



# Voices from the Rwanda Tribunal

## Official Transcript: Jorge Sierralta (Full Interview)



<b>Role:</b>	Staff Psychologist
<b>Country of Origin:</b>	Peru
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<b>Location:</b>	Arusha, Tanzania
<b>Interviewer:</b>	Lisa P. Nathan Donald J Horowitz
<b>Videographer:</b>	Nell Carden Grey
<b>Interpreter:</b>	None

## Interview Summary

Jorge Sierralta talks about his role as a psychologist and social counselor for the United Nations and reflects on the challenges of working with people from diverse cultural backgrounds. He discusses his work as a counselor at the ICTR, including the mental health education and support services that have been introduced. Sierralta describes various coping mechanisms employed by Tribunal staff as well as the stigma associated with seeking counseling.

*The transcript of the interview begins on the following page.*

## Part 1

- 00:00** Lisa P. Nathan: So to begin with, would you tell me your full name, the country you are from and your title here at the ICTR?
- 00:08 My name is Jorge Sierralta. I, I am from Peru, but I spent more than 22 years in Russia because my father was member of the Communist Party so I was educated in Russia. And I, my title is, I am the Staff Counselor, yeah, so I look after the psychosocial needs of the staff, the well-being of the staff.
- 00:37** LPN: Can you walk me through – my understanding is you have worked for the UN in many roles. Can you walk through – describe your timeline with the United Nations?
- 00:46 Yeah, I started working in Russia with refugees with UNHCR, just providing psychosocial support to refugees. Then I moved to Congo and I worked with DPKO. Then after that I work in Afghanistan and I also provided assistance to staff working in Pakistan. And then since March 2008, I moved to ICTR Arusha. So has been a change, yeah, so.
- 01:23 But I've been always doing psychosocial support with the UN and previous to the UN I've been always – I am a clinical psychologist and I am a PhD in Clinical Psychology, and I graduated from the St. Petersburg State University in Russia, yeah.
- 01:43** LPN: Can you just – thank you very much for that. Can you go back to that and actually give me the, the years that you were, sort of rough one, two years or, and also you used DPKO. I don't know what those terms are . . .
- 01:57 Ah, DPKO, yeah.
- 01:58** LPN: . . . so go back and do the same but with the time and then talk out the acronyms, that would be very helpful.
- 02:05 Okay, I worked for the, in 2000 I started working with the UN; previous I worked with the Red Cross, so I had experience with the Red Cross. Then I start working with the, with the United Nations Agency for Refugees, UNHCR. And then I moved to DPKO. DPKO is the Department of Peacekeeping Operation, so I work in Congo for almost two years, yeah.
- 02:32 And I was also providing psychosocial support to staff to military troops. I was providing training on stress management, conflict resolution, so. And I managed a team of that time we were three people, yeah, so. Now, because this business of psychosocial support to staff has been growing in the UN, now like in a mission in Congo they have about seven or eight counselors.
- 03:01 So, but when we started, there was, yeah, there was the time that the UN did not pay probably too much attention to the psychosocial needs of a staff, but then later on, I mean,

it was understood that investing on well-being of a staff is very important because it reduce staff turnover, it improve morale and yeah, it can, it's better health for the staff, so.

**03:31 LPN: Do you know were there, was there a counselor here before you, the history here at the ICTR?**

03:40 At ICTR, people, yeah, there was not any counselor per se. People used to do counseling but without being a counselor, so it's like somebody providing medical care without being a, being a medical doctor. So I have to change a little bit the mentality also of this because everybody used to call themselves counselors, so.

04:04 And, no, but many people used to feel that they are counselor because they provide counseling. I said, "You do provide also medical care and you are not a medical doctor," so that has been a little bit challenge at the beginning, but I think because of the publication that we, we have every month and the, the training activities, we have been creating a big awareness of what counselor means.

04:33 Of course there is a lot of stigma, yeah. There's a lot of stigma for people to come in and, I mean, to come and see us so they're trying, the people, they want to lock the door because they might feel that their problems are too, or too big, yeah.

04:49 So I have a client who, I see few days ago they say, "I want to stay only 15 minutes because if I stay more than 15 or 20 minutes, people might think that my problems are too big." So it's, it's a lot of stigma attached to the, to, to, to counseling services, so.

**05:08 LPN: Have you noticed that in the other places that you have worked?**

05:13 Yes, it's not only here. We do see, yeah, we do see, we do see in general. Of course it's changing this, it's changing but people still, they feel that, "Oh, yeah, something is wrong with me if I come to see." It's a lot of, yeah, I will say stigma attached that if you go to see the counselor it means that you are mentally unhealthy or you are not able to cope on your own, which is not true.

05:47 And very often people come, because I have coffee machine, I have biscuits, so people come sometimes for, for a short chat but, short discussion, but they stay and then we discuss issues.

06:00 But I don't force people to talk and we keep these all the conversation very confidential because I think that also makes people feel good that I repeat several time that, "What you are telling me is confidential. It stays only here," so, yeah. We, we are just having a piece of, I mean, biscuits, yeah, we are talking.

## Part 2

**00:00 LPN: So can you describe what it was like when you first got here in March?**

00:04 When I first got here, I, I thought that I will have a lot of people with this vicarious traumatization – people who, you know, listening to stories of the genocide, it takes a toll. But it was not the case. It was not the case. I, I really thought that – I provide sessions on trauma counseling, on trauma, but I believe that the coping mechanism that people have been used has been, for some of them has been very effective.

00:40 So what I came here, the major problem was that the mission is going to be downsized. Also, this might be also an effect because this downsizing is overcoming the other problem that probably people are facing because of being, at least they – not everybody in the mission, they hear the stories or they provide support to the victims.

01:05 So I believe that this fear of losing their job at this moment is more powerful, so that's why people who come to see me, majority of them they come with this problem of, yeah, fear, uncertainty, "What is going to happen to me, what is going to happen to my family?" And yeah. And so sometimes people refrain to discuss about their own experience.

01:33 So, and I also because we don't, we do have time limit here. Normally people come for six to ten sessions, so sometimes I don't have the capacity to go deep and yeah. So in different cases I might refer people to a different, yeah, specialist, yeah.

**01:56 LPN: So can you say more about that, like what the, the structure that you work in, what you are allowed to do within the UN?**

02:03 Yeah, I work for, in the – I report to the Department of Critical Incident, Stress Management Unit in New York. It's a department under the Security Section UNDSS; it's called Department of Security. And so they deal with all critical incidents. Basically here, we don't see critical incidents like I saw in Congo or I saw in Pakistan or I saw in Afghanistan.

02:35 But the, the fact that people are going to be downsized is a very traumatic event for the staff itself. So it is a bomb next to you. It's a traumatic event, or you're losing your job because many people has been here for over ten years and they have very big roots into this society, and very deep roots. So that is, that situation is, is, is traumatic for people.

