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WORLD

BEHIND the SCENES ARCHIVE»

Sierra Leone amputees in a league of their own

Injuries sustained in civil war haven't kept soccer players off field

By Jeff Koinange
CNN

Monday, April 3, 2006 Posted: 1940 GMT (0340 HKT)

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FREETOWN, Sierra Leone (CNN) -- It's 8 a.m., and a soccer game is under way on a makeshift field by the exotic beaches of Sierra Leone, along the Atlantic Ocean.

But it's no ordinary soccer game, for every one of the players on the six-a-side practice session is missing a leg or an arm or both.

They're all amputees, victims of the West African country's brutal decadelong civil war that cost up to 50,000 lives and left a nation of armless and legless victims. The conflict ended in 2002, but so many people are missing limbs that there is a full-fledged national soccer league for amputees. It has about a dozen teams, with legless field players and handless goalies.

Players struggle as they hobble on crutches and fight for ball possession. But some, such as 19-year-old Amadu Kamara, show amazing dexterity when it comes to ball and body control. Then again, he should.

Kamara was a budding high school soccer star when the civil war was at its height.



Members of the Sierra Leone Single Leg Amputee Sports Club play a match by the Atlantic Ocean.

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One day, when fleeing from the rebels, a bullet hit him in the thigh. He was found three days later by government troops who took him to a local hospital.

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Doctors didn't have the equipment or drugs to treat him and decided to amputate his leg, cutting short his career. He lay depressed for two months.

Seven years later, he's on the beach on crutches, maneuvering his way past other players while dribbling the ball.

"The civil war was terrible," Kamara says. "It's reduced us to a nation of beggars ... one-armed and one-legged beggars."

He is referring to the thousands of amputees who've made this country's busy thoroughfares their homes, begging for alms from sympathetic motorists and passers-by.

Many lost limbs

One of those amputees is Suleiman Sesay, who says he vividly remembers the day the rebels invaded his city.

Sesay says they rounded up him and other teens and took them to their stronghold, miles away. They were given chores -- collecting firewood, fetching water, cooking and cleaning. They worked for days on end with little food.

One day, Sesay says, he and his friends refused to do a chore, so the rebels decided to make examples of them. The rebels took them outside and in front of everyone grabbed axes and machetes and started hacking at their limbs.

"They gave us a choice," he says. "Do you want short sleeves or long sleeves?"

He says he didn't know what the question meant and even thought it was a joke. He took a gamble and said short sleeves.

"They chopped my arm at the elbow," he says. "Six swings and my arm came off."

His friend Ali had chosen long sleeves, and his hand was hacked at the wrist. And on it went until all 12 teens had their limbs severed.

"My other friend, Mohammed, a very good soccer player, had his leg chopped off," Sesay says. "The rebels said they'd done it deliberately so he could never play again. Mohammed bled to death some hours later."

Some blame Taylor

Abu Sesay (unrelated to Suleiman) was 2 months old when the rebel onslaught came to his village. His father took off with Abu on his back. The rebels' bullets cut short his run. They shattered Abu's leg and killed his father instantly.

Abu was tossed into the bushes and discovered two days later. By that time, gangrene had set in, and his leg had to be amputated.

Seven years later, Abu sits by the step of his mother's house watching his siblings play. Kadiatu Sesay says she wishes her son could be a normal kid like her other children.

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"I can't even afford to pay school fees or indeed feed my children, let alone buy Abu a prosthesis."

I ask Abu if he's ever heard of Charles Taylor, former president of Liberia, a neighboring country. Taylor sits in a jailhouse here in Freetown.

Taylor is accused of countless atrocities in Sierra Leone, including aiding the rebel movement that spurred this nation's civil war and hacked off the limbs of many of its people. Taylor stands accused by a Sierra Leone special court of war crimes and crimes against humanity. He has pleaded not guilty.

