

Mission to Rwanda

Kari J. Bodnarchuk



Eleven of us sit on two cold metal bench seats facing each other, in the back of a military transport plane. The curved sides of the plane serve as our seatbacks, so we all hunch over as we lean back, trying to find the most comfortable positions. I don't know any of these people or what they're doing en route to Rwanda, and since it's too loud inside the plane to ask, I can only sit here and imagine.

I try to match the faces in front of me with the luggage strapped to the floor between the seats—soiled

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duffle bags and beat-up suitcases bearing stickers that say Médecins Sans Frontières, Care Australia, and Norwegian Red Cross. My bag is easy to spot: a purple backpack with British Airways name tags and a brand new look. This little exercise keeps my mind off my growing nervousness and fear. My mission here is this: stashed in a money belt that sits securely in my underwear, I have \$10,000 in cash, all donations from a fund-raiser I initiated and ran through the newspaper where I work. I'll use this money to buy thousands of bottles of antibiotics, malaria medication, and disinfectants. Then, with the help of an international aid group, I'll deliver these supplies to hospitals, clinics, and refugee camps around Rwanda and Eastern Zaire.

The idea to develop a relief drive came to me in the middle of Rwanda's civil war in 1994, when the media was flooded with stories of mass killings, epidemics, and millions of refugees on the run. At the time, I was a young features reporter working for a group of community newspapers in Massachusetts. People I talked to in Greater Boston wanted to help, but weren't quite sure how. Others questioned what happens to donations when they're sent to big aid organizations. When I pitched the idea of running a fund-raiser—called Global Outreach: Rwanda Relief Project—to my publisher, he agreed, on three conditions: the project couldn't cost the newspaper a penny, I had to run the drive single-handedly while keeping up with my daily reporting and editing workload, and I would have to travel to Rwanda on my own, without a photographer, because “we don't want to lose two people,” he said. I took that last caveat to mean the company couldn't afford having two full-time employees out on assignment for three weeks over the Thanksgiving holiday.

My plan was to collect clothing, which would be shipped to Rwandan refugee camps, and money for medicines, which I would hand deliver, reporting on the distributions of these supplies and the people they helped save. I wanted to not only save lives, but also put a face on the war's unfathomable statistics—at least one million dead and five million displaced—as well as give people in Massachusetts a chance to help, and prove that donations can reach the people for whom they were intended.

To encourage readers to make donations, I wrote stories about local Rwandans living in Massachusetts—people like Jean Claude Bizimungu, who had come to America to study English and pharmacology, and whose entire family (his parents and seven siblings) disappeared in Rwanda during the war, leaving him on his own in a foreign country, with no money to live on and no way home. In late November, after our six-week drive, we sent one ton of clothing—everything from baby booties, corporate T-shirts, and gym uniforms to raincoats and underwear (all new)—to Rwanda by cargo ship and truck. Then the day after Thanksgiving, with a donated plane ticket, a money belt full of cash, and an old laptop with acoustic couplers, I set off for the war-torn country. It was in Rwanda's beautiful, mountainous capital, Kigali, that a mass killing began in April 1994, following the death of Rwanda's president, a

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moderate Hutu. The president's plane mysteriously crashed as he was flying home from peace talks, during which he made plans to repatriate thousands of exiled Tutsis and to change his government from a single-party Hutu dictatorship to a multi-party system in which Tutsis would also hold office. Hutus extremists, opposed to giving power and land to the minority Tutsis, turned on their Tutsi neighbors, friends, and colleagues, and murdered them without mercy, using blunt knives, bare hands, and the same machetes used to harvest rice and build homes. The Tutsi soldiers proved better fighters, though, and drove the Hutu extremists, along with millions of scared civilians, out of the country and overtook the government.

By the time the military transport plane drops me in Kigali, the most densely populated African nation has become a country of ghosts and evil spirits, with two-thirds of Rwanda's population dead or displaced. The civil war has officially ended, but millions of people still live in refugee camps, where hundreds die each day from cholera and other diseases, and militiamen carry out organized massacres in villages around the country.

Traveling to Rwanda on my own, in the aftermath of a civil war, is nothing short of terrifying. A deep, rumbling fear bubbles beneath the nation's surface. If you stand still, you can practically hear it, boiling like lava gathering direction, power and purpose. I sense this the minute I land in Kigali. The airport has bullet holes in the lounge windows, mortar holes across the floor, and several twitchy, anxious guards who eye me with veiled curiosity when I pass by. Am I really ready for this, I wonder?