03:03 That there are people who are in denial. They think that, "Oh, they've been talking about downsizing but it's not going to happen," yeah. So we do try to help those people also to understand that this is a fact, and we try to help people to go through this transition also of change, and yeah. So we are a supporting office, yeah.

**03:29 LPN: So what kind of support? You mentioned that you have a time limit. Can you speak to that?**

- 03:35 Yeah, we do not, we cannot offer long – we, ‘cause we do not, there is a difference between counseling and psychotherapy, so, so we do provide counseling. Of course a little bit of touch of psychotherapy, but we don’t go deep into problems of people so we do refer them to a mental health facility.
- 03:57 In Arusha, there are one Irish and one American lady certified, and we do refer to them so cases with people with insomnia, yeah, because they’ve been listening to so many stories.
- 04:13 Because I remember there a Rwandese staff who came to me and she was telling me that she heard the day before the story of a witness who was raped and herself also, she suffered similar situation and she could not come to office, and she needs support and she came to me and, yeah.
- 04:43 So, I have, that case, what – I mean, I feel that the person will need a long-term support, I refer them to, to, to an specialist outside. But follow up, I do a follow up, yeah. So when they come back from the therapy I continue doing follow up, so we make sure that people are, yeah, are healthy, are able to, to cope with the demands.
- 05:10 I think there’s also a mentality from some managers that if you cannot cope with the job it means that you are not suitable. So because in this particular case the supervisor thought that, “Oh if you’re not able to listen to these stories, it mean that you are not – it means that this job, this job is not for you,” and this is also a, a wrong perception.
- 05:38 It’s a wrong perception because I have to – I mean, I had to have a conversation with the manager explaining, you know, I mean, people taking a different way. So it’s good to support the people and – so yeah, this is how, this is how we operate.
- 05:56 LPN: So it sounds like you were doing some counseling but also education and some outreach to the staff.**
- 06:05 Yeah, psychosocial education to managers that was also yeah, to – they can better understand what we do, so. There are time also that people feel that, if I go and visit colleagues, they feel that, “Oh, might be a problem.” So there was a time that I met somebody, a manager was telling me, “Oh there is a problem in my section.” I say, “Why?” “Because you come always to see my staff.”
- 06:30 So people, yeah, it’s the perception. They feel that if, if a doctor comes to see you, it means that you are sick. But they don’t feel that the doctor might come to see you because he just want to talk to you or he want to have a, a glass of water with you and it doesn’t mean anything, so yeah.

## Part 3

**00:00 LPN: So can you tell me – reflect back on why you decided to come to the ICTR and maybe what you knew about the ICTR before you came?**

00:11 I was telling that I, I graduated in a Russian university so when I was a student I used to share the room with one Rwandese and so that was yeah, from that point, I remember that, that was the time of the genocide and we have to pass exams and that was very demanding. And so you need to study a lot. At the same time you hear from the news that what is happening in Rwanda so, and we share the same room so it was really very, yeah, touching for me to see him.

00:51 I never seen him crying but I felt the pain inside. I felt a lot of pain and when we graduated, he stayed. He, I mean, when – as a refugee, in Europe. And then my interest for Rwanda, yeah, was, yeah, I started becoming interested what is happening in Rwanda and the society and . . . And probably because my father also, yeah, he, being member of the Communist Party, he was not very well welcome in, in Peru.

01:30 So, we didn't face persecution but it's always like, yeah we were being on many times the police came to our house to search for documents, so we've been always under investigation also. So I have done in this feeling that Rwanda is a good place to go and visit.

01:53 So then after spending also few years in a non-family duty station, I decided to come here because it's a family duty station so I could be with my family. And also I probably reached a point in Afghanistan that I was completely burned out because of explosions. Your instinct of self-preservation is always on, you know; you hear a sound and you, you turn.

02:26 So it was really a – it was a good change for me and I, I was very happy to, to, to come to ICTR. And also to, I never worked before when we are downsizing a mission, so that was also appealing for me; to go and to see how people are going to face the downsizing. So it's a privilege and I was, yeah, I was very happy when I received the letter of appointment.

02:58 And because I speak many languages, yeah. I speak French fluently so, Russian, Spanish. So, so I was also selected and because of my experience also, I believe, yeah.

**03:12 LPN: So, since you've been here, have there been any surprises to you about the way things are here at the ICTR, anything that you didn't expect?**

03:24 I expected that this mission could benefit long before from the service of a counselor because dealing with traumatized population at least – the, the, the investigators, witness support section and so many section here; even the people who translate. I, I, yeah, I saw that they could benefit; because now I'm doing a lot of curative and it could be, probably be better if a counselor was appointed before so it would be more of a preventive, then.

04:08 And, yeah that was probably one of the surprise not to, yeah, to care to be the first, to be the first because my colleague in the, in The Hague, they have a counselor. The, the

tribunal for Yugoslavia also, they have long time a counselor so it was a surprise for me why there was not any counselor here, so.

**04:34 LPN: So is there anything since you have been here that you can reflect on that you are, you're proud of? Something that you have been a part of since being here since March that you feel good about being a part of?**

04:48 Yeah, there are so many because we receive also – of course we can't help everybody. We have a lot of limitations. Of course what makes you feel even are the very small emails that people leaving sometimes the country and send you a text message from the airport saying, "I don't know how we will," "I don't know how I could," yeah, "go through this without your help."

05:12 So that makes you really feel good about you and – because the job is demanding. You deal with people's problems and it's not always easy, because sometimes we move very slow and sometimes it's not any move. And it makes you feel not good, so. Another thing also what I think I'm proud – I'm very proud that I created in this small town in Arusha an association of mental health professionals.

05:41 So there was never before. We, they used to be at the hospital there but there were two counselors there operating individually. So I managed to collect all the expertise available here in Arusha. And now, we're a group of about 12 people with somehow, yeah, mental health background. And we meet every month, every one, two months with have some trainings. I teach them. Somebody else will rotate.

06:14 So, there's been a big change I think and not only for ICTR but for the community also. Like I used to have a client with less, yeah with, with the breast cancer, so I could send an email to those colleagues and they will find a network here.

06:37 We also initiated the, the Alcoholics Anonymous group here for, yeah. And, and I was part of the group that motivated so I was not the, the – I didn't start myself but I was the, the pushing force to . . . And this is also, yeah, this is something I'm also proud of.

**07:00 LPN: You've been very busy since March.**

07:04 I've been trying to, yeah, to think about going, before going to bed what can I – what I can, I mean, what is going to be my contribution? So what I'm going to think about myself by the, I mean, by the day I leave this place?

07:19 So since no, I've, since this is a very – ICTR is a very big organization and people have very few, very little knowledge about what is psychosocial support. So my idea was just to make a foundation for somebody else who will come next to continue or to do probably even a better job, so.

