions provoked by injustices of old compounded by the obscenity of the genocide deserve recognition and acknowledgement by the international community. Bringing the perpetrators of the genocide to justice must become an international priority, for its own sake but more importantly to help the survivors come to terms with what has been one of the most evil episodes of human behaviour ever.

General Health Questionnaire

One of the objectives of the mission was "To carry out a survey of psychological morbidity using the Self Report Questionnaire". This screening instrument was developed for use in primary healthcare situations in the Third World by Harding et al in 1980 as part of the WHO Collaborative Study on Strategies for Extending Mental Health Care. It consists of 20 "non psychotic" and 4 "psychotic" items each of which requires simply a Yes or No response. In the administration of the survey, we omitted the "psychotic" sub scale as the questions were so wholly inappropriate to the prevailing conditions in Rwanda.

The Questionnaire was translated into Kinyarwanda and then subject to independent "back translation". It has previously been used in a number of studies in Africa and elsewhere. Despite some criticism about the cultural relevance of some questions in some cultures, it has proved reasonably robust. Caseness levels vary in different settings, which makes interpretation of the results difficult. Normally one would expect to administer a battery of other tests, to establish a cut off score. Clearly this was not possible with our extremely limited resources. Nonetheless, we felt it worthwhile to attempt the exercise.

We undertook the survey in the towns of Rwamagana and Gahini, which lie southeast of Kigali. This area was chosen as representing one of the more settled parts of the country. The massacres had persisted here for only two weeks and it had been free from the conflict for nearly three months when we arrived.

Over the course of 3 days we collected responses from 248 adults and adolescents of whom 11 were Inkotanyi (RPF soldiers), the remainder being civilians, either refugees or inhabitants of the two towns. It should be noted at this point that the term refugee was used by Rwandese to describe all displaced persons. With only a handful of exceptions, the respondents were born within Rwanda. Few had travelled any distance prior to the onset of the genocide or the preceding conflict. We were unable truly to randomise the sample, but tried by a variety of means to obtain a representative selection.

Sixty four and a half per cent of those questioned were women, 22.2% were widowed (male & female), 48.4% were single. We believe that these proportions, which at first sight may seem very unusual, reflect the aftermath of war and genocide. From our own observations, both in the sampling area and in the other parts of Rwanda we visited, they reflect the remaining adult population well. We should stress, however, that the vast numbers of displaced traumatised children are not represented here. This is only because of the very real problem of finding a suitable instrument. It is reasonable to assume, we believe, on the basis of what we saw and heard, that they are, if anything, even worse off.

Despite a strikingly small positive response to questions about suicide and feelings of worthlessness, the overall scores were high with a mean of 9.66. Many respondents reported various somatic symptoms, with headache and GI symptoms being prominent. Others reported cognitive disturbances. Whilst the instrument does not enquire about nightmares, many reported them either spontaneously, or on further questioning about their responses. Probably the least useful questions were about work related problems. The high non response rate reflects the profound breakdown of civil society. Very few people had any opportunity for any kind of useful work, let alone the chance to pursue their previous occupation.

Some comment on the overall level of psychological morbidity ought perhaps to be attempted, despite the problems sketched out above. Throughout Rwanda, the impression was of a people still stunned by the ferocity and scale of the killings. If one assumes a cut off score of 7, which has been used in some other African setting, one is left with a caseness rate close to 90%. Given the recent events should not really surprise anyone. It has profound implications for the future of Rwanda. Before the war there was only one specialist psychiatric hospital, we found it in ruins. Whilst physical needs must obviously be met, it is clear that unless resources are found to address the psychological needs of this profoundly traumatised society, further bloodshed is inevitable.

The crime of genocide

The word genocide (Greek *genos* – race) was coined at the end of the Second World War and is defined by the UN as "... any of the following acts committed with intent to destroy, in whole or in part, a national, ethnic, racial, or religious group as such:

- a. killing members of the group
- b. causing serious bodily harm or mental harm to members of the group
- c. deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part
- d. imposing measures intended to prevent birth within the group
- e. forcibly transferring children from that group to another group."

