



REPUBLIC OF LIBERIA **TRUTH AND RECONCILIATION COMMISSION**

Volume Three:

APPENDICES

Title VIII:

Accounting for the “Less Fortunate” and their
Psychosocial Needs

Final Statement from the Commission

Nearly three and half years ago, we embarked upon a journey on behalf of the people of Liberia with a simple mission to explain how Liberia became what it is today and to advance recommendations to avert a repetition of the past and lay the foundation for sustainable national peace, unity, security and reconciliation. Considering the complexity of the Liberian conflict, the intractable nature of our socio-cultural interactions, the fluid political and fragile security environment, we had no illusion of the task at hand and, embraced the challenge as a national call to duty; a duty we committed ourselves to accomplishing without fear or favor.

Today, we have done just that! With gratitude to the Almighty God, the Merciful Allah and our Lord and Savior Jesus Christ, we are both proud and honored to present our report to the people of Liberia, the Government of Liberia, the President of Liberia and the International Community who are “moral guarantors” of the Liberian peace process.

This report is made against the background of rising expectations, fears and anxiety. The vast majority of us who are victims or survivors of the massive wave of atrocities induced by the conflict, expect that all the recommendations contained in this report will be implemented and reparations in the forms of compensation, policy and institutional reforms, specialized services, restitution or financial relief, will address all our social, economic, cultural, civic and political rights issues, ensure accountability, undermine impunity and foster national healing and reconciliation.

The few of us who commanded the force of arms, financed, resourced and provided political and ideological guidance to several warring factions, we fear alienation, prosecutions and other forms of public sanctions which may undermine our current socio-economic and political stature acquired during the conflict period.

Though this latter group of us equally desire national healing and reconciliation, it should be accomplished without any cost to our current standing and prestige. Bygones must be bygones. Having no regard for the rule of law, we ignored the TRC Process and when we opted to cooperate and appear before the Commission, we deliberately lied and failed to speak truthfully about the scale of our participation and deeds as a show of remorse and contrition which acknowledges the pains and sufferings of victims and triggers the national healing and reconciliation

we profess to desire.

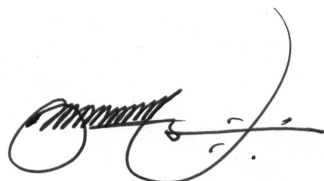
A true transitional justice process, as the TRC of Liberia, is never a perfect human endeavor; and will not satisfy all segments of our society. It is equally true that the TRC may never meet all the expectations or allay all the fears of contending interests it naturally arouses. Expectations, fears and anxieties, justifiably so, are products of the TRC process and not its outcome. The process is what justifies or legitimizes the product or the outcomes.

The outcome in this report is the product of deliberate planning and engagement with all segments of our society centering on all 15 counties of Liberia and the Diaspora. Capturing over 22,000 written statements, several dozens of personal interviews and over 500 hundred live public testimonies of witnesses including actors, perpetrators, and direct victims; a national regional consultation with county stakeholders and a national conference on reconciliation and the way forward provided the Commission a national perspective of the conflict, its causes, trends, impacts and the vision and aspirations of the people of Liberia for a better future. The Commission incorporated desk research, media publications and human rights reports of very prominent international and local human rights institutions into its work. So guided and informed, the Commission is well poised to make this report and draw the conclusions and make the recommendations contained in this report which in four volumes documents the comprehensive work of the Commission.

We extend appreciation to all, locally and internationally, who supported and worked with the Commission to ensure it succeeds at its mandate. We mention the Government of Her Excellency, Ellen Johnson-Sirleaf, the National Legislature including the House Standing committee on Peace and Reconciliation, The International Contact Group on Liberia (ICGL), Minnesota Advocates for Human Rights and the hundreds of volunteers across the USA, the media and dozens of civil society institutions, who were very interested and supportive of the process and lastly but not the least, the people of Liberia everywhere, not only for their support but most importantly for their abiding faith and confidence in the process and our ability to successfully navigate and pilot suavely through the many turbulences we encountered along the way.

We call on all to view this report and use it as a tool, blueprint and foundation for carving a better, brighter and more secured future for posterity. The purpose of our work was not necessarily to please anyone

but to objectively and independently execute the mandates of the TRC realistically and objectively in patriotic service to the nation in unraveling the truth of our national nightmare. This report is our roadmap to liberation and lasting peace which means that reconciliation in Liberia is never again an elusive goal. It is both a possibility and a reality we must achieve by opening our hearts and accepting the realities and consequences of our national existence and move forward. This report is a contribution to that process and it is our prayers that all Liberians will see it that way and work for the full implementation of the recommendations without fear or favor or respect for any man. When we do this, the love of liberty “which brought us here” will “bring us together” under God’s Command so that this sweet and glorious land of liberty will forever be ours.



Jerome J Verdier, Sr.
Counselor-at-Law
Chairman

Dated in Monrovia this 30th day of June A.D. 2009

ABBREVIATION

TRC	Truth and Reconciliation Commission of Liberia
UNMIL	United Nations Mission in Liberia
NUOD	National Union of Organizations of the Disabled
MHSW	Ministry of Health and Social Welfare
IDA	The International Disability Alliance
OHCHR	Office of the United Nations High Commissioner for Human Rights
ICESCR	The International Covenant on Economic, Social and Cultural Rights
ICCPR	The International Covenant on Civil and Political Rights
CAT	The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CERD	The International Convention on the Elimination of All Forms of Racial Discrimination
CEDAW	The Convention on the Elimination of All Forms of Discrimination against Women
CRC	The Convention on the Elimination of ALL Forms of Discrimination against Women
WHO	World Health Organization
WPA	World Programme of Action
UNICEF	United Nations Children Educational Fund

TABLE OF CONTENT

Acknowledgement

- 1.0 Introduction.**

- 2.0 TRC's strategy for engagement.**
 - 2.1 Statment Taking Process and Training.
 - 2.2 Consultations.
 - 2.3 Priority Concerns of People with Disabilities.
 - 2.4 Statement Taking.
 - 2.5 Thematic Hearings.

- 3.0 Impact of the Conflict on Specific Groups.**
 - 3.1 General Impact of the Conflict.
 - 3.2 The Elderly.
 - 3.3 Mental Health Care.
 - 3.4 Pre – war Solutions.
 - 3.5 Limitations of a Cenralized Facility.
 - 3.6 Specific Impact of the Conflict.
 - 3.7 Drug Abuse a Mental Health Problem.
 - 3.8 The DEAF.
 - 3.9 Specific Eperiences of the Deaf.

- 4.0 Legislating Protection for the Disabled.**
 - 4.1 Cultural and Social Barriers.
 - 4.2 Overview of Nationa and International Legal Efforts to Protect People with Disabilities.
 - 4.2.1 UN Convention on the Rights of Persons with Disabilities.
 - 4.2.2 Other International Conventions.
 - 4.2.3 Non Binding Policy Instruments.

- 5.0 Testimonies of People with War Induced Disabilities.**

- 6.0 Addressing the Psychosocial Needs of Witnesses.**
 - 6.1 Activities of the Unit.
 - 6.1.1 Support Systems.
 - 6.1.2 Refresher for Statement Takers.
 - 6.1.3 TRC Mock Hearings.
 - 6.1.4 Nationwide Public and In – Camera Hearings.
 - 6.1.5 Liberia Association of Psychosocial Services.

7.0 Output – Caseload.

- 7.1 Referrals.
 - 7.1.1 Medical Examination and Treatment.
 - 7.1.2 Skills Training.
 - 7.1.3 Counselling.
 - 7.1.4 Psychosocial Support to Commissioners and staff.
 - 7.1.5 Vulnerable Groups.

8.0 Lessons Learnt.

- 8.1 Challenges.

9.0 General Findings.

- 9.1 Findings on the Elderly: Key Issues and Progress.
 - 9.1.1 Poverty.
 - 9.1.2 Lack of Affordable Health Care Services.
 - 9.1.3 Food Security.
 - 9.1.4 Migration.
 - 9.1.5 Gender.

10.0 Annex I

10.1 Annex II

10.2 Annex III

- 10.2.1 Part I- Definition and Scope.
- 10.2.2 Part II- Principles of Vocational Rehabilitation and Employment Policies for Disabled Persons.
- 10.2.3 Part III- Action at the National Level for the Development of Vocational Rehabilitation and Employment Services for Disabled Persons.
- 10.2.4 Part Final Provisions.

ACKNOWLEDGEMENT

Working with people with disabilities, special needs, and other vulnerable members of our society has been a challenging experience for the Liberian TRC. Notwithstanding, it was very much successful and meaningful to the TRC process. Engagements with this group highlighted the significant need for national awareness and consciousness about the unique plight of this community and the challenges they are faced with daily.

Owing to its mandate, The Liberian TRC had to incorporate all strata of our society into a holistic process to foster the drive for national peace, security, justice, unity and national reconciliation. The TRC listened to and included the views, inputs, aspirations, perspectives and recommendations of all Liberians, including this community, into its work, which today find expressions in the Final Report, Volume II, Consolidated Report of the TRC and in Volume III, Title VIII, Accounting For the Less Fortunate and Their Psychosocial Needs, this title of the TRC Reports.

The TRC expresses thanks and appreciation to all including experts and practitioners, people with special needs -groupings, institutions and individuals- stretched across the length and breadth of Liberia; the mentally challenged, the physically challenged, the elderly, the deaf and hard of hearing for their contribution and support to the TRC process and the process of national healing and renewal. The concerns raised, the aspirations and expectations expressed, the inputs and perspectives for reforms, and recommendations for national unity, peace, economic growth and development put forward for the welfare, wellbeing, health, education, growth and development of all Liberians without discrimination are well noted.

