



## Interview with Walter T. Gwenigale

Minister of Health and Social Welfare of the Republic of Liberia.\*

*To open this issue on ‘Violence against Health Care’, the Review sought the perspective of a health-care professional who has worked in the context of an armed conflict.*

*Dr Walter T. Gwenigale is the Minister of Health and Social Welfare of the Republic of Liberia. A practising surgeon for more than 30 years, including during the civil war, he has served as Bong County health officer, director of Phebe Hospital and president of the Christian Health Association of Liberia. He has also served on the World Health Organization’s executive board and as a board member of the Roll Back Malaria campaign.*

*In this interview, Minister Gwenigale explains how the armed conflict in Liberia impacted on the work of remotely-located Phebe hospital, on the needs of its patients and on the ability of the hospital staff to provide them with adequate medical care. He describes the main security challenges and the way in which the hospital staff attempted to address them. He also recalls instances in which the hospital staff and facilities were the direct target of this violence, sometimes leading to tragic consequences. In addition to the short-term impact of the armed conflict he witnessed as a doctor, Minister Gwenigale also reflects on the long-term effect of this conflict on the health system in Liberia today.*

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\* This interview was conducted on 4 December 2012 in Monrovia, Liberia, by Pedram Yazdi, Communication delegate, and Varney Bawn, communication assistant, International Committee of the Red Cross (ICRC) delegation in Liberia.

***Minister, how would you describe your experience as a doctor working in a hospital during the war?***

As many people in Liberia are aware, I worked as a doctor in Phebe Hospital<sup>1</sup> during the whole war and during that time, I came up against two real problems: how to treat people coming from areas directly affected by the conflict and what to do about the families of staff members. When the war came, my wife and three children were with me in Liberia and I was worried about what might happen to them. I decided to stay with my patients but I sent my family abroad. The fact that I decided to stay with my patients encouraged other employees to stay too, but they sent their families back to their villages. The people who stayed with me were really putting their lives at risk.

At the time though, we thought the war would be very short. Many of the patients at the hospital who were well enough to leave, did so. Those who had come for elective surgery decided to leave and return once the war was over.

In times of armed conflict, a doctor's first responsibility is to patients already admitted to the hospital, as well as to the people taking care of them, and then to wounded people who arrive as the conflict continues and the fighting moves closer to the hospital.

During the conflict, security became a real challenge for us as four or five different armed groups took over the hospital; one group would come and force out another, before in turn being forced out themselves. It was a serious problem, especially for some of our bed-ridden patients who had fought against these armed groups and whose lives were now in danger.

For example, we had wounded fighters from the Doe Army<sup>2</sup> in the hospital. As the fighting came closer, the most seriously injured patients were transferred to Monrovia. When Prince Johnson's<sup>3</sup> people took over, we were seriously concerned about the security of those patients that had previously been fighting Prince Johnson's supporters. We had to try to protect them so that they would not be killed. So we had to manage all these concerns and threats at the same time in what was a very volatile environment.

***How did you keep patients safe when armed groups came into the hospital?***

It was difficult, but we tried to distinguish between those patients with an obvious war wound and those without – for example, patients with typhoid or cholera from drinking dirty water. We had a place next to the hospital called Waterside Village where we could hide war-wounded people.

1 Editor's note: Phebe Hospital in Gbarnga (about 300 kilometres from Monrovia in central Liberia's largely rural Bong County) opened in 1921 and never stopped working throughout the conflict (1989–2003). See the hospital's website: <http://phebehospital.com/>

2 Editor's note: Samuel Kanyon Doe (1951–1990) was the head of state of Liberia from 1980 to 1990.

3 Editor's note: Prince Johnson was a senior commander of Charles Taylor's National Patriotic Front of Liberia (NPFL). In 1990, he left the NPFL to form the Independent National Patriotic Front of Liberia (INPFL), which captured a part of Monrovia in September 1990.

We had other ways to hide people and keep them safe. I remember very clearly that at one point the supporters of Charles Taylor<sup>4</sup> were killing members of the Mandingo ethnic group, so one of my staff kept a Mandingo man in his house for months. No one would have guessed that a Mandingo man was hidden there.

When a new armed group came into the hospital, the first thing I tried to do was identify the commander, who would usually introduce himself. Then we would explain to them why we were there, that is that we were there to help them and treat them if they got wounded. Sometimes we would bring them into the hospital to visit their wounded friends. When they saw their comrades lying in bed and being treated, they came to understand that the hospital was there to help them.

