

RAPE AS A WEAPON OF WAR: SHOULD SEXUAL ASSAULT MEDICAL
FORENSIC EXAMINERS (SAMFES) BE ADDED TO FEMALE
ENGAGEMENT TEAMS (FETs) IN AFRICA?

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Strategic Studies

by

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The opinions and conclusions expressed herein are those of the student author and do not necessarily represent the views of the US Army Command and General Staff College or any other governmental agency. (References to this study should include the foregoing statement.)

ABSTRACT

RAPE AS A WEAPON OF WAR: SHOULD SEXUAL ASSAULT MEDICAL FORENSIC EXAMINERS (SAMFEs) BE ADDED TO FEMALE ENGAGEMENT TEAMS (FETs) IN AFRICA? by Major Kelly C. Meister, 86 pages.

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ACRONYMS

CGSC	Command and General Staff College
CRC	Civilian Response Corps
CS3	Crisis Surge Support Staff
DoD	Department of Defense
DRC	Democratic Republic of the Congo
FET	Female Engagement Team
GBV	Gender Based Violence
ICTR	International Criminal Tribunal for Rwanda
ICTY	International Criminal Tribunal for the Former Yugoslavia
IGO	Intergovernmental Organization
JTF	Joint Task Force
JTF-UA	Joint Task Force United Assistance
LOE	Line of Effort
MEDCOM	United States Army Medical Command
MoH	Ministry of Health
MSF	Medicines Sans Frontieres
NGO	Non-Governmental Organization
NSVRC	National Sexual Violence Resource Center
NSS	National Security Strategy
OGA	Other Governmental Agency
QDR	Quadrennial Defense Review
RAF	Regionally Aligned Force

SADC	Southern African Development Community Protocol on Gender Development
SAMFE	Sexual Assault Medical Forensic Examiner
SANE-A	Sexual Assault Nurse Examiner-Adolescent
S/GHD	State Department Office of Global Health Diplomacy
UN	United Nations
UNSC	United Nations Security Council
USAFRICOM	United States Africa Command
USAID	United States Agency for International Development
USFK	United States Forces Korea
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION

Overview

It has become more dangerous to be a woman fetching water or collecting firewood than a fighter on the frontline.

— Ms. Margot Wallstrom,
UN Special Representative on Sexual Violence in Conflict

Rape as a weapon of war has been in practice for centuries on the continent of Africa. This particular weapon is employed to terrorize women and children, split family units, extinguish villages and in most recent decades, deliberately attempt to change the ethnic make-up of the next generation (Wallstrom 2012, 1). Although the world community has known about the atrocious use of rape as a weapon of war on the African continent, it was not until the early 1990's the International Criminal Tribunal for Rwanda declared rape to be a war crime and a crime against humanity (United Nations 1998, 17). The United Nations (UN) has charged the international community to work towards putting an end to this despicable practice (United Nations 1998, 21).

There are several reasons identified by the UN and Non-Governmental Organizations (NGOs) as to why rape as a weapon of war is happening on the African continent. Reasons identified in UN Human Rights Council meetings include the patriarchal stereotypes and attitudes prevalent across the Continent, poor enforcement of equality laws for women, and the persistent unrest and conflict plaguing many parts of Africa (United Nations General Assembly 2013, 3). These factors when fermented create an environment where women and young girls become vulnerable to exploitation.

For more than twelve years, the US has been engaged in armed conflict in Iraq and Afghanistan. These countries, as in most of Africa, are comprised of patriarchal societies. A distinctive characteristic in both the Middle East and Africa is that while the written law may prohibit rape, Sharia law, other religious laws, or patriarchal stereotype thinking trumps national and international law in these societies (United Nations General Assembly 2013, 3).

During Operation Iraqi Freedom and Operation Enduring Freedom, the US Military recognized the importance of communication with the female Muslim population (Regional Command Southwest Press Room 2012, 1). The US Military created Female Engagement Teams (FETs) to bridge the gap in outreach to the women in these patriarchal societies. FETs are specially trained units of female service members who provide outreach to women and children. This type of outreach fosters positive relationships between the FETs and the women of the community, without violating cultural and religious norms. Once these relationships are established, information flow from the women in the community to the FETs flows up the chain of command. When commanders and planners have a clear understanding of concerns in the area, then limited resources and aid for community programs can be more efficiently applied (Jones 2013, 3-6).

NGOs work hard to provide medical and mental health services to those women and young girls who come to them and confide they are survivors of rape. Unfortunately, the NGOs funding is not always consistent, nor do they have security to prevent the perpetrators of the assault from re-attacking or threatening to re-attack the survivors. An ongoing shortfall in aid that started with the global recession in 2008, threatens the

sustainability of NGO activities and may mean the needs of the population the NGO's serve are not met (Global Policy Forum 2011, 1). As to security, violence occurring in conflict zones forces many NGOs to either abandon their efforts completely, or rely upon the services of private security firms. The private security firm is not a viable option for those NGOs with inconsistent funding. These two phenomena prohibit many survivors from seeking help or holding the perpetrators legally responsible for their crimes.

NGOs are critical change agents in promoting economic growth, human rights and social progress. At times, governmental agencies become partners with NGOs to deliver assistance. When governmental agencies work together with NGO's there is a synergistic effect across all regions and sectors where work is commencing to promote inclusive economic growth, strengthen health and education at the community level, support civil society in democratic reforms and assist countries recovering from disasters. Government agencies seek to mobilize the expertise, capacity, and knowledge of NGOs in a wide variety of ways to achieve the governmental agencies development objectives, contribute to host government and national priorities, and advance community development. Government agencies like USAID work with international and local NGOs and their networks to support in-country programs and strengthen their capacity to achieve their missions (USAID 2015, 1). .

The US Army maintains a specific program for managing the challenges of sexual assault. Incorporated into this program are Sexual Assault Medical Forensic Examiners (SAMFEs). SAMFEs are health care providers with specialized education and clinical experience in the collection of forensic evidence and treatment of patients who are survivors of sexual assault. These practitioners are experts in a variety of issues related to

sexual trauma. They gather information for the medical forensic history, coordinate treatment of injuries, document biological and physical findings, and collect evidence from the patient. In addition they provide information, treatment, and referrals for STIs, pregnancy, suicidal ideation, alcohol and substance abuse, and other non-acute medical concerns. Perhaps most important is the SAMFEs ability to provide follow-up as needed for long-term healing, treatment, or collection of evidence (Department of the Army 2015, 7). In the event a victim does not survive, the US Army SAMFEs currently do not have the responsibility toward evidence collection. Investigators and forensic pathologists manage these cases. The SAMFEs maintain the responsibility for the living.

What can the US Army do to answer the call worldwide plea of the UN for all members to work in preventing the use of Rape as a Weapon of War? In Africa, where rape is used as a weapon of war, could imbedding active duty SAMFEs in the FET's play a role? Could the SAMFE's aid in collecting the evidence necessary for war crimes tribunals to prosecute these rapists help curb the use of rape as a weapon of war on the African Continent?

Primary Research Question

The primary research question was developed using FINER criteria. The acronym FINER represents the criteria of: feasible, interesting, novel, ethical, and relevant. The FINER criteria emphasize beneficial ideas useful in increasing the chances of developing a successful research project (Farrugia et al. 2010, 279).

F- Feasible. Is the question answerable? Do you have access to all the materials you will need to do the study? Will you have enough time and money? Do you have the expertise to do this study?

I- Interesting. The question has to be interesting to the investigator, but should also be interesting to others.

N- Novel. Has this study been done before? Does it add to the current body of medical knowledge?

E- Ethical. Can the study be done in a way that does not subject subjects to excess risks? Will an IRB approve the study?

R- Relevant. Will it further medical science? Will the results change clinical practice, health policy, or point towards further avenues of research (Farruiga et al. 2010, 279)?

The answer to all of the questions relating to the FINER criteria are yes. Taking into consideration the FINER criteria, coupled with the call from the UN for all nations to help stop the use of rape as a weapon of war, and the successful use of FET teams to engage female populations in past conflicts, the research question, “Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” is an excellent question to research and answer.

Secondary Research Questions

In order to answer the primary research question, “Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” the answers to several secondary questions should be examined. These secondary research questions shape the progression of thought from the benefits of getting involved in this issue, to any possible resistance

from the survivors of violence the FETs will be working with, to the desired outcome or end state, and finally to consequences of inaction.

The secondary questions to be answered in this thesis are:

1. Can the US Army legally provide this service?
2. Where in Africa is rape used as a weapon of war?
3. What is currently being done to stop rape being used as a weapon of war?
4. Are women in Africa open to Western Medicine?
5. Are women in Africa open to Sexual Assault Forensic Exams (SAFEs)?
6. Would the SAMFEs and other FET members become targets for those militias using rape as a weapon of war?
7. Is there another agency within the US government that could respond instead of the Army?

These findings when combined, lead to answering the primary research question and developing conclusions and recommendations for future research.

Assumptions

There are a number of assumptions to discuss in order to frame the research as it applies to the primary research question, “Rape as a Weapon of War: Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa?” Assumptions are ideas or concepts that the researcher believes to be true and are necessary in order to continue with the research. They must be clarified to enhance understanding within the bounds of this study.

First, the study assumes that the US Army is interested in addressing the issue of rape being used as a weapon of war in Africa. Second, it is assumed that the US Army

will expend the necessary resources in the form of money and personnel as a viable plan to address rape in Africa. Thirdly, because of cultural sensitivities, female SAMFEs are essential for working with women, the assumption is there are trained female SAMFEs in the United States Army willing to be placed on FETs and accomplish this mission.

Limitations and Delimitations

Limitations and delimitations are existing or self-imposed factors that limit the scope of research and analysis. Limitations are potential weak points while delimitations set the boundaries and direct the focal point of the thesis and can be self-imposed. A limitation of this study is the researcher is focusing solely on women who have been raped. It is understood, and well documented, that men too are survivors of rape, however the researcher will focus this study on women survivors.

Delimitations in this study include the limiting of this study to the use of rape as a weapon on war only on the continent of Africa. Rape has been used as a weapon of war in other countries such as Kosovo, China and Korea. However this researcher is limiting the focus to the war torn countries of Africa.

Army Warfighting Challenge

Army Warfighting Challenges (AWFCs) are enduring first order problems, the solutions to which will improve current and future force combat effectiveness. These challenges are reviewed and updated as needed to remain applicable for the future force (Army Capabilities Integration Center 2014, 1). This study, in addition to adding to the body of research knowledge, aims to help answer Army Warfighting Challenge #2, Shape the Security Environment.

Challenge 2 aspires to elicit responses on how to shape and influence security environments, engage key actors, and consolidate gains to achieve sustainable security outcomes in support of Geographic and Functional Combatant Commands and Joint requirements. There are ten learning demands incorporated into Army Warfighting Challenge #2. This study will address the following four learning demands.

First, how can Regionally Aligned Forces (RAF) best engage key actors, shape outcomes, and set conditions to consolidate gains? Secondly, how must the Army synchronize NGO, OGA, and joint, interorganizational, and multinational efforts to build shared understanding and trust in order to shape outcomes and consolidate gains? Third, How does the Army identify and increase ability of subject matter expertise in Building Partner Capacity and Civil-Military Operations? Fourth, How does the Army develop understanding of the security environment?

Chapter Conclusion

Following the introduction that encompasses chapter 1 is chapter 2, the literature review. Chapter 2, discusses how the literature informs answers to the following secondary research questions:

1. Can the US Army legally provide this service?
2. Where in Africa is rape being used as a weapon of war?
3. What is currently being done to stop rape being used as a weapon of war?
4. Are women in Africa open to Western Medicine?
5. Are women in Africa open to Sexual Assault Forensic Exams (SAFEs)?
6. Would the SAMFEs and other FET members become targets for those militias using rape as a weapon of war?

7. Is there another agency within the US government that could respond instead of the Army?

Thoroughly discovering answers to the secondary research questions support and inform the conclusion to the primary research question, “Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa?”

CHAPTER 2

LITERATURE REVIEW

Introduction

Answering the primary research question, “Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” requires a literature review. A literature review is an evaluation of the information gained from a thorough search of the published literature related to a specific area of study. A literature review should provide context and justification to the research and ensure that the research has not been previously conducted. Additionally, literature reviews show where the research fits into the existing body of knowledge. Finally, literature reviews highlight flaws and outline gaps in previous research, and show how the new work adds to the body of knowledge in the field. For this thesis the literature review will show how this thesis adds to the body of knowledge in the field of Forensic Nursing and more specifically to how the US military uses its Forensic Nursing assets. The information gained from the literature review will be analyzed and used to answer the secondary research questions within Chapter 4: Data Presentation and Analysis.

