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Stress and peacekeeping. Experiences in Rwanda¹

by
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Mr Chairman, distinguished guests, ladies and gentlemen.

It's a great pleasure for me to be here participating in this joint Veterans' Affairs and ADF presentation on stress and peacekeeping. Most of all, I'm pleased to be here to provide a military perspective which will cover a case study on the sort of stress to which peacekeepers may be exposed. Then I wish to describe to you some of the initiatives the ADF has taken recently to prevent both acute stress and post traumatic stress disorder in our Service personnel. In doing so, I hope that my part in today's proceedings will form a useful backdrop to our distinguished visitor, Professor Lars Weisaeth.

So, firstly I will spend about ten minutes describing some of our experience in Rwanda, and, specifically, the Kibeho massacre.

The Rwanda Experience

As you know, there had been an escalating guerrilla war in the central African republic of Rwanda which culminated in a ferocious genocide of mainly the ethnic group of Tutsis in April 1994. An estimated half to one million civilians were massacred and two million refugees fled the country, leaving about one million internally displaced people residing in the Internally Displaced Persons (IDP) camps. Following the genocide, there was a three-month civil war won by the Rwanda patriotic front in July 1994.

In August, the United Nations passed a resolution to increase the UN's assistance mission in Rwanda to 5500 peacekeeping military called the United Nations Assistance Mission in Rwanda (UNAMIR). That month, the Australian medical contingent to UNAMIR was deployed to provide health care to the peacekeeping force. Its secondary role was to provide humanitarian support from within spare capacity. Our contingent of over three hundred comprised both inpatient and outpatient medical and surgical services. It was supported by a logistics company and an infantry company for self protection. Australia maintained this level of support to UNAMIR for a year, involving two contingents each for six months.

Kibeho Camp

Returning to Kibeho, the victorious Rwandan Patriotic Army always believed that many of the perpetrators of the genocide and the former Rwandan government forces had taken refuge in the IDP camps. The camps represented to them both a focus of criminals who deserved the most severe punishment and also a military threat.

Kibeho is an old Catholic mission station built along a ridgeline at the highest point of which, in the North, is a church. Moving south there was the Zambian company Headquarters and platoon position. Further to the South was an old mission complex, termed the compound.

The anniversary week of the 1994 genocide, the seventh to the fourteenth of April was declared a national week of mourning. Fears of revenge/retaliation attacks caused the populations of IDP camps to increase. Anti-UN demonstrations occurred in Kigali. The demonstrators were poorly organised but they kept asking the question 'Where was UNAMIR during the genocide?' On Tuesday the 18th of April at 0300 hrs two battalions of RPA surrounded Kibeho camp. The RPA used the expedient measure of firing shots in the air to move the IDPs along. One woman was shot in the hip and ten people, mostly children, were trampled to death. Many injuries were caused from running into protective concertina barbed wire.

The situation was relatively calm but unstable. Staff Officers at Headquarters UNAMIR worked frantically to plan the reinforcement and medical support to the Zambians. We also made plans to brigade UN transport assets to

assist in the removal of the IDPs. The 32 person medical team arrived at Kibeho about 0930 hrs the next day. It comprised medical and evacuation sections, as well as an operations, command post and organic security of two infantry sections.

That morning the Deputy Force Commander, the Colonel Operations and I visited Kibeho camp to assess and defuse the situation on the ground. Thousands of people were packed along the ridgeline in an area about a kilometre and a half long and two to three hundred metres wide. The ten dead from the panic of the previous day were lying out in the open. The conditions in the camp were deteriorating rapidly. The Force Commander visited Kibeho and held talks with UNAMIR troops and representatives of the UN agencies. At 1730 some IDPs attempted to snatch RPA weapons. The RPA opened fire killing twenty and wounding sixty. There were reports of IDPs fighting amongst themselves with machetes.

The Massacre

Saturday the 22nd of April was the day of the Kibeho massacre. There had been a lot of killing during the night. The IDPs were in poor condition. This was the fifth day that no food had been distributed to them. At midday people were running to find shelter from an approaching thunderstorm and this created panic. The sudden mass movement was interpreted by the RPA as an attempt to break the cordon, so they opened fire into the crowd and continued firing for an hour killing around 130 people.

