OFFICE OF AIR FORCE HISTORY
ORAL HISTORY PROGRAM

Helping Rwanda Recover from Genocide: RAAF Medics Serving with UNAMIR in 1994-95

(AWM image MSU/94/0075/04)

Remains of genocide victims outside Ntarama Church, Rwanda, November 1994.

In the decades after gaining independence from Belgian rule in 1964, the small central African republic of Rwanda had grown used to tension between the country's majority Hutu population and the minority Tutsi ethnic group. These tensions had erupted into civil war on several occasions, including in 1990. By 1993 a peace agreement had been negotiated between the Hutu-dominated government and the Tutsi Rwandan Patriotic Front (RPF), and a United Nations Assistance Mission to Rwanda (UNAMIR) had been sent to monitor its implementation.

On 6 April 1994 the nation erupted in an orgy of ethnic violence on a massive scale, after an aircraft carrying the Presidents of both Rwanda and the neighbouring republic of Burundi was shot down, and the Rwandan prime minister and ten Belgian peacekeepers guarding her were murdered. Over the next three months, Hutu militia gangs known as 'Interahamwe' carried out the systematic slaughter of between 500 000 and a million Rwandans—moderate Hutus as well as Tutsis. The UNAMIR contingent was completely overwhelmed and could do little but watch the unfolding genocide.

After UN intervention in Somalia had ended disastrously in 1993, the international community was initially wary and slow to react. Meanwhile, the Tutsi rebel army broke out of the zone in northern Rwanda to which it had been confined under the peace terms, and renewed military operations. The killing ended because the RPF defeated the Hutu government and took power in July. By then, there were some three million 'internally displaced persons' or IDPs (refugees who have not crossed an international boundary), and another two million had fled across the border into neighbouring countries.

Eventually, the UN reinforced and expanded its presence into a new peacekeeping group called UNAMIR 2. Australia agreed to support this effort, offering a 293-strong contingent comprising a medical company and a logistics company, plus an infantry company to provide protection in the uncertain conditions then prevailing. While the bulk of this Australian Medical Support Force (AMSF) came from the Army, the RAAF contributed 18 members to what became known as ADF Operation *Tamar*. An advance party of the AMSF arrived at Kigali, the Rwandan capital, on board a US Galaxy transport on the night of 22 August 1994, and commenced cleaning up a wing of the Kigali Central Hospital (KCH) in preparation for the main party five days later.

(AWM image MSU/94/0042/31)

Medics of the Australian contingent, and the sole Red Cross member, in October 1994; at front is LAC Jenni Reilly.

Although primarily charged with providing health care to UNAMIR units, and staff of the non-government aid agencies working in Rwanda, the Australians quickly found that their help was most needed by the local people. As well as establishing a 35-bed hospital in Kigali, the medical company operated a Treatment Section at Butare, three hours drive away to the south-west. Clinics were also held in outlying villages and in the sprawling refugee camps. In addition to victims of vehicle accidents, the Australian medical staff treated casualties from mine explosions and gunshot wounds, and an array of conditions and tropical diseases rarely encountered back home.

Throughout this period, the security situation remained tense. The RPF—now called the Rwandan Patriotic Army (RPA)—often set out to test the resolve of UN personnel. On several occasions members of the AMSF became involved in tense stand-offs with the RPA. Relations progressively deteriorated during the latter half of 1994, and this situation continued into 1995. On 18 February 1995, the first Australian support contingent (ASC 1) was replaced by a fresh contingent of 308 personnel (ASC 2), including 20 RAAF members, who arrived for another six-month period. It was during this second term that some of the Australians were witnesses to the most serious and disturbing incident of the UNAMIR 2 deployment.

In April 1995 the new Tutsi government decided to close the refugee camp at Kibeho, in the south of the country, one of the largest facilities holding 80-100 000 people. The government knew the camp sheltered armed Interahamwe members who had taken part in the genocide, and feared that it could become the base for a Hutu guerrilla army. After the UN failed in its efforts to persuade the refugees to voluntarily return to their homes, the RPA planned a military operation to close the camp by force. UNAMIR was taken by surprise when about 1000 Rwandan troops arrived at Kibeho on 18 April, and hastily asked the Australian contingent to send a medical section, with a platoon of infantry, to provide the refugees with health support before they began their journey home.

The Australians arrived at Kibeho to find an ugly situation already developing, with the Rwandan army taking revenge against individuals who were identified as having been involved in the genocide and the Interahamwe terrorising the refugees into staying in the camp to continue shielding them. On 22 April there was gunfire, and the refugees stampeded into the assumed safety of the UN compound. The Australian personnel found themselves caught in crossfire, yet entirely powerless to respond as

Rwandan troops carried out a massacre in which more than 4050 refugees lost their lives. (This was the figure reached by body count before the RPA stopped the counting—the true total was probably double that figure.)

The medical team present that day could do nothing more than evacuate a small number of injured by helicopter to hospital at Kigali. Over the next two weeks, AMSF parties continued to visit Kibeho to treat casualties of the massacre, while exhorting the pitiful and traumatised survivors to leave the camp peacefully. The Kibeho incident led to four members receiving the Medal of Gallantry—the first time gallantry medals had been awarded to Australian military personnel since the Vietnam War.