The legitimacy of undertaking an operation such as one involving the medical care for survivors of rape, and collection of forensic evidence, along with its associated tasks, must be established. Once legal requirements are satisfied, the literature review moves on to examining and depicting objectives and end states that can be achieved by an Army response to the prevention of the use of rape as a weapon of war in Africa.

Other key questions to ask are first; does the US Army have the capability and authority to execute these types of missions? Then, should the US Army undertake such missions? Is it enough to have the resources and legal authority? Are there other agencies within the US Government who would do better justice to this mission? Are there Non-Governmental Organizations (NGOs) that would be preferable? Or should the US Army not respond to the crisis at all? These questions are critical to frame the recommendations that are the goal of this research.

Legal Authority

In order to start answering the primary research question, “Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” the US Army’s legal authority to undertake this mission needs to be established. The National Security Strategy (NSS) of the United States, positions the United States to safeguard our national interests through strong and sustainable leadership. It sets out the principles and priorities to guide the use of American power and influence in the world. It advances the model of American leadership rooted in the foundation of America’s economic and technological strength and the values of the American people” (Obama 2015, 1). The NSS sets out the principles and priorities that describe how America will lead the world toward greater peace and a new prosperity.

National policies constitute the ways in which the US government plans to carry out the strategies contained in the NSS. The main categories of focus articulated in the 2015 *National Security Strategy* include security, prosperity, values, and international order. Within each of those categories, the President outlines specific goals. One of these

goals is “advancing respect for universal values at home and around the world by . . . leading the international community to prevent and respond to human rights abuses and mass atrocities as well as gender-based violence and discrimination against LGBT persons” (Obama 2015, 20). Another goal articulated in the NSS is “building upon the success of the U.S.-Africa Leaders’ Summit by investing in Africa’s economic, agricultural, health, governance, and security capacity” (Obama 2015, 26-27). National objectives guide where the efforts and resources of the US government are applied. When the proper resources are attained, the national objectives link together to move the US collectively toward a desired end state.

The Quadrennial Defense Review (QDR) is a legislatively mandated review of the Department of Defense (DoD) strategy and priorities. The QDR sets a long-term course for as it assesses the threats and challenges that the nation faces and re-balances DoD’s strategies, capabilities, and forces to address today’s conflicts and tomorrow’s threats. There are six national security interests for which the DoD is responsible. These interests are directly derived from the four core interests outlined in the National Security Strategy. They are as follows:

1. The survival of the Nation
2. The prevention of catastrophic attack against US territory
3. The security of the global economic system
4. The security, confidence, and reliability of our allies
5. The protection of American citizens abroad
6. The preservation and extension of universal values

The sixth national security interest, the preservation and extension of universal values, is what the subject of this thesis addresses. It is a recognized internationally by all signatories of the UN, that the use of rape as a weapon of war is a crime against humanity and needs to be stopped. These security interests are what the DoD protects and are considered necessary to protect the core interests of the United States (Department of Defense 2014, 60).

Is an Army response to actors using rape as a weapon of war legal? Based on the literature review, response by the Army in efforts to stop the use of rape as a weapon of war supports national policy and implements national objectives. Additionally the army derives authority from United States Code, Title 10, Subtitle B, Part I, Chapter 307, Section 3062. The combination of authority granted from US Code and the supporting of national policy and objectives, legal justification appears to be affirmative.

Where in Africa is Rape Used as a Weapon of War?

The literature is filled with articles detailing the use of rape as a weapon of war. Sources provided an excellent history of the issue of sexual violence in war and stress that rape and other sexual atrocities committed during armed conflict have existed for as long as there has been conflict in the world (United Nations 1998, 2). While the literature cites the use of rape as a weapon of war in all civilizations, this research will focus on the use of this weapon specifically on the African continent.

The following chronology details the countries most regularly cited in the literature as centers for rape used as a weapon of war. During the three-month Rwandan genocide in 1994, an estimated 100,000 to 250,000 women were raped (Wallstrom 2012, 1). In Sierra Leone from 1991-2002, 60,000 women were raped, in Liberia, from 1989-

2003 40,000, and in the Democratic Republic of the Congo (DRC) from 1982-1994 over 200,000 women (Wallstrom 2012, 1). In the DRC one startling study focusing on the personal accounts of survivors of war related rape found that, “No woman reported that there was a single offender: 31.8 percent of the women were attacked by two to four combatants, 18.2 percent by five to ten, 13.6 percent by eleven to twenty, and 36.4 percent of the women were attacked by more than twenty combatants” (Maedl 2011, 139).

In South Sudan, rape has been reported in research communication dealing with militarization and gender violence in that region; however mass rapes are reportedly more rare (Jok 1998, 427). South Africa is cited in the literature as the rape capital of the world (Artz and Smythe 2007, 13). However, South Africa is a country where a substantial portion of the male population historically bonded in a violent and highly militarized context. Both the universal conscription of white men and the absorption of many black men into the liberation struggle have contributed to a culture that sees violence as a legitimate means of resolving conflicts. Thus the rapes that are occurring in South Africa are more a result from a culture of violence brought on from the days of Apartheid rather than the deliberate use of rape as a weapon of war.

What is Currently Being Done to Stop Rape Used as a Weapon of War?

The use of rape as a weapon of war is a complex issue, as such it takes a multifaceted approach to combat and discontinue its use. For centuries participants on both sides of battle accepted its use as unavoidable. During World War II, all sides of the conflict were accused of mass rapes, yet none of the courts set up by the victors

recognized the crime of sexual violence (Wallstrom 2012, 1). The rest of this section will describe chronological efforts taken by the international community to protect against war related rape in conflict areas.

In the early 1990s the UN Security Council declared that the “massive, organized and systematic detention and rape of women, in particular Muslim women, in Bosnia and Herzegovina” an international crime that must be addressed. This statement led to the Statute of the International Criminal Tribunal for the Former Yugoslavia (ICTY) including rape as a crime against humanity, equal to other such crimes as torture and extermination, when committed in armed conflict and directed against the civilian population. The ICTY became the first international court to find an accused person guilty of rape as a crime against humanity. This court also expanded the definition of slavery as a crime against humanity to include sexual slavery. Previous to this change by the ICTY, forced labor was the only type of slavery to be viewed as a crime against humanity (UN ICTY 2016).

Following the ICTY lead, in 1994, the International Criminal Tribunal for Rwanda (ICTR) also declared rape to be a war crime and a crime against humanity. In 1998, the ICTR became the first international court to find an accused person guilty of rape as a crime of genocide. The judgment against the former mayor, Jean-Paul Akayesu held that rape and sexual assault constituted acts of genocide insofar as they were committed with the intent to destroy, in whole or in part, the Tutsi ethnic group (UN ICTR 2015).

In addition to International Courts, the UN Security Council has done a great deal to help raise awareness and prompt action against sexual violence in conflict. UN

Security Council Resolution 1325, passed in 2000, called on Member States to increase the participation of women in the “prevention and resolution of conflicts” and in the “maintenance and promotion of peace and security.” Resolution 1325 also charged all parties involved in armed conflict to abide by international laws that protect the rights of civilian women and girls and to incorporate policies and procedures that protect women from gender-based crimes such as rape and sexual assault.

The Rome Statute of the International Criminal Court (ICC), in force since 2001, has the most inclusive definition of sexual violence as it relates to international law in this area of rape as a weapon of war. The ICC includes rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity as a crime against humanity when it is committed in a widespread or systematic way (International Criminal Court 1998, 3-10). Arrest warrants issued by the ICC include multiple counts of rape as both a war crime and a crime against humanity.

UN Security Council Resolution 1820, passed in 2008, called for an end to the use of acts of sexual violence against women and girls as a tactic of war and an end to impunity of the perpetrators. This resolution requested the Secretary-General and the United Nations to provide protection to women and girls in UN-led security endeavors, including refugee camps, and to invite the participation of women in all aspects of the peace process.

Security Council Resolution 1888, passed in 2009, detailed measures to further protect women and children from sexual violence in conflict situations. It requested that the Secretary-General appoint a special representative to lead and coordinate the UN’s

work on the issue, to send a team of experts to situations of particular concern, and to mandate peacekeepers to protect women and children.

Security Council Resolution 1960, passed in 2010, asked the Secretary-General to list those parties credibly suspected of committing or being responsible for patterns of sexual violence in situations on the Council's agenda. It also called for the establishment of monitoring, analysis, and reporting arrangements specific to conflict-related sexual violence.

In addition to the efforts of the UN and international courts, a number of initiatives have been developed specific to Africa. Key to these initiatives is the references to medical care to help female survivors of rape when it is used as a weapon of war. In much of Africa, patriarchal stereotypes and attitudes are prevalent across the continent. In family and personal law, men are considered the head of the household and women are the primary caregivers of children. In most African States, customary religious law regimens exist in respect to personal and family law, and these are often interpreted and applied in discriminatory ways against women.

Many States in Africa have ratified the key international conventions including; the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, the Maputo Protocol to the African Charter, and in Southern Africa many States have signed the Southern African Development Community Protocol on Gender Development (SADC). All of these international conventions stress the importance of protecting women and children, and providing for their equal rights and opportunities under the law. Unfortunately in many African States, international law does

not have a direct effect due to many States not having fully domesticated their international obligations (United Nations General Assembly 2013, 4, 15).

As to the medical care available for the survivors of war related sexual assault, the literature points to many governmental as well as non-governmental agencies currently providing medical support. The International Committee of the Red Cross (ICRC), Medicines Sans Frontiers (MSF), and governmental hospitals and clinics are all working hard to help these women and girls. The medical needs of these survivors are complex, and for best outcomes, need to be tailored to the individual. Lifelong medical and psychological trauma is not uncommon for survivors of war related rape.

The challenges of meeting the complex needs of survivors of war related sexual assault are magnified by the lack of adequate facilities and trained personnel to take care of these women. In research reported by the UN, over two-thirds of women interviewed reported that health services for them were difficult to access (Ward and Marsh 2006, 11). Additionally, even where services are available, often they are not free. Thus putting an additional barrier in the way of receiving medical care.

Many of the countries in Africa have state-run health centers that operate on a cost-recovery basis. Most such clinics are designed with open waiting areas where the women and young girls may be expected to disclose their reasons for seeking medical care in this public area. The lack of confidentiality this configuration ensues may encourage the survivor to hide their victimization.

Although there are medical clinics in Africa, and NGO's are present providing medical care as well, it is not enough. Only a fraction of the women who have been raped receive care. MSF reports they have over 120 clinics worldwide and have treated 11,500

patients of war related rape from their inception through 2014 (Medicines Sans Frontières 2015, 1). This is less than 1 percent of victims. The ICRC is hard at work trying to help facilitate more medical infrastructure to help provide more medical clinics. This is very encouraging and helpful, however more needs to be done. With thousands of women and girls the survivors of war related rape every year, current resources are not meeting the needs.

There is enough analysis done to answer the secondary research question about, what is currently done to stop rape used as a weapon of war. Each piece of literature reviewed provides a clear answer for the organizations that conducted the research. However, the current research does not consider the military as a resource that could be applied to the problem of sexual assault in Africa. This thesis takes the data provided by the government and non-government organizations and then adds the US military capability of SAMFEs toward closing that gap in the current research and recommending potential increases in the use of SAMFEs in Africa.

Are Women in Africa Open to Western Medicine?

The literature review provided several articles relating African peoples' perceptions of western medicine. Unbeknown to the researcher before the literature review, there appears to be widespread suspicion to western medicine on the continent of Africa (Chow 2011, 1-2; Jegede 2009, 128-137; Muller and Steyn 1999). The literature review disclosed multiple examples of malfeasance perpetrated by western practitioners against Africans. Six western practitioners are guilty of intentionally infecting hundreds of Libyan children with HIV, a cancer researcher experimenting with very high doses of chemotherapy on black breast-cancer patient without their knowledge or consent, an

anesthesiologist accused of five murders including two infants whom he injected with lethal doses of morphine, and the infamous Dr. Swango who is suspected of killing sixty people in Zimbabwe and Zambia with lethal injections of potassium in the 1980's and 1990's (Washington 2007, 1-3). These are just a few examples well-publicized events that have caused a fear of western medicine throughout Africa.

Although many people in Africa do seek medical care from NGOs and IGOs it is prudent to keep these bad actors of the past in mind as they may influence possible cooperation with Western healthcare practitioners. The tragedies outlined in the previous paragraph highlight the challenges facing evening the most idealistic medical practitioners. Western medical professionals should approach Africans' suspicions with respect, realizing they are born of the acts of a few leviathans in the medical profession. If these fears are dismissed when formulating operations or policy, the risk of raising more fears may occur.

Are Women in Africa Open to Having Sexual Assault Forensic Exams?