## Part 4

- 00:00 **LPN: Is there an, an instant or an example of something that you don't feel so good about, that you think might help someone who does your job in the future to know? Something that may be didn't go so well that you think someone else could learn from?**
- 00:18 I think it's because of our job, we need to be very neutral. Sometimes, it's in all organizations, so sometimes there is – because people don't know very well your role, so they might try to use you, or they might try – so I need to be v-, always very careful about writing emails, writing about, yeah.
- 00:47 So somebody who is not feeling good and comes to see me say, “Oh I don't feel good. Jorge just told me that I shouldn't come to office today.” And the person might use my, even yeah, my expression, my yeah, my verbal as an excuse not to come to office, or as an excuse to go on uncertified leave.
- 01:12 So I think this is something that I learned probably that I should be more careful that anything, yeah, anything what I – everything I say, people might take it as a completely true and, yeah.
- 01:28 So if I tell the person that, “Probably you will benefit from some rest,” the person takes it, “Oh, I need some rest and the counselor told me that I need some rest. So I will extend my leave. If I am on leave, I will extend and I will.” And yeah so it's – and also to, I think it's important that we do try to balance also our own life. I don't try to meet too much ICTR people outside working hours.
- 02:03 Sometimes, probably I try to avoid, I haven't – I created a network of people who are not ICTR and I feel more comfortable because there was a time that I used to attend some dinners and lunch and yeah, probably it was a way that people wanted to communicate with me their problems. So I remember I was eating, I was eating fish at somebody's place and the person start talking me, I mean, start talking to me about their own problems.
- 02:37 So I realized that it's, yeah, “I came here to, just to have a friendly conversation, not to hear about your problems.” So probably they see you as a 24-hours, yeah. And, and it happens in the missions also. This is something that, yeah, I have to deal with all the time, so.
- 02:58 There are times that I do family visits on Saturdays but in order not to – I take my daughter so always of the person you have, “You want me to see your family but can I take my daughter?” So, I try to balance also.
- 03:16 It's very important for us to balance family and, and, and work. Because it's a lot of tendency to – you give too much sometimes, yeah. Our job is to support people and you might be easily, very easily involved in giving too much and then, yeah, and then you don't become objective, so.

- 03:43 LPN: Thank you. The last question I have and then we'll take a little break – I'm curious have you been able to go to Rwanda?**
- 03:52 Yeah, I've been – I travelled twice to Rwanda. I provide sessions there also to staff on how to recover from a traumatic experience, what is trauma. I visit many of the genocide, yeah, places there.
- 04:15 I, I didn't, yeah – and there was a moment, there was one day that I wanted to leave that place. I felt that it was too much probably because one thing is to see on TV, to read the books, to hear about, but to go to the place and to see the bones of people and, and then to spend the whole day – I spend one Saturday just visiting all the places.
- 04:44 That was a little bit too much and it was Saturday and I was thinking, "If there was a plane on Sunday, I will leave on Sunday," because I wanted to go back to my – I mean here I have my family support, so it's . . . and sometimes I feel like, you know people sometimes try to cope with this, like they have different compartments.
- 05:09 It's, I remember one investigator, yeah, in Rwanda was telling me, "Jorge, if I do really feel, I don't, I don't feel anything when people tells me stories because I try to cut this from – a part of myself. So one part of me take the notes, listen to the stories, but the other part doesn't listen. So when I go home, I'd leave this part in the office and I go home and I don't feel."
- 05:42 But this is not completely true because it takes a toll after sometime and people do not realize. I used to – not here but in the previous mission – in Afghanistan I used to have a lot of people coming from the medical unit, with a lot of physical complaints. And when the doctor start talking to them, what happened to them, they realize that the person experienced a very traumatic event, a very traumatic, yeah, situation.
- 06:17 People normally do not connect what is happening to them to – and also on top of that, yeah, how do people, they drink, yeah. They do not connect that your drinking has been increased. They do not connect that your smoking habit has been increased. When I asked the same colleague who told me that he's just, he's just split into two that's why he doesn't – this is the way he tries to cope. And there's not anything wrong and he feels 100% okay.
- 06:56 When I start asking him, "So how is your sleeping?" He said, "Oh, I have days that I sleep well." "So how is your drinking?" "Oh, drinking is – I've been drinking more and more." Nobody connects this increase in drinking, yeah, because with the, with the probably – I mean, I must, this is hypothesis, yeah, but is anyway in a way the people try to relieve this stress, this tension that they, they have.
- 07:26 So it might be your health. It might be your drinking, your smoking, putting on weight, becoming more tense, and sometimes people become very irritable. And this is probably

what sometimes now people face in the office because of this downsizing also that people are put under more pressure and conflicts tends to, yeah, tends to become, tends to pop up so – because the tolerance are, drops.

07:59 So, since the tolerance drops, yeah, people become more outspoken and sometimes, yeah, if – somebody was telling me, “I used to ask always a pen to my colleague, and not a big deal, but one day I asked a pen and the person explode.” So yeah, things like, the thing is everything is connected but people do, do not understand this connection, this connectivity, so.

08:31 **LPN: Thank you so much. This is wonderful.**

## Part 5

00:00 **Donald J Horowitz: Dr. Sierralta, My name is Donald Horowitz. I’m a judge from Seattle, Washington and I’ll be doing the second part of the interview. And it may be, I’ll jump around a little bit because there were some questions that raised some other questions. I want to talk about, for a minute, about something you were just talking about which is the increase of irritability among people.**

00:23 **DJH: And one of the people we interviewed talked about that as well – I mean not a psychologist but somebody who works in, in the system here. And then that person said, “But the worst part is when I stopped being irritable I went numb,” and I guess I’d like to ask you about that, your observation of that issue, if there is one.**

00:48 But I was saying because of the pr-, additional pressure . . .

00:52 **DJH: Yes.**

00:52 . . . and now, the additional pressure is of uncertainty. People don’t know – “My contract is going to end in the December, it’s going to end in January, it’s going to end. Do I need to send my kids to school here or do I need to send them back home?” And the tension increase, yeah. It’s the general tension increase, so the tolerance decrease.

01:19 So reactions are different. Some people might become irritable. Some people might be, might become a little bit more aggressive, yeah. Some people might become indifferent, yeah, less motivated, careless. So some people might become sick more often because of, of the tension, yeah.