The convention continues: "Being convinced that, in order to liberate mankind from such odious scourge international cooperation is required. UN General Assembly resolution 260 A (III) 1948 ... requires ... contracting parties ... undertake to prevent and punish (genocide) ... The following acts shall be punishable:

- a. genocide
- b. conspiracy to commit genocide
- c. direct and public incitement to commit genocide
- d. attempt to commit genocide
- e. complicity in genocide and requires contracting parties to act accordingly.

The Convention on the Prevention and Punishment of the Crime of Genocide was adopted by the United Nations General Assembly on 9 December 1948 and entered into force on 12 January 1951 in accordance with article XIII. Rwanda acceded to the Genocide Convention on 16 April 1975 but entered a reservation that states: "The Rwandese Republic does not consider itself as bound by article IX of the Convention." Article IX provides that: "Disputes between the Contracting Parties relating to the interpretation, application or fulfilment of the present Convention, including those relating to the responsibility of a State for genocide or for any of the other acts enumerated in article III, shall be submitted to the International Court of Justice at the request of any of the parties to the dispute."

Even if Rwanda had not ratified the Genocide Convention, it would be bound by the prohibition of genocide which forms part of customary international law. Moreover, it is universally accepted and recognised by the international community that the prohibition of genocide has attained the status of *jus cogens*. It therefore has a peremptory status. For these reasons, the prohibition of genocide as affirmed in the Genocide Convention applies to all members of the international community rather than merely to parties to the Convention.

A commission appointed to examine the charges of crimes against humanity on behalf of the UN concluded that cases should go to the International Criminal Tribunal for the former Yugoslavia because the alternative, creating an ad hoc tribunal alongside the already existing international criminal tribunal at the Hague, was thought to be not only less efficient but likely lead to less consistency in the legal interpretation of international criminal law (in practice an independent court with appeals court and chief prosecutor common with that of former Yugoslavia was the compromise). Despite the opening of the Yugoslav Tribunal there remains little precedent for the adjudication of crimes against humanity other than the trying of Nazi war criminals at Nuremberg following the Second World War. Doubt has been expressed that the UN can assume such responsibilities when its jurisdiction rests over states, not individuals. It has been estimated that the establishment of an International Tribunal may take up to one year.

Those who organised the massacres and those who carried them out will need to be publicly and demonstrably proven to be guilty before much of Rwanda's population accepts the facts. The establishment of the International Tribunal should enable them to be brought to justice. Unsurprisingly those who wielded the weapons, and more particularly those who armed and led them, continue to deny the evidence and many Hutus remain convinced that their survival depended on the extermination of the Tutsis. Those Rwandese who were forced to take part in the nettoyage have, understandably, taken refuge in neighbouring countries because of the difficulty of proving they had no choice but to kill or be killed. The genocide was planned so that as many Rwandese as possible had blood on their hands. Only when the necessary judicial institutions are set up will they have a forum to equitably plead their case. The Rwandan Department of Justice (DOJ) has been arresting people believed to have participated in the massacres and are questioning them to determine the existence of prima facie evidence of guilt. RPA soldiers may accompany DOJ representatives to assist but are not usually actually conducting the arrests. The RPA will keep the accused in prison until the international tribunal is established. The ICRC have confirmed their staff have been allowed to visit detained prisoners.