The Office of Air Force History holds oral history interviews and diary records from several RAAF members of the ADF medical contingents sent to support UNAMIR 2. Squadron Leader P.J. Clarke, a doctor, was the senior medical officer with the first group to arrive in 1994. Corporal B.P. Casey, a medical assistant, was also among the RAAF members of this contingent. Clarke's replacement in the second contingent was Squadron Leader T.L. Smart. Also in this later group was Flight Lieutenant K.L. Pyne, a nursing officer, and medical assistant Sergeant F.X. Alcántara. Following are edited extracts from the interviews or other records made available by these individuals. The full transcripts are held by OAFH and can be made available to researchers with a legitimate interest in the subject.

INTERVIEW: Squadron Leader Peter Clarke, 22 March 1995

We got into Rwanda around about mid-morning and it struck me as being a bit like in Australia. The capital, Kigali, seemed like a fairly dry and colourless place very similar to Queensland. The city itself was fairly severely trashed up but we didn't see any evidence of bodies lying about the place, although in the months before there were certainly a significant number of dead bodies still lying around.

(AWM image MSU/94/0034/33)

Medical clerk LAC Vanessa Burley checks hospital files at KCH, October 1994.

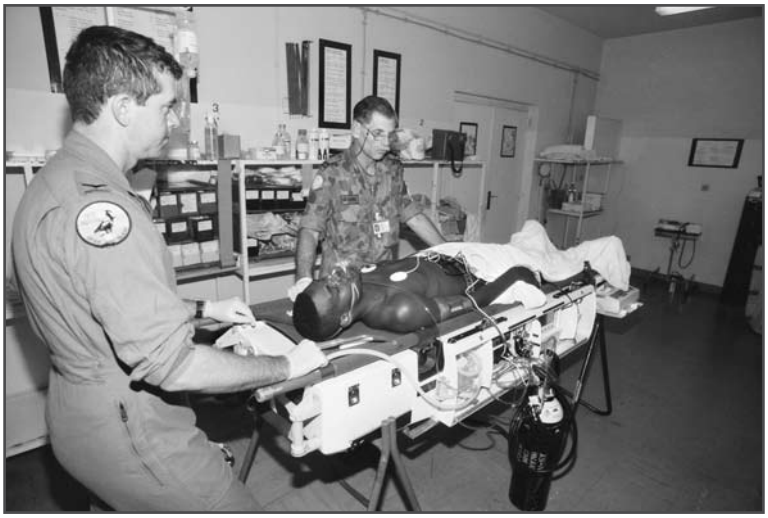
The Australian Medical Support Force operated from KCH, which was a very large complex and just like a sort of provincial hospital really. We were in a two storey private wing area. The roof had been blown out and the toilets and sinks upstairs had been smashed, but the advance party that went over before us had cleaned the place up and we established ourselves in the downstairs part. We had our administrative section and wards in the bottom part of the building, and we basically operated out of there. It was a fairly good set up.

I did not personally see the United Nations mission statement before I left—in fact, I didn't see the policy for UNAMIR 2 until many weeks after we arrived. But we knew our role was to provide the health support for the UN troops that were there to keep the peace, and we were also to provide some assistance to the local population, although the extent of that was never quantified. It subsequently turned out that almost exactly the inverse thing occurred. Most of our effort went into the local population and very little into UNAMIR, because the need simply wasn't there.

I doubt that the civilian patients came because we Australians were there. I don't think a lot of them even knew who we were really. It was more a case that KCH was the only place to come to and we just

(AWM image MSU/94/0040/24)

Supply clerk LAC Julie Jardine packs away pharmaceutical stores at KCH.



(AWM image MSU/95/0017/16)

SQNLDR Clarke (right) and RAAF medical assistant LAC Stephen Rust treat a Rwandan patient at the UN wing of KCH, January 1995.

inherited them that way. We occupied one part of the hospital, and the rest of the hospital was in complete disarray when we got there. As the rest of the hospital staff filtered back and returned to normal, they decided that they wanted parts of their building back and we were constantly pushed back into a smaller area than we occupied originally. Working in the other part of KCH was a Non Government Organisation (NGO) employing emergency war surgeons and we found ourselves more or less taking some of their overflow.

We certainly found ourselves dealing with all the various diseases that are commonly found in Africa, malaria and tuberculosis, and tropical diseases I can't even pronounce or spell and had never heard of before. And of course there's a fairly high incidence of HIV over there. The statistic that was quoted around was that something like 60 per cent of Rwanda's population was HIV positive. On top of that we got lots of trauma cases, as a result of the war. We certainly saw a significant number of bullet wounds, and people who'd been taken to with machetes, or thrown into a fire. I think the most stressful part was the kids, because it was just beyond belief what happened to the children.

The main source of ongoing trauma that we had to deal with came from motor vehicle accidents, because it was just complete madness on the roads over there, anarchy really. That, and injuries from land mines and occasional shootings. Mines were a major problem and so many of the people we saw were civilians who just tromped on a mine. If we hadn't been there, then there's no doubt these people would have died. It was a clinical challenge for us to resuscitate these people and provide medical care for them, and I think we felt professionally privileged to be able to do our job. I would say that we were successful in resuscitating these people and rehabilitating them in over 80 per cent of cases.