01:47 **DJH: This person was talking about listening over time, because of her job, to the descriptions of the, of the acts that were committed, and she said at a certain point she just couldn’t, couldn't feel anymore and that sh-, she became even more worried at that point. Have you seen some, some cases like that?**

- 02:10 Yeah. There is a point – I think, we do all have a capacity to absorb certain information and to process because it's not only the information that goes in, but the processing. And I believe, because it's like in a sponge, so there is a limit that you can, of water that you can put inside. So probably I believe that the person was just, yeah, reached a limit.
- 02:40 Might be also, might, probably the person was also reaching a limit of burn out also that, yeah, can't take anymore, so.
- 02:51 DJH: Well, this brings us to some other experiences you've had. You, you've been in some, I guess the word might be interesting but some difficult places before. I wanted – but before that, you mentioned being in, in school with a – and you graduate-, in, in the-, what was probably then, was it the Soviet Union then or (\_\_\_\_\_)?**
- 03:08 It was the Soviet Union, yeah at that time.
- 03:10 DJH: Yeah. When did you graduate?**
- 03:12 I graduate in 1994 . . .
- 03:15 DJH: Okay.**
- 03:16 . . . in end of May 1994 and the genocide started in, in April 6 or just was, just before the graduation and the final exams, yeah.
- 03:29 DJH: And you had this Rwandese man, person who was your roommate.**
- 03:33 Yeah, yeah and until now we c-, we do communicate, yeah, so we keep c-, yeah.
- 03:37 DJH: Your s-, your, your (\_\_\_\_\_)?**
- 03:39 He's, yeah, yeah. He's also a psychologist because we graduated from the same university, the same faculty.
- 03:45 DJH: And where is he practicing?**
- 03:47 He's practicing in Denmark. He's now living in Denmark.
- 03:51 DJH: In a private practice or . . . ?**
- 03:53 No, in a hospital, yeah, in a hospital, yeah.
- 03:56 DJH: So that your – part of your education was during the years of the Soviet Union and part was past when the Russian Federation be-, came, is, is that correct?**
- 04:06 Yeah, it was a big collapse so, so sometimes I, my, yeah, people, it was a big collapse of this belief system.

- 04:15 DJH: Mm-hmm.**
- 04:16 So there was also a huge increase on cardiovascular problems and, yeah, diseases and when the Soviet Union collapsed because of the, yeah, the change happened so – in a very short time and, yeah, and unexpected.
- 04:36 DJH: And the first job you went to, for, for, before the UN, you were with the American Red Cross, I think you said.**
- 04:42 No, I worked for the Russian, the Russian Red Cross.
- 04:45 DJH: The Russian Red Cross.**
- 04:46 Yeah.
- 04:47 DJH: And where was that?**
- 04:48 In St. Petersburg, this is where, yeah, I, I, . . .
- 04:52 DJH: And what kind of practice was that?**
- 04:54 I was providing psychosocial support to refugees.
- 04:57 DJH: Okay, from?**
- 04:59 From different countries including Rwandese. Also when the Soviet Union collapsed there were about 20 million of Russians who were outside the, outside the Russian Federation so we used to get also Russians, yeah, who were, just, didn't have any status. And also a lot of refugees also because Russian used to be – they use Russia as a, as a bridge to go to the West.
- 05:25 It was more accessible and easier, especially when the Soviet Union collapsed because, yeah, it was very easy to (\_\_\_\_), to go to Russia, so.
- 05:37 DJH: And after that, what was the next job?**
- 05:40 Then I joined UNHCR. I was, I was a contractor with UNHCR, yeah, also working . . .
- 05:46 DJH: ICR being?**
- 05:47 Yeah, yeah.
- 05:48 DJH: Tell us.**
- 05:49 U-N-H-C-R, the United Nations Agency for Refugees.
- 05:56 DJH: Okay, yeah because the acronyms don't . . .**

- 05:58 Yeah, yeah, the, the acronyms . . .
- 06:00 DJH: And how long had you, had you worked with the Red Cross before you went to the . . .**
- 06:06 It was about one year and a half, yeah. And then I, I've, two years with, two years, with yeah . . . UNHCR.
- 06:16 DJH: UNHCR.**
- 06:16 UNHCR. United Nations and, how is, United Nations, yeah. I need to remember what.
- 06:27 DJH: Okay, that's okay. Something about . . . it's about refugees.**
- 06:29 Yeah.
- 06:30 DJH: And where were you located during that?**
- 06:32 In, in, in Russia, in St. Petersburg also.
- 06:34 DJH: Okay, okay. And . . .**
- 06:37 That was an implement so what happened that the Red Cross was looking after this refugee center that was – so the Red Cross was an implementing partner for this, the UN agency, so then just I moved to the, yeah.
- 06:51 DJH: Okay. And you worked there a year and a half, you said.**
- 06:54 There I also worked about a year and, and a half, yeah.
- 06:57 DJH: Okay, and then where?**
- 06:58 And then I moved to, to DRC, to Congo, Kinshasa.
- 07:03 DJH: Okay, to the Democratic Republic of Congo. And you were working for the UN then or . . .**
- 07:07 Yeah, for the UN also, yeah.
- 07:09 DJH: And you said that this sort of a crisis management job of some sort. Am I, I may have not stated that correctly.**
- 07:18 Yeah, there was a – it's a huge mission, it's a huge mission with a lot of military peacekeepers, yeah. And a lot of civilians, so we used to manage the well-being of all the staff, especially civilians – because the military, they use to have their own team, their own medical doctors and sometimes they will have even a counselor there, a mental health.

- 07:42 But they are trying that they, yeah, depending on the country, some of them will have, some of them will not have. So we used to provide counseling services but also there were many emergencies there so, yeah.
- 07:56 DJH: Emergencies, of what sort, like . . . ?**
- 07:58 Looting, yeah, looting. But, yeah, we have emergencies and a lot of looting to UN guesthouses, robberies, yeah. So . . .
- 08:10 DJH: And I – was there violence, and I don’t mean just civilian violence but also military violence going on at that time . . .**
- 08:18 Was a military . . .
- 08:19 DJH: . . . that affected your staff?**
- 08:21 Well, there was a military violence. Also there was a – yeah, many of our peacekeepers also they witness atrocities and there was a time, you know the UN operates on different chapters.
- 08:37 DJH: Yes.**
- 08:39 So yeah there was a time when the, our troops they, they could not, they could not enforce, they could not provide the, the real support, the real military support that they are trained in. You know, a military is trained to act, not to observe and that creates a lot of tension on military who are working in peacekeeping operations when, yeah, they are not able to, to act, to react.
- 09:14 So it happened in, in Congo, yeah, that many of the, of our military, they witness atrocities very similar to what happened in Rwanda. I will say very similar, and they could not do anything. Because the UN operation is Chapter 6, Chapter 7 – so that time it was a Chapter 6. So on the Chapter 6 you observe and you use your weapon only under self-defense, but . . .
- 09:46 DJH: And then how long were you in, in Congo?**
- 09:49 I was there 24 months, so almost completely two years, yes, ten days before two years.
- 09:55 DJH: And then you went where?**
- 09:56 I went to Afghanistan.
- 09:59 DJH: And how long were you in Afghanistan?**
- 10:02 More, a little bit more than three years.