The people of the Rwandese nation will be forgiven if they find irony in the choice of 1995 by the United Nations as International Year for Tolerance. The future for them could hardly be more challenging. Survivors of the massacres, their psychological sequelae, civil disorganisation, infection and starvation will be required to share a society with many of the perpetrators. Although tolerance there will need to be aplenty the effective reconciliation between the two groups has little chance of emerging until the historical and political mechanisms that led to the massacres have been demonstrably recognised and condemned. To achieve this all Rwandese must seek to understand what happened by analysing and coming to terms with their experiences. Ultimately the satisfactory reconciliation and psychological rehabilitation of survivors will remain, to a lesser or greater degree, unfulfilled until generally acceptable retribution has been meted out to those responsible for the genocide. How far down the hierarchy of responsibility justice needs to reach varies between commentators, ranging from the 30,000 or more killers to being limited to the few architects, but will probably be dictated more by what is practical than statutory just. An alternative to indiscriminate wholesale punishment of the guilty is to focus full retribution on those who planned the genocide, allowing an incrementally larger symbolic component to sentences meted out to those with diminishing responsibility for organisational aspects of the killing. The trade off might include public written statements of admissions of guilt, expressions of remorse and pleas for leniency. Two other initiatives that might help promote reconciliation are the establishment of combined forces from both sides of the conflict, who in partnership, undertake material and social reconstruction work (indeed a wider more international membership of these groups might be even more effective) and the conspicuous honouring of those from both sides, whether dead or alive, who risked their lives to prevent the slaughter.

Normal life will need to be painstakingly rebuilt without the help of many of the best independent intellectuals – killed in the massacres. Long term international assistance to help the Rwandese rebuild their nation is essential. The new "Government of National Union" urgently needs the intelligent interest, generous support and solidarity of the international community, during the transition as its policies take shape, and in the coming years as the Rwandese people recover from one of the greatest disasters of modern history.

War crimes tribunal

UNITED NATIONS - SECURITY COUNCIL RESOLUTION 955 ADOPTED BY THE SECURITY COUNCIL AT ITS 3453RD MEETING, ON 8th NOVEMBER 1994

The 15 member United Nations council adopted, by a vote of 13 to 1 with one abstention, a resolution establishing the International Criminal Tribunal for Rwanda and an accompanying statute setting out the rules under which it will operate. Rwanda, by a quirk of fate currently being a member of the council, voted against the resolution, objecting because, among other things, the statute does not provide for the death penalty (a position with which the USA was in some sympathy). China, one of five members with power to veto resolutions, abstained in opposition to the principle of creating any international war crimes tribunal. The statute of the tribunal provides for full due process guarantees in the pretrial and trial process, will have primacy over the national courts of other states and may formally request such courts to defer to its competence.

Individual criminal responsibility :

1. A person who planned, instigated, ordered, committed or otherwise aided and abetted in the planning, preparation or execution of a crime referred to ... shall be individually responsible for the crime.
2. The official position of any accused person, whether as Head of State or Government or as a responsible Government official, shall not relieve such person of criminal responsibility nor mitigate punishment.
3. The fact that any of the acts referred to... was committed by a subordinate does not relieve his or her superior of criminal responsibility if he or she knew or had reason to know that the subordinate was about to commit such acts or had done so and the superior failed to take the necessary and reasonable measures to prevent such acts or to punish the perpetrators thereof.
4. The fact that an accused person acted pursuant to an order of a Government or of a superior shall not relieve him or her of criminal responsibility, but may be considered in mitigation of punishment if the International Tribunal for Rwanda determines that justice so requires.

The Tribunal is based on that established to deal with the former Yugoslavia. It will comprise two criminal courts consisting of three judges each and an appeals court of five judges – no two judges from the same country. The courts are authorised to judge the crimes against humanity -- most notably genocide -- that have occurred in Rwanda and neighbouring countries between January 1st and December 31st 1994. No decision as to where the Tribunal will be based has been made although there appears to be agreement to hold much of the court proceedings in Rwanda. South African Justice Richard Goldstone, the prosecutor for the Yugoslav tribunal, will also prosecute the charges of crimes against humanity in Rwanda, and the appeals chamber will be shared by both Tribunals. The establishment of the Tribunal is a beginning but adequate funding will be a major challenge. Member States will need to make voluntary contributions and the United Nations will have to provide sufficient funds in the early, critical months of the Tribunal's work. The judicial system in Rwanda also will need rebuilding, just to manage routine law enforcement, never mind the prosecution of the many suspects whom the Tribunal cannot manage. Despite the opening of the Yugoslav Tribunal there remains little precedent for the adjudication of crimes against humanity other than the trying of Nazi war criminals at Nuremberg

following the Second World War. Doubt has been expressed that the UN can assume such responsibilities when its jurisdiction rests over states, not individuals. It has been estimated that the establishment of an International Tribunal may take up to one year.