Finally, we used to insist that no one could enter the hospital armed, and this was generally obeyed. When fighters came, they would leave their weapons outside with their friends before they came in. Then when they left, they would get their weapons back. It was generally very useful to establish this rule.

### ***What was the situation of the civilian population around the hospital area?***

Because of security concerns, we could not provide health outreach services. We could only take care of emergencies in the hospital and were prevented from carrying out vaccination campaigns in the area. We could not leave the hospital because there were fighters in all of the surrounding villages.

However, a consequence of staying instead of leaving is that you gain people's confidence and they come to you seeking refuge. So, in addition to taking care of patients, we looked after internally displaced people who came to us because they thought the hospital compound would be safe.

This did not stop us doing our work, of course; there were different people taking care of the displaced people. The ICRC, for instance, brought food from their office in Man, Ivory Coast, to us in Phebe. Then the chaplain, the pastor, and other people in the compound, working with humanitarian workers, handed out the food and other supplies brought by NGOs and the ICRC. The hospital staff themselves were busy taking care of wounded and sick people and malnourished children coming from areas affected by the fighting.

### ***What kind of violence did your patients face during the war? What about your staff and the hospital?***

I think the most frequent form of violence I came across was rape, not only of women, but also of men. In some cases, fighters were raping people as a way to dominate them in war. Another pattern was people having their limbs severed. Personally, I spent many, many hours in the operating room trying either to remove

4 Editor's note: Charles Taylor headed the NPFL from 1989, until he was elected as Liberia's president in 1997.

pieces of shrapnel from patients or trying to treat people who were shot in the stomach and bleeding. Sometimes we had to go as far as amputating limbs that had been shattered by bullets. We saw different types of wounds, including bullet wounds, knife wounds, wounds with cutlasses, and so on.

Another problem we had to face was looting of the facilities themselves. Some were looted, others were burnt down. I was in charge of C.B. Dunbar Hospital in Gbarnga, the capital of Bong County, but it was burnt down. Almost all the clinics were looted; if there were things there that the fighters wanted, they would just take them as their due. The hospital materials were, of course, of value to the warring factions because they needed them to treat their wounded members. Sometimes they would take some of our drugs back to their base to treat their people. In addition, they stole not only hospital supplies, but also the hospital staff's belongings.

### ***What happened during the Phebe Hospital massacre<sup>5</sup> in September 1994?***

At the beginning of the war, many of the health-care facilities in remote areas were abandoned. Only a few remained open. The only places that were protected – and only if the fighters knew that they were there to help them and to treat their wounded – were those located on main roads. One of the biggest challenges was that the areas where hospitals were located came under the control of different groups, depending on the evolution of the conflict. So the armed group that took control of a certain area was always suspicious of hospital staff – they would suspect them of having collaborated with the armed group that had previously controlled the area.

I was not in Phebe when the massacre happened. From the account I was given, soldiers from the United Liberation Movement of Liberia for Democracy (ULIMO) took Phebe from the National Patriotic Front of Liberia (NPFL), and stayed there for several days. When the NPFL got stronger it pushed the ULIMO out again. ULIMO soldiers warned the staff in Phebe that the NPFL would think that they had helped them and would certainly kill them as punishment. The ULIMO advised staff and patients to leave, but the staff refused because they had their patients to take care of. On 23 September 1994, armed men took several members of our staff outside and shot them dead. The hospital chaplain was also killed, as well as two of the nurses. I understand that many of the people who had taken refuge in Phebe were shot as well.

My own mother was in the hospital. When everything was over, someone went and saw my mother in her bed; she was already dead. I was not there, and I could not bury my mother until February the following year as I was not able to come back before.

When I came back, the staff told me that they had taken the remaining patients to Totota. Phebe Hospital was moved three times; twice to Totota, and the

5 Editor's note: in September 1994, the hospital was attacked and looted. It was reported that at least 100 people were killed, namely hospital staff, patients and civilians who had sought refuge in the hospital. See inter alia Republic of Liberia Truth and Reconciliation Commission, *Final report - Volume II: Consolidated Final Report*, 2009, at pp. 174, 181 and 182.

third time to a place called Salala. The hospital never closed, but they kept moving the patients away from the fighting. They were helped by humanitarian organizations such as the ICRC and Médecins Sans Frontières (MSF) Belgium. However, many things were looted from Phebe Hospital – in particular, medical equipment – as well as property from the surrounding houses.