- 10:04 DJH: Okay. And . . .**
- 10:05 So, while I was in Afghanistan, I, there was, you know we had the, the earthquake in Pakistan and also a couple of incidents so while I was in, in Afghanistan I was also requested to go to Pakistan to provide assistance also after the earthquake in, in Pakistan.
- 10:27 DJH: And where were you in Pakistan?**
- 10:29 I was, I travelled to different areas to, yeah, to, to different . . .
- 10:32 DJH: Near where the earthquake was.**
- 10:34 Yeah, all – to all the affected areas of the earthquake, yeah, so.
- 10:37 DJH: Okay. So near what town that would . . .**
- 10:41 Muzaffarabad, Mansehra, (\_\_\_), yeah.
- 10:46 DJH: Okay. And describe what you – the work you provided. The . . .**
- 10:53 Our job was more of a psychological assessment, yeah, the needs assessment. Because what happened after a critical incident, a huge critical incident, the UN sent a lot of staff. So we go there to assess, to make an assessment: “Okay, what might be the needs? How many counselor we need to deploy?” If it’s a catastrophe that will involve thousand of thousand of UN staff, so we need to assess, “Okay, how many people will . . .”
- 11:31 And our job is just to make an assessment and to make recommendation because then later on normally what the, the, the unit, which is in New York, what they do is they hire local, yeah, so they try to find local resources so, to put in place a support system.
- 11:54 DJH: And was that true the whole three years you were in Afghanistan?**
- 11:57 No, no, no, no, no. It was the, I was, yeah, the whole three years, 37 months I was in Afghanistan. So I travel to Pakistan on three times yes, so was . . .
- 12:10 DJH: So that’s what you just described.**
- 12:12 Yeah.
- 12:13 DJH: Okay, and when, when you were on your regular duty, if you will, in Afghanistan, what kind of, what kind of work did you do?**
- 12:20 Oh, we used to do a lot of emergency because there used to be a lot of explosion. There was a kidnapping of national staff also and a lot of threats, so threats had been increased and the intensity of the threats.

- 12:40 So people used to – yeah, our staff they, they just live in a, in a compound so it’s a lot of isolation, also problems that people live alone so we ( ), we do support them also with this long distance family relationship.
- 12:58 We provide sessions on alcohol abuse and, and yeah, if, during the crisis, crisis – When I say crisis, is an attack to a convoy, you know, riots. Riots, you know, riots is something that is difficult to describe. You have thousands of people around, around you throwing stones, burning your house, so we have riots also. We have a lot of, a lot of collateral damage.
- 13:40 Collateral damage is when the UN is not a target but because you are next or you are close, yeah, because they target at normally the, the, the Army but if you’re vehicle is next to that vehicle or if they miss the target, then you might be a target of opportunity. This is what they call target, yeah.
- 14:05 **DJH: Okay, and you – after that three years you – is that when you came to . . . here.**
- 14:11 I came, yeah, here, yeah.

## Part 6

- 00:00 **DJH: One of the things that occurred to me, actually in the break you mentioned about talking to some judges, I think you said, in, when you were in Afghanistan. Why don’t you relate that what you told me?**
- 00:15 I, I was, yeah, judges also they have also – some of them they have this macho probably mentality yeah. That – but I remember a case, yeah, when the, in one of the houses, because they, the judges were there to improve the law system. And one of the staff died inside the house because of this monoxide carbon, you know you need to heat the house and you have a heat inside the room.
- 00:49 So one of – and then I was asked to provide assistance and one of the judges was telling me that, you know, “We’re used to this kind of, but when you see somebody who is close to you, when something happened, somebody who is close or next to you, then it’s a totally different.”
- 01:11 “And also we thought,” he told me, “we thought that this can happen to, but, you know, you always have the belief that this will happen somewhere else but not here.”
- 01:23 So we have several, yeah. Even the time I was there during this three years, I heard yeah, of several people; three, four people who, yeah, they died because of this intoxication, this . . .
- 01:38 **DJH: Oh, carbon monoxide poi-, poisoning.**
- 01:40 Yeah, carbon, yeah, carbon monoxide, yeah.

- 01:42 **DJH: Mm-hmm. Because the heating system . . .**
- 01:44 Because of the heating sys-, you need to heat your – and then you, you forget or you, yeah.
- 01:48 **DJH: Mm-hmm, mm-hmm. You have – your practice has taken you to a great many different places with v-, a great many different cultures. And you were trained in particular place and my question is what, what effect if any the different cultures or different attitudes towards I guess mental health or illness and so forth?**
- 02:15 **DJH: How have you managed to, first of all, understand the different cultures you're in and adapt? If you, if – and tell us a little bit about the difficulty, if, if there was any, of adapting your mental health approach to different cultures?**
- 02:31 Is a, is a very interesting question. I think sometimes because I, I've been trained to provide counseling sessions, therapy and I remember the first time when I started in with people from different cultures trying to apply some of this western style. It didn't work well and it upset even the client. So I've been very sensitive. I try to center myself on what the client wants, how the person perceive, what is the belief system in that culture.
- 03:12 So I will normally ask the person, so, "In a similar problem, how in your culture this problem might be solved?" So I try always to, to change the approach, yeah, to be more client center then. So I think that is a very important factor to start with when you deal with people from different cultures also. And since the belief system is very powerful, just use the belief system of, of, of people.
- 03:43 So if somebody comes to me telling me, "Oh, somebody has done something bad to me," and the person has a very strong belief system that somebody put something on his glass of water and then things are not going well, so most probably I will tell the person, "Okay, I have an antidote that will going to help you." And, and it works.
- 04:08 It works because I don't try to change the belief. It will take me more time if I try to change the belief system of the person, so I work with this belief system. So I think it's something – also of course, sometimes because the person, English is not the mother tongue, English is not my mother tongue. If the person speaks French, it's okay, or Russian or – but it creates a lot of difficulty sometimes.
- 04:37 Sometimes, but you know, very often there we built a trust and the trust is built. Even the word are not very important, very often because my job is to listen to them, to assist them.
- 04:51 So yeah, so this is how, yeah, probably – but it's a very challenging, yeah, to, because people have, yeah, come from different background, different culture, different education so sometimes I need to make it simple, to explain in, in a way that they will understand.