The establishment of the International Tribunal in Rwanda should demonstrate to the Rwandese the extent to which the international community is concerned about what happened there. The apprehension of former government leaders, wherever they be, will provide further evidence of international commitment. The statute of the Tribunal requires states to comply without delay to requests for assistance, including:

orders for the identification and location of persons,
the taking of testimony and production of evidence,
the arrest or detention of persons,
and the surrender or transfer of the accused to the custody of the tribunal.

Even if the Tribunal is unsuccessful in compelling every alleged criminal to appear in court the indictment of individuals, by itself, should have the effect of turning suspects into international pariahs and, more importantly, serves notice to the World that the international community, in the form of the UN, will not tolerate what happened in Rwanda.

The Rwanda drama is done. One knows who was principally responsible. We hope that the international community will make a courageous diagnosis of the genocide to help the rebuilding in justice of a country that will be neither Hutuland nor Tutsiland, but the Rwanda of our ancestors whose language we all speak –

Agustin Karekezi, S.J., Rector of Hekima College, Nairobi. November 1994

Appendix 1

UNITED NATIONS SECURITY COUNCIL RESOLUTION 955 ADOPTED BY THE SECURITY COUNCIL AT ITS 3453RD MEETING, ON 8th NOVEMBER 1994

The Security Council,
Reaffirming all its previous resolutions on the situation in Rwanda...

...Decides hereby, having received the request of the Government of Rwanda (S/1994/1115), to establish an international tribunal for the sole purpose of prosecuting persons responsible for genocide and other serious violations of international humanitarian law committed in the territory of Rwanda and Rwandan citizens responsible for genocide and other such violations committed in the territory of neighbouring States, between 1 January 1994 and 31 December 1994 and to this end to adopt the Statute of the International Criminal Tribunal for Rwanda annexed hereto;

2. Decides that all States shall cooperate fully with the International Tribunal and its organs in accordance with the present resolution and the Statute of the International Tribunal and that consequently all States shall take any measures necessary under their domestic law to implement the provisions of the present resolution and the Statute, including the obligation of States to comply with requests for assistance or orders issued by a Trial Chamber under Article 28 of the Statute, and requests States to keep the Secretary-General informed of such measures;...

Statute of the International Tribunal for Rwanda

Having been established by the Security Council acting under Chapter VII of the Charter of the United Nations, the International Criminal Tribunal for the Prosecution of Persons Responsible for Genocide and Other Serious Violations of International Humanitarian Law Committed in the Territory of Rwanda and Rwandan citizens responsible for genocide and other such violations committed in the territory of neighbouring States, between 1 January 1994 and 31 December 1994 (hereinafter referred to as "the International Tribunal for Rwanda") shall function in accordance with the provisions of the present Statute.

Article 1

Competence of the International Tribunal for Rwanda

The International Tribunal for Rwanda shall have the power to prosecute persons responsible for serious violations of international humanitarian law committed in the territory of Rwanda and Rwandan citizen responsible for such violations committed in the territory of neighbouring States, between 1 January 1994 and 31 December 1994, in accordance with the provisions of the present Statute.

Article 2

Genocide

1. The International Tribunal for Rwanda shall have the power to prosecute persons committing genocide as defined in paragraph 2 of this article or of committing any of the other acts enumerated in paragraph 3 of the article.
2. Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:
 - (a) Killing members of the group;
 - (b) Causing serious bodily or mental harm to members of the group;
 - (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
 - (d) Imposing measures intended to prevent births within the group;
 - (e) Forcibly transferring children of the group to another group.
3. The following acts shall be punishable:

- (a) Genocide;
- (b) Conspiracy to commit genocide;
- (c) Direct and public incitement to commit genocide;
- (d) Attempt to commit genocide;
- (e) Complicity in genocide.

