



Case No. SCSL-2003-01-T

THE PROSECUTOR OF
THE SPECIAL COURT
V.
CHARLES GHANKAY TAYLOR

MONDAY, 24 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:

Mr Nicholas Koujian
Mr Mohamed A Bangura
Ms Julia Baly
Ms Ruth Mary Hackler
Ms Maja Dimitrova

For the accused Charles Ghankay
Taylor:

Mr Courtenay Griffiths QC
Mr Terry Munday
Mr Morris Anyah
Ms Simitie Lavalie

1 Monday, 24 November 2008

2 [Open session]

3 [The accused present]

4 [Upon commencing at 9.30 a.m.]

09:30:17 5 PRESIDING JUDGE: Good morning. I'll take appearances,
6 please, Mr Bangura.

7 MR BANGURA: Good morning, Madam President, good morning,
8 your Honours and counsel opposite.

9 PRESIDING JUDGE: Just before you go any further,
09:30:30 10 Mr Bangura, I don't appear to be getting any transmission. Are
11 others getting transmission?

12 MR MUNYARD: If your Honour goes on to line 2 you can get
13 it.

14 PRESIDING JUDGE: Very good. Thank you, Mr Munyard.
09:30:48 15 Please proceed, Mr Bangura.

16 MR BANGURA: Your Honour, for the Prosecution this morning
17 Mr Nicholas Koumjian, Ms Julia Baly, myself Mohamed A Bangura and
18 Ms Maja Dimitrova. Thank you, your Honours.

19 PRESIDING JUDGE: Thank you, Mr Bangura. Mr Munyard.

09:31:07 20 MR MUNYARD: Good morning, Madam President, your Honours,
21 counsel opposite. For the Defence Courtenay Griffiths QC, myself
22 Terry Munyard, Morris Anyah and we're joined today by one of our
23 interns Ms Simitie Lavalie who is a member of the Bar of Sierra
24 Leone.

09:31:24 25 PRESIDING JUDGE: Thank you, Mr Munyard. We welcome
26 Ms Lavalie to the Court. If there are no other matters I will
27 remind the witness of his oath. Good morning, Mr Witness.

28 THE WITNESS: Good morning, your Honour.

29 PRESIDING JUDGE: I again remind you this morning that you

1 took the oath during the course of last week. That oath
2 continues to be binding upon you and you must answer questions
3 truthfully. Do you understand?

4 THE WITNESS: Yes, I do, your Honour.

09:31:54 5 PRESIDING JUDGE: Thank you, please proceed.

6 MS IRURA: Your Honour, I'm informed there's a technical
7 problem. Normally English is the floor channel and it is
8 received on channel 1, but for now I think we would have to be on
9 zero to be able to receive the transmission until they rectify
09:32:15 10 the problem.

11 PRESIDING JUDGE: Yes, Mr Munyard, please proceed and we
12 will just - we'll watch this transmission to ensure that it's
13 working.

14 MR MUNYARD: Your Honours, I've now gone back to channel
09:32:41 15 zero and I hope that everybody is able to follow on that channel:

16 WITNESS: TF1-358 [On former oath]

17 CROSS-EXAMINATION BY MR MUNYARD: [Continued]

18 Q. Mr Witness, would you tell me if you have any difficulties
19 in receiving, hearing what I'm saying?

09:32:57 20 A. I do hear loud and clear.

21 Q. Thank you very much. Now, I'm going to revisit the
22 Honourable Sam Hinga Norman for a moment, if I may. You told us
23 in your evidence on Wednesday that the first group of injured
24 people who you had to treat when you got to the hospital I think
09:33:33 25 on 8 January was a group of Kamajors that Mr Hinga Norman came
26 with and asked you, as you put it, asked you kindly to treat them
27 and you did so. Yes?

28 A. I think there was - it was a group of 13 sent by Mr Hinga
29 Norman with a note, but Mr Hinga Norman came later on.

1 Q. Well, what you told us on Wednesday the 19th, in your
2 evidence-in-chief on page 20635, at line 25, was this:

3 "Yes, the late Mr Hinga Norman came to the institution and
4 with a group of, you know, wounded, how you call them, Kamajors,
09:34:49 5 and asked me kindly to take care of them well knowing that we
6 were only treating what you call it, civilian cases, so but that
7 he would be very grateful that we treat the Kamajors and they
8 were suffering from burn wounds on their hands."

9 Do you remember saying that?

09:35:11 10 A. Yes, I do.

11 Q. You have presumably over the weekend looked again at your
12 copies of the notes of the interview with you on 22 April 2004
13 where a slightly different version of events is given. Am I
14 right in assuming that you've looked over the weekend?

09:35:34 15 A. I didn't go through those particular - that particular
16 aspect, but when, during your questioning now I just want to
17 clarify in court here as to the sequence of events.

18 Q. Well, you do agree that that's what you told us last
19 Wednesday, that he came with a group of wounded Kamajors and
09:36:06 20 asked you kindly to take care of them. You do agree you said
21 that last Wednesday, don't you?

22 A. I may have said so in error.

23 Q. We'll worry about the error in a moment. Do you agree that
24 that is a correct record of what you told this Court on
09:36:26 25 Wednesday?

26 A. I don't understand. Is this a correct record?

27 Q. I have just read out to you what I suggest you told the
28 Court last Wednesday. Do you agree that what I have read out is
29 a correct record of what you told the Court last Wednesday?

1 A. That is correct.

2 Q. Thank you. You are now saying that that's wrong, yes?

3 A. I'm saying that, you know, the interpretation is different.

4 I want it to be interpreted that, you know, the Kamajors were

09:37:20 5 sent and I saw - and Mr Hinga Norman came in later.

6 Q. Right. Well, what was the problem, witness, last Wednesday

7 with saying a group of Kamajors were sent with a note and

8 Mr Hinga Norman came in later?

9 A. Probably I was a bit fuzzled at the time.

09:37:52 10 Q. I'm waiting to see, puzzled or fuzzled?

11 A. With an F?

12 Q. With an F. Right, you're going to have to help me with what

13 fuzzled means, because it's not a word I'm familiar with.

14 Fuzzled meaning what and fuzzled at what time, last Wednesday or

09:38:14 15 back in 1999?

16 A. Was it Wednesday?

17 Q. Yes, it was.

18 A. That was my first time in court and I was bit, you know,

19 taken in by the surroundings, maybe of court - of the Court. And

09:38:39 20 a very small minutiae were a bit, you know, elusive or something.

21 Q. Would your Honours give me just a moment. Well, by the

22 time you gave your evidence about this particular point you were

23 some 70 pages into your evidence, but let us now labour it. Are

24 you now saying that Mr Hinga Norman sent the Kamajors with a note

09:39:38 25 and then later on came to the institution himself?

26 A. That's exactly it.

27 Q. And is that what you told the Prosecutors when you were

28 interviewed back in April 2004?

29 A. I think so. I may have said - I think so, because probably

1 at the time I just told them that he sent, you know, that he sent
2 a note and probably - and came later on in the day to meet us in
3 the hospital.

09:40:35

4 Q. Have a look, please, at the bundle. I'd be grateful for
5 the assistance of Mr Court Usher and it should be tab 2. I'm
6 going from the version that you made slight corrections to on 15
7 May 2007, and if you turn to page 6 of that, which is our ERN
8 number 34401, do you have that page in front of you?

9 A. Yes, I do.

09:41:18

10 Q. Would you look, please, at line 9?

11 A. Yes, I'm looking at it.

12 Q. And there you say that the first set of patients you had
13 were 13 Kamajors. They were sent to the hospital "with a note
14 from the Honourable Mr Hinga Norman and he asked me kindly to

09:41:38

15 treat those Kamajors who had suffered injuries in the warfront."

16 Now you don't anywhere say that Mr Hinga Norman himself came to
17 see you in that passage or, indeed, as far as I can see, anywhere
18 else in that interview.

19 A. Well, I didn't elaborate on that. You know, I was not
20 asked by the Prosecution to elaborate on that.

09:42:12

21 Q. Well, they wouldn't have known the story unless you'd told
22 them, would they?

23 A. Yes, of course.

24 Q. What I want to know is: Why do you use, both in your
25 evidence last Wednesday when you give a rather different account,
26 and also in this written account that we see here, why do you use
27 the expression "he asked me kindly" to treat them? What are you
28 trying to convey there, Mr Witness?

09:42:24

29 A. Because this is exactly what he wrote in the note. Please

1 kindly treat the following people. And I said the first set of
2 patients but they were coming to mind now, the very first patient
3 I saw was the one who was shot, well, by, you know, he was
4 brought in - whilst I was discussing with my nurses he was
09:43:10 5 brought in by two gentlemen. This fellow was not a Kamajor.
6 This fellow was one of the three young men who I crossed earlier
7 on the way coming into the hospital.
8 Q. Right, those that you told us about?
9 A. Yes, but talking about a set of - the first group that, you
09:43:37 10 know, that came in as a group was that of the Kamajors who --
11 Q. Right.
12 A. Yeah.
13 Q. We understand the distinction you're making.
14 A. Yes, I just want to clarify that point.
09:43:48 15 Q. And those Kamajors had suffered burn wounds from their own
16 overheated rifles, hadn't they?
17 A. That's what I assumed at the time, yes.
18 Q. Well, you would assume by - you would work out what they'd
19 suffered from by first of all looking to see their injuries and
09:44:08 20 secondly asking them how they got them. That is normal practice,
21 isn't it?
22 A. It is.
23 Q. You don't assume; you examine and you ask a history, yes?
24 A. Yes, but they also suffered other - you know, they were
09:44:22 25 also suffering from other injuries.
26 Q. I'm only concentrating at the moment on the burn injuries
27 from overheated rifles.
28 A. That's what I was told by them.
29 Q. Yes. So, it wasn't assumption; it's what you were told?

1 A. Yes, I was told that.

2 Q. And was your examination of them consistent with what the
3 history was that they were giving?

4 A. Yes, it was.

09:44:41 5 Q. Thank you.

6 MS IRURA: Your Honour, I've been informed that the
7 transmission has been restored. A console in the interpretation
8 booth had accidentally been left on hence the interruption in the
9 transmission. It can now be received on the floor channel, which
10 is 1.

09:45:01

11 PRESIDING JUDGE: Thank you.

12 MR MUNYARD:

13 Q. While we're on the question of translation, you didn't
14 actually tell us what you meant by the word fuzzled. Can you
15 help us with what you meant by that, Mr Witness?

09:45:25

16 A. Well, I think --

17 Q. Or did you mean that you were overwhelmed by the
18 circumstances of the courtroom? Is that what fuzzled was meant
19 to convey?

09:45:47

20 A. Yes.

21 Q. Despite the fact that you'd been giving evidence for a very
22 substantial time by then?

23 A. Yes, indeed.

24 Q. Right. Now, can you help us with this: Did any of the
25 patients at the institutions you were connected with ever see a
26 psychiatrist?

09:46:01

27 A. Yes, some of them did.

28 Q. Right. I'm talking about during the period that you've
29 been telling us about, essentially 1997 to the end of 1999.

- 1 A. Well, during those periods the psychiatrist was not
2 available, so we had to do, you know, what - you know, the
3 necessary counselling and psychiatric help we had to give to
4 patients. But subsequently when - well, when the conditions
09:46:56 5 were, you know, conducive, then the psychiatrist came in to
6 assist.
- 7 Q. Well, let's see exactly what you're saying there. Before
8 what you call the psychiatrist came in to assist "we had to do
9 the necessary counselling and psychiatric help". What
09:47:28 10 psychiatric help was given by you and others before a
11 psychiatrist was available?
- 12 A. The necessary counselling and subsequent administration of
13 medication was done.
- 14 Q. Did you have anyone working at your institution during that
09:47:54 15 period of time who was trained in psychiatry?
- 16 A. Yes, I had.
- 17 Q. How many people and what were their qualifications?
- 18 A. Well, I was basically the one who had exposure in
19 psychiatry to handle this situation.
- 09:48:18 20 Q. What is exposure in psychiatry?
- 21 A. Well, the exposure meaning having been treating psychiatric
22 patients for a period of time.
- 23 Q. Yes, but what --
- 24 A. And also being trained to do that.
- 09:48:37 25 Q. Trained?
- 26 A. Yes.
- 27 Q. Just tell us - I'm trying to be as deliberately vague as
28 possible whilst at the same time trying to be precise so it's a
29 rather difficult balancing exercise. When was it that you were

1 trained in psychiatry?

2 A. We get psychiatric training in medical school and after
3 medical school we have a period of internship in psychiatry.

09:49:19

4 Q. Well, as part of an undergraduate medical degree you get
5 some psychiatric training along with all the other types of
6 medicine that you're trained in. Is that what you're saying?

7 A. Yes, it is.

8 Q. And then during your internship you do a number of
9 rotations, is that right?

09:49:33

10 A. Yes, it is.

11 Q. And are saying that one of your rotations was in
12 psychiatry?

13 A. Yes, it is.

14 Q. And for how long?

09:49:46

15 A. I think for about a month.

16 Q. A month?

17 A. Yes.

09:50:03

18 Q. And would it be right to say that we are talking - we're
19 talking about a month the better part of 20 years before the
20 period we're looking at, 1997 to '99?

21 A. Yes.

22 Q. Right. That is your exposure to psychiatry?

09:50:38

23 A. Well, that is exposure in training, in supervised training.
24 Then subsequently you get, you know, in general practice we get
25 involved in psychiatric - with psychiatric patients, especially
26 in our own environments where in the entire country we only have
27 one specialist psychiatrist.

28 Q. Yes. Was he working, and I know it is a he, was he working
29 in any of your institutions?

1 A. Not at all.

2 Q. No.

3 A. He was just a consultant in institution number 2.

09:51:21

4 Q. Right. So he - oh, he was acting as a consultant to
5 institution number 2?

6 A. Yes.

7 Q. How often did he attend patients in that institution?

8 A. Well, as and when patients are referred to him and as and
9 when he brings in patients for hospitalisation.

09:51:38

10 Q. And have you told the Prosecution about him treating
11 patients at your institution?

12 A. I was never asked by the Prosecution.

13 Q. No, have you ever told them?

14 A. I have never told them.

09:51:53

15 Q. But it's right, isn't it, that you yourself have no
16 expertise in psychiatry?

17 A. Well, I consider the fact that I have passed my exams in
18 psychiatry, and also have had on-hand treatment of psychiatric
19 patients from the beginning to the end of their admission that -

09:52:22

20 and also after - maybe afterwards in general practice that we see
21 quite, you know, a good number of psychiatric patients. In fact,
22 a lot of patients, quite a few patients will prefer coming to an
23 area of general practice rather than going direct to a
24 psychiatric practice. So we are usually the first, you know,

09:52:55

25 contact by such patients and when we - as and when we need the
26 specialist psychiatrist to come in we call him, but when he's not
27 needed we continue the treatment until the patient is discharged.

28 Q. And when you say "we continue the treatment", what is the
29 treatment that you with your one month of psychiatric training,

1 the better part of 20 years before our period is concerned, what
2 is the treatment that you gave those patients?

3 A. Depending on their condition, some of them they came in
4 with acute - you know, in an acute anxiety state, or some of them
09:53:51 5 are depressed, some of them showed signs of psychotic reaction,
6 depending on their, you know, condition. Actually, we treat them
7 according to the condition that we are presented with.

8 Q. Well, the condition you're presented with is based on your
9 non-expert understanding of their underlying mental illness,
09:54:23 10 doesn't it?

11 A. I will not say non-expert.

12 Q. You call yourself an expert in psychiatry, do you?

13 A. I do treat psychiatric patients.

14 Q. That is very different from being an expert in psychiatry,
09:54:42 15 isn't it?

16 A. Well, it's different from being a specialist in psychiatry.

17 Q. Would you say - well, you have spent some time in England,
18 haven't you?

19 A. Yes, I have.

09:54:57 20 Q. And when I say that I mean in a medical context?

21 A. Yes, I have.

22 Q. How long?

23 A. For various periods. Some periods were as long as six
24 weeks, some eight weeks and some, you know - so for varying
09:55:20 25 periods.

26 Q. Well, just help us with when these periods are: I want to
27 ask you a question about England in a moment and it is relevant,
28 but I just want to - I don't want to be unfair to you. I want to
29 have an understanding of how long you've been exposed to medical

1 practice in England. So tell us the periods of time and the
2 years that you're talking about.

3 A. The first exposure was in 19 and it's either '79 or '80.
4 That's at Guy's Hospital Medical School.

09:56:11 5 Q. Right. And how long was that for?