The literature review supports that the survivors of war related rape are open to SAFEs completed by doctors they trust. Unfortunately, several reports identify a failure of the health care systems in Africa to treat survivors of rape in a dignified, confidential manner. The best facilities to treat women who are survivors of war related rape are those like Panzi hospital in the Congo. Recognizing that it takes more than medical care alone to recover from sexual trauma, Panzi provides physical therapy, temporary housing, counseling, job training, and other services to help women get their lives back together (Beiser 2015).

Patients interviewed stated that they feel safe at Panzi. Unfortunately Panzi Hospital is only one facility. Although they treat over twenty five hundred women annually, more facilities are needed that have trained medical professionals who treat survivors with the dignity and respect necessary to encourage survivors to seek treatment. The staff stated, “We meet the needs of all that we can, but the situation remains unacceptable, with over one rape with extreme violence per day. Many victims who perish from their wounds, infections, or pregnancy that never make it safely to our hospital or other hospitals because they remain in remote areas, suffering, not able to reach us or because they do not know there is a place where they can receive care” (Beiser 2015).

Would SAMFEs and FET Members Become Targets for Militant Groups Using Rape as a Weapon of War?

Violence and threats against health workers and facilities, impedes the ability of millions of people around the world from receiving the health services they need. Targeted attacks on health undermine and sometimes destroy health systems and infrastructure, force health workers to flee areas where they are most needed, and prevent children from getting essential vaccinations. Over the past several years, there has been increasing recognition that attacks on and interference with health care violate the right to health and, when they occur during armed conflict, international humanitarian law. However, impunity for attacks too often remains the norm. (Amon et al. 2015)

The literature review resulted in a view, shared by many in the NGO and IGO community that there really is no standardized method for reporting or categorizing information on attacks on health in settings of conflict and insecurity. There are also no uniform definitions as to what constitutes an attack or interference with health care. Some such attacks are never reported, some may only be reported locally, and others may not be reported comprehensively. Sometimes the information available is insufficient to

determine how to categorize the attack and its perpetrator. This makes it difficult to produce a comprehensive report or to understand trends in the number and types of attacks occurring over time (Amon et al. 2015, 6). The lack of open source information about potential risk to the teams makes it impossible to answer this secondary research question directly. It is acknowledged that any future security threats to the SAMFEs or FETs would challenge potential recommendations of this study.

What to Do: The Operational Approach

The operational approach is a commander's description of the broad actions the force must take to achieve the desired military end state. It is the commander's visualization of how the operation should transform current conditions into the desired conditions at the conclusion of operations. The operational approach is based largely on an understanding of the operational environment and the problem facing the commander. Once the commander approves the approach, it provides the basis for beginning, continuing, or completing detailed planning. The commander and their staff should continually review, update, and modify the approach as the operational environment, end state, or problem change (Department of Defense 2011a, II-7).

An operational approach, which includes identifying a desirable end state and objectives organized along lines of effort, is fundamental when formulating a strategy to address the primary research question, "Should SAMFEs be added to FETs in Africa to help curb the use of rape as a weapon of war?" The application and development of an operational approach must be understood in a military context because this study focuses on an Army response to ending the use of rape as a weapon of war. Instead of making a list of disjointed tasks, "commanders translate their operational approach into a concept

of operations and ultimately into tactical tasks. Commanders then array forces and maneuver them to achieve a desired end state” (Department of the Army 2012, 4-1). This captures the idea that objectives, through their linkage and their logical organization by purpose, form Lines of Efforts (LOEs) that keep the operational momentum going from current conditions all the way through to desired end state. “It provides a unifying purpose and focus to all operations” (Department of the Army 2012, 4-2). A detailed explanation of how and why an operational approach benefits this study is discussed in chapter 3. A proposed operational approach is detailed in chapter 4.

Who Else?

As explored when reviewing US Code, the Army has the legal authorization for such a mission as the researcher proposes; yet a logical secondary question asks, “Is there another agency within the US government that could respond instead of the Army?” Answering this question requires investigation into the purpose and scope of US agencies designed to assist foreign governments.

There are ten agencies listed by the US Federal Government that provide 98 percent of all foreign assistance. These agencies are: United States Agency for International Development (USAID); The Peace Corps; US Department of State; US African Development Foundation; Millennium Challenge Corporation; US Department of Agriculture; Inter-American Foundation; US Department of the Treasury; Department of Defense; and Department of Health and Human Services. Of these ten, aside from the Department of Defense, USAID, the US Department of State; and the US African Development Foundation are entities that could potentially meet the call from the UN to help curb the use of rape as a weapon of war in Africa.

First, within USAID, the US Government provides technical assistance to ensure gender analyses and interventions are integrated throughout its programs. The US Government emphasizes five strategic approaches to the design, implementation and monitoring of programs. The activities supported aim to do one or more of the following:

1. Provide gender-equitable prevention, care, treatment, and support.
2. Implement gender-based violence (GBV) prevention activities and provide services for post-GBV care.
3. Implement activities to change harmful gender norms and promote positive gender norms.
4. Promote gender-related policies and laws that increase legal protection.
5. Increase gender-equitable access to income and productive resources, including education

An essential aspect of the US Government's gender portfolio is monitoring and evaluation. Work in this area ranges from building the capacity of local organizations to incorporate gender into their monitoring and evaluation plans and implementing evaluations of gender-sensitive programs to developing indicators and evaluation frameworks for global gender issues and initiatives (USAID 2015, 1).

Another potential department who could respond to the call is the Civilian Response Corps (CRC). The CRC is a group of federal employees and volunteers from members of the private sector, as well as, members from state and local governments who are trained and equipped to deploy rapidly to countries in crisis or emerging from conflict in order to provide reconstruction and stabilization assistance. They are diplomats, development specialists, public health officials, law enforcement and corrections officers,

engineers, economists, lawyers, public administrators, agronomists and others – offering the full range of skills needed to help fragile states restore stability and the rule of law, and achieve economic recovery and sustainable growth as quickly as possible (United States Department of Health and Human Services 2013a). Sending a specialty team from the CRC may be another possible alternative in answering the UNs call.

Finally, The US Department of State has within its agency the Office of Global Health Diplomacy (S/GHD). S/GHD guides diplomatic efforts to advance the United States' global health mission to improve and save lives and foster sustainability through a shared global responsibility. In doing so, S/GHD focuses on providing diplomatic support in implementing the Global Health Initiative's principles and goals (US Department of State 2015, 1).

In conclusion, there are three possible US government entities with mission sets that might be able to answer the secondary research question, “Is there any other agency within the US government that could respond instead of the Army?” USAID, the CRC, and the S/GHD could all provide an alternative to DoD assets. Are they enough? Their missions and capabilities compared to the Army's will be analyzed and presented in chapter 4.

Implications to National Security

The *National Security Strategy* sets out the principles and priorities to guide the use of American power and influence in the world...to deter and, if necessary, defeat potential adversaries” (Obama 2015, 1). The “potential adversaries” must not necessarily be thought of as individual political leaders or representatives, countries, or armies. Instead, adversaries include any situation or condition that poses a strategic risk to

national interests. Specifically, the NSS names eight priorities that threaten national security. This lists includes: Strengthen our National Defense; Reinforce Homeland Security; Combat the Persistent Threat of Terrorism; Build a Capacity to Prevent Conflict; Prevent the Spread and Use of Weapons of Mass Destruction; Confront Climate Change; Assure Access to Shared Spaces; and Increase Global Health Security (Obama 2015, 7-14).

Increase Global Health Security is where the author draws the link that combating war related rape represents US National Security interests. The NSS states that the military is postured globally to render humanitarian assistance and build the capacity of partners to meet security challenges. When a militia, terrorist group, or conventional forces are using rape to intimidate and change the ethnic make-up of communities, it causes instability in that region. Non-stable regions are more prone to conflict, thus promoting the possibility of US military intervention. Working with the people and governments of Africa to help curb the use of rape as a weapon of war is in the security interests of the United States.

Moral Obligation

Moral Obligation is defined as a duty which one owes, and ought to perform, but is not legally bound to fulfill. These obligations are of two kinds. The first are founded on a natural right. The obligation to be charitable is an example of this first form. The second, those supported by a good or valuable antecedent consideration. An antecedent is an old debt that serves as consideration for a new promise if the statute of limitations has run on the old debt. (Bouvier 1856). For this thesis the author uses the first definition of

moral obligation, a duty which one owes, and ought to perform, but is not legally bound to fulfill.

Similar to moral obligation is the idea of the responsibility to protect.

Responsibility to protect (R2P) is the global political commitment endorsed by all member states of the United Nations at the 2005 World Summit to prevent genocide, war crimes, ethnic cleansing, and crimes against humanity (United Nations 2014, 1) At its core, the idea of R2P is that states everywhere have the responsibility to uphold and protect the human rights of their citizens. If the state is unwilling, or unable to do so, R2P asserts it is the duty of the international community to intervene and end human rights violations (United Nations 2014, 1).

The genocides occurring in Rwanda and Bosnia in the 1990's, gave reason for the international community to question, when is it legitimate for like-minded countries to intervene and end violence in sovereign states? Since it is unanimous endorsement in 2005, the scope of R2P is precisely defined to four areas of violence: genocide, crimes against humanity, war crimes, and ethnic cleansing. These are the events, that when a state is perpetuating or failing to prevent, the international community has a residual responsibility to intervene and end the violence (United Nations 2014, 1). Since the 1990s, rape as a weapon of war has been declared in multiple international courts as a war crime, and a crime against humanity. So now not only is it a moral obligation to act in response to rape as a weapon of war, all member states of the United Nations have pledged to support R2P and thus we as a member state of the United Nations have a responsibility to intervene when rape is being used as a weapon of war.

This chapter begins with the presentation of legal authorities establishing that an Army response to a stopping the use of rape as a weapon of war is legal. However, this study seeks to explore more than just legality in order to answer the primary research question. The moral obligation and endorsement of R2P strongly suggest that the United States has to respond to such a threat may or may not justify a response. This moral obligation and the degree to which it warrants a US Army response will be detailed in chapter 4.

Chapter Conclusion

The review of the literature provides insight into the secondary research questions. The literature contains considerable information on all of the secondary research questions save, “Would SAMFE and FET Members Become Targets for Military Groups Using Rape as a Weapon of War?” It is important to note that in future studies, the answer to this question could influence any recommendations that the author makes in this study. A more detailed analysis of the answers to the secondary questions will be provided in chapter 4, thus leading to an answer to the primary research question. The next chapter, chapter 3, will outline the research methodology for this study.

CHAPTER 3

RESEARCH METHODOLOGY

Introduction

To answer the primary research question, “Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” as well as the seven secondary research questions that shape this study, the researcher will be using several common research methodologies. Inclusive in these methods are a review of literature, development of an operational approach, and application of evaluation criteria. The resulting answers to the secondary research questions, after accretion, will lead to answering the primary research question.

This research begins with a qualitative meta-analysis and review of literature. As introduced in chapter 2, determining whether or not the Army should enhance FETs with SAMFE’s requires consideration of the existing literature. Next, the secondary research questions will be researched and addressed in a step-by-step-approach, which provides structure during analysis. Then, a set of evaluation criteria based on the secondary research questions will be developed to assist in identifying the best answer to the primary research question. Finally, based on the application of the evaluation criteria, a conclusion will be drawn and the primary research question answered. Based on the research findings and the answer to the primary research question, the last step will be drawing conclusions and recommending a direction for future research.

Operational Approach

Once the review of literature is complete, more must be done in order to shape the general concept and scope of an Army response to the use of rape as a weapon of war in Africa. This response concept will have objectives and a description of a set of conditions in the future, known as an end state (Department of the Army 2012, 1-6). The operational approach is a description of the broad actions the force must take to transform current conditions into those desired at end state (Department of Defense 2011b, III-8). Commanders use a common doctrinal language to visualize and describe their operational approach. The operational approach provides a framework that relates tactical tasks to the desired end state. It provides a unifying purpose and focus to all operations.

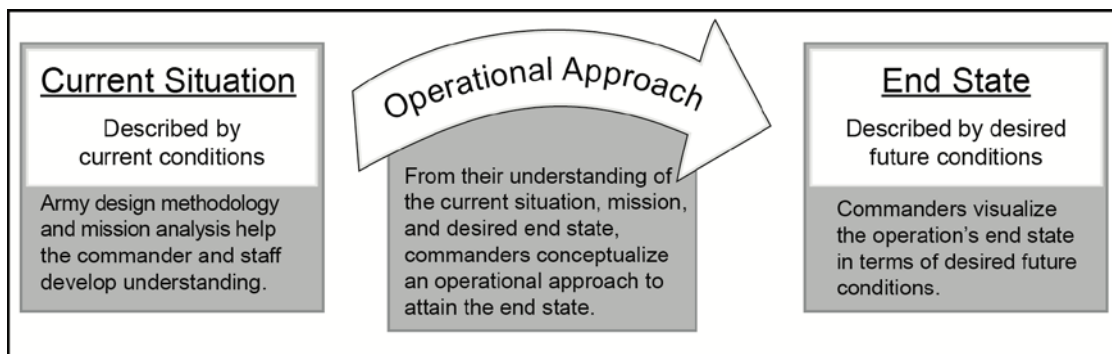


Figure 1. Operational Approach

Source: Department of the Army, Army Doctrinal Reference Publication (ADRP) 3-0, *Unified Land Operations* (Washington, DC: GPO, 2012), Figure 4-2.