Article 3

Crimes against humanity

The International Tribunal for Rwanda shall have the power to prosecute persons responsible for the following crimes when committed as part of a widespread or systematic attack against any civilian population on national, political, ethnic, racial or religious grounds:

- (a) Murder;
- (b) Extermination;
- (c) Enslavement;
- (d) Deportation;
- (e) Imprisonment;
- (f) Torture;
- (g) Rape;
- (h) Persecutions on political, racial and religious grounds;
- (i) Other inhumane acts.

Article 4

Violations of Article 3 common to the Geneva Conventions and of Additional Protocol II

The International Tribunal for Rwanda shall have the power to prosecute persons committing or ordering to be committed serious violations of Article 3 common to the Geneva Conventions of 12 August 1949 for the Protection of War Victims, and of Additional Protocol II thereto of 8 June 1977. These violations shall include, but shall not be limited to:

- (a) Violence to life, health and physical or mental well-being of persons, in particular murder as well as cruel treatment such as torture, mutilation or any form of corporal punishment;
- (b) Collective punishments;
- (c) Taking of hostages;
- (d) Acts of terrorism;
- (e) Outrages upon personal dignity, in particular humiliating and degrading treatment, rape, enforced prostitution and any form of indecent assault;
- (f) Pillage;
- (g) The passing of sentences and the carrying out of executions without previous judgment pronounced by regularly constituted court, affording all the judicial guarantees which are recognised as indispensable by civilised peoples;
- (h) Threats to commit any of the foregoing acts.

Article 5

Personal jurisdiction

The International Tribunal for Rwanda shall have jurisdiction over natural persons pursuant to the provisions of the present Statute.

Article 6

Individual criminal responsibility

1. A person who planned, instigated, ordered, committed or otherwise aided and abetted in the planning, preparation or execution of a crime referred to in articles 2 to 4 of the present Statute, shall be individually responsible for the crime.
2. The official position of any accused person, whether as Head of State or Government or as a responsible Government official, shall not relieve such person of criminal responsibility nor mitigate punishment.
3. The fact that any of the acts referred to in articles 2 to 4 of the present Statute was committed by a subordinate does not relieve his or her superior of criminal responsibility if he or she knew or had reason to know that the subordinate was about to commit such acts or had done so and the superior failed to take the necessary and reasonable measures to prevent such acts or to punish the perpetrators thereof.
4. The fact that an accused person acted pursuant to an order of a Government or of a superior shall not relieve him or her of criminal responsibility, but may be considered in mitigation of punishment if the International Tribunal for Rwanda determines that justice so requires.

Article 7

Territorial and temporal jurisdiction

The territorial jurisdiction of the International Tribunal for Rwanda shall extend to the territory of Rwanda including its land surface and airspace as well as to the territory of neighbouring States in respect of serious violations of international humanitarian law committed by Rwandan citizens. The temporal jurisdiction of the International Tribunal for Rwanda shall extend to a period beginning on 1 January 1994 and ending on 31 December 1994.

Article 8

Concurrent jurisdiction

1. The International Tribunal for Rwanda and national courts shall have concurrent jurisdiction to prosecute persons for serious violations of international humanitarian law committed in the territory of Rwanda and Rwandan citizens for such violations committed in the territory of neighbouring States, between 1 January 1994 and 31 December 1994.
2. The International Tribunal for Rwanda shall have primacy over the national courts of all States. At any stage of the procedure, the International Tribunal for Rwanda may formally request national courts to defer to its competence in accordance with the present Statute and the Rules of Procedure and Evidence of the International Tribunal for Rwanda.

Article 9

Non bis in idem

1. No person shall be tried before a national court for acts constituting serious violations of international humanitarian law under the present Statute, for which he or she has already been tried by the International Tribunal for Rwanda.
2. A person who has been tried by a national court for acts constituting serious violations of international humanitarian law may be subsequently tried by the International Tribunal for Rwanda only if:
 - (a) The act for which he or she was tried was characterised as an ordinary crime; or
 - (b) The national court proceedings were not impartial or independent, were designed to shield the accused from international criminal responsibility, or the case was not diligently prosecuted.