"Don't wear makeup," my friends had warned me. "Dress like a guy," colleagues said. But these are superficial precautions. A twenty-five-year-old white woman toting a purple backpack, computer gear and, if anyone cares to find out, \$10,000 in her underwear through a postwar African nation is going to stand out a little. I am totally unarmed, but I'm certain this is just as well. Nothing I might have concealed in my rain jacket or pant leg could have matched the weapons on these streets.

Exiting the terminal, I pass a twelve-year-old boy in army gear cradling an AK-47 that's nearly half his height. He bats the machine gun between his hands like a bored baseball player, and holds himself like he's king of some hill. Just as I reach him, the weapon slips out of his reckless control, hitting the cement sidewalk with a loud clang. Unfazed, the boy plucks it off the ground and resumes his rhythm. I never get used to this, seeing machine guns slung over the shoulders of prepubescent boys, or grenades dangling from their belts like Boy Scout knives and water bottles. These kids should be building tree forts, not dugouts, I think to myself. They should be at school, not war.

Ranjan, a volunteer aid worker and dentist, greets me outside the terminal at Kigali airport, throws my bags in the back of his Land Rover, and points the vehicle

downhill. We will spend the next four days together, threading our way through Rwanda's rainforests and checkpoints to deliver our medicines. Ranjan doesn't look the part of a bodyguard/driver—he wears green chinos, a button-down yellow shirt, and lightweight boat shoes, and he's unarmed—but he knows these roads as well as anyone. A year ago, he left his family in Sri Lanka to come preserve teeth and lives in Rwanda. He's spent this year driving to orphanages and clinics around Rwanda, which he helps oversee for his aid organization.

After leaving the airport, Ranjan navigates the streets of Kigali, maneuvering around mortar holes, toppled road signs, and big chunks of building debris as if he's driven through this obstacle course hundreds of times before. We're staying in a house run by an aid group that's located right next to Kigali's United Nations building. The house is sunflower yellow and heavily guarded: high walls crowned with broken glass ring the building and men shouldering machine guns pace the property with extreme care. "I'm so relieved we're in a safe place," I say to Mitch, another aid worker, once we're inside. "Actually, this is a terrible place to be," he tells me. "The UN building is a prime target for anyone who's angry at the West for failing to intervene during the war. So we're in the zone of fire here!" Not only that, but there are landmines everywhere. "Only walk where there are footprints," one guard warns me, "and never go off the pavement or footpaths. You must be careful."

That night, while cicadas screech in the background, I sit at a table with four aid workers, who talk until the air around us is littered with nightmarish stories. They tell me about whole villages of people who were rounded up and locked inside churches, stadiums and schools, and then gunned down by soldiers. "There are no more devils in hell, they are all here in Rwanda," Ranjan says, as he pours himself a cup of tea.

When I've heard enough, I climb into my sleeping bag in a room at the back of the house—fully clothed and with my shoes right next to my bed. For hours, I lie awake in a fetal position with my fists clenched, trying to detect out-of-place sounds in the night air. If intruders stormed the house or if bombs came sailing through the roof, what would I do? I'm so disoriented in this unfamiliar house I'd be lucky to find the back door—and even if I did, what then? As I'm plotting escape routes in my mind, the mosquitoes buzzing around my room keep distracting me. These are no different than mosquitoes at home, except they may be carrying malaria. I bury myself inside my sleeping bag on that 80-degree night, and eventually drift off to sleep.

The next day, I unload my money belt and we buy \$10,000 worth of anesthesia, malaria medication, penicillin and aspirin, plus syringes and disinfectants from a supplier in a damp warehouse with no doors. Then with Ranjan at the wheel, we wend our way out of Kigali and drive west along one of the nation's only paved roads.

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Even in its shattered, postwar state, Rwanda is one of the most beautiful places I've ever seen. This country—the size of Maryland—holds up more mountains than any other African nation, ones that reach 14,000 feet. Driving from east to west feels like climbing the steps to heaven. Marshes, lakes and grassy plains give way to tall, rounded hills, blanketed in banana plantations and gum trees. As we head west out of central Rwanda, toward Zaire (now the Democratic Republic of Congo), the landscape grows more dramatic. Rainforests and volcanoes mingle with towering, serrated mountains and terraced hillsides. And huts made of red brick, mud, and branches dot the landscape in small clusters.