6 A. It was a period of six to eight weeks, yes.

7 Q. When was the next time that you were in England in a
8 medical context?

9 A. It must have been either in 1984, or '85, or '86. It was
09:57:08 10 one of those years.

11 Q. And how long were you there then in a medical context, as
12 opposed to going there for some other reason?

13 A. For another period of - for a period of I think six weeks.

14 Q. Right. Any more? Any other periods of time?

09:57:42 15 A. Yes. Then another period for a period of four weeks in
16 London, yes.

17 Q. In a medical context?

18 A. Yes.

19 Q. What year was that?

09:58:08 20 A. Probably after 1986.

21 Q. Yes, are you able to help us?

22 A. It's some time after 1986 and before 1989.

23 Q. Right. So do you know what a GP is in the context of
24 medicine in England?

09:58:34 25 A. Yes, I do.

26 Q. What is your understanding of what a GP is?

27 A. A GP in England is the first contact doctor, or the doctor
28 that the patient registers with in his or her area.

29 Q. Right. A GP is a family doctor, isn't it?

1 A. Well the GP is now considered to be something like a family
2 doctor, but family medicine is quite different from the GP's
3 practice.

09:59:28

4 Q. Are you saying that a GP is not a family doctor and that he
5 doesn't deal with what you might call regular family medical
6 conditions?

10:00:01

7 A. No, a GP deals with, what do you call it, the - you know,
8 internal medicine problems, paediatric problems and for some GPs,
9 yes, they do also take care of, you know, pregnant women and so
10 on, yes.

11 Q. Yes, and they'll take care of patients with psychiatric
12 illnesses who come to them as their first port of call, won't
13 they?

14 A. Yes. Yes, they do.

10:00:11

15 Q. And they'll take care of patients who have conditions that
16 need surgery as the first port of call, won't they?

17 A. Some cases they do.

18 Q. And what do the letters "GP" stand for?

19 A. General practice.

10:00:50

20 Q. General practice? Well, I suggest general practitioner.

21 A. Practitioner, yes.

22 Q. Yes, thank you. And would you agree that that is an
23 accurate description of your qualifications and role?

10:01:24

24 A. Well, it is over - well, the description of general
25 practitioner in the UK is quite different from the description of
26 family physician in West Africa.

27 Q. In what way do you say it's so different?

28 A. In the scope of practice that the family physician is
29 allowed to do in West Africa as opposed to the general

1 practitioner in the UK.

2 Q. And how do you know that?

3 A. Yes, I do because I am examiner of the West African College
4 of Physicians in the Faculty of Family Medicine.

10:02:16 5 Q. Yes, how do you know that a family physician in West Africa
6 is so different from a general practitioner, also known as family
7 doctor, in the United Kingdom?

8 A. Yes, because --

9 Q. How detailed is your knowledge of general practice medicine
10:02:35 10 in the United Kingdom?

11 A. Yes, because in one of those visits - medical visits - to
12 the United Kingdom --

13 Q. In the 1980s?

14 A. In the '80s, yes, I spend a few weeks in a general -
10:02:57 15 observing and looking at a practice in Birmingham in England,
16 yes.

17 Q. You spent a few weeks?

18 A. Yes, in the practice.

19 Q. Well was this when you were at Guy's for six to eight
10:03:21 20 weeks, or was it in 1984, '85 or '86 when you were there for six
21 weeks, or was it the later time when you were there for four
22 weeks?

23 A. I think it was the later period, you know, when I was there
24 for four weeks, yes.

10:03:45 25 Q. And a family doctor in England, or a general practitioner,
26 the terms being interchangeable in England, does exactly the same
27 sort of range of work as you have been describing your
28 institutions carrying on. Do you agree?

29 A. No, his range of work was - we found out was very, very

1 much restricted.

2 Q. So do you mean to say that you can launch yourself into
3 what you would call psychiatric medicine in West Africa on the
4 basis of a month's training as a student many years before?

10:04:35 5 A. Well, it's a collective thing. It is not just merely the
6 month's training. It's also - it also includes the internship
7 period and also subsequent exposure in our own locality where we
8 competently handle, you know, patients suffering from some of
9 these ailments which is specifically now we're discussing
10:05:13 10 psychiatry.

11 Q. The month was the internship, that's what you told us, and
12 the rest of it is based on your own experience of dealing with
13 patients in an area of medical specialty in which you have no
14 more than student training and a month as an intern, yes?

10:05:45 15 A. I didn't get that question, sorry. Please can I get it
16 again?

17 Q. Very well. I'm trying to read it from the transcript. The
18 rest of your exposure to psychiatric work is your exposure to
19 patients who you treat for psychiatric illness on the basis of
10:06:26 20 having once had to study it along with all your other medical
21 areas and a one month internship back in the very early 1980s, or
22 before then. Is that right? Is that your expertise in
23 psychiatry?

24 A. I still do not get the question. You say what the
10:07:10 25 expertise is because --

26 Q. Let me try and put it in context for you and then we'll
27 come back to it.

28 A. Yes.

29 Q. A document was filed in this Court enclosing a record of an

1 interview with you and some interview notes and the declaration
2 that we looked at earlier - the declaration that you swore saying
3 that the contents of all these documents were true, even though
4 we've discovered many errors in them - and the document that
10:07:50 5 enclosed that interview transcript and set of interview notes
6 claimed that you had expertise in human anatomy, injuries
7 suffered as a consequence of the application of force to the
8 human body, medical intervention required to treat injuries to
9 the human body, the long-term impact of injuries and the
10:08:24 10 emotional consequences of significant injury and it also referred
11 to the emotional and long-term effects on patients of sexual
12 violence.

13 Now I'm trying to understand what expertise, if any, you
14 have in what might be called emotional medicine, and that can
10:08:49 15 include either psychology, if that's properly recorded as a
16 medical subject, and psychiatry. You have also put forward a
17 curriculum vitae in which you say that you have acknowledged
18 expertise in psychiatry and I'm trying to understand what this
19 expertise in psychiatry is. You don't have expertise in
10:09:28 20 psychiatry, do you? You have some experience along the lines of
21 a general practitioner of dealing with patients who present with
22 psychiatric problems. Would you agree with that; that it's
23 experience, not expertise?

24 A. I want to believe that, first of all, the amount of
10:10:00 25 experience depends on the volume of patients that you get with
26 that particular disease and how you have been assessed in
27 managing them.

28 Q. Which particular disease? There is no one particular
29 disease --

1 A. Precisely. Precisely.

2 Q. Bear with me for a moment whilst I finish the question.

3 A. Sorry.

4 Q. There is no one particular disease that can be called
10:10:34 5 psychiatric illness, is there?

6 A. Well, yes, I agree with you.

7 Q. And unless you are a psychiatrist you are not competent to
8 reach a final diagnosis of what a patient presenting with
9 psychiatric conditions actually is suffering from, are you?

10:10:56 10 A. That is not correct.

11 Q. That's not correct?

12 A. Yes.

13 Q. So you say that even though a person is not a psychiatrist,
14 they are competent to diagnose any and every psychiatric illness
10:11:15 15 that their patient presents as suffering from?

16 A. That is not what I'm saying.

17 Q. Well, what are you saying?

18 A. A practising psychiatrist is quite different from a
19 specialist psychiatrist. A specialist psychiatrist is - it
10:11:29 20 depends on your exposure --

21 Q. Sorry, can you just help us --

22 A. -- and experience.

23 Q. Can you just help us with the difference between a
24 practising psychiatrist and a specialist psychiatrist?

10:11:46 25 A. Yes. A practising psychiatrist is a medical practitioner -
26 is a medical practitioner who has had formal training in
27 psychiatry, who has passed his exams in psychiatry and has had
28 formal experience in treating psychiatric patients and then
29 subsequently go on to continue treating psychiatric patients. So

1 that person is referred in our own environment as a practising
2 psychiatrist.

3 Q. By your definition every general practitioner in England
4 who, in the course of her or his medical studies has undertaken a
10:12:37 5 period of study of psychiatry, and who has done some sort of
6 internship or rotation as it's called in England, the same thing,
7 in psychiatry, and who then in the course of their general
8 practice has patients who present to them with apparently mental
9 illnesses, can call her or himself a practising psychiatrist?

10:13:05 10 A. I don't think so because they do not have - they don't
11 normally have the volume of patients, psychiatric patients,
12 coming into their practice.

13 Q. How on earth do you know?

14 A. Over that period and also --

10:13:22 15 Q. How can you possibly sit there and say on the basis of four
16 weeks in Birmingham in the 1980s that English general
17 practitioners, who have a busy practice seeing thousands of
18 patients, many of whom present with mental illnesses and who have
19 the same very basic training that you've described, don't have
10:13:49 20 the same volume of patients with mental illnesses as you have?

21 A. Yes, because they do not follow patients through to, you
22 know, the psychiatric hospitals or they do not follow through
23 patients. They only see patients probably on an outpatient basis
24 and their practice is completely limited to outpatient work,
10:14:17 25 seeing patients that come into their practice as opposed to in
26 our own situation where patients do come in as an outpatient and
27 also they come in for admission or are brought in for admission.
28 So these are two different, you know, situations.

29 Q. And who treats them when they're brought in for admission

1 as psychiatric patients so ill that they need to be admitted to a
2 hospital?

3 A. You mean in the UK?

4 Q. It's the one psychiatrist in the country, isn't it?

10:15:03 5 A. Because it is not physically you know possible for the one
6 psychiatrist to treat all patients who need - all psychiatric
7 patients who need psychiatric treatment so it's a completely
8 different situation.

9 Q. It is a GP acting as an amateur psychiatrist, would you
10:15:31 10 agree, what you're describing in your context?

11 A. Not at all.

12 Q. Why did you tell us, incidentally, that you did a two years
13 elective study in cardiology and neurology at Guy's Hospital
14 Medical School, University of London?

10:15:50 15 A. Is it two years or - I didn't say that. That must have
16 been a mistake. I don't have the transcript in front of me.

17 Q. No, it's actually the transcript of your evidence on
18 Wednesday, 19 November, page 20573.

19 A. 20573.

10:16:17 20 Q. No, you don't have it there. It's the transcript of your
21 evidence, the record of what you said in this Court on Wednesday,
22 page 20573 at lines 18. The question starts at line 16. I'm
23 just going to read out the answer because it asks if you did any
24 further studies in the question:

10:16:38 25 "Yes, I did. In my final year of medical school I had to
26 do a two years elective study in cardiology and neurology at the
27 Guy's Hospital Medical School, University of London."

28 That's what you told these Judges on Wednesday.

29 A. Well, I'm sure I was not in my final year of medical school

1 for two years, but in my final medical school - probably that's a
2 mistake. It's an error.

3 Q. But the error is by you, isn't it?

4 A. Yes. If it is --

10:17:10 5 Q. You're not suggesting that the transcribers have written
6 that down wrongly, are you?

7 A. Well, it could be me. As I said --

8 Q. Mr Witness, it was you because I wrote it down as you said
9 it and later checked with the final corrected transcript. In
10:17:30 10 fact, even in the uncorrected transcript it has you saying --

11 A. It's possible.

12 Q. -- two years at Guy's doing cardiology and neurology?

13 A. One cannot be doing elective - because I think I qualified
14 it and said elective studies at Guy's and that is definitely a
10:17:54 15 mistake.

16 Q. Yes. Now just help us with the --

17 PRESIDING JUDGE: I am sorry to interrupt, Mr Munyard, I'm
18 just looking at my own notes because I want to ensure if there's
19 any of this that you're putting to the witness was in closed
10:18:12 20 session. I'm unable to track it completely.

21 MR MUNYARD: I think it was. Well, let me just check.
22 Yes, I think - well, in private, yes.

23 PRESIDING JUDGE: Private, I should say.

24 MR MUNYARD: Yes.

10:18:24 25 PRESIDING JUDGE: So we will - if you can exercise the
26 usual care.

27 MR MUNYARD: Yes. In the light of all the evidence that
28 the witness has given in open session, and what we're talking
29 about is 28 years ago, I think the likelihood of any

1 identification of the witness coming from these general questions
2 is extremely unlikely and I'm trying to keep it - as I said, I'm
3 trying to be both as vague and as detailed as possible, doing
4 both in order to preserve the witness's protective measures:

10:19:10

5 Q. So that was a mistake. Well, let us move on then to -

6 we've dealt with your - I suggest your claim to be a

7 psychiatrist. This psychiatrist who was practising in Sierra

8 Leone in the late 1980s you say used to come to your institution

9 to treat patients, but that is something you never told the

10:19:39

10 Prosecution in the course of those interviews, correct?

11 A. I don't think that information was given to them because

12 they never asked and it's not that the psychiatrist used to come

13 into the hospital, he's one of the consultants in hospital number

14 2.

10:20:11

15 Q. Well, let's have a look at what you told them. Tab 2

16 again, please. Page 15 of the interview of 2004, corrected in

17 2007, our page 34410.

18 A. 344.

19 Q. Page 15 of the interview and I'm looking at line 19

10:20:45

20 onwards. Do you have that?

21 A. Yes, I do.

22 Q. You're referring there to people who --

23 A. Who were raped.

24 Q. -- who were raped and you say they needed counselling, this

10:21:03

25 is in addition to the general medical treatment they had.

26 "They needed counselling and were put on antibiotics. They

27 were seen by us regularly. That's how we managed it. That's why

28 I said we also gave medical treatment, not only surgical, and we

29 gave them some psychiatric help."

1 What did you mean by "we gave them some psychiatric help"?

2 A. By that, I meant they were treated along the lines of, you
3 know, how we treat psychiatric patients with medication and
4 counselling.

10:21:57 5 Q. And who did the counselling?

6 A. I did.

7 Q. And what was your training in counselling?

8 A. I mean that I received during my medical training and
9 housemanship.

10:22:22 10 Q. You received training in counselling during your medical
11 training and housemanship?

12 A. Yes.

13 Q. Back in the late 1970s and right at the beginning of the
14 '80s?

10:22:35 15 A. Yes.

16 Q. Right. Have a look, please, at page 11 of that interview,
17 34406, line 14. There's a question:

18 "Q. You also spoke about acute patients. You said some
19 surgical operations were carried out. Sometimes you gave
20 medical counselling. Can you please explain to us

10:23:08 21 something about that?

22 A. Yes, for the counselling part we had to counsel quite a
23 few of them. I had to bring in a reverend gentleman friend
24 who is more experienced in counselling to help a lot of the
25 victims because they were really, really disturbed."

10:23:27 26 So you brought in a reverend gentleman who was a friend of
27 yours who had more experience in counselling presumably than you,
28 is that what you're conveying there?

29 A. No, because I was treating the - I mean, we were talking

1 about acute patients and their acute conditions had to be taken
2 care of, so I needed help because I needed somebody else to be
3 doing some of the counselling whenever he is available to help,
4 you know, some of the counselling that was needed, especially
10:24:15 5 with those who suffered amputations, et cetera.

6 Q. What was the reverend gentleman's qualifications in
7 counselling?

8 A. Well, I do not know exactly but our situation is we know
9 that he does a lot of counselling.

10:24:44 10 Q. How do you know if it's any good?

11 A. Because I've sat down through his counselling sessions.

12 Q. What, he counsels people with you there?

13 A. Is that a question?

14 Q. Yes.

10:25:00 15 A. Was he what?

16 Q. He counsels people with you there. I thought you were too
17 busy with the acute patients, with the surgical and other medical
18 work, and that's why you brought him in to do the counselling.

19 A. Yes.

10:25:18 20 Q. Now you're telling us you know how good he is because
21 you've sat there and watched?

22 A. On a few occasions I would go in to show interest and
23 observe what he was doing and, you know, just move on to my next
24 case.

10:25:30 25 Q. Right. So is this right, that you've popped in for a few
26 minutes to see how he's doing, yes?

27 A. Sometimes it was more than popping, popping in and popping
28 out.

29 Q. You see, the impression you were giving us a moment ago, I

1 suggest, was that he was brought in because you were far too busy
2 doing other things, and I don't criticise you for that. Now
3 you're saying, "Well, I know he was effective because I went in
4 to watch", but that boils down to no more than a few minutes at a
10:26:04 5 time, doesn't it?

6 A. I mean, I don't want to convey that kind of impression
7 because I know this gentleman is quite competent, and he had been
8 handling situations for us from time to time when he is called
9 upon, so that he will relieve us, but, yes, you call in people to
10:26:25 10 give voluntary service and we usually go in from time to time to
11 sit with them and, you know - and for some reason some patients
12 would want you in there for a short - you know, to settle them
13 down before they go on with their work.

14 Q. Who is it he was more experienced in counselling than?

10:26:53 15 A. Well, other members of my staff who helped in counselling
16 the patients.

17 Q. Your skill and experience is in dealing with traumatic
18 injuries and that is where you have expertise, isn't it, like an
19 accident and emergency doctor in civilian life, would you agree?

10:27:20 20 A. Yes, that is one aspect. Yes, that is one aspect. It's
21 not my only exposure.