Merely 7, Abu knows about Taylor and has a definite opinion of him: "I wish I could use a bullet on him the same way one was used on me. I've never met Charles Taylor, but I know he's a bad man."

As I watch the amputees play soccer by the Atlantic, my thoughts turn to Taylor and his alleged victims. This isn't the way soccer was meant to be played, but don't tell that to these incredibly determined young men.

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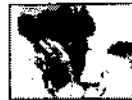
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A Tale of Three Amputees

allAfrica.com

NEWS

14 May 2002

Posted to the web 14 May 2002

By Ofeibea Quist-Arcton
 Freetown, Sierra Leone

Lamin is ready to forgive, but not forget. Ishmael will never forget and is not prepared to forgive. Finna appears to have other things on her mind on election day in Sierra Leone.

All three lined up on Tuesday in the Sierra Leonean capital, Freetown, to cast their votes in the historic presidential and parliamentary polls.

Lamin Jusu Jarka, 43, Ishmael Daramy, 42, and Finna Kamara, 33, all have one thing in common. They were the victims of Revolutionary United Front (RUF) rebels in Sierra Leone's 10-year civil war. They all had their hands chopped off in 1999. They are all residents of the Aberdeen Road Amputee Camp in Freetown.

Unlike other amputees, none of the three was given the choice of what version of 'cut arm' or 'cut hand' they wanted - long sleeves or short sleeves.

They were punished by the rebels for different reasons. Lamin had his two arms hacked off, he says, because he refused to surrender his daughter to the rebels and encouraged her to escape through a back window. They wanted to teach him a lesson, attacking him and leaving him for dead. Lamin told allAfrica.com he could not willingly have handed over his daughter to be raped and possibly killed, during an orgy of rebel atrocities when they attacked Freetown in 1999.

An unforgiving Ishmael says he was maimed in the same 1999 rebel raid on the capital. The rebels told him they were chopping off his two hands to prevent him from ever again using them to vote for "democracy for that man Kabbah" (the leader of the governing Sierra Leone People's Party who is standing for re-election and a second term).

Finna lost her left hand, and almost her life, because she did not have money to give to the rebels to stop them. She says she went to her farm to plant groundnuts and on her return found the rebels, firing off loud shots and making demands.

For good measure they stole her cassette-radio and cut off the hand of her daughter, Damba Koroma, then a mere six years old, "under the giant cotton tree" Finna recalls, in Kaba, in the north.

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Machetes and knives were the rough weapons of choice used by the rebels - including child fighters - for their summary amputations.

Finna, Ishmael and Lamin are just three among hundreds of amputees in Sierra Leone who had their hands, fingers, arms, legs and, in some cases noses, severed from their bodies. They remain a visible, potent and poignant reminder of the barbaric nature of the conflict in Sierra Leone that raged for a decade and claimed tens of thousands of civilian lives.

The amputees are also a symbol and permanent legacy of the horrors of a rebellion where the different factions transformed children into fighters and killers, raped old and young women and turned girls into sex slaves. Other civilians were forced to take up arms.

Special provision was made by the Sierra Leonean authorities for amputees and the blind to vote in the first democratic poll since the war formally ended in January.

At their UN-sponsored amputee camp in Freetown, Finna, Ishmael, Lamin, and the other with missing limbs, were allowed to vote ahead of a throng of other enthusiastic voters queuing in their hundreds to choose a new president and 112 parliamentarians.

The former rebels, transformed into the Revolutionary United Front political party, RUFP, are fielding a presidential candidate and potential MPs in the elections in Sierra Leone.

The outgoing leader, Kabbah, 70, is one of nine presidential hopefuls, including one woman, Zainab Hawa Bangura of the Movement for Progress (MoP party). Analysts say Kabbah stands a good chance of winning, if he can gain the required 55 percent in the first round.

If not, Kabbah could face stiff competition in a second round run-off, most likely from the former ruling All People's party (APC) candidate, Ernest Bai Koroma, especially if his rivals form a political alliance.