The Commission wishes to particularly recognize the work of the Ministry of Health and Social Welfare, UNMIL, HANDICAP International, Catholic Justice Peace Commission (JPC) Association of Disabled Females International (ADFI), the Group of 77, National Union of the Disable (NOUD), Liberia Christian Handicap Organization (LICH0), Dr. Benjamin Harris, Mental Health Expert, Liberia Association of the Physically Disable (LAPD), Liberia School of the Deaf, Liberia School of the Blind, National Commission for People with Disability, United Blind Association, Antoinette Cheshire Home, etc, for their respective invaluable contributions to the process.

1. INTRODUCTION

It has been increasingly recognized that the Liberian society, governments past and present, pre-conflict and post conflict periods, have failed to put into institute policies and mechanisms to address the painful legacy of past neglect of the needs, aspirations and concerns of the most vulnerable members or groups in the Liberian society.

The vulnerable groups (blind, deaf, physically and mentally challenged, and the elderly) were significantly impacted by the roles and experiences the civil conflict imposed on them. Their volatile situation became worst during the conflict period due to their challenged situation. They were prime victims of the civil war and the cycle of violence occasioned by it. The rapid break down of law and order, unstable governance structures and institutions subsisting during periods of conflict greatly exacerbated their sufferings and physically disabled many others who, hitherto, led normal lives.

Pursuant to its objective to promote national peace and security, unity and reconciliation, Article IV section 4(e) of the TRC Act commanded the Commission "...to adopt specific mechanisms and procedures to address the experiences of vulnerable groups/people with special needs in Liberia...". This the Commission pursued with constraints of time and resources.

In fits and starts, the work with people with special needs of Liberia in the TRC process has been a major booster to the work of the Commission and served to bring into national and international limelight, issues around disability from every perspective, recognizing the needs, aspirations, concerns, experiences and recommendations for reforms. The growth of the human rights movement has increased focus on the needs of people with special needs. The TRC work buttressed this growing recognition and acceptance and marked a milestone in the advocacy for their rights, needs, inclusion and participation in the national body polity. To date, there is a legislation protecting the interest of the vulnerable community and regular budgetary support is remitted for their subsistence.

The TRC process also revealed that the hype of their poor state of livelihood, pre-war and post war, are consequences of deliberate neglect by the national government in attending to their needs, welfare and wellbeing. By engaging with the TRC process – statement taking, thematic and victim hearings, etc – the voices of our people with disabilities are well documented and reflected in the work and reports of the TRC.

To avoid negative stereotyping which is persistent in our society, the TRC employed the terms "people with special needs" for use interchangeably with "people with disability" as used by the Department of International Development of the United Kingdom recognizing that those members of society we label "vulnerable" only need

physical, psychosocial or medical assistance like anyone else to live out their full potentials. In this category are the blind, handicapped, deaf, amputees, hard of hearings, people suffering from mental disease or illness, the elderly, etc.

2. TRC'S STRATEGY FOR ENGAGEMENT

Statement taking Process and Training

During training for statement takers and County Coordinators, the Commission trained people with special needs who were eventually employed as statement takers. In that capacity, they travelled the country where ever other statement takers went and recorded statements from people outside their communities who were otherwise not challenged.

The training for statement takers, County Coordinators and investigators also included people with disabilities who, acting as facilitators and presenters, trained the participants in tactics on how to engage people with disabilities or special needs. They made presentations on the community's cultures, mind sets and sensibilities; priorities as well as orientation on their special needs for participation in a national project of this scale. They transferred knowledge about a community largely ostracized and built skills needed to successfully interact with them. This, for the Commission, was a golden opportunity for this estranged community to directly participate and positively impact the national reconciliation process of Liberia.

My first work and direct engagement with people with disabilities was when I served as statement taker for the TRC. It exposed me to the life and needs of these people and how to go about with my engagement with them.¹

I was very happy as a woman with disability to work with the TRC as a Statement Taker. From then on I realized that I had to do something further to be engaged in the growth and development of disable groups in Liberia. I am now Head of the Association of Disabled Females International (ADFI) championing the cause of women with disabilities.²

Consultations

In an effort to build a consensus on the focus of the Commission's work with people with special needs the Commission sought consultations with individuals and groupings on the way forward and best practices in dealing with this community to ensure their successful participation in the TRC process.

The oversight Commissioner, Oumu Syllah, and staff of the Commission planned and organized meetings with various groupings and institutions. Sometimes these meetings were held at the Head Quarters of the TRC on 9th Street and at other venues

¹ Alphonso George, Statement Taker, TRC

² Mrs. Riczrdia B. Dennis making submission to the TRC public hearings on people with special needs, January 19, 2009

including the offices of targeted organizations belonging to the community.

These consultations provided the opportunity to raise issues around disability from every perspective and highlight the experiences of this community during the civil war, their needs and the challenges they face in post war Liberia. The consultations were centered around two main issues:

- ⊙ Statement taking for people with special needs
- ⊙ Public hearings for people with special needs
- ⊙ Priority recommendations to address the needs of the community

Representatives of the various groups and individuals in attendance were always given the opportunity to provide the meeting with their thoughts, concerns and way forward for the successful conduct of the statement taking process and the scheduled hearings which encouraged them to serve as TRC Ambassadors educating other members about the TRC process and the need for them to be active in national endeavors that focus their particular situations and conditions.

Priority Concerns of People with disability in Liberia

Representatives of the various groups commended the TRC for the farsightedness and effort to include people with special needs in its processes. They iterated that it was in their interest therefore it was no problem to accept and be given the opportunity to give their own history, views and experiences of conflict. They used the opportunity and called on their colleagues at every opportunity to get involved and partake in the TRC process and admonished the TRC to do more to involve every one of them across the country in the process.

The TRC realized that people with disability are prime victims in any given crisis, mainly out of neglect, and the armed conflict in Liberia exacerbated their sufferings and made people who were otherwise normal, disabled.

Some concerns raised and noted by the TRC included:

- ⊙ The inability of people with severe hearing impediment or disability to follow the public hearings around the country on radio;
- ⊙ The inability of people with sight disability to follow the hearings in print or newspaper since no opportunity for reading in braids were available;
- ⊙ The extent of marginalization within the community itself especially against the mentally challenged persons;
- ⊙ Reparation for members of the disadvantaged communities should be prioritized considering their inability to equally compete under normal circumstances without

- affirmative action;
- ⊙ Security for participants who come forward to speak freely as victims, witnesses, etc
 - ⊙ Facilitation of their full participation in the TRC process in the form of transportation and feeding;
 - ⊙ Appropriate recommendations for reparation must be the outcome of a meticulous process of engagements with victim communities including the people with special needs;
 - ⊙ Continued neglect and the lack of social services and amenities to cater to their particular needs which keeps segregation against them entrenched

In all of the consultative meetings held around Monrovia, all of the above concerns were raised. The Consultative meetings were extended to the School of the Deaf, Virginia; the school of the Blind, Virginia; Association of Disabled Females International, Slipway, Central Monrovia; the Home of group of 77; Newport Street, Old Folks Home, Ashmun Street; Antoinette Tubman Cheshire Home, 10th Street; National Union of the Disabled (NOUD), Congo Town; National Commission for People with Disability, Congo Town; The Deaf School, Old Road Sinkor, etc, etc.

Statement Taking

Based upon consensus reached at all of the Consultative meetings people who experienced abuses during the conflict and as a result were directly affected and made disabled were distinguished and encouraged to give statement to the TRC. They were referred to the TRC offices to have their statements recorded and for over two months twenty statements were recorded in this category.

A team of statement takers were sent on the field in particular communities of people with special needs and around the country they were targeted and several volunteered statements to the TRC.

Thematic Hearings

After more than two months of planning and consultative meetings with the diverse groups of people engaged with this Community, the Thematic and Institutional Hearings for people with special needs was held on January 19-20, 2009 under the theme: *Affording People with Special Needs Their Fair Share in TRC Process.*

People with special needs from diverse backgrounds were invited and participated during the two-day hearings. A total of six witnesses gave their testimonies publicly during the hearings. These were individuals that were directly made disabled as a result of abuses perpetrated against them during the conflict.

The following are the submissions made to the TRC by various institutions and groupings:

Date	Organization	Topic
January 19, 2009 DAY ONE	Association of Disabled Females International (ADFI)	The Gender Dimension of the Conflict on the Vulnerable Groups/People with Special Needs
	Liberia Christian Handicap Organization (LICH0)	Vulnerability and the role of Post War Government, Challenges of the past and Hope for the future”
	Liberia School of Deaf	The impact of the Liberian Conflict on the Deaf, Challenges, Prospects and the way forward
	United Blind Association	Disunity within the disable groupings and the way forward for Reconciliation
January 20th, 2009 DAY TWO	National Union of Disable (NOUD)	Issues of disabilities and the impacts of the conflict affecting people with disabilities in Liberia
	National Union of Disable (NOUD)	Reconciliation and Reintegration of those who were directly made physically disabled during the Liberian conflict
	Handicap International	Physical disability in Liberia, challenges and the way forward
	Dr. Benjamin Harris/Mental Health Expert	The Status of Mental Health in Liberia from 1979-2003, Impact as it relates to the mentally challenged, prospects and the way forward
	Ministry of Health and Social Welfare	General conditions of the people with special needs, Limitations, causes, effects and the Multiple Dimension associated with their needs

3. IMPACT OF THE CONFLICT ON SPECIFIC GROUPS

General Impact of the Conflict

Persons with disabilities in Liberia often are excluded from the mainstream of the society and denied basic civil, political, social, cultural and economic rights. The conflict has exacerbated an already unfavorable state of affairs for this community. Discrimination against persons with disabilities takes various forms, ranging from invidious discrimination, such as the denial of educational opportunities, to more subtle forms of discrimination, such as segregation and isolation because of the imposition of physical and social barriers. Effects of disability-based discrimination have been particularly severe in fields such as education, employment, housing, transport, cultural life and access to public places and services in Liberia. This may result from distinction, exclusion, restriction or preference, or denial of reasonable accommodation on the basis of disablement, which effectively nullifies or impairs the recognition, enjoyment or exercise of the rights of persons with disabilities.

