International Criminal Court

Trial Chamber III - Courtroom 1

Situation: Central African Republic

In the case of The Prosecutor v. Jean-Pierre Bemba Gombo - ICC-01/05-01/08

Presiding Judge Sylvia Steiner, Judge Joyce Aluoch and

Judge Kuniko Ozaki

Trial Hearing

Thursday, 14 April 2011

(The hearing starts in open session at 2.34 p.m.)

THE COURT USHER: All rise. The International Criminal Court is now in session. Please be seated.

THE COURT OFFICER: Good afternoon, your Honours, Madam President. We are in open session.

PRESIDING JUDGE STEINER: Good afternoon. Could, please, court officer call the case.

THE COURT OFFICER: Yes, Madam President. Situation in the Central African Republic, in the case of The Prosecutor versus Jean-Pierre Bemba Gombo, case reference ICC-01/05-01/08.

PRESIDING JUDGE STEINER: Thank you very much. Good afternoon. Welcome the Prosecution team, the legal representatives of victims, the Defence team, Mr Jean-Pierre Bemba Gombo. Good afternoon to our interpreters and court reporters. We will continue today with the questioning of Witness 229 and, for that purpose, I ask please the court usher to bring the witness in.

(The witness enters the courtroom)

WITNESS: CAR-OTP-PPPP-0229 (On former oath)

(The witness speaks French)

PRESIDING JUDGE STEINER: Good afternoon, Dr Tabo.

THE WITNESS: (Interpretation) Good afternoon, your Honour.

PRESIDING JUDGE STEINER: Could you rest a little bit?

THE WITNESS: (Interpretation) Yes, I was able to get a great deal of rest.

PRESIDING JUDGE STEINER: Are you ready to continue giving your testimony, Dr Tabo?

THE WITNESS: (Interpretation) I am ready, your Honour.

PRESIDING JUDGE STEINER: Dr Tabo, I have to remind you that you are still under oath; do you understand that?

THE WITNESS: (Interpretation) Yes, your Honour.

PRESIDING JUDGE STEINER: And I also have to remind you about our "five-seconds golden rule" in order to facilitate the work of our interpreters and court reporters. We will start today's session with your questioning by Maître Douzima, legal representative of victims. Maître Douzima, you have the floor.

MS DOUZIMA-LAWSON: (Interpretation) Thank you, your Honour. Your Honour, in an oral ruling you asked me to reformulate three questions; two of those questions - questions 3 and 12 - have actually already been asked by the Prosecution and the replies from the Witness were satisfactory. However, question 11 has been reformulated.

QUESTIONED BY MS DOUZIMA-LAWSON: (Interpretation)

Q. Good afternoon, Dr Tabo.

A. Good afternoon, Counsel.

Q. Dr Tabo, as the Presiding Judge just said, and as my colleague Maître Zarambaud said yesterday, I'd like to explain that I am Maria-Edith

Douzima-Lawson, one of the legal representatives of the victims in this trial for which you have been called to give testimony. I represent all the victims in the hinterland of the country who have been approved, allowed to take part in these proceedings. I'd like to ask you a number of questions about your report to the Court and, as well, the statement that you made on the 12th and yesterday on the 13th so that the Court can understand the views and concerns of the victims in this case.

Witness, I will begin with your report. Now, in this report at page CAR-OTP-0065-0024, you mentioned eight localities in the Central African Republic that had been affected by the armed conflicts and you said that a multidisciplinary team travelled to those localities to conduct a survey of the victims of the sexual violence. And then, at page CAR-OTP-0065-0025, you said that your report was also based on a number of reports from various teams that were in the field, but at the hearing of 12 April - French transcript ET version page 48, lines 13 and 15 - you said that the 512 victims that were listed and given care from the humanitarian team came exclusively from Bangui and the surrounding areas.

My question is whether in addition to those 512 victims you also took into account in your report -- did you take into account the various other reports that the multidisciplinary teams provided and did you also take into account your knowledge in this area when drawing up your statistics and coming to your conclusions in this report?