Kabbah's supporters hail the president who they say helped to restore peace in Sierra Leone, invited the United Nations' peacekeepers into their country and ended the war.

His critics have accused Kabbah's SLPP of intimidating would-be voters from opposition parties and preventing them from campaigning freely throughout the country.

Lamin, who is a chief organizer at the Aberdeen Road amputee camp, chose not disclose who he was voting for.

But Ishmael was quite open and forthright. "I have come to vote to choose my good leader, President Kabbah. Kabbah is my president," he said simply, with a laugh. He added that he had triumphed over the rebels because, although he had no hands to vote, he was still able to cast his ballot for democracy.

Ishmael, who comes from Kono District in eastern Sierra Leone, a region devastated by the rebellion, said: "I believe this is good for the people of Sierra Leone, because this is a peaceful election in Sierra Leone this year".

But he told allAfrica.com indignantly that the rebels would never get his vote - nor the support of most Sierra Leoneans - because of the harm they had done to their country.

"They cut off my hands and told me that I couldn't vote for democracy anymore. They don't like

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democracy. They told me to go to Kabbah to give me new hands or to the international community to give me hands. I suffered for democracy, so I have to support democracy until the end of my life."

Ishmael is not very confident about the future of his country or the process of unifying the divided nation and bringing some understanding between former rebels and their victims.

"I cannot talk about reconciliation, because it is very difficult. The TRC [the planned Truth and Reconciliation Commission in Sierra Leone] may have worked in South Africa, but when you look at the situation in Sierra Leone compared with South Africa, it is so different. In Sierra Leone we had amputations, in South Africa they did not," said Ishmael.

Ishmael said he knew the rebel, the "young boy" as he calls him, who cut off his hands, and was finding it difficult to forgive him. "It is not easy to reconcile with someone who amputated you. It is not easy to forgive. Everyday I have my pain. I am suffering. Who can educate my five children? Who can take care of my wife? Nothing can convince me to forget. Nothing. I can't forget. Everyday I have my pain. How can I forget? It's not easy to forget, it's not easy to forgive."

But Lamin, the camp organizer, talked positively about how the elections represented a new start for Sierra Leone. "It is going to be a new beginning of life because, compared to the previous ten years of war that has taken place in this country, people are looking forward to reinstating a new democratic government which will be able to address the issues of the people of this country."

He and the other amputees are appealing to Sierra Leone's new leaders to help them. "Right now we don't have any assistance," said Lamin.

Lamin painstakingly used his prosthetic arms, with two pincer-fingers, to remove his voting card from his pocket and present it to election officials in the polling station (Finna and Ishmael are so far without prostheses).

Lamin then lifted his foot onto the table for the nail of his big toe to be painted with indelible ink. Normally voters have their left thumb daubed with the ink.

In front of flashing camera lights, and scribbling reporters, Lamin carefully placed his toe on an ink pad and placed a 'toe print', rather than a thumb print, against the presidential candidate of his choice, after which he neatly folded the ballot paper with his pincers.

Mission accomplished, with a big smile and sweating profusely from the exertion, Lamin looked up proudly and triumphantly, telling journalists: "I used to vote with my hands, I did it today with my toe." He said he was 'happy' at having voted and gave a victorious 'thumbs up' with his false arms.

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VI. EFFECTS OF SEXUAL VIOLENCE

Health

Sexual violence often continues to impact the physical and mental well-being of survivors long after the abuses were committed. In addition to the reluctance of some survivors to seek medical treatment, the lack of health facilities, especially in the provinces, as well as the survivors' lack of money for transport, medical treatment and drugs has meant that the health status of survivors is poor.¹⁷⁰ Survivors also were often only able to seek medical treatment months after the abuse had happened, for example when they managed to escape rebel captors and make their way to a health center.