- 05:10 It's, it's challenging because it's like talking about a legal issue to a child so you need – or talking to somebody from a different culture who is not even that, that is not in their language. I was talking, I was providing a session on homosexuality and I asked participants so, "It's this word in your language?" About six, seven of them were telling me that that word of homosexual is not even in their own language.
- 05:46 So you know, things, yeah, we need to be very careful with the – so it applies. So yeah, to use, explain them, to repeat, to make sure that they understand.
- 06:01 DJH: It, it brings me to a question based on something you said to Lisa earlier. You said that when you came here some of the people had used coping mechanisms that had worked somewhat for them. Can you tell us, I mean, if you discovered, what were the coping mechanisms that different people use that, that did work?**
- 06:21 I, I think there's been a lot of sharing, a lot of – because cohesion in some units, cohesion is very high so I think that coping mechanism, that feeling connected to each other, that has been very, very useful.
- 06:36 Some people had been sharing their problems also, yeah, very – and the fact that many people are here with their families and they are not disconnected with their families, also that, that social network is very important, has been a very, yeah.
- 06:53 So that's why I didn't see, I don't – I expected to see more problems; people with traumatic stress but it's, it's not. People, yeah, they, they cope well with, yeah, with, yeah, I mean in, in, under these circumstances, yeah. Probably in a different environment, yeah, the, the case might be higher but you know we need to understand that many of our staff come in the cultural background, the social support is very strong.
- 07:25 If you see the origin, the country that people come from, many of them they come from countries that the social network is very strong so, yeah.
- 07:40 DJH: So that helps . . .**
- 07:40 Many things, many things yeah, many things that we discuss in, in counseling that we try to – we make people to talk to, it happens in their own culture so they activate their own system and it's, it's healing so, yeah.
- 07:56 So like if somebody dies, yeah, like just yesterday somebody we heard, I was in the corridor and I saw somebody on the phone and I saw crying the person. The person was crying. So I didn't provide any assisting. I just wait until the person finish. When the person finished, the person told me that their father die. Immediately, I don't know how many but there were probably 20 people next to the person providing support.

08:27 Okay, situation in a crisis situation that, because people come from this cultural background and they activate. It's, it's, it's a natural healing that probably people in the west is not, I mean, people in the west their, their network, their social support is less so than people coming from, from a different, yeah, from, from Africa, from Asia.

## Part 7

**00:00 DJH: You, you came here, the reason, at least one of the main reasons you came here, was because of the potential downsizing of the staff here because of the potential closure of, of the ICTR. And I – you've obviously dealt with other issues as well as we just described.**

**00:28 DJH: Tell us what, what you're doing about that downsizing and how that seems to be working. And I know, I'll preface it by saying I did read a talk to the staff by the Registrar himself, in which he appointed you and Mr. Cald-, Calderone to work together on this, on this subject.**

00:56 Yeah, I think the downsizing is – you know, reorganization of any big structure like ICTR of course is going to create a lot of stress, anxiety. So ( ), we need to increase the, the support because we, we increase the demands on people when it increase the support systems, so. And, and because also the, the idea is to create this mobility program is for people to look inside, in-house, and not to look out-, outside.

**01:36 DJH: By in-house do you mean in the UN?**

01:39 In, no I was . . .

**01:40 DJH: Or, or in ICTR?**

01:41 In ICTR. You know the mood is people are leaving. If people get opportunities, they, they go and I do not blame people because loyal – there is a loyalty but at a certain point, if you know that the mission is downsizing, then people just go to, to a better place. So it's a migration of staff, which creates also that pause, a vacant, internal pause in there so we want to choose to . . .

02:17 So, there is now a, I would say, a natural downsizing because people are going by – if they get opportunities they go. But when they go, they create a spot, yeah, that needs to be filled. Instead of bringing somebody from outside, we want to fill this gap with somebody who is already inside so that was the idea of . . .

02:41 And it, it was the idea also to show that administration looks after staff, that, yeah, so.

**02:53 DJH: One of the first things you said when you walked in here today before we started the interview is staff is an asset and we need to recognize that.**

- 03:00 Staff is an asset and, and investing on well-being is very important because, yeah it's not important but it even is cost effective. It's reduced turnover. It increase morale. It improve efficiency. It decrease absenteeism. It decrease medical leave.
- 03:27 So there's so many mechanism that we need to put in place. And also just we're, I mean nowadays, my office is involved also in the, in the fitness recreation center here.
- 03:46 So we just few months ago opened a gym. We're going to open a fitness center, so we're going to offer a lot of fitness activities. So we hire already one trainer. We are going to hire one more, so the support is increasing. You know it should be proportional. So, so I think it's, it's a very good faith from the administration, from the management.
- 04:13 So, on top of that, we have this mobility, internal mobility.
- 04:17 DJH: Does it seem to be, I mean it's, it's early yet to, to, to know the how, the sure outcome – does the mobility, has it been working or is it too soon to tell?**
- 04:28 You know, I, I, I – my criteria of success is not by how many people we, even if we, one person, for this person we change his life, for this family, for this kids, you see it is . . . so this is how we are looking at the moment.
- 04:49 Of course we want to help a lot of people who, we expect people – that a lot of people will benefit. But we are also, yeah, happy if we can help at least one person.
- 05:02 DJH: Have there been one or two or three or so far since April?**
- 05:07 The, no. The, this internal mobility is going to be, we are going to put in place now.
- 05:13 DJH: Oh, okay.**
- 05:13 So it's just a draft. We just draft few days ago the, so it's not yet, it's not running this. So it's, we started just so we just went to . . .
- 05:24 DJH: Okay, so you have a draft, which I guess the Registrar would have to approve, and then you go forward.**
- 05:29 Yeah, yeah.
- 05:29 DJH: Okay.**

## Part 8

- 00:00 DJH: Have you, in working with people here – I know some of the staff and, and you've worked with some of people in, in Rwanda, the staff in Rwanda. Is there a difference do you find between the Rwanda people who you work with and the, and the people from other countries, in terms of what you find and what you must do?**

- 00:25 Of course for a – you know if you read the newspaper, if something, if I read the newspaper and something is happening in the X country, if somebody from X country is reading the same newspaper, the effect is different. And the same also applies for Rwandese when they hear about, or then, or a, a witness comes to say, I mean, to tell their story. If there is somebody from a different country, of course, he will feel more detached from the story.
- 00:57 A Rwandese will associate what happened. It will bring (\_\_\_), back memories of the event. It might bring back memories of the event, so. Also the person might feel – you know this is what we call identification. You feel over-identify.
- 01:18 With a foreigner, somebody who’s listen the same story, their over-identification is, I mean, is less. So that is the . . .
- 01:28 DJH: One of the questions I wondered about with respect to Rwandese is – who were not there when it happened but, and perhaps discussed with you – is, I thought about if I had been there, what would have happened. Have you had discussions like that?**
- 01:45 I think – yeah. It’s also because I believe some people are looking at the problem from inside the box. I will probably not be as objective and I will not provide probably the same support if I was during the genocide.
- 02:01 DJH: Mm-hmm.**
- 02:03 If I was myself during the genocide, my ability to provide support will be different. I will not say – it’s difficult to say but being outside the box is a lot of, it’s a different perspective you have.
- 02:21 So you see the problem because you are not part of the problem. If I was during the genocide in Rwanda, I will have my own trauma to, to deal with. So I think that, yeah, it’s, it’s important to, to also to understand this.
- 02:41 DJH: And let me ask you another sort of shade of that same question. Have you found a difference between staff who are stationed in Rwanda – whatever their background, whether they’re Rwandese or something else – and staff that are stationed here, in your own, in dealing with the staff?**
- 02:58 You know, it’s always probably that I will only talk about the perception of people, yeah.
- 03:05 DJH: Sure.**
- 03:06 People always, I mean we, we believe people in Rw-, the Rwandese, the national, international staff, they feel that, “Okay, this is a sort of capital,” so they are the, the province.
- 03:16 DJH: Mm-hmm.**