I am not prepared for these dazzling views and dizzying heights, nor am I ready for the roads. Since only one-tenth of the nation's roads are paved, driving is a white-knuckle experience, even for someone as experienced as Ranjan. The chewed-up roads—covered in landslides, giant boulders, and mud at least a foot deep—are so bumpy, my head aches from getting smacked against the roof. It's also throbbing from the altitude—12,000 feet and still rising. But in a country where people have suffered indescribable pain, I can't possibly mention my lightheadedness and blinding fatigue to anyone but Ranjan.

After cutting through a misty and tangled rain forest, we run into our first roadblock, erected by young soldiers using sticks and stones and pieces of string. Luckily, Ranjan knows the drill. "It is best if you hide your camera," he says, and I quickly slip it into my daypack. "Now we just sit and wait," he adds, with a subtle nod toward two seated soldiers, who haven't made a move since we pulled up. "They only want to prove they are the boss and in full control."

So we sit and wait in the scorching heat on the road to Kibuye, surrounded by fields choked with tall weeds and sad tales. To pass the time, Ranjan tells me stories that do nothing to calm my nerves—about encounters with soldiers so knee-walking drunk, they can't find the helmets already perched on their heads. And about a Tutsi mother and her children, who hid in a dirt pit beneath their home for eight months to avoid being killed. Three times, they heard their stalkers storm through the house, just feet above them, pillaging and looting as they went. The family only survived because a kind man from a different tribe, a Hutu, smuggled food and water to them.

The Hutus and Tutsis actually lived together in Rwanda for about 500 years with little fighting. During that time, it is believed that the terms Hutu and Tutsi were used to describe a person's socioeconomic position in Rwandan society, rather than defining a person's cultural or physical characteristics. Small clashes occasionally erupted between the wealthier Tutsis, who were typically the land- and cattle-owners, and the Hutus, who generally farmed the Tutsis' lands. But ethnic distinctions didn't exist until the early 1900s, when Belgian and German colonial powers created and then encouraged a strong ethnic divide, heavily favoring the so-called Tutsi ethnic tribe for their "superior intellect" and more European-like features.

Now, the sense of tribal division—and of tribal superiority and inferiority—is firmly entrenched in Rwandan society.

Finally, the two soldiers wander over to our truck and begin questioning Ranjan. I worry that these men may confiscate or destroy our medicines if they find out we're taking them to clinics where they'll help treat Hutu patients as well. Nothing is guaranteed, but I would be devastated to lose these potentially lifesaving supplies after they've come so far. One of the soldiers circles the truck, peering in through the windows, while the other talks to Ranjan. I keep my eyes on the road ahead and try to sink deeper into my seat. Three more soldiers suddenly appear from a little stone hut beside the road and after more discussions, we're allowed to drive through the checkpoint, provided we give several soldiers a lift down the road. The young men climb in back, grenades at their hips, assault rifles in hand, and we press onward toward Kibuye. The soldiers never bother or harass us, though they easily could, and ride along in silence, occasionally thumping their heads on the roof when we hit big bumps. We drop them at the marketplace and deliver anesthesia to Kibuye Hospital, where patients sit against a wall outside an empty operating room. Without anesthesia, doctors have been unable to perform surgeries, but as soon as we arrive they prep up and begin operating on a man with an acute hernia. "Your timing was perfect," a doctor later says to me. "If we hadn't repaired that hernia, he would have been dead in several hours." The reality of this trip begins to sink in. We've just helped save a man's life. I fight back my tears, overwhelmed by the realization that this relief drive is real and that our effort to help people, to connect with them through life's most basic and fundamental desire—staying alive—is working.

We unload more boxes of supplies from the truck, and then I wander around the clinic meeting patients with cerebral malaria, tuberculosis and machete wounds, wondering if our medicines will be able to help them, too. I'm also introduced to a young teenage boy whom the doctors call President for his charisma. His parents were killed, one doctor tells me, and President was stabbed in the eye with a machete, but he still has the most upbeat, happy-go-lucky disposition. President elects himself my tour guide and shows me around the rest of the compound, using the broken English he's picked up from the American medical staff.