The probability of transmission of HIV and certain other sexually transmitted diseases (STDs) is greatly increased in violent sex and any sex where a woman or girl is injured. Doctors and other health personnel interviewed by Human Rights Watch reported a high prevalence of STDs amongst victims, as the armed conflict in Sierra Leone, like other armed conflicts, served as a vector for sexually transmitted diseases.¹⁷¹

A World Health Organization (WHO) report found an alarmingly high prevalence rate of HIV/AIDS amongst Sierra Leone Army soldiers. According to the report, the SLA tested 176 soldiers and eighty-two civilians working for the army who had prolonged diarrhea, tuberculosis, weight loss or pneumonia, and found a HIV-positive rate of 41.9 percent (or 108 persons). Among the group tested were eighty female soldiers of whom thirty tested positive (37.5 percent). As many SLA soldiers defected to the rebel factions, it is likely that victims of sexual violence by them have been infected with the virus.¹⁷² A U.N. report on the impact of conflict on children states that rates of sexually transmitted diseases among soldiers are two to five times higher than those of civilian populations, and that during armed conflict the rate of infection can be up to fifty times higher.¹⁷³ Commercial sexual exploitation of women by soldiers, including peacekeepers, also contributes to the spread of STDs, including HIV/AIDS.¹⁷⁴ In 1997, tests showed that 70.6 percent of commercial sex workers in Freetown were HIV positive compared to 26.7 percent in 1995.¹⁷⁵

The 2002 report by the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the global AIDS epidemic estimated that by the end of 2001 there were 170,000 persons aged between fifteen and forty-nine living with HIV/AIDS in Sierra Leone. UNAIDS estimates that more than 50 percent of this figure (90,000) are women and girls.¹⁷⁶ More accurate figures on HIV/AIDS prevalence in Sierra Leone, as opposed to estimates, should be known when the U.S. Centers for Disease Control

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and Prevention (CDC) publish their report based on a nationwide HIV/AIDS prevalence survey conducted in May 2002.¹⁷⁷ The government of Sierra Leone should ensure that future information campaigns on HIV/AIDS are designed both to impart basic information and to help reduce stigma, especially in light of the large number of survivors of sexual violence who may have been infected with HIV.

Other health problems are vasico-vaginal and vasico-rectal fistulas (VVF's and VRJ's), as a result of the rape(s) especially of young girls but also of mature women; complications when giving birth; prolapsed uterus; trauma; and unwanted pregnancies. Health professionals have noted high rates of pregnancies amongst young girls with likely resultant illness, injury, and even death, due to pregnancy-related complications. These girls are likely to experience future complications including uterine problems and scarring, reducing their ability to have a normal sex life or to conceive or carry a child to full term in the future. The health of children born to abducted girls is also likely to suffer as the girls often have no one to teach them motherhood skills, contributing to high rates of infant mortality. The health risks are further exacerbated by various factors that impede safe sex, including lack of information about HIV/AIDS, as well as cultural practices and beliefs that undermine the use of reproductive health services and contraception.¹⁷⁸ The lack of attention paid until recently to conflict-related sexual violence has meant that the health needs of women and girls have not received as much attention or funding as required to adequately address the scale of the problem. In general the Sierra Leonean health services lack trained and motivated personnel, medical equipment and supplies, drugs, and blood for transfusion. The reproductive health infrastructure, which was poor before 1991, virtually collapsed during the war.¹⁷⁹ There are only six specialist obstetricians and gynecologists in Sierra Leone.¹⁸⁰ Treatment for sexually transmitted diseases is limited to the main towns and outreach by mobile clinics in some chiefdoms.