The Elderly

The Liberian war grossly impacted the three traditional institutions responsible for providing care and support for the elderly members of our society: the family, community and religious establishments. Without these traditional safety nets for the elderly, they were rendered most vulnerable and often left to die when families fled rebels' onslaught. They were either killed by marauding rebel bands or abandoned to die of neglect and starvation.

*"During the war we were unable to take along our old grand father when we were escaping the fighting. The fighters entered the house when we left and saw him. They immediately shot him to death"*³

In some instances the elderly themselves chose to stay behind to allow the rest of the family to move faster to safety. They sacrificed themselves against the insistence of their children to flee with them, not wanting to slow down the pace the escape.

*"When the rebels attacked our area we were with our grand parents. We were advised to vacate the area immediately so we packed the few things that we could carry. I went into my grand parents' room and told them that they have advised us to leave so we are taking them along, they told us to leave them and go so that we that were still young could find enough chance to escape. We loved them both and couldn't afford to leave them behind so we beg and beg them, but they still insisted. They prayed for us and we left."*⁴

³ Interview with anonymous witness, Monrovia, September, 2008

⁴ Interview with James and Moses Barclay, Monrovia, September 2008

Over the 15 year period of the conflict, the population structure has dramatically shifted with the younger population (25 – 50) accounting for more than 85% of the population. This age category traditionally responsible for catering to the elderly, was severely impacted by the conflict such that their earnings potentials were diminished, social mobility stalled.

Under these circumstances, the elderly are not just viewed as, but indeed become, liabilities on society, their children, family or community. Helpless and living beyond their productive lives, the absence of public (government) intervention leaves the elderly most vulnerable. Discrimination against people because of their age remains a universal human rights violation which has not been resolved even with advancement in science, technology and increased wealth.

Mental Health Care

Liberia's mental health program did not develop until the early 60's in a minimum form which subsisted till the outbreak of the conflict in 1979 and is today nonexistent. To date, mental health services are provided essentially by traditional healers, general health care workers and various religious groups around the country. Traditional herbs, traditional psychotherapeutic interventions and prayers are the primary source of care and treatment for those afflicted by mental illnesses.

Treatment of all sorts, being limited and unregulated, many times lead to death and the patient abandoned, and left to roam the city, streets, villages, towns and bushes around the country. They become outcasts susceptible to allegations of witchcraft or demonic possessions. Other times, they are mocked, ridiculed, stoned and beaten by the inhabitants of these areas. In previous times those that were violent were shackled and thrown into prisons with limited or no care and attention at all.⁵

Pre-war situation

In the early 1960, a group of concerned Liberian women decided to focus on the plight of the mentally ill. They mobilized support from both national and international sources for the erection of a psychiatric facility outside of Monrovia. The center was constructed on a 90 acre parcel of land donated by a member of the group of concern women. This facility was named the Catherine Mills Rehabilitation Center after the mother of the Liberian Legislator, Ellen Mills Scarborough, who donated the land. The center catered to over 100 mentally ill patients from all over the country.

Liberia at the time lacked a national psychiatrist; specialists were brought in from the

⁵ Presentation on the Status of Mental Health in Liberia, Presented to the TRC by Dr. Benjamin L. Harris, January 2009.

United States, Canada and Haiti to manage the hospital. Later, psychiatrists were employed from other countries in the sub region. The first indigenous psychiatrist by the name of Dr. Benjamin L. Harris joined the staff in 1984.

The Catherine Mills Rehabilitation Center was operated and managed as a charitable institution by the "Friends of the Mentally Ill" until the early 1970's when it was turned over to the Government of Liberia as government facility. The center was later placed under the management of the John F. Kennedy Medical Center and served as a teaching hospital in collaboration with the University of Liberia. Catherine Mills Rehabilitation Center also operated a walk-in and referral outpatient facility in the city.⁶ However, this facility was not extended to the rest of the country that continue to depend solely on the traditional healing methods.

Limitation of a Centralized Facility

This centralized health care facility was a best effort, but not without limitations. Although treatment at the center was considered modern, with novel concepts it attracted patients from all over the country who were brought in under various forms of restraints. Following treatment and improvement in their mental state, they were given some medication and discharged with no system in place to support their further treatment and reintegration into their communities. Often, patients from the interior were discharged into the city without any means of returning to their places of origin. It was not unusual for some of these patients to relapse and become vagrant psychotics, roaming about the streets of Monrovia, as emphasized by Dr Benjamin Harris in his report to the TRC.

The post conflict "Five Year Health Plan" developed by the Ministry of Health and Social Welfare unfortunately does not include a mental health development component.

Specific impact of the conflict

All structures of the Psychiatric facility were seriously damaged or completely destroyed during the early phase of the war. What was not destroyed was looted and taken away.⁷ Reports indicate patients who were at the center during the time of the war were massacred when the rebels entered the outskirts of the city. Civilians as well as combatants were exposed to varying degrees of torture, atrocities and traumatic events. These experiences have significant impact on the psychological and social well-being of many Liberians; students, elderly, combatants and women who were raped.

⁶ Interview with Mr. Bioma Reeves, resident Bong County, March 2008, Phebe, Bong County.

⁷ Interview with Dr. Benjamin L. Harris, December 2008, Monrovia

*"In 1994, a survey funded by the WHO was undertaken by me. 500 students from a number of schools in Monrovia participated. Sixty percent 60% of the students claimed they witnessed somebody being killed or tortured during the conflict. Forty percent 40% claimed they sustained some type of physical abuse and close to eighty percent 80% admitted to have lost a close friend or relative during the war."*⁷

*"Sixty-five percent (65%) experienced symptoms of psychological distress characterized by sleep difficulties, bad dreams and nightmares, poor concentration, aggression and headaches. About seventy 70% said they had lost confidence in others."*⁸

These results from Dr. Harris's findings speak of the gross impact of the war on the psychological wellbeing of Liberians. Women, children, elderly and the youth, most especially, are left with the mental and psychological health problems resulting from their roles and abuses suffered during the war. Indicative of a continuing mental health problem is the persistent reports of rape cases, often against little children, by men and boys who have gotten accustomed to impunity and disregard for the integrity of others, especially women and the girl child.

Drug Abuse, a Mental Health Problem

The problem of drug abuse is also of serious concern. Evidence now suggest that Liberia is rapidly becoming overwhelmed by the uncontrolled used of an assortment of mind modifying substances, Dr. Harris emphasized in this presentation to the TRC.

*"A recent mapping survey by me and funded by WHO showed that Monrovia is replete with "ghettoes" throughout the city where drugs of various kinds can be cheaply purchased and used. Crack, cocaine can be purchased for as a little as the equivalent of US\$5.00 while Marijuana can be purchased for as little as \$0.10 cents."*⁹

Throughout the course of the civil war, Liberians with varying degrees of mental problems have been left to struggle with their adversities with limited or no formal support services. There is only one small mental hospital, the Grant Mental Hospital which is managed by German based NGO, CAP Anamur. Some psychosocial interventions are being implemented by local and international NGOs in various communities around the country. While some of these interventions have been fairly successful others have been relatively short-lived and their impact questionable.¹⁰

As a consequence of the war and the involvement of the youths in committing abuses, witnessing abuses and themselves being victims of abuses, most of the young people

⁸ Ibid

⁹ Ibid

¹⁰ Presentation on the Status of Mental Health in Liberia, Presented to the TRC by Dr. Benjamin L.

today have grown up and developed in a very disorganized and dysfunctional environment, lacking the necessary interactional processes and influences necessary for normal and effective growth and development. Many of them have become conditioned to behaving in socially dysfunctional and maladaptive ways which are often expressed in behaviors that are antisocial and destructive.

Low anger threshold, with frequent episodes of outbursts of violence and destructive behavior, poor coping and other social skills, substance abuse and other forms of criminal behaviors are all manifestations of a dysfunctional growth process.¹¹

“Even without the impact of the war, the number of persons requiring some mental health intervention is high. Studies have shown that about 10% of populations around the world have some form of mild mental disorder while about 3% suffer some more serious mental disorders. With a population of about 3.5 million, one would expect that about 350,000 persons require some form of mental health intervention at some point in time while 105,000 would suffer from a serious mental disorder. We can factor the effect of the war by extrapolating from the findings of a recent study by Dr. Kristen Johnson et al. surveying 1600 community based adults, they found that 40% met symptom criteria for major depressive disorder while 43% met symptom criteria for post traumatic stress disorder. This study suggests that over 1.5 million person have symptoms suggestive of major depressive and post traumatic stress disorder. The study shows that 1/3 of those surveyed had engaged in combat and of these 55% were experiencing some symptoms of psychological distress. They also found that up to 27% of those surveyed were abusing drugs.”¹²

The Deaf

The Liberian School of the deaf was the first school of its kind in Liberia. It was founded in 1964 by Bishop and Reverend Mother William and Mamie Dixon in the Borough of Krutown, with nine students. Both were trained and worked in Nigeria for several years before returning home to Liberia and institutionalized the deaf institution. Their advocacy and selfless work for the welfare and wellbeing of the deaf was a selfless example worthy of emulation.