22 Q. I'm talking about expertise, not exposure. Do you
23 understand that I suggest you can claim expertise in the
24 treatment of traumatic injury?

10:27:39 25 A. Well, it's not only traumatic injuries that I have
26 expertise in.

27 Q. Right.

28 A. There are lots of medical conditions that patients need to
29 be counselled and - sorry, can I go on?

1 Q. Yes.

2 A. There are lots of medical conditions that patients need to
3 be counselled to accept the condition, accept the treatment and,
4 you know, we - I mean we do that constantly in our practice.

10:28:25 5 Q. Would you turn, please, to the interview notes of 17 to 19
6 May 2007. It is probably in tab 3. It's the 18 densely single
7 spaced typed pages and I'm going to ask you to look at page 34427
8 and would you tell me when you've got to that page?

9 A. I'm there already.

10:29:03 10 Q. Thank you. Unfortunately the paragraphs aren't numbered,
11 but if you just count down from the top to the fifth paragraph
12 which starts with the words, "The next group of war wounded"

13 A. "The next group of war wounded", yes.

14 Q. Do you have that?

10:29:22 15 A. Yes.

16 Q. Right:
17 "... were Sierra Leonean soldiers who in 1991 because of
18 the inadequate military facilities came to the hospital with
19 gunshot wounds, lacerations and in a few cases severe PTSD".

10:29:37 20 Now, that stands for post-traumatic stress disorder?

21 A. Stress disorder, yes

22 Q. Yes. How were you able to diagnose PTSD?

23 A. Well post-traumatic stress disorder is diagnosed in
24 patients first of all considering their exposure, or what they
10:30:08 25 were confronted with previously to them seeing you, and they come
26 in with all sorts of signs and symptoms and based on that we
27 counselled patients and some of them may need therapeutic help.

28 Q. Well all I'm getting at is did you get the psychiatrist to
29 come in and diagnose PTSD, or is this a home made diagnosis by

1 yourself?

2 A. Well, we do not have home made diagnosis. It is either the
3 patient suffers from malaria, he suffers from HIV, he suffers
4 from post-traumatic stress disorder. There is no home made
10:31:02 5 diagnosis.

6 Q. You have to apply standards of expertise in order to reach
7 a diagnosis of PTSD, don't you?

8 A. Yes, we do.

9 Q. And what diagnostic tools do you use to diagnose that very
10:31:25 10 specific psychiatric condition?

11 A. Well, you are saying post-traumatic stress disorder is not
12 very specific. It's a broad condition of presentations depending
13 on the patient's distress, the stressful situation that the
14 patient has undergone, whether it's a bad experience, you know,
10:31:56 15 after a road traffic accident or, you know, his exposure in the
16 warfront.

17 Q. Right. What diagnostic tools do you use to reach that
18 diagnosis?

19 A. I do not get your question. What do you mean by tools?

10:32:30 20 Q. Well, you can reach a diagnosis of a physical illness by
21 sending someone for tests, biopsies and the like. They would be
22 diagnostic tools for a physical illness, wouldn't they? Would
23 you agree with that? I'm going to give you an example in a
24 moment, but do you agree that that would be an example of
10:32:56 25 diagnostic tools and I'm going to take you to a specific area to
26 illustrate that if you agree?

27 A. I am hesitant to agree with you on that, because a lot of
28 our diagnoses were made basically on clinical grounds, the
29 presentation of the patients and not using specific tools.

1 Q. How do you diagnose that a patient is suffering from HIV?

2 A. When diagnosis is made in a patient with HIV, first of all
3 we look at the history of the patient.

4 Q. Yes, which you'll do in every single patient presenting
10:33:46 5 with any condition physical or mental?

6 A. Yes.

7 Q. What other diagnostic tools --

8 A. The next is we examine the patient and from examination we
9 look for certain features of the disease.

10:33:59 10 Q. Yes?

11 A. And then finally we would ask to do a test.

12 Q. Yes, and what is the test?

13 A. We use some laboratory tests.

14 Q. Yes. You test blood in the laboratory, yes?

10:34:22 15 A. Yes.

16 Q. And that's a diagnostic tool that is an easily understood
17 example in physical medicine. In psychiatric medicine there are
18 standardised in many cases international codes of practice for
19 reaching a diagnosis of a particular mental illness, aren't
10:34:44 20 there? Or are there? Do you know of any?

21 A. Are you asking for any particular test in psychiatry?

22 Q. Yes, standardised codes of practice relied upon by expert
23 psychiatrists the world over to come to certain diagnoses. Are
24 you aware of any such codes of practice, national or
10:35:19 25 international, that psychiatrists use?

26 A. Yes, I'm aware that basically psychiatric diagnoses are
27 made on the basis - on clinical grounds.

28 Q. Are you aware of any of the internationally applied codes
29 by which psychiatrists reach diagnoses of specific mental

1 illnesses? Are you aware of them, or not?

2 A. I am aware of the groups of syndromes that are used to
3 classify particular psychiatric illnesses. Yes, I am.

4 Q. Yes, where are they found?

10:36:43 5 A. Is it where are the codes found?

6 Q. You say you're aware of groups of syndromes that are used
7 to classify particular psychiatric illnesses. Where do you find
8 that information?

9 A. In textbooks of psychiatry.

10:36:59 10 Q. Right. And what are they generally called, these
11 diagnostic manuals?

12 PRESIDING JUDGE: Do you mean the name of the textbooks, or
13 the --

14 MR MUNYARD: No, the name of the manuals that will be
10:37:18 15 referred to in textbooks, hopefully, if the textbooks are up to
16 date and accurate:

17 Q. Just give us the name, if you can, of the absolutely basic
18 standard diagnostic manual for mental illness?

19 A. To my knowledge, there is no one manual that is used. You
10:37:51 20 have various textbooks of psychiatry that, you know, indicate the
21 different psychiatric disorders and the criterion on which you
22 base or you make those diagnoses.

23 Q. What does DSM stand for in this context?

24 A. DSM?

10:38:24 25 Q. Yes. You're the psychiatrist, you say. What does DSM
26 stand for?

27 A. There are lots of abbreviations and this one eludes me.

28 Q. The Diagnostic and Statistical Manual For Mental Disorders,
29 have you ever heard of that one?

1 A. Not at all.

2 Q. I suggest it's the standard international bible for the
3 diagnosis of mental disorders worldwide. You've never heard of
4 it?

10:39:10 5 A. I've never heard of that.

6 Q. Thank you very much. We'll move on. Now, drugs please.
7 You told us on Wednesday of some cases coming into your
8 institution of patients who had plaster wounds on their forehead
9 and brown powder rubbed into the wound underneath the plaster.

10:39:49 10 You said, "The substance was brown-brown and this is probably -
11 this we imagine is some kind of that hallucinogenic drug in the
12 poppy groups of drugs"?

13 A. I meant the poppy plant. I think I corrected that; that I
14 said the poppy plant.

10:40:07 15 Q. Well, you didn't actually correct it. I asked because the
16 word came up on the screen oddly spelled. What you said was -
17 well, you did go on later after I had clarified the word. You
18 said that, "They referred to the substance as brown-brown and
19 this we imagine is some kind of hallucinogenic drug"?

10:40:46 20 A. Like the group of opium alkaloids. I think I said opium
21 alkaloids, or hallucinogenic alkaloids, or something like that.

22 Q. Well, do you agree that you said that brown-brown, you
23 imagine, is some of kind of hallucinogenic drug? Do you agree
24 you said that?

10:41:01 25 A. Yes, that's the local --

26 Q. Thank you.

27 A. The local name is brown-brown and --

28 Q. I just want to establish you agree that you said what is
29 recorded here. After I'd queried what this word was and it

1 turned out you'd said "in the poppy group of drugs" --

2 A. Poppy plant.

3 Q. You said "poppy group of drugs". It was then clarified at
4 some length.

10:41:22 5 A. Sorry.

6 Q. Mr Bangura asked you again about it. You said, "Yes, I
7 referred to the word poppy because that is the plant. It's the
8 poppy plant"?

9 A. Okay, okay.

10:41:31 10 Q. "It's the poppy plant and it is the alkaloids in the poppy
11 plant, that is where cocaine and all of these drugs are derived
12 from", yes? Do you remember saying that?

13 A. Yes. Yes, I do.

14 Q. Yes. And you were asked again by Mr Bangura, "So the word
10:41:47 15 there is poppy as to the plant?", and your answer was, "Yes".
16 Now let's just have a look at that, please?

17 A. What page is that?

18 Q. You won't find it there. It's in the transcript of
19 Wednesday's evidence on pages 20659 starting at line 7. That's
10:42:06 20 where it all begins, and it goes over the whole of page 20660 and
21 the very first word on page 20661. You understand that if I put
22 anything to you that's inaccurate from the transcript my learned
23 friends opposite will leap up and point out my error and, indeed,
24 anybody else who is looking at the transcript if I make an error
10:42:29 25 in reading out what's recorded.

26 A. Okay.

27 Q. Now first of all, what are the poppy group of drugs?

28 A. I was talking about the poppy plant.

29 Q. Well, you talked about the poppy --

1 A. Yes.

2 Q. -- group of drugs. Just bear with me for a second.

3 A. I am answering.

4 Q. I am trying to help you --

10:42:55 5 A. Yes.

6 Q. -- give your answer.

7 A. The opium alkaloid comes from the poppy plant.

8 Q. Right.

9 A. And the poppy group - well, I referred to them as the poppy
10:43:02 10 plant group of drugs will include like morphine, pethidine,
11 cocaine and all of these drugs that are derived from the poppy
12 plant because they have - some of them have medicinal value and
13 they are very strong. We call them narcotic analgesics and we
14 use them very sparingly in practice.

10:43:29 15 Q. Right. And they hallucinogenic, you say?

16 A. Yes.

17 Q. Yes. And how are you able to tell us all of this? Is this
18 based on your expertise in the area of drugs, illicit drugs and
19 licit drugs?

10:43:42 20 A. Illicit drugs.

21 Q. Unlawful drugs and lawful drugs. Is all that you're
22 telling us about morphine and pethidine and cocaine and so on
23 coming from the poppy plant and these being hallucinogenics.
24 This all comes from your expertise, does it?

10:44:07 25 A. Well, in my training we were trained in pharmacology.

26 Q. Right.

27 A. And, you know, it's all part of our training.

28 Q. How much training did you have in pharmacology and how many
29 years ago?

1 A. I want to think. You said how many years training in
2 pharmacology. Well, it's combined pharmacology and therapeutics
3 and that would be the best part of three years or so.

4 Q. You had three years training in pharmacology and you think
10:45:00 5 cocaine comes from the poppy plant, yes? Yes?

6 PRESIDING JUDGE: Mr Witness, did you understand the
7 question?

8 THE WITNESS: I don't.

9 PRESIDING JUDGE: Please put the question again.

10:45:36 10 MR MUNYARD:

11 Q. You had three years training in pharmacology and you think
12 cocaine comes from the poppy plant, yes? Is that right?

13 A. I don't think my knowledge of cocaine has anything to do
14 with the number of years that I studied pharmacology and
10:45:58 15 therapeutics.

16 PRESIDING JUDGE: I think, Mr Witness, counsel is referring
17 back to your previous - one of your previous answers.

18 MR MUNYARD:

19 Q. I asked you this: Is all that you're telling us about
10:46:13 20 morphine and pethidine and cocaine and so on coming from the
21 poppy plant and these beings hallucinogenics, this all comes from
22 your expertise, does it? Your answer was:

23 "A. Well, my training, we were trained in pharmacology
24 and, you know, it's all part of our training.

10:46:33 25 Q. How much training did you have in pharmacology and how
26 many years ago?

27 A. I want to think. Well, it's combined pharmacology and
28 therapeutics and that would be the best part of three years
29 or so.

1 Q. You had three years training in pharmacology and you
2 think cocaine comes from the poppy plant, yes?"

3 A. I think I just bundled them together, the cocaine and the -
4 the coke group and the poppy plant group.

10:47:16 5 Q. Have you got the first idea where cocaine comes from?

6 A. You mean - you mean in terms of what plant it comes from?

7 Q. What it comes from.

8 A. Whether it's synthetic or natural occurring?

9 Q. Have you got any idea where cocaine comes from?

10:48:06 10 A. In terms of what country it's made or do you mean where it
11 comes on?

12 Q. Well, you give us your understanding. On Wednesday you
13 told us cocaine comes from the poppy plant. Is that your
14 understanding of where cocaine comes from?

10:48:20 15 A. Okay.

16 Q. Don't worry about where it's grown. Presumably it can be
17 grown anywhere if it's the poppy plant, including in people's
18 back gardens. I'm interested in the source, not the location
19 where it happens to be growing.

10:48:47 20 A. Okay. Now you have put some doubt in my mind as to the
21 origin of cocaine.

22 Q. Right. So for the last 28 years you've thought cocaine
23 came from the poppy plant. Is that right?

24 A. I am giving it a thought now. I want to believe it comes
10:49:32 25 from - you know, another group - well, a similar group of plants.

26 Q. Well, is it from the poppy plant or isn't it?

27 A. It's possible it's from the poppy plant.

28 Q. All right. And these drugs developed from the poppy plant
29 you say are hallucinogenics?

1 A. Yes, they are.

2 Q. Have you ever looked at a definition of hallucinogenic
3 drugs in any textbook?

4 A. Yes, I have.

10:50:21 5 Q. And how are they defined? Sorry, before we go to how they
6 are defined, give us examples of hallucinogenic drugs from these
7 textbooks?

8 A. You have the - some synthetics, like amphetamines and
9 others like cocaine and heroin and quite a few others.

10:50:55 10 Q. Are the effects of cocaine and heroin the same?

11 A. They are very similar.

12 Q. In what way?

13 A. In the way patients or individuals react to it when they
14 are given the drug or when they take the drug.

10:51:22 15 Q. So what is the quality of cocaine? What does cocaine do to
16 the body? Just tell us in medical terms.

17 A. Well, cocaine is a hallucinogenic. It makes the individual
18 have a false sense of wellbeing and also they start fantasising
19 in the various sensory modalities, that is, they start to see
20 things, hear things and smell things and they just hallucinate.

10:52:00 21 Q. They just hallucinate. All right. That's your medical
22 description of the effect of cocaine on the body. What about
23 heroin? What is the medical effect of heroin on the body?

24 A. It's similar to that of cocaine and - I mean of course the
10:52:37 25 addiction part comes from prolonged use.

26 Q. There is a difference between a sedative and a stimulant,
27 isn't there, or is there in your medical understanding?

28 A. Yes, there is.

29 Q. What is the difference?

1 A. A sedative, as the word denotes, you know, calms a patient
2 down and induces somnolence, the patient sleeps.

3 Q. And can induce wellbeing, a sense of wellbeing. Do you
4 agree?

10:53:27 5 A. Not particularly with sedatives.

6 Q. I see. All right. And what does a stimulant do?

7 A. A stimulant excites the patient, and depending on what type
8 of stimulant will give - will make the patient first of all
9 anxious, increases the patient's anxiety state and, you know,

10:54:07 10 it's a such a broad situation, stimulant. It can be a narcotic
11 stimulant or a non-narcotic stimulant.

12 Q. Are either cocaine or heroin a sedative or a stimulant?

13 A. They do stimulate and subsequently caused somnolence. It
14 depends on it --

10:54:42 15 JUDGE SEBUTINDE: What was that? What do they cause?

16 MR MUNYARD: Somnolence, I think was the word.

17 THE WITNESS: The patient sleeps.

18 MR MUNYARD:

19 Q. Right. The patient sleeps on cocaine?

10:54:53 20 A. Depending on the dose.

21 Q. Even on a small dose of cocaine you're suggesting a patient
22 would become sleepy? Is that what you're seriously telling this
23 Court, from your medical expertise?

24 A. I said the first is a stimulant effect, and over and above
10:55:12 25 that the patient goes into a state of somnolence and, yes. That
26 is, I mean, the patient becomes drowsy and if it exceeds that
27 point, the patient loses consciousness and when the dose is
28 further increased the patient goes into a coma and, subsequently,
29 if it's further increased the patient dies. That - let's put it

1 that way. It depends - it's all dose related and also it depends
2 on the tolerance of the patient. There are certain patients who
3 will, you know, depending on their exposure to the drug have
4 developed tolerance to the drug and, you know, they have to be
10:56:05 5 given higher levels of the drug to achieve a particular state of
6 mind and things like that.

7 Q. Have a look, please, at - it will be tab 2, I think. It
8 will be tab 3 hopefully. It's the notes of interview, 17 to 19
9 May 1997 that you've already pointed out a number of errors in
10:56:39 10 and I'm going to ask you to look at page --

11 A. Which page?

12 Q. Page 5 at the bottom right hand corner, page 34430 at the
13 top: Do you see that page? It starts with the words "Although
14 during 1996 to '97"?

