



Case No. SCSL-2003-01-T

THE PROSECUTOR OF  
THE SPECIAL COURT  
V.  
CHARLES GHANKAY TAYLOR

WEDNESDAY, 19 NOVEMBER 2008  
9.30 A.M.  
TRIAL

TRIAL CHAMBER II

---

Before the Judges:

Justice Teresa Doherty, Presiding  
Justice Richard Lussick  
Justice Julia Sebutinde  
Justice Al Hadji Malick Sow, Alternate

For Chambers:

Mr William Romans  
Ms Doreen Kiggundu

For the Registry:

Ms Rachel Irura  
Mr Momodu Tarawallie

For the Prosecution:

Ms Brenda J Hollis  
Mr Mohamed A Bangura  
Mr Nicholas Koumjian  
Ms Julia Baly  
Ms Maja Dimitrova

For the accused Charles Ghankay  
Taylor:

Mr Terry Munyard  
Mr Morris Anyah

1 Wednesday, 19 November 2008

2 [Open session]

3 [The accused present]

4 [Upon commencing at 9.30 a.m.]

09:30:08 5 PRESIDING JUDGE: Good morning. Good morning, Mr Bangura.  
6 Appearances, please.

7 MR BANGURA: Good morning, your Honours, counsel opposite.  
8 Your Honours, for the Prosecution this morning are Ms Brenda J  
9 Hollis, Ms Julia Baly, myself Mohamed A Bangura and Ms Maja  
09:30:30 10 Dimitrova. Thank you, your Honours.

11 PRESIDING JUDGE: Thank you. Mr Munyard, good morning.

12 MR MUNYARD: Good morning, Madam President, your Honours,  
13 counsel opposite. For the Defence this morning are Morris Anyah,  
14 myself Terry Munyard and Carlin Rosengarten.

09:30:46 15 PRESIDING JUDGE: Thank you. Mr Bangura, I see there is  
16 not a witness in the stand.

17 MR BANGURA: Yes, your Honour. Your Honour, the  
18 Prosecution intends to call TF1-358 this morning. Your Honour,  
19 the position, as I understand it, was not quite clear yesterday  
09:31:04 20 when this Court rose as to which witness would be coming on this  
21 morning, but we have an indication from the Defence that they are  
22 willing to go on with 358. Just for clearance on the record, I  
23 don't know whether my learned friend wants to make that clear to  
24 the Court.

09:31:26 25 MR MUNYARD: Your Honour, yesterday I think before leaving  
26 this building I informally notified one of the legal officers  
27 that unless something dramatic occurred then I would be ready to  
28 deal with this witness this morning. Then before I left our  
29 offices at the other end of Maanweg yesterday afternoon, I think

1 on the dot of 5 p.m., I notified one of Mr Bangura's colleagues  
2 from the Prosecution bench who was going to be dealing with the  
3 other witness, 274, that I would not be asking for an adjournment  
4 today. So I notified the relevant parties informally in person  
09:32:15 5 by 5 o'clock yesterday and then not very long after I got home,  
6 but after an interruption for a domestic emergency, I then  
7 emailed both legal officers and my learned friends opposite to  
8 say that that was the case.

9 PRESIDING JUDGE: When you say legal officers, do you mean  
09:32:34 10 Chamber legal officers?

11 MR MUNYARD: I'm sorry, yes. I'm assuming everybody got  
12 it, because I got no delivery failure notification in my email.  
13 I don't know what time it was. It wasn't as early as I had  
14 hoped, but of course I had spoken personally, not on the  
09:32:57 15 telephone but face-to-face, with representatives of the  
16 interested parties and that's our position. We're ready to deal  
17 and I'm grateful, your Honour.

18 MR BANGURA: I'm grateful to my learned friend, your  
19 Honour, for the clarification. Your Honours, the Prosecution, as  
09:33:19 20 I stated, intends to call TF1-358. Your Honour, this witness is  
21 a protected witness pursuant to a decision of this Chamber.  
22 Initially he was granted protective measures under the 2000  
23 decision - November 2006 - and by error of communication the  
24 Prosecution believed at one stage that the witness intended not  
09:33:53 25 to testify using those protective measures and the Prosecution  
26 had applied to have those measures rescinded.

27 PRESIDING JUDGE: And subsequently there was an application  
28 which was granted by this Trial Chamber, isn't that correct?

29 MR BANGURA: That's right, yes, and that decision restoring

1 the measures and granting further measures is contained in the  
2 decision dated 3 November 2008. Pursuant to that decision, your  
3 Honour, the witness is entitled to testify using image distortion  
4 and voice distortion and, as necessary, we would apply to have  
09:34:41 5 certain aspects of his evidence adduced in closed session.

6 PRESIDING JUDGE: Isn't there a screen in position? I am  
7 just trying to - I have just been handed it, yes, because it's  
8 not just the most recent application. There was a reinstatement  
9 of the protective measures granted in paragraph (c), (d), (e),  
09:35:32 10 (f), (g), (h), (i), (j), (k), (l) and (m) of the decision of 5  
11 May 2006, plus the extras you have referred to.

12 MR BANGURA: Yes, that's right, your Honour. The witness  
13 under the previous order that your Honour has referred to was  
14 also entitled to testify using a pseudonym and that is part of  
09:36:17 15 the complement of measures that he's entitled to testify with.

16 PRESIDING JUDGE: I will check if the voice and image  
17 distortion are in position. Madam Court Officer?

18 MS IRURA: Your Honour, the measures are in place.

19 PRESIDING JUDGE: Well, if the other screens can be lowered  
09:36:39 20 and the witness brought into the court.

21 MR BANGURA: Thank you. Your Honour, the witness will  
22 testify in English.

23 WITNESS: TF1-358 [Sworn]

24 PRESIDING JUDGE: Thank you. It appears that Mr Witness's  
09:38:52 25 microphone is not on. I don't see a light. Is it because of the  
26 voice distortion? Thank you.

27 Mr Bangura, please proceed.

28 EXAMINATION-IN-CHIEF BY MR BANGURA:

29 Q. Good morning, Mr Witness.

1 A. Good morning.

2 MR BANGURA: Your Honours, I respectfully apply, pursuant  
3 to the decision granting protective measures, to have the earlier  
4 part of the witness's testimony to be taken in closed session.

09:39:34 5 PRESIDING JUDGE: Closed or private session, Mr Bangura?

6 MR BANGURA: Private session.

7 PRESIDING JUDGE: Private session.

8 MR BANGURA: And that part of it that relates to his  
9 personal details that would have the effect, if they were put out  
09:39:50 10 in open session, to disclose his identity.

11 PRESIDING JUDGE: Mr Munyard?

12 MR MUNYARD: I understand the reason for that and obviously  
13 we don't object to it. Once we go into private session, I would  
14 wish to be heard on the ambit of private session in relation to  
09:40:11 15 this witness.

16 PRESIDING JUDGE: I understand, I think. We will therefore  
17 go into a private session. This is for reasons of security of  
18 the witness and, once we're in private session, we will hear  
19 further legal argument. Please put the court in private session.

09:40:29 20 [At this point in the proceedings, a portion of  
21 the transcript, pages 20571 to 20593, was  
22 extracted and sealed under separate cover, as  
23 the proceeding was heard in private session.]

24

25

26

27

28

29

1 [Open session]

2 MS IRURA: Your Honour, we are in open session.

3 PRESIDING JUDGE: Please proceed.

4 MR BANGURA:

10:39:56 5 Q. Mr Witness, you have mentioned that you ran the first  
6 institution from about 1998. I'm sorry, let me withdraw that.  
7 Do you recall that there was a conflict in Sierra Leone at any  
8 point in time?

9 A. Yes, I do.

10:40:23 10 Q. To your recollection over what period did this conflict  
11 last?

12 A. To my recollection it started in 1991 and I think it was  
13 declared ended in 2002.

14 Q. And during the period that we're talking of did any of the  
10:40:59 15 institutions that you ran offer medical services to persons in  
16 Sierra Leone?

17 A. Yes. In 1990 - it started from 1990, we started giving  
18 medical services to patients, civilian patients, who were coming  
19 from Liberia.

10:41:41 20 Q. What kind of services were you rendering to these people  
21 that came from Liberia?

22 A. They were suffering from severe medical problems, basically  
23 that of severe malnutrition and starvation, and unfortunately  
24 some of them succumbed to that; some of them died.

10:42:16 25 Q. In which institution were you providing these services?

26 A. Institution number 1.

27 Q. How long did this continue?

28 A. I think it continued for the best part of two years.

29 Q. After that period, did any of the institutions that you ran

1 provide medical services to anybody else in Sierra Leone relating  
2 to the conflict?

3 A. Yes, both institutions number 1 and number 2 were involved  
4 to some - you know, in varied extents during the conflict period  
10:43:25 5 in Sierra Leone.

6 Q. If we just go back in chronological order, which  
7 institution first offered services and what kind of services?

8 A. Well, institution number 1 was the first one. Basically  
9 the main reason was that patients who were coming from - who were  
10:43:57 10 fleeing the war in Liberia and coming to Sierra Leone were  
11 directed to this institution number 1 because of the association.  
12 Most of them did not have money to pay and so institution number  
13 1 was able to, you know, deal with their problems and at that  
14 time ECHO International Health Services was giving its  
10:44:35 15 assistance.

16 MR MUNYARD: Sorry, it may be me, but the witness has  
17 referred to "because of the association". I don't know what that  
18 means.

19 MR BANGURA: Your Honour, I believe the witness was still  
10:45:01 20 trying to finish up his answer. I was going to go back to the  
21 point raised by my learned friend.

22 THE WITNESS: I really meant in 1990 my first intervention  
23 was with - or my first contact with war related patients was  
24 Liberian citizens who fled into Sierra Leone who were suffering  
10:45:36 25 from medical conditions which basically mainly was nutritional,  
26 that is starvation and severe malnutrition. A lot of them were  
27 children and a few adults. That was just medical intervention  
28 and, you know, we were able to give assistance to them.

29 MR BANGURA:

1 Q. And you mentioned that the institution 1 was providing  
2 these services because of the association, which my learned  
3 friend has pointed out is not quite clear.

4 A. The association I meant was that of course word easily got  
10:46:34 5 around in Freetown when the fleeing Liberians came that you could  
6 get more sympathy from that institution than by a particular  
7 doctor because of his training and where he was trained.

8 Q. Can you describe what further services you rendered as time  
9 went on?

10:47:03 10 A. Yes, even as time went on I think in the late or in the  
11 mid-'90s I saw a few - I had cause to treat in institution number  
12 1 a few soldiers who were sent - you know, who couldn't get  
13 treatment from the military hospital because of the constraints  
14 that they were facing at the military hospital and so I had cause  
10:47:42 15 to treat them in institution number 1. In institution number  
16 2 --

17 Q. Just before we go on to institution number 1 [sic], you  
18 said --

19 PRESIDING JUDGE: We're dealing with number 1, Mr Bangura.

10:48:02 20 MR BANGURA: I am sorry:

21 Q. Just before we go on to institution number 2, you talked  
22 about dealing with soldiers who were sent to you in the mid-'90s.  
23 Who sent them to you?

24 A. They were sent by their commanders, or superiors, who were  
10:48:23 25 probably schoolmates of mine and acquaintances of mine to take  
26 care of their - to take care of them.

27 Q. You were going to go on to institution number 2. Please  
28 continue.

29 A. Yes, in 1997 institution number 2 joined institution number



1 1 in taking care of these war related cases and in '97 it started  
2 from 25 May.

3 Q. And when you say that it started from 25 May, what's the  
4 significance of that date particularly?

10:49:10 5 A. It was the day there was a military coup d'état in Sierra  
6 Leone and automatically I mean people who were wounded were  
7 brought in to both institution number 1 and institution number 2.

8 Q. What sort of victims were brought in, or what sort of  
9 people were brought in, to these institutions at the time?

10:49:45 10 A. These were patients who suffered gunshot wounds and  
11 patients who were involved in road traffic accidents where, you  
12 know, they were hit by vehicles and - you know, fleeing vehicles  
13 in the town, yes.

14 Q. You yourself at this time, what were your observations?

10:50:16 15 A. Yes, well on the day the military coup - there was a coup  
16 in Sierra Leone on 25 May 1997 we were attending a conference at  
17 the Bintumani Hotel, that's the Sierra Leone medical and dental  
18 mid-year conference, and it was a sleeping conference and so we  
19 were held up in the hotel. So we heard - well, we were notified  
10:51:09 20 of that activity very early in the morning of 25 May and we later  
21 on heard gunshots. Not too long after that, at about 8/9 o'clock  
22 in the morning, we were then visited by, you know, about 20 to 30  
23 different groups of men - armed men - who came basically to loot  
24 the hotel.

10:51:46 25 Q. Talking about the cases that came to these institutions  
26 during this period, what kind of cases were brought to you? Were  
27 they civilians, or non-civilians?

28 A. They were all civilians.

29 Q. How long did you have to provide services to these sorts of

1 cases?

2 A. Well, it was for a period of about probably three to four  
3 weeks.

10:52:56

4 Q. Are you able to give any figure as to how many of these  
5 cases you treated over the period?

10:53:30

6 A. The situation was so chaotic it was more important for us  
7 to take care of the wounds than we were able to put records  
8 together, but - well, thinking about it, that period 1997 we were  
9 so overwhelmed in both institution number 1 and 2. In fact, we  
10 were having referrals from even the military hospital. Patients  
11 were taken from the military hospital with, you know, high  
12 velocity missile wounds and they were brought in for definitive  
13 management in institution number 2. So we were so overwhelmed  
14 with work that records were very difficult to get and the records  
15 that were kept just disappeared.

10:54:06

16 Q. Thank you. The cases that were brought from the military  
17 hospital at this time, who were they? Were they civilians, or  
18 non-civilians?

10:54:27

19 A. Well, they were civilians. They were the - well, they were  
20 the relatives of soldiers who were hit in the Murray Town  
21 Barracks area and were taken to the military hospital with high  
22 velocity wounds - missile wounds - and I think it got to the  
23 knowledge of the International Red Cross that they were not being  
24 properly managed and so they were taken over.

10:55:02

25 Q. Just to note that we should be referring to an institution.  
26 Apart from --

27 PRESIDING JUDGE: I'm not clear what you are saying,  
28 Mr Bangura.

29 MR BANGURA: Your Honour, I was --

1           PRESIDING JUDGE: Oh, I do understand now what you're  
2 saying. I think you're talking about the NGO, are you?

3           MR BANGURA: That's right, your Honour.

4           JUDGE SEBUTINDE: Mr Bangura, really in the context in  
10:55:30 5 which this particular paragraphs reads do you really think  
6 there's a danger as of now?

7           MR BANGURA: Not in this context, your Honour. No, not in  
8 this context, but I just thought I should give a reminder.  
9 However, then I thought giving the reminder would let it out and  
10:55:44 10 that is why

11          JUDGE SEBUTINDE: That is what I think you are doing.

12          MR BANGURA: Perhaps the least said about it:

13 Q.       Apart from - even before you talked about cases that were  
14 being brought in from the military hospital, there were already  
10:56:02 15 cases being brought to these two institutions.

16 A.       Yes.

17 Q.       Where were these other cases coming from?

18 A.       They were coming from all over Freetown and they were  
19 brought in by relatives, they were brought in by security people,  
10:56:21 20 they were also brought in by the Sierra Leone Red Cross and  
21 several others. They were just bringing in patients.

22 Q.       What sort of treatment did you have to provide at this time  
23 for the conditions that these cases presented?

24 A.       After triage was done, then we decide what kind of  
10:56:58 25 intervention needs to be done, you know, for the particular type  
26 of injury the patient sustained and so - and we went on and  
27 carried on the intervention.

28 Q.       Now, you talked about triage. Can you explain what that  
29 process entailed?

1 A. It's just simply dividing, you know, patients coming in  
2 into three categories. The first one is those you cannot help  
3 medically and they usually succumb, that means they die, in a  
4 very short time upon arrival. Then the next group is those who  
10:57:50 5 are acute emergencies that you have to intervene immediately and  
6 then the third group is those who can wait, you know, a while.  
7 So that's the whole essence of a triage.

8 Q. Once you had performed triage could you recall what sort of  
9 treatment specifically you had to administer to the cases that  
10:58:21 10 you saw at this time?

11 A. Yes, basically - well, if the patient - I mean, there were  
12 lots of bleeding cases coming in, so we had to arrest the  
13 bleeding and, you know, clean them up and then repair - and do  
14 repairs, surgical repair.

10:58:44 15 Q. And this would be bleeding from what sort of wounds?

16 A. A lot of the wounds in 19 - around that time was from  
17 firearms and both categories of firearms, that is the low  
18 velocity missile wounds and high velocity missile wounds, and we  
19 also had, you know, cuts and abrasions, deep wounds from fleeing  
10:59:31 20 civilians, so, you know, their wounds had to be tended to. But  
21 first of all we had arrest - you have to arrest the bleeding or  
22 else the patient dies of the acute loss of blood. So the first  
23 thing with those emergencies, or those emergency cases, you have  
24 to keep them alive. And a few of them were with macerated  
10:59:59 25 conditions. You have to clear the airway. It is the  
26 nasopharynx, make sure that they're breathing before any  
27 intervention can be made.

