DON'T ABANDON RWANDA WOMEN AGAIN
By Lindsey Hilsum
April 2004

At commemorations held in Rwanda and around the world for the 800,000 people who were murdered in the Rwandan genocide 10 years ago, politicians and other leaders said "never again." Those words, while well intentioned, have a hollow-ness to them: people are still dying of the genocide in Rwanda and the world is still failing them.

I was in Rwanda when the fighting began. It was clear at the time that rape was a tool of war. The majority of women who survived the Hutu attacks on Tutsis were gang-raped, sometimes for weeks on end, by the thugs who murdered their families. Many of them are now dying slow, painful deaths from AIDS. There are 7,800 confirmed cases, with estimates of as many as 14,000 undocumented women who are infected with the virus. Today a total of 500,000 people nearly nine percent of the adult population of Rwanda, is H.I.V. positive.

In a forthcoming report, Africa Rights, a human rights organization, has documented the cases of nearly 200 Rwandan women infected by H.I.V. The testimonies speak of the shame, stigma, pain and poverty. Many of these women took in children left orphaned by the genocide. As the women succumb to AIDS, the children are left without care or supervision. The cycle of tragedy intensifies.

This is not to say all H.I.V. positive Rwandans have been forgotten. Bill Clinton - who has expressed apology at his own failure to address genocide while president -pledged through his foundation, to finance antiretroviral treatment for 60 percent of people with AIDS in Rwanda.

Rwanda is also one of 12 countries in sub-Saharan Africa that was selected to receive money for antiretroviral drugs through President Bush’s AIDS initiative. And UNICEF and the World Health Organization (WHO) are stepping up their AIDS programs in Central Africa. Remarkably little has been done, however, specifically to help the women who contracted AIDS during genocide.

In fact, the United States Agency for International Development has selected prisoners convicted of participating in the genocide as a target group to receive counseling and testing as they return to the community. And the United Nations International Tribunal for Rwanda provides anti-retroviral drugs to the prisoners accused of masterminding the slaughter.

Similar programs on this scale simply do not exist for Rwanda's rape victims. And while it would be naive to suggest that providing antiretroviral drugs to Rwanda's rape victims will solve all of their problems, it certainly would help. In Kigali, I met Clementine, one of a group of 14 survivors whose antiretroviral treatment has been provided by a British charity. After two years on antiretroviral drugs, Clementine is plump, has a job as a driver and supports five orphans.
These women require support in other areas, too. They need housing, jobs, counseling and medical assistance for life. International organizations are already committed to helping Rwandans; programs designed specifically for these women are essential.

As we remember those who died in the Rwandan genocide 10 years ago, we should also find ways to care for those who survived, particularly the women whose lives have been blighted by rape, grief and disease.