10:57:09 15 A. Yes.

16 Q. And I'm going to be careful not to read out any name and
17 I'd advise you to try to do the same:

18 Although during '96 to '97 drug use was prevalent you did
19 not see a lot of drug use in 1999. You know of the effects of
10:57:31 20 heroin and cocaine on the body, they have the same effects and
21 are both addictive. One dose would not make you addictive.
22 Repeated exposure over four or five doses and the patient would
23 develop a craving for the drug?

24 Now, that's in relation to both of those drugs, you say.
10:57:53 25 Have they correctly recorded what you were telling them there?

26 A. Yes, they are correct.

27 Q. Right. So you know of the effects of those two drugs on
28 the body; they have the same effects, yes?

29 A. Yes, they do.

1 Q. If I suggested to you that cocaine is a stimulant whereas
2 heroin is a sedative drug would you agree or disagree?

3 A. Well, I will not entirely - well, I would disagree with you
4 because --

10:58:37 5 Q. You would disagree.

6 A. -- at various concentrations they have different effects,
7 as I've already pointed out because at a lower dose level they
8 have, both of them have, you know, stimulant effect and at higher
9 dose levels they become - you know, they have the reverse effect
10 of having the sedative effect which could lead on to a situation
11 where - I mean, it's not only heroin and cocaine, but we have
12 what we call narcolepsy, where the patient becomes floppy and
13 goes into a coma and dies.

14 Q. Mr Witness, the fundamental difference between those two
10:59:22 15 drugs, I suggest, is that one is a stimulant and amongst other
16 things makes the heart race faster and the other is a sedative
17 which makes the person taking it far less anxious than they were
18 before they took it. You presumably --

19 A. Yes, they are two different drugs, yes, with those effects,
10:59:45 20 but both of them have a stimulant effect at very low doses.

21 Q. Do patients suffer from withdrawal symptoms if they're
22 deprived of these drugs?

23 A. Well, if they've only been exposed to this for a short time
24 or say only once withdrawal symptoms do not occur. But if they
11:00:11 25 have become addicted, that's when they suffer from withdrawal
26 symptoms.

27 Q. In both cocaine and heroin?

28 A. Yes.

29 Q. And have you - are you claiming to have seen that in

1 patients or is this something that you claim you've read in
2 textbooks, that people have withdrawal symptoms from both of
3 these drugs?

4 A. This is something we have seen in patients.

11:00:42 5 Q. I see. Are they the same kind of withdrawal symptoms in
6 relation to both drugs?

7 A. The withdrawal symptoms are basically the same in these -
8 with these two drugs, yes.

9 Q. If I suggest to you that you're totally and utterly wrong
11:01:20 10 about that what would you say?

11 A. That patients have withdrawal symptoms when they are, you
12 know, are deprived of heroin and cocaine when they are addicted
13 to it?

14 Q. Yes.

11:02:07 15 A. In both they suffer from withdrawal symptoms from the drug
16 and they become anxious and they even have physical signs that
17 show that they are in withdrawal.

18 Q. You say the withdrawal symptoms are basically the same with
19 these two drugs. That's what you told us. You're totally wrong
11:02:32 20 on that, I suggest. As wrong as saying that cocaine comes from
21 poppies.

22 A. It comes from the coca plant.

23 Q. And I also suggest, and I want you to comment on this, that
24 these are not hallucinogenic drugs as defined by anyone who knows
11:02:58 25 anything about pharmacology?

26 A. Well, patients who are exposed to these drugs do
27 hallucinate.

28 Q. Have you heard of the National Institutes of Health? And
29 it's plural, National Institutes of Health?

1 A. Of the United States of America or of --

2 Q. Yes.

3 A. Yes, I have heard about it.

4 Q. And the National Institutes of Health are the authoritative
11:03:47 5 research and in some cases clinical institutes of excellence of
6 medical learning in the United States. Do you agree?

7 A. Yes, I do.

8 Q. And are you aware that one of the institutes within the
9 National Institutes of Health is the National Institute on Drug
11:04:25 10 Abuse?

11 A. I'm not.

12 Q. But you don't dispute that it is?

13 A. I don't.

14 Q. And if I suggested to you that in the National Institute on
11:04:43 15 Drug Abuse research report on hallucinogens cocaine and heroin
16 are not mentioned as hallucinogenic drugs what would you say?
17 Would you say that the National Institute on Drug Abuse has got
18 it wrong in not including them in their research report on
19 hallucinogens?

11:05:15 20 A. I wouldn't say so. I mean, since they are the authorities
21 in such - in this subject.

22 Q. And so would you say that you've got it wrong in describing
23 cocaine and heroin as hallucinogens?

24 A. That is how they have been described - I mean, as far as
11:06:00 25 I'm concerned or as far as I know.

26 MR MUNYARD: Well, Madam President, in order to be fair to
27 the witness I'm going to hand to him a short report from the
28 National Institute on Drug Abuse. I've got copies for everyone.
29 Unfortunately, my fault, they're not stapled together. So if I

1 hand them out I'll try and arrange them in such a way that they
2 don't fall apart. In fact I think they do all have a Post-it
3 sticker on them. In each case it's an eight page report and,
4 apart from on the first page, the number of the pages is on the
11:08:07 5 top left-hand corner of every page:

6 Q. Now, witness, do you have one?

7 A. Yes, I do.

8 MR MUNYARD: Mr Court Usher, the witness has one. I gave
9 three to the Prosecution. I'm trying to keep my paper numbers
11:08:35 10 down. I think we may have to reclaim one in order for it to go
11 on the screen. Now if Mr Court Usher would be good enough to put
12 the first page on the screen. This is a National Institute on
13 Drug Abuse research report from a research report series. At the
14 bottom of the page it says "United States Department of Health
11:09:21 15 and Human Services, National Institutes of Health". And this
16 particular research report, as we can see, is on hallucinogens
17 and dissociative drugs and it describes what hallucinogens are
18 and it gives examples of the some of the drugs in hallucinogens
19 and dissociative drugs including LSD, PCP, ketamine and
11:10:10 20 dextromethorphan:

21 Q. Now, Mr Witness, I would like you to briefly, if you can,
22 look through those eight pages and see if you can see any
23 reference to cocaine or heroin in this report on hallucinogens
24 and dissociative drugs.

11:10:35 25 A. I do not see anything - well, I've scanned through the
26 whole thing. I've not seen any mention of cocaine or heroin or
27 tetrahydrocannabinol or any of those drugs as we know them as
28 hallucinogens in this research report.

29 Q. Well, I don't need in that case to trouble anybody any

1 further with the contents of that report.

2 A. Because this report probably is not complete. It's not a
3 complete account of all the drugs that are - because clearly you
4 have - it's just - this report is just defining what

11:11:24 5 hallucinogens are and then its effects and they mentioned a few
6 drugs that have both hallucinogenic and dissociative effects.

7 Q. So will you be getting in touch with the National Institute
8 of Health's National Institute on Drug Abuse to point out the
9 error of their research report on hallucinogens?

11:11:55 10 A. I'm not saying that it's an error, but there are lots of
11 other drugs that are hallucinogens that have not been included
12 and they have not given - you know, this report is not saying
13 that the drugs listed here are exclusively the known
14 hallucinogens in the world. ^

11:12:20 15 Q. When drug experts refer to hallucinogenic drugs, as opposed
16 to when drug amateurs refer to them, these are the drugs that the
17 experts are talking about, aren't they, the ones referred to in
18 this world class institution's report? Do you agree?

19 A. There is nothing in this report saying that hallucinogens
11:13:08 20 are restricted to ketamine, which we know is a - I mean, we use
21 frequently as an anaesthetic in our operations. It will not be
22 in, you know, any variance with this report, because this report
23 is not stating that these are the only hallucinogens because they
24 mention like LSD and PCP and ketamine and dextro - but we have a
11:13:48 25 whole host of drugs that are hallucinogenic.

26 Q. So will you be contacting the authors of this report to
27 point out their failure to draw attention to other drugs in the
28 category "hallucinogenic"?

29 A. No, this report - I will not contact them because this

1 report is not saying or contradicting the fact that marijuana -
2 sorry, well the drug in marijuana, that is tetrahydrocannabinol, is
3 not hallucinogenic. There is nothing in this report disputing
4 that.

11:14:21 5 Q. Would you stand by your suggestion that you get the same
6 types of withdrawal symptoms from cocaine and heroin? You won't
7 find the answer in there, so would you stop reading the pages of
8 the --

9 A. I'm not looking for the answer in here.

11:14:44 10 Q. You're flicking over the pages and I've asked you a
11 different question. Concentrate, please, on the question.

12 A. I'm just looking at whether these other hallucinogens are
13 mentioned.

14 MR BANGURA: Your Honour, counsel could do well to be fair
11:15:01 15 to the witness and be courteous.

16 PRESIDING JUDGE: Please finish your answer, Mr Witness.

17 THE WITNESS: As I've said before the effects are similar
18 with respect to heroin and cocaine, but you have the particular
19 chemical differences manifesting itself in the level of
11:15:39 20 narcolepsy, you know, sleepiness and drowsiness, and the
21 reactions I mean it depends on - it's also dependent on the
22 patient's tolerance.

23 MR MUNYARD:

24 Q. You haven't said before the effects are similar. You've
11:16:01 25 said in that passage we looked at on page 34430 that they have
26 the same effects. Have you heard the expression "cold turkey"?

27 A. Yes, I have.

28 Q. And what does that refer to?

29 A. A patient's withdrawal effect from heroin.

1 Q. Yes. Have you ever heard anyone refer to a patient
2 suffering from "cold turkey" when withdrawing from cocaine?

3 A. No, I don't think so. I'm just searching - I don't think
4 I've ever heard that.

11:17:21 5 Q. No, because the withdrawal effects are very different
6 indeed as between the two drugs and that is because one is a
7 stimulant and the other is a sedative. Do you agree?

8 A. Well, as I said before, depending on the dose they are both
9 - they both have, you know, stimulant and, what do you call it,
11:17:52 10 sedative effects.

11 Q. Have you ever spoken to an expert about the effects of
12 these two drugs?

13 A. Yes, I have.

14 Q. And who was that expert and when did you speak to them?

11:18:06 15 A. A psychiatrist in Freetown.

16 Q. Your psychiatrist in Freetown, there was only the one
17 psychiatrist in Freetown, wasn't there? In fact, there was only
18 the one psychiatrist in Sierra Leone in the period we're talking
19 about?

11:18:35 20 A. Yes.

21 Q. Page 34437, please. In the last paragraph on that page
22 you're there talking about a patient who had suffered dreadful
23 injuries, as well as being raped, who you told us about and of
24 whom we've seen a photograph. I'm not going to take you all the
11:19:15 25 way through that paragraph, but about halfway down in that final
26 paragraph it says:

27 "They had to keep her outside at one point because of this"
28 - this being she was shouting and was unstable. "It took a while
29 to get her calmed down. There were potential long-term mental

1 health effects and so she was advised to see a psychiatrist.
2 Nahim was the only psychiatrist in the country. [You] don't know
3 if she could seek that treatment as the family is poor."

4 Have they recorded that correctly?

11:19:51 5 A. Yes, they have.

6 Q. So that patient, who was a very vivid example - in fact,
7 the most vivid example you gave in those interviews of someone
8 who was mentally disturbed - wasn't seen by this psychiatrist as
9 a consultant in your hospital, was she?

11:20:13 10 A. She was not seen in the hospital, yes, she wasn't, because
11 this was the time when there was a lot of unrest in the country
12 and Dr Nahim could not come in.

13 Q. No, it was because her family was too poor. That's what
14 you were telling the interviewers in May of last year?

11:20:34 15 A. That is after --

16 Q. She couldn't afford it, could she?

17 A. Yes. Yes, if I put this in its right perspective, the
18 psychiatrist was not available during the period when the
19 patients were - I mean, during the incursion into Freetown. We
11:20:54 20 only had - well he did not come along, even though other doctors
21 came. He didn't come along even up to the time this patient was
22 discharged, but what I was trying to convey here to the
23 interviewers was that since the patient left hospital, because
24 they are poor people it will be difficult for - because, first of
11:21:29 25 all, the treatment she was getting at institution number 2 was
26 free. It was free of charge.

27 Q. Yes, but she didn't get the one psychiatrist in the country
28 though, did she?

29 A. Subsequently the question that was put to me may have

1 caused me to say that the family is too poor to seek the services
2 of a consultant, or a specialist psychiatrist - the only
3 specialist psychiatrist in the country.

11:22:04 4 Q. You told us earlier that, although you'd never told the
5 interviewers at any time in any of your interviews that this
6 psychiatrist was a consultant to your institution, that he came
7 in and acted as a consultant to your institution?

8 A. Yes, I did.

11:22:22 9 Q. But it is perfectly plain from the paragraph we've just
10 looked at that he never came in and treated your most psychotic
11 patient, or the patient in these interviews that you have given
12 the most graphic description of as mentally psychotic?

11:22:48 13 A. Yes, he was not available at the time. He never came into
14 the hospital, because institution number 2 was just a few hundred
15 yards from the line of demarcation between where you have the
16 rebel held area and the west end of town. So I assumed from his
17 location he was not able to come, but the fact that he was - I
18 mean, the fact is that he is a consultant in the hospital.

11:23:16 19 Q. Mr Witness, the rebels were driven from Freetown after the
20 invasion by the end of January, do you agree?

21 A. Yes, I do.

22 Q. This patient remained in your hospital until April of 1999,
23 didn't she?

24 A. I think she did, yes.

11:23:36 25 Q. Yes. So there was no line of demarcation stopping Dr Nahim
26 coming in to act as a consultant during February, March and April
27 of 1999, was there?

28 A. Well, I don't even know whether Dr Nahim was in the country
29 at the time. I don't know. He may have been out of the country

1 at the time, but he never came to the hospital right through that
2 period.

3 Q. When do you say Dr Nahim acted as a consultant psychiatrist
4 to your institution?

11:24:19 5 A. From its inception.

6 Q. But not while this particular patient was there?

7 A. Well, the circumstances during this period it was a very
8 traumatic time for the entire populace --

9 Q. We understand that.

11:24:31 10 A. -- and some people would not risk coming out.

11 Q. This is after the invasion. This is three months,
12 February, March and April, after the invasion. The reality is
13 that her family couldn't afford to pay for a psychiatrist and
14 that's why she wasn't seen by one in your institution until she
11:24:57 15 was discharged in April, isn't it?

16 A. That is not correct.

17 Q. You didn't particularly want war wounded patients in your
18 hospital because they weren't paying patients, is that right?

19 A. Sorry, I was just - please can you repeat that question,
11:25:19 20 sorry.

21 Q. Certainly. You didn't particularly want a lot of war
22 wounded patients in your hospital - at your institution - because
23 they weren't paying patients, is that right?

24 A. That is not correct.

11:25:34 25 Q. Well, is it right that you didn't particularly want them
26 there because some of your other patients would be - your private
27 patients would be concerned if they had to sit in a hospital
28 alongside war wounded patients?

29 A. Well, at the time, this period we're talking about until

1 Late 1999, there were more people who needed, you know, the kind
2 of interventions we were doing as opposed to, you know - in fact,
3 those who can afford under normal circumstances most of them had
4 left the country, they were fleeing to different countries, and
11:26:25 5 so definitely there was no pressure on us to stop this type of
6 intervention.

7 Q. Last page in the bundle, please. Madam President, your
8 Honours, this is the final document that I handed out on Friday.
9 It's a one page document, ERN number 101963. Would you turn
11:26:56 10 please, Mr Witness, to the last page in the bundle. Now this is
11 when you were seen by prosecuting counsel on 6 and 7 November,
12 some two weeks or so ago. Are we about to run out of time?

13 PRESIDING JUDGE: Yes, we've just been alerted that we've
14 only got a minute.

11:27:24 15 MR MUNYARD: Very well. I can put the passage:

16 Q. The last passage in this document:

17 "The witness clarified the statement to say he didn't get
18 fresh patients after the invasion. He had some long-term
19 patients that he treated until about December 1999, but they had
11:27:44 20 incurred injury in January 1999. The hospital is a private one
21 and some patients would be concerned if war wounded patients were
22 in the hospital and so they had to have a cut off point which was
23 December 1999."

24 Do you mean by that that some of your privately paying
11:28:05 25 patients didn't particularly want poor people from upcountry
26 sitting in beds for free alongside them?

27 A. I mean that would be wrongly - that is wrongly put, but
28 privately paying patients would not - you know, will not feel,
29 you know, comfortable with having amputees, people with grotesque

1 injuries, you know, all around them. But what I stated here was
2 not - you know, I was just explaining that the transformation
3 from a hospital that was dealing with war wounded - who was
4 treating the war wounded had to be transformed back after, you
11:29:05 5 know, the end of December into civilian use.