A. Thank you, Counsel. The statistics that we used for our report had to do only with the 512 victims of Bangui and the surrounding areas. However, we took part in the second mission which was conducted in August 2006. The statistical data regarding age and marital status, parity, number of assailants, all the data that we took into account in the statistics that we had provided to you in the report were not

clearly gathered; not in a reliable way. That is why we took into account only, in the report to the Court, we only took into account the 512 victims while indicating that certainly there were victims in the hinterland; in particular, in the eight localities that we travelled to ourselves in August 2006.

Q. Thank you, Doctor. Now, when you gave testimony on 12 April, edited version of the French transcript, page 46, lines 4 to 6, you stated that the medications that you were prescribing to the victims were available in pharmacies, but that they were expensive and it was difficult for the victims to get supplies of these medications. At page 47, lines 21 and 22, and I'm still making reference to the French edited version of the transcript, you stated that the patients were paying for the consultations and the fee was 2,000 francs, CFA francs I would presume, per month, and that for an average resident of the Central African Republic it would be difficult to get that kind of money, 2,000 francs.

I'd like to ask you, approximately how much do these medications cost in relation to the cost of the actual consultation?

PRESIDING JUDGE STEINER: Just one moment. Mr Haynes.

MR HAYNES: Would your Honour just confirm that this is a question that the Court has approved?

PRESIDING JUDGE STEINER: I don't see in principle any problem with the question, Mr Haynes. Since there is no prejudice to the Defence, I think we should allow the legal representatives to ask a clarification in some points that are rising from the transcript. You can proceed, Maître Douzima.

MS DOUZIMA-LAWSON: (Interpretation) Thank you, your Honour.

Q. Doctor, I hope you've understood my question?

A. In addition to the fees which are 2,000 francs per month, CFA francs, the patient

needs to purchase medication and the medications -- well, there are two or three different ones, and they cost between 10,000 CFA francs per month, approximately, for proper treatment. So in addition to the 2,000 francs, that represents a grand total of approximately 12,000 CFA francs per month for proper treatment and care.

Q. I thank you, Doctor. I would now like to make reference to yesterday's transcript, the transcript of 13 April, once again the French version, the edited version, page 31, line 23, you said -- well, you spoke of the washing rituals that some victims engaged in; namely, these victims would wash themselves several times to cleanse themselves of the dirt that they felt they had upon them. Now, according to the explanations that were provided by the victims who engaged in this practice, could you -- now, could you tell us do they wash with ordinary water, running water, or do they use other liquids to wash themselves during these washing rituals?

A. The washing rituals for the victims that we provided care to consisted of taking several baths per day, several baths in the course of the day, with clean water and soap, and even several times, several times, conducting personal care or hygiene to get rid of the dirt, and if they did not do this washing ritual they would be in great anguish and feel quite scared and say to themselves that they felt very -- still felt very dirty.

Q. Thank you. If I could go to your report CAR-OTP-0065-0029. Now, when drawing up the statistics of the people who are receiving psychological and psychiatric care, you found that married women were the most numerous amongst this group of people. How do you explain this?

A. This statistic comes from the first group of patients identified, and that was using a questionnaire that was much more detailed and it included a question, "Are you married?" And the respondents answered "Yes." However, one might think

that when a Central African person says that he or she is married, it doesn't necessarily that you -- it doesn't necessarily mean that you have gone before the mayor to be married officially. If it's a longstanding common law relationship, that is considered like marriage. The statistics showed that there were more married victims than single victims.

Q. Thank you, Doctor. I'd now like to move on to page CAR-OTP-0065-0026 and, as a layperson, I would like to ask you what distinction do you make between sexual violence in of itself and the combination of physical and sexual violence.

A. Sexual violence is the fact that the person, the rapist, was able to have sexual intercourse with his victim, sexual intercourse with his victim; in contrast, sexual violence followed or not by physical violence means that in addition to the sexual violence the physical violence occurred.

Q. I thank you. I would now like to move to page CAR-OTP-0065-0030. Now, on this page of your report, Doctor, you mentioned the case of 74 victims who were sodomised. Now, just -- could you ask -- do you have some examples, without giving names or localities?

