“There are no devils left in Hell,” the missionary said. “They are all in Rwanda.”
Rwanda: An Ethical and Leadership Challenge

Colonel Graham Durant-Law CSC
A Caveat

‘Make a round of the troops immediately after a battle, or even the day after, but before the reports have been drawn up, and ask any of the soldiers and senior officers how the affair went. You will be told what all these men experienced and saw, and you will form a majestic, complex, infinitely varied, depressing and indistinct impression; and from no one – least of all the Commander in Chief – will you learn what the whole affair was like.’

Leo Tolstoy – Writer
Ethics, Leadership and Decisions

All are intrinsically related
Ethics and Leadership

• Ethics are as much an attitude as they are a set of values, skills and knowledge.
• The focus should be on decision making, not on issues of ethics in isolation.
• Operations will always pose ethical dilemmas.
• Leadership is required to resolve the dilemma.
Ethics and Decision Making

- Ethics are reflective of societal norms and vary within society and groups.
- Ethics are not constant – they will vary from society to society, and group to group.
- Do not expect your adversary or your own colleagues to apply your own ethics to their decisions.
- Decisions are developed within an attitudinal framework.
Leadership Challenges

Ethical dilemmas create leadership challenges. Poor decisions create ethical dilemmas.
The right force mix?

- Primary role – provision of health care to 5,500 UN troops who were in support of UNAMIR II.
- Secondary role – Assistance to the people of Rwanda from within any spare capacity.
- Medical Company comprised 93 individuals from 29 different medical units from all three services, regular and reserve.
The right person for the job?
What does spare capacity mean?
A Clinician’s Ethical Dilemma

“Justin an RPA soldier who allegedly shot himself was my patient. He has fluctuated for the last 14 days. Today he seemed well. Then at about 10:00 am he dropped his blood pressure and saturations and then stopped breathing. I bagged and requested assistance. The resus began and the thought of stopping all treatment was considered. Then after only 50 mls of Haemacel he responded. When I left in the afternoon he was responding well to commands and appeared orientated... He died 3 days later.”
A Clinician’s Ethical Dilemma

“... enough is enough and we allowed her to die. Unfortunately no active assistance, eg morphine, was given and it took her another good 40 minutes to die. ‘Jane X’ was visibly upset with the anaesthetist – she is a real believer in active assistance and dignified death.”
Dealing with own troops morale?
A Staff Officer’s Dilemma

“It is understood that a health facility will inevitably be presented with clinical situations which ethically should be addressed regardless of policy… In missions such as this there is a point where the capabilities of clinical practitioners can exceed the planned logistic support to the mission. It is important that health planners and unit commanders appreciate this fact during the assessment of unit tasking.”
Kibeho: An Ethical Vignette
A Summary of Events

- IDP Camp of about 100,000 people.
- Haven for thugs.
- Failure of OP RETOUR.
- Night 17/18 Apr 95 - RPA cordon and clearance.
- 19 Apr 95 - AS MSF elements deployed.
- 22 Apr 95 - massacre... (AS body count 4,000 plus; official UN position 2,000 plus; Rwandan Government 140)
- 9 May 95 - camp closed.
- Nearly the entire unit rotated through Kibeho
- Four Medals of Gallantry awarded for actions on 22 Apr 95.
A Private Soldier’s Perspective

19th April 1995. “We drove into Kibeho and it was like a ghost town. The whole place was empty. Then we saw them like cattle in a feedlot. They were cheering us like we were great, white saviours. I can’t imagine the disappointment they must have felt when they learnt we couldn’t help them.”
An Infantryman’s Perspective

22nd April 1995. “When the RPA made their sweep of the area killing people, I stood in a bunker watching hopelessly and in disbelief. I could see a company of RPA descending the hill towards us and they were armed to the teeth. When they were level with our bunker a lot of them cocked their weapons and faced us. My mate and I prepared to defend the bunker. It was the first time in my life that I thought that I was going to die …”
23rd of April 1995. “The camp was almost cleared. The damage had been done the night before. We walked through to do a body count. There was no cheering today.”
23rd of April 1995. “... but the incident I remember most was a mother with a small baby tapping my rifle then tapping her baby’s head in what I believe was an attempt to get me to shoot her baby. It was then that I realised how desperate these people were.”
Ethical or Not?

- To engage or not to engage at Kibeho.
- Use of the hospital as a HUMINT source.
- Conflicting objectives
  - NGO Vs Military
  - To feed or not feed the children at Kibeho
- Mission creep – support to the UN vs humanitarian assistance.
  - Limited resource expenditure at the hospital.
  - Operating theatre capacity.
  - Impact on patient care in the ICU and wards.
“Soldiers are sworn to action; they must win some flaming, fatal climax with their lives. Soldiers are dreamers; when the guns begin they think of fire lit homes, clean beds and wives.”

Siegfried Sasson 1918
The Toll

- 674 soldiers, sailors and airmen served in Rwanda in two contingents from Aug 94 to Aug 95.
- Just over 50 have ongoing psychological problems requiring periodic assistance.
- Three are semi-permanent residents of psychiatric hospitals.
- Most have left the ADF.
“This is the beginning of the final days. This is the apocalypse.”

A Resident of Goma, Zaire

Trampled refugees at the Rwandan border