The ways in which tasks will be organized are along lines of effort. “A line of effort is a line that links multiple tasks using the logic of purpose rather than geographical reference to focus efforts toward establishing operational and strategic conditions”

(Department of the Army 2012, 4-5). Once the logic of purpose has been used to organize the lines of effort, tasks will be placed along them.

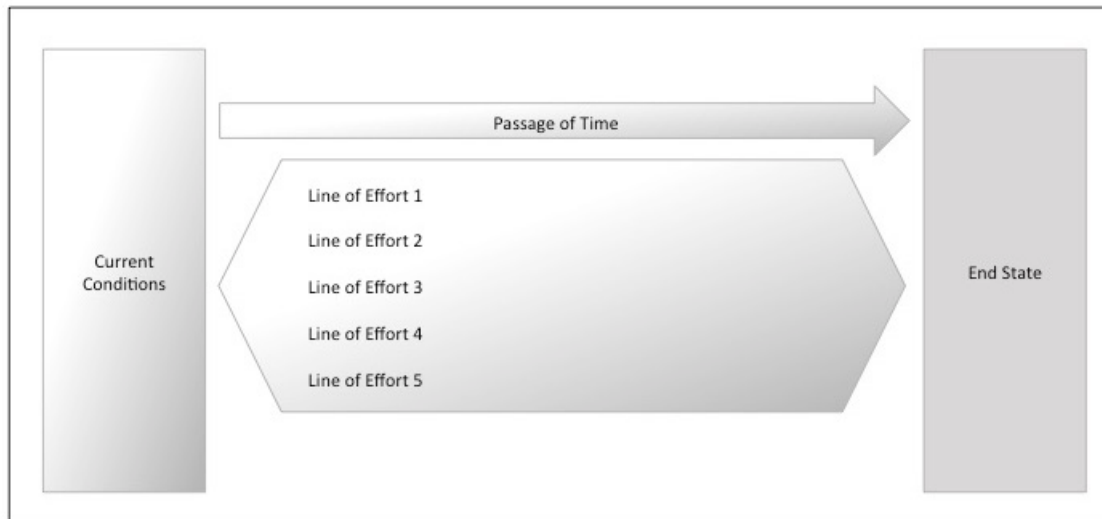


Figure 2. Operational Approach–Generic

Source: MAJ Sylvan Smith, “If We Don’t, Who Will? The Employment of the United States Army to Combat Potential Pandemic Outbreaks in West Africa” (Master’s thesis, Command and General Staff College, 2015).

Evaluation Criteria

Answering the primary and secondary questions with a simple yes or no is not sufficient. Questions that contain the word “should” as the primary research a question does, immediately bring up the possibility of grey areas. Additionally there are guaranteed to be degrees of yes and no, with these types of questions and for this reason, a set of evaluation criteria will be developed to assist in providing further clarification. Evaluation criteria are used to help establish if actions are suitable to achieve the desired

results and “determine if the course of action is the best course of action to accomplish the mission” (Kem 2012, 223).

“Should” as used in the primary research question connotes a moral propriety, which indicates the use of the word in order to indicate obligation, duty, or correctness (Merriam-Webster 2016). “Should,” in this thesis seeks to explore if the Army has an obligation to respond to the use of rape as a weapon of war in Africa. The degree to which the Army may or may not be obligated is developed through application of the evaluation criteria that are based on the secondary research questions.

The evaluation criteria will also help determine if the Army is best suited to be the agency to respond to help stop rape used as a weapon of war. Table 1 depicts the set of criteria that will be applied to the research, leading to a determination of if the US Army has “Little Obligation,” is “Moderately Obligated,” or is “Explicitly Obligated.” First, each criterion will be addressed individually and then aggregated in chapter 4. The level of obligation will be discussed in chapter 5.

Table 1. Response Evaluation Criteria			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
1) Does the Army have the legal authority to deploy globally for SAMFE activities?			
2) Are the objectives and end state reasonable with an expectation of success?			
3) Is the Army the best-suited organization to deploy globally for SAMFE activities?			
4) Are the risks to national security mitigated if the Army responds?			
5) Are women in Africa open to Western Medicine?			
6) Are women in Africa open to have SAFE's?			

Source: Adapted by author from MAJ Sylvan Smith, “If We Don’t, Who Will? The Employment of the United States Army to Combat Potential Pandemic Outbreaks in West Africa” (Master’s thesis, Command and General Staff College, 2015).

The six evaluation criteria relate to the secondary research questions. These were chosen as they help establish the degree to which the Army is or is not obligated to respond in the event of rape used as a weapon of war in Africa. Clarifying the gray area will be necessary as the primary research question asks, “Should the Army respond.” Should infers moral obligation and appropriateness. As each criterion is applied to the study, a judgment will be made and defended as to where on the created scale of

obligation it falls: little obligation (one point), moderate obligation (two points), or explicit obligation (three points). The highest score from the combined tallying of points indicates the best selection. This relative degree of obligation and appropriateness will be discussed in chapter 4 as the research leads to answering the primary research question.

Research Methodology

The researcher will be conducting a qualitative study of whether or not it would be beneficial to add SAMFEs to FETs in Africa by the using the following step-by-step method:

Step 1: The first step in the research design is to conduct a literature review to answer the question, “Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” This literature review is articulated in chapter 2 of this thesis.

Step 2: The second step in the research design is a discussion of what FETs are, and a review of the current and past use of FETs in the US military.

Step 3: The third step in the research design is discussions of what SAMFEs are and what capabilities the SAMFEs could bring to the FETs. Following by a discussion of the unique mission of USAFRICOM and how adding SAMFEs to FETs in Africa could be a way for the United States to answer the UN’s charge to work towards putting an end to the practice of using rape as a weapon of war.

Step 4: The fourth step in the research design is to develop a framework of evaluation criteria to assist in determining answers to the following secondary research questions:

1. Can the US Army legally provide this service?

2. Where in Africa is rape used as a weapon of war?
3. What is currently being done to stop rape used as a weapon of war?
4. Are women in Africa open to Western Medicine?
5. Are women in Africa open to Sexual Assault Forensic Exams (SAFEs)?
6. Would the SAMFEs and other FET members become targets for those militias using rape as a weapon of war?
7. Is there any other agency within the US government that could respond instead of the Army?

Step 5: The fifth step in the research design is to aggregate the findings once the evaluation criteria have been applied. This, when combined with the operational approach, will answer the primary research question.

Step 6: Finally, the last step in the research design is to draw conclusions and make recommendations for future research.

Threats to Validity and Biases

All research is subject to threats to its validity, and to bias by the researcher. “Validity is not a commodity that can be purchased with techniques...Rather, validity is like integrity, character, and quality, to be assessed relative to purposes and circumstances” (Brinberg and McGrath 1988 13). Threats to validity negatively affect the accuracy of the research and soundness of the conclusions drawn from said research. Biases threaten the validity of research.

John A. Maxwell, professor at the Harvard Graduate School of Education describes five threats to validity in qualitative research. These threats include interpretation validity, descriptive validity, researcher bias, theory validity, and reactivity.

(Maxwell 2013, 121). The researcher declares that researcher bias and theory validity are the two threats to validity present in this thesis.

Researcher bias is a process where the researcher influences the results in order to portray a certain outcome. Common researcher biases include racial, ethnical, gender linked, or cultural bias. None of these apply to the researcher in this study. The researcher recognizes that at the beginning of the study, they did have an idea where the research may lead and what the answers to the primary and secondary research questions might be. However, the researcher was cognizant of this and included research in the study that did not align with their pre-research ideas.

Theory validity is when an investigator has a specific viewpoint that they feel the data will support. This is true of the researcher in this study. The researcher has for several years wanted to conduct SAFEs in Africa and turn this evidence over to the proper authorities for use in War Crimes tribunals. Currently there is no mechanism in the US Army to use SAMFEs in this capacity. Some may feel this research is an attempt for the researcher to create a position in the US Army to satisfy their personal, professional interest, and not for the benefit of the Army mission.

Chapter Conclusion

The goal of using this type of research methodology is to concisely answer the primary research question given the threats to validity, biases, limitations, and delimitations. The review of literature, development of an operational approach, and application of evaluation criteria, result in answering the secondary research questions. Upon thoughtful synthesis of all the aforementioned, the results guide this study toward answering the primary research question, “Should Sexual Assault Medical Forensic

Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” The next chapter, chapter 4, contains an analysis of the data collected within this study.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

Introduction

This chapter encompasses an exposition of the data collected in this study to answer the primary research question, “Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” The course of this research, the literature review, and research methodology leads to answering the secondary research questions, and ultimately the primary research question. Presentation and analysis of the findings necessitates using a step-wise approach as described in chapter 3.

Step 1: Results of the Literature Review

The literature review was successful in guiding toward answering five of the seven secondary research questions directly. Two of the secondary research questions are not answered directly, however there was enough information in the literature to make some general recommendations. Further research recommendations for these two secondary research questions will be addressed in chapter 5.

Based on the literature review, response by the Army in efforts to stop the use of rape as a weapon of war supports national policy and implements national objectives as found in the 2015 *National Security Strategy* (NSS) and the most recent *Quadrennial Defense Review* (QDR). National policies constitute the ways in which the US government plans to carry out the strategies contained in the NSS. The main categories of focus articulated in the 2015 NSS include security, prosperity, values, and international

order. Within each of those categories, the President outlines specific goals. One of these goals is “advancing respect for universal values at home and around the world by . . . leading the international community to prevent and respond to human rights abuses and mass atrocities as well as gender-based violence and discrimination against LGBT persons” (Obama 2015, 20). Another goal articulated in the NSS is “building upon the success of the U.S.-Africa Leaders’ Summit by investing in Africa’s economic, agricultural, health, governance, and security capacity” (Obama 2015, 26-27).

The QDR is a legislatively mandated review of the DoD strategy and priorities. The QDR sets a long-term course for DoD as it assesses the threats and challenges that the nation faces and re-balances DoD’s strategies, capabilities, and forces to address today’s conflicts and tomorrow’s threats. There are six national security interests for which the DoD is responsible. These interests are directly derived from the four core interests outlined in the *National Security Strategy*.

The sixth national security interest, the preservation and extension of universal values, is what the subject of this thesis addresses. It is a recognized internationally by all signatories of the UN, that the use of rape as a weapon of war is a crime against humanity and needs to be stopped. These security interests are what the DoD protects and are considered necessary to protect the core interests of the United States.

Additionally the Army derives authority from United States Code, Title 10, Subtitle B, Part I, Chapter 307, Section 3062. The combination of authority granted from US Code and the supporting of national policy and objectives, legal justification appears to answer to the first secondary research question, “Can the US Army legally provide this service?” in the affirmative.

Not only does it appear that the US Army has the legal authority to conduct missions that aid in efforts to stop the use of rape as a weapon of war, it also has a moral obligation to do so as well.

Another secondary research question asks. “Is there any other agency within the US government that could respond instead of the Army?” There are ten agencies listed by the US Federal Government that provide 98 percent of all foreign assistance. Of these ten agencies, three (USAID, the CRC, and the S/GHD) may have the mission sets to respond to the call instead of the Army. Although these agencies mission sets could provide an alternative to Army assets. Are they enough?

USAID is the lead US Government agency that works to end extreme global poverty and enable resilient, democratic societies to realize their potential. Within USAID, the US Government provides technical assistance to ensure gender analyses and interventions are integrated throughout its programs. The US Government emphasizes five strategic approaches to the design, implementation and monitoring of programs. The activities supported aim to do one or more of the following:

1. Provide gender-equitable prevention, care, treatment, and support.
2. Implement gender-based violence (GBV) prevention activities and provide services for post-GBV care.
3. Implement activities to change harmful gender norms and promote positive gender norms.
4. Promote gender-related policies and laws that increase legal protection.
5. Increase gender-equitable access to income and productive resources, including education

An essential aspect of the US Government's gender portfolio is monitoring and evaluation. Work in this area ranges from building the capacity of local organizations to incorporate gender into their monitoring and evaluation plans and implementing evaluations of gender-sensitive programs to developing indicators and evaluation frameworks for global gender issues and initiatives (USAID 2015, 1). While all of these are essential in aiding Africa to help end the use of rape as a weapon of war, USAID does not have the clinical staff capability to collect the forensic evidence off survivors of war related rape. Therefore USAID would not be a suitable agency to respond to this issue in lieu of the authors proposed military SAMFE/FET response.