Former President Tubman took on the challenge and leased a five bedroom house situated on several acres of land on the Clay-Ashland Highway for use by Liberia’s first Deaf School.¹³ The Deaf School has since graduated dozens and dozens of individuals who are now contributing immensely to the growth and development of Liberia. There are others abroad undergoing advanced training to enhance their

Harris, January 2009.

¹¹ Ibid

¹² Interview with Dr. Benjamin L. Harris, December 2008, Monrovia

¹³ Presentation on the “Impact of the Liberian conflict on the deaf, challenges, prospects and the way forward” made to the TRC by Rev. Torgbor E. Dixon, January 20, 2009, Monrovia

potentials to contribute to national development.

Specific Experiences of The Deaf

The impact of the Liberian conflict on the deaf is beyond all human comprehension. Unlike other Liberians, the deaf could not run in the middle of the night when most rebel attacks took place around the country. They didn't hear the warning call and since it was dark, there were no one present at the time with considerable knowledge on the sign language to signal warnings; one could not get it because it was always stark dark in the night. The deaf didn't hear the sporadic midnight firings that preceded every attack and capture of towns and villages from opposing forces or factions. They didn't understand or hear the calls of their parents or siblings to run along into the bush to escape the attacks and assaults. The impact was both dramatic and traumatic for the deaf. Many awoke to find their parents, friends or guardians not around and the town, villages and place surrounded by opposing forces with men well armed and fierce.

Armed men lacked the understanding of the deaf sign languages therefore their responses to the fighters were mistaken for defiance and the deaf were shot at and killed¹⁴.

The absence of institutions and policies before the war and even now, to address the situation of the deaf has compounded the impact of the conflict on this community of Liberians. There is no effort to ensure that the police or the army for example, is trained in the signs of the deaf. A deaf child who encounters danger in the neighborhood has no way of passing said information over to parents or relations they lack the skills or basic training necessary to enhance communication with their deaf relations.¹⁵

On the overall, the impact of the Liberian conflict is still being felt by the deaf in many quarters. The building being used as dormitory for boys in Virginia, was hit by rockets and damaged. Whatever remained was looted including a mini bus used for transportation.¹⁶

¹⁴ Presentation on the "Impact of the Liberian conflict on the deaf, challenges, prospects and the way forward" made to the TRC by Rev. Torgbor E. Dixon, January 20, 2009, Monrovia

¹⁵ Ibid

¹⁶ Ibid

5. Legislating Protection for the “Disabled”

Despite some progress in terms of legislation over many years, violations of the human rights of persons with disabilities have persisted in Liberia without any systematic approach to redress. Segregation or discrimination feeds on the assumption that persons with disabilities are simply not able to exercise the same rights as non-disabled persons. Consequently the situation of persons with disabilities is often addressed in terms of rehabilitation and social services. A need for comprehensive legislations to ensure the rights of disabled persons in all aspects - political, civil, economic, social and cultural rights - on an equal basis with persons without disabilities is gaining recognition that persons with disabilities have a right to participate on the basis of equality in social life and development.

Cultural and social barriers

There are cultural and social barriers that have impeded full participation of persons with disabilities and legislative efforts to mitigate the situation. Discriminatory practices against persons with disabilities may also be the result of social and cultural norms that have been institutionalized by law. Changes in the perception and concepts of disability will involve both changes in values and increased understanding at all levels of society, and a focus geared to combatting those social and cultural norms, that can perpetuate erroneous and inappropriate myths about disability. One of the dominant features of legal thinking in twentieth century has been the recognition of the law as a tool of social change. Though legislation is not the only means of social progress, it represents one of the most powerful vehicles of change, progress and development in society.

It was emphasized by TRC presenters that legislation at country level is fundamental in promoting the rights of persons with disabilities. While the importance - and increasing role - of international law in promoting the rights of persons with disabilities is recognized by the international community, domestic legislation remains one of the most effective means of facilitating social change and improving the status of disabled persons. International norms concerning disability are useful for setting common standards for disability legislation. Those standards also need to be appropriately reflected in policies and programmes that reach persons with disabilities and can effect positive changes in their lives.

6. Overview of National and International Legal Efforts to Protect People with Disabilities

The National Commission on Disabilities

The National Commission on Disabilities in Liberia was established November 23, 2005 by an Act passed by the National Transitional Legislative Assembly (NTLA) as an autonomous agency¹⁷ with jurisdiction over all matters involving and pertaining to the welfare, well being, and education of disabled persons within the Republic of Liberia¹⁸. Among other responsibilities the Commission has a mandate to: Monitor, supervise and ensure that all matters involving the wellbeing of the disabled community are addressed and that education and rehabilitation services are guaranteed.

UN Convention on the Rights of Persons with Disabilities

Human rights advocates and disabled groups have long called on the government of Liberia to ratify the UN Convention on the Rights of Persons with Disabilities (UNCRPD). The Convention was the response of the international community to the long history of discrimination, exclusion and dehumanization of persons with Disabilities or Special Needs. It is historic and groundbreaking in many ways, being the fastest negotiated human rights treaty ever and the first of the 21st century. The ratification of the Convention is the result of three years of negotiations involving civil society, Government, national human rights institutions and international organizations. After adopting the Convention in the United Nations General Assembly in December 2006, a record number of countries demonstrated their commitment to respecting the rights of persons with disabilities by signing the Convention and optional Protocol when they opened for signature in March 2007. To date 130 countries, including Liberia, have signed the Convention and Thirty-three have ratified it. Out of these Thirty-three, eight are from Africa and out of this eight, four are West African countries (Guinea, Niger, Mali and Liberia).

The Convention ensures that the world's largest minority enjoys the same rights and opportunities as everyone else. It covers the many areas where persons with disabilities have been discriminated against including access to justice; participation in political life; education; employment; freedom from torture, exploitation and violence, as well as freedom of movement. The Convention is a major step towards altering the perception of disability and ensuring that societies recognize that all people must have equal opportunities to reach their full potential instead of considering persons with disabilities as objects of charity and pity. The object of the Convention is to promote,

¹⁷ Interview with Mr. Robert Williams, Acting Executive Director National Commission on Disabilities, Monrovia, September 2008

¹⁸ Section two of the Act establishing the National Commission on Disabilities

protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

An Act to ratify the UN Convention on the rights of Persons with disabilities was enacted by the Senate and House of Representatives of the Republic of Liberia the 11th of September 2008 and signed into law by the President of Liberia, Her Excellency Madam Ellen Johnson Sirleaf. This Act enforces the adherence and compliance by the Government of Liberia and its citizens, national institutions to all the obligations, covenants, terms and conditions as cited in the UN Convention on the Rights of Persons with Disabilities unless otherwise modified or repealed.

Other international conventions

The following international instruments provide guarantees and protection for all peoples, especially people with disabilities, by reinforcing the principles of universality, equality and non-discrimination; they create binding legal obligations on all nations to guarantee people with disabilities equal rights.

- ⊙ International Covenant on Civil and Political Rights;
- ⊙ International Covenant on Economic, Social and Cultural Rights;
- ⊙ Convention on the Elimination of All Forms of Racial Discrimination;
- ⊙ Convention on the Elimination of All Forms of Discrimination against Women
- ⊙ Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment ;
- ⊙ Convention on the Rights of the Child;
- ⊙ International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families

Some international and regional human rights conventions protect the rights of persons with disabilities specifically, or have provisions concerning persons with disabilities. These include:

- ⊙ ILO Convention concerning Vocational Rehabilitation and Employment (Disabled Persons)
- ⊙ Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons With Disabilities
- ⊙ Convention on the Rights of the Child (article 23);
- ⊙ African Charter of Human and People's Rights (art. 18(4));
- ⊙ the African Charter on the Rights and Welfare of the Child (article 13);
- ⊙ European Social Charter (article 15); and
- ⊙ Protocol of San Salvador (Additional Protocol to the American Convention on

Human Rights in the Area of Economic, Social and Cultural Rights) (article 6 & 9)

Non binding policy instruments generally

- Copenhagen Declaration and Programme of Action adopted at the World Summit for Social Development (6-12 March 1995),
- The Millennium Declaration and the Millennium Development Goals adopted at the United Nations Millennium Summit in September 2000.

Disability-specific policy instruments:

These instruments assist States and civil society in interpreting and implementing the rights of persons with disabilities, serving as guidelines in the enactment of legislation, the formulation of policies, and the interpretation of treaties. Notable examples include:

- Declaration of the Rights of Mentally-Retarded Persons,
- Declaration on the Rights of Disabled Persons,
- World Programme of Action concerning Disabled Persons,
- Tallinn Guidelines for Action on Human Resources Development in the Field of Disability,
- Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care,
- Standard Rules on the Equalization of Opportunities for Persons with Disabilities,
- ILO Recommendation concerning Vocational Rehabilitation of the Disabled,
- ILO Recommendation concerning Vocational Rehabilitation and Employment (Disabled Persons),
- Sundberg Declaration on Actions and Strategies for Education, Prevention and Integration, adopted by the UNESCO World Conference on Actions and Strategies for Education, Prevention and Integration, Malaga (Spain), 2 - 7 November 1981,
- Salamanca Statement and Framework for Action on Special Needs Education, adopted by the UNESCO World Conference on Special Needs Education: Access and Quality, Salamanca (Spain), 7 - 10 June 1994 .