The majority of trauma cases that we had to treat were definitely locals. I think it was the week before we left that we had the first UN people to treat. There were five Tunisians got blown up, and then there was also a British soldier who lost a leg as a result of standing on a land mine. That was it, six UNAMIR people in six months, the rest of the trauma cases were from the local population. Actually there were a couple of UN people killed in road accidents while we were there. I recall there was an Ethiopian surgeon and a dentist died in a crash, but we never had anything to do with those. If the civvy cases were taken out of our work load, I think we would have been watching Rwandan flies crawl up the wall all day. As it turned out, having civilians to treat made an interesting challenge for us.

The RAAF members of the AMSF performed very well, and I'm not just saying that because I was the senior RAAF officer present. We were only 18 out of some 300 people over there, and the levels of age and experience varied enormously. I'd say probably over 50 per cent of the RAAF people would have been in the service only a very short period of time—in some cases less than two years. It was generally accepted that the performance of the RAAF people, the medics and the nurses in particular, was outstanding. Remembering that this was the first time for most of them that they had been away from home, their professionalism and their maturity made the RAAF come out of the Rwanda deployment looking very good indeed. I was very pleased to be a part of that, and to have a bit of it rub off on me.

INTERVIEW: Squadron Leader Brenden Casey, 11 May 2010

When we landed at Kigali, we weren't even out the door of the plane and there was the smell of death, a lot of smoke, and crows everywhere we looked. A lot of the buildings around the airfield were considerably damaged, so it was very blunt in our face from the moment of our arrival. We weren't met by anybody from the UN initially. People from our advance party that went over beforehand were there at the airport to some degree, because they knew the routes we could travel on. They basically had an escort party that brought the trucks and stuff in which to pick us up and take us through Customs.

The direct route from the airport to our base camp took us through a lot of the smaller village-type environments and then straight through the main township of Kigali. There wasn't anything like a high-rise building anywhere, nothing I saw that was higher than two storeys. Lots of places had bullet holes, and most were in disrepair. The townspeople were just going about their usual business, although some were obviously injured to some extent. The kids were the first thing that we spotted because they were greeting us with open arms—they were curious, and wanted to find out who these new people that were coming through the streets were.

On reaching our base camp, we noticed that the advance party had done a pretty good job and the front gate was very well fortified. I think the place had been an old university school or some sort of training facility. There was a two-storey accommodation block on one side of the compound and a three-storey block on the other. Both buildings had been damaged by munitions—mortars by the look of it—and there were large holes in some of the walls. We had no domestic arrangements really. There was no plumbing working, so we had jerry cans and hession shower bags that we'd use for any washing and showering, anything like that.

(AWM image P02211.006)

The front gate and guard house of the Australian compound, Kigali, March 1995.

For the first week or two, the main mission for our group was to establish our own military section within, or alongside, the main local hospital. We had to get a facility up and running for the reception of resuscitation cases, and also to have an ongoing holding facility for inpatients. The area we were occupying was right next door to KCH—in fact, there was something like a covered walkway that linked the two together. I assume that the two parts would have been a single facility prior to the recent conflict starting. It was just that the UN took one wing of it and the locals had already resumed using the other area.

(AWM image P02211.005)

Headquarters of the Australian Medical Support Force in Rwanda, March 1995.

The business of that first week was extremely confronting. We had to get rid of remains of human bodies, and clean down bloodstains from off the walls. When I say clean down walls, I don't mean removing just a few drops. I'm five foot seven and we walked into some places where the walls were blood-stained to about five foot, because it reached up to my shoulder. Actually, the first confronting image we had was at the front entrance to the hospital, because straight across the road was where one of the major parties in the civil war had their fortified base camp. That meant we had military people with weapons, and not from our Army, keeping a constant eye on all our comings and goings. As soon as you entered the hospital compound proper and went inside, you saw that the walls of the main corridor were bullet riddled on one side. On the other side were the main wards, and in there every bed had some sort of bayonet cut or a bullet hole in the mattress, if there was a mattress left, and those that were left were blood-stained too. All that, within the first 15 metres of getting into the compound.