6 PRESIDING JUDGE: I'm afraid the tape has run out.
7 Mr Witness, as you know, this is when we normally take our
8 mid-morning break. The tape has to be replaced and therefore for
9 that reason also we are adjourning until 12 o'clock. Please
11:29:27 10 adjourn court until 12.

11 [Break taken at 11.30 a.m.]

12 [Upon resuming at 12.00 p.m.]

13 PRESIDING JUDGE: Please proceed, Mr Munyard. Mr Bangura,
14 yes, indeed I note a change of appearance.

12:01:27 15 MR BANGURA: That's correct. The Prosecution has been
16 joined by Ms Ruth Mary Hackler, your Honour.

17 PRESIDING JUDGE: Thank you, Mr Bangura. Mr Munyard, we
18 were dealing with 101963. Does the witness require that to be
19 before him again?

12:02:06 20 MR MUNYARD: No, he gave an answer and I am moving on from
21 that:

22 Q. Could you go back, please, to the tab 3. It's the
23 interview notes from the middle of May last year and I am going
24 to ask you to look at page 34438. Do you have that in front of
12:02:45 25 you, Mr Witness?

26 A. Yes, I do.

27 Q. Now, again, the paragraphs aren't numbered so I am going to
28 ask you to in this instance work up from the bottom and go up
29 four paragraphs from the bottom, again we are avoiding the use of

1 any name, but do you see a paragraph that starts with your name
2 saying you felt that you obtained a lot of accurate information?
3 Do you see that?

4 A. Yes, I do.

12:03:19 5 Q. You felt that you obtained a lot of accurate information
6 from your patients about the cause of their injuries, it depended
7 on the type of injury and the type of patient. "When the
8 incident is fresh there is a lot of action. When things settle
9 down, that is the time to gather more information." First of
12:03:36 10 all, is that an accurate record of what you told them in this
11 instance?

12 A. This statement appears to be unclear to me now. I have
13 to - okay.

14 Q. Well, did you tell them that or words to that effect?

12:04:33 15 A. I think the last statement which reads, "When the incident
16 is fresh", I think it's very unclear.

17 Q. Well, why in that case didn't you correct this when you
18 were reading over before you swore a solemn oath that it was all
19 true?

12:04:54 20 A. It didn't come to my notice.

21 Q. Oversight number 12, yes? Is that right? Is that right?
22 Another oversight on your part?

23 A. I don't think this was a - well, I mean, it's an oversight
24 I will admit. I probably should have picked it up, but it's like
12:05:51 25 a general statement here being made.

26 Q. Right.

27 A. And it's very, very unclear. It was very unclearly put.

28 Q. Yes. If you had read this rather than just signing on the
29 dotted line when they shoved that declaration in front of you you

1 would have picked all these things up, wouldn't you?

2 A. They didn't shove the document in front of me. As I said,
3 under the circumstances under which we work I had limited time to
4 go through that. That has nothing to do with the Prosecution.

12:06:28 5 It had probably - it only has to do with our own shortcomings. I
6 just scanned through and probably and was not able to pick up
7 something like this.

8 Q. Mr Witness, not only were you being asked to sign or swear
9 a solemn oath that the contents were true, you were being paid
12:06:57 10 for doing this, weren't you, as an expert witness? Yes?

11 A. Yes, I was.

12 Q. Yes. So not only was it a matter of your oath, but you
13 were also under a duty to provide an accurate report because you
14 were being paid for these services. So there were two reasons

12:07:30 15 why you should have read this very carefully, weren't there?

16 A. Yes, I agree with you.

17 Q. Thank you. Move down two paragraphs, please:

18 "There was emotion involved in the stories told to him and
19 this helped him to believe that this was a true story that they
12:07:49 20 were telling him. All his stories are from patients he treated."

21 Is that an accurate account of what you told them?

22 A. Yes, it is.

23 Q. So why didn't you say, "Except for the ones who claimed to
24 have been hit by ECOMOG shells in the Western Area of Freetown in
12:08:10 25 1997"?

26 A. Because I think I described what happened to the ECOMOG -
27 you know, those who claimed that ECOMOG had shelled them -
28 adequately before.

29 Q. No, Mr Witness. Here you are giving in these paragraphs,

1 starting with the one that we began with - you are giving an
2 account of how you got hi stories from your patients.

3 A. Yes, it is.

4 Q. And you're saying that you thought they were true because
12:08:52 5 of the emotion with which the stories were told to you.

6 A. Yes, that's correct.

7 Q. You are talking in general terms there. You are not
8 limiting yourself to a particular time.

9 A. Yes. This was general definitely but --

12:09:11 10 Q. Yes.

11 A. But the ECOMOG shelled patients were - was a particular
12 instance.

13 Q. Yes. The one exception - on your evidence on oath in this
14 Court, the one exception to the general rule that you believed
12:09:27 15 your patients, why didn't you say, "Well, actually, they are
16 almost all true but I got this tall story from a number of
17 patients who claimed to have been hit by ECOMOG shells. I didn't
18 believe that"? Why do we see nothing of that in here as
19 contrasted with the evidence that you gave to me, but not as
12:09:50 20 contrasted with the evidence you gave to Mr Bangura?

21 A. I was just, you know, I mean, answering to questions with
22 regards, you know, the - what I felt about the authenticity of
23 the patients' stories.

24 Q. Yes.

12:10:18 25 A. Basically a lot of them became very tearful and they had to
26 be, you know, encouraged, you know, to be calm and things like
27 that. That's exactly what we were seeking to portray here. It
28 was not all the patients who, you know, I mean - this is just a
29 general statement, sorry.

1 Q. Yes. Last paragraph on that page, please:

2 "All of his patients received some short-term medical
3 counselling for their injuries, but there was no programme to
4 look after their long-term needs. Nothing from the government
12:10:59 5 but the NGOs supplied some."

6 Is that an accurate record of what you told them?

7 A. I think this question, the question asked which is not in
8 this interview - this is just interview notes - you know, was
9 answered correctly, but it was more specific in terms of we were
12:11:57 10 talking about - here we are talking about the amputees here and
11 that an NGO supplied the long-term needs of the patients, rather
12 than the government, because that involved the medical
13 institution - the medical NGO - and others.

14 Q. Right, but short-term medical counselling for their
12:12:41 15 injuries, is that from the reverend gentleman?

16 A. Well, it was not only - well, it was not only him. It was
17 some members of my staff who had acquired the skill.

18 Q. And what was the qualification of those members of your
19 staff?

12:12:59 20 A. Some of them were doctors and some of them were nurses.

21 Q. Right. And the doctors, presumably like yourself, were
22 spending most of the time dealing with the acute medical and
23 surgical needs? By medical I mean non-psychiatric, the physical
24 needs. Is that right?

12:13:24 25 A. Yes, I agree with you, most of the time, but sometimes they
26 helped with the minor things.

27 Q. Yes. Well, I come back to my general proposition that you
28 have expertise that I do not seek to dispute in any way in
29 dealing with traumatic injury, the sort of thing as I've

1 described an accident and emergency doctor might deal with in
2 civilian life, but that is the broad area of your expertise and
3 it doesn't extend to psychiatry, paediatrics and the rest of it.
4 That is your general medical practice, but it doesn't make you an
12:14:10 5 expert in those subjects. Would you agree with me?

6 A. I think it does.

7 Q. Are you agreeing or disagreeing with me --

8 A. I disagree with you.

9 Q. -- that you can claim expertise in traumatic injury, but
12:14:26 10 the rest of it is general practice medicine? Would I be right in
11 saying that it's not an expertise? You don't give evidence as an
12 expert, but simply as a general practitioner on other matters?

13 A. I don't think that's correct.

14 Q. All right. Now, do you advertise your medical services?

12:14:58 15 A. I don't.

16 Q. How do people find out about the medical services that you
17 provide?

18 A. I guess they just come to the hospital.

19 Q. Are you in contact with any of the diplomatic missions
12:15:20 20 within Freetown to alert them to the fact that you have these
21 medical institutions that you can refer people to - sorry, that
22 they can refer people to?

23 MR BANGURA: Your Honours, I am not too sure how deeply my
24 learned friend intends to go with this line of questioning, but I
12:15:40 25 am alerted to the fact that we are dealing with an area that may
26 probably go deeper into the witness's ID. If that is so, may I
27 ask that my learned friend take the proper precaution and seek a
28 decision to go into private session if that is the case.

29 PRESIDING JUDGE: Mr Munyard, you know your line of

1 questioning. Obviously we do not.

12:16:16 2 MR MUNYARD: I hope I am being sufficiently vague at the
3 moment. Bearing in mind all of the public session evidence that
4 the witness has given, I don't think anything I have said takes
5 us anywhere near even the borderline and I certainly maintain
6 that I haven't crossed it. I am alert and if my learned friend
7 thinks that I am going too far I am more than happy for him to
8 object and for us to consider the question, but at the moment I
9 am being deliberately as careful as I hope I have been throughout
12:16:37 10 my questioning of the witness. We all make slip-ups and I
11 acknowledge that I may do so myself.

12 PRESIDING JUDGE: I don't raise a concern about the
13 question that you've just said, but you are aware yourself.

14 MR MUNYARD: Yes.

12:17:10 15 PRESIDING JUDGE: Did you hear the question, Mr Witness?

16 THE WITNESS: Can I have it on the screen? Can I have the
17 question again, please?

18 MR MUNYARD: Certainly:

19 Q. I'm just going to - it's disappearing off the top of my
12:17:27 20 page and so I am just going to get it. Are you in contact with
21 any of the diplomatic missions - embassies is what I am talking
22 about - within Freetown to alert them to the fact that you can
23 provide medical services to people who might need them?

24 A. Yes, I do.

12:17:53 25 Q. So you contact embassies, do you, to say, "I have these
26 medical facilities if any of your nationals wish to use them"?

27 A. I think it's the other way around. They contact us.

28 Q. All right, very well. And if they contact you, you have to
29 tell them what it is you're offering by way of medical services,

1 don't you?

2 A. Yes, I do.

3 Q. Yes. I would like you, please, to look at this document.

4 I don't want this going on the screen, because it does identify

12:18:30 5 the witness and so I am limiting it entirely to those in the

6 courtroom. I've provided one to the witness and four for the

7 judges and I'm going to provide my learned friends opposite with

8 three copies. Yes, three copies to the Prosecution. Now,

9 Mr Witness, going again to the United States of America, this

12:19:53 10 time the State Department rather than the Department of Health

11 and Human Services, do you see in front of you a list of medical

12 services available in Freetown, Sierra Leone put out by the

13 embassy of the United States of America?

14 A. Yes, I do.

12:20:17 15 Q. And does it say - and I am not going to identify you in any

16 way at all. Does it say "Citizen Service Medical Resources

17 Freetown, Sierra Leone, updated October 2008"?

18 A. Yes, it does.

19 Q. Then does it give a category that is "Name/speciality"?

12:20:39 20 A. Yes.

21 Q. And then the address, the surgery details and the telephone

22 numbers?

23 A. Yes, it is.

24 Q. And under the heading "Name/speciality", is the first

12:20:55 25 category paediatrics on the first page?

26 A. Yes, it is.

27 Q. Does your name appear anywhere there?

28 A. No.

29 Q. Is the second category radiology? Is the second category

- 1 radiology?
- 2 A. Yes, it is.
- 3 Q. Two names?
- 4 A. Yes.
- 12:21:18 5 Q. Neither of those are yours, do you agree?
- 6 A. Yes.
- 7 Q. Third category - you have turned over the page, but I am
8 still on page 1 please?
- 9 A. Okay.
- 12:21:28 10 Q. Try not to read ahead too much. Orthopaedic surgery and
11 there is one name there and that's not yours, is it?
- 12 A. Yes, it is.
- 13 Q. Sorry, no, it's not?
- 14 A. No, sorry.
- 12:21:49 15 Q. Do you agree it's not your name?
- 16 A. Yes, not my name.
- 17 Q. Over the page, internal medicine, two names there and
18 neither of them are yours, are they?
- 19 A. Yes.
- 12:22:00 20 Q. You are agreeing that neither of them are yours?
- 21 A. I agree.
- 22 Q. Then there is a heading "General Practice" and there are
23 four names there and yours is one of those, isn't it?
- 24 A. Yes, it is.
- 12:22:14 25 Q. Then there is a heading "HIV Consultants" and you have to
26 go over the page to read that one, but not your name? There is
27 one only and it's not you, correct?
- 28 A. There is no name there.
- 29 Q. Sorry?

1 A. There is no name there.

2 Q. No, I said you go over the page.

3 A. Okay.

12:22:42

4 Q. Have you gone over the page? It says page 3 of 13 at the
5 top right-hand corner.

6 A. Okay, sorry. Yes, there is.

7 Q. A name that isn't yours?

8 A. Yes.

9 Q. Yes. Then there is a heading "Surgeons"?

12:22:53

10 MR BANGURA: I am sorry to interrupt my learned friend, but
11 my attention has just been drawn to the fact that when my learned
12 friend started going through this document and mentioned the
13 source of the document and the heading of it, these are pieces of
14 information which could be searched on the internet and then
15 easily the information that we are dealing with can then come up.

12:23:15

16 So basically what I am asking, your Honours, is that that
17 information which came up, which my learned friend started
18 introducing this document with, be redacted actually.

12:23:39

19 PRESIDING JUDGE: Are you referring to the heading of this
20 document?

21 MR BANGURA: The heading and the source from which it came
22 and all of that, your Honours, because if you went on to the
23 internet and put in the information which he gave about the
24 source then you are likely to come up with --

12:23:57

25 PRESIDING JUDGE: This is a public document circulated by
26 an embassy with 13 pages. How does it identify the witness?

27 MR BANGURA: Your Honour, we are getting very close now.
28 We are openly talking about different categories and the witness
29 is identifying himself under a particular category. I think we

1 are getting at - we are almost there.

2 PRESIDING JUDGE: Mr Munyard, you have heard the
3 application.

4 MR MUNYARD: I didn't mention the internet. At no stage
12:24:31 5 have I mentioned the internet. It's my learned friend for the
6 Prosecution who has introduced the idea in public session that
7 people might want to go on the internet and look for this
8 document. In any event, you will have heard me say a number of
9 names. It doesn't identify which one is the witness's name and
12:24:55 10 so he has not been identified. If you consider this application
11 in the context of everything that has been heard in public
12 session, I am not going to go into detail but anyone can draw
13 conclusions about the witness's activities. If you've listened -
14 when I say "you", I mean if one listens to what he has already
12:25:18 15 talked about this morning it must be obvious what he does, but it
16 isn't obvious who he is, either from anything I've put to him now
17 or for those who, at the invitation of the Prosecution, search
18 the internet now for this document. So I would submit that it is
19 still properly public session material.

12:25:43 20 MR BANGURA: Your Honour, I believe - I leave the matter
21 for your judgment, but the position is that there is hardly any
22 information these days that one cannot get on the internet.
23 That's a fact and my learned friend cannot dispute that. My
24 learned friend started by indicating the source of this document
12:26:03 25 and there is no doubt that he also may have sourced this material
26 from that source, through the internet. That is our concern
27 basically.

28 PRESIDING JUDGE: Allow me to confer, Mr Bangura.

29 [Trial Chamber conferred]

1 By a majority, the Bench is of the view that this is not
2 sufficiently detailed to identify the witness and the application
3 is refused. Please proceed.

12:28:36 4 MR BANGURA: Your Honour, I am not going behind the ruling,
5 just to be even more cautious, I just want to suggest perhaps
6 that as counsel proceeds we will not necessarily mention page
7 numbers and perhaps not the sections or the specialties that are
8 listed there, because that goes to more specific information.

12:29:02 9 MR MUNYARD: I only mentioned a page number because the
10 witness chose to not turn over when I asked him to turn over. I
11 will try and avoid page numbers:

12 Q. Mr Witness, will you try to follow, please, the page that I
13 am on and the heading that I am looking at each time so that we
14 don't embarrass anybody by referring to a page number. Do you
12:29:22 15 follow?

16 A. Okay. I have two pieces - I had two pieces of documents
17 here, so at the end --

18 Q. The two --

19 A. Well, I didn't know that there was - you know, there were
12:29:36 20 other pages at the back. That is why I just went to the next one
21 and I saw a blank area.

22 Q. I am going to give you another copy that is stapled that
23 hopefully will stay stapled in one piece. So give back the
24 document that you have which is now divided. Is it? Yes, it is.
12:29:57 25 If you wish I will get Madam Court Officer to turn to the page
26 that I was at. Madam Court Officer, if I can just show you.
27 Now, we have than one listed as a specialist in HIV and that's
28 not you, is it?