All-day long our medical team worked furiously treating those whom they believed had a chance of survival. At 1600 the UN helicopters were finally granted permission to land at Kibeho. Medical supplies were brought in and the wounded were air-lifted out. At the same time about 22 RPA marched information down the road from the church singing and chanting. They usually sang when conducting physical training in the early mornings in Kigali. Many enjoyed the singing but they didn't know the words which were usually 'We killed the Hutu. Who will we kill next?'

The platoon stopped, turned towards the Zambian compound and cocked their weapons. Two Australian private soldiers in the bunker nearest to them thought that they would be overrun and killed. A Lance Corporal ordered his section to fix bayonets, but in fact the RPA began firing into the crowd causing another breakout attempt. There was so much firing that the Australians suspended their medical work and sought cover in the bunkers.

The crowd surged against the cordon and the RPA responded by opening fire with heavy machine guns and rocket-propelled grenades. A number of RPA soldiers moved through the fallen bodies, bayoneting or shooting the wounded. Many of the IDPs were rounded up, marched away as if under arrest and shot. All of this action was witnessed by our infantrymen who were extremely frustrated but determined to protect the medical personnel.

At first light the next day, Australian medical personnel conducted a count of injured and dead. Using pace counters they counted some 4,000 dead and 650 wounded.

Returning to Kibeho, on Monday the 24th of April approximately 1700 IDPs were reported to remain in the Medics sans Frontieres compound in Kibeho camp. The Australians ventured into the compound throughout the day and eventually removed the bodies of 42 dead. This was a most unpleasant business as some of the dead had been gnawed by dogs, and rats had taken shelter inside some of the body cavities. They were buried in a mass grave. Eventually, the remaining IDPs dispersed to their home communes where once again many sadly faced illegal jailing and killing.

The Psychological Aftermath

As you can imagine many of our troops were angry and frustrated by what they had witnessed at Kibeho. So we put in place a comprehensive stress management program which included debriefing by commanders, doctors, psychologists and the padre. In addition, just before our return to Australia, group and individual debriefings were conducted by Army psychologists and everyone has been followed up by letter at the six and twelve month marks back home.

I was particularly concerned about feelings of anger and hatred amongst the troops. And therefore the possibility of individuals exacting retribution from the RPA back in Kigali which would have undoubtedly invoked a furious response. I visited Kibeho again, and while not condoning what the RPA had done, I tried to put it into some perspective within the overall tragedy of Rwanda.

In the aftermath we identified around a dozen troops who appeared to be having difficulties resolving the experiences to which they had been subjected, and at least one required psychiatric support on return to Australia. Furthermore, I believe that there are a small number under current care at the National Centre for WarRelated Post Traumatic Stress Disorder. This point illustrates one of the major problems that confronts the ADF. That is our inadequate systems for data capture. Those who served in Rwanda were from all three Services including the Reserves. Since our return to Australia we have been following up Contingent members but it has been very difficult to keep in touch with those who have departed the ADF and those who have self-referred for ongoing care.

Certainly, some of the Contingent are suffering post traumatic symptoms. However, initial analysis suggests that the level of symptoms is considerably less than those reported after civilian populations have been exposed to traumatic events. In fact, the incidence of PTSD in Rwanda veterans is consistent with PTSD rates in emergency service personnel.

The Stress of Peacekeeping

In summary ladies and gentlemen, more than half of the Australian contingent served during that savage month at Kibeho. The contingent's planning, presence, military discipline and compassion saved many hundreds of lives and almost certainly prevented a catastrophe during both the massacre and the final sad days of the siege.