A. Yes. Amongst these 74 victims of sodomy we heard their stories, their stories as women who still do not understand why they were subjected to this practice because sodomy is a practice, a form of sexual violence, that is much more degrading than normal rape and rape in of itself. The examples, those who were sodomised, were more people who put up resistance, who resisted their assailants and, as well, people whose family or friends tried to resist the sexual violence, tried to keep it from happening. I can say that those are the people who are suffering the most. They are in the worst situation because they describe what happened as a form of extreme humiliation.

Q. Doctor, I would like to ask you if you could give us a definition as you did for rape.

A. Sodomy is having sexual relations by the normal way and by the anal path most often with -- accompanied by degrading treatment upon the victim.

Q. I thank you, Doctor. I'd like to move on to another page, page CAR-OTP-0085-0031. Doctor, could you explain to us what the following medical consequences are; addictive behaviour and psychosomatic disturbances?

A. Addictive behaviours, this includes all the various forms of behaviour related to the abuse of toxic substances, such as alcohol, other drugs or even medications that are not called for, that are not normally prescribed. In contrast, psychosomatic disorders include -- well, a group of things. Well, the person will complain of something but there's no actual explanation, no medical explanation, for the complaint. For example, when the person says that she has many headaches and we do all kinds of tests, and we find no form of illness that would explain the headaches, that is to say, it is a group of disorders or physical pains that have a psychological component to them.

Q. I thank you, Doctor. I'd now like to move to page CAR-OTP-0065-0032. You have told us about the various feelings experienced by the victims and the reactions that they described, including disgust; and when you speak of disgust, what is it in relation to?

A. These victims reported feelings of disgust about everything having to do with sexual relations with their husbands, and there were repercussions for many on their family life and their usual sex life. They told us that, as soon as their husband asked for sexual intercourse, the woman would think of what had happened to her.

Q. My last question regarding what you wrote in the last paragraph of page

CAR-OTP-0065-0032, in describing the war situation at the time of the events, you spoke of the failure of government institutions; in particular, the judiciary. These failings, did -- what was the impact of these failings of the government institutions, in medical terms, on health?

A. Yes. These failings, in particular those of the judiciary, led to a feeling by the victims that they had been abandoned and did not know to whom to turn, and they were constantly thinking about what had happened to them. So it certainly had an impact on their health, in particular, their mental health and their psychological reaction as described in the table that we enclosed with the report.

Q. Doctor, what I'm seeking to establish is whether the victims were able to go to hospital.

A. Shortly after the rape or at the time of the sexual assault, it was difficult for the victims to go to hospital because the conflict was still underway; and even after the end of the armed conflict, the hospitals took a long time to restore the normal service and the victims were unable -- they did not have time to go to the health services.

MS DOUZIMA-LAWSON: (Interpretation) Thank you, Doctor. Your Honour, I have finished.

PRESIDING JUDGE STEINER: Thank you very much, Maître Douzima. Dr Tabo, before I give the floor to the Defence, I would like to put to you also a follow-up question. We heard from some witnesses that at some point after the end of the conflict they had a kind of medical assistance by Médecins Sans Frontières. Are you aware on when and how was this programme, if any, of Médecins Sans Frontières, in relation to these victims? Do you have any information about this programme?

THE WITNESS: (Interpretation) Médecins Sans Frontières was established in Bangui just before the events and remained active in some areas of the Central

African Republic. To my knowledge, Médecins Sans Frontières was -- had a presence in Mongoumba and in Batangafo. When, in 2006, I took part in the mission to Batangafo we did, indeed, work with Médecins Sans Frontières in Batangafo, and we also worked with an American NGO, whose name I forget, in Kaga-Bandoro. So there were NGOs specialising in health issues which were already active in Central Africa at the time and who were able, since there were doctors and health professionals, who were able to look after some of the victims. We couldn't take this into account because we did not have reliable information.

PRESIDING JUDGE STEINER: Thank you very much. Now I am going to give the floor to the Defence team. As far as I can see, it's Mr Haynes that will start questioning you. Mr Haynes, you have the floor.

MR HAYNES: Thank you very much, your Honour.

QUESTIONED BY MR HAYNES:

Q. Can I just start by clarifying how it is I should refer to you, because you've been referred to differently in the course of the last few days. Is it "Dr Tabo," or is it "Professor Tabo"?