29 A. It isn't.

1 Q. Then we have surgeons and there is a list of surgeons there
2 and they aren't you, are they?

3 A. Yes.

4 Q. You are agreeing there?

12:30:35 5 A. I do agree.

6 Q. Then we have an ophthalmologist, not you?

7 A. Yes.

8 Q. Then "otolaryngology". Can you help us?

9 A. Otolaryngology, not "laryngology".

12:30:52 10 Q. Right. So the United States embassies can't spell, at
11 least so as far as that is concerned. Is that what you're
12 saying? You are probably right.

13 A. I am not saying. Again it may be a mistake.

14 Q. Is it what some of us would call ear, nose and throat?

12:31:09 15 A. Yes, so it's fully otorhinolaryngologists. Okay.

16 Q. Right, is that ear, nose and throat --

17 A. Yes, that's correct.

18 Q. -- to those of us who don't speak Latin and Greek, yes?

19 A. It is.

12:31:18 20 Q. Two listed there, not you?

21 A. Correct.

22 Q. Then we come to obstetrics and gynaecology. That carries
23 on over the page. There is a group of practitioners listed there
24 and they don't include you?

12:31:36 25 A. Correct.

26 Q. Is that right? Then we have got dentistry. You haven't
27 claimed any expertise in dentistry, so I am going to move on from
28 that. Over the page there is laboratory, obviously they don't
29 include you. Anaesthetist, you're not there. Cardiologist,

1 you're not there. Then there is blood bank, obviously doesn't
2 apply. Physiotherapist doesn't apply. Then medical facilities
3 and there are a number of medical facilities there and I am just
4 going to pass over those. And then other organisation starting
12:32:19 5 with WHO which is the World Health Organisation, the UN and
6 another international organisation, or national organisation for
7 all I know, and then counsellors and there are two counsellors
8 listed there, but they don't relate to your institutions, do
9 they?

12:32:43 10 A. No, they do not.

11 Q. Thank you. Then after that there is pharmacies, police and
12 so on. Just for the sake of completeness there are a number of
13 blank pages here, but that is how the document produces itself,
14 if I can put it in that way, so I am just saying don't worry
12:33:07 15 about the blank pages because that's how the system operates, I'm
16 afraid, it produces waste paper. Now, would it be right to say
17 that you are not an expert in general surgery?

18 A. I am.

19 Q. Would it be right to say that you are not an expert in
12:33:36 20 urology?

21 A. I have exposure- experience in urology as well.

22 Q. But not an expert in it?

23 A. Well, in our locality I am considered as an expert in it.

24 Q. You are not listed there, are you, when you had the
12:33:57 25 opportunity of setting out your expertise, your areas of
26 specialism. You are not listed in the document we have just
27 looked at as having anything other than general practice
28 expertise?

29 A. Yes. This document is not saying what you are expert at.

1 They just use their own classification, which is their own
2 classification.

3 Q. They'd only get the information from you though, wouldn't
4 they. As you told us, they contact you, you tell them what your
12:34:31 5 special ty is, yes?

6 A. Well, the information given to them was that I'm a family
7 physician and my special ty is family medicine.

8 Q. "General practice" it has got down there, hasn't it?

9 A. This is what I see, yes. That is by their own
12:34:49 10 classification.

11 Q. You are not an expert in internal medicine, are you?

12 A. I have expertise in internal medicine.

13 Q. I am not going to ask you again about psychiatry. I have
14 already put to you you are not an expert in that. You are not
12:35:07 15 there listed as having expertise in obstetrics and gynaecology,
16 are you?

17 A. Not in this document, but I have experience in obstetrics
18 and gynaecology.

19 Q. And you are not there listed as having any special ty in
12:35:22 20 paediatrics, are you?

21 A. Yes, I am not listed as a specialist paediatrician in the
22 document, but I do have expertise in paediatrics.

23 Q. I want to go to something completely different that I
24 started on Friday but didn't finish. We were talking about 1992
12:35:42 25 and how things either did or didn't improve for the soldiers. Do
26 you remember, when the NPRC coup occurred? Remember we were
27 talking about that on Friday?

28 A. Yes.

29 Q. What I didn't complete asking you was this: Were you aware

1 that under the government, the NPRC government of Captain
2 Valentine Strasser, a contingent, a sizeable contingent, of
3 Liberians soldiers were brought to Sierra Leone under the command
4 of General David Livingstone Bropl eh called the Special Task
12:36:29 5 Force or STF?

6 A. I was not aware.

7 Q. When you say you weren't aware, have you ever become aware
8 of the presence in Sierra Leone of a large contingent of Liberian
9 soldiers working alongside the Sierra Leone Army?

12:36:55 10 A. No, I haven't.

11 Q. So it follows therefore you have no idea whether there were
12 still Liberian soldiers in Sierra Leone from that unit in the
13 period after they were brought in by the National Provisional
14 Ruling Council?

12:37:21 15 A. I don't know anything about that.

16 MR MUNYARD: All right. Thank you. That is something I
17 should have rounded off on Friday and I didn't. I am just trying
18 to tie up that particular loose end.

19 Now, your Honours, I want to go into some of this witness's
12:38:01 20 qualifications. I think in the circumstances we would be better
21 advised to go into private session at this point so that I can be
22 freer with my questions and hopefully therefore speed things up.

23 PRESIDING JUDGE: Mr Bangura, you have heard the
24 application.

12:38:21 25 MR BANGURA: Your Honour, the Prosecution welcomes the
26 application and agrees with counsel for the Defence.

27 PRESIDING JUDGE: We grant the application. For purposes
28 of record and the rules, the Court is now going to hear evidence
29 in private. That means members of the public can see into the

1 Court but cannot hear what is being said. This is for reasons of
2 the personal security of the witness. Please implement that.

3 [At this point in the proceedings, a portion of
4 the transcript, pages 20951 to 20974, was
5 extracted and sealed under separate cover, as
6 the proceeding was heard in private session.]

7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

1 [Open session]

2 [Upon resuming at 2.35 p.m.]

3 PRESIDING JUDGE: Before we take our seats, I regret to
4 announce the death of Justice Raja Fernando and I would like us
14:35:33 5 to join in observing a few moments silence to acknowledge this.
6 Thank you.

7 Please proceed, Mr Munyard.

8 MR MUNYARD: Madam President, although I think those of us
9 at the Defence Bar here today did not know Justice Fernando, we
14:36:36 10 obviously wish our condolences to go to his family and to his
11 colleagues.

12 PRESIDING JUDGE: We will ensure that that is conveyed,
13 Mr Munyard, and I am grateful. He was a very quiet and dignified
14 person.

14:36:50 15 MR BANGURA: Your Honours, the Prosecution would associate
16 ourselves with the sentiments expressed by the Defence.

17 PRESIDING JUDGE: Thank you. I will likewise have them
18 conveyed.

19 [At this point in the proceedings, a portion of
14:37:01 20 the transcript, pages 20976 to 20994, was
21 extracted and sealed under separate cover, as
22 the proceeding was heard in private session.]

23
24
25
26
27
28
29

1 [Open session]

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

3 MR MUNYARD: Thank you:

4 Q. Mr Witness, I am just going to deal with a number of
15:19:35 5 separate topics not necessarily connected to one another, but
6 just to deal with all the loose ends, if any, that I want to tie
7 up before I conclude my cross-examination.

8 A. Yes.

9 Q. You have said in relation to amputations that the
15:19:50 10 amputating of limbs and cutting of body parts from victims are
11 something imported from the Middle East and foreign to Sierra
12 Leone. Can you remember saying that?

13 A. Yes, I do.

14 Q. And do you stand by that?

15:20:04 15 A. I do stand by that.

16 MR MUNYARD: Again I am going to ask the Court's indulgence
17 for a moment because in the light of the exchange we had just
18 before we went back into public session a number of the areas I
19 was going to ask questions about I probably don't need to any
15:20:51 20 longer, but I'm afraid the exercise involves me looking at my
21 notes and so it may take a few minutes:

22 Q. Yes, can you tell us this: We know from your evidence that
23 you left the country at some point I think around June of 1997.
24 Is that right?

15:22:06 25 A. Yes, I did.

26 Q. Did the second institution continue to function after you
27 left and, if so, for how long?

28 A. It did continue to function up to sometime in August that
29 same year.

1 Q. Up to sometime in August of 1997?

2 A. August 1997, yes.

3 Q. You have also talked about an international NGO who had
4 previously provided your second institution with assistance I
15:23:25 5 think both in terms of staff and equipment, is that right, or
6 staff and supplies?

7 A. Staff and supplies, yes.

8 Q. You talked about how there came a time in December of 1998
9 when they no longer appeared, that's to say the staff from that
15:23:44 10 organisation no longer appeared at your hospital to work.

11 A. Yes, indeed.

12 Q. When in December 1998 was that?

13 A. Towards the end of December.

14 Q. All right. Did they give you any reason why they were no
15:24:02 15 longer there?

16 A. No, they just disappeared. They just didn't come back.

17 Q. Right. Once the rebels were driven out of Freetown by the
18 end of January or beginning of February 1999 did the
19 international NGO make contact with you to explain what had
15:24:23 20 happened?

21 A. Yes, they did.

22 Q. Right. And when did they contact you to explain what had
23 happened?

24 A. It must have been, well, several months after the January
15:24:55 25 invasion of Freetown. I can't remember exactly.

26 Q. Right. And did they explain then why they had abandoned
27 work at your institution?

28 A. Well, they knew --

29 Q. I don't need the explanation. I just want to know did they

1 explain why they had suddenly disappeared in late December?

2 A. Well, a full - an explanation - that kind of explanation
3 was not fully given.

15:25:41

4 Q. But some sort of explanation, presumably, when they came
5 back?

6 A. Yes, they had been given some indication before that there
7 would be an incursion into Freetown, but I cannot remember them
8 talking about that afterwards.

15:26:02

9 Q. Well, in that case tell us what explanation they did give
10 when they came back?

11 PRESIDING JUDGE: I understand they didn't come back,
12 Mr Munyard. Do you mean when the explanation was forthcoming?
13 He said they just didn't appear.

15:26:22

14 MR MUNYARD: Well, the witness talked about March. If you
15 bear with me for a second, I will just get that:

15:26:40

16 Q. I asked, "Did they make contact with you after the rebels
17 were driven out?" You answered, "Several months after the
18 January invasion" - sorry, I don't know how I have managed to
19 read March into that, but, "Several months after the January
20 invasion. I can't remember exactly." So they made contact with
21 you several months after the invasion?

22 A. Yes.

15:27:01

23 Q. Can you give us any idea what you mean by several months
24 after the invasion? Could it have been March, the invasion being
25 on 6 January?

26 A. It was certainly after March, but to be exact I do not
27 know. But basically it was a matter of them assisting with some
28 further supplies. That is what the whole thing was about - the
29 meeting was about. It was not about why, you know, why the

1 surgical team had to leave. I think it was - I mean it was
2 understandable why the team had to leave so it was not a subject
3 for discussion between myself and the organisation.

4 Q. So you mean you didn't require any explanation from them?

15:27:49 5 A. I am afraid it was an - well, the situation was
6 understandable.

7 Q. Well, can you remember telling the Prosecution that on 28
8 December 1998 the staff from that international NGO who had been
9 assisting you did not come back to work and until today, today
15:28:09 10 being August of this year, until day that you had not received
11 any explanation from them as to why they had abandoned their work
12 at your organisation?

13 A. That is what I am saying, that they have not given any
14 explanation.

15:28:23 15 PRESIDING JUDGE: Please pause, Mr Witness.

16 MR BANGURA: Your Honours, the witness has answered now,
17 but I was just going to say that is not necessarily inconsistent
18 with the answer that the witness had given before my learned
19 friend read from the statement.

15:28:35 20 MR MUNYARD: I haven't said it was inconsistent.

21 MR BANGURA: He started the question with what do you
22 suggest --

23 PRESIDING JUDGE: As you have correctly observed the
24 witness has answered, Mr Bangura.

15:28:49 25 MR MUNYARD:

26 Q. The simple point is you are saying you didn't need an
27 explanation from them, did you? You concluded that they had gone
28 because of an impending attack on Freetown. Would that be right?

29 A. That is correct.

1 Q. Thank you. Right. I think that I have now dealt with one
2 of the two - my questions arising out of one of those two main
3 documents and I will just, if I may, look quickly through the
4 other one to make sure I have not left anything out and then that
15:29:31 5 will be it. Yes, there is one matter I do wish to ask you about.
6 Before the 6 January 1999 invasion, did you have to treat
7 patients who had been injured as a result of bombing by Alpha
8 Jets?

9 A. Before the 6 January 1999 invasion?

15:31:18 10 Q. Yes. In other words, from any stage from the beginning of
11 the civil war up to just before 6 January 1999. Let me explain,
12 Mr Witness. I am asking the question because you have, in one of
13 the documents, referred to bombing by Alpha Jets in years
14 previous to the invasion on 6 January 1999. Now, given that you
15:31:48 15 have referred to bombs from the Alpha Jets prior to 6 January
16 1999, did you ever have to treat patients who had been injured by
17 bombing from the Alpha Jets?

18 A. I don't have any recollection of that but I don't think any
19 patient - any of my patients - it was part of the history of any
15:32:22 20 of my patients that they were involved in any of the Alpha Jet
21 bombing.

22 Q. Right. Did you, as a person who was familiar with medical
23 treatment and medical facilities in Freetown during the civil
24 war, were you aware of any other institutions treating the
15:32:42 25 victims of Alpha Jet bombing?

26 A. Well, not necessarily Alpha Jet bombing but, you know,
27 there were other institutions taking care of the war wounded. I
28 cannot say specifically where patients who, you know, I mean were
29 hit by fragments from the Alpha Jet were taken to, but I can say

1 that there were other institutions in Freetown and other parts of
2 the country that were taking care of the war wounded.

3 MR MUNYARD: Would your Honours give me just moment?

4 PRESIDING JUDGE: Yes.

15:33:46 5 MR MUNYARD: Yes, thank you very much, Madam President.
6 Thank you, Mr Witness. Those are my questions.

7 PRESIDING JUDGE: Thank you, Mr Munyard. Mr Bangura,
8 re-examination of the witness?

9 MR BANGURA: Thank you, your Honour. Your Honour, the
15:33:57 10 Prosecution has no questions in re-examination for the witness.

11 PRESIDING JUDGE: Thank you. We do not have any questions
12 of the witness, Mr Bangura.

13 MR BANGURA: Your Honour, the Prosecution did introduce or
14 have marked certain documents for identification and I would at
15:34:19 15 this stage move those documents into evidence - documents and
16 photographs actually.

17 PRESIDING JUDGE: Yes, please proceed. Now, some of these
18 documents have been identified already and I think because some
19 of them were identified in private session, if they could be
15:35:05 20 referred to by their MFI number without necessarily going into
21 specific detail, in some of them at least.

22 MR BANGURA: I take the point, your Honour.

23 PRESIDING JUDGE: Yes. I note in particular the first -
24 yes, Mr Munyard?

15:35:16 25 MR MUNYARD: Would it help if I say that we don't challenge
26 the introduction into evidence of any of these documents? I say
27 that at the outset so that it might speed things up a little.
28 There was one document I put in that I forgot to invite you to
29 mark for identification, which was from the National Institute on

1 Drug Abuse and I would invite that to be marked for
2 identification.

3 PRESIDING JUDGE: Very well. I will first mark it for
4 identification and then I will go back to Mr Bangura in the light
15:35:48 5 of what you have said.

6 MR MUNYARD: Certainly.

7 PRESIDING JUDGE: This is a seven page document headed
8 "National Institute of Drug Abuse" subheaded "Research Report"
9 and it is MFI-40 I think. Yes, MFI-40.

10 Now, Mr Bangura, we have got a very helpful list supplied
11 by Madam Court Officer, and perhaps in the circumstances it would
12 be best to follow that. Mr Munyard has indicated he is not
13 objecting. I will go through them or invite you to go through
14 them one by one and give Mr Munyard an opportunity, if he is so
15:37:04 15 minded, to give a contrary indication. Do you have the list
16 before you?

17 MR BANGURA: I do have it, your Honour.

18 PRESIDING JUDGE: Very well.

19 MR BANGURA: Your Honour, MFI-11, I move that it be
15:37:36 20 tendered and be marked confidential.

21 PRESIDING JUDGE: That is a three page document already
22 described. It becomes Prosecution exhibit P-225. Is that
23 correct, Madam Court Officer?

24 MS IRURA: That is correct, your Honour.

15:38:00 25 PRESIDING JUDGE: 225 and it will be confidential.

26 [Exhibit P-225 admitted]

27 MR BANGURA: Next is MFI-12 and that also was marked
28 confidential. I move that it be tendered as a confidential
29 document.

