Rwandan Health Care Corruption and Inequality

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Corruption. Brutality. Disparity. Health care problems in Rwanda mirror the overall state of inequality that exists throughout the country. While Rwanda receives substantial amounts of aid money each year -one of the most aid dependent nations in the world- the gap between rich and poor segments of the population diverges. As previously demonstrated, foreign aid flowing into Rwanda has the perverse effect of enabling Kagame's regime to maintain power and repress true democracy rather than improving the lives of Rwanda's poorest citizens. Rwandans have an average life expectancy of 55 years old (World Bank, 2011), and an adult male has a dismal 22.9% chance of reaching age 65 (Nationmaster.com).

Background

President Paul Kagame is a member of the minority Tutsi population and spent most of his life in exile in Uganda. He returned to Rwanda in 1994 as the leader of the Rwandan Patriotic Front, or RPF, the current ruling party that took over post-genocide. Like Kagame, most returning Tutsis settled into urban areas of Rwanda. However, most Rwandans live in rural areas, and most of this rural population is Hutu. While Hutus are the vast majority (85%) of the Rwandan population, their voice and economic power are stifled in the name of political stability by Kagame's authoritarian regime. Kagame has largely composed his elitist Tutsi government with other former exiles that did not grow up in Rwanda and are unfamiliar with the rural issues facing the countryside. More than that, they seem to be unconcerned with rural plight and

poverty as long as they can maintain the façade of economic progress while continuing to enjoy their own lavish lifestyles (Nyamwasa, Rudasingwa, Karegeya, & Gahima, 2010).

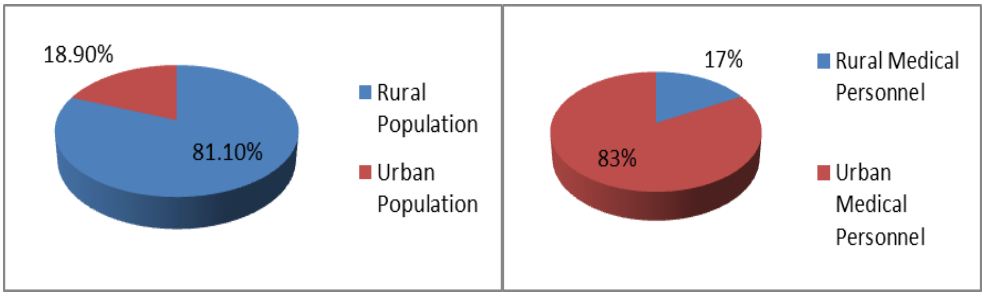
There are laws in place to prevent the poor from even entering Kigali. For example, a law in 2006 outlawed the use of plastic bags in the capital city. At a glance, this seems to be a positive environmental policy. However, the true intent of the law is more sinister. Another law simultaneously enacted prohibited bare feet in the city. Poor Rwandans do not typically own shoes, and other countries' poor citizens have gotten around the "no shoes" law by wearing plastic bags over their feet. Since plastic bags are now outlawed, this is no longer an option for Rwanda's poor, and they are effectively banned from the city (Endless, 2010).

Foreign visitors to Rwanda are guided along a state-approved tour of Kigali and prosperous surrounding rural areas designed to demonstrate how far Rwanda has come since the genocide by exhibiting citizens thriving under the current regime. While most rural citizens live in extreme poverty, these impoverished communities are conveniently left off the state approved tours. These tours heavily emphasize the 1994 genocide, but fail to include Hutus as victims of the genocide, despite overwhelming and definitive evidence to the contrary. The state sanctioned version of genocide history is purposely manipulated to feed the guilt of the international community for its inaction, to reinforce Kagame's rule, and to portray Tutsis as the sole victims of 1994's tragic events (Endless, 2010). This cycle of oppression, rewritten history, and victor's spoils is unfortunately nothing new for Rwanda and, until the cycle is broken, there will always be the underlying potential for ethnic resentment to once again manifest itself into full blown conflict (Nyamwasa et al, 2010).