A. (No interpretation)

Q. And which accolade do you prefer?

A. I prefer to be referred to as "Doctor," modestly.

Q. And is that the title you've held for longest?

A. Yes.

Q. Just so that we're clear, when did you become a doctor?

A. I hold a state diploma in medicine and I have held it since 20 September (sic) 1984 in Bangui.

Q. Thank you. I just wanted to clear that up because on the transcript the other

day it appeared that you told us that you became a doctor in 2004; but that's not right, is it?

A. In 2004 I was a psychiatrist, and I became a doctor in December 1984.

Q. Thank you for clearing that up. Now, during your time as a doctor, have you ever worked in a war zone?

A. The answer is, no.

Q. And have you ever conducted any research into soldiers who have been to war?

A. No, Counsel.

Q. Have you ever conducted a case study into any single soldier who has been to war?

A. No, because I never had the opportunity to do so.

Q. Have you ever read any research into the behaviour of soldiers in combat situations?

A. I have read texts on ex-US soldiers who fought in Vietnam.

Q. Can you give the authors of those texts, and the names, please?

A. Counsel, that's going to be difficult because I read this material a long time ago.

Q. Can we take it, it doesn't appear in the footnotes or the bibliography of any of the reports you've submitted to this Court?

A. It doesn't appear because I did not feel it was necessary that this should appear.

Q. So by "not necessary," do you mean that those texts were not relevant to what you were writing about?

A. Yes, because the remit from the Prosecutor's office was a report on the situation of the victims; therefore, not on ex-combatants or soldiers returning from war.

Q. Before your return to Bangui, had your practice involved the treatment of any war victims?

A. Could you please be more specific in your question?

Q. Yes. Well, I'll open it up a little bit. What was the essence of your work in France?

A. In France, I held -- I exercised my professional duty in hospitals and, together with my colleagues, we published material on psychiatric subjects of a general nature.

Q. Can you give us some examples of publications you released in France?

A. In France, I published material on epilepsy and dementia in sub-Saharan Africa.

Q. Thank you very much. When you were instructed to prepare this report by the Office of the Prosecutor, what was it about your academic and professional experience made you think that you were an expert in the subject of rape as a weapon of war?

A. I have been a psychiatrist since 1992. In my day-to-day practice, I have looked after persons who have suffered psychological trauma and therefore I thought that, as a psychiatrist and given my experience and given that I had taken part in at least one mission on the subject and had personally looked after victims, that I could therefore fulfil and discharge this mission.

Q. Thank you for that answer. Is there anything else you would like to add before we move on?

A. I don't have much to add, Counsel.

Q. Thank you. Then we will move on. There are aspects to your report which touch on other medical disciplines. I just want to check on your experience in those fields. Do you have any experience in the field of gynaecology?

A. As in studying general medicine, I was given theoretical training in gynaecology and obstetrics and performed internships in the obstetrics surgery department.

Q. Thank you very much. You've covered obstetrics as well. What about virology, the study of viruses; do you have any practical experience of that?

A. Virology is a discipline of medicine that we study at medical school and that we practise during internships with laboratories which are approved by the Faculty of Medicine of Bangui?

Q. And have you done so? What have been your internships in virology?

A. In the organisation of medical studies that I followed in Bangui there is no internship system; therefore, I could not have any experience in this capacity in virology.

Q. Okay. And can we move on lastly to what experience you have of forensic pathology or the mechanism of physical injury?

A. In my training in legal psychiatry at Paris-Sud University, we had internships on establishing bodily damage but these internships were performed under the supervision of our teachers.

Q. Thank you. I just wanted to check those things with you because later on, I may ask you some questions about those areas of medicine, and you must feel comfortable to say to me, "I'm sorry, Mr Haynes, I don't know about that sort of thing," but if you do you must feel free to answer the question I put to you. Do you understand?

A. Well, this will depend on the question you are going to ask, Counsel.

Q. Quite so, Dr Tabo. I should also add that when you wrote the publications in 2008 and 2009 you collaborated with people who had expertise in those sorts of fields, didn't you?

A. Well, this depends on the areas covered by my publications in 2008/2009. I released these publications with gynaecologists and I did not involve all the other

specialists in this regard.