The Civilian Response Corps (CRC) is a group of federal employees and volunteers from members of the private sector, as well as, members from state and local governments who are trained and equipped to deploy rapidly to countries in crisis or emerging from conflict in order to provide reconstruction and stabilization assistance (US Department of Health and Human Services 2013a). They are diplomats, development specialists, public health officials, law enforcement and corrections officers, engineers, economists, lawyers, public administrators, agronomists, and others. These dedicated workers offer the full range of skills needed to help fragile states restore stability and the rule of law, and achieve economic recovery and sustainable growth as quickly as possible (US Department of Health and Human Services 2013a). Due to their significant capabilities, the Civilian Response Corps was considered by the researcher as a potential solution to the challenges of rape as a weapon of war.

Healthcare is a critical element of the CRC's Core Capabilities. The umbrellas of healthcare services for the CRC are divided into the following five categories and

capabilities: Security and Rule of Law, Planning and Operations Management, Economic Recovery, Essential Services, and Diplomacy and Governance. Under the core capability of Security and Rule of Law, there are five subcategories of health services provided for:

- Health for Internally Displaced People, Refugees, and the Disenfranchised
- Forensics and Medical Evidence of War Crimes
- Gender-Based Violence
- Anti-Human Trafficking
- Demobilization, Disarmament, and Reintegration
- Behavioral Determinants of Health (US Department of Health and Human Services 2013b)

The medical capabilities of Forensics and Medical Evidence of War Crimes within the CRC have traditionally composed of missions for the expressed purpose of mass grave remains identification (US Department of Health and Human Resources 2015). However there is the possibility of funding an 18-24 month project that would send a Sexual Assault Response Team (SART) to Africa. SARTs are coalitions of agencies that serve sexual assault survivors. SARTs are characteristically comprised of victim advocates, law enforcement officers, forensic medical examiners, forensic scientists, and prosecutors. Multidisciplinary SARTs work together to formalize interagency guidelines that prioritize survivors' needs, hold perpetrators accountable, and promote public safety (National Sexual Violence Resource Center 2011, 1).

The CRC may have been a more promising agency to respond than USAID, however, recently the researcher discovered that the CRC was dissolved. The Office of Crisis Surge Support Staff (CS3) was created to meet USAID-specific needs that cannot

always be fully addressed using traditional USAID staffing methods. CS3 recruits, hires, and trains staff with an array of skills and experiences to immediately deploy when needed (USAID 2014a, 1).

CS3's deployable teams are called the "Firehouse." Firehouse staffs supply a range of technical expertise, are familiar with USAID processes and funding mechanisms, and are ready to deploy immediately, for two to 10 months. The Firehouse includes Senior Development Advisors, General Development Officers, Democracy and Governance Officers, Elections Specialists, Program Officers, Strategic Communication Officers, Contracting Officers, and Executive Officers. Some of the work CS3 Missions have provided include, supporting elections in Afghanistan, the Democratic Republic of the Congo, Kenya, Nigeria, and South Sudan; providing urban planning and infrastructure expertise in Haiti and Mexico; replacing evacuated staff in Yemen; supporting conflict-specific programming in the Central African Republic, Jordan, Libya, and Nepal; providing business development and economic expertise in Pakistan; working on rule of law in Tunisia; and temporarily staffing newly created Foreign Service positions in Burma and Burundi (USAID 2014a, 1).

Would USAID or CS3 be a reasonable agency to respond instead of the US Army? Would they be able to recruit, hire, and train SART's to deploy to Africa? CS3 fills Mission requests using an online system, and handles travel arrangements and other administrative tasks associated with deployment. Each requesting Mission pays for its deployed staff member's salary, benefits, travel, and support costs, while contributing funds to CS3 to sustain operations and expand the roster of deployable staff (USAID 2014b, 2). Overall, it appears the CS3 is geared more towards building internal

government capacity during times of crisis. However, it may be useful to help countries in Africa build the capacity to develop and sustain SARTs, thus providing long term stability and evolution of a system to take care of the holistic needs of survivors of war related rape.

A third critical secondary question to answer is, “Would SAMFEs and other FET members become targets for those militia’s using rape as a weapon of war?” The literature review detailed one instance of a medical professional being targeted for helping survivors of war related rape. Dr. Denis Mukwege is a pioneering doctor and activist fighting against sexual violence in the Congo. On October 25, 2012, four armed men attacked Dr. Mukwege’s residence while he was not there. The men held his daughters hostage, and waited for his return to assassinate him. Upon Dr. Mukwege’s return, his bodyguard intervened and was killed by the assassins in a gunfight. After the assassination attempt, Dr. Mukwege went into exile in Europe. His absence from the Panzi Hospital had a “devastating effect” on its daily operations taking care of women who are survivors of war related rape (Kristof 2012, 1).

The same year of Dr. Mukwege’s assassination attempt, Amnesty International reported weekly attacks against humanitarian workers in the North and South Kivu provinces of the Democratic Republic of the Congo. Other parts of Africa report violence against healthcare workers as well. In Mali, The World Health Organization reports that during their 2012 seizure of the northern regions of Gao, Kidal and Timbuktu, Tuareg separatists and Islamist armed groups ransacked and pillaged health facilities, patients in local government hospitals were forcibly removed from their beds and left on the floor after rebels stole their mattresses, and four patients in Gao, died after terrified staff fled.

In February 2014, five local aid workers working with the International Committee of the Red Cross were kidnapped by an Islamist armed group (Human Rights Watch 2014, 21).

On August 14, 2013, Medicines Sans Frontieres ended their twenty-two year operation in Somalia. MSF cites ongoing attacks by armed groups and civilian leaders against health workers as the reason for ceasing operations. Prior to ending their work in Somalia, MSF was treating 50,000 patients per month. As a result of MSF departing Somalia, the World Health Organization estimates that 1.5 million people may now lack access to health care (Human Rights Watch 2014, 21).

While not specific to medical personnel and facilities used specifically for treating survivors of war related rape, civil unrest and violence in the Central African Republic from December 2012 thru March 2013 has had devastating affects to the region. Amidst the violence, health workers, patients, and facilities have been targeted and subject to attacks. Seleka forces have systematically looted and destroyed medical centers and pharmacies around Bossangoa. Eight aid workers have been killed since September 2013; executions and heavy fighting were reported to take place in and around hospitals. On April 26, 2014, sixteen civilians, including three staff members, were killed during an armed robbery on MSF grounds in the northern town of Boguila (Human Rights Watch 2014, 16). MSF reported that gunmen robbed their offices and opened fire, killing and wounding participants. Nationwide, as of December 2013, 80 percent of medical personnel have fled their posts. Forty-two percent of health facilities in the country have been damaged and 50 percent have been looted (Human Rights Watch 2014, 16).

While the researcher was only able to identify one specific case of violence against a healthcare provider specifically working in the area of sexual violence, the

literature is full of reports of violence against health care professionals. In areas of the world where there is ongoing-armed conflict, it is readily apparent that any type of provision of healthcare comes at a risk both to the medical professionals and the patients they are caring for. Even with information about the general insecurity of health care professionals practicing in areas of conflict, there is far less information available as to the specifics of threats to, and vulnerabilities of, health care in conflict settings. A more thorough understanding of these specifics would be beneficial in helping to identify preventive or protective measures for these providers. It is acknowledged that any future security threats to the SAMFEs or FETs would challenge potential recommendations of this study.

Continuing to answer the secondary research questions, the researcher next explores, “Where in Africa is rape used as a weapon of war”? As previously discussed in Chapter 2, Rwanda, Sierra Leone, Liberia, the Democratic Republic of the Congo, and South Sudan, are the countries the literature review indicates the most war related rape manifestations. Future recommendations based on this research would favor the use of SAMFE imbedded FETs in countries experiencing conflict. Conflict is the key indicator for war related rape practice.

Two other secondary research questions explore whether women in Africa are open to the idea of Western Medicine in general and Sexual Assault Forensic Exams in particular. The literature review reveals a widespread suspicion among the peoples of Africa to western medicine. (Chow 2011, 1-2; Jegede 2009, 128-137; Muller and Steyn 1999). This suspicion perpetuates from multiple cases of malfeasance perpetrated by western practitioners against Africans. Chapter 2 discusses some of the more notorious

recent cases of abuse perpetrated by western medical practitioners. Six western practitioners intentionally infecting hundreds of Libyan children with HIV, a cancer researcher experimenting with very high doses of chemotherapy on black breast-cancer patients without their knowledge or consent, an anesthesiologist accused of five murders including two infants whom he injected with lethal doses of morphine, and the infamous Dr. Swango who is suspected of killing sixty people in Zimbabwe and Zambia with lethal injections of potassium in the 1980's and 1990's (Washington 2015, 1-3).

Although many Africans do seek medical care from NGOs and IGOs it is prudent to keep the actions of bad actors in mind as they may influence possible cooperation with Western healthcare practitioners. The tragedies outlined in the previous paragraph highlight the challenges facing evening the most idealistic medical practitioners. Western medical professionals should approach Africans' suspicions with respect, realizing they are born of the acts of a few leviathans in the medical profession. If these fears are dismissed when formulating operations or policy, the risk of raising more fears may occur.

In regard to the openness of African women to have SAFEs conducted the literature review supports that survivors of war related rape are open to SAFEs completed by medical professionals they trust. Unfortunately, several reports identify a failure of the health care systems in Africa to treat survivors of rape in a dignified, confidential manner. The best facilities to treat women who are survivors of war related rape are those like Panzi hospital in the Congo. Recognizing that it takes more than medical care alone to recover from sexual trauma, Panzi provides physical therapy, temporary housing, counseling, job training, and other services to help women get their lives back together

(Beiser 2015). This part of the literature review is challenging to the author's primary research questions. Would having a few SAMFEs collecting evidence even scratch the surface of the needs of those survivors of war related rape? Would they make a difference? Is this idea so limited a response that it would be more harmful than being truly beneficial? These questions will be answered in the recommendations section of chapter 5.

The final secondary research question posed by the author is, "What is currently being done to stop rape as a weapon of war"? The use of rape as a weapon of war is a complex issue, as such it takes a multifaceted approach to combat and discontinue its use. For centuries participants on both sides of battle accepted its use as unavoidable. During World War II, all sides of the conflict were accused of mass rapes, yet none of the courts set up by the victors recognized the crime of sexual violence (Wallstrom 2012, 1). However, in more recent conflicts war related rape is being addressed and prosecuted.

In the early 1990s the UN Security Council declared that the "massive, organized and systematic detention and rape of women, in particular Muslim women, in Bosnia and Herzegovina" an international crime that must be addressed. This statement led to the Statute of the International Criminal Tribunal for the Former Yugoslavia (ICTY) including rape as a crime against humanity, equal to other such crimes as torture and extermination, when committed in armed conflict and directed against the civilian population. Following the ICTY lead, in 1994, the International Criminal Tribunal for Rwanda (ICTR) also declared rape to be a war crime and a crime against humanity. In 1998, the ICTR became the first international court to find an accused person guilty of rape as a crime of genocide. The judgment against the former mayor, Jean-Paul Akayesu

held that rape and sexual assault constituted acts of genocide insofar as they were committed with the intent to destroy, in whole or in part, the Tutsi ethnic group (UN ICTR 2015).

In addition to International Courts, the UN Security Council has done a great deal to help raise awareness and prompt action against sexual violence in conflict. The UN Security Council has passed multiple resolutions calling on Member States to increase the participation of women in the “prevention and resolution of conflicts” and in the “maintenance and promotion of peace and security.” UNSC Resolution 1325 charges all parties involved in armed conflict to abide by international laws that protect the rights of civilian women and girls and to incorporate policies and procedures that protect women from gender-based crimes such as rape and sexual assault.

The Rome Statute of the International Criminal Court (ICC), in force since 2001, has the most inclusive definition of sexual violence as it relates to international law in this area of rape as a weapon of war. The ICC includes rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity as a crime against humanity when it is committed in a widespread or systematic way (International Criminal Court 1998, 3-10). Arrest warrants issued by the ICC include multiple counts of rape as both a war crime and a crime against humanity.

In addition to the efforts of the UN and international courts, a number of initiatives have been developed specific to Africa. Many States in Africa have ratified the key international conventions including; the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, the Maputo Protocol to the

African Charter, and in Southern Africa many States have signed the Southern African Development Community Protocol on Gender Development (SADC). All of these international conventions stress the importance of protecting women and children, and providing for their equal rights and opportunities under the law. Unfortunately in many African States, international law does not have a direct effect due to many States not having fully domesticated their international obligations (United Nations General Assembly 2013, 4, 15).