- 03:18 But in term of dynamic, of course in a small office, people are more cohesive because many of them probably – many even of the international were du-, were during the genocide – there is a very strong bond.
- 03:39 You know if you and me, we suffer a critical incident together, we will be bound for life. So I . . .
- 03:51 DJH: You and your roommate suffered not the same, but you were there, you were together when you heard about it.**
- 03:56 So yeah, so we are – and then we also see, yeah, the people who suffer, yeah, in Afghanistan was the same also. People who suffer together, critical incident, they were almost, they were very, almost died together, there, there is a bond between them, and it will stay forever.
- 04:15 DJH: Okay. There is a physician here, Dr. (\_\_\_\_\_) I think is her name and I don't know if there's any other, if there're any other physicians. Have you sometimes needed to call upon them for either medication or some other kind of assistance when you're dealing with . . . ?**
- 04:34 We do work in collaboration. We do refer, I do refer, yeah, I do refer to her and because there are times that people need not only counseling; if I see somebody who is depressed and might be beneficial the per-, for the person to get medication. But very often I refer outside, the, the, yeah, the . . .
- 04:58 DJH: Here, outside here.**
- 04:58 Outside, outside ICTR, yeah. Or with Dr. (\_\_\_\_\_), we started a program on awareness of alcohol abuse so, so we have done this project together.
- 05:14 DJH: And, and you mentioned that you were one of the people who helped get the AAs, Alcoholics Anonymous started.**
- 05:20 Yeah, I, I was one of the, yeah, to, to, who push to make this happen.
- 05:26 DJH: Right, right. And was she involved in that project with you?**
- 05:30 No, no, no, she was not involved for that project, yeah.
- 05:31 DJH: Okay, but she has been working with you here about issues of alcohol.**
- 05:36 Yeah, yeah, yeah.
- 05:37 DJH: Okay.**

## Part 9

- 00:00 DJH: I'm getting down toward the, toward the end. Have you yourself been to the detention facility here?**
- 00:06 Yeah, I provide sessions at the detention facility and there, there used to be a psychiatrist there who used to come to me very often, and yeah. I was there also. I provide sessions to staff because they deal also with people – you know, working in a prison is not the same as working in a museum.
- 00:28 So no matter how yeah, how good is the prison, it's still a prison. So yeah, I provi-, but I do not provide service to detainees.
- 00:43 DJH: To – you don't provide . . . okay.**
- 00:44 I don't provide to detainees and I don't provide service to detainees. It's not my, on my term of reference and I don't want to, to be involved. But I provide to staff. So we provide support to the one – we help the helper. So this is what we – so we provide sessions there on how to deal with traumatized people, and also how to provide psychological first aid.
- 01:15 DJH: 'Kay. And, you say you don't, and I understand you don't provide any services to the detainees. Have you met any of the detainees?**
- 01:26 Yeah, yeah. I met, I saw them, yeah. They (\_\_\_), we go there, yeah, I saw them but I do not, I do not talk to them. I mean I just, "Hello." Yeah.
- 01:35 DJH: Mm-hmm. D-, I, I take it what they are, if they've been convicted, what they've done is something that stays in your mind.**
- 01:46 Yeah, this is something I could not probably comment because I have yeah, but it might be an interesting experience also, yeah.
- 01:58 DJH: The UN statute which started the ICTR talked not just about providing, deciding, the judiciary deciding guilt or innocence and providing sentences but also talked, said a few words at least, about reconciliation.**
- 02:15 DJH: And I'd like to ask you first of all what that means and to what you have – to you and to your function, and have you been a part of it?**
- 02:29 I believe, you know, reconciliation is an internal and this is a sort of social justice. So, and this is what probably the population of Rwanda are waiting and very happy when this social justice is restored because it helps the internal healing, the trauma.
- 02:52 DJH: Okay.**

- 02:53 So it's, yeah, it's a process. Every year in Rwanda on the 6th of April, there's a lot of activities, and, you know, too. And the idea is that people does not, does not need to forget.
- 03:11 We need to learn from this experience and we expect to have a better social justice. And I think ICTR, the tribunal is to bring this social justice – to, to restore and to speed up the healing of people.
- 03:24 DJH: Okay. And do you have a part in that, do you think?**
- 03:30 I do, you know my job is to support the one who – yeah, because I support the one who make this happen, yeah, who are making this happen. So I have a, I have a role to play.
- 03:48 DJH: What do you think, if you, if you have an opinion, the ICTR can do to increase or accelerate or bring social justice or reconciliation to Rwanda? That's a big question but . . .**
- 04:03 Yeah, I, I, yeah. I think we should – it's important. They are doing well on broadcasting this. People need to be and I think Rwanda people, Rwandese, they need to know what is happening. The sooner we get this social justice done, the better it is. I will, I believe. And yeah, it's, it's, the better it is for the healing.
- 04:39 DJH: And how would you define social justice as best you can?**
- 04:42 Social justice is, is when, I understand is, is when a crime who has been committed and a punishment – a punishment has been given. You know, it's a lot of relief knowing that, okay, the crime, we know about the crime what happened but this punishment so is to restore the, the confidence in the society. Also to restore that things will never happen again.
- 05:29 So, in Rwanda it's everywhere, "Never again, never again." You see, this is part of the social justice of, it's part of this telling people, "Okay, it will never happen again." This is the social justice. There is a tribunal in, in Arusha who is dealing with this, with helping to punish the perpetrators. So this is part of the social justice. So every year, on the 6th of April they have a commemoration.
- 06:03 It's part of the social justice that people do not forget. They don't want to forget. It's not important to forget. It's good to have it there, to, to remind yourself that this will never happen again – and to assure the future generations, yeah, because there's always a fear, internal fear that this might happen.
- 06:24 And this will not, they will not help the, the healing process. It's a whole nation, you know, it's 8,000,000 people living in Rwanda. All of them, they have their own suffering. All of them they have a story to tell. Some of them are very dramatic; some of them are very

traumatic. But on 6th of April, all the nation cries and it's part of this healing also. It's part of this getting off to the chest, sharing with other people who suffer a similar situation.