3. In considering the penalty to be imposed on a person convicted of a crime under the present Statute, the International Tribunal for Rwanda shall take into account the extent to which any penalty imposed by a national court on the same person for the same act has already been served.

Article 10

Organisation of the International Tribunal for Rwanda

The International Tribunal for Rwanda shall consist of the following organs:

- (a) The Chambers, comprising two Trial Chambers and an Appeals Chamber;
- (b) The Prosecutor; and
- (c) A Registry.

Article 11

Composition of the Chambers

The Chambers shall be composed of eleven independent judges, no two of whom may be nationals of the same State, who shall serve as follows:

- (a) Three judges shall serve in each of the Trial Chambers;
- (b) Five judges shall serve in the Appeals Chamber.

Article 12

Qualification and election of judges

1. The judges shall be persons of high moral character, impartiality and integrity who possess the qualifications required in their respective countries for appointment to the highest judicial offices. In the overall composition of the Chambers due account shall be taken of the experience of the judges in criminal law, international law, including international humanitarian law and human rights law.
2. The members of the Appeals Chamber of the International Tribunal for the Prosecution of Persons Responsible for Serious Violations of International Law Committed in the Territory of the Former Yugoslavia since 1991 (hereinafter referred to as "the International Tribunal for the Former Yugoslavia") shall also serve as the members of the Appeals Chamber of the International Tribunal for Rwanda.
3. The judges of the Trial Chambers of the International Tribunal for Rwanda shall be elected by the General Assembly from a list submitted by the Security Council, in the following manner:
 - (a) The Secretary-General shall invite nominations for judges of the Trial Chambers from States Members of the United Nations and non-member States maintaining permanent observer missions at United Nations Headquarters;
 - (b) Within thirty days of the date of the invitation of the Secretary-General, each State may nominate up to two candidates meeting the qualifications set out in paragraph 1 above, no two of whom shall be of the same nationality and neither of whom shall be of the same nationality as any judge on the Appeals Chamber;

The Arusha Peace Accord

The Arusha Accords were the culmination of 10 days of negotiations in Arusha, Tanzania in July and August 1993. The Tanzanian government, supported by the OAU, took the initiative in setting the agenda and the accords were signed in the presence of observers from the UN and both former colonial powers – Belgium and Germany.

The five accords were:–

1. Protocol on the rule of law.

This committed the parties to upholding basic human rights and the rule of law.

2. Protocol on power sharing.

All institutions of government – the presidency, cabinet, national assembly, judiciary, civil service and security institutions were to be reformed. The leading political institutions were to be given an interim transitional status up until formal national democratic elections took place. The presidency was to lose its power and the executive, legislative and judicial power was to be diluted. During the interim seats in the assembly and cabinet were to be allocated between all political parties with the post of prime minister derived from one of the opposition parties.

3. Protocol on the repatriation of refugees and resettlement of displaced people.

This dealt with arrangements on the future of stateless Rwandese displaced into neighbouring countries on previous decades and those displaced in the recent war.

4. Protocol on the integration of the armed forces.

This resolved the future for the army of the RPF which was to be absorbed into a smaller Rwandese national force. 40% of soldiers and half the officers were to be unified with the army and gendarmerie and the Presidential Guard was to be joined with the RPF to form a smaller Republican Guard.

5. Protocol on miscellaneous issues and final provisions.

The agreement provided for the presence of a battalion of 600 RPF soldiers stationed in Kigali and the establishment of UNAMIR to oversee the implementation of the accords.

'health is contingent upon respect for human rights'

Doctors for Human Rights

engaging the humanity, influence and special skills of the medical profession in defence of human rights internationally since 1989

Membership is open to anyone who supports the aims of the organisation

Annual subscription: £100 (£8.33 monthly by standing order) for ordinary members, £48 (£4 monthly by standing order) for retired persons, and £12 for students

Website: www.doctorsforhumanrights.org

Doctors for Human Rights is the trading name of Physicians for Human Rights UK

Registered Office - 91 Harlech Rd,
Abbots Langley, Herts, WD5 0BE. UK

Registered Company Number 3792515.

Registered Charity Number 1078420