While multiple legal efforts continue to work towards holding perpetrators of war related rape accountable, efforts to assist the survivors' medical needs also are at work in Africa. The literature points to many governmental as well as non-governmental agencies currently providing medical support. The International Committee of the Red Cross (ICRC), Medicines Sans Frontiers (MSF), and governmental hospitals and clinics are all working hard to help these women and girls. The medical needs of these survivors are complex, and for best outcomes, need to be tailored to the individual. Lifelong medical and psychological trauma is not uncommon for survivors of war related rape.

The challenges of meeting the complex needs of survivors of war related rape are magnified by the lack of adequate facilities and trained personnel to take care of these women. In research reported by the UN, over two-thirds of women interviewed reported that health services for them were difficult to access (Ward and Marsh 2006, 11). Additionally, even where services are available, often they are not free. Thus putting an additional barrier in the way of receiving medical care. Many of the countries in Africa have state-run health centers that operate on a cost-recovery basis. Most such clinics are designed with open waiting areas where the women and young girls may be expected to

disclose their reasons for seeking medical care in this public area. The lack of confidentiality this configuration ensues may encourage the survivor to hide their victimization.

Although there are medical clinics in Africa, and NGO's are present providing medical care as well, it is not enough. Only a fraction of the women who have been raped receive care.

There is enough analysis done to answer the secondary research question about, what is currently done to stop rape used as a weapon of war. Each piece of literature reviewed provides a clear answer for the organizations that conducted the research. However, the current research does not consider the military as a resource that could be applied to the problem of sexual assault in Africa. This thesis takes the data provided by the government and non-government organizations and then adds the US military capability of SAMFEs toward closing that gap in the current research and recommending potential increases in the use of SAMFEs in Africa.

Step 2: Proposed Operational Approach

The current conditions describe militant and terrorist organization in Africa frequently using rape as a weapon against innocent women and girls in conflict ravaged areas. The nature of sexual violence during armed conflict consists of rape, sexual humiliation, sexual mutilation, forced prostitution, and forced pregnancy. These heinous crimes are motivated by multiple motives. One generally held view in many militant organizations is that women are part of the "spoils" of war, and that soldiers are entitled to have these women and do what they wish with them. Women in many parts of the developing world are considered or viewed as property, not as individuals, much less

equals, this de-humanization lends towards unethical treatment. These practices .are readily employed to terrorize women and children, split family units, extinguish villages and in most recent decades, deliberately attempt to change the ethnic make-up of the next generation (Wallstrom 2012, 1). These events and practices create a cauldron of instability in this region and can pose a threat to US national security, building the case for a response effort.

Following the defining of the current conditions, the desired end state must be defined. The end state should consist of realistic, achievable goals that continuously keep national security objectives in mind. In general terms the end state for a potential response mission to war related rape must include a significant decrease in cases of war related rape and the capability of the affected African nations to handle the future treatment for survivors of war related rape on their own. If these objectives are met, the threats to US national security as described in chapters 1 and 2 of this thesis are reduced. Having described current and future conditions, ways to get from the current state to that of the end state must be defined. These ways, organized by the logic of purpose, form the lines of effort (LOE).

“A line of effort is a line that links multiple tasks using the logic of purpose.... to focus efforts toward establishing operational and strategic conditions” (Kem 2012, 157). The 101st Airborne Division spearheaded the US Army response to the Ebola Virus Disease outbreak in Liberia in 2014. Named Joint Task Force- UNITED ASSISTANCE (JTF-UA), the task force accomplished their objectives under four major functional categories. Three of these functional categories lend themselves useful as a framework

for developing LOE's for a military response to war related rape as well. The three functional categories are entitled Building, Training, and Sustaining (Hoskins 2015).

LOE 1- Build. In the case of JTF-UA, the build LOE consisted of constructing actual physical structures named Ebola Treatment Units (ETUs). In a military response to war related rape, the "Build" functional category would be for building relationships with the women of the communities where war related rape is occurring. FETs have been used successfully in past conflicts to conduct host national engagement activities in a culturally respectful manner in order to build confidence and support for the host nation government and US national security objectives. The activities of SAMFE imbedded FETs would work to build similar trusting relationships, as this is foundational as a precursor to successful SAMFE evidence collection activities.

LOE 2- Train. In addition to building relationships with the female population and collecting forensic evidence from survivors of war related rape, SAMFEs can train other health care workers and members of the community. The National Sexual Violence Resource Center (NSVRC) has developed a Rural Public Service Announcement Campaign in partnership with the Office on Violence Against Women (NSVRC 2016, 1). Many of the resources contained in this community education toolbox can be adapted for use in conflict torn areas of Africa by the SAMFE imbedded FETs.

The training toolbox is composed of six areas necessary to create a community that is supportive of survivors of sexual assault. Three of the six areas can be addressed by SAMFE imbedded FETs to help strengthen the communities the FETs are serving. The first area addressed in the education is a guide for service providers. This focuses on reaching out to community organizations regarding domestic and sexual violence. This

block of instruction addresses outreach challenges faced between rural communities and faith-based organizations and possible strategies for overcoming these challenges. These challenges mirror those faced in conflict torn areas of Africa.

The second area of education in the toolbox focuses on stopping the stigma and changing public perception of sexual assault in communities. This is one of the biggest challenges faced in dealing with the aftermath of war related rape in Africa. In Africa women occupy different positions in society than men. After a war related rape, the women are often “shunned, ostracized, and considered unmarriageable” (United Nations 1998, 1). This educational area is designed to assist rural or remote areas in gaining support from their communities with the goal of creating partnerships to meet the needs of survivors and end sexual violence. If you can successfully change stigma and public perception, you can start the healing and build the foundations for a stronger, more unified community. These types of communities are more secure, more supportive of local governments and contribute to the stability of a nation.

The third area addresses engaging the community in the prevention of sexual violence. This part of the curriculum would need to be modified significantly as the strategies for preventing war related rape must come from a higher level of governance than the community. The researcher would recommend safety education be strongly addressed such as how the women and girls can band together and protect each other the best they can.

LOE 3- Sustain. The sustainment LOE provides for building the foundations necessary for national capabilities to assume responsibility for the work started by the SAMFE imbedded FETS. Historically in West Africa, capabilities funded by outside

governments lacked the ability to be sustained. “Donors’ monetary contributions to poor nations were all too often linked to prestigious showpieces...tertiary care hospitals. Usually ignored were community-based projects, such as schools, medical clinics, skills training programs, or public health campaigns” (Garrett 1994, 201). The sustainment LOE will need to have augmentation by other organizations for effectiveness. SAMFE imbedded FETs would not have the means necessary to complete this LOE on their own.

This proposed operational approach, establishes the lines of effort necessary to connect current conditions to a desired end state. After analyzing the literature, Step 1 in the data presentation established the legal authority for an Army response to war related rape and that no other governmental organizations currently possess the necessary capability to respond. In Step 2, the operational approach framework described the general nature of what an Army response using SAMFE imbedded FETs should look like. Next, in Step #, the degree of obligation is explored through the application of the evaluation criteria detailed in chapter 3.

Step 3: Application of the Evaluation Criteria

The third step in the research design applying a framework of evaluation criteria to assist in determining to what degree the Army is obligated to respond to the use of rape as a weapon of war in Africa. As Wolf clarifies in her essay, “We have a legal obligation to do something if we are required to do it by law, where law in turn must be issued by an appropriately authoritative person or group” (Wolf 2014, 2). The US Code, as presented in chapter 2, establishes this legal obligation, however what is required in a moral obligation?

Similar to moral obligation is the idea of the responsibility to protect. Responsibility to protect (R2P) is the global political commitment endorsed by all member states of the United Nations at the 2005 World Summit to prevent genocide, war crimes, ethnic cleansing, and crimes against humanity (United Nations 2014, 1) At its core, the idea of R2P is that states everywhere have the responsibility to uphold and protect the human rights of their citizens. If the state is unwilling, or unable to do so, R2P asserts it is the duty of the international community to intervene and end human rights violations (United Nations 2014, 1).

Since the 1990s, rape as a weapon of war has been declared in multiple international courts as a war crime, and a crime against humanity. So now not only is it a moral obligation to act in response to rape as a weapon of war, all member states of the United Nations have pledged to support R2P and thus we as a member state of the United Nations have a responsibility to intervene when rape is being used as a weapon of war.

Keeping this explanation of moral obligation in mind, the application of evaluation criteria help establish the degree of obligation by assigning point values to three categories: little obligation (one point), moderate obligation (two points), and explicit obligation (three points). After combining the responses the scores will be added. A higher score indicates the better selection. This level of moral obligation, when coupled with the answers to the secondary research questions, will lead to answering the primary research question. Each of the separate criteria are answered and explained independently, as depicted below.

Table 2. Response Evaluation Criterion–Legal Authority			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
1) Does the Army have the legal authority to deploy globally for SAMFE activities?		X	

Source: Adapted by author from MAJ Sylvan Smith, “If We Don’t, Who Will? The Employment of the United States Army to Combat Potential Pandemic Outbreaks in West Africa” (Master’s thesis, Command and General Staff College, 2015).

Criterion 1: Does the Army have the legal authority to deploy globally for SAMFE activities? The legal authority for a US Army response with SAMFE imbedded FETS comes from US Code as presented in the literature review. While not explicitly mentioned in the code, execution of such a mission supports national policies and implements national objectives. Subsequently, since SAMFE response is not explicitly cited, but only inferred through investigation into what constitutes national policies and national objectives, only moderate obligation is established.

Table 3. Response Evaluation Criterion–Objectives and End State			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
2) Are the objectives and end state reasonable with an expectation of success?	X		

Source: Adapted by author from MAJ Sylvan Smith, “If We Don’t, Who Will? The Employment of the United States Army to Combat Potential Pandemic Outbreaks in West Africa” (Master’s thesis, Command and General Staff College, 2015).

Criterion 2: Are the objectives and end state reasonable with an expectation of success? The operational approach establishes success by describing the conditions of the desired end state. A successful SAMFE imbedded FET response mission sets the conditions so that the end state for a SAMFE imbedded FET response mission to war related rape includes significant decreases in cases of war related rape and the capability of the affected African nations to manage the future treatment of survivors of war related rape on their own. The actions that the SAMFE imbedded FETs are known, however the results may not be attainable therefore assigning little obligation for criterion 2.

Table 4. Response Evaluation Criterion–Suitability			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
3) Is the Army the best-suited organization to deploy globally for SAMFE assistance?			X

Source: Adapted by author from MAJ Sylvan Smith, “If We Don’t, Who Will? The Employment of the United States Army to Combat Potential Pandemic Outbreaks in West Africa” (Master’s thesis, Command and General Staff College, 2015).

Criterion 3: Is the Army the most appropriate US organization to deploy globally for prevention of war related rape assistance? As explored in Step 1 of this chapter, the other government entities that could respond lack the capabilities to mount the type of response required for success. USAID and CRC lack the ability to summon resources in depth and breadth of skill, even though USAID possesses a specialist surge capability within the CS3. The common thread is that these organizations capitalize on functional

capacity of the civil institutions within the affected country. The Army does not need this sufficient civil capacity to achieve success and is consequently the most appropriate organization.

Table 5. Response Evaluation Criterion–Risk Mitigation			
Question	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
4) Are the risks to national security mitigated if the Army responds?			X

Source: Adapted by author from MAJ Sylvan Smith, “If We Don’t, Who Will? The Employment of the United States Army to Combat Potential Pandemic Outbreaks in West Africa” (Master’s thesis, Command and General Staff College, 2015).

Criterion 4: Are the risks to national security mitigated if the Army responds?

When predicting future conditions if war related rape is allowed to continue with little punitive action throughout Africa, State stability for hard-hit nations will be questionable, or nonexistent. There is no way to guarantee future outcomes, but it is sensible to accept this version of events as a rational outcome, especially when overlaid with the global conditions described in the *National Security Strategy* and the *Quadrennial Defense Review*. It then follows that the Army is explicitly obligated to respond to putting available assets to the task of preventing the use of rape as a weapon of war in Africa because, the other alternative, no response, allows threats to the US to proliferate.

Step 4: Answer Primary Research Question

Step 4: After having applied the evaluation criteria, the fourth step in the research design is to combine and present the findings. This subsequently leads to answering the primary research question.