7. Testimonies of Persons with War-induced Disabilities

The scars of the war in Liberia are very much visible, sometimes with lingering pain and agony every day. The testimonies presented below are evidence of how many persons, who prior to the conflict were not disabled, became disabled as a direct consequence of the conflict. The TRC heard several testimonies of this nature and below are excerpts.

During the 15 war between NPFL and ECOMOG, near Popo Beach, ECOMOG Base, I was in a Zinc house and the stray bullet skimmed through my face from left to right directly through my two eyes. I dropped and lay in pool of blood and my baby that was in my hands dropped on the other side when the bullet hit me, while every body ran away from the area. People thought I had died. The fighting was so intense that it lasted for a very long time more than six hours. Later after the fighting ceased my mother came and we went to my uncle that worked with the Red Cross and he took me to the Ghanaian contingent of ECOMOG Hospital. At the hospital they couldn't attend to me. They tried to hang drips on me when the current went off. I had to be put in their vans and taken to Swedish Relief Hospital where I under went treatment. My entire face was bandaged Since that time I lost the eye sight and turned blind.¹⁹

On August 27, 1990 I was hit by a rocket on Jamaica Road, an incident that made me completely crippled. It happened during the time ECOMOG was entering into Monrovia when rocket exploded all over the residential area. As a result of these explosions fighters led by Prince Johnson demanded that we the residents vacate the area in order to save our lives. Immediately when we left our houses and started running a rocket landed and exploded on a nearby almond tree. Two of the particles hit me. One landed on my right arm but it was removed while the other particle entered between my rib and spinal chord. This one could not be extracted due to the severe and delicate situation and the lack of medical expertise. After some time, I was taken to Redemption Hospital where Doctors advised that I be taken out of Liberia for treatment, but due to no support I can not go for the treatment. First I couldn't walk but now I can use crutches.²⁰

During the April 6, 1996 fighting in Monrovia I was living in the Barclay Training Center (BTC). One day during the heat of the fighting I joined other women to go and find school across in West Point. After we got some items; Gari, peanuts and sugar we returned to BTC. Upon our return fighting started again between forces of ULIMO J and LPC on one side and NPFL and ULIMO K on other side. I wanted to urinate so I went to the bathroom, while returning from the bath room I heard a very heavy blast and particles from the blast struck me on my right arm and I immediately passed off. When I came to myself, I was at the Redemption Hospital in New Kru Town responding to medical care. I began to cry when I realized that right arm had been

¹⁹ Interview with Martha Cole, Monrovia, January 23, 2009

²⁰ TRC Statement Form-MON-03981

cut of because it was badly damaged as the result of the rocket explosion.²¹

October 29, 1990 I was shot and my friends were killed in the town call Gaza behind Kemah Town, Paynesville by the fighters of Prince Johnson's INPFL. While in search of food in the town, the IPFL fighters "Blood" and "Devil" caught us. We were falsely accused of being fighters of the NPFL. While on the ground "Devil" commanded "Blood" to kill us. His order was "just kill these guys, they are NPFL fighters". They lined us under the OMEGA Station and shot at us. My few friends Robert and Solomon were shot and killed while I was shot but the bullet only hit my left hand and I then ran towards the OMEGA Station and later went back to Gaza almost, but made my way to Kemah town, Soul Clinic Mission where I was helped by some friends that took me to my house in Paynesville..... My arm got rotten and was later amputated²²

People were made to go under some severe torture and treatment and eventually they were made disabled as a direct result of the inhumanity of perpetrators. Excerpts follow:

On August 4, 2003, the LURD rebel's war, I and some friends were apprentices in the tailoring shop on Logan Town, Broad Street. The whole area was occupied by rebels. While in front of he tailoring shop two of LURD rebels went into a nearby shop and took two bags of coal. When they came out they asked us to carry the two bags of coal to the Mesurado Group of Companies Fence, right along the road. They had guns so we were compelled to take the coal bags for them. As soon as we entered the fence and dropped the bags, the LURD fighters locked the gates behind and ordered us to take off our clothes. In fright we took off our clothes and they grabbed us and tied us with the ropes that they used to brace the cartoons. They flogged us mercilessly and tortured us to confess that we were fighters for Charles Taylor. We were never fighters of the Charles Taylor and we told them exactly that, who we were and what we were doing. We stayed tied and then they locked us up in jail without food and water to eat and drink for one week. After the one week, one mid night, my friend Addo was first taken out from jail by the LURD fighters straight outside of the fence and shot. Later they then came for me took me outside the fence and then shot me. The gunshot hit my left hand and I dropped on the car road. The fighters then rushed over me, kicked me to see if I was alive but I didn't move. One of them said to the other "but this one na die" They thought I was dead and they left on the road went back into the fence and locked the gates. When they left I got up with pain in my arms and blood running all over me and headed towards Duala, instead of Logan Town where I stayed. While on my way I met Addo who was earlier shot by them on the car road with blood coming from all parts of his body , he was helplessy crying for help we recognized each other and I told him I was going to get help. While on the way a taxi came with LURD fighters inside. They picked me up, put me in the taxi and carried back to the Mesurado Compound. I was jailed again with hands still tied and greatly

²¹

²² TRC Statement Form-MON-3971

wounded. I stayed tied and bled from the wounds the whole night until the next morning when other civilians in the fence noticed me and told the LURD fighters to take me to Beer Factory where they had their makeshift hospital. At Beer Factory the ropes were cut off and my arm was bandaged. I stayed at there and my condition became worst. I was then taken from there by UNMIL soldiers and carried to Tubmanburg, Bomi County. In Bomi my hands had swollen and were numb, I was then taken behind a house and left there.Later they took off the bandage and found that my entire hand had gotten rotten to the bone. I was then placed through the procedure and my hand was cut off. It also took me long time to use the other hand.....²³

During the last war in 2003 to be precise July, I was living in Ganta City, Nimba County in a small community called Gbezola. GOL forces were in control of the town at first. Later one morning, 6:00 am the LURD rebels entered. They attacked the city with heavy shooting and civilians fled the area. I and other young men decided to stay in Gbezola with the hope that LURD rebels will not reach us. While in Gbezola one government troop commander called General Zah collected all the young men and women forcefully recruited us into Charles Taylor Militia. I was assigned at the border between Ganta and Guinea. One day while sleeping it appeared to me that the place was not safe and I told my friend Morris Johnson that we leave the area and find somewhere else to go. As soon as we left the spot where we were, the LURD forces had closed on us. They fired at us and my friend was hit and killed while, for me the bullet hit my hand and damaged it badly. Later I managed to reach Ganta and my family could not believe that I could escape from LURD ambush. I was treated in Ganta Methodist Hospital, but my hand is no more. I can only use my left hand which is too difficult.²⁴

During the April 6, 1996 fighting, I lived in West Point with my parents Mr. and Mrs. Ansumana Harris. It was on Sunday in the morning 9:00am I was cooking that morning. There was shooting all over the place and around Monrovia. It happened that I had bent down preparing food in the pot and as I attempted to straighten up I felt the bullets hit me. Two bullets entered my back but came out of my body the very day. My parents rushed on me as I struggled on the floor in unbearable pain. I became unconscious and was immediately taken to the Swedish Relief Hospital for treatment. My father told me that I was unconscious for about four months with oxygen in my nostril. I came through after the four months, but could not walk. I remained in the hospital for additional six months. The sore on my back was too big and deep. I was discharged and being unable to walk. I can only move by the use of wheel chair and is only living by the grace of God.²⁵

During the conflict also, rebel fighters took advantage of the vulnerability of the people with special needs /disabled people. They were often killed and in the case of women and girls, they were raped. Excerpts follow:

²³ TRC Statement Form-MON-03975

²⁴ TRC Statement Form-MON-03983

²⁵ Interview with Siah Harris, TRC Hearings for People with Special Needs, Monrovia , January 20th, 2009

We lived in Slipway during the war. Usually during the night a group of unidentified armed men entered people houses and abducted them. These people were never seen again. The constant attack in my neighborhood prompted us to leave for Bomi Hills. When we got in Bomi Hills ULIMO K was already in control of the area. One day while we were in town my mother had left and gone to fetch for food for us in a nearby town. While she was gone the ULIMO fighters entered and took me and two other girls Captives. I could not run away because I was crippled since birth. When the rebels arrested us they said " for long we have not had sex, so we will have sex with these girls and give them food." Among the group of soldiers were one Peter, John and Tambo. Three of the soldiers raped us on the same day at that time I was 20 years old. After raping us they gave us bulgar wheat.²⁶

In the year 1996, April 6, I went to find some food to eat for my children. I brought the food and began to cook. Later while cooking I saw the rebels around the house. They locked 12 of my family members in the house including my boyfriend Jacob who was blind. They later shot and killed him with my mother and other family members. I was tied, both hands and tortured with the guns and cut with knife. After the ill-treatment four of the rebels gang raped me. After they finished they stuffed the gun into my Vagina and blood oozed out of me. They then placed me in the well were they had dumped the other people that they killed. Later I regained strength and came out of the well when they had left. While escaping I saw two UN personnel who took me to the hospital. I stayed at the clinic for one month. During the treatment the Doctor told me I was pregnant due to the rape.....²⁷

²⁶ TRC Statement Form-MON-03977

²⁷ TRC Statement Form MON-03980

8. Addressing the Psychosocial Needs of Witnesses

“Witnesses are major stakeholders in any TRC process”

-Sunny A George, Coordinator of the TRC Psychosocial Unit

The TRC established a Psychosocial Unit against the backdrop that psychosocial healing after a protracted period of conflict as experienced by Liberia is crucial to national renewal and reconciliation. The responsibility of the psychosocial unit was to assist survivors regain their dignity and face the future with hope and enthusiasm through the development of appropriate coping mechanisms.