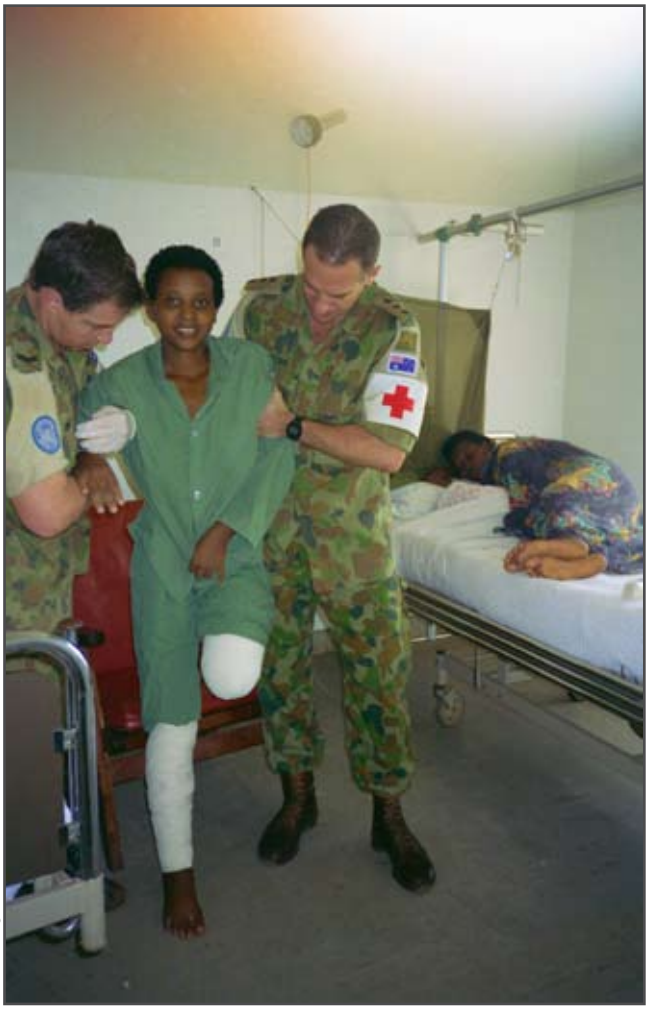
Despite that, from day dot we were functioning as a hospital. Probably by the end of our first week we were a fully functioning hospital. In terms of patients, we didn't receive that many UN members initially, but we also didn't really get any locals either. I guess it took time for them to get used to us being there, and for word of mouth to pass around that we were able to assist them to a degree. So, in that initial period I think we were more involved in the routine of cleaning and continuing to set up, and the majority of the time after that we would go back to the compound and be offloading more stores. We were still working, like, 18 hour days.

Not all our effort was focused on Kigali. The medical staff was rotated through the main refugee camps as much as possible too. There was a handful of medics, probably ten or twelve in total, who spent more time in the refugee camps than up at Kigali. I was one of that group, which meant that out of the six months we spent in Rwanda I had probably as much as four months with refugees. We set up a satellite base at Butare, and that was our staging area. We stayed there and went up to the refugee camps on a daily basis to run clinics.

(AWM image MSU/94/0003/03)

UN vehicles outside the medical outpost at Butare, August 1994.

To get to some of these camps would involve a trek of an hour or so in the back of a Unimog over very hilly terrain, up a windy road around the hill sides. All along the way there'd be kids. 'Bisquay' they used to yell out, biscuits, so on a regular basis we used to throw biscuits to them. Occasionally we'd see some adults. Now this could be 30-40 miles away from where we were headed to do the clinics, and we would be seeing people taking their injured relatives to



(AWM image P04557.002)

Corporal Casey (left) and Army captain Ross Railton assist a mine blast victim to walk at KCH.

that camp because they knew that's where they were going to get the best help. If we could we'd take them with us, but there was way too many people for us to do that for everyone.

So that was our first confrontation with what we were going to be involved with. When we'd get to the camps, it was usually about eight thirty that we'd start our clinics. Usually we would work out of a claybrick type hut, and without an exaggeration even at that early hour there would be a queue 500 metres long, if not more, of people waiting to see us. And they could have been waiting there for days on end. As the days and weeks went on and the word of mouth got around that we were there, the more the lines grew until we literally had queues of thousands of people seeking help. They knew it was going to take hours, but they would wait.

The injuries we saw were horrific. For some of the parties in the recent conflict bullets were very expensive, so they used machetes. We were seeing huge lacerations to limbs, and burns that were phenomenal—third degree burns in people's limbs that were so blistered that you couldn't do anything but just try and remove the exudates first and then see what you had to deal with. Some of these people had those burns or machete wounds for several weeks, so they were infected and fly ridden, and some were gangrenous. The whole thing was very confronting. I hadn't been involved in a lot of traumatic injury prior to that, so the experience wasn't at all as simple as filling the role of medic in a hospital ward environment. I wasn't prepared for this at all.

INTERVIEW: Flight Sergeant Frank Alcántara, 10 May 2010

The flight taking the replacement contingent to Rwanda in January 1995 itself had been a bit of an interesting adventure. This was because the aircraft that had been chartered from Tower Air was an old Boeing 747 that had been used for cargo lift, and it had been very quickly got together as a passenger aircraft. I still remember we were somewhere over the Indian Ocean when cracks started forming down the plastic on the roof of the aircraft, and we thought, 'This isn't good.' We were expecting to decompress any second, and the next thing we knew, all the oxygen masks that the aircraft held dropped out—all 400 of them! Everyone had a bit of a laugh and we eventually landed somewhere and a quick service was done on the aircraft before we flew on to Nairobi, and eventually Kigali. We arrived a day late because of that.

We ended up in Kigali at three o'clock in the morning. The infantry forming the protection element of the first Australian contingent was at the airport to meet us, and we were put on the back of trucks for the start of our big adventure. That drive through what was obviously a war ravaged city was itself memorable. There was clear evidence of destruction wherever we looked—from mortar shells, bullet holes, the lot. In places there were dead bodies on the sides of the road. The smell of the place, plus

the humidity and the tropical environment, and not a soul to be heard—it was quite eerie actually. It felt as if we were being watched all the way.