## Part 10

- 00:00** DJH: If, if we were to unfortunately have to have another tribunal in a situation of this sort and there were a counseling component to it and you had something to do about the design, you know, how would, how would you hopefully, you know, improve? If you, if there are ways that you feel that this needs improvement and particularly in your area, what would be your suggestions?
- 00:39** DJH: This is your chance in a way to speak to the future because people five, ten, 15 years from now will be seeing, hopefully seeing your thoughts or hearing your thoughts. And not, and people of all different types; and some of them will have the ability to perhaps cause some good th-, better things to happen. So I invite you to give us the best of your thoughts about improving the areas you know about.
- 01:08** I think in the setting up of any tribunal, the counseling should be a very important part which should be there from the beginning, from the design – because we are talking about genocide, talking about traumatic experience.
- 01:29** We're talking about sections that deal with traumatized population, so from the beginning, from the design, from the beginning, from the starting I believe it's important to have a counselor.
- 01:48** And the unit should develop, yeah. It's important to have a female and male counselor because some people feel more confident to talk to a female. Other people would feel more comfortable to talk to a male. And also it's important to – people go to mission, yeah, they go to mission. They interview people and they come back.
- 02:13** Does anyone debrief them? Does anyone tell them, "How do you feel? How was the, how – you just heard, I mean, terrible stories." Is anybody debriefing them? Do I have the capacity to go to Rwanda every time to, to debrief them? So from the beginning it's, it's, it's, it makes easier because you know, you need t-, I need to create an awareness now.
- 02:43** When we are closing, I need to create the demands. At this moment – of course at the beginning we have only a month, we have only seven people coming. Now we have about 52 people coming every month, yeah. But it's because I am alone but I think, yeah, I believe that a bigger unit would also help, yeah, so to, to provide more sessions, more trainings, to provide to debrief people after very difficult missions.
- 03:26** They go to the field, you know, they go home. They take this problem home. And yeah, it's like we're, we're squeezing a, a lemon. You squeeze a lemon and you take all the juice. So when you, the juice is yeah, you take all the juice what you do with the lemon?

- 03:49 So I think we are changing this mentality in the UN. We are really investing on staff and I believe on, yeah, it's a very important element from the beginning, so.
- 04:03 DJH: Well, when w-, when we were talking before the interview you said, "I would like something to come out of this where people can hear our experience and our ideas." And I want to be sure that you have the op-, that opportunity because you're talking to the future. Anything, is there anything else?**
- 04:22 Yeah, I want to say it's not an easy job. It is not an easy job. It, there are times that you feel sick. It's a very difficult job, yeah, sometimes. I remember I was checking the files in Afghanistan of people with psychosomatic disorders. Among the five files, I saw one of the files was mine – because I start having pains and I check and the doctor told me, "You don't have anything. Here, look after yourself."
- 04:59 So I believe it's very important factor to – it is very important to look after yourself if you are involved in this business, because it's very demanding. Try to separate also, try to just separate, yeah – because you're working in, in either in a mission or in a duty station like this; people look at you 24 hours counselor. They invite you for dinner and they talk about their problems.
- 05:32 They invite you for to swim and they talk about their own problems. And yeah, there is a moment that your body cannot absorb anymore. And in order to become efficient and to provide efficient service so you need to at least probably more often say no.
- 05:56 DJH: Mm-hmm.**
- 05:56 So this is what I will probably tell, yeah, somebody who is going to watch this, so. If you don't say no, think about, because it's from time to time you need to say that more often.
- 06:11 DJH: You will become like that lemon that's squeezed out.**
- 06:13 Yeah, you will be like the lemon who's squeezed out and you won't be effect-, I mean you won't, you won't be effective.
- 06:20 DJH: I have just two more questions. Number one is very easy and I hope the answer is yes. Will you be able to provide us with copies of your, some of your monthly publications?**
- 06:31 Okay, yeah, yeah.
- 06:32 DJH: Okay, you're, you're comfortable with that.**
- 06:33 Yeah, yeah, yeah, I'm comfortable with that. It's open, yeah.

- 06:36** DJH: That's good. The second question is, and may not be as easy, would you also include victims and or witnesses as part of a total new end counseling service in a situation like this in the future or would you farm that out? Or how would you do that, if at all?
- 06:58 So I didn't – I didn't understand the last question about if for the victims?
- 07:02** DJH: Yes, wh-, there are a lot of victims who probably could use some psychological help. Would you include that in the mission of – if you were creating a, a system in the future, would you include victims? Would you include witnesses as part of the clientele? It might be different people because you have a . . .
- 07:21 Yeah, I think in the mission here in ICTR, the victims were included so there was a, there was a person and there is a medical doctor and a psychologist providing psychosocial support to victims.
- 07:36** DJH: In, in Kigali, in Rwanda. Okay.
- 07:38 In Rwanda, so the victim has not been – and that was mandatory to provide support, yeah.
- 07:45** DJH: Okay.
- 07:46 But it's the staff who were not yeah, they thought that the staff they can, they can deal with this problem. So the victims, yeah. And the victims is a very important factor. The victims – even the detainees, they used to have just recently, a few weeks ago. The psychiatrist is, yeah, left . . .
- 08:10** DJH: (\_\_\_\_\_), yeah.
- 08:11 . . . but even the detainees they have somebody who looks after them.
- 08:15** DJH: Right.
- 08:15 The victim have somebody who looks after them.
- 08:18** DJH: Do they still have somebody in Rwanda to do, look after the victims?
- 08:22 Yes, they have somebody. They have a person there who . . .
- 08:25** DJH: One person?
- 08:26 One person but depends if they – they will not – they hire, yeah. So when I was there last time, there was one person, before they were three persons so it depends on the, on the demands, yeah.
- 08:39** DJH: Okay, and how about the witnesses? Is that true the same? S-, is the same thing true for the witness?

- 08:43      Yeah, yeah, the witness, yeah, yeah, yeah.
- 08:45      DJH: Okay. Is the person who was doing that whether to the victims and or the witnesses is he, he or she trained, you know, as you are, you're a well-trained person?**
- 08:56      He is a Rwandese. Now it is, yeah, he's a Rwandese, now in yeah, he's working in, in, in Kigali.
- 09:03      DJH: And he is a staff member of . . .**
- 09:05      He's a staff member of the, yeah.
- 09:07      DJH: Ca-, can you tell us his name? Do you remember his name?**
- 09:09      (\_\_\_\_). (\_\_\_\_) or (\_\_\_\_), yeah so he . . .
- 09:14      DJH: Okay.**
- 09:15      We, I met him, yeah, during one of the visits, so we do communicate.
- 09:20      DJH: Oh, you do communicate, good.**
- 09:21      Yeah, so.
- 09:22      DJH: All right, is there anything else you'd like to add?**
- 09:25      I, I want to thank you, yeah. You and your team and it was a wonderful experience to share some of the . . .
- 09:34      DJH: Well, we want to thank you. And thank you for sharing.**