



Rwanda redux

We wish to inform you that tomorrow we will be killed with our families: stories from Rwanda

Philip Gourevitch

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When the Hutu Power government of Rwanda instituted a policy to massacre the Tutsi minority in 1994, the Hutu population readily complied. In a country whose citizens traditionally deferred to authority, and whose hierarchy of civil servants and religious leaders was obedient and cowed, the killing was speedy, efficient and low-tech. Inflammatory propaganda and continuous exhortation by community leaders incited huge segments of the Hutu population to murder their demonized Tutsi neighbours. Having lived side by side with Hutus for centuries, most Tutsis knew it was coming; for most of them, there was no escape.

Tutsi pastors in one community sent a letter to their church president, a Hutu, asking for help. It contained the surreal and desperate phrase that became the title of Gourevitch's book. But no assistance ever came.

Eight hundred thousand murders later, after the Hutu Power leaders and their Interahamwe militia were routed by the Tutsi Rwandese Patriotic Front to refugee camps throughout Rwanda and neighbouring countries, a whole new set of problems began. Hutu Power cadres coerced or scared their own families and even entire communities of Hutus to flee with them to the camps. Once there, the cadres regrouped and took control. Belatedly, the international humanitarian assistance machine swung into motion. Now, after the difficult and often violent repatriation of the refugees, the mammoth tasks of resettling refugees and bringing the killers to justice continue.

Philip Gourevitch, a journalist and staff writer at *The New Yorker*, has pro-

vided a well-researched account tracing the social and political elements that led to the genocide, the mass migration of millions of refugees and the difficult process of returning them to their homes. His book conveys a fair amount of historical information, although understandably less than in more academic texts. Poignant personal testimonies, as well as interviews with political and military leaders and humanitarian aid workers, create a gripping and humane narrative intended for a wide audience. Writing from the vantage point of four years after the genocide, he makes abundantly clear what Western politicians and media first distorted and now seem to have forgotten: that Hutus were the perpetrators of the genocide of the Tutsis, and that the international community utterly failed to intervene.

Gourevitch's book poses questions for which there are no simple answers. What was the force that moved people, including physicians, to kill their neighbours? For many, it was terror, a "kill or be killed" hysteria. For others, it was a sullen obedience to orders from above. For some, like Théodore Sindikubwabo, a professor of pediatrics and the interim president of Rwanda during the genocide, it was dumb ambition and eager opportunism. An easily manipulated puppet of the Hutu Power extremists, he delivered inflammatory speeches in the Butare province and elsewhere that helped push the genocide into full swing. Gourevitch's interview with him, con-

ducted on Sindikubwabo's estate in Zaire, where he is president of the dubious "government-in-exile," is particularly compelling and depressing.

Gourevitch also explores attitudes toward the best way to punish the guilty. Interviews with Paul Kagame, the pragmatic vice-president of Rwanda and head of the armed forces, are enlightening. It is certain that all the guilty will never be punished, but before forgiveness can be realized, justice must be done at a minimum, and however symbolically, by prosecuting the leaders. For the rest of the perpetrators, the government encourages reconciliation through repentance. The story of an admitted Interahamwe killer who returned from a refugee camp in Zaire to his home village, and the Tutsi survivors who accuse him of killing dozens of their extended family, is especially fascinating. The resurrection of civil society in today's Rwanda, where both victim and perpetrator live together as before, is a postgenocidal situation unlike any other seen this century. It will surely have heavy implications for future political stability and emotional healing.

Gourevitch has few kind words about the United Nations' presence during the genocide and in the refugee camps. He isn't the only one. Canadian Major General Romeo Dallaire, in command of the UN Assistance Mission in

Rwanda, was frustrated by the Security Council's severely restricted mandate for the peacekeeping force; his troops could only watch as Rwandans were slaughtered before their eyes. If governments were not prepared to put their military units at risk, Dallaire said, "then don't send soldiers, send Boy Scouts."

The actions of humanitarian aid agencies in the refugee camps had more merit. This is one of the few issues on which Gourevitch is excessively nega-





tive and loses an otherwise balanced viewpoint. It isn't difficult to be cynical about the aid circus that was set up after the genocide; different agencies were falling over each other to, as former Médecins sans Frontières President Rony Brauman put it, "organise the spectacle of compassion." It is also virtually impossible to be apolitical in crises brought about by political circumstances. But Gourevitch rails

against the provision of aid to the Hutu Power *génocidaires* ensconced in the camps, manipulating the good will of aid agencies and using their families and other true refugees as cover. Given the difficulty and danger of screening out these elements from the camps, it is better to err on the side of charity. Not even criminals should die of cholera.

In the end, Gourevitch leaves the reader with only a sombre hope for

Rwanda. The tasks of atonement and rebuilding are enormous. But as a highly-charged and very readable account of the genocide and later events, the book will succeed in raising awareness and indignation about this monstrous tragedy.

Christopher Andrews, BSc

Mr. Andrews is a final-year medical student at McMaster University. He visited Rwanda in the fall of 1997.

Room for a view

Chiapas: a state of health in a state of siege

We had already been travelling since 4 am when we were stopped by the Mexican military midmorning. It was the same drill for many foreigners crossing through the backroads of southeastern Chiapas: Where are you going? For what purpose? Do you speak any Spanish? When will you be leaving Mexico? As the human rights organization in San Cristobal de las Casas had instructed us, we played the role of simple gringos headed for a tourist destination beyond "the region." Our blank expressions seemed to convince the tallest of the heavily armed pubescent soldiers that we were oblivious to the political, economic and social reality of the area. As it turned out, we were.

Mexico's southernmost state is undergoing a "low-intensity war." This armed conflict between the government forces of the PRI (Institutional Revolutionary Party) and the indigenous rebels (named "Zapatistas" after Mexico's famed father of the revolution, Emilio Zapata) erupted officially Jan. 1, 1994 — as it happens, the same day that the North American Free Trade Agreement came into effect. The peace accords of San Andres, signed by both the government and the Zapatista Army of National Liberation (EZLN) in 1996, ostensibly granted the indigenous people the right to self-determination. This has not been respected; already, three of the newly declared autonomous regions have been dismantled by the government, with disastrous consequences for the local population. The



Tanya Zakrisson

A medical clinic typical of the autonomous zone. The façade is decorated with portraits of Ernesto "Che" Guevara, the Argentinian physician who led the Cuban revolution, and Emilio Zapata, Mexico's independence hero.

death toll mounts, as does the number of displaced people, in parallel with increases in government troops and state security personnel.

As a student of the medical sciences, I have always felt passionately about international health, an interest I pursued through campus groups and graduate-level research in tropical medicine. I studied in Cuba at the Universidad de la Havana in 1995, and the following summer I worked in São Paulo, Brazil. I became fascinated by the role of international economics and fiscal modelling in determining who on this planet has access to health care and who does not. Mexico seemed to present another

model to explore in the summer of 1998.

Jarred by the three-and-a-half hour ride on the back of a flatbed truck, we arrived at the Tzeltal municipality of Francisco Gomez, one of the 5 agascalientes or autonomous zone capitals that serve as a base for meetings, debates and festivities for the 100 or so communities nearby. A multitude of foreign observers come to the region as anti-assassination devices, reminding the military that their every move is being documented by international eyes and telephoto lenses. This seems to deter the blatant violence that has been inflicted on communities sympathetic to or allied with the EZLN, but seems to have little