We were taken to an old army barracks just over a small hill from KCH, probably no more than a five minute walk away. At that stage the first contingent was still at work, so some of them were on duty up at the hospital and the rest were still using the barracks which eventually we would be taking over. Until then we had nowhere to sleep, so our back packs were hastily taken out of the trucks and we just slept on top of those. We were only asleep for about an hour, or an hour and a half at the most, before the sun came up. Then we were marshaled in to see our fellow medics and doctors that we were replacing, and a very, very quick hand-over followed—pretty much along the lines of 'Well there you go, thanks a lot and see you. Enjoy the next 6-12 months.' All done in about half and hour.

The hospital, it turned out, was split into two. The UN component was on the left, running along the main road, the MSR, while on the right hand side there was the civilian component. They were two very distinct and different places. One was basically a sea of misery, with five, six, seven patients on each bed—obviously not very well treated, because most of the nurses and doctors had been killed in the genocide. On the other hand was the UN hospital, and there we would have a long line of people waiting for attention on a regular basis. There would be people coming in from massacres, which were an every day event, and we'd also be treating mine victims—probably three to four of those a day, easily.

I found I had three jobs. I was a pathology technician, doing all the microbiology testing, but I was also part of the nursing staff, because we were down on nurses. And, of course, being Air Force I was also part of the rotary wing AME [aero-medical evacuation] crew. It was really just a matter of which one I got tapped on the shoulder for at any one time. It was certainly a challenge—a nightmare actually at times—but it's funny to say, if I had to pick a deployment that I would say was the most fulfilling then it was definitely Rwanda. Nothing will ever come close to what that place did professionally, in a good way, because we learnt a lot. But the inhumanity of what we saw that people can do to each other will also stay with us. We all came back very different people, and we still are.

Public executions were something that we all saw. Some dealt with it better than others. Most of us were held up at gunpoint at one stage or another, usually by the ill-disciplined 'boy soldiers' of the Rwandan Patriotic Army, the RPA. I had serious altercations with them on two occasions. On one these, a driver and I were tasked to go to Kigali airport to pick up some urgent blood supplies coming in on a UN flight. Arriving at the airport, we stopped at the RPA checkpoint (as we had on many occasions) and expected to be waved through as usual. On this day's trip, however, we were stopped by gun toting young Lieutenants of 13-14 years of age and asked to hand over our weapons before entering the airfield.

As per our SOP [Standard Operating Procedures], we told them we could not, and once again asked to be let through. 'Look,' we said, 'here are our permission papers to enter the airport, and, look, we are wearing Red Cross brassards! We are just here to pick up medical supplies and nothing else. There is the aircraft that has our supplies.' We said this while pointing to the big white aircraft with 'UN' painted in black on its tail. At that stage, weapons came through the windows of our 4x4 110 Landrover and were pointed directly at us.

Having AK47s—fully loaded and cocked, with safety catches off—pointed at your head has an effect that never leaves your memory. To this day, I can still see that RPA boy soldier, pointing the muzzle of his weapon at my left temple, and out of the corner of my eye seeing him flicking the safety catch on and off again, on and off, while also moving his finger in and out of the trigger guard. I'm sure my driver also had similar thoughts. We remembered our training and calmly kept explaining that we were simply there to pick up supplies. We adopted non threatening postures, and kept our hands off

our weapons to show we were peaceful. I have to admit, though, that throughout the whole event, I kept the corner of my right eye on my Steyr sitting alongside me, just in case I did need to grab it.

Our position seemed grim just then. Time seemed to slow down at that point, so I am not sure how long it took before we talked our way out of the situation—maybe one, perhaps two hours? We kept our cool and our heads, just kept reaffirming that we would not surrender our weapons. Eventually we were able to safely reach across to the radio and call for some support. Then we put the Landrover into reverse and parked some 50 metres away, to await the arrival of the Australian Security Detachment. I quietly lit up a cigarette, followed by another, and waited with my mate next to me, till the infantry detachment arrived. This turned out to take some time, as they themselves had been caught up in some sort of emergency situation. To this day, I am convinced we were just lucky, plain and simple!

The second occasion occurred after I set off one morning, with a fellow medic, to walk from our accommodation up the road to KCH. We had used this same route for the last few months, but this morning we were stopped by the front gate guards and warned that there had just been some sort of incident involving an RPA patrol and a Rwandan civilian. Apparently the civilian was shot after trying to flee, and had crawled up the road to get away. This much was evident from the blood trail in front of us. 'Take care, doc', the boys told us. 'There's something still happening up there!'

Taking their advice, we checked our weapons and kit before proceeding on our way. As we reached the top of the hill, we soon found out what was happening. The blood trail had abruptly stopped near the razor-wire leading into the RPA compound, and probably only some 50 metres away was the civilian on his knees, bleeding profusely, with a young RPA soldier pointing a pistol to his head. To this day, I can still remember the eyes of that RPA soldier, making direct contact with mine, and at the same time pulling that trigger. The Rwandan's body crumpled to the ground and that was it. We continued walking to KCH and there reported the matter to the authorities. There was nothing else we could do. In Rwanda, we used to refer to ourselves as 'toothless tigers', because under our ROE [Rules of Engagement] we could see someone killed right in front of us and we couldn't do a thing to stop it unless we were directly threatened.