28 Q. Thank you. Just before we move on you mentioned  
29 nasopharynx. Can you just simply help us with a spelling there?

1 A. It's N-A-S-O-P-H-A-R-Y-N-X.

2 Q. Thank you. Now, how were you able to distinguish - you've  
3 mentioned high velocity missile wounds and low velocity missile  
4 wounds. How were you able to distinguish between these kinds of  
11:00:43 5 wounds?

6 A. The appearance of the wounds, you know, in both cases are  
7 quite different and in the low velocity missile wounds are  
8 usually, you know, are usually caused by - could be even, you  
9 know, a knife, a knife can cause that and even a bullet fired  
11:01:18 10 from, you know, a light arm can cause that so long as it travels  
11 less than the speed of sound, that is less than 300 metres per  
12 second. You know, the type of damage that it will cause on the  
13 body is quite different from the high velocity missile wound that  
14 is caused by this propelled ammunition and some of them usually

11:01:53 15 go up to two or three times the speed of sound and it translates  
16 its energy through the wound and it blows it out. So you have a  
17 bigger - as soon as you see a patient with a high velocity  
18 missile wound you know exactly what has happened and you know  
19 what sort of intervention you have to make because it does create  
11:02:19 20 a cavitation that you have to pay attention to because of its

21 immediate ramifications of blood loss, et cetera, and also its  
22 late ramification of trapping debris inside the cavity that will  
23 lead to gas gangrene and devastating situation, yeah, you want to  
24 prevent all of that and that's - well, with high velocity missile  
11:02:47 25 wounds you have to have a good exposure in war surgery to be able  
26 to deal properly with that and we were able to do that in  
27 collaboration with a few of the guys that were sent in by the  
28 international NGO.

29 Q. You talked about cases of road accident during the '97

1 period. I hope I am correct but you talked about cases of  
2 accident.

3 A. Yes.

4 Q. Was it road or car accident, I'm not too clear now. Can  
11:03:33 5 you explain what those cases were?

6 A. Yes. Well, it was either road traffic accident, hit by  
7 cars, or people jumping from tall buildings down, they have all  
8 sorts of wounds and fractures and head injuries and spinal  
9 injuries. You know, as I speak, I just remember all of them.

11:04:01 10 Q. Did you learn about how - what was the connection between  
11 those injuries and the events of 25 May? Were you able to learn  
12 what the connection was?

13 A. Well, in medical practice when you are confronted with a  
14 patient of course number one you have the acute emergency  
11:04:32 15 situation where you just go in to save the life and there are  
16 certain interventions that you have to do without, you know,  
17 saying anything to anybody. But then afterwards you have to go  
18 and get, you know - have to go and get information from the  
19 patient starting from the patient's personal details, the name,  
11:05:00 20 address and what caused the accident, how this happened. So in  
21 our normal course of management we take a history and from that  
22 history we learn or we know exactly how the patient, you know,  
23 was afflicted or got that injury and where he got the injury and  
24 the circumstances surrounding his injury.

11:05:30 25 Q. And in the cases that you have mentioned were you able to  
26 learn the circumstances surrounding the affliction or how they  
27 incurred these injuries?

28 A. Yes, to a large extent.

29 Q. Can you describe what you learned from the patients that

1 you dealt with about the circumstances surrounding them incurring  
2 these injuries?

3 A. For a good number of patients they received firearms injury  
4 from stray bullets, as they call them. They really did not see  
11:06:23 5 anybody directing any weapon towards them or anything. So they  
6 will tell you definitely that, you know, "I was hit by a stray  
7 bullet." Then you have, you know - and with those injuries you  
8 can see from the injury that the range must have been a long  
9 range, you know, missile. Well, from a long range, at least a  
11:07:02 10 kilometre long range, depending on the type of weapon or bullet.

11 But we had some that had, you know, close range encounters.  
12 The patients, they were usually so anxious, some of them the  
13 anxiety was above the extent of their injuries, so that was  
14 another problem, to calm them down, and, you know, to get them to  
11:07:41 15 cooperate with treatment modalities.

16 Then you had those who were fleeing from the atrocities  
17 and, you know, they fell and some people had to jump from high  
18 buildings and I remember a young man, he fell - he jumped from a  
19 tall building that was - you know, he thought the people were  
11:08:17 20 going to enter and that is in institution number 2, that was a  
21 young man, a university graduate, and he had all his faculties  
22 right and he had this cervical injury and he was dying and he  
23 said, "Doctor, what did I do?" And I told him, "You didn't  
24 do anything" and he said, "Why me?" And, you know.

11:08:47 25 So we had had all sorts of emotional situations surrounding  
26 patients and a lot of patients that we have to tell because they  
27 were so many with, you know, small firearms injury, with bullets  
28 in extremities, et cetera, you know they were so anxious that we  
29 intervened immediately because they associated bullet wounds with

1 death, so they felt that they were going to die, so they had to  
2 be counselled and say, no. So we had junior medical personnel  
3 taking care of them and counselling them and telling them and  
4 attending to their minor injuries while we were taking care of  
11:09:39 5 the major problems that we were being faced with.

6 Q. Earlier you made a distinction between close range - injury  
7 caused by bullet - talking about stray bullets and you talked  
8 about injury which was caused by a bullet at close range and one  
9 that is caused by a bullet a longer range. How were you able to  
11:10:06 10 make the distinction between these two kinds of injuries?

11 A. A lot of the close range - well, it depends also. The low  
12 velocity missile wounds at close range could also be - could also  
13 have - I mean an entry and an exit wound at close range. But at  
14 long range low velocity, you know, they just lodge in the tissues  
11:10:44 15 and again it depends on what end organ is affected or what  
16 structure is affected.

17 If, for instance, it could be a low velocity bullet, a low  
18 velocity bullet can hit the aorta for instance and the patient  
19 will succumb in just a few minutes because you have massive loss  
11:11:11 20 of blood and not necessarily - you know, it could be internal  
21 bleeding, for massive internal bleeding, and it depends on what  
22 is hit. It all depends what structure is hit, whether it's a  
23 major vessel or, you know, a tissue that - or the bullet can go  
24 right through the heart even without causing death, because we  
11:11:37 25 even had a patient who had a Kalashnikov rifle bullet right in  
26 the midbrain and, I mean, that's our prize patient in West  
27 Africa. His name is {Redacted} and we were able to treat  
28 him.

29 Q. And this patient that you talk about, when did he incur



1 that injury?

2 MR MUNYARD: Before we go on I rise at this point to raise  
3 a question for the witness and the Court as to whether or not  
4 what he's just mentioned might go to identify him.

11:12:21 5 MR BANGURA: I believe that's a pertinent point raised by  
6 my learned friend. Your Honour, may I request that the name be  
7 redacted from the record:

8 Q. Mr Witness, may I ask if you wish to refer to any of the  
9 patients that you --

11:12:42 10 PRESIDING JUDGE: Just exactly which part are you referring  
11 to, Mr Bangura, before I confer?

12 MR BANGURA: Your Honour, it is the --

13 PRESIDING JUDGE: Please refer to it by line. Is it the  
14 name of the person, or the prize patient, or the wound?

11:12:58 15 MR BANGURA: It's the name.

16 PRESIDING JUDGE: The name.

17 MR BANGURA: Specifically the name. The whole sentence  
18 bearing the name, your Honour, and that on my page is at page 44,  
19 line 4. I'm not sure what font size I'm using.

11:13:34 20 JUDGE SEBUTINDE: Mr Bangura, the evidence as it stands  
21 relates to this individual being a prized name in West Africa and  
22 I'm just wondering how revealing that is.

23 MR BANGURA: Your Honour, certain names in West Africa are  
24 names which are unique to particular countries in the region.

11:14:07 25 JUDGE SEBUTINDE: No, I've received some notification from  
26 our legal officer that probably would warrant a redaction.

27 MR BANGURA: Thank you, your Honour.

28 PRESIDING JUDGE: In the circumstances the name of the  
29 patient referred to will be redacted. On my font this is at page

1 44, line 7, or possibly line 8 as the name is not completed.

2 Please have that redaction made.

3 MR BANGURA: Thank you, your Honour:

11:14:36

4 Q. Just to be on the safe side, Mr Witness, if you wish to  
5 refer to any cases that you dealt with if you could do so without  
6 necessarily mentioning the name.

7 A. Yes, thank you very much.

8 Q. Thank you. Did you actually finish your answer on that?

9 A. I think, yes.

11:15:05

10 Q. Okay.

11 PRESIDING JUDGE: Also I note that there is at least one  
12 member of the public, or a monitor, or a reporter in the court  
13 precincts in the public gallery. A name has been mentioned. It  
14 is not to be disseminated, or repeated, outside the precincts of  
15 this court.

11:15:38

16 MR BANGURA:

17 Q. Now, you said that the cases - how long, over what period,  
18 did these cases keep coming to your institutions?

19 A. Well, you mean in 1997?

11:15:57

20 Q. That's correct, yes.

21 A. Yes. In 1997 we decided after some time that, you know,  
22 because the two - institution number 1 and 2 were receiving such  
23 cases and so we decided that all, you know, war related cases  
24 will go to institution number 2 and civilian cases will be  
25 treated in institution number 1 subsequently. But then we  
26 continued treating the wounded in institution number 2 beyond the  
27 time I left the country in 14 June, because I had to leave the  
28 country in 14 June but, you know the treatment of the patients  
29 continued in the hospital despite my absence.

11:16:31

1 Q. So why did you leave the country on 14 June?

2 A. In about midday, 14 June, a group of - a group consisting  
3 of - I was told a group consisting of a soldier and un-uniformed  
4 armed men came to institution number 2 trying to get entry into  
11:17:42 5 institution number 2. They were disarmed by the sentry at the  
6 gates and the soldier went upstairs to the administrative area  
7 and asked for me and he was told that I was not around. Of  
8 course, I was not around. I was in institution number 1. I had  
9 gone there to get some additional supplies - surgical supplies -  
11:18:13 10 to do some work in institution number 2. I was called by  
11 telephone and I was told not to come to institution number 2 and  
12 that these men were sent to take me back to the - you know, the  
13 junta, the people who were running government, that I was against  
14 them because of the interventions that I was doing and that I  
11:18:51 15 should leave the country as quickly as possible. This soldier  
16 was actually one of those who was sent to me that I had done a  
17 good will for in the previous years and so he felt it his duty  
18 to, you know, inform me to leave. He told me not to carry any  
19 form of identification, or any amount of money, or else I would  
11:19:26 20 be made suspect. He told me to move as far as the neighbouring  
21 country, Guinea, and that I should avoid security checkpoints,  
22 all sorts of things, he said because they were looking out for  
23 me.

24 Q. Okay, thank you. You eventually left the country, is that  
11:19:45 25 correct?

26 A. Yes, I did.

27 Q. And how long were you away from the country?

28 A. I was away for the entire period the junta was in Freetown.  
29 That is about nine months.

1 Q. And during your absence, do you know whether the - did the  
2 institutions continue to function?

3 A. Yes. On the day I was informed, that's 14 June, I took -  
4 well, instead of going out of the country I went to the premises  
11:20:21 5 of the medical NGO.

6 Q. You don't have to give us all the details of that.

7 A. Okay, okay.

8 Q. That might expose so much about you.

9 A. Okay.

11:20:34 10 Q. You eventually moved out of the country?

11 A. Yes, to another African country.

12 Q. And the question was whether these institutions kept  
13 functioning while you were away?

14 A. Oh, yes, they kept functioning whilst I was away, both  
11:20:50 15 institution number 1 and institution number 2. The institution  
16 number 2 I had a special arrangement with the medical - the  
17 medical NGO and I got a few of my colleagues to take up the  
18 duties that we were doing.

19 Q. And did they continue functioning right through the period  
11:21:13 20 you were away?

21 A. Well, no. They continued up to August of that same year  
22 and I asked - I was informed by my administrator in the hospital  
23 that, you know, they wanted to bring in combatants for treatment  
24 and I turned them down. I said I would prefer the hospital to be  
11:21:41 25 closed down rather than treat, because it will bring a conflict  
26 between the civilian casualties and the combatants despite the  
27 fact that I respected the ideals of that NGO.

28 Q. Were you told who actually wanted to bring in combatants  
29 for treatment in the institution?

1 A. Who?

2 Q. Were you told who wanted to bring in combatants?

3 A. Yes, it was the medical NGO that wanted to bring in these  
4 combatants for treatment.

11:22:17 5 Q. And to which institution were they intending to bring those  
6 combatants?

7 A. Institution number 2.

8 Q. When did you return to Sierra Leone?

9 A. I returned to Sierra Leone in - I think I returned to  
11:22:42 10 Sierra Leone in March of 1998.

11 Q. At that point, what was the state of these institutions  
12 that you were running?

13 A. Institution number 2 was completely vandalised and - but  
14 institution number 1 was intact.

11:23:13 15 Q. Did you do anything to rehabilitate the institution number  
16 2, which you said was vandalised?

17 A. Yes, I had to do a lot of major repairs to rehabilitate  
18 institution number 2 to start taking care of war wounded patients  
19 who were brought in from different parts of the country.

11:23:42 20 Q. Now, did you learn who vandalised that institution?

21 A. Well, I was told that unarmed - well armed, sorry,  
22 un-uniformed men came into the hospital, they fired a lot of  
23 shots and caused a lot of damage and got away with quite a few  
24 things from the hospital.

11:24:16 25 Q. And did you learn when this happened?

26 A. Well information was sent to me whilst I was away in my  
27 country of refuge, but I cannot remember exactly when that  
28 information was sent to me.

29 Q. So how were you able to put institution number 2 back into

1 use? How did you go about doing it?

2 A. Well, I used - well, I had to just completely renovate and  
3 refurbish the hospital to start it running again.

4 Q. And was this from your own [overlapping speakers]?

11:25:10 5 A. [Overlapping speakers].

6 Q. Can you describe what were the range of services --

7 PRESIDING JUDGE: Mr Bangura, Mr Witness, can I remind you,  
8 Mr Witness, of the use of the word "institution" rather than the  
9 other word that you have used.

11:25:36 10 THE WITNESS: I'm sorry.

11 PRESIDING JUDGE: No, it's for your safety.

12 MR BANGURA:

13 Q. Can you describe the kind of services that you continued to  
14 provide in institution number 2 after you had --

11:25:52 15 PRESIDING JUDGE: Please pause, Mr Bangura.

16 MR MUNYARD: I'm sorry to interrupt, but I didn't hear the  
17 word that --

18 PRESIDING JUDGE: It was used more than once.

19 MR MUNYARD: No, no, it is not that word. It is a  
20 completely different word, your Honour. It says in the question  
21 from Mr Bangura, "And was this from your own ...", and the  
22 transcribers have got "[overlapping speakers]" and that was my  
23 problem also because I just got both Mr Bangura and the witness  
24 speaking. I did not get the word and nor did the transcribers.

11:26:19 25 I wonder if we could just have that again.

26 PRESIDING JUDGE: Please put the question again in full.

27 The question starts at page 50, line 3, of my transcript.

28 Mr Witness, if you could please wait until the question is

29 finished as everything that is said is recorded. Please put it

1 again.

2 MR BANGURA:

11:26:46

3 Q. I had asked you about how you put institution number 2 into  
4 use again and the question was whether it was from your own  
5 resources?

6 A. Yes, it was.

11:27:30

7 Q. Thank you. I think I asked when you put institution 2 back  
8 into use what sort of services did you provide? The question is  
9 what sort of services were you providing once you put institution  
10 number 2 back into use?

11 A. Both general medical and surgical services to patients who  
12 were brought in.

11:27:43

13 Q. And were they patients from any particular - were they  
14 generally patients coming into the hospital, or were they  
15 particular kinds of patients from a particular situation?

16 A. Yes, these were war wounded patients who were brought in by  
17 the medical NGO from different parts of the country out of  
18 Freetown.

11:28:07

19 Q. And by what means did the medical NGO bring these patients  
20 in? Was there any prearranged plan between yourself and the NGO?

21 A. Yes, we had a prearranged plan.

22 Q. And what did the plan entail actually?

11:28:40

23 A. Well, first of all we increased the bed capacity from 25 to  
24 60 to accommodate the new influx and the new arrangement that was  
25 basically to take care of the amputees and burns patients and the  
26 war afflicted patients who were brought in from different parts  
27 of the country, mainly the north.

28 PRESIDING JUDGE: Mr Bangura, we've been alerted that the  
29 tape has just about run out. We are up to our normal time for

1 the mid-morning break. Mr Witness, this is the time in the  
2 morning where we take a half hour break and the tape is replaced.  
3 We will be adjourning now and resuming court at 12 o'clock.  
4 Please remain where you are so that the blinds may be lowered to  
11:29:29 5 permit you to leave the well of the court. Please adjourn court  
6 until 12.