Clearly, the message is that peacekeeping may be much harder than you expect, as it will invariably involve dangerous and unpredictable people. Accordingly, such humanitarian relief operations may be very stressful and a number of supporting military, UN and Non Government Organisation personnel will require professional and timely stress debriefing as a result. Certainly, Rwanda is a crazy place of never-ending contrasts and I'm not surprised that some people are having difficulties coming to grips with their experiences. It is however important to note that the Contingent provided first rate health support to UNAMIR, the United Nations civilian agencies, and humanitarian support to the people of Rwanda. The efforts of both contingents have ensured that the Australian contribution was judged as an outstanding success and enhanced the reputation of the Australian Defence Force, and the Nation, in the eyes of the international community.

I was privileged and humbled to work with so many fine people from the three Services and the Reserves. I believe that the success of this seminar will be measured by how well we care for the Rwandan Veterans in future, and perhaps more importantly, what collaborative, proactive steps we take to prevent severe stress reactions and PTSD in future deployments.

Issues for the Future

Well, what of the future? I would like to be able to identify those at risk of severe stress reactions and perhaps PTSD. I would like to see instituted aggressive prevention programs and timely active interventions. Of equal importance we need a comprehensive and effective method of national follow up in order to render the most appropriate support in a compassionate, and efficient manner. And I'm sure that this valuable collaborative seminar with DVA will go a long way towards achieving these goals.

Research

For our part the ADF has been conducting through the 1st Psychology Research Unit, a longitudinal study designed to understand the effect on Defence Force personnel of exposure to traumatic events during peacekeeping deployments. The study is examining the complex relationships between social support networks, attitudes towards emotional expression, psychological vulnerability, and the interaction of all these factors over time.

This study involves following up 600 Rwanda Veterans matched with a control group of individuals who have not served on UN deployments. The study instruments include measures of the levels of post-trauma distress, the level of trauma experienced, social support, attitudes and coping strategies.

It should be noted that the study is being conducted as part of normal follow up procedure we have in place for ADF members after deployment overseas. The personnel have been surveyed at four month, twelve month and twenty-four month intervals after their return to Australia. Results are expected to be published before the end of the year.

Commanders' Guide

The second important ADF initiative I wish to share with you this afternoon is the development of a commanders' guide on operational stress management. This was designed to demystify the topic and to present information in a straight forward manner. It covers sources of stress while emphasising prevention and post deployment management as well as training.

I am pleased to report that while hardly on the Sydney Morning Herald's best sellers list, it has been very well received throughout the ADF and also by other community organisations including police, fire fighters and the various state emergency services. In addition, it has been warmly welcomed by our American, British and Canadian partners and the document has been adopted by the Department of Peacekeeping Operations in the United Nations.

Collaborative Course

The third ADF initiative I would like to discuss is the development of a collaborative course on traumatic stress syndromes developed between the ADF, DVA and the National Centre for War Related Post Traumatic Stress Disorder last year. The aim of the course is to reduce the incidence of chronic PTSD and, where PTSD cannot be prevented, minimise the disability associated with the disorder by providing personnel involved in the counselling of ADF members with skills in identification and management of traumatic stress syndromes.

The initial course conducted was multi disciplinary involving health service officers, psychologists, social workers and chaplains. The key to the success of this course was that it comprised a practical phase in which the attendees were able to interview and interact with patients suffering PTSD.

The other key feature was the breadth and depth of experience of the visiting lecturers which included leading authorities in the field. There was also a section on the commander's perspective. This included presentations from previous commanders of peacekeeping forces and the Commander Australian Theatre. Arrangements are currently underway to develop the next course to held at the National Centre in September this year.

Conclusion

Ladies and gentlemen, this afternoon I have tried to demonstrate that peacekeeping may be more stressful than the notion held by the uninitiated that it is some sort of paid vacation in an exotic location. Members of the ADF have suffered, and will continue to suffer, acute stress reactions and PTSD as a result of Peacekeeping Operations. The ADF has recognised this and is conducting research, developing publications, and instituting training programs as a result. For the future we will need to standardise and integrate our health, psychology, human science research, occupational health and safety, and compensation functions in order to better prevent, follow up and manage operational stress. The collaboration I have shown you between the Australian Defence Force, the Department of Veterans Affairs and the National Centre is an excellent start.