As the country downloads from war to peace, traumatized communities and people appear to be healing as would be the case of any society traumatized for a prolonged period. Investigating atrocities takes into consideration retelling the stories. As these stories are retold and relived, survivors revert to the hot spots of their traumas, humiliation, powerlessness, frustration and dehumanization; they become re-traumatized.

In the same manner, people exposed to these stories also become vicariously traumatized. The stories of the crisis are national shared losses; people get traumatized through sharing similar stories or events; the crimes were committed almost in similar manners and styles in various communities across the country.

National Technical Committee

The TRC established a National Technical Committee (NTC) comprising all stakeholders, private and public, providing psychosocial services in Liberia. The objective was to assist the TRC in providing psychosocial services to witnesses, victims, perpetrators, and others coming in contact with the TRC who may need such services.

The NTC developed a manual for training counselors that would be employed by the TRC, psychosocial messages for public awareness were developed and stress management training modules for staff and Commissioners. Its activities however, were severely limited due to shortfall in funding.

9. Activities of the Unit

Support Systems

The Unit produced a concept document which suggested the involvement of family support as one of the most important strategies in healing and renewal, community support as secondary strategy for the reduction of stigma and promotion of referral systems and the individual as victim of the situations. These approaches when carefully consolidated empower and speed up healing, renewal, reconciliation and enhance full participation in the process. Due to numerous constraints the TRC implemented the individual support system. This strategy highlighted only the victims, alleged perpetrators and other witnesses.

Refresher for Statement Takers

The unit conducted three days refresher training for 120 statement takers at the St Teresa Conference Center in Monrovia. The purpose of the training was to assist statement takers build skills and capacity in vicarious trauma healing, understand and intervene in situation of grief, stabilizing clients and documentation. This training prepared the statement takers for long term deployment in the 15 counties following the initial assessment period.

During the process of statement taking, the unit provided 25 sessions to fifteen statement takers that depicted signs and symptoms of vicarious trauma.

TRC Mock Hearings

The unit actively participated in the mock hearings at the TRC; lessons learnt from these hearings were documented as reference points. These sessions broadened the scope and skills of the TRC County Coordinators. A total of eight mock hearings were conducted and issues surrounding these hearings were taken into serious consideration.

Nationwide Public and In-camera hearings

Public hearings begun in Montserrado on January 8, 2008, at such time the Psychosocial Unit had only three staff including the coordinator; these three staff barely managed the case load of one hundred and fifty traumatized persons. The unit was responsible to provide counseling for the witnesses, accompany them at stage where they were seated, stabilize them in case of emotional breakdown; provide meals for them at lunch, provide minimum medicals if the need arises, and provide accommodation for witnesses that would travel from outside Montserrado County.

The first phase of Public and In-camera Hearings in Montserrado County ended on January 30, 2008. Lessons learnt from the first phase of Montserrado County hearings were enough for everyone to vividly see that the department was under staffed. Based on these facts, the counseling component was outsourced to a local community based organization to provide counseling to witnesses and those that would stand in need of such services during the hearings, while the TRC would provide supervision and other technical assistance.

Liberian Association of Psychosocial Services

Liberia Association of Psychosocial Services (LAPS) is a Liberian community based organization sub-contracted to implement psychosocial support activities for five months (February to June 2008) for TRC Commissioners, staff, witnesses and other survivors involved with the TRC hearings and other processes.

LAPS is culturally competent and has requisite staff and skills to provide these supports, majority of its staff are former employees of the Center for Victims of Torture, an international organization with long standing experience in the field of Mental Health and its related services in Sierra Leone, Guinea and Liberia.

An MOU was officially brokered between LAPS and the TRC in January 2008 but field activities begun on February 12, 2008 in Maryland County. The general objectives of the contract is that LAPS provides qualified, effective, adequate and efficient psychosocial activities that lead to the restoration and recovery of survivors (witnesses, Victims, alleged perpetrators, Commissioners, staff and others) involved with the TRC.

The implementation is based on careful selection of competent Liberian practitioners in the field of mental health, appropriate psychosocial activities before, during, and after hearings that are relevant for recovery for the traumatized witnesses and the vicariously traumatized Commissioners and staff, especially those that stand in need of such services.

The Liberian Truth and Reconciliation Commission provided the funding. It is bounded by the MOU to follow – up, monitor and give logical field advice leading to healthy and successful implementation of the program.

On February 12, Hearings formally started in Maryland County with 22 staff of the Liberian Association of Psychosocial Services (LAPS) been sworn the oath of confidentiality. The unit now had a total of twenty five staff.

Nationwide hearings continued from Maryland to GrandKru, River Gee, Grand Gedeh

and Sinoe Counties (Region One) then River Cess, Grand Bassa, Lofa, Gbarpolu and Bomi Counties (Region Two) and Region Three included Nimba, Bong, Margibi and Grand Cape Mount Counties. Phase II hearings was organized in Montserrado County to further provide the opportunity to those victims and alleged perpetrators that did not appear during the first phase. The St. Peter Lutheran Church Massacre hearing was also organized in Montserrado County. The Unit also gave support to the Thematic and Institutional Hearings, Economic Crime hearings, Perpetrator hearings, Historical Review hearings and the National Conference On Reconciliation in Virginia, Montserrado County.

10. Output - Case Load

The unit catered for 733 witnesses and accompaniments, including victims, alleged perpetrators, former child soldiers, vulnerable groups, and in direct witnesses (victims who told stories through their siblings). Witnesses that appeared before the TRC for Public or in-camera hearings were 532 persons of which 206 were females and 326 were males.

The unit also played an active role in all the thematic and institutional hearings including hearings for vulnerable groups, hearings for women, children hearings, economic crimes hearings, etc. the unit gave general counseling sessions during pre hearings activities, after such hearings, some witnesses decided to stay away from hearings. Witnesses that appeared for public hearings are those witnesses that consented to do so.

Table A. Witnesses per county

No.	County	Total witnesses catered for
1.	Montserrado	150
2.	Maryland	32
3.	Grand Kru	39
4.	River Gee	55
5.	Grand Gedeh	38
6.	Sinoe	39
7.	River Cess	46
8.	Grand Bassa	52
9.	Lofa	39
10.	Gbarpolu	35
11.	Bomi	45
12.	Nimba	43
13.	Bong	42
14.	Margibi	39
15.	Grand Cape Mount	39
Total	15	733

Referrals

i) Medical Examination and Treatment

The Psychosocial Unit documented a total of 153 medical cases as results of the protracted war, fifty (50) of these cases were referred for medical examinations and

treatment; thirty five (35) of these cases were women and fifteen (15) men. There are still 103 (F – 65; M – 38) witnesses that need to go through such referral but the lack of funding made it difficult to complete such process. Most of these cases related to bullet wounds, rape, sexual slavery or sexual related abuses.

Table B. Medical referrals

	Total medical cases documented	Total Witnesses treated and well	Witnesses still in need of medical treatment
Medical	153	50 (F-35; M – 15)	103 (F- 65; M – 38)

ii) Skills Training

The Psychosocial Unit in the spirit of collaboration referred 27 females mainly from the southeastern region (Maryland, GrandKru, River Gee, Grand Gedeh and Sinoe Counties) to Medical Mondial for onward counseling/therapy and skills training. Eight of these ladies completed skills training in various disciplines and reintegrated to their communities of origin. Four of these female witnesses are completing computer skills while the remaining 15 could not continue because of some reasons unknown to the TRC.

iii). Counseling

A total of 7300 group and individual counseling sessions were conducted for 532 witnesses, 192 (F-41; M-151) of these witness showed signs and symptoms of recovery or healing, as such by counseling protocols, these cases were logically considered closed after weeks of observation and engagement. There is still a case load of 340 witnesses depicting either severe, moderate or mild traumatic signs or symptoms. Witnesses with severe traumatic signs and symptoms accounts for 108, (female 63 & male 45); while moderate symptoms accounts for 104 witnesses (female 65 & male 39); and witnesses in the mild category 107 (female 21 and male 86). These witnesses need to be engaged immediately. It is very important to note that witnesses that are labeled severe may depict additional signs and symptoms, in such cases if their conditions and situations are not improved; they may degenerate and progressively develop mental illness.

Exceptional from the above categories, 21 (female 8 and male 13) of these witnesses fall in critical category, these are witnesses that are depicting all severe signs and symptoms of mental illness.

For confidential reason, witness' names and addresses are withheld from this report.

iv). Psychosocial support to Commissioners and Staff

Through Women Campaign International (WCI an international women group advocating for women issues worldwide), the Psychosocial Unit implemented a three months vicarious trauma, resilience building, stress management and conflict transformation courses for the eight Commissioners and 52 senior and junior level management staff at the TRC.

The aim of the courses was to create a forum where Commissioners and staff will constantly conduct separate debriefing sessions that would assist them develop skills and strategies in managing workplace stress and the ability to transform perceived and visible conflict amongst themselves without the involvement of a third party and similar manner, to build resilience that would maintain emotional, physical and psychological balance even in difficult circumstances.

The project recorded 315 group and private counseling sessions for both Commissioners and staff of the TRC.