7 [Break taken at 11.30 a.m.]

8 [Upon resuming at 12.00 p.m.]

9 PRESIDING JUDGE: Just before you recommence your  
12:01:20 10 examination in chief, Mr Bangura, two things. I notice a change  
11 of appearance at your Bar. I note the presence of Mr Koumjian.

12 Also to inform the parties and the Court that we will rise  
13 30 minutes early this afternoon. This is to enable the judges to  
14 have some practice with video link in the light of the

12:01:46 15 Prosecution's motion and the decision thereon. So we will be  
16 rising at 4.00 instead of 4.30.

17 MR BANGURA: Thank you.

18 PRESIDING JUDGE: Please proceed.

19 MR BANGURA: Thank you. Your Honour, just before we  
12:02:01 20 continue with the evidence of the witness I would like to make an  
21 application for certain redactions to be made.

22 PRESIDING JUDGE: Mr Bangura, before you proceed I would  
23 note that there is a 30 minute time limit to these, unless I am  
24 mistaken.

12:02:21 25 MS IRURA: Your Honour, a 20 minute time limit.

26 PRESIDING JUDGE: A 20 minute time limit and the Court rose  
27 at 11.29 or something. That 20 minutes has long since gone.

28 MR BANGURA: That's correct, your Honour, but just for the  
29 sake of what remains permanently on the record we may still wish



1 to have certain redactions made. Your Honours, basically  
2 reference to the word --

3 PRESIDING JUDGE: Can you refer us to the line, because we  
4 don't want to compound this by --

12:03:01 5 MR BANGURA: That is correct, your Honour.

6 PRESIDING JUDGE: Then I will obviously invite a reply and  
7 consult on this.

8 MR BANGURA: The same word has been used in all of these  
9 references that I will give. 46, 12. 48, 13 and 15. 49, 17 and  
12:03:20 10 19. 50, 2. 50, 10.

11 PRESIDING JUDGE: That's your application, Mr Bangura?

12 MR BANGURA: Yes, your Honour.

13 PRESIDING JUDGE: Mr Munyard, your reply, please.

14 MR MUNYARD: Well, your Honours, I'm at the moment trying  
12:03:59 15 to find on my font where the corresponding first reference is 46,  
16 12. I have "institution number 2" on 46, 12.

17 MR BANGURA: If it helps I am on 16 size font.

18 MR MUNYARD: I am afraid I am on 18, so it's probably going  
19 to be a bit further down. If it's the same word that we were  
12:04:31 20 referring to before throughout, and I have to say I can't see it  
21 right now, then it's a matter for the Court. If it is only that  
22 one word that reference was alluded to earlier, I think possibly  
23 when I rose to make a different point and your Honour, Madam  
24 President, thought I was making a point about that word. If it's  
12:04:58 25 that word then it's entirely a matter for the Court. I have  
26 nothing to say.

27 JUDGE SEBUTINDE: Mr Bangura, we are just wondering, in  
28 addition to the fact the 20 minutes have long elapsed, the  
29 description of this institution that you are alluding to, we

1 think is readily discernible from the rest of the evidence  
2 because where else would such clientele go for such services  
3 except to such an institution? I don't know. The name of the  
4 institution has not been disclosed, or the names have not been  
12:06:17 5 disclosed, but definitely the characterisation of the institution  
6 is readily discernible from the rest of the testimony. From the  
7 clientele and the services offered to the clientele. Do you  
8 really think that this redaction is taking the protection any  
9 further? Or do you really think that the protection has been  
12:06:40 10 jeopardised?

11 MR BANGURA: Your Honour, I would think that it gets close  
12 but it may not very well have been completely jeopardised. We  
13 are just trying to err on the side of caution, your Honour.

14 MR MUNYARD: Might I add something just before you  
12:07:07 15 deliberate and I am really going back to the point I raised right  
16 at the beginning of this witness's evidence. He has been talking  
17 in open session about treatment of wounds and that sort of  
18 material. Unless we are going to be dealing with something that  
19 specifically identifies him or his institution then, with great  
12:07:29 20 respect, there is absolutely no need for this kind of caution.  
21 As Justice Sebutinde herself pointed out: Where else does anyone  
22 who listens to this evidence or reads these transcripts think we  
23 are talking about?

24 MR BANGURA: Your Honours, in light of the views expressed  
12:07:52 25 the Prosecution takes the point that it may not make much sense  
26 to try and redact at this point.

27 PRESIDING JUDGE: Very well, Mr Bangura. We note that.  
28 Please proceed with your examination.

29 MR BANGURA: Thank you, your Honour:

1 Q. Mr Witness, I just try and caution you again about the  
2 answers you give in terms of being careful not to say things or  
3 words that would disclose something about yourself. Okay. Just  
4 be mindful. I will take you back briefly on one point. When you  
12:08:37 5 spoke about the cases that were brought following the events of  
6 25 May, you said that after you had done intervention in those  
7 cases you sometimes also would find out the history from the  
8 cases that were brought. In the cases of gunshot wounds, did you  
9 learn from the victims who had inflicted those wounds?

12:09:19 10 A. Yes, I did. For a good number of them would say of course  
11 they were hit by a stray bullet. And for those coming from the  
12 Murray Town Barracks and Aberdeen area, they were saying they  
13 were hit by shells coming - well, coming from ECOMOG, yes.

14 Q. Thank you. You mentioned that when you had institution  
12:10:06 15 number 2 put back in order there was some arrangement between  
16 yourself and the international NGO, is that correct?

17 A. Yes.

18 Q. I think you were dealing with the sort of arrangements you  
19 had when our time came up for the break. Can you go back briefly  
12:10:28 20 on what sort of understanding you had with them at this point and  
21 just be careful not to reveal details that may reveal your  
22 identity.

23 A. That we will resume treating war wounded patients that will  
24 be brought from different parts of the country; that the bed  
12:10:56 25 capacity will be up to - well, be made up to 60 to accommodate  
26 the patients and that a surgical team, which included one  
27 surgeon, one operating theatre nurse, one ward nurse, one  
28 anaesthetist and one physiotherapist will be included to work  
29 along with our own team of medical staff, medical and nursing

1 staff.

2 Q. You said the cases that were being brought down at this  
3 time came from outside of Freetown. Is that correct?

4 A. Yes, they came from outside of Freetown.

12:12:04 5 Q. Can you be more specific about which parts of the country  
6 those cases were coming from?

7 A. Well from interviews of the patients when they arrived they  
8 were mainly coming from the north, but we had a few patients from  
9 the south and east of the country.

12:12:26 10 JUDGE SEBUTINDE: Mr Bangura, what time frame are we  
11 dealing with here?

12 MR BANGURA: I will get the witness to say:

13 Q. Mr Witness, what time frame was this?

14 A. That was - I think it was June 1998.

12:12:49 15 Q. Was this when you actually completed the renovation?

16 A. The renovation, yes.

17 Q. Is that when you started receiving the cases that we are  
18 talking of?

19 A. Yes.

12:13:02 20 Q. Thank you. You have mentioned that cases came from the  
21 north and sometimes also from the south and east. Can you be  
22 specific, if you can, about which particular towns, or villages,  
23 or locations in these areas that these cases were coming from?

24 A. We had a good number of patients coming from the Makeni  
12:13:29 25 area and the Bombali District of Sierra Leone and a few from the  
26 east, that is Kono, Koidu, and the Daru Kenema area.

27 Q. What were the conditions of these cases that were being  
28 brought down from parts of the provinces?

29 A. These were patients who had chronic, unattended war wounds.

1 By that I mean they had badly infected, you know, stumps. Some  
2 of the stumps were usually bilateral upper limb stumps, that is  
3 bilateral upper limb amputees, and a few lower limb amputees, but  
4 I mean the stumps were so badly infected. We had a few patients  
12:15:01 5 with severe burns at the time brought in, a lot of them badly - I  
6 mean in very septicemic conditions, also malnourished - some of  
7 the children were very malnourished. So we were battling with  
8 two or three things at the same time with each of these patients,  
9 but quite a - most of them were quite stable in terms of they  
12:15:38 10 were not dying, so to speak. Their blood pressures and pulse  
11 were normal. The only thing is they had badly infected wounds  
12 that needed to be tended to.

13 Q. Was there any indication from your observation of the  
14 wounds that you saw how recently those wounds had been inflicted?

12:16:02 15 A. Yes. From our observation we had patients with chronic  
16 osteomyelitis, as a result of these injuries, and indicating that  
17 their injuries were greater than two weeks onwards. They could  
18 be three months or, you know, up to three months or more.

19 Q. Can you help the Court with the spelling of the condition  
12:16:42 20 that you mentioned. Osteomyelitis, I believe it was?

21 A. I am sorry, that is when the bone gets infected, because  
22 what happens, as I said earlier, when the limb is amputated you  
23 have retraction; that is the soft tissue around the bone  
24 contracts. The muscle, you know, it contracts and it exposes the  
12:17:11 25 bone and so the bone becomes usually so badly infected. They  
26 generally apply some herbal poultice on the wound that in some  
27 cases - well we find that probably that is the reason why some of  
28 them survive, because some of these poultice have astringent  
29 properties that cause the blood vessels to go into spasm and

1 reduce the blood loss, but at the end of the day they come with  
2 badly infected wounds.

3 Q. I was just asking that you help the Court with the spelling  
4 of osteomyelitis.

12:18:07 5 A. Osteomyelitis is O-S-T-E-O-M-Y-E-L-I-T-I-S.

6 Q. Now, you described these cases as unattended war wounds.  
7 How did you know that they were war wounds?

8 A. From the history taken from the patients they described how  
9 they sustained those injuries and they described the whole  
10 scenario, how it was done.

12:18:31

11 Q. And what did you learn from this history about who  
12 inflicted the wounds?

13 A. They all claimed that their wounds were caused by rebels  
14 and that most of them would say it was done in the presence of  
15 other family members so - and some of them told us that when  
16 either a husband will put up a resistance he was shot dead. Then  
17 some were so frightened that they - you know, they lose  
18 consciousness and a few incidences of shock and sudden death  
19 without any injury was also described by some of these patients  
20 who came; that some of the onlookers would just go into shock.

12:19:02

21 They described these things very vividly.

22 Q. Did they tell you, or did you learn from them, who these  
23 rebels were? You said they said rebels?

24 A. Well, from dealing with the patients it was clear that they  
25 could make the distinction between rebels that they referred to  
26 as rebels and they made a distinction between them and the  
27 regular soldiers and also the - I think the Civil Defence Forces.

12:20:16

28 Q. In your recollection what was that distinction, or what  
29 were those distinctions? You mentioned three different groups.

1 A. Well, the patients were the ones who identified them as  
2 three different groups. Number one was the soldiers would be in  
3 military uniform, the CDF will be in their traditional hunter's  
4 uniform and so they are easily identified by the patients and,  
12:21:17 5 what do you call it, the rebels had, you know, all sorts of  
6 different types of regular clothing.

7 JUDGE LUSSICK: Mr Witness, just so that I understand what  
8 you are saying, are you saying that these patients that came in  
9 for treatment of their wounds described three different types of  
12:21:49 10 forces, the rebels, CDF and the army, that variously caused the  
11 wounds.

12 THE WITNESS: No, I was just describing - answering to the  
13 question of the Prosecutor. But all the patients who we saw  
14 during that period from the north, mainly from the north of  
12:22:20 15 Sierra Leone as I said, and some from the east and other parts of  
16 the east and south of Sierra Leone, claimed that they were, you  
17 know, assaulted by rebels. They said they used - you know, in  
18 Sierra Leone we distinguish the two. We will say rebels and they  
19 said rebels and some of them will talk about rebels. You know,  
12:22:49 20 the intonation is quite significant. They say rebels and rebels.  
21 In Sierra Leone we pronounce it rebels.

22 MR BANGURA:

23 Q. What is the significance of that difference in intonation,  
24 as you have pointed out?

12:23:15 25 A. Well it became clear that they were talking about, you  
26 know, this group of ragtag soldiers - I mean, armed men - and  
27 maybe mixed with, you know, from different countries, et cetera.

28 Q. How did that become so clear to you? What exactly about  
29 the intonation used in calling out the word rebel, which you said

1 some called rebel, indicate the fact or the idea as you have  
2 pointed out that some of the members of that group came from  
3 other countries?

12:24:15 4 A. Well I was struck by the change in intonation, because  
5 these are Sierra Leoneans and they were calling the assailants  
6 rebels and not how we pronounce them in Sierra Leone rebels, you  
7 see? And just next door to Sierra Leone, in Liberia, they call  
8 them rebels.

9 Q. How did you know that they called them rebels in Liberia?

12:24:42 10 A. Because I know the - because I lived in Liberia I know the  
11 twang.

12 Q. I asked you at the beginning of your evidence what  
13 languages you speak and you mentioned English and Krio. Are you  
14 suggesting that you understand another language apart from those  
12:25:08 15 two?

16 A. No, but basically there's a twang. It's an English word.  
17 The Liberian English is English. It's just, you know, the  
18 intonation is quite different and it's easily recognisable by  
19 somebody who has been long enough in Liberia, which is somebody  
12:25:36 20 like me.

21 Q. When they said rebel, you distinctively recognised that as  
22 usage from?

23 A. From next door Liberia.

24 Q. Thank you.

12:25:49 25 JUDGE SEBUTINDE: Mr Bangura, is the difference only in  
26 intonation, or also spelling?

27 MR BANGURA: Thank you, your Honour:

28 Q. Mr Witness, you have given this pronunciation - this  
29 intonation or pronunciation of the word rebel differently, is it



1 in your view spelt also differently from the normal spelling?

12:26:32 2 A. Well I would want to believe that it's just a matter of  
3 intonation, because the patients who were brought down were  
4 basically, you know, unlettered and when they give their history  
5 it's only a verbal history we take and it was striking that they  
6 were using - in fact, some of my staff will have to ask, "What do  
7 you mean it's a rebel?" And then they say, "Oh, rebel". So we  
8 will - we will accept it as R-E-B-E-L.

9 Q. Thank you. Now, over what period did you --

12:27:00 10 MR MUNYARD: Just before we leave that, can the witness  
11 clarify, because I haven't understood what he's saying about  
12 these rebels. Is he saying all of the war wounded who he was  
13 treating at this time, mainly from the north, some from the east  
14 and south, referred to rebels meaning people with Liberian  
15 accents? Is that what he is saying, because it's not clear. He  
16 has gone on several times about the intonation and I don't know  
17 what the gist of this part of his evidence is meant to convey.

12:27:24 18 MR BANGURA: Your Honour, I am not sure whether there is a  
19 point to clarify here and I believe my learned friend could  
12:27:46 20 pursue this matter further in cross-examination, but subject  
21 to --

22 JUDGE SEBUTINDE: I think the evidence is that the patients  
23 who would come in referred to their assailants using this  
24 intonation. The patients themselves were using this intonation.

12:28:08 25 THE WITNESS: Yes.

26 JUDGE SEBUTINDE: I don't know by what stretch of the  
27 imagination that then links to the perpetrators. I don't know.  
28 That's for you, Mr Bangura. But that is how I understand the  
29 evidence; that the patients in describing their assailants called

1 them rebels, with that intonation. So perhaps the patients were  
2 speaking a language akin to Liberian English.

3 MR BANGURA: I can pursue this further, but my  
4 understanding is more or less in tandem with what your Honour  
12:28:44 5 Justice Sebutinde has stated:

6 Q. Can you, perhaps at the risk of repeating yourself - you  
7 mentioned that when you heard this intonation, "rebel", which in  
8 your view is the same word as "rebel", it brought to you or your  
9 view was that it reflected the involvement of people from other  
12:29:21 10 countries among the persons who had inflicted the wounds. Is  
11 that my understanding of what you said?

12 PRESIDING JUDGE: First of all, you are leading and it's  
13 not - I am going to leave it at leading, rather than to say what  
14 my view is because that would be also leading.

12:29:40 15 MR BANGURA: Thank you, your Honour:

16 Q. Can you explain then - you mentioned something about people  
17 from other countries being involved?

18 PRESIDING JUDGE: No. The witness referred to the  
19 intonation of persons from the north, south and east of Sierra  
12:30:04 20 Leone and it was the intonation indicated something other than a  
21 Sierra Leonean. It's a word. The intonation and use of the  
22 word. So please be careful in how you phrase your question,  
23 Mr Bangura.

24 MR BANGURA: Yes, your Honour. Just also that I understood  
12:30:24 25 the point raised by Mr Munyard as also stretching to question the  
26 perhaps suggestion that persons speaking a language that was  
27 different may have been responsible.

28 PRESIDING JUDGE: Well, in that case, if that is - if you  
29 are questioning on that line, please question on that line, but

1 do not lead.

2 MR MUNYARD: Well, in fact I was simply trying to  
3 understand because I was at a total loss as to what the witness  
4 meant. I wasn't trying to convey any particular meaning. I was  
12:31:00 5 trying to get some clarity out of what is, to me at any rate, an  
6 extremely unclear piece of evidence.