Disparities in Urban/Rural Healthcare

While President Kagame presents his country as a shining example for progress and growth in the developing world, Rwandan citizens do not consistently have adequate access to health care resources. Medical care is fragmented and often unattainable, particularly in rural areas of the country. Rwanda receives substantial foreign aid to enhance living conditions, but often these funds do not end up going to those most in need (Cooke, 2011). It is a classic case of the rich getting richer while the poor get poorer. The urban population consistently enjoys higher living standards and access to medical care compared to those in rural areas. The majority of the population residing in these locations is Hutu, and rural Hutus are the poorest citizens of the country. These already deprived citizens also have the most limited access to health care services and personnel. Only 17% of medical personnel work in rural areas while the remaining 83% work in urban locations (HRRF et al, 2009). This figure is especially poignant when, according to the World Bank (2012), 81.1% percent of Rwanda's total population resides in these underserved rural areas. Therefore, a little less than 19% of the population has access to 83% of health care personnel. According to Sahn and Stifel (2004), this "urban bias" leads to higher rates of infant mortality and malnutrition of adults and children and decreased access to contraception, lifesaving medications, and neonatal care.

Inverse Relationship of Population and Medical Personnel



The gap in health care standards not only applies to the number of health care workers in a given area, but also applies to the skill mix of health care workers in that area. In other words, a province or district may have an adequate number of health care professionals on paper but lacks the necessary diversity of skills to treat the array of issues present in that population. As previously mentioned Rwanda has high rural poverty levels and has an average life expectancy of only 55 years old. Estimates show that Rwanda would have to increase its number of health care workers by 140% to meet the basic medical needs of its citizens well enough to significantly increase quality of life standards as well as raise the national average life expectancy. One factor that is likely to further complicate medical access in the coming years is the average of age of specialty doctors in the country. 58% of specialists are over age 50, thus there is a strong likelihood that future access to specialists will decrease even further than current level of inadequate availability (African Health Workforce Observatory, 2009).

A chilling example of Rwandan discriminatory health care policy is President Kagame's program to slow population growth by implementing a plan to sterilize 700,000 Rwandan men between 2011 and 2013. While Rwandan officials claim involvement is voluntary, the program has been widely criticized by human rights organizations for targeting poor Hutu citizens for coerced participation (Kambanda, 2011). This mass vasectomy policy has further been accused

of being a form of genocide with the primary aim being to limit the number of Hutu births. The law further calls for sterilization of those with developmental disabilities. This program's gross disregard for human rights echoes back to Nazi Germany and the quest for the perfect race (Survivors Network, 2009). While this is clearly not family planning policy to be lauded as a positive example for others to follow, Kagame was ironically featured as the keynote speaker at the London Summit on Family Planning (Kagame, 2012). Until the international community is willing to take a stance on this tyranny, the Kagame regime will continue to use health care as a tool to pressure and persecute its voiceless citizens.

Lack of Medical Access for Detainees and Victims of State Torture

According to Amnesty International's *Rwanda: Briefing to the UN Committee Against Torture* (2012), lack of medical attention for detainees is an intricate part of the torture and legal corruption present in Rwandan military detention facilities. Article 45 of the Rwandan Code of Criminal Procedure states that authorized law enforcement officials may hold a citizen suspected of terrorism without a warrant for a maximum period of 48 hours before either releasing or filing charges against him or her. In order for a detainee to be held past this time, a court date must be set for within seven days to determine if there is sufficient evidence to further hold and charge the accused. If there is insufficient evidence, the accused is to be released. However, once these prisoners are in custody, the 48 hour/seven day provisions are merely lip service. In practice, citizens in military detention facilities are often unlawfully held without warrant or due process for periods extending from a few days to up ten months before being given a trial or released. During this time prisoners are subjected to various torture practices including electrocution, beating, suffocation using plastic bags, starvation, and solitary confinement. Legal counsel and family contact are frequently denied during these holds, especially in the first 48 hours when

detainees are most likely to suffer torture or other abuses. Reports to Amnesty International from family members stated that their loved ones were at times unrecognizable due to the extreme torture inflicted by the military officers. The full details of these conditions may never be disclosed due to former detainees' and their relatives' fear of government reprisals if they speak out against the conditions and abuses within the facilities. However, every former prisoner that was willing to speak with Amnesty International stated that they had endured torture during confinement, and that they were given no medical attention or option to receive it while in custody.