Similarly, the Unit documented three cases of HIV/AIDS related issues, the Coordinator of the unit assisted in providing maximum palliative care in various forms ranging from counseling, representing and accompanying clients at JFK Infectious Disease Clinic to acquire ARV Therapy, distributing and educating on the proper and constant use of condoms as preventive and protective mechanisms in HIV/AIDS awareness.

v). Vulnerable groups

The unit also documented 193 names in four categories of vulnerability; the establishment of these categories was duly informed by international leading and best practices and a contextualized situational and case analysis of each victim. These contextualized situational and case analyses took into serious consideration the following:

I. Pre war conditions of the victims

- Independent to certain level
- Non state actor
- Location and activities of the victim
- The victim was a whole human being (not an amputee)
- An amputee or other disabilities but with maximum care provision from family members and others sources

II. Violations of the victims during war

- Rape or sexual slavery for over two months
- Conceived child or children as the results of the act during the war
- Fatal and deadly bullet wounds without medical treatment

III. The results/impacts of the war on the victims

- Incapacitated as the results of war (full disability or handicapped)
- Loss of livelihood and well advanced in age without other sources of support
- Women with grave gynecological problems as a consequence of the war
- Disabilities and handicap, without support, caused by the war
- Conceived one or many children during rape of sexual slavery without source of support (war children)
- Victims with bullet wounds that are life threatening as result of the war

The four categories of vulnerable are listed below in table.

Table C: Category of Vulnerability

No.	Title	Female	Male	Total
1.	Handicapped and disabled during and after the war	21	31	52
2.	Loss of livelihood and other support as a result of the execution of a spouse or parent or both (Breed winners); ORPHANS INCLUDED	56	27	83
3.	Witnesses/client with severe bullet wounds causing permanent incapacitation	9	19	28
4.	Witnesses/clients with chronic illness resulting from rape or sexual slavery; Witnesses/clients with child or children as the results of the above	30	- 0 -	30

11. Lessons Learnt

Dozens of lessons learnt were documented, however, only lessons relevant to this report are suggested herein.

A counseling and psychosocial unit is very important to every TRC and other transitional justice processes, as such it must be adequately supported financially and logistically to engage every witness wherever they are.

After statement taking process, the psychosocial unit must locate, identify and begin engagement of witnesses through counseling and other activities that would create a long term trust relationship; this would provide space and opportunities for witnesses to be confident in the process.

Having requisite staff is key to the entire process

Traditional methods of healing and reconciliation must be integrated with western approaches; however, cultural competence must be taken into account.

Challenges

The challenges in post TRC process in Liberia remain a huge task for the country:

A total of three hundred and forty (340) witnesses still need continued psychosocial and other counseling services to assist them to recovery and renewal.

Twenty-five (25) of the witnesses are depicting severe signs and symptoms of ill mental health, they need immediate re-engagement

One hundred and three (103) witnesses are still in pains of bullet wounds or bullets that are still in their bodies and need to be extracted.

Requisite agency responsible must strategically plan and engage these witnesses in providing their needs in terms of the degree at which they experience perpetual suffering.

12. GENERAL FINDINGS

1. Many factors are responsible for the rising numbers of people with special needs and their relegation to the margins of society in Liberia. These include:
 - a. The prolonged civil conflict and its brutal consequences including sporadic violence, destruction, poverty, hunger, epidemics and major population shifts;
 - b. A high proportion of overburdened and impoverished families, and overcrowded and unhealthy housing and living conditions;
 - c. A population of high illiteracy and little awareness of basic social services, health and education measures;
 - d. The absence of accurate knowledge about disability, its causes, prevention and treatment; this includes stigma, discrimination and misconceived ideas on disability;
 - e. Inadequate programmes of primary health care and services;
 - f. Constraints, including a lack of resources, geographical distance, physical and social barriers, that make it impossible for many people to take advantage of available services;
 - g. The channeling of resources to highly specialized services that are not relevant to the needs of the majority of people who need such help;
 - h. The absence or weakness of existing infrastructure of related services for social assistance, health, education, vocational training and placement;
 - i. Low priority in social and economic development for activities related to equalization of opportunities, disability prevention and rehabilitation;
 - j. Industrial, agricultural and transportation-related accidents;
 - k. Natural disaster and earthquake;
 - l. Pollution of the physical environment;
 - m. Stress and other psycho-social problems associated with the transition from a traditionally informal and cultural society to a modern sophisticated society;
 - n. The imprudent use of medication, the misuse of therapeutic substances and the illicit use of drugs and stimulants;
 - o. The faulty treatment of injured persons at the time of a disaster, which can be the cause of avoidable disability;
 - p. Indirect factors such as urbanization and population growth amongst other factors.

2. The relationship between disability and poverty has been clearly established. While the risk of impairment is much greater for the poverty-stricken, the converse is also true. The birth of an impaired child or the occurrence of disability in the family, often places heavy demands on the limited resources of the family and strains on

its morale; thus thrusting it deeper into poverty. The combined effect of these factors results in higher proportions of disabled persons among the poorest strata of society. Poverty and Disability reinforce each other. Widespread poverty in Liberia contributes to the causes and consequences of people with special needs. Majority of the people with special needs are impacted negatively in going to school, working for livelihood, enjoying family life and participating in social life. Abject poverty intensified when the war ensued in Liberia and it further dehumanized everyone, and was especially hard on those with special needs. They became more vulnerable.

3. Poor nutrition is a contributing factor to people falling into special needs category. Many pregnant mothers never had good nutrition during the war. This affected the development of the fetus. It subsequently led to some of the children being born with disability. Even babies that were born and did not have nutritious food developed illness that led to their disabilities.
4. Existing knowledge and skills could prevent from the onset much impairment and disabilities; could assist affected people in overcoming or minimizing their disabilities, and could help enable national policy makers to remove barriers which exclude disabled persons from everyday life.
5. The war increased the number of People with Special Needs significantly to an alarming level. It is estimated to be over ²⁸75, 000 persons who are in special needs category.
6. National Governments in the past failed to adequately provide for the welfare and wellbeing of people with special needs in terms of education, health and other social services.
7. Unemployment amongst people with special needs stands at a very high rate. About 99.9% of the total people with special needs are unemployed.
8. Some females with special needs were also victims of sexual abuse. This was also the case during times that they were abandoned. Some of their captors exploited such situation and sexually abused them. Some of these women endured unwanted pregnancies.
9. As a consequence of gang-rape during the war, some healthy females became disabled and some actually died having suffered from wounds and pains from the sexual violence.

²⁸ Presentation submitted to the TRC on the "Vulnerability and Challenges of the past for the post war governance and hope for the future", by Mr. Biomah Fallah, January 19, 2009

10. It is becoming increasingly recognized that programmes to prevent impairment or to ensure that impairments do not escalate into more limiting disabilities are less costly to society in the long run than having to care later for disabled persons. This applies, for instance, not least to occupational safety programmes, a still neglected field of concern in Liberia.
11. During the war, the Department of Social Welfare could not provide social services to people with special needs due to instability and insecurity. During the cessation of hostilities and times when interim leaderships took over, some support were provided to few people with special needs' institutions by government. During the war, social services to people with special needs were largely provided by humanitarian organizations.
12. The present allotment for the Social Welfare Department of the Ministry of Health and Social Welfare is far, far, small, inadequate and not proportional to cover the population of special needs people/people with disabilities in Liberia.
13. Besides the budgetary constraints, the conflict or overlap of Social Welfare functions by other government institutions greatly hampers the effective delivery of social services. Although the Department of Social Welfare is mandated by law to provide services to people with special needs, there are other institutions that are also providing services to individual with Special needs. As a result there is a lack of coordination and high duplication of services.

13. Findings on the Elderly: Key Issues and Progress

Poverty

Older people in Liberia are living in conditions of poverty, hardship and fear of the future. The declining physical strength of older people implies declining income and quality of life. A number of older people lost their children during two decades of war and therefore have no one to support them, as they grow older. Many surviving children are too poor to support themselves to be able to give adequate support to their parents. Older people however constitute an important human resource as they tend to be better educated than younger people. This resource has however remained untapped. Older people however constitute an important human resource as they tend to be better educated than younger people. This resource has however remained untapped.

Lack of affordable health care services

The huge expense of medical care very often pushes older people to prioritize the food and livelihood security of their families in favor of their health and medical needs.

Food Security

Landholdings sufficient to support a family in the 1980's are no longer sufficient to support the children and their families two decades later. This situation implies decreasing standard of living and food security for older people and their families.

Migration

Rural poverty and lack of income opportunity forces young people to abandon their parents and children to migrate inside (Monrovia and other cities and towns) and outside (Europe, Asia, Australia and USA) Liberia. While some children come back and send money, others disappear, leaving ageing parents to care for small children.

Gender

Gender issues do not diminish with age. Gender roles and expectations affect older women as much as younger women in terms of respect and access and control of resources and services. Many older women especially suffer from physical and psychological violence inflicted by members of their own immediate families.

The elderly in Liberia are more likely to suffer from health problems like arthritis and rheumatism, eye disorders and hearing disabilities. They are more prone to suffer due

to hypothermia (low body heat), especially during the raining season. They may even be suffering from psychiatric problems such as Senile Dementia (Alzheimer's disease), which is a psychiatric illness that affects the brain.²⁹ Growing old is a natural process that we all are approaching little by little each day.

²⁹ Interview with Dr. Eugene Earlton , Mercy Ship, Monrovia, September 5, 2008

ANNEX I:**OVERVIEW OF THE UN CONVENTION ON DISABILITY**

The Convention comprises of a preamble and 25 articles, is comprehensive in scope.