Mental health services for survivors of sexual violence are inadequate and as of 2002 there was only one qualified psychiatrist in the country. FAWE Sierra Leone, which has substantial expertise in treating survivors of sexual violence, believes that counseling on a massive scale is needed to ensure that the women and girls can face the future.¹⁸¹

Stigmatization and Shame of Survivors

The rebels frequently committed crimes of sexual violence in public places. A.M., a twenty-year-old male, reported that when he was held in captivity in State House in Freetown from January 8, 1999 for three days, he saw from his cell window RUF/AFRC combatants raping about twenty to twenty-five girls each night on the grounds.¹⁸² Given that rape has been committed on such a systematic and widespread scale and was witnessed by many people, it seems that rape survivors, particularly in urban centers, are generally not stigmatized by society. Survivors interviewed have expressed fear of rejection by their families and communities, but in practice it seems that their fears are unfounded. Most survivors are accepted back into their communities, with their families simply overjoyed to find that they are still alive.

Nevertheless, some women, like R.K. who was raped by the CDF (see above, p. 48),

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have been rejected by their husbands:

I told my husband what happened. He cried and rejected me. He said he will find another wife. My family has begged him to accept me as it was not my fault. He does not love me anymore. I am annoyed because I was the senior wife and now he does not treat me well.¹⁸³

Girls and women who voluntarily joined the rebel forces are less likely to be welcomed back.

The survey conducted by Physicians for Human Rights gives an indication of survival strategies employed by women who had been raped: of the ninety-four interviewees reporting having themselves experienced sexual violence, sixty-one (or 65 percent) told someone about their case(s) of sexual violence. The majority of these survivors (fifty women and girls or 53 percent) reported their experience to a health care provider in a hospital, health care center or to a traditional healer, albeit on average five months after the incident(s) occurred. Among those not reporting these incidents and who stated a reason (twenty-eight out of thirty-three), the reasons given were feelings of shame or social stigma (eighteen women and girls or 64 percent), fear of being stigmatized or rejected (eight women and girls or 28 percent) and not having trust in anyone (six women and girls or 21 percent). Eighteen women and girls (19 percent) reported that discussions with family members helped them to try to forget about the incident(s). Other survivors reported that what helped most was to try and forget about the incident (46 percent), support of family (35 percent), a health care provider (33 percent) and traditional medicine (32 percent).¹⁸⁴

Human Rights Watch also found that many survivors feel intense personal shame that the rebels have defiled them, and therefore often do not report the crime or seek medical attention. S.G., the fifty-year-old widow who had both arms amputated after being raped (see above p. 36), described the shame and anger she felt after her ordeal:

I didn't even tell my people about the rape. It's such a shameful act. Not just because of the rebel's age, but also because never in my life have I had sex with someone besides my husband. I was a good woman. Can you imagine how I felt when this young boy raped me, kicked me and then told me to get out of his sight after doing this to me? And without my arms, how can I as a woman even clean myself, let alone take care of my affairs. We're farmers and how am I to farm now? Both the rape and amputation are awful ... but later when thinking about what happened, I was even angrier about the rape than the amputation because for him to have done that to me was like killing me inside because of the shame. Sex is something you should enjoy together with your man. But to do it like that, to handle me like that, to torture me like that and then kick me and leave me like that ... it's too

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much. But I guess I was somehow lucky. There could have been ten people doing that to me.¹⁸⁵

P.S. twenty-five, who was abducted and gang raped by the West Side Boys in January 2000, explained why she had not reported her rapes:

I didn't want to tell anyone what happened. I was ashamed because it is bad enough being done like this, but having a rebel do it is even worse. I felt so bad because I wanted to save myself for someone special. I went to secret society and they instructed us not to be involved in sex until we were ready to marry. And now I'm afraid because of AIDS. When I think of them I feel so angry.¹⁸⁶

170 PIIR report, p. 45.

171 Human Rights Watch interviews with Dr. Olayinka Koso-Thomas, Freetown, February 25, 2002; Dr. Noah Conteh, Freetown, March 1, 2002 and Dr. Bernard Fraser, Freetown, March 3, 2002.

172 World Health Organization, *HIV/AIDS in Sierra Leone: The Future at Stake-The Strategic and Organizational Context and Recommendations for Action* (Freetown, 2000), p. 3.