7 MR BANGURA:

8 Q. Now, Mr Witness, when these patients used this Liberian  
9 intonation for the word "rebel", what did that indicate to you?

12:31:41 10 A. I felt they were describing - more so describing the  
11 identity of the assailants by - because, mind you, these are  
12 uneducated people. They don't even know the meaning of the word  
13 "rebel", and they will - in fact, some of them told us, "Oh,  
14 these are Liberian meh", you know. They say "Liberian meh", you  
12:32:22 15 see. So but some of them when you interrogate them further they  
16 said some of these were Sierra Leoneans as well. So it appeared  
17 to me that it was a mixed group of assailants that caused the  
18 injuries of these patients who came down.

19 Q. When you say "Liberian meh", what does "meh" mean?

12:32:48 20 A. It means "man".

21 Q. Over what period did you continue getting these cases from  
22 the provinces?

23 A. Up to late - well, up to mid-December 1998.

24 Q. Can you describe the numbers that were being sent down to  
12:33:24 25 your institution over the period. You started receiving these  
26 cases from about June, you said?

27 A. Yes. They were brought down in varying numbers but what  
28 we - I mean we basically had a full house; that is 60 patients at  
29 any given time. And since they were coming from out of town

1 further arrangement was made where the patients, after having had  
2 their main surgical interventions done, they were taken to  
3 another site, another place - I think down at Lakka, the former  
4 Lakka Cotton Club. That's a hotel resort that was taken over by  
12:34:19 5 the medical NGO.

6 And so what happened was, it was - the Lakka site was used  
7 as an extension to do - you know, first of all to continue,  
8 because basically after most of these surgeries you need  
9 physiotherapy, so it was basically a recovery and the Lakka site  
12:34:44 10 was an extension of the hospital and it was used as a  
11 physiotherapy unit and the patients stayed there. So and we were  
12 able to free up space from the hospital, you know, in the  
13 hospital to accommodate probably the weekly influx of patients  
14 who were brought in.

12:35:11 15 MR BANGURA: For purposes of spelling Lakka is L-A-K-K-A.

16 JUDGE SEBUTINDE: Mr Witness, if we may remind you to keep  
17 referring to institution 1 and institution 2, instead of  
18 describing the character of the institution.

19 THE WITNESS: I am sorry.

12:35:43 20 MR BANGURA:

21 Q. You mentioned that there were different kinds of cases  
22 being brought down and they were being brought from different  
23 areas, Makeni, Kono, Daru, Kenema. You had cases of amputations,  
24 you had burns, malnutrition and so on. Are you able to tell  
12:36:06 25 which cases were more prevalent from any particular area?

26 A. Well, I think there were more amputees all over the place.  
27 All brought from all the different parts. The numbers of - okay.  
28 The main wound type was upper limb amputations. Although we had  
29 a few lower limb amputations and other - and some of them were

1 not complete amputations. They were, you know - had a lot of  
2 macerated wounds and some of them had to be completely taken off  
3 or some of them were saved.

12:37:05 4 Q. Just to be clear again, the question was whether there was  
5 any area from which any particular condition was more prevalent.  
6 Can you just be clear on what was the situation really?

7 A. Well, the prevalent condition was machete wounds and the  
8 prevalent end result, from what we saw, was amputations. From  
9 all over the country, from all the different parts of the  
10 country.

11 Q. In the case of burns, did you learn in what circumstances  
12 they had incurred or suffered this condition?

13 A. All the burn cases that were brought down for treatment  
14 were those of children and usually accompanied by the mother,  
12:38:17 15 usually, and they gave a vivid history of what they went through  
16 and how the burn was sustained. And in a few of these incidences  
17 children were put into small huts. They were thrown into small  
18 huts and the huts were torched. And then when they were  
19 satisfied that, you know, everything was over, then they leave.  
12:38:57 20 That is, when the rebels are satisfied that everything was over  
21 then they leave. But one - in these cases we had a few escapees  
22 from these burning huts and that is how some of them sustained  
23 and they had some gruesome stories to tell.

24 Q. Is there any particular cases you recall of burning -  
12:39:36 25 somebody who survived a burning over this period?

26 A. Yes, I do.

27 Q. Please tell us.

28 A. May I refer to names?

29 Q. Be cautioned not to.

1 A. There was this young girl who was brought in in a very  
2 acute - well, I mean in a very bad state with extensive second  
3 degree burns to the entire chest wall and the extremities. And  
4 the story was that she was - she escaped from one of these  
12:40:31 5 burning huts and she was kept by her parents until it was safe to  
6 move out of their locality and she was so septicaemic, but she  
7 managed to survive after our interventions.

8 Q. Where was this case from?

9 A. She was from I think the Makeni area or Bombali.

12:41:09 10 Q. Did she say who had inflicted this injury on her?

11 MR MUNYARD: Before we go on, I don't recall, from all of  
12 the various different documents that have been supplied to us,  
13 anything about this specific case being disclosed. A number of  
14 specific cases are disclosed, and I make no complaint about that,  
12:41:34 15 it's perfectly reasonable that the witness should give examples.

16 But if we are going to go into the details of one then it should  
17 be one of those that has been disclosed to us rather than  
18 embarking on I don't know what sort of evidence this witness is  
19 going to come out with. He does deal in some of the  
12:41:53 20 documentation with some examples. In my submission the  
21 Prosecution should restrict themselves to those examples and not  
22 to other material that they haven't given us advanced notice of.

23 PRESIDING JUDGE: Mr Bangura?

24 MR BANGURA:

12:42:14 25 Q. Did you provide some material or some details of this case  
26 that you are referring to the Prosecution at some point?

27 A. Yes, I provided a photograph --

28 Q. Thank you.

29 A. -- of this.

1           PRESIDING JUDGE: Mr Munyard's objection was to this  
2 specific example. Are you saying indirectly that it was  
3 disclosed.

4           MR BANGURA: Your Honour, the facts - the detailed facts -  
12:42:48 5 as recounted by this witness were not disclosed, I must say, but  
6 as the witness has pointed out he provided photographs and some  
7 of those photographs are --

8           PRESIDING JUDGE: So photographs were disclosed?

9           MR BANGURA: Photographs were disclosed, your Honour, and  
12:43:03 10 the witness will in due course be speaking or testifying to  
11 details about those photographs.

12          PRESIDING JUDGE: Mr Munyard, you have heard the reply and,  
13 if the Defence requires some time to prepare in this particular  
14 instance, that will be entertained at the relevant time.

12:43:26 15          MR MUNYARD: Thank you, your Honour. Just so that the  
16 Court knows what my learned friend is talking about when he says  
17 photographs have been disclosed, photographs were disclosed with  
18 pages of indexes to the photographs. As the Court can see,  
19 although not clearly at this distance, the indexes consist of one  
12:43:45 20 line for the most part, in some cases half a line, and for  
21 example just taking one at random "Photograph of an unidentified  
22 burn victim taken inside" a certain institution. That doesn't  
23 tell us anything. It certainly doesn't tell us what the patient  
24 themselves say as to who their assailant was. That's the point  
12:44:07 25 at which I interrupted this line of questioning and I think for  
26 reasons that will probably be obvious. The witness is giving a  
27 lot of material now about the identity of the assailants, some of  
28 which is completely new to us, and so that is why I have risen to  
29 object at this stage to limit him to what has been disclosed.

1 If I am wrong, can I just say this. If I am wrong and I  
2 have missed something, I am more than happy for my learned friend  
3 to take me to chapter and verse of the disclosed information and  
4 point out my error.

12:44:50 5 PRESIDING JUDGE: It would appear from Mr Bangura's reply  
6 that (a) this specific example wasn't disclosed and (b) from what  
7 you say there has not been a correlation between the photographs  
8 and the examples and I reiterate what I have already said.

9 MR BANGURA: I take the point, your Honour:

12:45:18 10 Q. Apart from this case, is there any other case of burning  
11 that you still do recall?

12 A. Yes, there were several others.

13 Q. Is there one you would like to talk about?

14 A. There was a young boy, about age 14, and --

12:45:42 15 Q. Can I just pause you there, because it may very well be a  
16 case of one similar to what we have dealt with if you start along  
17 those lines. Your Honour, I move on from that area. You said  
18 that these cases kept coming on until about December of what year  
19 are we talking about?

12:46:04 20 A. 1998.

21 Q. Thank you. And about this time, was anything - did the  
22 flow of these cases get affected at all?

23 PRESIDING JUDGE: Mr Bangura, I don't really understand  
24 that question and I am not sure therefore if the witness

12:46:28 25 understands it. Please be clearer.

26 MR BANGURA: I will be clearer, your Honour:

27 Q. You said up until December 1998. What happened in December  
28 1998, as far as these cases were concerned? What happened?

29 A. Well we realised that at one particular point, mid-December



1 or thereabouts, the international NGO stopped bringing in  
2 patients from - the wounded patients as they used to on a weekly  
3 basis. We were told that - well, I was informed that we should  
4 start to stockpile because they have information as to a possible  
12:47:21 5 attack on Freetown. So the number of - well, they just stopped  
6 bringing patients in mid-December.

7 Q. And who gave you this information? Who told you this?

8 A. It was the international NGO.

9 Q. After this period, did anything - did you continue to  
12:47:45 10 provide any more treatment to victims affected by the war?

11 A. Yes, the hospital was still full of war injured patients  
12 and we still continued to benefit from the surgical team that was  
13 augmenting our own team until late December, towards the end of  
14 December, when the surgical team and the administrative people of  
12:48:26 15 the medical NGO just disappeared from the scene without notice,  
16 or anything. But we continued our own local, you know, team. My  
17 staff and myself continued treating these patients.

18 PRESIDING JUDGE: Before you proceed, Mr Bangura, can we  
19 clarify what the meaning of "stockpile" is?

12:48:54 20 MR BANGURA:

21 Q. You talked about stockpiling, in that you were advised to  
22 stockpile. What exactly were you to stockpile?

23 A. We were supposed to - well I was told to buy more food  
24 items, because we were feeding the patients, you know, three  
12:49:17 25 times a day. We were also asked, or I was also asked, to  
26 stockpile - sorry, to buy additional medical supplies.

27 Q. Do you recall 6 January 1999?

28 A. Yes, I do.

29 Q. Where were you on this date?

1 A. Well, I was home in Freetown.

2 Q. Did anything happen that you recall on this date?

3 A. Yes, early in the morning of 6 January 1999 I got a  
4 telephone call from a family friend who lives in the east end of  
12:50:17 5 town. The exact expression was how you say, "Dem bra den don  
6 cam", meaning the rebels are in town.

7 Q. Can you help the Court with spelling the words? I take it  
8 that you have expressed yourself in a language different from  
9 English?

12:50:54 10 A. Okay.

11 Q. Those words are in what language?

12 A. In Krio.

13 Q. In Krio. Do you want to help the Court with spelling the  
14 words that you have used?

12:51:10 15 A. It's a whole sentence.

16 Q. What are the words in the sentence?

17 A. "Dem bra den don cam". I will have to write it.

18 PRESIDING JUDGE: Mr Bangura, I think you are a Krio  
19 speaker and so maybe --

12:51:32 20 THE WITNESS: It's very difficult to write Krio. D-E-M and  
21 the next word is B-R-A, D-E-N and then the next word is C-A-M.  
22 That's it, "Dem bra den don cam". There is a D-O-N after D-E-N,  
23 so it is D-E-M B-R-A D-E-N D-O-N C-A-M. It is all syllables.

24 MR BANGURA: For the purpose of the record it is D-E-M,  
12:52:29 25 which is one word.

26 PRESIDING JUDGE: The witness has already read it into the  
27 record.

28 MR BANGURA: I am sorry?

29 PRESIDING JUDGE: I think it has been - the witness has

1 spelt it into the record. It's recorded.

2 MR BANGURA: Okay, thank you:

3 Q. And this statement meant?

4 A. The rebels are in town.

12:52:42 5 Q. When he said that the rebels are in town, what was your  
6 understanding of rebels in this case?

7 A. We had been having a lot of - well in Freetown, Freetown  
8 was, you know, sort of around that time, I think since December,  
9 late December, we had been having information that the incursion  
12:53:19 10 is going to come into Freetown and that the rebels are going to  
11 take over Freetown and so it was actually not a surprise when at  
12 6 o'clock that morning, you know, we got that telephone call. It  
13 was very early in the morning, it must have been about 6 or  
14 5.30/6, in the morning, that the rebels, meaning these guys who  
12:53:52 15 were causing all these atrocities, have come into town and are  
16 causing a lot of mayhem in the east end of town.

17 MR MUNYARD: Well, has the witness actually said in Krio  
18 "the rebels"? At the moment - and I am not claiming to be a Krio  
19 speaker - we have the message on the telephone "Dem bra den don  
12:54:20 20 cam". Mr Bangura then asked him what this man said about the  
21 rebels and we have then proceeded on the basis that he was  
22 talking about the rebels, but he has only talked about "dem bra"  
23 as far as I can see and no rebels. I am not suggesting that they  
24 refer to anybody else. It is the use of this word "rebels" that  
12:54:51 25 I object to, because the witness hasn't actually used it.

26 PRESIDING JUDGE: Just allow me to check. The evidence,  
27 Mr Bangura, is - and I now quote from page 73, line 18, on my  
28 font. The evidence is, "I got a telephone call from a family  
29 friend who lives in the east end. The exact expression was ...

1 meaning the rebels are in town", and so that was the meaning  
2 conveyed to the witness. That is his evidence.

3 MR MUNYARD: Very well. I won't pursue it.

4 MR BANGURA: Thank you, your Honour:

12:55:33 5 Q. Upon receiving this information, did you do anything?

6 PRESIDING JUDGE: Just pause. I apologise for mis-naming  
7 you again, Mr Munyard.

8 MR MUNYARD: I didn't even notice on this occasion.

9 MR BANGURA: Well, I can rephrase that question. I should  
12:55:55 10 rephrase:

11 Q. Did anything happen after you had learned about the rebels  
12 coming to Freetown?

13 A. Yes. From, well, just about 15 or 30 minutes later we  
14 started hearing - I mean we started having the sounds of heavy  
12:56:19 15 gunfire, there was a lot of shelling and that morning we started  
16 seeing smoke from the far distance. We were, well, in the - in  
17 an area where we could see, you know, the smoke in the east and  
18 central town. The whole place was very - you know, it was full  
19 of smoke and dark.

12:56:47 20 Q. Which part of town were you directionally?

21 A. That is in the west end of town, up in the hills.

22 Q. Thank you. And did you at any point learn in full what was  
23 going on around town?

24 A. Yes, we were very close to our radios at this time and we  
12:57:25 25 got information from the radio and from the telephone calls. We  
26 kept getting - you know, we kept receiving telephone calls from  
27 people and we wanted to know and so we kept calling them back to  
28 know how they were doing in the east and central part of  
29 Freetown, and it was - in fact, there were some expressions by

1 some of the people that was very interesting because some of them  
2 exclaimed that, "Oh, these people - these rebels are human  
3 beings." They were shocked to know that they were human beings.

12:58:20 4 Q. Did they say exactly from the calls - the exchange of  
5 telephone calls did you learn exactly what was going on or  
6 generally what was going on in those parts that these telephone  
7 calls were?

8 A. Yes, you know, after some time through the day, calling  
9 people and receiving calls they will tell us exactly what is  
12:58:39 10 happening. That people were being taken out of their homes and  
11 asked to tie bandanas on their heads and white or red cloth  
12 around their heads and they were taken out of their homes and  
13 they were supposed to march with the rebels who came into town.  
14 And we were told that some selective - they selected some places  
12:59:14 15 for burning and they started burning them in the east end of  
16 town.

17 JUDGE SEBUTINDE: Sorry, burning what or who?

18 THE WITNESS: Burning the homes and we - yes.

19 MR BANGURA:

12:59:36 20 Q. In your part of town, what was the situation?

21 A. In my part of town we were all scared and we all remained  
22 in our homes because that was the instruction given over the only  
23 radio that was on the air. I think it was 98.1, Radio Democracy.  
24 So we followed those instructions.

13:00:08 25 Q. Did you at any point leave your home to go to any of these  
26 institutions that you ran?

27 A. Yes, I did. I think two days after the beginning of all of  
28 this - sorry, on 8 January there was a call on the Radio  
29 Democracy, the same radio, 98.1. We just heard that all wounded

1 should go to institution number 2. So I was very shocked because  
2 I was never informed. I was not given any, you know - I was not  
3 called by whoever was making the announcement and I knew that the  
4 whole place would be overwhelmed and so I had to find a way to  
13:01:16 5 get to the hospital and I did.

6 Q. This radio that you have just mentioned, Radio Democracy,  
7 98.1, do you know at the time who controlled that radio?

8 A. It was the government that controlled the radio. The  
9 regular government station was off the air, that is SLBS was off  
13:01:41 10 the air.