Ranjan and I decide to stay in Kibuye, on the shores of Lake Kivu, to avoid driving in the dark. That night before bed, I swallow a malaria pill washed down, mistakenly, with untreated water from the lake, which contains corpses, excrement, parasites, and lethal doses of methane gas, responsible for killing thousands of people already. To top it off, there are 30,000 angry militiamen on a nearby island with eyes fixed on the town, waiting for their moment to pounce. The house we're staying in is only about fifty yards from the landing dock, so I'm not feeling very secure. In fact, as each day passes, I grow more and more afraid. The farther away from the capital we go, the situation becomes more intense. Worse, there is no security at all. We

can't simply ring the police if fighting flares up or we feel threatened. If those island-based militiamen, intent on returning to Rwanda, decide to paddle over to Kibuye tonight, we have no protection and there is no one we can call for help.

Thankfully, the water doesn't make me sick, but I sleep fitfully from all the stories spinning around my head. I decide I need to shut down emotionally, to put up a barrier inside my brain that allows practical thoughts while boxing up and storing all feelings. It's the only way I can deal with this trip—all the fear, the horror stories, and the people suffering from so many things beyond our scope to help. But incidents like the man with the hernia, and meeting people like President, are encouraging and keep me motivated.

We make a dozen more stops over the next few days, delivering medicine to makeshift clinics in closed-down universities and abandoned buildings around western Rwanda. Here, we typically find one or two bare rooms with cement floors, bullet-riddled walls, and nothing more than a chair and table for office furniture. Doctors use whatever supplies they can find: coat hangers serve as IV stands, tin biscuit boxes are taped together to make filing cabinets, and medical charts are continually reused, as old patient names are scratched out to make room for new ones. In one village, the local ambulance is simply a woven mat that's attached to two long sticks, one on each side like a stretcher, which is hand-carried by several people.

One afternoon, we drop supplies at a hospital in a closed-down nursing school, which sits next to a church where 2,000 people were locked inside and hacked to death with machetes. One of the few survivors, Margarite, is a nursing student, who became a full-fledged nurse overnight. She pretended she was dead inside that church and, somehow, escaped with her life and her sanity. As we unload supplies from the truck, she tells me her mother disappeared during the war. Margarite now spends her weekdays volunteering at the hospital and her weekends searching for her mother. She doesn't know if her mom fled or was killed, and she'll never know, she says, if she stops looking. I can't imagine where she gets her strength. I'm also reminded of Jean Claude and his family. Although a majority of Rwanda's phone lines are down, Jean Claude managed to contact a UN peacekeeper in Kigali after the war, to find out that his parents are dead and that his brothers and sisters have fled their home, but are alive. He doesn't know where they are, but remains hopeful, like Margarite, that he'll find them one day.

Rwanda's civil war left 300,000 children parentless, homeless and malnourished, and suffering from diseases they can't pronounce or understand. If they're lucky, they end up in orphanages, where they live together in little huts, receive food, clothing and medicines, attend classes, and do chores. "Everyone is expected to help out, because there is dignity in work," Ranjan says, as we're driving down another bumpy, dirt road, on our way to an orphanage that's tucked among jacaranda and banana trees. When we arrive, we find many of the two hundred kids playing in a courtyard

and others working in a kitchen they helped build. Half of the children have malaria, says Ranjan. In the clinic, I meet Carlos, an adorable six-year-old boy suffering from cerebral malaria, tuberculosis and failure-to-thrive, a disease that stunts his growth. He's about a foot shorter than other kids his age and his ribs protrude so clearly, we can count each bone. While a nurse looks over Carlos, she tells me little will help him. I hand her a box of malaria medication, aspirin and syringes, and quickly leave. Outside the clinic, I lean against a wall and this time, I'm unable to fight back my tears. We probably can't save Carlos, but at least we can lengthen his life. I'm not too sure anymore, but I think that's a good thing. As I wait for Ranjan, kids gather under a covered pavilion for their evening songs and prayers. Their voices are sweeter than the sugarcane growing nearby, and the songs speak of uplifting thoughts, tales of happiness and hope.