Table 6. Response Evaluation Criteria–Aggregate			
Questions	Little Obligation (1 point)	Moderately Obligated (2 points)	Explicitly Obligated (3 points)
1) Does the Army have the legal authority to deploy globally for pandemic assistance?		X	
2) Are the objectives and end state reasonable with an expectation of success?	X		
3) Is the Army the best-suited organization to deploy globally for SAMFE assistance?			X
4) Are the risks to national security mitigated if the Army responds?			X
Total	1	2	6

Source: Source: Adapted by author from MAJ Sylvan Smith, “If We Don’t, Who Will? The Employment of the United States Army to Combat Potential Pandemic Outbreaks in West Africa” (Master’s thesis, Command and General Staff College, 2015).

The overall application of the evaluation criteria establishes that the US Army has an explicit moral obligation to respond. The lack of specific reference to prevention of

war related rape in the US Code places only a moderate obligation on the Army. When examining the data in light of the other criteria, if the resources are available the Army should respond to the UN call for all member nations to do what they can to stop the use of rape as a weapon of war.

Step 5: Conclusions and Recommendations

Finally, the last step in the research design is to draw conclusions and make recommendations for decision makers and for future research. This is found in chapter 5.

Chapter Conclusion

“Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” In short, the answer to the primary research question is, yes. Analysis of the literature produces the legal authority, rules out other entities, and predicts that any lack of response could pose consequences to national security. Beyond this, the application of the evaluation criteria establishes that the US Army has a moral obligation to respond. Despite these findings, there are some other general conclusions and recommendations for future research found in chapter 5.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

As this analysis has shown, the answer to the primary research question, “Should Sexual Assault Medical Forensic Examiners (SAMFEs) be added to Female Engagement Teams (FETs) in Africa to help curb the use of rape as a weapon of war?” is yes. Yet, this is not a simple and all-inclusive yes. The US Army should address war related rape in Africa, however, the researcher does concede that creating SAMFE imbedded FETs alone will not be enough to meet the need.

Specially created and trained SAMFE imbedded FETs could be an important start in building relationships with the women in African villages who experience and survive war related rape. Given the role of the US Army in Africa’s medical diplomacy and humanitarian missions, building relationships and working among the women in Africa will continue to grow as part of the Army mission.

The power of medicine in US diplomacy can play a pivotal role in achieving America’s global objectives of securing peace and stability, fighting radical ideological groups, and promoting democracy. Forward and aggressive medical missions in Africa, where perpetrators of war related rape are held accountable, will put these adversaries on the defensive. Increasing the capacity of African governments to take care of war related rape survivors would foster increased confidence in communities towards the government. These events will have a synergistic effect and may significantly contribute to changing the current narrative in Africa that it is ok to use rape as a weapon of war.

Conclusions

This study determined that the US Army should respond to preventing war related rape in Africa. The analysis of the literature presented the Army's legal authority, ruled out a response by other government entities, and predicted that a lack of response could pose consequences to national security. Additionally, the application of the evaluation criteria established that the US Army has a moral obligation to respond to war related rape in Africa.

Another way to think of the outcome of this study is to answer the question in the first part of this study's title: *If We Don't, Who Will?* ("we" refers to the Army and its service members). The response is, "there may be some, but they need the resources that are unique to organizations such as the US Army." The US Army is uniquely equipped to respond and execute the required tasks to achieve success given a host nation in crisis with weakened ministerial capacity. This is especially true in Africa as the study highlighted when discussing the region's young governments. The title of this study also emphasizes the moral obligation. Not selecting the Army to respond to aiding in the prevention of war related rape in Africa, and consciously leaving the region to deteriorate, goes against America's values and diplomatic vision for Africa.

However, despite this conclusion, this study only considered the Army, as it exists now. Changes in size, composition, or structure could significantly alter the outcome. As the Army leverages finite resources and after over a decade of build-up and open pocket books, the military is facing long forgotten levels of austerity. Sequestration and budget cuts challenge the Army's ability to execute the missions already on the table, let alone additional ones. The fight against Islamic Extremism and other terrorist organizations

worldwide could be at the expense of other missions. If forced to pick either fighting war related rape or the Islamic State of Iraq and Levant, which choice would present the worst consequences? Would war related rape threaten United States national security more than the Islamic State of Iraq and Levant over a year period? Global conditions change and so do the associated threats to national security. As explored in this study, any future missions geared at the prevention of war related rape should be evaluated in the context of contemporary conditions.

Recommendations

Recommendations for Decision Makers

Since this study established that the Army is uniquely and morally obligated to respond to the UN call for preventing the use of rape as a weapon of war, ongoing and planned training and partnership projects should lay the foundation. United States Africa Command and United States Army Africa currently conduct military medical diplomacy and humanitarian assistance projects. Missions such as these can lay a solid foundation within healthcare and logistics systems by focusing on building healthcare capacity within African governments in order to prepare them for dealing with crises such as war related rape.

When thinking about creating SAMFE imbedded FETs, it is paramount that the women selected for these FETs are volunteers who are valued for their unique skill set. Creating FETs composed of “extra” soldiers performing an additional duty is not sufficient. These women should not be taken from a unit’s organic female personnel, but formed from a team of female soldiers and officers who are uniquely qualified and motivated to perform the mission. Lessons learned from previous FET teams deployed in

Iraq and Afghanistan warn that when the time and resources spent on FETs are taken from the brigade organically, the FET can be seen as a distraction from the rest of the mission rather than an added capability. This also creates a situation where the FET is fighting against every other unit in the brigade for resources (Nicolas 2015, 58). Another recommendation in regards to SAMFE imbedded FET creation is a reminder to be cognizant of ensuring there is a real system of accountability, uniformity in training, proper evaluation, and a way to account for the level or quality of FET training across the Army. This is one of the concerns raised when evaluating past use and performance of FETs in Iraq and Afghanistan (Nicolas 2015, 60). Many of the women who volunteered for FETs did not receive the credit they deserved in regards to awards or evaluations, this oversight led to many FET members not enjoying the boost to their careers that many of their not FET counterparts did.

This lack of benefit is attributed to a lack of understanding. Although a soldier's Enlisted or Officer Record Brief may state that they served on an FET, the wide variations in quality of training, levels of experience, and standards for performance made it very hard to measure the FET member's performance against peers who served in a widely understood and accepted positions such as platoon or team leader (Nicolas 2015, 61).

Recommendations to Future Researchers

Medical diplomacy is a powerful tool for enhancing US security by gaining access, influence, and positive visibility in foreign nations. Winning the "hearts and minds of people...by exporting medical care, expertise, and personnel to help those who need it most" has become an increasingly prominent strategy of the US government

(Haims et.al. 2014, 659). Thus, medical diplomacy should be the route the US Army uses to address war related rape.

During the course of the literature review, the researcher came across a case study entitled, “Enhancing the Effectiveness of the U.S. Army’s Participation in Medical Diplomacy: Implication From a Case Study in Trinidad”. This case study details an Army Reserve unit’s coordination between themselves, the Trinidad Ministry of Health (MoH), and the University of Utah in developing a unique program to address the large backlog of untreated cataracts in Trinidad (Haims, Duber, and Chang 2014, 659-665).

This jointly developed program was based on a model of engagement that focused on four key areas, an objective, developing lasting partnerships with the host country, enhancing state legitimacy of the host country, and enhancing positive visibility of the United States.

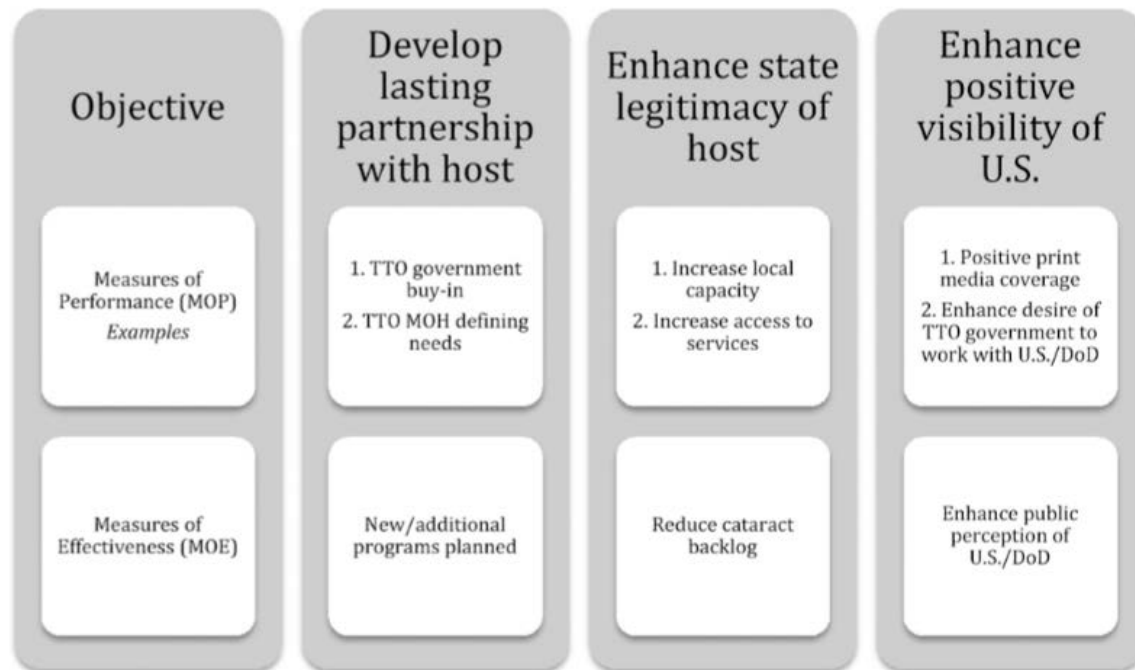


Figure 3. Medical Diplomacy Model-Trinidad Case Study

Source: Maria C. Haims Herbert C. Duber, and MG Lie-Ping Chang, “Enhancing the Effectiveness of the U.S. Army’s Participation in Medical Diplomacy: Implications From a Case Study in Trinidad,” *Military Medicine* 179 (2014): 662, accessed May 13, 2016, <http://www.ncbi.nlm.nih.gov/pubmed/24902134>.

This approach should be researched by the US Army in designing a medical approach to rape as a weapon of war in Africa. This model addresses the LOE’s the researcher detailed in chapter 4, Build, Train, and Sustain. A model such as this may be a more effective way to address war related rape than SAMFE imbedded FETs alone. Additionally, with the current state of limited resources in the US Army, a program utilizing a reserve unit’s connections to both the military and civilian worlds, bringing in outside expertise and a long-term university partners will allow sustainability of the program without protracted US military support.

Final Thoughts

We have to be a loud and clear voice for those whose voices cannot be heard. Under international law, rape is a crime against humanity—and it is our duty to work to bring impunity for such crimes to an end. (Schnall 2011)

At the start of this study, the researcher heard from many in the Army community that the US is not the proper government agency to respond to a mission aimed at the prevention of war related rape. They strongly articulated that the US Army's purpose is to fight and win America's wars. However, after uncovering the threats to national security that a lack of response could promote, the answer to the primary research questions became clearer. When thinking about threats to US national security, violation of human rights and the ongoing committing of war crimes must be considered as an adversary. There can be no other conclusion than that the US Army should respond to the UN call for all member nations to help curb the use of rape as a weapon of war. Therefore the US Army should add Sexual Assault Medical Forensic Examiners (SAMFEs) to Female Engagement Teams (FETs) in Africa.

REFERENCE LIST

- Amon, Joseph, Aanjalie Collure, Emily Clause, Len Rubenstein and Elsie Baker. 2015. "Attacks on Health Global Report." Safeguarding Health in Conflict Coalition, May 2015. Accessed May 1, 2016. <http://www.safeguardinghealth.org>.
- Army Capabilities Integration Center. 2015. "Army Warfighting Challenges." January 18. Accessed June 3, 2016. <http://www.arcic.army.mil/Initiatives/ArmyWarfightingChallenges>.
- Artz, Lillian, and Dee Smythe. 2007. "Losing Ground? Making Sense of Attrition in Rape Cases." *Sexual Assault Crime Quarterly* 22: 13-20.
- Baaz, Maria E., and Maria Stern. 2013. *Sexual Violence as a Weapon of War? Perceptions, Prescriptions, Problems in the Congo and Beyond (Africa Now)*. London: Zed Books.
- Beiser, Vince. 2015. "This Doctor Is Helping Congo's Thousands of Rape Survivors." Takepart World, September 14. Accessed June 3, 2016. <http://www.takepart.com/article/2015/09/14/panzi-hospital-drc-denis-mukwege>.
- Brinberg, David, and Joseph Edward McGrath. 1988. *Validity and the Research Process*. Thousand Oaks, CA: Sage Publications.
- Bouvier, John. 1856. *A Law Dictionary Adapted to the Constitution and Laws of the United State's*. Accessed April 9, 2016. <http://legaldictionary.thefreedictionary.com/moral+obligation>
- Brownmiller, Susan. 1975. *Against Our Will: Men, Women, and Rape*. New York: Random House.
- Chow, Jack C. 2011. "How the C.I.A. Hurt U.S. Health Diplomacy." *International Herald Tribune [Paris]*, July 27. Accessed December 11, 2015. <http://search.proquest.com/docviews/879026689/fulltext/14F5A0814DAA4EE9PQ/6>.
- Coupland, Robin, Christina Wille, Nathan Taback, and Simon Regard. 2011. *Health Care in Danger: A Sixteen-Country Study*. Geneva: International Committee of the Red Cross.
- Department of the Army. 2012. Army Doctrinal Reference Publication (ADRP) 3-0, *Unified Land Operations*. Washington, DC: GPO.
- . 2015. MEDCOM Supplement 1 to MEDCOM Regulation 40-36, *Medical Facility Management of Sexual Assault*. Washington, DC: GPO.
- Department of Defense. 2014. *Quadrennial Defense Review*. Washington, DC: GPO.