11 Q. You went to institution number 2, is that correct?

12 A. Yes, I did.

13 Q. And what did you observe when you got to the institution?

14 A. Well, on the way going I noticed that - I was two or three  
13:02:13 15 miles from institution number 2 and I had to use the back roads  
16 but despite that I would have to cross the main road sometimes  
17 and I noticed that I didn't - there was nobody on the road,

18 absolutely eerie for that time of day and there were not even the  
19 usual dogs who would roam the streets. There were no animals on  
13:02:45 20 the road. Up until when I got to about 100 yards from the

21 hospital and I saw three young men, properly dressed, coming  
22 towards me from the opposite direction. I was scared. So I was  
23 the one who first asked them. I said, "You who are you?" They  
24 told me they were students, they were going about looking for  
13:03:10 25 food. I said, "Okay, go on your way."

26 So I braved and I went on my way and I got into the  
27 hospital compound and I met my staff. My staff who had been on  
28 duty since 5 January, evening of 5 January, were still there and  
29 as soon as they saw me, they - there was an outflow of emotions.

1 And then just as we were - just as we were getting over that  
2 outburst of emotions, then we saw two men, you know, wanting to  
3 come in so they opened the gates and the two men came in holding,  
4 you know, top end and bottom, foot end, holding another - a  
13:04:14 5 wounded man. And I recognised that those were the three guys,  
6 young guys, who just, you know - I just passed on that same road.  
7 And one had been hit by, you know, a stray bullet just on the  
8 same route that I had passed. So he became my first casualty for  
9 that day.

13:04:47 10 Q. How did you know that he had been hit by a stray bullet?

11 A. Well, by the wound that he had and we were able to -  
12 because he had an abdominal entrance wound and we were able to do  
13 laparotomy and retrieve the bullet and there were some of the  
14 bowels were perforated and we were able to repair them. Sorry,  
13:05:29 15 it was the stray bullet, because there was nobody around. There  
16 was nobody around. They didn't see anybody who actually shot  
17 him. He was just hit.

18 Q. Thank you. Can you help us with spelling there,  
19 laparotomy?

13:05:52 20 A. It's L-A-P-A-R-O-T-O-M-Y.

21 Q. Thank you. Now, you said that there had been an  
22 announcement on Radio Democracy. Following this announcement did  
23 anybody or any persons affected by what was going on come to your  
24 institution?

13:06:29 25 A. Yes, the late Mr Hinga Norman came to the institution and  
26 with a group of, you know, wounded, how you call them, Kamajors,  
27 and asked me kindly to take care of them, well knowing that we  
28 were only treating, what you call it, civilian cases, so but that  
29 he would be very grateful that we treat the Kamajors. And they

1 were suffering from very minor, you know, burn wounds on, you  
2 know, their hands and so on, so they were - we treated them.

3 Q. Did you have reason to keep any of them in the hospital, in  
4 the institution?

13:07:26 5 A. Yes. A few of them had extensive wounds so they were kept  
6 in.

7 Q. Apart from this, did any other persons come in following  
8 this announcement?

9 A. There was a mass movement of - you know, of the wounded who  
13:07:49 10 came in. And - yes, there was a lot of them coming in because  
11 the other hospitals were, you know, not functioning. They were  
12 behind the so-called rebel lines.

13 Q. Now, you have mentioned a number of cases that were brought  
14 by one individual and you said that other people came or other  
13:08:20 15 persons with injuries came. Did they come by themselves or were  
16 they brought by anybody else?

17 A. At that particular time the majority of - well, the largest  
18 group of patients were brought in by ECOMOG because they had  
19 trucks, et cetera, where they just brought them in and we had a  
13:08:45 20 triage point right at the entrance of the hospital and, yes, that  
21 is it. Can I go on?

22 Q. Yes, please, if you would.

23 A. So but apart from ECOMOG there were - individuals came in  
24 all sorts of vehicles - well, not motorised vehicles. You know,  
13:09:16 25 these push carts, they brought them in push carts, they carried  
26 people on their backs and the place was quickly - you know, at  
27 some point we had over 300 patients to deal with at any one time  
28 and the stadium, the national stadium, is just about 400 yards  
29 away - sorry.



1 Q. Just be cautious. You can say where locations are, but not  
2 be too close as to describing distance.

3 A. Sorry. Yes, so the national stadium was used as, you know,  
4 an extension so to speak so after treating the - well, we

13:10:08 5 filtered the patients. Those who had extremity wounds and wounds  
6 that were not very severe were treated at, you know, a point in  
7 the shed in the hospital and sent to the national stadium so that  
8 they will be in close proximity to the hospital for their daily -  
9 either their wound dressing or their injections that they need to  
13:10:37 10 take, et cetera; their further treatment.

11 And then those who had severe injuries that needed surgical  
12 intervention were brought in and, yes, we even had, you know,  
13 known cases that were not war related. Like, we had one or two  
14 cases with obstructed labour. So we had to do Caesarean section

13:11:17 15 to save the little lives. So it was like - well, the majority,  
16 90 per cent of the patients were suffering from some form of war  
17 injury, either high velocity or low velocity missile wounds and  
18 we had a few fresh amputations. The first - well, the first one  
19 we saw was so remarkable because that was the very first time  
13:11:58 20 really we were seeing an amputation just in a very short time  
21 after it was inflicted and it healed so quickly. Not  
22 surprisingly because there was no infection - well, the infection  
23 - we were not dealing with an infected wound that we would have  
24 to close up by secondary intention, sort of thing.

13:12:30 25 Q. Apart from the high and low velocity gunshot wounds and the  
26 amputations did you have other kinds of cases?

27 A. Yes. We had cases of people - burns. We had cases of  
28 fractures and spinal injury and we had cases of people being  
29 impaled by REO Bars jumping over a wall. We had all sorts of

1 cases. We had cases of head injury.

2 PRESIDING JUDGE: I didn't hear clearly and the record is  
3 not clear, people being impaled by?

4 THE WITNESS: By REO Bars. We call them iron rods in  
13:13:26 5 Sierra Leone. There was an elderly gentleman who had to jump for  
6 his life over a fence and he was impaled by REO Bars and he was  
7 either a judge or a magistrate and he was particularly - his home  
8 was particularly targeted and he had to run for his life, but  
9 subsequently his home was burnt down. But he managed to escape  
13:13:50 10 and at the end of the day he came probably about a week or so  
11 after the incident and since he was diabetic, et cetera, the foot  
12 was about five or six times its size, with a gaping wound, you  
13 know, like a penetrating wound, and the first reaction of some of  
14 my colleagues who came eventually to help us out was to amputate  
13:14:22 15 because he was diabetic and we were able to change that, we were  
16 able to save his leg.

17 MR BANGURA:

18 Q. Now, the cases that came or were brought to the  
19 institution, were they civilian or non-civilian?

13:14:45 20 A. Well, they were all civilian except for the few Kamajors  
21 who were treated initially, but after that they were civilians.

22 Q. And did you learn where these cases were coming from?

23 A. Yes. They were all coming from the Freetown and its  
24 immediate environs, yes.

13:15:12 25 Q. You said that ECOMOG, they had the capacity to bring in a  
26 large number of cases?

27 A. Yes.

28 Q. Did you learn from which particular locations they brought  
29 some of those cases?

1 A. Yes. Well, indirectly, because we were busy inside, so at  
2 the triage point they will tell you oh they have freed Kissey, so  
3 the people coming in now are from Kissey area. So you know  
4 progressively how things were going by the location where the  
13:15:45 5 patients were being taken from. And at one point a medical  
6 doctor was brought in with attempted - they attempted to amputate  
7 both his hands, but we were able to save him as well.

8 Q. You just mentioned one of the locations as an example of  
9 areas that they would tell you they were coming from. Could you  
13:16:11 10 think of other areas at all?

11 A. Yes. As far as, as I said - as far as Wellington and, you  
12 know, the outskirts of Freetown, yes. But that took several  
13 days. Probably a week or so.

14 Q. Now, in terms of numbers you talked about having at one  
13:16:37 15 point about 300 to deal with. Was that a number for just one day  
16 or did you have varying numbers on different days?

17 A. It's like the numbers we were dealing with at any given  
18 time, or within the hospital premises, because we were - I mean,  
19 we were overwhelmed. Even, you know, the sheds were made into  
13:17:11 20 temporary - you know, we put patients' trolleys. We had patients  
21 on trolleys, on camp beds, on all sorts of things and people were  
22 very, very generous in those days. They will come with  
23 mattresses that we will put on the bare floor and all around the  
24 compound. Luckily it was the dry season and we had people - you  
13:17:40 25 know, the place was completely full.

26 Q. You said the announcement was made without you being  
27 consulted for persons affected by the fighting to come to your  
28 institution. How prepared were you? You already mentioned you  
29 were overwhelmed in terms of resources. How prepared were you

1 for the numbers that turned up at your institution?

2 A. Well, I would say, number one, the fact that we had  
3 stockpiled helped us greatly. That is number one. And number  
4 two, by the act of God I had a 40 foot container sent in, in  
13:18:31 5 November 1998 from the United States with full, complete medical  
6 supplies and that really, really helped us.

7 Q. In terms of personnel how equipped were you to cope with  
8 the cases?

9 A. Yes, the advantage in running the institution number 1 and  
13:19:01 10 institution number 2, so the staff from institution number 1 came  
11 over, you know, managed to get - managed to find their way to  
12 institution number 1, even though most of them were behind the  
13 so-called, you know, held areas. So they came and helped. And  
14 also a lot of medical personnel, who heard that announcement were  
13:19:26 15 so gracious to leave their safe homes to come and give assistance  
16 at that time. Those included even dentists, surgeons. And, you  
17 know, the dentists will be helping us out at the triage point and  
18 I felt - I let out my hat to them because they did a very good  
19 job.

13:20:11 20 Q. Now, you again are talking about numbers and you have  
21 talked about 300. Over what time did you continue to get numbers  
22 in that range of cases that were coming in?

23 A. Yes. About a period of two to three weeks. Two weeks or  
24 so. Two or three weeks, yes. And because after that then the  
13:20:37 25 main government hospital, well, started taking a few cases.

26 Q. Now, can you describe some of the procedures that you  
27 actually applied in some of the cases that came to the  
28 institution during this period? I mean, you had different kind  
29 of cases that came. You talked about high and low velocity

1 gunshot wounds. You talked about burning. You've talked about  
2 amputations.

3 JUDGE SEBUTINDE: Mr Bangura, it was missile wounds, not  
4 gunshot wounds. High velocity missiles.

13:21:15 5 MR BANGURA: Thank you, your Honour:

6 Q. Missiles wounds. Can you describe the sort of procedures  
7 that you applied in intervening in these cases? Am I not quite  
8 clear to you?

9 A. Yes, you are not clear.

13:21:36 10 Q. I am talking about the kind of treatment you applied in the  
11 cases that came.

12 A. Yes, well, surgical intervention had to be done for a vast  
13 majority of the patients to save their lives and we had to mount  
14 additional operating points in the hospital because - you know,

13:21:58 15 because of the sheer numbers and we had additional operating  
16 points to accommodate doctors who would come in to help for maybe  
17 a period of one or two hours before running back home so that  
18 they will not be caught by the curfew, because there was a curfew  
19 and there were no cars, there were no vehicles and vehicles were  
13:22:25 20 not allowed on the road and they had to walk. So a few - one or  
21 two came on their bicycles to come and they will assist for about  
22 an hour or two and then they leave. But those periods were very,  
23 very precious to us and to the patients.

24 Q. I don't know whether you have quite given us an idea of the  
13:22:53 25 sort of treatment that you actually gave. In more general terms  
26 if you talk about when you had gunshot - the kind of cases that  
27 you had in the case of missile wounds and how you dealt with  
28 those?

29 A. Yes. I think I have to clarify. The missile wound - we

1 say missile wounds, because the bullet is a missile. You can -  
2 you even have - you can use a rock to be a missile. So but of  
3 course the rock will not - if you mechanically use your own power  
4 to throw the rock it's a slow - it's so slow that it will not  
13:23:36 5 cause any penetration, so you will definitely just have a  
6 non-penetrating wound.

7 Of course we had problems with some non-penetrating wounds  
8 because of internal injuries as a result of non-penetrating  
9 wounds. But we dealt with as much - as many cases as we could  
13:24:00 10 and we had limitations at this time. One of the limitations was  
11 blood transfusion because so we lost a few patients because we  
12 could not transfuse blood. There was no blood transfusion  
13 available at the time and, of course, there was no X-ray. So we  
14 just used our clinical skills to be able to take care of  
13:24:32 15 patients.

16 Q. What was more typical in cases of gunshot wounds? What  
17 sort of treatment was much more typical?

18 A. Depending on the point of entry of the missile, gunshot,  
19 the bullet, or the shrapnel in the case of exploding bombs, if  
13:24:58 20 it's abdominal we certainly have to go in to retrieve first of  
21 all the missile and to examine and also to repair - examine and  
22 repair all the damaged internal organs. And not only that, also  
23 to clean up the intra-abdominal cavity because it's usually  
24 soiled by faecal material. You know, faeces and blood and all  
13:25:28 25 sorts of things. And for chest injuries we had to do the same.

26 For the extremities - for those with extremity wounds,  
27 because of the fact that there were so many we treated some of  
28 them conservatively; those that were not life threatening. And  
29 first of all we treated their anxiety because most of them were

1 so anxious when they came into hospital because they always  
2 associate a gunshot wound with death, they thought they were  
3 dying and --

13:26:20 4 Q. And in the case of amputations what was more typical of the  
5 kind of treatment that you gave?

6 A. Well, we had to refashion because we had some one week, two  
7 week old amputations who came in late that we had to - but most  
8 of the amputations that came in were fresh amputations and we  
9 just had to refashion the stump and the patient got better.

13:26:50 10 There was one sad one where, in fact, again you could, from the  
11 history given by the patients, there were two young boys; one  
12 14 - two brothers, one 14 and the other one 16. One is presently  
13 a left-handed amputee and the other one was a right-handed  
14 amputee. So in front of their parents, you know, their hands

13:27:19 15 were put on the mortar that they use to pound rice and the rebel  
16 hacked the two limbs off in one blow, well, in several, you know,  
17 but the two limbs came off and, you know, one of them was a  
18 left-handed. And this was, you know, the father was with the  
19 boys and he said that there was nothing he could do or else they  
13:27:46 20 would have killed him because they killed other people who  
21 resisted.

22 Q. Did he tell you where this incident occurred?

23 A. The east end of town. Sorry, the east end of town.

24 Q. Now, from the stories you heard, and the accounts you got  
13:28:07 25 from your patients, did you learn from them who was inflicting  
26 these wounds, these injuries?

27 A. Well, they referred to them as dem bra den because this is  
28 - despite the serious nature of the situation at the time I think  
29 the people are so, you know, give a light-hearted expression to

1 the assailants. That is the expression dem bra den because when  
2 you say bra you mean a comrade. A bra means brother, you see,  
3 so, but, you know sort of softening the word rebel, because  
4 people were - you know, I just found out that people were just  
13:28:58 5 afraid of the word rebel.

6 Q. At this time what was the situation with institution number  
7 one?

8 A. At this time institution number one had been, well, one of  
9 the buildings had been burnt as reprisal because I was told later  
13:29:24 10 that the rebels used their mortar, several mortars to - they  
11 didn't torch it. They just used - they didn't break in to steal  
12 anything. They just - when they were told, oh, the doctor who is  
13 running institution number two is the one who has this place,  
14 they just used their mortar and did that, and they were using the  
13:29:54 15 main building as their base in the area, so, that was left not  
16 intact but they completely ransacked.

17 PRESIDING JUDGE: Mr Bangura, I note the time. I think  
18 it's now the time for the lunch-time adjournment. I trust this  
19 is a convenient point.

13:30:15 20 Mr Witness, this is the time when we take our one hour  
21 lunch-time adjournment. We will be resuming court at 2.30.  
22 Again, I ask that you sit where you are until the blinds are  
23 lowered to allow you to leave.

24 THE WITNESS: Thank you, ma'am.

13:30:31 25 PRESIDING JUDGE: Please adjourn court until 2.30.

26 [Lunch break taken at 1.30 p.m.]

27 [Upon resuming at 2.30 p.m.]

28 PRESIDING JUDGE: Mr Bangura, please proceed.

29 MR BANGURA: Thank you, your Honour:



1 Q. Good afternoon, Mr Witness.

2 A. Good afternoon.

3 Q. We shall continue with your testimony. Before the break we  
4 had discussed some of the cases - the types of cases - that were  
14:31:57 5 brought to your institution, that is institution number 2, and  
6 you mentioned cases of amputation, you mentioned cases of persons  
7 who had suffered injuries from gunshot wounds and you also  
8 mentioned cases of burns. Can you describe what the conditions  
9 were of the cases of burns that you received at this time?

14:32:36 10 A. Referring to what period now?