***Do you think the massacre could have been prevented? Does there need to be greater awareness of the rights and duties of medical staff in times of armed conflict?***

Certainly, those who were working in the hospital could not have prevented it. As medical workers, we take care of wounded people. The people who went to talk to those armed young men – like the chaplain – were not given the opportunity for dialogue, and were shot. The hospital staff were not fighters: they did not have weapons, and so they could not have prevented any armed group from coming in. They were the victims of the violence; they were helpless and caught between different armed factions. All we were ever trying to do was to stay and take care of patients and displaced people. But what can an unarmed civilian do to stop people from massacring others?

In Phebe, we knew we were taking a risk by staying. Many people did not feel comfortable leaving because they felt they had a job to do. Sadly, what we were trying to prevent happened anyway: we thought that if we left the hospital, it was going to be destroyed and that we would not have anything left at the end of the war. So that is why we stayed. In the end, neither staff nor patients nor equipment were spared. When we came back from Salala, where we had evacuated to, everything had been looted.

We can teach medical staff about their rights and obligations – for instance, telling them to treat their patients without discrimination, not to abandon them – but it will not have much impact if the people with weapons are not themselves aware of their obligations. If they do not know that they are supposed to respect people who are doing humanitarian work, we have a problem. That was our main challenge: people who were fighting each other, not knowing that they had a responsibility to respect and protect us so that we could do our work.

Training medical personnel on their rights and duties would be valuable, but it is even more important to teach the fighters about their obligations. You always have to take into account who you are talking to. Talking about the rules of the Geneva Conventions to people who have never heard of them, or even the ICRC, and explaining rights and obligations is not an easy task. The war in Liberia started at the end of 1989 and ended only fourteen years later. Some fighters were very young when they became involved in the war: if you are recruited at the age of ten for example, when the war ended you were already 24, and you still did not know how to read and write. You would also probably not know anything about the rights of medical workers.

So even if medical workers knew their rights, one would still have to make sure that those carrying weapons also knew the rights of medical workers. In this

context, the only reason that might make fighters hesitate before resorting to violence is the awareness that if they themselves became wounded, they would need medical personnel to treat them.

During the war, our staff at Phebe became accustomed to dealing with different warring factions, and tried to confront them; we stood up and explained to them why we were there. But once again, people who carry weapons must be educated enough to know that hospital staff are not the enemy. However, we also talked to some of our staff to explain to them how to behave in certain circumstances. We told them they had to make sure that every patient knew why they were there and that we would take care of them – even child soldiers who were heavily drugged or under the influence of alcohol.

***As the Minister of Health, how would you describe the health-care situation in Liberia today? What are your main challenges?***

Health care in Liberia today has suffered the effects of the war. When I became minister, there were three important issues and all of them had to do with the consequences of the war. The first big issue was the tremendous shortage of trained medical workers. When the war began, they left the country and went to work in Europe, America, Guinea, Ghana, or the Ivory Coast. We have subsequently had to address this shortage, and we are still dealing with the problem today.

The second issue was the destruction of health-care infrastructure – clinics, hospitals, and equipment had all been wrecked. Even if we had had enough medical workers, we did not have adequate facilities for them.

The third issue, affecting not only the health system but also the entire country, was the lack of money. Before the war, a surgeon like myself in Liberia would earn 3,000 Liberian dollars a month;<sup>6</sup> after the war, salaries were as low as 50US dollars a month. Such salaries could not attract professionals to return to Liberia to work. There was no money to buy medicine either, so we had to depend on hand-outs from international NGOs. In essence, you could say that the Ministry of Health was actually run by international NGOs right after the war, because they were the ones that had the drugs and the supplies and were running the hospitals.

***What has been the impact of the war on your work as Minister of Health in post-conflict Liberia?***

The three big challenges that I mentioned – lack of adequate human resources, lack of infrastructure and lack of money – still remain. I have to deal with them in parallel. There are also serious problems with the delivery of care itself, due to the war and people running away.

As doctors, the types of patients we receive are also different because of what happened to them during the war. Vaginal fistula is a big problem among

6 Editor's note: as of the 1 December 2013, 1 Liberian dollar (LRD) was worth 0.01 US dollar.

women, for example. The condition is commonly caused by prolonged labour in childbirth; the head of the baby presses on the bladder, against the bones, and the bladder gets damaged. Women can end up passing urine – and in some cases faeces – on themselves continually. This condition can also be caused by sexual violence, as occurred during the war in Liberia. Some of the violence certain women faced during the war therefore may still have consequences on their health today.