173 See United Nations Security Council resolution 1308 on the responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations, July 17, 2000; and Graça Machel, "The Impact of Armed Conflict on Children: A critical review of progress made and obstacles encountered in increasing protection for war-affected children," report prepared for and presented at the International Conference on War-Affected Children, September 2000, Winnipeg, Canada, p. 12, at <http://www.waraaffectedchildren.gc.ca/machel-e.asp>.

174 Human Rights Watch interview, UNAMSIL medical personnel, Freetown, April 30, 2002.

175 Ministry of Health and Sanitation, *National AIDS/STD Control Programme Annual Report for 1998* (Freetown, Ministry of Health and Sanitation, 1998), p. 3.

176 UNAIDS, *Report on the Global HIV/AIDS Epidemic 2002* at <http://www.unaids.org/>, p. 190. This figure is based on a total population of 4,587,000.

177 Human Rights Watch interview with Dr. Joaquim Saweka (WHO Sierra Leone Representative), Freetown, May 3, 2002. The preliminary results of the CDC showed a prevalence rate of 4.9 percent.

178 Only 297 of 4,923 women (or 6 percent) surveyed by the government in 2000 reported that they used contraceptives. This low prevalence of contraception use is due to lack of access to family planning services within the communities.

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inadequate health facilities, especially in the provinces, lack of disposable income to pay for these services, and the low education of women. Only 3 percent of women with no education used contraception compared to 8 percent of women with primary education and 14 percent of women with secondary or higher education. Another worrying factor is the unwillingness of partners to use condoms, which does not bode well given the high prevalence of HIV/AIDS and other STDs. See Government of Sierra Leone, *The Status of Women and Children in Sierra Leone*, pp. 55-58.

179 UNDP, *Human Development Report 2001*, p. 198.

180 WHO and the Ministry of Health and Sanitation, *Assessment of District Hospitals in Sierra Leone for the Delivery of Safe Motherhood and Reproductive Health Services* (Freetown: 2002), p. 10. The Assessment also found that physicians attended only 3 percent of births whereas traditional birth attendants assisted in 38 percent of births nationally. Ibid. pp. 56-57. Only 10 percent of 4,923 women surveyed by the government in 2000 reported that they received antenatal care from a physician. See Government of Sierra Leone, *The Status of Women and Children in Sierra Leone*, p. 10.

181 Human Rights Watch interview with Christiana Thorpe (founding chairperson of FAWE Sierra Leone Chapter), Freetown, March 22, 2002.

182 Human Rights Watch interview, Freetown, April 12, 1999.

183 Human Rights Watch interview, Freetown, August 21, 2000.

184 PHR report, p. 51 and Table 6 on p. 54. Women could select more than one of the choices given.

185 Human Rights Watch interview, Bo, March 2, 2000.

186 Human Rights Watch interview, Freetown, February 8, 2000.

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ANNEX I

CONDUCT OF THE ACCUSED IN DETENTION

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Annex J

BBC News, "Huntley should die behind bars"

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Huntley 'should die behind bars'

Soham murderer Ian Huntley should die in jail because the "public would expect that", the Lord Chancellor Lord Falconer has suggested.

In a Sunday Telegraph interview, he said Huntley was among a category of killers who should never be freed.

Society requires "retribution" in such cases and needs to have confidence in the criminal justice system, he added.

Huntley, 33, got a 40-year minimum sentence in 2003 for the 2002 murders of Holly Wells and Jessica Chapman.

HAVE YOUR SAY

I think sentences should be proportional to the severity of the offence and should not pander to populist demands

Duncan, Oxford

The Lord Chancellor's remarks follow a row prompted by the Lord Chief Justice's support for an end to mandatory life terms for murderers.

"There will be some people who I think should stay in prison for the rest of their natural life," Lord Falconer told the paper.

"They should still stay in because the heinousness of their crime means that the public would expect that.

"(Lord Phillips) referred to geriatric lifers - well, there will be some and I think if you want confidence in the system that's got to be the position."