11 Q. We were, just for your recollection, we were discussing  
12 events following the 6 January 1999 situation?

13 A. Okay. Yes, well, with regards the burns patients during  
14 this period, they were less infected because of the shorter time  
14:33:05 15 frame, you know, between the time of the incidents and the time  
16 they were brought into hospital, but quite a few of them had  
17 extensive burns and these were adult patients as opposed to the  
18 young children in 1998.

19 Q. Now, did you learn about the causes of the cases that you  
14:33:43 20 had, the burns that were suffered? What was the cause or what  
21 were the causes?

22 A. The ones that come to mind, or the causes that came to  
23 mind, was that they had to flee from their torched homes. Their  
24 homes were put on fire and some of the stories was that the  
14:34:08 25 younger people were able to escape and the older folks got burnt  
26 completely in the flames more especially from the Kissy end of  
27 town.

28 Q. Is there any specific case that you recall?

29 A. Yes, there was a case of a young lady who was at the Kissy

1 end of town whose grandmother was left upstairs and she died in  
2 the fire, but the lady had extensive burns to the limbs  
3 especially, both lower and upper limbs, trying to escape, you  
4 know, the torched building, because they lived you know in the  
14:35:09 5 upper flat.

6 Q. In answering to one of the earlier questions that I asked  
7 you about burns, you tried to make a distinction between adult  
8 cases and cases of children and I think you mentioned 1998?

9 A. Yes.

14:35:28 10 Q. What is the distinction that you were trying to draw  
11 between cases of adults who had suffered burns as against those  
12 of children?

13 A. Well, the severity of the condition is probably - was  
14 probably much less in the adults than the children because of the  
14:35:55 15 proportion of body surface area involved because in burns the -  
16 well, by the time those in 1998 came in they had gone through the  
17 initial, you know, problems that burns patients do normally go  
18 through, but that is severe dehydration because - so we didn't  
19 have a problem with that. But with those who came in from, you  
14:36:29 20 know, 1999, since they were closer and they were brought in  
21 earlier than we had to correct all of those things, or they were  
22 less infected than those and they were much older than those of  
23 1998.

24 Q. Did you treat burn cases of children in 1998? This is not  
14:36:54 25 1999 now. I appreciate you were talking of '99, but you have  
26 just made mention of '98. Did you treat burn cases of children  
27 in '98?

28 A. Well, they were just about one or two. One was because of  
29 the - the story was that a rocket propelled grenade, you know, it

1 was like the back of the child. The child was lying down in bed  
2 and the back of the child was completely singed by, you know, a  
3 flying rocket propelled grenade. I never hit him, but the child  
4 suffered extensive, you know, second degree burns on the back.

14:37:48 5 Q. Now, you talked about amputation of limbs. Did you  
6 experience any other form of amputation at all?

7 A. Yes, we had patients with amputation of tongue, amputation  
8 of eyes, but these were very few.

9 Q. Did you have any other cases - can we just talk about those  
14:38:18 10 few that you have just mentioned. Where did these happen?

11 A. The young - there was a young man who was bilaterally  
12 amputated - well, initially he said he was bilaterally amputated  
13 by his assailants who were rebels who entered Freetown and, you  
14 know, he said one of the rebels told him that, "Well, you will be  
14:38:47 15 able to" you know, "We will cut your tongue off because if we cut  
16 your tongue off you will not even be able to talk to tell people  
17 who did this to you." So, they took his tongue, you know, and  
18 cut it off. Finally, they found out that he was able to talk  
19 because the voice actually comes from the, you know, the larynx,

14:39:20 20 that's the voice box, rather than from the tongue, and he told  
21 them - he told them to kill him because he felt that he was  
22 useless bilaterally amputated, the anterior part of his tongue  
23 cut off, and so they used the machete and slashed across his  
24 face, but - sorry, across his head - I think it was the right  
14:39:49 25 temple - the right frontal region of the skull and he went - I  
26 mean it was a blunt - it must have been a blunt, you know,  
27 appliance and he lost consciousness and he was taken as dead. So  
28 he was picked up and brought to the hospital, I mean not too long  
29 afterwards, and then he gained consciousness and he --

1 Q. When did this incident occur?

2 A. That was in January 1999.

3 Q. Thank you.

4 JUDGE SEBUTINDE: Mr Bangura, I don't know if the witness  
14:40:31 5 has explained bilateral amputation, what that is? I don't think  
6 he has.

7 MR BANGURA: Thank you, your Honour:

8 Q. Mr Witness, you have heard the question, have you?

9 A. Yes, I did.

14:40:40 10 Q. Can you explain the expression or the term?

11 A. Yes, bilateral means on both sides. So for limb injuries,  
12 because we have two left and right, it's either bilateral or  
13 one-sided. But we had quite a few bilateral, you know,  
14 amputations that we had to deal with.

14:41:11 15 Q. You also mentioned amputation of the eyes.

16 A. Yes.

17 Q. Can you explain the case or cases that you had of this  
18 condition?

19 A. Yes, this was in 1999. When the first case of eye  
14:41:39 20 amputation was brought in - well, it was partially amputated  
21 because this had happened a week - between a week and ten days  
22 after the incident so, you know, the eyes - both eyes were  
23 plucked out, but they were still, you know, protruding out of the  
24 socket and they were badly infected and that is how the young  
14:42:07 25 lady who was a suckling mother was brought in and were able to  
26 treat her.

27 Q. Did this person explain the circumstances of her sustaining  
28 this kind of injury?

29 A. Yes, she did. She was attacked by a group of armed men who

1 she said - well, she referred to as rebels and that she was out  
2 looking for food and she was, you know - I mean accosted by them  
3 and gang raped by them and then one of them decided to pluck the  
4 eyes off because claiming that if she doesn't see then she will  
14:43:10 5 not be able to identify them later if called upon, you know.

6 Q. Now, what was the condition actually for which this person  
7 was brought to your institution for? I mean what did those who  
8 brought this person say? What was the condition that they wanted  
9 treated at that point when they brought her?

14:43:35 10 A. Yes, well, they wanted us to do something about the - you  
11 know, the partially amputated eyes and the infection. She was  
12 very, very septicaemic at the time and we noticed that, you know,  
13 during - you know, she needed a lot of counselling because she  
14 was badly traumatised mentally.

14:44:07 15 Q. Did they initially complain about the rape that she had  
16 suffered?

17 A. No, they didn't complain about the rape. It was during  
18 history taking, that is when that came up.

19 Q. Did patients come to the hospital who complained about rape  
14:44:22 20 at all?

21 A. Yes, rape was a secondary issue. The main issue they came  
22 in with were very extensive wounds, so when you discussed with  
23 these few of the female patients they will narrate how they were  
24 raped usually in front of relatives and sometimes their husbands.

14:44:51 25 Q. Was it normal for them to, first of all, talk about or  
26 complain about the rape or would they only complain - talk about  
27 it afterwards?

28 A. Yes, that is why I said it is secondary, because I mean  
29 it's after they have built up confidence with staff, that's when

1 they open up, because they usually are very protective about that  
2 aspect of their, you know, trauma, because society does not look  
3 kindly - deal kindly with them afterwards. Usually they lose  
4 their, you know, face in their small communities and stuff like  
14:45:31 5 that. So in fact they ask the staff not to reveal this to their  
6 closest of relatives who were coming.

7 Q. Those who came and complained about other kind of injuries,  
8 but who eventually - from whom you eventually learned that they  
9 had also been raped, what kind of injuries did some of them  
14:45:53 10 complain of?

11 A. It is quite varied, because the injuries were not  
12 associated with the rape, because - but they came in with other,  
13 you know, lacerations and stab wounds, you know.

14 Q. Now, regarding cases of amputation, you earlier talked  
14:46:44 15 about - you tried to make a distinction between cases depending  
16 on the kind of instrument that is used. You talked about - in  
17 one case talked about blunt - I think you said blunt, I don't  
18 know whether you used the word instrument, but the question is  
19 was there a distinction to be made between cases where a blunt  
14:47:17 20 instrument had been used to inflict the wound and cases where a  
21 sharp instrument was used in terms of the effect that that would  
22 have on the victim?

23 A. Yes, most of the patients who were brought and we saw, we  
24 could ascertain from the type of damage done to the stump that,  
14:47:50 25 you know, several blows had to be made, you know, for the kind of  
26 injury that we saw, because you had multiple fragments of bones  
27 at the injured site. Then basically you have - instead of a  
28 clean wound, you have crushed, you know, tissues. That also  
29 helped in stopping the bleeding, because if you have a clean

1 surgical cut, sharp cut, to any of the extremities there will be  
2 such sudden gush and loss of blood it will be difficult to stop,  
3 you know, the bleedings if you do not know what you are doing.

4 But when you use a blunt instrument it causes the vessels to go  
14:48:50 5 into spasm and so limits the amount of bleeding at the time - you  
6 know, after the limb is either totally or partially amputated.

7 Q. Did that also determine the kind of treatment you would  
8 give to a patient depending on which kind of instrument has  
9 opinion used to cause the injury, or would --

14:49:27 10 A. In cases where we have multiple fragments and infected bone  
11 with multiple fragments, you know, it becomes a more difficult  
12 situation for the primary treatment where we are fighting with  
13 the infection, so you have - you know, the patient's stay in  
14 hospital will be more protracted. But as to the technique of

14:49:59 15 refashioning the stump, it's always the same. But for those who  
16 had multiple fragments there, we had to shorten the bone, take a  
17 bigger bite of the bone out before we could repair the stump.

18 Q. Of the cases which you treated, what were your  
19 observations? I am talking about amputations. Did you have more  
14:50:37 20 cases that had been caused by a blunt instrument, or a sharp  
21 instrument?

22 A. I think those who survived the amputations were basically  
23 those that, you know, were amputated by more blunt instruments  
24 than sharp instruments, because I am sure a lot of people would  
14:51:00 25 have died with a sharp instrument - you know, amputations using  
26 very sharp instruments.

27 Q. Normally what are the survival chances of victims of  
28 amputation from the moment the injury is inflicted? Are you able  
29 to discuss the chances of surviving the incident?

1 A. The chances of survival depends on how quickly they can  
2 come for medical - from the time of the incident to the time of  
3 medical intervention. And, interestingly, we found out that  
4 there was some form of medical intervention for most of these  
14:51:52 5 people upcountry, because they used their local way of stopping  
6 bleeding, using certain leaves, and they applied that and they  
7 tied the whole thing with cloth. So especially those with the  
8 crushed injury type with, you know - so we saw quite a lot of  
9 those, you know.

14:52:21 10 Q. Are you talking of those in the provinces had a way of  
11 stopping bleeding. What time frame was that?

12 A. Well, they were brought in several weeks or months after  
13 the amputation, those from upcountry, that is in 1998.

14 Q. Thank you?

14:52:38 15 A. But --

16 Q. Now, were there cases - did you have to deal with cases  
17 where amputation was not complete?

18 A. There were lots of incomplete amputations, both upper and  
19 lower limbs. We were able to save a good percentage of them, but  
14:53:01 20 we had to complete the amputation for a few of them.

21 Q. Did you treat children with cases where amputation was not  
22 complete?

23 A. Yes, we did. We treated children with incomplete - you  
24 know, with severe macerated wounds and we were able to save quite  
14:53:33 25 a few of their limbs.

26 Q. What were the chances - being children, what were the  
27 chances as against adults?

28 A. Well, in experience we found out that children healed  
29 better and faster than adults, as to be expected, and they



1 quickly - well, in very short time want to use the saved limb to  
2 fight.

3 Q. Of those who came to hospital and had treatment, what was  
4 their chances of survival? What were the chances of survival  
14:54:15 5 generally of patients who made it to the hospital? You said that  
6 you were having cases - at the peak of activity you had about 300  
7 a day?

8 A. Yes.

9 Q. And you would do triage before you get on to deal with  
14:54:33 10 first the most critical cases and then later the less critical.  
11 So of those who would actually make it for treatment, what  
12 percentage actually survived the trauma that they had suffered?

13 A. We basically were able to save over 90 per cent of those  
14 who were brought in and we lost just about 10 per cent or less.

14:55:09 15 Q. Whose responsibility was it to take care of those that died  
16 in care?

17 A. Well, because of the situation we had to take the  
18 responsibility of the burial of those who succumbed within the  
19 hospital confines, that meaning those who, you know, came in dead  
14:55:36 20 on arrival, because some who were brought in by ECOMOG were  
21 brought in dead on arrival. They were picked up alive but by the  
22 time they could get them to hospital, the group to hospital,  
23 maybe one or two of them would have died by the time they entered  
24 the hospital gates, so then those who were about dying, and  
14:56:00 25 ECOMOG was not coming with their relatives and a lot of times  
26 only - well, only a few, you know, had relatives who will claim  
27 the bodies to take for burial, but we had an arrangement with the  
28 young men around the area to bury the - you know, the corpses in  
29 a cemetery not too far from the hospital.

1 Q. Did you yourself get involved at some stage in helping to  
2 dispose of the bodies properly?

3 A. Yes. Yes, I did. It was brought to my notice by the staff  
4 that those that were being paid to bury the bodies were not doing  
14:56:52 5 so. They were just, you know, abandoning them in the cemetery  
6 and it was not too far from the hospital and so we were scared of  
7 getting, you know, gas gangrene developing in the area et cetera,  
8 so what we did was, I did not have any volunteers to take the  
9 bodies down to the, you know, out of the area, and so I had to do  
14:57:24 10 it myself along with a few of my junior staff.

11 Q. When you say you had to do it yourself, exactly what did  
12 you do?

13 A. To move the bodies - yes, I moved the bodies from the  
14 hospital down to the front of the Connaught Hospital Mortuary  
14:57:49 15 because that was the furthest I could go and the gates were  
16 closed and there were quite a few bodies outside and, you know,  
17 in different stages of decomposition outside the hospital. That  
18 is the main hospital in town. So --

19 Q. Was this a one-time occurrence or did you do it more than  
14:58:12 20 one time?

21 A. Yes, I went down there a few times because we had  
22 incidences of two or three cases of gas gangrene in hospital and  
23 so I was taking the necessary precaution to reduce the incidence  
24 of gas gangrene.

14:58:33 25 Q. On those occasions that you went to the mortuary, did you  
26 make any observations around town as you moved along?

27 A. Yes. Well, one of my assistants took, well, the camera  
28 around and we took some pictures of, you know, dead bodies strewn  
29 all in the main streets and --

1 Q. Did you observe anything else apart from dead bodies on  
2 those few occasions?

3 A. Yes, we saw a lot of familiar buildings burnt down and so  
4 we took pictures of those,

14:59:26 5 Q. Now, you said a lot of familiar buildings; which buildings  
6 were these, that you recall?

7 A. Grocery stores, how do you call them, banks, police  
8 stations, yes, etc.

9 Q. Apart from - yes, whereabouts were some of these buildings  
15:00:21 10 that you saw?

11 A. In the centre of town.

12 Q. In the centre of?

13 A. Of Freetown, sorry.

14 Q. Now, apart from injuries that you treated, did you treat  
15:00:32 15 any other conditions that came to the hospital?

16 A. Do you mean non-war injuries, yes?

17 Q. Yes.

18 A. Yes, I did.

19 Q. What did you - which conditions did you treat?

15:00:59 20 A. We had a few patients with acute - well, with severe  
21 malaria. They still came but they were not admitted. They were  
22 treated on short stay because, you know, they couldn't stay  
23 because of the seriousness of the conditions of the others who  
24 were there. Caesarean sections were done on two or three of  
15:01:31 25 patients with obstructed labour because these things continued to  
26 happen.

27 Q. Now, you have told this Court that patients that you  
28 treated told you who inflicted the wounds on them. Did they tell  
29 you how they were treated at all by these persons, or by the

1 people that inflicted these wounds on them? Did they talk about  
2 any form of treatment that they were subjected to?

3 A. Yes. Quite a few were quite vivid about how they were  
4 treated and that their immediate families were positioned such  
15:02:20 5 that they will have - they will be in full view of what they were  
6 doing, especially for those who suffered amputations and those  
7 who confided in us about rape.

8 Q. Did anyone describe the state of minds of these persons who  
9 inflicted the injuries on them?

15:02:43 10 MR MUNYARD: I am sorry, but no-one can describe the state  
11 of somebody else's mind.

12 PRESIDING JUDGE: No, a person can only say what they saw  
13 and heard in these circumstances, Mr Bangura.

14 MR BANGURA: I take the point, your Honour:

15:02:57 15 Q. Did they describe the condition in which these people were  
16 that caused or inflicted these injuries on them? Did they give  
17 any description of how these people acted as they inflicted these  
18 injuries?

19 A. Well, some of them claimed - some of the patients claimed  
15:03:21 20 that these were - they looked like people who were on drugs and  
21 because they behaved abnormally and, you know, and did very  
22 abnormal things, they said.