Lack of medical care in military detention facilities is not only a human rights violation; it is also an obstruction to justice. Rwandan judges require medical documentation when a prisoner brought to trial alleges that torture occurred during his or her imprisonment, but none exists as a result of the lack of medical care. The medicinal requirement is a no-win situation for these victims: Without any medical attention or documentation, proof of torture is impossible. Prisoners further allege that torture is timed and performed in a way to not leave marks so that no physical evidence is left to show in court. Corruption of this type thwarts justice and hinders the truth. As long as these practices are tolerated, human rights violations and false confessions obtained during torture are further by-products of the inadequacy of the Rwandan medical system under Kagame's regime. Access to regular, independent medical attention in jails and military detention facilities should be required to avoid these types of human rights violations, and the Rwandan judicial system must operate independently rather than serve as a segment of Kagame's political machine. Furthermore, current Rwandan torture codes should be expanded to include cases of mental torture that are currently permissible under Rwandan law. Evidence demonstrates that victims of emotional torture frequently suffer lifelong trauma and pain that can

be just as if not more damaging as physical torture (Reyes, 2007). In 2011, the Rwandan government stated that it was in the process of ratifying the UN International Convention for the Protection of All Persons from Enforced Disappearance but has failed to do so at this time (Amnesty International, 2012).

Testimony of Claire Uwamutara

Claire Uwamutara is a Rwandan Tutsi and nurse who survived the 1994 genocide by hiding in Saint Paul Parish until liberated by the RPF in mid-June. She met and fell in love with one of the RPF soldiers, commanding Lieutenant Danny Ndahiro. Claire and Danny were married in 1996 and had 4 children together. Danny was later promoted to the rank of Colonel. Claire alleges that she was instructed to use her position as a nurse to murder and maim Hutus and other government targets in her care. In addition to these directives, she and her husband were approached to join a secret killing force to eliminate President Kagame's enemies including prominent Hutus, human rights advocates, and those who opposed his political agenda. Claire and Danny refused to comply with these murderous plans and were consequently the victims of imprisonment, torture, and an assassination attempt that succeeded in killing Danny and their 9-year-old son. The following is a synopsis of her signed testimony faxed to Malawi officials August 2009 (Uwamutara, 2009):

Shortly after the genocide, Claire resumed her nursing work at Kimironka Hospital. There she was given grisly assignments that conflicted with her role as a caregiver and healer. She was instructed to overdose or poison soldiers from the Habyalimana regime and to find ways to end the lives of their wives and children during deliveries. Hutu patients who had survived road accidents were to have limbs amputated regardless of their condition. Claire refused to comply with these orders and was subsequently sent to a prison known as 1930. Proper medicine

was purposely withheld in the prison, and prisoners were beaten then given medicines or living conditions to prevent healing and to prolong pain. Claire helped other prisoners, including Hutu ones, and protested to humanitarian groups including the Red Cross about the conditions in 1930. Her fellow Tutsis viewed her as a traitor for these actions and some made death threats against her. Claire was released after a short time due to her husband's military status, and she was then given employment at Kicukiro Health Center. The situation of medical corruption was also present in this facility. Explicit orders were given to reduce the number of Hutu babies by creating birthing and surgical complications to kill both mothers and their babies. For example, during C-sections nurses were to place metal objects such as scissors into the abdomen before closing the wound to cause infections. Nurses were to ensure that out of 100 maternity cases, at least 30 mothers and 20 babies died. Again, Claire stayed true to her principles by refusing to obey these sinister orders only to be transferred to another facility. She was then assigned to give medicine at the Gako-I Kami Prison. She again witnessed medical maltreatment and killing using poisonous or infectious vaccines. Prisoners were severely tortured and denied proper medical care. Claire stopped working out of frustration and the sense of helplessness she felt trying to work in and against this corrupt system.

Following the genocide President Kagame formed a secret military force known as Gacurabwenge. During the same time Claire was being given killing directives, Claire and Danny were invited to a Gacurabwenge meeting at the Novatel Hotel on June 4, 2004 because of his rank in the RPF and her occupation as a nurse. Kagame himself was also present at this meeting. The meeting's primary agenda was to establish a list of names for planned political assassinations. Family members of these targets were also to be eliminated whenever possible. As a nurse, Claire was to find creative ways to kill Hutu patients and their children in her care,

and military personnel, including Danny, were assigned a list of assassination targets. However, Danny openly opposed the killing plan during the meeting and advocated for peace and unity instead. His ideas were rejected, and he was arresting shortly after the meeting. Claire did not know her husband's whereabouts or even that he had been arrested for weeks. Danny was later released and told Claire he had personally spoken with Kagame while imprisoned and that the president had attempted to persuade him to rethink his stance on his assassination plans. A delegation from the government met with the family after Danny's release to try again to convince them to join their cause and cease their dissent. Claire and Danny held firm in their resolve to advocate for peace and continued to oppose political and medical assassinations.