Q. Very well. We may deal with that in a little more detail. Now, I just want to make sure that I understand the basis of your report to this Court. Essentially, the database of your report to this Court is the Ministry of Social Affairs report dated 2004, isn't it?

A. The data that we published with Dr Sepou are data that we did indeed gather for this report but this report was also a report drawn up by technicians who handed it in to the Ministry and Dr Sepou, who is the first author of the other article, was a gynaecologist and obstetrician.

Q. In writing the article with Dr Sepou in 2008, did you have any source material other than the Ministry of Social Affairs report itself?

A. Again, this report -- Dr Sepou was the gynaecologist who was a member of the multidisciplinary team in the humanitarian mission and, as a gynaecologist and teacher, he gathered information that he had himself, since he was the co-author of the report handed in to the Ministry of Social Affairs.

Q. Okay. I think I understand that, but perhaps I should be more specific. Did you have access to the original questionnaires or records that went to inform the report of 2004?

A. My answer is no, I did not have access to the initial files and records which formed the basis for the 2004 report.

Q. And I don't want to be unfair to you, Doctor, but does that mean that in 2008 what you and Dr Sepou and others effectively did was just to summarise the earlier government report and write some conclusions of your own?

A. We, as scientists, cannot sum up a report to the Ministry. In 2008, we used data that some of us had gathered themselves in order to produce a scientific article,

and the conclusions we came to are conclusions based on our scientific analysis based on the data that people had gathered when they performed their work.

Q. And what was your contribution to that publication in 2008?

A. Our contribution was as follows: We used the statistics, we analysed the statistics, with Dr Sepou who was the initiator of the article. We re-read them, corrected them and we therefore took part in all the phases of the presentation of the data which were already existing and the discussions -- as well as the discussions and the conclusions.

Q. This happens from time to time, I asked an ambiguous question. What I was really asking you was, what was your contribution as a psychiatrist to the publication of 2008?

A. As a psychiatrist, and if you read the article, there are discussions of specific cases of victims or victims' relatives who suffered psychiatric problems and the essential contribution was at that very level.

Q. Thank you. Now, did you have, in relation to the government report of 2004, the names or the contact details of the victims who were the sample base to that report?

A. The work was undertaken before my return to Bangui. The report was sent to the Ministry before I returned to Bangui; therefore, personally, I could not have had the addresses or contact details of the victims who were included in the report.

Q. Thank you. Now, you've told us that Dr Sepou was part of the original team. Were you able to talk to him about how the report of 2004 was prepared and how the research was conducted?

A. Dr Sepou was a gynaecologist; he is a colleague with whom I often work. What happens is that Dr Sepou, in addition to the data in the report, had these data in

his own database, and therefore when he suggested that we write an article on the topic, we did not encounter any difficulty in taking into account, including -- in including the statistics, the data, which we published in 2008.

Q. Was it your understanding that, although the research was funded by the UN Development Programme, the research and the statistics in the report was done and compiled by the government of the Central African Republic?

A. The government of the Central African Republic had deemed it necessary in the wake of the conflicts to set up a multidisciplinary team for humanitarian aid and it was made up of several people belonging to different areas of specialty. These people drafted a report on the basis of what -- of their observations in the field, and I believe that this report was entirely independent. And since the government, the Ministry for Social Affairs, was the one that had set up the team, the team deemed that it was necessary to submit the report to the Ministry for Social Affairs, but the entire work for this report had been funded by the UNDP.

Q. Do you know how the conductors of that report went about getting victims to speak to them?

A. These were interviews carried out with the victims and medical tests that were performed, physical tests, as well as the interviews with the victims, and the team also added to those interviews these laboratory tests and any other additional tests that they thought would be helpful for their work.

Q. But were the interviews carried out at centres?

A. The interviews took place in health structures, health units.

Q. And how were people notified to go to these health units?

A. I wasn't there myself, but information was broadcast by the radio asking people to go to the health centres.

Q. Thank you. Do you know who Mrs Bernadette Sayo is?

A. Mrs Bernadette Sayo was the founding President of OCODEFAD, the NGO with which I had cooperated free of charge, and she is now Minister for Social Affairs.