Lord Falconer also cited the case of another child killer, Robert Black, who was jailed for a minimum of 35 years in 1994 and that of Moors murderer Ian Brady, serving a "whole life" tariff.

He said they were "three obvious examples" of people who should never be released.

"It is both because of dangerousness but it is also because society does require retribution in those sorts of cases and if it doesn't get it then people will not be confident of the criminal justice system."

Lord Falconer said low-level offenders with alcohol and drugs problems could serve reduced jail terms if they were better treated and properly monitored in the community.

"The right course is to take every step necessary to make sure they don't reoffend which may involve shorter sentences," he said.

In a speech at the University of Birmingham earlier this month, Lord Chief Justice Lord

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Phillips said prisons risked becoming "full of geriatric lifers" in future.

He said government guidelines were "ratcheting up" the length of time some murderers would spend in prison.

But the most senior judge in England and Wales did not mention any individual cases by name in the speech.

Health Secretary Patricia Hewitt told ITV's Sunday Edition programme that it was not for ministers to decide the timing of a prisoner's release.

But she added: "I have to say as a mother myself I would absolutely echo Charlie Falconer's view."

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Huntley 'should die behind bars'

Soham murderer Ian Huntley should die in jail because the "public would expect that", the Lord Chancellor Lord Falconer has suggested.



Soham murderer Ian Huntley, given minimum 40-year term

In a Sunday Telegraph interview, he said Huntley was among a category of killers who should never be freed.

Society requires "retribution" in such cases and needs to have confidence in the criminal justice system, he added.

Huntley, 33, got a 40-year minimum sentence in 2003 for the 2002 murders of Holly Wells and Jessica Chapman.

The Lord Chancellor's remarks follow a row prompted by the Lord Chief Justice's support for an end to mandatory life terms for murderers.

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“ I think sentences should be proportional to the severity of the offence and should not pander to populist demands ”

Duncan, Oxford

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"There will be some people who I think should stay in prison for the rest of their natural life," Lord Falconer told the paper.

"They should still stay in because the heinousness of their crime means that the public would expect that.

"(Lord Phillips) referred to geriatric lifers - well, there will be some and I think if you want confidence in the system that's got to be the position."

Lord Falconer also cited the case of another child killer, Robert Black, who was jailed for a minimum of 35 years in 1994 and that of Moors murderer Ian Brady, serving a "whole life" tariff.

He said they were "three obvious examples" of people who should never be released.

"It is both because of dangerousness but it is also because society does require

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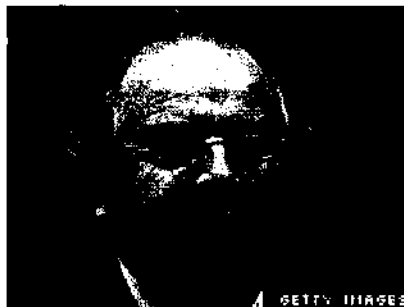
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retribution in those sorts of cases and if it doesn't get it then people will not be confident of the criminal justice system."



Lord Falconer said low-level offenders with alcohol and drugs problems could serve reduced jail terms if they were better treated and properly monitored in the community.

Lord Falconer also said low-level offenders could serve shorter terms

"The right course is to take every step necessary to make sure they don't reoffend which may involve shorter sentences," he said.


In a speech at the University of Birmingham earlier this month, Lord Chief Justice Lord Phillips said prisons risked becoming "full of geriatric lifers" in future.

He said government guidelines were "ratcheting up" the length of time some murderers would spend in prison.

But the most senior judge in England and Wales did not mention any individual cases by name in the speech.

Health Secretary Patricia Hewitt told ITV's Sunday Edition programme that it was not for ministers to decide the timing of a prisoner's release.

But she added: "I have to say as a mother myself I would absolutely echo Charlie Falconer's view."

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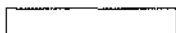
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