After his release, Danny was nominated to serve on the Unity and Reconciliation Commission under the alias Damascene Sebera. Danny was rearrested in December of 2007 on the accusation of influencing another assigned assassin, Patrick Keregeya, from carrying out his mission to kill Felician Kabuga in Kenya. He was taken to a secret prison, and he was again denied any kind of due process. Several days after his arrest, Claire was approached by military personnel and given a warrant for her own arrest. She had her sick child with her and refused to send the child to friends or relatives as the officers ordered. They took her with her child to the same prison where Danny was being held. The soldiers then tortured her by pouring hot liquid onto her nails and beat her until they broke a bone in her arm. After she was tortured, Claire was taken into a room with Danny and instructed to ask him why he betrayed the government and what reward he expected from the Hutus for his sabotage. She was too traumatized to say anything other than to encourage him to stay strong and to tell him to keep praying. After a few days in agonizing pain, Claire was finally taken to the hospital for medical treatment. The doctor successfully corrected her broken arm by surgically inserting a metal rod, and he was

consequently arrested for fixing her fracture rather than simply amputating her arm. Claire was held two years until her release in May of 2009. Danny was moved in March of 2009 from prison to Kanombe Training Center for rehabilitation exercises. He was disabled due to the extreme torture he had endured during his imprisonment. Claire did not see him again until a military jeep dropped him off at the gate of the family's home during the evening of June 29, 2009. Two days later around four in the morning, military officers came back to the house to assassinate the family. Claire and three of her children escaped from the house by climbing the back fence to hide with neighbors. Because of his torture-inflicted disability, Danny was unable to climb out with them. Their son, Magnifique, stayed behind with his father. Both were murdered by the military officers. Claire and her children fled the country through Uganda. She did not, however, seek asylum in Uganda for fear of being repatriated back to Rwanda. During her time as a nurse, Claire had learned of a government plan to vaccinate returning refugees using the same tainted vaccines she was ordered to use during her nursing employment. She also knew that she and her family would likely be targeted for another assassination attempt if they made it through the repatriation process alive. Claire and her children fled on to Malawi to stay with her relatives. She faxed her account to the government seeking protection and justice for herself and her family and to expose the corruption in Rwanda.

Claire's story is a powerful insider account of how Kagame uses medical personnel to further his own political agenda. As Claire states, "Justice is the hand of corruption in Rwanda" (Uwamutara, 2009, p. 9). Her testimony reinforces the findings of Amnesty International's report on torture in military detention facilities and exposes the gross violations of human rights and due process that occur every day in Rwanda's legal system.

Conclusion

While it is easy to examine a few facts and figures and to conclude that Rwanda's health care system aims to collectively benefit to its citizens, it actually favors a small minority of the country who dwell in urban locales while neglecting the vast majority (81.1% of the population, mostly Hutu) who reside in rural areas. This urban bias has devastating effects including poor neonatal care, higher levels of infant mortality, and increased malnutrition rates for children and adults. It further contributes to lower life expectancies, a reduced number of vaccinated citizens, and the spread of diseases with decreased access to life saving medications. Instead of being utilized as an equal public service, Rwandan health care is used as a political tool to further the goals of Kagame's regime. Lack of health care is a vital facet of the torture and corruption present in Rwandan military detention facilities. With little to no medical care for prisoners, there can be no medical evidence to present to judges to verify allegations of torture. Until Rwandan judges begin seriously dealing with these allegations -requiring independent medical examinations- there can be no proof of this injustice and false confessions obtained under duress will continue to stand unchecked. Perhaps the most powerful voice for this gross human rights violation is that of Claire Uwamutara. She provides a haunting first-hand account of the brutal atrocities committed within both medical and military/criminal detention facilities. Claire's courage and convictions have cost her dearly, and there are no doubt countless "Claires" in Rwanda that are too afraid to speak up or act out for fear of government reprisals. This fear is the product a tyrannical government that will stop at nothing to silence its opponents. It is long past time for the international community to take a stand for Rwandan political freedom and against Kagame's government until human rights standards are met and true democracy is implemented. The US State Department recently announced a $200,000 military aid cut against Rwanda in

response to its actions in the Democratic Republic of Congo. Other countries are following suit including the Netherlands and the UK (BBC, 2012). This is a powerful step in the direction of justice and accountability. The cycle of victors, spoils, and ethnic resentment is a deadly and all too familiar one for Rwanda. Free democratic expression and appropriate power sharing are the only ways to break this cycle once and for all. Until this happens, there is distinct possibility that the political environment will deteriorate further and lead to events similar to the Rwandan Civil War and genocide of 1994. Rwandans cannot speak out freely against the oppressive nature of their government because of the repercussions of doing so. Therefore, we have an obligation to be their voice and never stop fighting for equality on their behalf. We have often spoken the words “never again”, but it is time that we stand behind them regardless of the consequences.