1 PRESIDING JUDGE: That will become Prosecution exhibit
2 P-226. It is a one page document and it is confidential.

3 [Exhibit P-226 admitted]

15:38:39

4 MR BANGURA: MFI-13 is a photograph, your Honour. I move
5 that it be tendered.

6 PRESIDING JUDGE: Yes. That is a one page document as
7 already described on the record. It becomes Prosecution exhibit
8 P-227.

9 [Exhibit P-227 admitted]

15:38:52

10 MR BANGURA: MFI-14 is a photograph. I move that it be
11 tendered as an exhibit.

12 PRESIDING JUDGE: This is a one page document, a photograph
13 as already described on the record. It becomes Prosecution
14 exhibit P-228.

15:39:09

15 [Exhibit P-228 admitted]

16 MR BANGURA: MFI-15 is a photograph. I move that it be
17 tendered as an exhibit.

18 PRESIDING JUDGE: That is also a one page document, a
19 photograph as described. It is Prosecution exhibit P-229.

15:39:24

20 [Exhibit P-229 admitted]

21 MR BANGURA: MFI-16, a photograph, I move that it be
22 tendered as an exhibit.

23 PRESIDING JUDGE: It is a one page document which is a
24 photograph already described. It becomes Prosecution exhibit
15:39:41 25 P-230.

26 [Exhibit P-230 admitted]

27 MR BANGURA: MFI-17, also a photograph, but was marked
28 confidential, I move that it be tendered as a confidential
29 exhibit, your Honour.

1 PRESIDING JUDGE: That is a one page document, a photograph
2 as already described. It becomes Prosecution exhibit P-231 and
3 is confidential.

4 [Exhibit P-231 admitted]

15:40:07 5 MR BANGURA: MFI-18 also was marked confidential. That is
6 a photograph. I move that it be tendered as a confidential
7 document.

8 PRESIDING JUDGE: That is a one page document, a photograph
9 as already described on the record. It becomes Prosecution
15:40:23 10 exhibit P-232 and is confidential.

11 [Exhibit P-232 admitted]

12 MR BANGURA: MFI-19, a photograph. I move that it be
13 tendered as an exhibit.

14 PRESIDING JUDGE: That is a one page document, a photograph
15:40:42 15 as already described on the record. It becomes Prosecution
16 exhibit P-233.

17 [Exhibit P-233 admitted]

18 MR BANGURA: MFI-20, your Honour.

19 PRESIDING JUDGE: Yes, MFI-20, Mr Bangura.

15:41:00 20 MR BANGURA: Yes. That is a photograph. I move that it be
21 tendered as an exhibit.

22 PRESIDING JUDGE: That again is a one page document, a
23 photograph as already described on the record. It becomes
24 Prosecution exhibit P-234.

15:41:13 25 [Exhibit P-234 admitted]

26 MR BANGURA: MFI-21, a photograph. I move that it be
27 marked as an exhibit.

28 PRESIDING JUDGE: That is a one page document, a photograph
29 already described on the record. It becomes Prosecution exhibit

1 P-235.

2 [Exhibit P-235 admitted]

3 MR BANGURA: MFI-22, a photograph. I move that it be
4 tendered as an exhibit.

15:41:40 5 PRESIDING JUDGE: That is a one page document, a photograph
6 as already described on the record. It is or becomes Prosecution
7 exhibit P-236.

8 [Exhibit P-236 admitted]

9 MR BANGURA: MFI-23, a photograph. I move that it be
15:41:55 10 marked as an exhibit.

11 PRESIDING JUDGE: That is also a one page document, a
12 photograph as already described on the record. It becomes
13 Prosecution exhibit P-237.

14 [Exhibit P-237 admitted]

15:42:06 15
16 MR BANGURA: MFI-24, a photograph. I move that it be
17 marked as an exhibit.

18 PRESIDING JUDGE: That is also a one page document, as
19 already described on the record, and it becomes Prosecution
15:42:17 20 exhibit P-238.

21 [Exhibit P-238 admitted]

22 MR BANGURA: MFI-25, a photograph. I move that it be
23 marked as an exhibit.

24 PRESIDING JUDGE: That is a one page document, a photograph
15:42:29 25 as already described. It becomes Prosecution exhibit P-239.

26 [Exhibit P-239 admitted]

27 MR BANGURA: MFI-26, a photograph, I move that it be marked
28 as an exhibit.

29 PRESIDING JUDGE: That is a one page document, a photograph

1 as already described. It becomes Prosecution exhibit P-240

2 [Exhibit P-240 admitted]

3 MR BANGURA: MFI-27, a photograph, I move that it be marked
4 as an exhibit and be kept confidential. Your Honour, the
15:43:00 5 position with this was there were four photographs on a page and
6 one of them had been previously marked confidential featuring on
7 this and for that reason the whole set of photographs --

8 PRESIDING JUDGE: Mr Bangura, I noted at the time that the
9 photograph that you have referred to had been marked as
15:43:23 10 confidential. It has now become an exhibit. Do you intend to
11 put in all four and mark the - because three do not need to be
12 confidential, I suggest, and one of them could be - the one that
13 is already an exhibit could be cut out.

14 MR BANGURA: If that is a proper way to go, your Honour, I
15:43:47 15 do agree, because it is already marked as an exhibit before and
16 we could do without it in this set.

17 PRESIDING JUDGE: Well, then we gave them an A, B and C and
18 I will repeat the A, B and C and, Madam Court Officer, what is
19 now exhibit P-232 should be cut out and the following will become
15:44:17 20 exhibits. It's a one page document with three photographs and
21 MFI-27A will become Prosecution exhibit P-241A, 27B which shows a
22 large crowd of people will become P-241B and C which shows a
23 young male person, an amputee in a public street, becomes P-241C.
24 The other document will be excised and the three photographs will
15:45:05 25 be public.

26 [Exhibit P-241A to P-241C admitted]

27 MR BANGURA: Thank you, your Honour. The next document,
28 your Honour, is MFI-28. I move that it be marked as an exhibit.

29 PRESIDING JUDGE: That is a one page document containing

1 three photographs as identified in the record. I will again give
2 them the same Prosecution exhibit number and mark them A, B and
3 C. So MFI-28A which shows some male persons in various reclining
4 positions in a medical ward becomes Prosecution exhibit P-242A.

15:45:51 5 Then B, a building, becomes Prosecution exhibit P-242B and the
6 remaining photograph C which shows a damaged building becomes
7 Prosecution exhibit P-242C.

8 [Exhibit P-242A to P-242C admitted]

9 MR BANGURA: Thank you, your Honour. The next document is
15:46:28 10 MFI-29, again a set of photographs on one page. Four
11 photographs, your Honour. I move that they be marked as
12 exhibits.

13 PRESIDING JUDGE: That is a one page document showing four
14 photographs. I will follow the MFI A, B, et cetera, markings.
15:46:48 15 The first being a burnt and derelict building becomes Prosecution
16 exhibit P-243A. B showing a group of persons as already read
17 into the record becomes Prosecution exhibit P-243B. C showing a
18 deceased person in the open street becomes P-243C. The other
19 photograph showing several corpses outside a building on an open
15:47:27 20 street becomes P-243D.

21 [Exhibit P-243A to P-243B admitted]

22 MR BANGURA: MFI-30. I move that this document be tendered
23 as an exhibit.

24 PRESIDING JUDGE: This again is a one page document with
15:47:43 25 four photographs and again I will follow the A, B and C as marked
26 on the MFI. This becomes Prosecution exhibit P-244. A showing
27 some corpses outside a building on an open street. That is
28 P-244A. B showing several persons reclining or sitting on the
29 floor becomes Prosecution exhibit P-244B. C is showing a

1 building named the Sierra Leone Commercial Bank Limited, it
2 becomes Prosecution exhibit P-244C. D showing a group of persons
3 outside a damaged building becomes Prosecution exhibit P-244D.

4 [Exhibit P-244A to P-244C admitted]

15:48:36 5 MR BANGURA: Thank you, your Honour. MFI-31, I move that
6 this photograph be marked as an exhibit.

7 PRESIDING JUDGE: That is a one page document, a photograph
8 as already described on the record. It becomes Prosecution
9 exhibit P-245.

15:48:54 10 [Exhibit P-245 admitted]

11 MR BANGURA: MFI-32. I move that this photograph be marked
12 as an exhibit.

13 PRESIDING JUDGE: That is a one page document, a
14 photograph, and it becomes Prosecution exhibit P-246.

15:49:22 15 [Exhibit P-246 admitted]

16 MR BANGURA: MFI-33. I move that this photograph be marked
17 as an exhibit.

18 PRESIDING JUDGE: This is a Prosecution exhibit, a one page
19 document as already described on the record. It becomes
15:49:43 20 Prosecution exhibit P-247.

21 [Exhibit P-247 admitted]

22 MR BANGURA: Your Honour, just for guidance, was I at 33 or
23 34?

24 PRESIDING JUDGE: I have you up to now coming up to 35 and
15:50:01 25 that last was 34.

26 [Exhibit P-248 admitted]

27 MR BANGURA: Thank you. MFI-35. I move that this
28 photograph be marked as an exhibit.

29 PRESIDING JUDGE: This is a one page photograph as already

1 described. It becomes Prosecution exhibit P-249.

2 [Exhibit P-249 admitted]

3 MR BANGURA: MFI-36. I move that this photograph be marked
4 as an exhibit.

15:50:28 5 PRESIDING JUDGE: That's a one page document, a photograph
6 as already described in the record. It becomes Prosecution
7 exhibit P-250.

8 [Exhibit P-250 admitted]

9 MR BANGURA: MFI-37. I move that this photograph be marked
15:50:41 10 as an exhibit.

11 PRESIDING JUDGE: That is a one page document, a
12 photograph, and it becomes Prosecution exhibit P-251.

13 [Exhibit P-251 admitted]

14 MR BANGURA: MFI-38. I move that this photograph be marked
15:50:58 15 as an exhibit.

16 PRESIDING JUDGE: That is a one page document, a photograph
17 as already described on the record. It becomes Prosecution
18 exhibit P-252.

19 [Exhibit P-252 admitted]

15:51:10 20 MR BANGURA: And finally, your Honours, MFI-39. I move
21 that this photograph be marked as an exhibit.

22 PRESIDING JUDGE: Just allow me to check my notes on that
23 particular one. That is a one page document, a photograph, and
24 it becomes Prosecution exhibit P-253.

15:51:42 25 [Exhibit P-253 admitted]

26 MR BANGURA: Thank you, your Honour. Those are all the
27 documents the Prosecution wishes to move into evidence.

28 PRESIDING JUDGE: Thank you. Mr Munyard?

29 MR MUNYARD: I haven't changed my mind, your Honour. My

1 blanket non-opposition remains so.

2 PRESIDING JUDGE: Thank you. You will note that some of
3 them are confidential. I note that there is no comment on that.

15:52:09

4 MR MUNYARD: No, sorry. If I had anything to say I would
5 have risen at the time. So it just remains for the one document
6 that I put in. I did put two documents as well as the bundle to
7 the witness, but I don't require the other one that caused a
8 certain amount of excitement earlier on this morning to be marked
9 for identification. The evidence is there, but the one I have
10 asked to be marked I do invite to be tendered as an exhibit. I
11 don't know what my learned friend's position is on that.

15:52:34

12 PRESIDING JUDGE: Mr Bangura?

13 MR BANGURA: Your Honour, I have no objection. I just want
14 to be clear about which document we are referring to.

15:52:50

15 PRESIDING JUDGE: I understand we are referring to the
16 eight page document which I think I may have incorrectly said was
17 seven pages headed "National Institute on Drug Abuse".

18 MR MUNYARD: Yes, that's the correct document, your Honour.

19 MR BANGURA: We have no objection, your Honour. Thank you.

15:53:07

20 PRESIDING JUDGE: That is an eight page document being a
21 report as already described. It becomes Defence exhibit D-74.

22 [Exhibit D-74 admitted]

23 MR MUNYARD: Your Honours, before the witness goes, it
24 would be helpful for us to know in round terms on what expertise
25 the Prosecution are relying from this witness and I hope it will
26 also be helpful to the Court.

15:53:38

27 MR BANGURA: Your Honour, the Prosecution did file - when
28 we filed what was entitled the report of the witness as an expert
29 report we did indicate the areas of the witness's expertise and I

1 go back to the filing which the Prosecution made. I am referring
2 to the Prosecution's confidential Prosecution filing of expert
3 report pursuant to Rule 94 bis and this filing was on 8 June
4 2007.

15:54:28 5 Your Honour, page 2 of that filing at paragraph 4 reads,
6 and I just go over that:

7 "TF1-358 is a medical practitioner and accordingly has
8 expertise in the following areas: The human anatomy, injuries
9 suffered as a consequence of the application of force to the
10 human body, medical intervention required to treat injuries to
11 the human body, the long-term impact of injuries and the
12 emotional consequences of significant injury."

13 Your Honour, I believe the witness in his evidence also -
14 and I believe counsel equally agreed that the witness has
15 demonstrated expertise in the area of treatment of war related
16 injuries which falls within these areas that we filed in June
17 2007. Treatment of war related injuries.

18 PRESIDING JUDGE: Mr Bangura, first of all this document
19 has not been tendered and it is not before us and I am not sure
15:55:48 20 if you are giving evidence from the bar table. I know it's in
21 response to a request from counsel for the Defence. Really,
22 Mr Munyard, in a way his evidence is now closed and this document
23 has not been tendered.

24 MR MUNYARD: No, the reason I rose was because we had put
15:56:09 25 in a broad general objection in our response to that confidential
26 filing. The Court will appreciate I hope from the way I have put
27 my questions that I don't dispute any of what my learned friend
28 has just read out from the confidential filing by the
29 Prosecution, except for the reference to emotional consequences

1 of significant injury.

2 We do not dispute other aspects of this witness's expertise
3 as summarised in that paragraph that my learned friend has read
4 and it may be appropriate in the light of all of that then for me
15:56:47 5 to leave it, because the Trial Chamber itself knows the areas
6 that I have disputed in the course of my cross-examination and in
7 terms of what the Prosecution are inviting the Court to accept as
8 the witness's expertise there is really only the one broad area
9 of dispute between us which I would put under the general heading
15:57:12 10 of psychiatry.

11 PRESIDING JUDGE: I will note that and the matter need go
12 no further. If there are no other matters I will release the
13 witness. Mr Witness, that is the end of your evidence here in
14 court and we are grateful for the time that you have taken to
15:57:33 15 come here. We appreciate that you are busy. We are grateful for
16 your evidence and we wish you a safe journey home. I would ask
17 you to remain where you are sitting to allow the blinds to be put
18 down and you may be escorted from the court.

19 THE WITNESS: Thank you, your Honour.

15:57:58 20 MR GRIFFITHS: Madam President, may I be excused for a
21 moment to take advantage of this hiatus?

22 PRESIDING JUDGE: Yes, of course.

23 MR GRIFFITHS: I will be back in a moment.

24 MR BANGURA: Your Honour, just to ask that we be allowed a
15:58:16 25 little bit of flexibility in changing positions on this side.

26 PRESIDING JUDGE: Oh, yes, indeed. Mr Koumjian, I notice
27 you are in the driving seat. May I take it that the next witness
28 is a part-heard witness who was to be recalled?

29 MR KOUMJIAN: Yes, and the blinds should remain down to

1 bring in the next witness also.

2 PRESIDING JUDGE: We will just let Mr Griffiths take his
3 seat. If you formally call the witness, Mr Koumjian, I will then
4 get the blinds put down.

16:00:01 5 MR KOUMJIAN: Your Honour, the court ordered witness 579 to
6 return today for cross-examination. That witness is here, I
7 believe, or I hope.

8 PRESIDING JUDGE: In the light of the lapse of time, I
9 think it is appropriate that the witness be resworn.

16:01:32 10 WITNESS: TF1-579 [Resworn]

11 PRESIDING JUDGE: Mr Griffiths, I think you will be
12 cross-examining this witness. Is that correct?

13 MR GRIFFITHS: Yes, I will be cross-examining this witness,
14 your Honour.

16:02:48 15 PRESIDING JUDGE: Please proceed.

16 CROSS-EXAMINATION BY MR GRIFFITHS:

17 Q. Mr Witness, you will not have seen me before, but I am
18 asking you questions on behalf of your former President, Charles
19 Taylor. Do you appreciate that?

16:03:14 20 A. Yes.

21 Q. Now, as I understand it, you were born in July 1972,
22 weren't you?

23 A. Yes.

24 Q. It means that at the start of the conflict in Liberia you
16:03:37 25 would have been 17/18?

26 A. I was at the age of 18.

27 Q. Now, your family had had cause to flee to the Ivory Coast,
28 hadn't they?

29 A. Yes, because of the war.

1 Q. Now, because of your position in the Ivory Coast, and as a
2 result of what you were told, you made a decision to join the
3 NPFL, didn't you?