Article 1 establishes the purpose of the Convention: to “ensure the full, effective and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities.” To achieve this end, Article 2 enshrines the principles upon which the Convention is based: dignity, freedom of choice, independence, non-discrimination, full inclusion, participation, respect for difference, acceptance of disability as part of human diversity, and equality of opportunity.

State obligations are laid out in draft articles 4 – 6, which follow a provision on definitions. Article 4, entitled “general obligations,” commits States Parties to undertake to “ensure the full realization” of all human rights, to all individuals, without discrimination on the basis of disability. It then lays out a list of steps to which State Parties commit to undertake in fulfilling this end, including the adoption of appropriate legal protections, the mainstreaming of disability issues into economic and social development policies and programs, and the promotion of universally designed goods, services, equipment and facilities. Significantly, Article 4 commits States Parties to consult with and actively engage persons with disabilities and their organizations in the development and implementation of policies and legislation aimed at implementing the convention.

Articles 5 and 6 establish more specific obligations. Article 5 commits States Parties to adopt immediate and effective measures to raise awareness of disability throughout society, combating stereotypes and promoting an image of persons with disabilities as capable and contributing members of society. Article 6 commits States Parties to data collection and statistical analysis, an essential measure in formulating and implementing appropriate policies with respect to the rights of persons with disabilities.

Articles 7 – 24 lay out the substantive rights of persons with disabilities. They cover equality and non-discrimination, equal recognition before the law with a disability focus, and the full scope of civil, social, political, economic and cultural rights—all interpreted from a disability perspective. In this regard, special mention can be made of the rights to life, personal liberty and security, freedom from cruel, inhuman or degrading treatment, freedom of expression, respect for privacy, the rights of children, education, health, work, social security, an adequate standard of living, and participation in cultural life.

The disability Convention also directly addresses disability-specific issues and concerns, both in the context of the above rights and independently. These include accessibility, reasonable accommodation, independent living, and protection of persons with disabilities from violence and abuse, personal mobility, inclusion in community life, inclusion of special populations of persons with disabilities (children, women, persons with multiple disabilities), participation in political and public life, and participation in cultural life, recreation, leisure and sport.

“Accessibility,” for instance, is protected in draft Article 19, which commits States Parties to take all appropriate measures to ensure that the built environment, transportation, information, communications, and other services are accessible and free of obstacles. Elimination of such obstacles—often taken for granted by persons without disabilities—is indispensable for ensuring that persons with disabilities can live independently and participate fully in all aspects of life.

Draft Article 20 enshrines the right to personal mobility. It commits States Parties to taking such effective measures as facilitating access to high-quality mobility aids, assistive technologies and forms of live assistance, as well as promoting universal design in the production of assistive technologies.

The right to live independently and be included in the community is protected in draft Article 15. This provision takes the essential step of committing States Parties to ensure that persons with disabilities are not obliged to live in an institution or particular living arrangement and that access to a range of in-home, residential and other community support systems is available.

Finally, the Convention recognizes that governments and society have an affirmative obligation to effectively secure the right to equality for persons with disabilities. This obligation includes the taking of special measures aimed at accelerating de facto equality of persons with disabilities as well as ensuring the provision of “reasonable accommodation” to individuals in particular circumstances. Given historic discrimination and ongoing perceptions that inhibit the advancement and equal opportunity of persons with disabilities, the draft text recognizes that both aspects are essential for eliminating discrimination.

Finally, draft Article 25 is dedicated to “monitoring mechanisms” and enforcement. It is still in provisional form, the Working Group not having time to consider the issue of international monitoring of the draft Convention. The Ad Hoc Committee continues to consider various proposals for national and international mechanisms of monitoring and enforcement.

ANNEX II:**WORLD PROGRAMME OF ACTION CONCERNING PEOPLE WITH SPECIAL NEEDS/DISABLED PERSONS**

A major outcome of the International Year of Disabled Persons was the formulation of the World Programme of Action concerning Disabled Persons, adopted by the General Assembly on 3 December 1982, by its resolution 37/52³⁰

The World Programme of Action (WPA) is a global strategy to enhance disability prevention, rehabilitation and equalization of opportunities, which pertains to full participation of persons with disabilities in social life and national development. The WPA also emphasizes the need to approach disability from a human rights perspective. Its three chapters provide an analysis of principles, concepts and definitions relating to disabilities; an overview of the world situation regarding persons with disabilities; and set out recommendations for action at the national, regional and international levels.

³⁰ This resolution is contained in United Nations document A/37/51, Official Records of the General Assembly, Thirty-seventh Session Supplement No. 51.

ANNEX III:**VOCATIONAL REHABILITATION AND EMPLOYMENT
(DISABLED PERSONS) CONVENTION, 1983**

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office and having met in its Sixty-ninth Session on 1 June 1983, and

Noting the existing international standards contained in the Vocational Rehabilitation (Disabled) Recommendation, 1955, and the Human Resources Development Recommendation, 1975, and

Noting that since the adoption of the Vocational Rehabilitation (Disabled) Recommendation, 1955, significant developments have occurred in the understanding of rehabilitation needs, the scope and organisation of rehabilitation services, and the law and practice of many Members on the questions covered by that Recommendation, and

Considering that the year 1981 was declared by the United Nations General Assembly the International Year of Disabled Persons, with the theme “full participation and equality” and that a comprehensive World Programme of Action concerning Disabled Persons is to provide effective measures at the international and national levels for the realisation of the goals of “full participation” of disabled persons in social life and development, and of “equality”, and

Considering that these developments have made it appropriate to adopt new international standards on the subject which take account, in particular, of the need to ensure equality of opportunity and treatment to all categories of disabled persons, in both rural and urban areas, for employment and integration into the community, and Having decided upon the adoption of certain proposals with regard to vocational rehabilitation which is the fourth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention,

adopts this twentieth day of June of the year one thousand nine hundred and eighty-three the following Convention, which may be cited as the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983:

PART I. DEFINITION AND SCOPE**Article 1**

1. For the purposes of this Convention, the term *disabled person* means an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognised physical or mental impairment.
2. For the purposes of this Convention, each Member shall consider the purpose of vocational rehabilitation as being to enable a disabled person to secure, retain and advance in suitable employment and thereby to further such person's integration or reintegration into society.
3. The provisions of this Convention shall be applied by each Member through measures which are appropriate to national conditions and consistent with national practice.
4. The provisions of this Convention shall apply to all categories of disabled persons.

PART II. PRINCIPLES OF VOCATIONAL REHABILITATION AND EMPLOYMENT POLICIES FOR DISABLED PERSONS**Article 2**

Each Member shall, in accordance with national conditions, practice and possibilities, formulate, implement and periodically review a national policy on vocational rehabilitation and employment of disabled persons.

Article 3

The said policy shall aim at ensuring that appropriate vocational rehabilitation measures are made available to all categories of disabled persons, and at promoting employment opportunities for disabled persons in the open labour market.

Article 4

The said policy shall be based on the principle of equal opportunity between disabled workers and workers generally. Equality of opportunity and treatment for disabled men and women workers shall be respected. Special positive measures aimed at effective equality of opportunity and treatment between disabled workers and other workers shall not be regarded as discriminating against other workers.

Article 5

The representative organisations of employers and workers shall be consulted on the implementation of the said policy, including the measures to be taken to promote co-operation and co-ordination between the public and private bodies engaged in vocational rehabilitation activities. The representative organisations of and for disabled persons shall also be consulted.

PART III. ACTION AT THE NATIONAL LEVEL FOR THE DEVELOPMENT OF VOCATIONAL REHABILITATION AND EMPLOYMENT SERVICES FOR DISABLED PERSONS**Article 6**

Each Member shall, by laws or regulations or by any other method consistent with national conditions and practice, take such steps as may be necessary to give effect to Articles 2, 3, 4 and 5 of this Convention.

Article 7

The competent authorities shall take measures with a view to providing and evaluating vocational guidance, vocational training, placement, employment and other related services to enable disabled persons to secure, retain and advance in employment; existing services for workers generally shall, wherever possible and appropriate, be used with necessary adaptations.

Article 8

Measures shall be taken to promote the establishment and development of vocational rehabilitation and employment services for disabled persons in rural areas and remote communities.

Article 9

Each Member shall aim at ensuring the training and availability of rehabilitation counsellors and other suitably qualified staff responsible for the vocational guidance, vocational training, placement and employment of disabled persons.

PART IV. FINAL PROVISIONS**Article 10**

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

Article 11

1. This Convention shall be binding only upon those Members of the International Labour Organisation whose ratifications have been registered with the Director-General.
2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.
3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification has been registered.

Article 12

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into force, by an act communicated to the Director-General of the International Labour Office for registration. Such denunciation shall not take effect until one year after the date on which it is registered.
2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention at the expiration of each period of ten years under the terms provided for in this Article.

Article 13

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organisation of the registration of all ratifications and denunciations communicated to him by the Members of the Organisation.
2. When notifying the Members of the Organisation of the registration of the second ratification communicated to him, the Director-General shall draw the attention of the Members of the Organisation to the date upon which the Convention will come into force.

Article 14

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and acts of denunciation registered by him in accordance with the provisions of the preceding Articles.

Article 15

At such times as it may consider necessary the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision in whole or in part.

Article 16

1. Should the Conference adopt a new Convention revising this Convention in whole or in part, then, unless the new Convention otherwise provides-
 - (a) the ratification by a Member of the new revising Convention shall ipso jure involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 12 above, if and when the new revising Convention shall have come into force;
 - (b) as from the date when the new revising Convention comes into force this Convention shall cease to be open to ratification by the Members.
2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

Article 17

The English and French versions of the text of this Convention are equally authoritative.