Q. And that was the ministry which carried out this research, wasn't it?

A. The ministry didn't conduct the research; the technicians did that. They were the ones who conducted the research, a team of technicians that was, indeed, established by the Ministry for Health and the Ministry for Social Affairs, but the people who did the research were technicians. And I'd like to add to that that at the time that this work was being done, Mrs Sayo was not Minister for Social Affairs.

Q. Do you know what role she played in the preparation of the report?

A. I do not have any idea whatsoever, Counsel.

Q. Have you read the report?

A. I did read this report, thanks to Dr Sepou, but I read the statistical part; in other words, the part relating to the data that we actually used to -- for our own publication.

Q. Well, if you don't know the answer to this question, you don't know, but I'd just like you, please, to have your memory refreshed about the report. And if we could just look at CAR-OTP-0030-0006.

PRESIDING JUDGE STEINER: Are you asking for the document to be displayed?

MR HAYNES: Yes, please, your Honour. I'm sorry for not being clear about that.

THE COURT OFFICER: Counsel, could you please assist me? Could you please indicate which is the document in the list of documents provided by the Defence, please?

MR HAYNES: It's the first document in the supplemental list served yesterday.

PRESIDING JUDGE STEINER: This is not the ERN number, is it?

MR HAYNES: Would you just bear with me a second?

PRESIDING JUDGE STEINER: I think it's a document that was in the Prosecutor's list of evidence, if I --

MR HAYNES: Yes, it was.

PRESIDING JUDGE STEINER: Yes, it's number 6 on the Prosecution's list of evidence.

MR HAYNES: And the first page is CAR-OTP-0030-0002.

PRESIDING JUDGE STEINER: Yes.

MR HAYNES: And I'd like the witness to have a look at the fourth page, which is 0006, please. Thank you for your help, your Honour.

Q. Dr Tabo, that's quite small. Can you see it?

A. Yes, Counsel.

Q. As I say, if you don't recall this, you don't recall it, but do you recall from your reading of this report that Madam Sayo had written one of the annexes to it? It's annex number 10.

A. The document you're referring to is a fairly thick one, a large one, and I was saying earlier on that with Dr Sepou I read the part relating to statistics; i.e., the scientific data. As for the appendices, well, we considered that it was not necessary to read them for the purposes of drafting our scientific publication. Nonetheless, Mrs Sayo, who was a victim, may have made a declaration to the national political dialogue that was held immediately after the events. And, in any case, we personally did not believe that it was necessary to read everything that was done or said that was not directly related to the publication that we were in the process of preparing.

Q. Have you met Madam Sayo?

A. Mrs Sayo was President of the OCODEFAD, and as such she had called on my services for drafting the plan for the psychological and social care to be given to the victims, and in that respect I did meet with her on several occasions. As a minister now for some time, a Minister of the Republic, I often meet with her in the context of a number of activities connected with my department and the Department of Mental Health in the Central African Republic.

Q. So you arrived back in the Central African Republic in 2005. Over what period of time and how regularly did you have contact with Madam Sayo?

A. I am a doctor. Mrs Sayo was the President of an NGO; as a result, our encounters did not take place with any particular periodicity. That would depend on the particular needs of one or the other parties in the framework of a cooperation. So I cannot give you the periodicity of our encounters with Mrs Sayo as the -- acting as president of the OCODEFAD, or even as Minister for the Republic.

Q. Well, I'm not going to press it, but can you help us: Did you meet her before you were appointed to your post at the hospital?

A. I returned from France in July 2005 and was appointed head physician in September 2005. I do believe that I met with Mrs Sayo several months later after being appointed head of department.

Q. Thank you very much. Now, I want to look now at the complaints that were analysed in the report of 2004 at which you and Dr Sepou, and others, reviewed in your publication of 2008. And I'd like therefore, to put what is document number 10 on our list, and the last number -- the first number of that document is 0178 and the page number I'd like to look at is 0179. If that could be displayed for the witness. Could we look at the next page, please. I think, Dr Tabo, we're going to have to provide you with a hard copy of this. Can you read that at all?