I believe that incidents like the ones I experienced were probably aimed at goading the UN forces, and the Aussies in particular, to retaliate. Personally, I think the RPA was just 'gunning for a fight'. We didn't give them that opportunity. It didn't seem to me that the Rwandan Government, or the local people, especially appreciated our help. At first they used to refer to us as 'Musungu kinini', which we eventually found out meant 'White trash'. As they started to get to know us, particularly the people themselves, they realised that we had no hidden agendas and we were there simply to help them. I sometimes wonder how they are today—that is, the ones we did help. Would they be alive?

The big massacre at the Kibeho refugee camp happened while I was in Rwanda, and we did have a few RAAF people in the camp when it all unfolded but I wasn't one of them. I had volunteered to go with the team being sent to visit Kibeho, but I was asked to stay behind at KCH to provide both AME cover on standby and continue working in the Pathology Department. In the days after the massacre, we received a steady and increasing load of casualties coming in with the most horrific wounds imaginable. To this day, I cannot look on a machete and not think about the amount of damage it can do to a human body. It knows no boundaries, and definitely does not discriminate between babies, children, adults or the old.

Some time after Kibeho, the unpleasantness towards the UN began to build in Kigali, to the stage where we had a mass demonstration in which the local people surrounded the compound that we were living in. There were only about three hundred of us, and there were thousands of them. They had machetes, guns, clubs, the whole lot, and we were there basically ready to shoot. If you've never done that before, then you always sort of wonder whether you can do it. I was thinking at the time, 'Oh, this is going to be over pretty quick. If something happens then we're not going to last very long

here.' It certainly seemed to me that we were about to experience something similar to the Belgian peacekeepers who got hacked to death.

It was a bit unfortunate that no-one in the ADF who spoke to us when we got back, or the wider Australian community for that matter, had any idea of what we had gone through. A few of our peers even managed to alienate us with comments like 'I suppose you all feel that you are something special, don't you?' or 'Here we go, another Rwanda story...'. Many of us stopped talking about Rwanda completely, and just bottled up our feelings. In some cases I know, people felt ashamed of having survived the whole business, simply because so many hundreds of thousands of civilians didn't.

INTERVIEW: Flight Lieutenant Kathleen Pyne, 30 March 2010

Fortunately for me, Rwanda was a positive experience. For many it wasn't, and there are many people suffering from post traumatic stress disorder as a result. I saw some hideous things and suffering in Rwanda, but the experience really made me grow up. Because it allowed me to help people, I felt that I'd been able to make a difference in this world, even if it was helping to save the life of only one individual.

In Kigali, we were housed in a military training compound and each day we used to walk over to the central hospital which was next door. Where we lived, we were housed in these little rooms that were absolutely putrid—even after we had scrubbed them. I'll never forget that the mattress on the bed was just a thin bit of old foam, and so disgusting you wouldn't even put your dog on it. Each room had a shower recess, which was handy as we had to wash out of a bucket. That was a challenge, because we had to go down three flights of stairs to get water, and then bring that back up to our room. Thankfully the loggies [logistics people] eventually brought a big barrel upstairs, so then we only had to go outside our door to fill our bucket. We needed a bucket of water to flush the toilets too, so that was another trip down the stairs we were spared.

We did a lot of shift work, and it was constant. But while we were flat out, it was a fantastic experience at the same time. I mean, we were doing all the clinical stuff we had been trained to do—lots of dressings, and lots of antibiotics. We had several cerebral malaria cases, as well as all the trauma patients we were faced with. It was very demanding, but very rewarding too.

We treated lots of civilian patients as well as military people. The rest of the hospital in which we'd set up was very poorly equipped. People were literally just lying on beds, suffering and rotting, it was quite tragic. We were essentially there to support the UN patients, but we couldn't ignore humanitarian cases, so we had many civilian patients as well. The ones that stand out in my memory were the children, I guess, because they were often there for a long time recovering. We had lots of people with dreadful injuries from mine blasts. They'd come in with amputations and would need skin grafts, they'd have drains in and that sort of thing. There are some really sad stories, but some really lovely ones as well.

On the day of the Kibeho massacre, we got a call to say that it had all turned nasty at the camp down there. I was given 20 minutes to be ready to go by chopper, so I ran over to my room and threw some essentials into my pack. When we got to Kibeho we weren't allowed to land in the camp straight away, because it was too dangerous. The Zambian battalion serving with UNAMIR had a company at Kibeho, and we ended up meeting with our Australian team in the Zambian compound at about midnight. They had been there throughout the entire massacre, and reckoned there was somewhere in the vicinity of 10 000 killed that day. The Rwandans later claimed there were only several hundred dead, and there was a major cover up.

The infantry guys protecting the medical staff had been ordered not to shoot back, which was very sensible really. Had they used their weapons against the Rwandan Army, they would have been killed because they were far outnumbered. Our guys were mainly young soldiers, and would not have even seen a dead body let alone been exposed to watching people being chopped up in front of them. Some ended up digging big pits and burying a lot of the dead as well.

When I met up with our team, there were a couple patients in the back of an ambulance with Captain Carol Vaughan-Evans, who was leading the medical section, and another team member. One of the patients had been shot in the face, and the other guy had been hacked with a machete and had his bowels hanging out. They also had a little girl who they'd hidden up in the storage rack. Her arm had been bandaged to pretend she was injured, so that she could get out of there. The Rwandan Army checked the ambulances to ensure that it was only patients being moved, and that we weren't trying to smuggle people out, so that's how that little girl's life was saved.