References:

African Health Workforce Observatory (2009). Human resources for health-country profile: Rwanda. Retrieved July 9, 2012 from http://www.hrh-observatory.afro.who.int/images/Document_Centre/ rwanda hrh__ country_profile.pdf

Ansoms, A. (2005). Resurrection after civil war and genocide: Growth, poverty, and inequality in post-conflict Rwanda. *European Journal of Development Research*, 17(3), 495-508.

Amnesty International (2012). Rwanda: Briefing to the UN committee against torture. *Amnesty International Publications*. Retrieved June 27, 20112 from http://www.amnesty.org/en/library/asset/AFR47/003/2012/en/5a86119c-44e7-4d29-a984-ddbe3a2d23da/afr470032012en.pdf

BBC (2012). UK and the Netherlands withhold Rwanda budget aid. Retrieved July 29, 2012 from http://www.bbc.co.uk/news/world-africa-19010495

Cooke, J.G. (2011). Rwanda: Assessing risks to stability. *Center for Strategic and International Studies.* Retrieved July 9, 2012 from http://csis.org/files/publication/110623_Cooke_Rwanda_Web.pdf

Endless, B. (2010). United States of America v. Lazare Kobagaya: Expert witness report.

Hotel Rwanda Rusesabagina Foundation, Endless, B., & Hakizimana, E. (2009). Rwanda today: When foreign aid hurts more than it helps. Retrieved July 1, 2012 from

http://hrrfoundation.org/wp-content/uploads/2009/07/RwandaTodayForeignAid.pdf

Kagame, P (2012). Keynote address at London Summit on Family Planning. [Video] Retrieved July 17, 2012 from http://www.youtube.com/watch?v=4xnajhUgmho

Kambanda, C. (2011). Rwanda: Why sterilize the poor? Retrieved July 17, 2012 from http://groups.yahoo.com/group/Umusoto/message/27137

Nationmaster.com. Probability of reaching age 65 > male by country. Retrieved July 9, 2012 from http://www.nationmaster.com/graph/hea_pro_of_rea_65_mal-health-probability-reaching-65-male

Nationmaster.com. Rwanda health statistics. Retrieved July 2, 2012 from http://www.nationmaster.com/country/rw-rwanda/hea-health

Nyamwasa, K., Rudasingwa, T., Karegeya, P., and Gahima, G. (2010). Rwanda briefing. Retrieved July 9, 2012 from www.afjn.org/act-now/resources/doc.../175-rwanda-breifing.html

President Kagame gives keynote speech at London family planning summit. Retrieved July 17, 2012 from http://www.gov.rw/President-Kagame-gives-keynote-speech-at-London-Family- Planning-Summit-941

Reyes, H (2007). The worst scars are in the mind: Psychological torture. *International Review of the Red Cross*, 89 (867), 591-617.

Sahn, D. & Stifel, D. (2003). Urban-rural inequality in living standards in Africa. *Journal of African Economics*, 12 (4), pp. 564-597.

Survivors Network (2009). Eugenic sterilization is one of the many indispensable measures that RPF programs use to numerously reduce the number of the hated Hutu Rwandans. Retrieved July, 16, 2012 from http://rwandinfo.com/eng/rwanda-call-for-end-of-forced-sterilization-of-the-poor-by-genocidaire-rpf-kagame-regime/

Uwamutara, Claire (2009). "I, Uwamutara Claire am accusing the Rwanda government for the assassination of my husband and son on 01 July 2009 in Kigali-Rwanda" Retrieved July 9, 2012 from http://www.musabyimana.be/uploads/media/uwamutara__s_testimony.PDF

World Bank (2011). Rwanda at a glance. Retrieved July 1, 2012 from http://devdata.worldbank.org/AAG/rwa_aag.pdf