Our last stop takes us to a university health clinic in northwestern Rwanda, where we come across a startling contrast of death and rebirth: In the middle of a bright green lawn, in front of a school that's being rebuilt lies a skull, a reminder of the mass killings that took place here. We hand the doctors our final batch of medicines—a duffle bag full of disinfectants and chloroquine—and then spend hours loading the truck with schoolbooks, which are being removed from the university library in case violence breaks out again. Ranjan has headed back to Kigali, so his colleague Mitch will drive me along this final stretch. As I climb into the front seat to leave, a crowd suddenly surrounds around our truck. It seems there's a pregnant woman who must get to a hospital, for reasons I don't quite understand. Mitch and several men are talking, negotiating, and now arguing. Someone occasionally kicks the dirt for effect and throws a finger into the air to punctuate his point. Another man gestures to the road, the truck, then me, and discussions continue. It may be an issue of space—there is none—or principle, though I'm not sure what type of stand we would be taking. It is a moment of high tension that throws me off balance, just as I was beginning to relax a little and feel more secure.

The irony of the situation suddenly hits me. We are here to help people and to save lives, but we've been reaching out on our own terms. Now, we're being asked for help and our driver is balking. The crowd around our truck has thickened—it could be interpreted as threatening, but I tell myself that it's just curiosity. The pregnant woman looks wide-eyed and slightly scared, but doesn't say a word. I want to jump out and see what the issue is, to say, "Of course, we'll help," but I'm uncertain what's happening and don't want to fuel tensions—or potentially get hurt. Finally, much to everyone's relief, a decision is made and the several hands hoist the woman into the back of the truck. When I try pressing Mitch for information, he remains tight-lipped and focused on the road, so I never do find out what the discussion was about.

We drop the woman and her companions at a hospital two hours southeast—never knowing the fate of her unborn child—and make our way back to Kigali, where

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I have one last mission to accomplish: trying to find Jean Claude's family. Before I left Boston, Jean Claude gave me a letter for his family, plus the address of his old home, and asked me to deliver the note, if at all possible. Rosemary, a volunteer doctor and a friend of Ranjan's, agrees to help me. We spend hours trying to get phone lines to ring his relatives listed in old telephone directories, and driving around town to track down information. Our last stop is the city's industrial park where, to my amazement, we find Jean Claude's brother Paul working at their late father's automotive shop. Paul is so shocked, he can only fumble his words and laugh, as I introduce myself and hand him Jean Claude's letter. It's the first time the two brothers have connected since before the war.

Paul spends an emotional afternoon with us, showing us around the shop, introducing us to all the mechanics, posing for pictures that I will take back to Jean Claude, and then bringing us to his home, a spacious, yellow stone house in a once-affluent neighborhood, on a hillside in the city. Paul shows us around the house, which has been stripped clean by looters. All that's left in the room that he and Jean Claude shared is a desk and several things hanging on the walls: Jean Claude's university diploma and magazine cutouts of Grace Jones and James Bond in "A View to a Kill," French model Sophie Marceau, and a local soccer star.

At 10 a.m. on April 14, ten days after the genocide began, says Paul, a bomb burst through the roof of the house and exploded in the living room, fatally wounding his parents who were sitting on the couch. Paul and his six brothers and sisters escaped out the back door and through a hole in the fence, and then fled 160 miles on foot to a refugee camp in Bukavu. His brothers and sisters are still at the camp, but Paul has returned to Kigali to make the house livable and start up his father's business again, in order to bring his brothers and sisters back and be able to support them. Before we say good-bye to Paul, he writes a long letter to Jean Claude, telling him about their parents' death and about the situation with the house and business, and asking him to send clothes and shoes for their sisters.

The next morning, I board the military transport plane with Paul's letter securely stowed in my money belt, and my backpack—now dirt-covered and worn—strapped to the floor in front of me, and begin my journey home. I'll never be certain how many lives we saved—whether the man with the acute hernia and the pregnant woman survived, or if medical conditions improved at the clinics—but just knowing that we had helped at least a few people, made meaningful connections with others, and been a link between two brothers who may not see each other for years, if ever, made the trip entirely worthwhile.

AUTHOR'S NOTE: The year after I traveled to Rwanda, Ranjan's security guards arranged for looters to break into his house when he was away. Due to a change in plans, however, Ranjan was home when the looters arrived, and was subsequently shot to death.