It was a bumpy road trip that night, and we were bounced all over the place in the ambulance and here was this poor fellow with his bowel hanging out. It was hideous and very painful for him. We had IV fluid up on a drip, but that ended up pouring all over us, because the roads were so appalling. The guys who had been through the day's tragic events were in incredibly good spirits. I think they were just high on adrenalin from what they had seen and everything, but again they had been able to help—we had some patients as proof of that. As I said earlier, a lot of people from there ended up with post traumatic stress disorder.

We went back on the following day, and the thing that really struck me was the smell. The odour of Kibeho is something I'll never forget. It was like a junkyard with rotting flesh, utterly repugnant. I hope I never have to smell it again. We went back for ten days, so each day it was like, 'Oh God, I've got to go back to this horrible place.' Having said that, you have to consider that there were people actually living in those conditions. Like, I was only there temporarily. I wrote in my diary that it was 'hell on earth.'

The first day we went back there, there were bodies. I remember there was a fellow with an axe in his head. And then I had to go and use the toilet, which was a pit-type latrine. The desperation of these people the previous day had been such that I found a mother and her baby looking up at me from down in the latrine. Of course, I went out again and said, 'Somebody get those people out of there', but that's when it really hit me that this was something really horrible.

(AWM image P02211.033)

Casualty Clearing Post at Kibeho several days after the massacre. The female at centre is Flight Lieutenant Robyn Yeo.

We had to do the rounds of the compound, decked out in flak jackets and helmets, carrying rifles and wearing gloves, and choose who we were going to take back for treatment, and then try to get out of there. That was difficult, because there were injured people looking at us with pleading eyes, but there were cases where really we were not going to be able to do much for them. There was one fellow who had been shot through the spine and we were not going to be able to repair that. Another had been shot in the femoral artery—essentially they gave him a good dose of morphine and covered him up.

(AWM image P02211.030)

Bringing in a wounded refugee for treatment at the Kibeho CCP; FLTLT Yeo at front right.

Another man had his hand cut off. We did end up taking him back, but all we could do for him was transport him to the Tarai hospital which was overcrowded anyway. Patients we took there wouldn't get antibiotics or anaesthetics, just sat in hallways waiting for treatment. I guess it was some hope. That's all we could give them, a little bit of hope. We were handed tiny babies, lots of them newborns, and we would load them on the back of our Unimog vehicles. We'd be thinking, 'Where are these babies going to end up?' and 'Who's going to look after them?' It really was out of this world.

There was another guy who'd been hiding in the roof of a building, and as we went by he came running out and tried to get on the back of the truck. From memory, I think I helped him up onto the truck, but Rwandan soldiers stopped us and took him away and shot him. I didn't have a chance to put a bandage on him to make him look like a patient. We did what we could, but things like that we just had to live with. We couldn't save everybody.

I guess the amount of cruelty we witnessed in Rwanda is difficult for us to come to terms with, and I don't think I'll ever understand that. How can anyone machete children? We found people on the side of the road who had both Achilles' tendons severed. They couldn't walk, and there was nothing we could really do to fix them either. It was just wanton cruelty. It was horrendous, and there are things I still don't like dwelling on.

By the time our six months were up in August 1995, we'd had enough. Because we were the last rotation, we had to pack up as well. We had to clean everything and prepare it for return home. Our patients were transferred across to the Kigali hospital. That was hard, and a bit frustrating, because we just didn't feel like the job had been finished, that there was a lot more we could do. So the end was a bit of an anticlimax, but that's the nature of the operations that we do.

LETTER: Squadron Leader (later Air Commodore) Tracey Smart, 26 May 1995

The fateful day of 22 April was a real turning point for us. We had people on the ground and in the firing line as the massacre occurred. They were hairy times as the thought of our comrades in danger of their lives was something most of us had never experienced before, despite our numerous years in the military. This war thing is pretty heavy shit, but the main problem for our people was that it wasn't a war. In a war, grown men don't slaughter mothers and babies, grinning while they drive a bayonet through their skull. In war, our infantry guys are not forced, because of a UN mandate, to sit by and watch these events occurring. The horror my friends experienced was exacerbated by their feelings of utter helplessness and has caused many problems for them over subsequent weeks as they dwell on those they couldn't save, not on those they did. Who knows what the RPA would have done if our people weren't present to witness those events.

My involvement in Kibeho was not as dramatic as that of my colleagues splashed across the news. Quite honestly, I wish I had been there to experience it first hand and to test my clinical skills in a mass casualty scenario. I ended up as the only line MO [Medical Officer] at the hospital that weekend as we had two deployed down to Kibeho and one in Nairobi on AME [Aero-Medical Evacuation]

duties. The OC [Officer Commanding] was tied up in meetings all day but the specialists were very helpful. Despite this, I was a tad busy, covering AME, the Ward, KCH, RAP [Regimental Aid Post] and Resus [Resuscitation]. We eventually received six casualties from Kibeho. I organised recall of all staff and we basically all did a hell of a job despite severe staff shortages in key positions.