23 Q. Were you able to investigate these claims?

24 MR MUNYARD: Your Honours, I am sorry, I am going to have  
15:03:45 25 to interrupt again. I am letting quite a lot come through now  
26 that has not been disclosed and I haven't objected so far this  
27 afternoon. Although there is some reference in the various  
28 interviews of this witness to the question of drugs, this  
29 particular aspect has never been mentioned by him in any of the

1 disclosures we have received and so I am just asking my learned  
2 friend to try to keep to what has been disclosed.

3 PRESIDING JUDGE: Mr Bangura, you have heard the objection.

4 MR BANGURA: Thank you, your Honour. I will keep to the  
15:04:25 5 matters that were disclosed:

6 Q. Did you treat any cases for drugs?

7 PRESIDING JUDGE: How do you mean treat cases for drugs?

8 MR BANGURA: The use of drugs.

9 PRESIDING JUDGE: Do you mean use or misuse?

15:04:39 10 MR BANGURA: Misuse, I am sorry. Thank you, your Honour:

11 Q. Did you treat any cases for misuse of drugs?

12 A. Well, specifically, there was a patient - yes, there was  
13 one particular patient who came in, you know, at the tail end of  
14 the interventions and that was in probably November or so. This  
15:05:09 15 was a patient that I used to be their primary physician for the  
16 company that he worked for and he looked quite like a completely  
17 different person, because I realised that he had a packet of  
18 cigarettes in his pocket. So I asked him - I said, "What is  
19 wrong with you? What has happened?" Then he explained his  
15:05:35 20 ordeal. This was a fellow who was working for a company in  
21 Sierra Leone and he said he was abducted from his home when the  
22 --

23 MR MUNYARD: This is another example that we are getting  
24 that is coming completely fresh to me, unless I have missed  
15:05:55 25 something in which case my learned friends opposite will be able  
26 to draw my attention to it, but this is yet another example.  
27 There is material in the documentation about drugs. If my  
28 learned friend wants to deal with that then he is obviously  
29 perfectly entitled to do so, but we are being taken by surprise

1 with almost all of the examples of individuals that have been  
2 referred to this afternoon.

3 MR BANGURA: Your Honours, the witness - the disclosure we  
4 provided the Defence with indicates that the witness dealt with  
15:06:34 5 cases of misuse of drugs, and what the Prosecution is seeking to  
6 do at this time is to have the witness give examples of those  
7 cases that are already mentioned in his statement and disclosed  
8 to the Defence.

9 PRESIDING JUDGE: Mr Bangura, there are two questions that  
15:06:55 10 come or one question rather; has there been disclosure?

11 MR BANGURA: Your Honours, not the specific details of the  
12 incident that the witness is talking about, but the fact that the  
13 witness dealt with and treated cases of misuse of drugs is  
14 clearly one that is contained in statements which were disclosed.

15 PRESIDING JUDGE: Well, Mr Munyard, as I said this morning,  
16 if you are taken by surprise then the Court will entertain an  
17 application, if you are so minded to make one, prior to your  
18 cross-examination.

19 MR MUNYARD: I am grateful to your Honours for that. I am  
15:07:35 20 simply concerned that something might come out that we have had  
21 no advance notice of that shouldn't come out at all. I would  
22 imagine that what is coming out this afternoon by way of  
23 illustrations and examples, I would certainly hope that these are  
24 matters that have been discussed out of court with the witness in  
15:07:56 25 the normal way. If they are - and I anticipate that they are -  
26 then why haven't the notes of these discussions been disclosed to  
27 us?

28 MR BANGURA: Your Honours, I will keep to more general  
29 questions regarding the witness's - the cases that he dealt with

1 that had to do with drug misuse, rather than going into  
2 specifics, since the disclosure is only in more general terms as  
3 I have described:

15:08:44 4 Q. Can you describe for the Court the general nature of drug  
5 misuse cases that you had to deal with, just in more general  
6 terms?

7 A. Yes. These patients came in with other injuries other than  
8 that directly and they had, you know, plaster wounds on their  
9 forehead and when interrogated they said those injuries were,  
15:09:13 10 okay, they were injured by their abductors, that they were  
11 abducted basically from the Freetown area and some brown powder  
12 was put on the wound and the plaster was applied over the wound  
13 and this - subsequently they did not know what they were doing.  
14 They started behaving - they were told later that they were, you  
15:09:45 15 know, and that is basically it.

16 Q. When did you have these cases coming to the institution?

17 A. That was in 1999.

18 Q. You mentioned the name of a substance that you say was put  
19 into a cup?

15:10:11 20 A. Well, they referred to the substance as brown brown and  
21 this is probably - this we imagine is some kind of that  
22 hallucinogenic drug in the poppy group of drugs.

23 Q. Did you yourself at any time have any encounter or met with  
24 any of the persons who were described as rebels at any point in  
15:10:54 25 time?

26 MR MUNYARD: I am sorry, just before we move on to this new  
27 subject, I didn't get what the category of drugs was and there is  
28 a word that I don't understand on the screen.

29 JUDGE LUSSICK: I understood the doctor to say

1 hallucinogenic.

2 MR MUNYARD: That, your Honour, Justice Lussick, I did get,  
3 but if you look at the end.

15:11:20

4 PRESIDING JUDGE: I heard the word "poppy" used. Could  
5 that be it.

6 MR MUNYARD: Well, on the one hand that would make more  
7 sense than what the word is there. But there can't surely be a  
8 group of plants known to medical science as the poppy group of  
9 drugs. If that's what the doctor said then --

15:11:32

10 PRESIDING JUDGE: That is what the doctor said.

11 MR MUNYARD: Well, in that case I will make a note of that  
12 and come back to it. Thank you. I am sorry to interrupt, but it  
13 was such a peculiar word that has come up on the screen.

14 PRESIDING JUDGE: Yes, I see it now.

15:11:48

15 MR BANGURA:

16 Q. Can I ask you again. There is an answer you gave which  
17 doesn't seem quite clear to the Court. I will give you the  
18 question and then the answer that you gave just for  
19 clarification. I asked you:

15:12:16

20 "Q. You mentioned the name of a substance that was put  
21 into the cut?

22 A. They referred to the substance as brown-brown and this  
23 we imagine is some kind of hallucinogenic drug in the ..."  
24 Can you just go over that answer again, please?

15:12:49

25 A. Yes, I referred to the word "poppy" because that is the  
26 plant - it's the poppy plant - and it is the alkaloids in the  
27 poppy plant, that is where cocaine and all of these drugs are  
28 derived from, so it is --

29 Q. So the word there is "poppy" as to the plant?



1 A. Yes.

2 Q. Thank you. You said that institution number 1 - sorry, let  
3 me go back. I was starting a new line. Let me take you up on  
4 that line. Did you yourself have a personal encounter or did you  
15:13:47 5 meet any of these rebels at any time, any one of them?

6 A. Yes, I do remember that. It must have been in - yes, it  
7 was right in front of the Connaught Hospital. I had gone there  
8 for - you know, because I ran out of anaesthetic material in the  
9 hospital, so I went down to the main hospital to look for some  
15:14:28 10 anaesthetic material from another NGO, medical NGO, that was  
11 operating there, that is the MSF, and at the entrance of the  
12 hospital I saw these armed, dirty looking, you know, combatants  
13 and I immediately recognised from their speech and - first of all  
14 I immediately recognised one of them as somebody I had taught in  
15:15:10 15 Liberia and from their speech --

16 Q. Just to caution you, don't give out a name. No, you can go  
17 on, but don't give out a name.

18 A. And from their speech. So they looked very, very rough and  
19 they were holding on to automatic weapons with a lot of  
15:15:33 20 ammunition bound by tape and - well, I was, you know, a few yards  
21 away and I quickly made my way into the hospital where I was  
22 going and I got my, you know, anaesthetic and then left.

23 Q. You say you recall or you remember this person from  
24 Liberia. About what time do you recall that you had dealt with  
15:16:06 25 him or had been in some association with him in Liberia?

26 A. It must have been in 1981 when I was - you know, when I did  
27 some part-time teaching at the School of Physicians Assistants.

28 Q. Now you said this person was with other persons. He was  
29 not alone.

1 A. Yes, they were - I mean a good number of these young men  
2 armed in front of the hospital. They were very loud in their  
3 speech so one could hear them from a long distance and definitely  
4 they were using the Liberian twang, that is Liberian English, and  
15:17:06 5 they were right in front of the hospital.

6 Q. When was it that you saw these people in front of the  
7 Connaught Hospital?

8 A. What did you say?

9 Q. When did you see these people in front of the Connaught  
15:17:18 10 Hospital?

11 A. I think it was 1997. Yes, it was 1997.

12 Q. About what period in 1997? Was it following any particular  
13 event in 1997?

14 A. Yes, after the coup in '97. Yes.

15:18:02 15 Q. Did you hear anything that they actually said?

16 A. Well, I did not make out anything. You know, I just moved  
17 off not to be recognised.

18 Q. You said that these people were armed and you said they  
19 were combatants. How were they dressed?

15:18:26 20 A. They were dressed in, you know, dark T-shirts and they had  
21 heavy boots, but they were very dirty.

22 Q. Now, back to institution number 1 --

23 JUDGE SEBUTINDE: Mr Bangura, before you leave this  
24 particular incident of these dirtily dressed people, this  
15:19:05 25 particular student that the witness had taught, can we have an  
26 indication as to the nationality of this individual perhaps?

27 MR BANGURA:

28 Q. As far as you know, this person that you met and that you  
29 taught before, what nationality was he?

1 A. He was Liberian.

2 Q. Thank you. And do you recall the name of the person?

3 PRESIDING JUDGE: No, you warned yourself, Mr Bangura.

4 MR BANGURA: Your Honour, I was going to ask that we have  
15:19:38 5 the name written down and presented:

6 Q. Would you be able to write down that name on a piece of  
7 paper for the Court?

8 A. Yes, I will.

9 PRESIDING JUDGE: Please show it to Prosecution counsel and  
15:20:48 10 then show it to counsel for the Defence, please. Please proceed,  
11 Mr Bangura.

12 MR BANGURA: Yes, your Honour. I am just wondering if we  
13 could have that as part of the record.

14 PRESIDING JUDGE: Are you seeking to have it marked for  
15:22:10 15 identification, in which case I would feel a little easier if  
16 Mr Witness signed and dated it?

17 MR BANGURA: Yes, your Honour, and then I will ask that it  
18 be kept confidentially.

19 PRESIDING JUDGE: This is a one page document, handwritten  
15:23:01 20 by the witness and dated and it is MFI-12. It will be kept  
21 confidentially.

22 MR BANGURA: Thank you, your Honour:

23 Q. These people that you saw in front of Connaught Hospital,  
24 what were they doing when you saw them?

15:23:23 25 A. Well, they were in groups on either side of the entrance of  
26 the hospital and I did not wait to think what they were doing or  
27 saying. I just wanted to get past them since I didn't want to be  
28 recognised.

29 Q. Now, you talked about institution number 1 and you said it

1 was destroyed by rebels. What became of it after this incident?

2 A. It is still in the same state as it was after it was  
3 torched. It was destroyed.

4 Q. Did it continue to be operational after that incident?

15:24:30 5 A. No, that building is completely destroyed and so we are  
6 only using, you know, the main building.

7 Q. Now, earlier the question of photographs came up and I  
8 believe I asked you whether you had provided certain information  
9 about somebody you talked about in your evidence to the

15:24:56 10 Prosecution and you did mention you have provided a photograph of  
11 that person. Is that correct?

12 A. Yes.

13 Q. Was that the only photograph that you had provided to the  
14 Prosecution?

15:25:11 15 A. No, I provided quite a few photographs.

16 Q. Briefly, who took those photographs?

17 A. Most of those photographs were taken by myself and my  
18 assistants.

19 Q. Do you have any that were not taken by you that you  
15:25:34 20 provided to the Prosecution?

21 A. Yes, I did.

22 Q. Again be cautioned not to mention names, but where did you  
23 get the others from that were not taken by you?

24 A. I got them from - you said I should not call names.

15:25:59 25 Q. I would advise that you try and avoid that. You can  
26 describe by position somebody without being specific, in more  
27 general terms?

28 A. Yes, I was given by the then Minister of Information of  
29 Sierra Leone.

1 Q. What was the purpose for giving you those photographs?

2 A. Well, to inform - well, I was travelling to the United  
3 States with this patient that I was asked to take and so he asked  
4 me to take those pictures as additional evidence of what was  
15:26:41 5 happening here.

6 Q. And exactly for what purpose did you take them to the  
7 United States, for what purpose?

8 A. With a view that we could make this information available  
9 to the Government of the United States and/or its representatives  
15:27:05 10 that I may meet in the process of taking care of this patient -  
11 taking this patient along to the United States.

12 Q. And what was the ultimate intention behind you taking them  
13 and showing them to officials that you were likely to meet? What  
14 was the ultimate intention behind doing this?

15:27:26 15 A. Well, to bring to attention what was really happening and  
16 also the situation that certain groups were targeted, like the  
17 police and police stations, and things like that.

18 Q. You talk about certain groups that were targeted apart from  
19 - you mentioned police and police stations. Do you recall any  
15:27:50 20 particular person who or group that became targeted during the  
21 events that you have described in 1999?

22 A. Yes, members of the judiciary and the court system were  
23 also targeted.

24 Q. Any persons of a particular nationality or nationalities?

15:28:24 25 A. Yes. Oh, yes. Particularly, okay, generally Nigerians  
26 were targeted, yes.

27 Q. How did you know this?

28 A. A close acquaintance of mine was killed along Kissy Road  
29 when he went to check on his mother-in-law, because he was in the

1 west end of town and the mother-in-law was in the east end of  
2 town and the reason he was killed was because he had a facial  
3 scar which he received as a matter of a childhood injury and he  
4 was mistaken to be a Nigerian because of the scari fication  
15:29:22 5 Nigerians carry and he was not given a chance. He was killed  
6 right in front of his mother-in-law's house.

7 Q. How was he killed?

8 A. He was shot.

9 Q. By whom?

15:29:35 10 A. Well, we were told by rebels.

11 Q. Why were Nigerians targeted as a group.

12 A. They were the main core of the peacekeeping force that was  
13 in Sierra Leone and that was the reason.

14 Q. Now, which kind of Nigerians were targeted? You have  
15:30:05 15 talked about them being the main core of the peacekeeping force  
16 in Sierra Leone. Were the ones targeted members of the military  
17 forces?

18 A. No, these were ordinary civilian Nigerians. As soon as  
19 they know they killed - we had, you know, as soon as they know  
15:30:24 20 that that person is a Nigerian, he is gone. They killed them.

21 Q. And distinctly, was there a distinct way of identifying  
22 them, Nigerians?

23 A. Well, for quite a few Nigerians they carry scari fication on  
24 their faces that usually identifies the tribe that they come from  
15:30:50 25 and so that is what basically they used.

26 MR BANGURA: Thank you. Your Honours, at this point I  
27 would respectfully ask that the witness be shown documents,  
28 photographs actually, in a document binder which has been  
29 provided to the Court.

1 Your Honour, there are several photographs in the binders  
2 and we are going to be dealing with them individually. Just  
3 before we start this exercise, I just need to caution that some  
4 photographs may not need to be shown on the overhead because they  
15:32:20 5 may have the effect of revealing the witness's identity. I think  
6 before any one of them are put on the overhead we just need to be  
7 sure that they need to go up.

8 JUDGE SEBUTINDE: Also, Mr Bangura, could you let us know  
9 whether the originals are in court or are we just dealing with  
15:32:42 10 copies?

11 MR BANGURA: Your Honours, we are dealing with copies.  
12 These photographs were provided to the Prosecution in an  
13 electronic form and the Prosecution never actually had original  
14 copies of them.

15:33:11 15 MS IRURA: Your Honours, the Chamber and the parties are  
16 also asked to be wary of the way they display the photographs,  
17 because the cameras overhead may pick them up.

18 MR BANGURA:

19 Q. Mr Witness, just before we go on, you have told the Court  
15:33:50 20 that some of these photographs were taken by yourself and some  
21 were provided to you by somebody else. We are going to go  
22 through those photographs, and if you would let the Court know  
23 which ones were taken by yourself and which ones you received  
24 from this person, okay?

15:34:11 25 A. Uh-huh.

26 MR BANGURA: Your Honours, the photographs are numbered  
27 serially 1 through to --

28 MR MUNYARD: Your Honour, before we embark on this process,  
29 and in the light of an answer given by my learned friend to

1 Justice Sebutinde, Mr Bangura said that we are dealing with  
2 copies. These photographs were provided to the Prosecution in  
3 electronic form and the Prosecution never actually had original  
4 copies of them.

15:34:48 5 That came as a surprise to me for two reasons: One,  
6 because of the general principle that where an exhibit is  
7 produced the original should be produced if at all possible, or  
8 should be available at any rate, but secondly, because in the  
9 disclosure - one of the disclosures that we have had - and I am  
15:35:11 10 just taking one example - it says on the back of the photo is  
11 written and then there is a description of what is in the  
12 photograph.