- . 2011a. Joint Publications (JP) 3-0, *Joint Operations*. Washington, DC: GPO.
- . 2011b. Joint Publications (JP) 5-0, *Joint Operations Planning*. Washington, DC: GPO.
- Farrugia Patricia, Bradley A. Petrisor, Forough Farrokhyar, and Mohit Bhandari. 2010. “Research Questions, Hypotheses and Objectives.” *Canadian Journal of Surgery* 53, no. 44: 278-281.
- Footer, Katherine H. A., and Leonard Rubensein. 2013. “A Human Rights Approach to Health Care in Conflict.” *International Review of the Red Cross*, 95,. no. 889: 1-21.
- Garrett, Laurie. 1994. *The Coming Plague: Newly Emerging Diseases in a World out of Balance*. New York: Penguin.
- Global Policy Forum. 2011. “Watching Aid Fall Short.” May 20. Accessed May 2, 2016. <https://www.globalpolicy.org/ngos/introduction/50241-watching-aid-fall-short.html?ItemId=746>.
- Haims, Maria C., Herbert C. Duber, and MG Lie-Ping Chang, USAR (Ret.). 2014. “Enhancing the Effectiveness of the U.S. Army’s Participation in Medical Diplomacy: Implications From a Case Study in Trinidad.” *Military Medicine* 179: 659-665. Accessed May 13, 2016. <http://www.ncbi.nlm.nih.gov/pubmed/24902134>.
- Hoskins, Army Sgt. 1st Class Nathan. 2015. “101st Airborne Departs Liberia After Successful Mission.” *US Department of Defense (DoD) News*. Accessed May 21, 2015. <http://www.defense.gov/news/newsarticle.aspx?id=128263>.
- Human Rights Watch. 2014. “Under Attack: Violence Against Health Workers, Patients and Facilities.” Accessed May 3, 2016. <https://www.hrw.org/news/2014/05/16/health-workers-patients-under-attack> .
- International Criminal Court. 1998. “Rome Statute.” July 17. Accessed June 3, 2016. https://www.icc-cpi.int/nr/.../rome_statute_english.pdf.
- Jegade, Ayodele S. 2009. “Culture and Genetic Screening in Africa.” *Developing World Bioethics* 9, no. 3: 128-137.
- Jewkes, Rachel, Nicola Christofides, Lisa Vetten, Ruxana Jina, Romi Sigsworth, and Lizle Loots. 2009. “Medico-Legal Findings, Legal Case Progression, and Outcomes in South African Rape Cases: Retrospective Review.” *PLoS Medicine*. Accessed May 3, 2016. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000164>.

- Jok, Madut. 1998. "Militarization and Gender Violence in South Sudan." *Journal of Asian and African Studies* 34, no. 4: 427-442. Accessed May 3, 2016. https://www.researchgate.net/publication/240728034_Militarization_and_Gender_Violence_in_South_Sudan.
- Jones, Gina Maria O. 2013. "Female Engagement Teams: Making the Case for Institutionalization Based on U.S. Security Objectives in Africa." Monograph, School of Advanced Military Studies, Fort Leavenworth, KS.
- Kelly, Jocelyn. 2010. "Rape in War: Motives of Militia in DRC." United States Institute for Peace, *Special Report 243*, Washington, DC, June 2010, Accessed May 3, 2016. <http://www.usip.org/sites/default/files/SR243Kelly.pdf>.
- Kem, Jack D. 2012. *Planning for Action: Campaign Concepts and Tools*. Ft. Leavenworth, KS: US Army Command and General Staff College.
- Kristof, Nicholas. 2012. "An Attack on One of My Heroes, Dr. Dennis Mukwege." *The New York Times*, October 25. Accessed May 1, 2016. http://kristof.blogs.nytimes.com/2012/10/25/an-attack-on-one-of-my-heroes-dr-denis-mukwege/?smid=fb-share&_r=0.
- Maedl, Anna. 2011. "Rape as a Weapon of War in Eastern DRC? The Victims' Perspective." *Human Rights Quarterly* 33, no. 1: 128-147. Accessed May 3, 2016. <https://muse.jhu.edu/article/415613/pdf>.
- Maxwell, J. A. 2013. *Qualitative Research Design, An Interactive Approach*, 3rd ed. Thousand Oaks, CA: Sage Publications.
- McCullough, Christopher. 2013. "Female Engagement Teams: Who They are and Why They Do It." United States Army Homepage. Last modified February 22. Accessed May 2, 2016. <http://www.army.mil/article/88366/>.
- Médecins Sans Frontières. 2015. "Sexual Violence." Last modified October 1, 2015. Accessed May 3, 2016. <http://www.doctorswithoutborders.org/issue/sexual-violence>.
- . 2014. "Central African Republic: Three MSF Workers Among Sixteen Unarmed Civilians Killed at Boguila Hospital." April 28, 2014. Accessed May 1, 2016. <http://www.msf.org/article/central-african-republic-three-msf-workers-among-sixteen-unarmed-civilians-killed-boguila>.
- Merriam-Webster. 2016. "Should." Accessed June 3, 2016. <http://www.merriam-webster.com/dictionary/should>.
- Muller, Anton, and Mariana Steyn. 1999. "Culture and the Feasability of a Partnership Between Westernized Medical Practitioners and Traditional Healers." *Society in Transition* 30, no. 2: 142-156.

- National Sexual Violence Resource Center (NSVRC). 2016. "Education and Outreach." Accessed May 6, 2016. <http://www.nsvrc.org/projects/rural/outreach-education>.
- . 2011. *Sexual Assault Response Team Development: A Guide for Victim Service Providers*. Accessed April 20, 2016. http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guide_SART-Development.pdf.
- Nicolas, Ashley. 2015. "What the Female Engagement Team Experience Can Teach Us About the Future of Women in Combat." *Military Review* (March/April 2015). Accessed May 10, 2016. http://usacac.army.mil/CAC2/MilitaryReview/Archives/English/MilitaryReview_20150430_art011.pdf.
- Obama, Barack H. 2015. *National Security Strategy* (NSS). Washington, DC: The White House.
- Regional Command Southwest Press Room. 2012. "Female Engagement Teams (USMC)." May 8. Accessed June 3, 2016. <https://regionalcommandsouthwest.wordpress.com/about/female-engagement-team-usmc/>
- Rittner, Carol. 2012. *Rape: Weapon of War and Genocide*. St. Paul, MN: Paragon House.
- Schnall, Marianne. 2011. "Peace Laureates Take on the War on Women." *Huffington Post*, June 14. Last updated August 14. Accessed June 3, 2016. http://www.huffingtonpost.com/marianne-schnall/peace-laureates-take-on-t_b_876348.html.
- Seck, Hope, H. "Marine Corps Revives Female Engagement Team Mission." MARSOC online, August 5, 2015. Accessed May 1, 2016. <http://militari.ly/1NaqGVF>.
- Smith, Sylvan A. 2015. "If We Don't Who Will? The Employment of the United States Army to Combat Potential Pandemic Outbreaks in West Africa." Masters thesis, United States Army Command and General Staff College, Fort Leavenworth, KS.
- Turabian, Kate L. 2013. *A Manual for Writers of Term Papers, Theses, and Dissertations*. 8th ed., Rev. Ed. Wayne C. Booth, Gregory G. Colomb, Joseph M. Williams, and the University of Chicago Press Editorial Staff. Chicago: University of Chicago Press.
- United Nations. 2014. "Office of the Special Adviser on the Prevention of Genocide: The Responsibility to Protect." April 16. Accessed June 3, 2016. <http://www.un.org/en/preventgenocide/adviser/responsibility.shtml>.
- . 1998. "Sexual Violence and Armed Conflict: United Nations Response." Division of the Advancement of Women, Department of Economic and Social Affairs. April. Accessed May 3, 2016. <http://www.un.org/womenwatch/daw/public/cover.htm>

- . 1994. Supplement No. 38 (A/49/38), “Concluding Comments of the Committee on the Elimination of Discrimination against Women: Bosnia and Herzegovina.” January 17 – February 4, 1994. Accessed May 3, 2016. http://www.un.org/womenwatch/daw/cedaw/cedaw25years/content/English/CONCLUDING_COMMENTS/Bosnia_and_Herzegovina/Bosnia_and_Herzegovina-Special_report.pdf.
- United Nations General Assembly. 2013. Human Rights Council, A/HRC/23/49/Add.5, “Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences, Ms. Rashida Manjoo.” June. Accessed April 22, 2016. http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session23/A-HRC-23-49-Add5_en.pdf.
- United Nations International Criminal Tribunal for the Former Yugoslavia (UN ICTY). 2016. “Landmark Cases.” Accessed March 25, 2016. <http://www.icty.org/en/in-focus/crimes-sexual-violence/landmark-cases>.
- United Nations International Tribunal for Rwanda (UN ICTR). 2015. “The Cases.” Accessed March 25, 2016. <http://unictr.unmict.org/en/cases/ictr-96-4>.
- United States Agency for International Development (USAID). 2015. *Non-Governmental Organizations (NGOS)*. November 2. Accessed May 3, 2016. <https://www.usaid.gov/partnership-opportunities/ngo>.
- . 2014a. *The Office of Crisis Surge Support Staff*. May 14. Accessed April 21, 2016. <http://www.usaid.gov/office-of-crisis-surge-support>.
- . 2014b. *USAID: Mission, Vision, and Values*. January 29. Accessed March 19, 2015. <http://www.usaid.gov/who-we-are/mission-vision-values>.
- United States Department of Health and Human Services. 2015. “Disaster Mortuary Operational Response Teams (DMORTs).” Last modified September 25. Accessed April 25, 2016. www.phe.gov/Preparedness/responders/ndms/teams/Pages/dmort.aspx.
- . 2013a. “Civilian Resonse Corps.” Last modified November 20. Accessed April 27, 2016. <http://www.phe.gov/Preparedness/international/crc/Pages/about.aspx>.
- . 2013b. “The Impact of Healthcare.” Last modified November 20. Accessed April 25, 2016. www.phe.gov/Preparedness/international/crc/Pages/impact.aspx.
- United States Department of State. 2015. “Office of Global Health Diplomacy.” Accessed May 6, 2016. <http://www.state.gov/s/ghd/>.
- United States Senate. 2008. Subcommittee on Human Rights and the Law, Committee on the Judiciary, *Rape as A Weapon of War: Accountability for Sexual Violence in Conflict*. Washington, DC.

- Wallstrom, Margot. 2012. "Sexual Violence: A tool of War." Prepared by UN Special Representative on Sexual Violence and Conflict, February. Accessed May 3, 2016. <http://genocidewatch.org/testsite/wpcontent/uploads/2013/04/bgsexualviolence.pdf>.
- Ward, Jeanne, and Mendy Marsh. 2006. "Sexual Violence Against Women and Girls in War and Its Aftermath: Realities, Responses, and Required Resources." Paper prepared for the Symposium on Sexual Violence in Conflict and Aftermath: Realities, Beyond, Brussels, Belgium, June. Accessed May 3, 2016. <https://www.unfpa.org/emergencies/symposium06/docs/finalbrusselsbriefingpaper.pdf>.
- Washington, Harriet A. 2007. "Why Africa Fears Western Medicine." *The New York Times*, July 31. Accessed June 3, 2016. http://www.nytimes.com/2007/07/31/opinion/31washington.html?_r=0.
- Wolf, Susan, 2014. *The Variety of Values: Essays on Morality, Meaning, and Love*. New York: Oxford University Press.
- World Health Organization. 2013. "Public Health Risk Assessment and Interventions: Conflict and Humanitarian Crisis in Central African Republic." December 20. Accessed May 1, 2016. http://reliefweb.int/sites/reliefweb.int/files/resources/car_crisis_ph_risk_assessment_23December2013.pdf.