I was in charge of the Priority 2 patients and spent most of my time on young Buregeya who's about 8 and a beautiful kid now. That night he was a dirty, smelly, sick little boy who had stopped breathing twice on the chopper on the way here. I also got to do some warry stuff like put in a chest tube, exciting times. On the Sunday I was still by myself and had the added burden of an AME in a Hercules [transport aircraft] to Butare to pick up other patients from Kibeho. It turned into a non-event though, as we couldn't land—

the strip was too short to allow us to take off again with any passengers. We were disappointed not to be able to do our bit but perhaps also a little relieved—God knows what we would have faced. We often pondered our reasons for getting involved in Kibeho and especially whether our people should have been placed in that high risk environment. After all, 4-5000 people died and we only saved a few definites.

One of the specialists told us a story a few days before which was particularly relevant when we pondered the big question as to whether it was worth our people risking their lives to save so few. A beach is strewn with dead and dying starfish, drying out in the sun. A man is walking along the beach and sees a little boy throwing some back in. 'Little boy,' he says, 'why do you bother throwing back the starfish? There are so many and most will die.' The little boy picks up another starfish and throws it in saying, 'That one will live. That one will live...' as he keeps on throwing them back in. So on that fateful day we saved six starfish at the hospital alone and for those it was worth the effort, even if they do get washed up again on the next high tide.

My other involvement with Kibeho came two weeks later when I finally deployed down to the camp as OIC [officer in command] of the fourth CCP (Casualty Clearing Post). They sent the Captain equivalents first to give them experience—too bad about my experience but at least I got to go in the end. I actually flew down there the day before when I went to medevac a young boy with burns back to AUSMED. What a first impression! We flew out of brilliant sunshine and vibrant green pastures and landed in the midst of black earth, grey skies and complete desolation. At first there was no one to be seen but then the little Zambian Battalion guys appeared, their blue UN flak jackets and helmets adding a splash of colour to the bleakness. It was just like in the movies; they appeared from nowhere and made a cordon around us.

The camp from hell was clearly visible from miles away by road as well, a black scar across several hillsides, and the road leading up to it was a chilling sight. Everywhere were scattered human belongings—discarded clothes, shoes, cooking and eating utensils—things you don't normally leave behind if you're a poor displaced person. These people obviously left in a hurry, if they left at all. As we drove up onto the ridge where so many had met their doom, we were speechless. Rubbish was strewn everywhere and the deserted humpies gave the place the air of a ghost town. This wasn't some historic battle site but the devastation of only two weeks before.

Entering the compound where the remaining IDPs (Internally Displaced Persons) were housed was also an experience. How does one describe the depths to which humanity can sink? A thousand people crowded into a courtyard, living among their own excrement; dirt, filth, stench; quiet, staring, fearful faces and defiant, arrogant ones; amongst it all, amazingly, a glimmer of hope. Smiling, waving children; inquisitive elderly folk; families arguing about leaving; mothers washing babies and their own hair; clean clothing hung out to dry; cooking fires. It was a scene like no other I have ever experienced, nor probably will again.

(AWM image P02211.017)

Chaotic scene inside the refugee compound at Kibeho two weeks after the massacre.

SQNLDR Tracey Smart (left) with colleague at Kibeho, May 1995

We saw relatively few patients and so our focus, with the infantry, was to try and talk people out of the compound. It was emotionally and mentally exhausting, due to the frustrations in nearly having a person out, only to have them stopped by Interahamwe, and physically due to the need to wear helmet, full webbing and flak jacket. We also had to take full precautions against disease—two pairs of gloves, washing of boots and hands after leaving etc. Despite assisting over 400 people to leave the first two days, we really thought we would never move the last as only the core Interahamwe were left. However as we drove into the camp on the day before we were due to return to Kigali, all we could see was a long line of people lined up for registration and more and more families streaming out. By 1000 hours the compound was all clear—over 530 people just decided to up and leave.

I believe talks the day before by former IDPs who have now returned home to their compounds convinced many people and that their leaders must have decided overnight to take a chance. We felt we could all take some credit as well, and felt very proud that we had actually done some good for these poor destitute and frightened people. Of course what happened to them later is anyone's guess. It's weird to say but it was a great few days despite the filth and human degradation, especially because we achieved such a positive result. It was also great to get away. I certainly needed it and the Med Coy personnel all agreed we'd rather spend another week in that cesspit than return to the hospital, which says something in itself.

I'm currently hanging out for my long leave when I'm off to Zimbawe and Botswana, which should be wonderful. I'll really need a break by then as this has been far tougher than I'd ever imagined. I enjoy the clinical challenges still, interacting with the kids, and visiting the Mother Theresa Orphanage where the nuns have the most amazing philosophy on life. I also enjoy the opportunities to learn more about the Rwandan culture and to try in some small way to understand these quiet, gentle people who can give you a friendly smile and a Rwandan reverse nod greeting one minute and can be transformed into violent and barbaric killers the next. Currently they have a strong anti-UN campaign going—vehicles are being stoned and we had a huge protest outside our compound a couple of weeks ago.

We also do a hell of a lot of good here. Sure a lot of it is only bandaid work, and we are doing nothing to help the country as a whole by our efforts at the hospital. They won't even give us the opportunity to help teach them over at KCH, they'd prefer just to hand us their problems to deal with. However each person's life we save, or each kid's quality of life we improve, must be worth something—more starfish saved I guess. My motto which helps at times when the politics etc becomes just too bad is 'We're here to help, and we're doing a good job'; corny but true.