Another example was injuries or illnesses that we thought were under control, such as tuberculosis (TB). Because of the war, patients either ran out of money to buy the necessary drugs or ran away from the area where there was a clinic distributing them, and that has caused an increase in tuberculosis. If a patient suffers from leprosy, without medicine, the disease starts coming back again. So the armed conflict has clearly had an impact on people's health.

Finally, one health issue in post-conflict Liberia that is not addressed enough is mental health. There are so many young people who spent the war killing other people, and there were even reports of cannibalism. With the war over, these people face serious emotional problems. As the Minister of Health, I have to ensure that they are provided with adequate care.

There are so many other people who were affected by the conflict. Take, for example, an old man who had a very fine place to live – a place where he wanted to retire. But his house was burnt down during the conflict, and he suddenly has nowhere to go. As the minister, I ask myself: How can we try to rehabilitate people like this old man? How can we help children whose parents were killed in the war?

### ***What is the Liberian government doing to improve facilities and services?***

I previously identified three major challenges for health care in post-conflict Liberia. The first one was human resources. To address it, we have put quite a bit of money into the medical college so that we can improve the quality of training for doctors. We have renovated the medical college with funding from the World Bank; we also provide students with monthly stipends. One of our greatest needs was for midwives, so we have increased the number of students in the midwifery school and are opening additional midwifery schools.

With respect to infrastructure, we have renovated a lot of clinics, and are building many new ones and fitting them out with the right equipment. With the help of Chinese investors, we have built a very big hospital here in Sanniquellie, Nimba County, called Tappita, which has a computerized-tomography (CT) scanner and other up-to-date equipment. Other clinics have been renovated and re-opened. We are making considerable efforts to improve our infrastructure.

### ***How much do you work with other ministries? Are steps being taken to gather data or reports on incidents of violence against health care?***

All the ministries have to work together; we all rely on each other. In the Ministry of Health, for instance, I could not do my job well without the Ministry of Education

because education is crucial to understanding how to keep people healthy; I could not work well without the Ministry of Public Works because we have to have functioning roads for ambulances to get patients to hospitals; the Minister of Agriculture is important for the nutrition of patients, and so on. During the events for National AIDS Day, for example, one of the biggest groups that took part was the army. The army was there in force because they have a doctor assigned to them to make sure they have proper medical information.

In terms of data collection on incidents of violence, the medical workers themselves are reporting what is happening to them, but besides that, there are other ministries who are fighting against other types of violence against our people. The Ministry of Gender, for example, receives reports on gender-based violence, including rape, so we are getting information, but, thank God, it is not like it was during the war.

***What recommendations would you make to other countries or health ministers concerning violence against health care?***

To me, this is not an issue that affects medical workers only. No one, be they a doctor, a farmer or a public servant should be subject to violence. We depend on each other. News reports have stated that Liberia is hoping to become a middle-income country. You cannot achieve that by destroying the country's fabric through conflict; you can only do that if you maintain peace. So we should all be working together towards strengthening the country so that in the end, when you have built something up, you do not see it destroyed.

In Liberia, the war was mostly carried out by people who were not educated. If fighters are educated, if they are taught about the Geneva Conventions and why they should follow them, they will respect the rules. If they have never heard of the Geneva Conventions, they will not.

The best protection I can think of to avoid another conflict, however, is reconciliation and long-lasting peace, so that you do not have to worry about the issue of violence against health care. If you do not have people fighting and killing each other in the first place, then you do not have to worry about protecting patients and health-care personnel in hospitals from armed violence. So all of us should work hard towards reconciliation and peace. We are lucky that we have now gone more than ten years without war; many countries have suffered from repeated wars and long-lasting conflicts.

***Today, from Mali to Syria, we hear reports of violence against health care on an almost daily basis. What is your message to the midwives, doctors and surgeons working in such situations?***

I think that as medical professionals, we are trained to help people and to make sure that they get the help that they need. I have been listening to what is happening in Syria, where people are even performing surgery in mosques because that is all



they have. We cannot abandon people just to protect ourselves. If we are to protect them, we must be able to do our job. And I pray that the people who know this will help us. To bomb a clinic where you know medical workers are doing their job is a terrible thing, but we know it is happening. How can we deal with the people that are doing that? How can we help them understand that they are not helping their people, but are actually killing their own people? That is a formidable challenge. But my advice to my fellow medical workers is that we are trained to help, to save lives, and we cannot abandon that duty.