13 If they were provided in electronic form, how is it that  
14 the back of the photograph - the writing on the back of the  
15:35:28 15 photograph is described? There must presumably be an original  
16 that has been at some point in the hands of the Prosecution and,  
17 if that is the case, why isn't it at the very least within some  
18 department of the Prosecution now?

19 The impression I got from what Mr Bangura just said was  
15:35:52 20 they had only ever had these in electronic form, that is to say  
21 via a computer, and I wonder if he could cast any light on how we  
22 are told that things are written on the back of these photographs  
23 if they have only ever come in that form?

24 MR BANGURA: Your Honours, one possibility could be - and I  
15:36:14 25 am not very sure about this, but I am only saying that one  
26 possibility could be - that they might have been scanned and  
27 copied on both sides, but I need to be fully informed about this.  
28 I am at this moment not able to throw more light on it than what  
29 I have said. The information and the position, as I understand



1 it right now, is that they were provided to the Prosecution in  
2 electronic form.

3 PRESIDING JUDGE: Are you telling me, Mr Bangura, at this  
4 stage you don't know how they were provided?

15:36:54 5 MR BANGURA: Your Honours, that is the - as I know it that  
6 is how they were provided.

7 PRESIDING JUDGE: In an electronic form?

8 MR BANGURA: That is right, your Honour. That is what I am  
9 saying.

15:37:04 10 MR MUNYARD: Can I help the court to this extent: That the  
11 example I have given, I can now hold up the photograph in  
12 question and there is clearly nothing written on the back of that  
13 and so whoever has scanned them and made a note of what was  
14 written on the back clearly hasn't scanned the back of the  
15 photograph.

16 MR BANGURA: Your Honour, I don't wish to have an argument  
17 about the point my learned friend is making, but when you scan  
18 you only scan one face of it on a page, so if you were scanning  
19 the back the back comes on a separate page and the front also  
15:37:43 20 comes on a separate page as I understand it and so they may not  
21 necessarily --

22 MR MUNYARD: We haven't got a separate page. We have only  
23 ever had the photos scanned.

24 PRESIDING JUDGE: The long and short of it, you don't know  
15:37:57 25 where the originals are and the originals may have something on  
26 the back of them?

27 MR BANGURA: That may very well be the case, your Honour,  
28 but I can ask the witness exactly how he provided these  
29 photographs to the Prosecution because he is right here.

1 PRESIDING JUDGE: Very well.

2 MR BANGURA:

3 Q. Mr Witness, can you help the Court: How did you provide  
4 these photographs to the Court? In what form were they when you  
15:38:29 5 provided them to the Court?

6 A. They were in the original hard form and I presented it to  
7 the investigators, or interrogators, and it was given back to me  
8 after they had taken the - yes.

9 Q. So the originals were handed back to you?

15:38:46 10 A. The originals were handed back to me.

11 Q. Do you still have those originals with you?

12 A. They are not with me here. They are in Freetown.

13 MR BANGURA: Your Honours, that is the position.

14 PRESIDING JUDGE: You know, Mr Bangura, I do recall this  
15:39:06 15 issue being raised before where it was said that if - there was a  
16 question why the Prosecution handed back an original before the  
17 trial even opened. Very well. Mr Munyard, you have heard the  
18 explanation.

19 MR MUNYARD: Your Honour, I have, and I can only express  
15:39:27 20 weary concern about this process. It is even worse in the case  
21 of this witness because this witness is a man who, according to  
22 his CV, spent a number of years giving evidence before courts,  
23 including criminal courts, evidence which had to have been based  
24 on documents, and therefore this witness would understand the  
15:39:50 25 importance that when you come to the Court to give evidence, if  
26 any of your evidence is going to take documentary form you bring  
27 the originals with you.

28 I am not particularly criticising the witness but he, of  
29 all witnesses, would be alert to that himself. He is not like an

1 ordinary civilian who just turns up in Freetown with one piece of  
2 paper and gives it to the Prosecution and then is given it back  
3 and may lose it, but it is amazing that since we raised this  
4 issue many months ago now, that when the Prosecution knew they  
15:40:28 5 were calling this particular witness, that they did not make  
6 efforts to secure the originals of these photographs, bearing in  
7 mind it is their own disclosure that tells us that there is  
8 writing on the back of the originals.

9 Frankly, it is just shambolic and I put on record our  
15:40:50 10 disapproval of this very amateur approach to the producing of  
11 evidence in a trial as serious as this.

12 MR BANGURA: Your Honours, I take exception to the views  
13 expressed by my learned friend about the manner in which this  
14 matter has been dealt with.

15 Your Honour, the Prosecution received these photographs  
16 from this witness quite a few years back and sometimes for  
17 various reasons witnesses who provide material of this nature may  
18 request them and the Prosecution in those circumstances is  
19 constrained to have to hand them back. But notwithstanding that,  
15:41:35 20 your Honours, there are instances in this Court where the Defence  
21 themselves, I have just been reminded, have used photographs in  
22 this Court without producing an original.

23 PRESIDING JUDGE: Mr Bangura, let us not confuse  
24 cross-examination with evidence-in-chief. That's the first  
15:41:52 25 point. Secondly, this issue has been raised before, the  
26 Prosecution is on notice that this has been raised before and  
27 that we look for an original. This gentleman has made it clear  
28 that he had them and there is nothing that indicates to us that  
29 he hasn't been given the opportunity to reproduce them again if

1 the Prosecution so wanted them produced for his evidence today.

2 MR BANGURA: Your Honours, I am not particularly clear  
3 about the point regarding cross-examination but, your Honours,  
4 the Defence in the particular instance that I just mentioned  
15:42:34 5 sought to introduce evidence in the trial and this was a  
6 photograph. Your Honours, my submission is that it's basically  
7 the same standards that should apply. If they had to introduce a  
8 photograph and they did not produce an original, I am not saying  
9 that we should not necessarily always produce an original, but,  
15:42:58 10 your Honours, this would indicate different standards.

11 JUDGE SEBUTINDE: Mr Bangura, when the Defence produce a  
12 photograph it is to test the credibility of your witnesses in  
13 whatever respect. When you produce a witness it is to prove your  
14 case. Basically that is the difference. You have the burden to  
15:43:19 15 prove your case beyond reasonable doubt. The burden is not  
16 replicated with the Defence.

17 MR BANGURA: The point is taken, your Honour. Your Honour,  
18 the witness has given an explanation as to where the originals  
19 are at the moment and they very well are not before the Court,  
15:43:47 20 but it is up to the Court to accept the position that those  
21 photographs do exist and what we have are the copies of the  
22 originals that he continues to have in his possession.

23 Your Honours, I would respectfully apply that the  
24 photographs as they are be - it's not in this case asked that  
15:44:17 25 they be admitted, but that we are able to work with them on the  
26 basis that they are relevant to the proceedings.

27 [Trial Chamber conferred]

28 PRESIDING JUDGE: Mr Bangura, please proceed and put these  
29 photographs to your witness.

1 MR BANGURA: Thank you, your Honour. I misinformed the  
2 Court earlier by stating that the photographs are numbered  
3 serially. They are actually not, your Honour. The Prosecution  
4 disclosed about 60 or so photographs to the Defence that we were  
15:46:10 5 going to deal with in this witness's testimony, but has only  
6 selected a number of them and the numbers actually are not in any  
7 serial order. I will call the numbers marked on the photographs.

8 PRESIDING JUDGE: Yes.

9 MR BANGURA: Can the witness be shown the photograph marked  
15:46:35 10 number 1:

11 Q. Mr Witness, are you comfortable?

12 A. Yes, I am.

13 Q. Thank you. Do you recognise that photograph?

14 A. Yes, I do.

15:47:02 15 Q. Can you just tell us whether it's one of those that you  
16 took or one of those that was given to you by the government  
17 official?

18 A. This is one I took myself.

19 Q. When did you take this photograph?

15:47:19 20 A. This was in January 1999.

21 Q. And where was this photograph taken?

22 A. That is in hospital number 2 outside in a shed - in a cow  
23 shed outside hospital number 2.

24 Q. And we see here - what do we see here in the photograph?

15:47:47 25 A. We see patients on trolleys and one on - okay, all four of  
26 them are on trolleys, yes.

27 Q. And why are these patients outside in this area of the  
28 institution?

29 A. Because of the over - the hospital was completely

1 overcrowded and this was part of the area that we treated them.

2 Q. If you just quickly tell us the cases that you have - that  
3 these patients have. Just take it in one word or two what the  
4 case is in each situation?

15:48:51 5 A. For the first patient I cannot - you know, I cannot say. I  
6 do not - you know, I cannot say much about it, because I cannot  
7 see any bandage or anything around him. But the patient number 2  
8 had a chest injury. It was a gunshot injury to the chest.  
9 Patient number 1 is the patient with the eyes amputated.

15:49:26 10 Q. Hold on, you have already talked about the first and you  
11 talked about number 2.

12 A. Okay, the third patient.

13 Q. Okay, the third.

14 A. Yes, with the bandage all around the face is the one who  
15:49:39 15 lost both eyes. And patient number - the fourth patient is the  
16 one who had a gunshot injury through the leg.

17 Q. Now when you say one - counting 1, 2, 3, 4, from which  
18 direction are you counting?

19 A. From the one - from the lower.

15:50:08 20 Q. And lower means in front of you?

21 A. Immediately in front of you in the lower frame.

22 MR BANGURA: Your Honours, I would ask that this photograph  
23 be marked for identification.

24 PRESIDING JUDGE: This is a one page document, a photograph  
15:50:27 25 taken by the witness with four patients. It is MFI-13.

26 MR BANGURA: Can the witness be shown the next one marked  
27 number 6:

28 Q. Can you tell the Court who took this photograph?

29 A. I did.

1 Q. Where did you take this photograph?

2 A. In front of the hospital number 2.

3 Q. When?

4 PRESIDING JUDGE: Institution number 2, Mr Witness.

15:51:21 5 Institution number 2.

6 THE WITNESS: Institution number 2. That's in January  
7 1999.

8 MR BANGURA:

9 Q. And what does the photograph depict?

15:51:36 10 A. Patients on the floor and one on the trolley and some empty  
11 trolleys.

12 Q. Now, normally the trolleys that are shown here, would they  
13 be used for patients who were admitted?

14 A. They were all previously occupied by patients.

15:51:57 15 Q. I am saying normally.

16 A. Normally, yes.

17 Q. And what kind of injuries are shown in this photograph?

18 A. The patient on the trolley definitely had a back slab and  
19 he must have had injuries to his leg and the one lying on the  
15:52:23 20 mattress on the floor, the adult, had injuries to his thigh and  
21 the young man has a right forearm stump.

22 Q. Now when you said the patient lying on the trolley has a  
23 back slab, what do you mean?

24 A. Well, a black slab is a supportive mechanism we used to  
15:53:05 25 support, you know, a fractured long bone and so the - there are  
26 two long bones in the leg, that is the tibia and fibula, and both  
27 were fractured from gunshot wounds or machete wound. So we were  
28 trying to save the leg, so we leave the anterior aspect open so  
29 that we can gain access to cleaning and dressing and treating, so

1 we support - you know, we put a POP back slab to support the --

2 MR BANGURA: Thank you. Your Honours, I would respectfully  
3 ask that this photograph be marked for identification.

15:54:06

4 MR MUNYARD: Could the witness just define what he means by  
5 anterior for the benefit of anyone who isn't familiar with common  
6 medical terminology.

7 MR BANGURA:

8 Q. Mr Witness, I hope you heard the question asked by counsel  
9 opposite. Can you explain what you mean by anterior?

15:54:21

10 A. Anterior means the front part.

11 PRESIDING JUDGE: This is a one page document, a photograph  
12 taken and identified by the witness showing three persons who he  
13 has identified as being treated for various injuries. It will  
14 become MFI-14.

15:54:52

15 MR BANGURA: Can the witness be shown the photograph marked  
16 number 7.

17 JUDGE SEBUTINDE: Mr Bangura, just curiously, why do these  
18 photographs not have ERN numbers?

15:55:15

19 MR BANGURA: Your Honours, they originally did have, but  
20 the position is, as I understand it, that they would be  
21 identified under the tab that they have - can I be much more  
22 clearer on this point, your Honour, but I know that they were  
23 originally ERN'd but let me be clearer on the way we have  
24 prepared them this time.

15:55:59

25 Your Honours, my understanding is that it might have been  
26 to enhance the quality they were scanned again and that may have  
27 done away with the - affected the ERN, but I am able to refer the  
28 Court to ERNs that they originally had - each one of these  
29 photographs that I am dealing with.



1 JUDGE SEBUTINDE: Mr Bangura, those ERNs are not for  
2 nothing. Many months henceforth we don't want to mix up these  
3 documents. We need to be on the same page to know exactly which  
4 document was admitted as which exhibit. That is why we have  
15:56:42 5 ERNs. If you talk of tabs, the tabs will disappear as soon as  
6 these documents are admitted in evidence, and so will the little  
7 stickers, and only the ERN number remains as identifying the  
8 document.

9 MR BANGURA: I agree, your Honour. I will just go back and  
15:56:57 10 give the ERNs for the ones that we have dealt with already. Your  
11 Honours, photograph number 1 is ERN00034444 and photograph number  
12 6 is 00034449.

13 PRESIDING JUDGE: Please proceed, Mr Bangura. I am keeping  
14 my eye on the time here, as I have already indicated. Please put  
15:58:06 15 this photograph now that we have started on it and we will see  
16 how far we get.

17 MR BANGURA: Thank you:

18 Q. Mr Witness, you have been shown photograph marked number 7  
19 there and your Honours, for the record straightaway, this one - I  
15:58:20 20 will give the ERN when we ask to mark for identification. Can  
21 you tell this Court who took that photograph?

22 A. I did.

23 Q. When did you take this photograph?

24 A. In 1999.

15:58:33 25 Q. And where did you take this photograph?

26 A. In institution number 2.

27 MR MUNYARD: Can we have a month, please?

28 MR BANGURA:

29 Q. Mr Witness, when you say in 1999, about what period in

1 1999?

2 A. January 1999, sorry.

3 Q. And what does this photograph depict?

15:59:09

4 A. It shows a young man who suffered several, well, injuries  
5 to his lower mandible.

6 Q. In layman's terms, where is the mandible?

7 A. Okay, the lower jaw, sorry. The lower jaw.

8 Q. Is that the only injury?

9 A. The right shoulder and the right hand.

15:59:31

10 Q. What was the cause of his injury?

11 A. He was shot at, you know, at a tangent by his assailant.

12 Q. When you say at a tangent, what do you mean?

13 A. Well, across the face. He put his hand up and it came  
14 across, not in the - you know, direct in front of him.

16:00:01

15 PRESIDING JUDGE: For purposes of record I will note that  
16 the witness has indicated by pushing his hand across his face and  
17 in contrast directing his hand towards his face.

18 MR BANGURA:

16:00:27

19 Q. And so which areas of his body got affected by this - what  
20 was it; you said he was shot?

21 A. Yes, he was shot and he lost - he had a lot of tissue loss  
22 of the lower lip which had, in the long run had to be  
23 reconstructed.

16:00:46

24 Q. And is there any part of this photograph that you have not  
25 described?

26 A. Oh, the hand.

27 Q. I imagine so.

28 A. The right hand was elevated because, you know, he suffered  
29 mutilating injuries as a result of the wound from the high

1 velocity bullet that passed through his hand.

2 MR BANGURA: Thank you. Your Honours, I would respectfully  
3 ask that this document be marked for identification. The ERN  
4 number is 00034450.

16:01:29 5 PRESIDING JUDGE: This is a one page document, a photograph  
6 which the witness has identified as taken by himself showing a  
7 young male person with a bandage around his face and head and his  
8 arm in a - I think I can best describe it as a sling. That is  
9 MFI-15. Mr Bangura, I note the time, and as indicated earlier  
16:01:54 10 today we are adjourning 30 minutes early to accommodate a video  
11 link trial from Freetown.

12 MR BANGURA: Thank you, your Honour.

13 PRESIDING JUDGE: Thank you. Mr Witness, we normally are  
14 in court until 4.30, but today we have a special exercise to do  
16:02:12 15 with the trial so we are adjourning a little earlier.

16 THE WITNESS: Okay.

17 PRESIDING JUDGE: I wish to remind you that you are now  
18 under oath and you should not discuss your evidence with any  
19 other person until your evidence is finished. Do you understand?

16:02:27 20 THE WITNESS: Yes, my Lord.

21 PRESIDING JUDGE: Thank you. We will adjourn Court until  
22 9.30 tomorrow. Again, Mr Witness, I would ask you to remain  
23 seated until the blinds are put down to allow you to leave.

24 THE WITNESS: Yes, my Lord.

16:02:40 25 PRESIDING JUDGE: Please adjourn court.

26 [Whereupon the hearing adjourned at 4.02 p.m.  
27 to be reconvened on Thursday, 20 November 2008  
28 at 9.30 a.m.]

29

**I N D E X**

**WITNESSES FOR THE PROSECUTION:**

TF1-358	20569
EXAMINATION-IN-CHIEF BY MR BANGURA	20569