16:04:28

4 A. Yes, I made that decision to join the NPFL because of a
5 reason.

6 Q. Now, you would have been 18 when you made that decision.
7 Is that right?

8 A. Yes.

16:04:50

9 Q. And prior to that, if I understand what you told the Court
10 on the transcript, you had attended school up to 10th grade,
11 hadn't you?

12 A. Yes, I was promoted to 10th.

13 Q. And no doubt you were promoted because you showed great
14 promise whilst at school?

16:05:17

15 A. Say that again.

16 Q. No doubt you were promoted because you showed great promise
17 at school?

18 A. Yes.

16:05:41

19 Q. And to have reached the 10th grade in the late 1980s in
20 Liberia was quite an achievement, wasn't it?

21 A. Yes.

22 Q. You would have been part of a minority in the country who
23 had had such a benefit, am I right?

24 A. Such benefit?

16:06:05

25 Q. Such a benefit of being educated to the 10th grade?

26 A. Yes, yes.

27 Q. And so just so that we understand, the person who made that
28 decision in 1990 to join the NPFL, firstly did so quite
29 willingly. Is that right?

1 A. Oh, yes, I just stated it that I joined the NPFL because of
2 a reason.

3 Q. And not only did that person join willingly, the person who
4 made that conscious decision was, by Liberian standards, fairly
16:06:57 5 well-educated, am I right?

6 A. Yes.

7 Q. Because your father had been an official under the Doe
8 regime, hadn't he?

9 A. Yes, my father was an immigration in the Doe regime.

16:07:23 10 Q. I don't understand that. What do you mean by your father
11 was an immigration?

12 A. Yes, you asked if he was an official. I said he was at
13 immigration working with the Doe government.

14 Q. All right. And in what capacity within the immigration
16:07:46 15 department?

16 MR KOU MJIAN: Excuse me, your Honour. This was one area I
17 believe we wanted to cover in private session on that particular
18 question. It may be unique.

19 PRESIDING JUDGE: So what is your application, Mr Koumjian?
16:08:07 20 The matter has already been asked and answered.

21 MR KOU MJIAN: No, it has not been answered, I don't
22 believe. The question was in what capacity.

23 PRESIDING JUDGE: I see. It is that rather than the line
24 of questioning.

16:08:19 25 MR KOU MJIAN: Yes, I leave it to counsel whether he wants
26 to go into private session now or save it for later, whatever he
27 prefers.

28 MR GRIFFITHS: I will save it for later. Thank you.

29 Q. In any event, your father was a Gio, wasn't he?

1 A. Yes.

2 Q. And the Doe government was dominated by Krahn's, wasn't it?

3 A. Yes.

4 Q. And the Doe government favoured the Krahn's over other

16:08:49 5 ethnic groups in Liberia, didn't it?

6 A. Yes.

7 Q. And also, that hatred generated by the Doe government was
8 made worse by certain things they did in Nimba County following a
9 failed coup, am I right?

16:09:19 10 A. Yes.

11 Q. What did they do in Nimba County?

12 A. They killed a whole lot of Nimbanians, the Krahn group.

13 Q. And the people from Nimba who were killed, were they from a
14 particular tribe?

16:09:48 15 A. Yes. In Nimba County we had the Gio and the Mano and it
16 was the Gio and Mano that were affected.

17 Q. And your father's position, as a civil servant in a
18 government dominated by Krahn's, but Gio by ethnicity, did that
19 cause him difficulty?

16:10:19 20 A. Yes, it caused him difficulties.

21 Q. And did it cause you personally difficulties?

22 A. Yes.

23 Q. So it is against that background, is it, that we should
24 look at your decision to volunteer to join the NPFL, am I right?

16:10:50 25 A. Yes.

26 Q. Now, when you volunteered to join the NPFL, you knew that
27 it was a military organisation, didn't you?

28 A. Yes. From my statement at the beginning I told the Court
29 that I was - I was really enthused and the people encouraged me,

1 the Special Forces encouraged us in the Ivory Coast before we
2 would go to Gborplay to join. That was what I said in my
3 statement.

16:11:35 4 Q. I am perfectly aware of that, and I am grateful for you for
5 repeating it, but what I am anxious to know about is this: You
6 knew, when you joined the NPFL, that it was a military
7 organisation you were joining, didn't you?

8 A. Yes, it was a rebel.

16:11:53 9 Q. And you knew, by the very nature of that organisation, that
10 there was a possibility that you might lose your life?

11 A. Of course, yes.

12 Q. So when you joined the NPFL you joined it voluntarily,
13 knowing that there was a real possibility of you being killed in
14 that cause, am I right?

16:12:20 15 A. Well, when you say voluntarily, I continued to say that I
16 was encouraged by the Special Forces who came to the Ivory Coast.
17 They were the ones who encouraged us to go and join and we knew
18 that we were going on battle.

16:12:40 19 Q. But the point I am making is this: Did anyone, please tell
20 us, hold a gun to your head and force you to walk to the training
21 camp to be trained? Did anyone do that?

22 A. No, no, I was not forced from Ivory Coast to go to the
23 base.

16:13:00 24 Q. So can I take it that the Special Forces who spoke to you
25 were very persuasive in explaining to you the cause for which
26 they were fighting and why you ought to join?

27 A. Yes, they came at the - to the area where we stayed and
28 they encouraged us that the Krahn had been embarrassing the Gios
29 and the Manos, so for that reason we had to fight for our right.

1 So many of us were able to go to the base at that time.

2 Q. And you thought that it was a cause worth fighting for and
3 possibly even dying for, is that right?

16:13:45

4 THE INTERPRETER: Your Honours, can counsel kindly repeat
5 his question, please.

6 THE WITNESS: I have not got that.

7 PRESIDING JUDGE: Just pause, Mr Witness, please.

8 Mr Griffiths, you have heard the interpreter's request.

9 MR GRIFFITHS: I will repeat the question:

16:13:55

10 Q. My question is this: And when you listened to those
11 Special Forces officers who persuaded you, you thought that the
12 cause you were joining was a good cause and one worth dying for.
13 Am I right?

16:14:18

14 A. Yes, yes, at this time I knew that it was a very good cause
15 for me because my people had been killed and I was going to fight
16 for my right too.

17 Q. Because that regime you were now pledged to overthrow was a
18 brutal and wicked regime, wasn't it, the Doe regime?

19 A. Yes.

16:14:47

20 Q. Now can you remind me, please, of the name of the training
21 camp to which you were taken?

22 A. Yes, Gborplay.

23 Q. And for how long were you trained at that camp?

24 A. I was on the base for three months.

16:15:16

25 Q. And I think you have told us that one of your training
26 commanders was one Benjamin Yeaten.

27 A. Yes, Benjamin trained me in an area. He was one of the
28 training commanders in a special training which they called
29 halaka.

1 Q. What's that?

2 A. It's something that they built with rocks and with sand in
3 it. You go in there and run round it for more than four hours.
4 That's what they called halaka. Benjamin Yeaten specialised in
16:16:03 5 that at the base.

6 PRESIDING JUDGE: Can I say for purposes of record that the
7 witness has made a circular indication with his hand when
8 referring to how halaka was built.

9 MR GRIFFITHS: Defining a circle. I fully agree with that.

16:16:18 10 JUDGE SEBUTINDE: Mr Interpreter, was that racks or rocks?

11 THE WITNESS: Rocks. It was built with rocks, big rocks.
12 They put it round and they put barbed wire around it. That
13 barbed wire was put around it and sand in the centre. People had
14 to run inside it.

16:16:39 15 MR GRIFFITHS:

16 Q. And help me. Roughly how many recruits were at that camp
17 when you were there?

18 A. No, no, no, we were many. I do not know the total.

19 Q. Are we talking about 100, 200, or what?

16:16:58 20 A. More than that.

21 Q. Perhaps a thousand?

22 A. Yes, but I do not know the number. We were many on the
23 base at that time. I do not know the total number of recruits.

24 Q. And would it be fair to say that the vast majority of the
16:17:16 25 recruits were drawn from the Gio and Mano ethnic groups?

26 A. It was - at that time there were some Ivorians there, Gios,
27 Mano and they had some Gambians like my instructor, the late
28 Domingo, Lami ni ^ , the late Jack the Rebel and even the late
29 Mayo Putu ^ . Many of them.

1 Q. And as far as you were aware, those recruits undergoing
2 training at that camp, were they all volunteers like yourself?

3 A. No, I only knew about myself. Some of them who came to the
4 base at that time from the Ivory Coast, the SBUs, the small
16:18:15 5 children that came at the base, I did not know whether they
6 forced them or not.

7 Q. Let's leave SBUs out of the picture. The other adults that
8 you met on the base, were they all volunteers?

9 A. That is what I am telling you. I know about myself, but I
16:18:42 10 did not know about the other people. Because during the training
11 we had platoons, we had a company, we were in different sections,
12 so I did not know about the other people, whether they forced
13 them or not. I do not know.

14 Q. Let me just ask you about the ones in your platoon then.
16:18:59 15 Were they forced?

16 A. During the training I was --

17 THE INTERPRETER: Your Honours, can he kindly repeat this
18 answer.

19 PRESIDING JUDGE: Mr Witness, the interpreter is trying to
16:19:09 20 keep up with you and he needs you to repeat your answer where you
21 said, "During the training I was --" Please continue from there.

22 THE WITNESS. I said during the training in my platoon at
23 that time nobody could ask his friend whether he was forced or
24 not. We only focused on the training.

16:19:37 25 MR GRIFFITHS:

26 Q. Why couldn't you ask?

27 A. Everybody was busy thinking about himself. Nobody could
28 ask whether he was forced or not.

29 Q. But wouldn't you agree with me that it would be a natural

1 and very human enquiry to make?

2 A. That is what I keep telling you. At that time I only
3 focused on my training.

4 Q. Now, at that time whilst you were in that camp being
16:20:15 5 trained, did you hear of another training place called Camp
6 Naama?

7 A. I only heard about Camp Naama when I left Gborplay.

8 Q. When did you first hear of Camp Naama?

9 A. I heard about Camp Naama in Bomi Hills.

16:20:55 10 Q. How long after your training was that?

11 A. After my training - after my training it took me about a
12 month before I could hear about Camp Naama.

13 Q. Would I be right that that would mean that you knew about
14 Camp Naama in 1990?

16:21:29 15 A. Yes, yes.

16 Q. And when you then heard about Camp Naama, what did you
17 hear?

18 A. I heard about a troop standing by. A troop that had
19 already been trained standing by to go to Sierra Leone to fight.

16:22:12 20 Q. Yes, and what did that troop have to do with Camp Naama?

21 A. Repeat the question.

22 Q. Yes. What did Camp Naama have to do with that troop?

23 A. Yes, that was where they were trained and they were
24 standing by.

16:22:42 25 Q. And those troops who had been trained at Camp Naama, from
26 which country had they come?

27 A. Most of them that I knew at that time were all Liberians.

28 Q. So as you understood it in 1990, Camp Naama was a training
29 camp for Liberians. Is that right?

1 A. Yes.

2 Q. Now, following your training you then became a bodyguard,
3 didn't you?

4 A. Yes.

16:23:52 5 Q. And you became a bodyguard to a senior soldier in the NPFL.
6 Is that right? I am deliberately not calling his name. Have you
7 noticed that?

8 A. Yes, yes.

9 Q. And following your assignment as a bodyguard to that man
16:24:16 10 you were sent to Bomi Hills, weren't you?

11 A. Yes, I went with him.

12 Q. From Bomi Hills, just to trace your movements, you were
13 then assigned to Buchanan, weren't you?

14 A. No, from Buchanan to Bomi Hills.

16:24:41 15 Q. Okay. And then from Bomi Hills to Gbarnga, is that right?

16 A. From Bomi Hills to Maryland.

17 Q. From Maryland to where?

18 A. From Maryland to Gbarnga.

19 Q. And you spent somewhere in the region of five years in
16:25:07 20 Gbarnga, didn't you? Between 1992 to 1997, am I right?

21 A. Yes, yes.

22 Q. And during all your time in Buchanan, in Bomi Hills, in
23 Gbarnga, you were a bodyguard, weren't you?

24 A. Yes.

16:25:38 25 JUDGE SEBUTINDE: Mr Griffiths, could you kindly repeat the
26 years that were not recorded, please.

27 MR GRIFFITHS:

28 Q. You spent 1992 to 1997, those five years, in Gbarnga,
29 didn't you?

1 A. Yes.

2 Q. And throughout that time you were a bodyguard, weren't you?

3 A. Yes.

4 Q. And for all of that time you were a bodyguard at the

16:26:15 5 Executive Mansion in Gbarnga, weren't you?

6 A. Yes, first in Gbarnga I was with --

7 THE INTERPRETER: Your Honours, can I repeat the name?

8 PRESIDING JUDGE: The interpreter has indicated that a name
9 has been mentioned. Mr Koumjian?

16:26:39 10 MR KOU MJIAN: I don't believe the name of anyone that he
11 was a bodyguard is necessary to put into private session. We did
12 not do that in the direct examination. There was one position -
13 particular position - within that, the first assignment, that was
14 unique and we put that into private session only.

16:26:56 15 PRESIDING JUDGE: Very well. Mr Interpreter, please repeat
16 the name and that will be on the record.

17 THE INTERPRETER: Your Honours, can he then repeat his
18 answer.

19 PRESIDING JUDGE: Mr Witness, please repeat your answer.

16:27:09 20 You have heard the question. Do you need the question repeated?

21 THE WITNESS: I said in Gbarnga I first took assignment
22 with General Yeaten before going for training.

23 MR GRIFFITHS:

24 Q. And after training you were assigned to the Executive
16:27:29 25 Mansion, weren't you?

26 A. Yes.

27 Q. Until the elections in 1997 brought Charles Taylor to power
28 in a landslide victory as President of Liberia. Is that right?

29 A. Yes. When I was assigned to the mansion, I came back to

1 General Yeaten before going to Monrovia.

2 Q. And whilst in Monrovia, from the time of the election which
3 we know to be roughly July 1997, through until the end of 1999,
4 for the most part you were attached to the presidential

16:28:19 5 motorcade, weren't you?

6 A. Yes. When we came to Monrovia at the time, when Mr Taylor
7 became president, I took up assignment with the presidential
8 motorcade.

9 Q. And you remained with the presidential motorcade until in
16:28:46 10 late 1999 you were assigned as bodyguard to another man who came
11 from Sierra Leone. Is that right?

12 A. I was not with the motorcade throughout. I was not with
13 the motorcade throughout. Later, General Yeaten called for me
14 again to be with him and I was with him until that particular
16:29:10 15 gentleman you are talking about in '99 arrived in Monrovia.

16 Q. And whilst with Mr Yeaten, you were a bodyguard to him,
17 were you?

18 A. Yes.

19 Q. And you were a bodyguard to this other man who I mentioned,
16:29:31 20 yes?

21 A. Yes, I became bodyguard to him when he crossed and came to
22 Liberia before Yeaten sent me to take assignment with him.

23 Q. Thank you very much. So the very last question I want to
24 ask this afternoon is this: I am asking questions of a man who,
16:29:53 25 from when he joined the NPFL until into the year 2003, throughout
26 his military career was always a bodyguard. That is right, isn't
27 it?

28 A. Say that?

29 Q. The man I am talking to was a bodyguard throughout his

1 military career, is that right?

2 A. Yes, bodyguard and also a fighter and security.

3 Q. But your title throughout that period was bodyguard, is
4 that right?

16:30:39 5 A. Up to 1993 I was not a bodyguard. I was in control of a
6 certain area in '93.

7 Q. Did you do any other job apart from bodyguard for something
8 like 13 years?

9 A. No.

16:31:11 10 MR GRIFFITHS: Thank you. Is that a convenient point,
11 Madam President?

12 PRESIDING JUDGE: It is, Mr Griffiths. We are just up to
13 our normal finishing time and we have been alerted about the
14 tape.

16:31:20 15 Mr Witness, we are going to adjourn for the rest of the
16 day. We will be resuming court at 9.30 tomorrow. I will remind
17 you that you are now under oath and you must not discuss your
18 evidence with any other person. You recall this warning before?

19 I just note that when we reopened court at lunchtime today
16:31:43 20 and I mentioned the passing of the late Justice Fernando we were
21 in private session. That of course is matter for public record
22 and if that particular small snippet could be made public I think
23 it would be appropriate.

24 MR GRIFFITHS: I respectfully agree, Madam President.

16:32:01 25 PRESIDING JUDGE: Thank you. Please adjourn court.

26 [Whereupon the hearing adjourned at 4.32 p.m.
27 to be reconvened on Tuesday, 25 November 2008
28 at 9.30 a.m.]

29