



All the Missing Souls: A Personal History of the War Crimes Tribunals

By
David Scheffer

The commission of atrocity crimes, which are genocide, crimes against humanity, and war crimes, always generates severe public health consequences. One cannot understand the killings, injuries, rapes, trauma, mutilations, and destruction of homes, businesses, religious buildings, and hospitals that define atrocity crimes without recognizing the massive impact on public health occurring every single day in conflict zones and repressive societies across the globe. The medical profession has an

indispensable stake in this subject, and we need more voices from the medical school and public health communities speaking out to confront and ultimately deter atrocity crimes. The burden of atrocity crimes is thrust upon the doctors, nurses, and public health experts who are “first responders” to the handiwork of war criminals.

I was the first U.S. Ambassador at Large for War Crimes Issues from 1997 through 2001 to build five war crimes tribunals and address atrocity crimes head-on during my eight years in the Clinton Administration. The aftermath of the Cold War unleashed waves of atrocities that screamed out for accountability. One massive atrocity—Cambodia under the Pol Pot regime in the 1970s—required, at last, justice. As I traveled the world to atrocity sites, some freshly erupting, others long dormant, I came upon one public health crisis after another. I recount some of those experiences in my book, *All the Missing Souls: A Personal History of the War Crimes Tribunals* (Princeton University Press, 2012). Set forth below is one of them, at a place called Mudende in northwestern Rwanda, where a resurgent genocidal attack in December 1997, years after the genocide of 1994, had just occurred and left at least 254 civilians slaughtered. I visited the killing site shortly after the attack.

“When I arrived on the scene in Mudende, the massacre site revealed its awful face and wretched smell. The dead had just been buried in mass graves. The wounded were in Gisenyi Hospital nearby. The other survivors, who had scrambled into the jungle during the rampage, were huddled at a warehouse down the road among other refugees. Many of the victims had been roasted alive within their tents, a tactic I would witness at other atrocity sites. Personal belongings lay strewn everywhere. Bullets and machetes were scattered in pools of blood....

“When I visited Gisenyi Hospital, one Congolese doctor, Patrick Kimpiatu, who was trained in the United States, had begun his forty-fifth hour of continuous surgery and medical care for 267 patients, 15 of whom had died since arriving after the massacre.

Dr. Kimpiatu was the only doctor present with two nurses from Doctors Without Borders and few medical supplies. When I witnessed the victims of the machete attack for the first time, I could scarcely comprehend the carnage. I saw one child whose brain had just been stuffed back into his head by the doctor, without anesthetic. Another child was told his slashed leg would be amputated. His screams persisted throughout my visit and echoed within me for days. A beautiful teenage girl was lying motionless, forever paralyzed by a gunshot wound. An old woman was barely intact from machete slashes. Tents had been erected on the hospital grounds, crowded with the crippled and the dying. There had been no further medical assistance from any source. Blood and grime sloshed everywhere.



Church Genocide Memorial
Dylan Walters

“I had a recurring nightmare for years after Mudende: I would arrive at a massacre scene with the dead blanketing the killing field. But there always was a solitary tent, and when I entered it there was one hideously wounded survivor who pleaded for help. I would run from the tent screaming for a doctor. The doctor never arrived, and death overtook the victim.”

My job was to help bring the leaders who perpetrated such crimes to justice. But I also saw the human misery that demanded, and still demands, so much attention from the medical and public health communities.

My colleague at Northwestern University School of Law, Clinical Associate Professor of Law Juliet Sorensen, has pioneered the Northwestern Access to Health Project and collaborated with Northwestern University Medical School and the Kellogg School of Management to reach deeply into regions of the world where access to health is at severe risk. She and her colleagues and students bring their legal, medical, and business skills together to ensure proper health care to those in dire need of it. The project exposes her to the kind of world I experienced during the 1990s while addressing atrocity crimes. Even before her arrival at Northwestern Law, she encountered, and helped bring to justice, one of the perpetrators of the Rwandan genocide while she served as an Assistant U.S. Attorney in Chicago. Her story about that experience, in the heartland of America, follows.

David Scheffer is a lawyer and diplomat who holds an endowed professorship at Northwestern’s Pritzker School of Law where he also serves as the Director of the Center for International Human Rights.

More information on the author’s experience confronting atrocity crimes can be found in his book *All the Missing Souls: A Personal History of the War Crimes Tribunals* (Princeton University Press, 2012).