A. Yes, I can try.

Q. Can I just check the page number we want. The last four digits is 0179 and it should appear on that page the word "Methodology." Thank you very much. Doctor, I just wonder - so that we can have it on the English record - if you would read out for us the first sentence under the paragraph headed "Methodology"?

A. This is a retrospective study over an 18-month period, going from November 2002 to April 2004.

MR HAYNES: Thank you. And if the court manager would be just good enough to allow us to have a look at the last four numbers 0174 in this document.

PRESIDING JUDGE STEINER: We don't have a 0174, do we? It starts 0178, unless I'm wrong.

MR HAYNES: Your Honour is quite correct. It's another document; it's the 2009 report. So perhaps if we stay -- if we go to the next document which does end 0174 this is the "Ces maux sans mots" document.

PRESIDING JUDGE STEINER: This previous document, Mr Haynes, are you tendering it into evidence?

MR HAYNES: I will consider that by the end of the questioning of this witness.

PRESIDING JUDGE STEINER: It's document 3 on the Prosecution list of evidence.

MR HAYNES: I wonder if the very first paragraph could just be made a little larger so the witness can help us with it. Thank you.

Q. Dr Tabo, do you recognise that as the later publication in 2009 which had the title "Ces maux sans mots."

A. Yes, that is my publication that was published in 2009.

Q. And, again, if I could just beg your assistants to read something out in French so that we can get the English onto the transcript. Do you see the number "23" there in

brackets?

A. Yes, yes.

Q. Would you be so kind as just to read out for us nice and slowly the sentence that follows that, beginning "Lors de conflit" --

A. "During the military and political conflicts that occurred in the Central African Republic between 2002 and 2004 the civilian populations, in particular women in the capital city and several other towns in the country, were victims of violence; in particular, sexual violence perpetrated by armed men."

Q. Thank you. And just one last passage I'd like you to consider before I put a question to you, and that's the last four numbers of the page is 0176. And, Doctor, can you see that in the fourth line, after a succession of numbers 10, 11, 12, 17, 19, 21, a sentence begins, "En Centrafrique," if you could identify that for us and please read out that sentence.

A. "In the Central African Republic, there was a state of war, the main players of which were armed men who perpetrated all various types of violence, including rape."

Q. Thank you very much. Now, I know that a number of you contributed to these publications but do you recall whether the passages that you've just read out were passages which you, yourself, wrote or were they written by Dr Sepou or somebody else?

A. When you publish a scientific article it is difficult to invent things. Already in 2008 we had published on this question, and in 2009 we took up a number of data and bibliographical references that came from the previous publication. So these passages that I've just read out were drafted both by Dr Sepou and myself, basing ourselves on the bibliographical references and the data that we had to publish

scientific articles.

Q. Very well. So do you confirm that the period within which you were examining the occurrence of crimes, including rapes, was November 2002 to April 2004?

A. I can confirm that; that's written in black and white but in fact it's April 2003.

Q. And when you were referred to the principal actors being armed men, in the page that's still on the screen, which principal actors were you referring to?

A. In my previous statements I already spoke about the existence of two camps that were facing one another, confronting one another, on the territory of the country; they were the rebel troops and they were the -- what the Central African population refers to as the Banyamulengue. So the armed men were those players, those actors.

Q. The fact that you wrote not just in one report but two reports, that the period you considered was 2002 to 2004, reflects the material that you and Dr Sepou considered, doesn't it?

A. Yes, I can confirm that.

MR HAYNES: Thank you very much. I wasn't sure whether it was 4 or 4.30, but --

PRESIDING JUDGE STEINER: You are right. It's 4.30, I'm sorry.

MR HAYNES: No, perhaps we could check with the witness because --

Q. Dr Tabo, this session is due to go on for another half-an-hour, but if it would be more comfortable for you to break now, I'm sure your views will be listened to.

A. Counsel, we can continue.

Q. Very well. Now, I just briefly want to go to your involvement with OCODEFAD in 2005. How did you become to be involved and who asked you?

A. OCODEFAD, working through the Ministry of Family and Social Affairs, had just received from the World Bank a grant for providing psychosocial care and

support to victims. OCODEFAD thought it was necessary to call upon technical people, professionals, to draft the first version because the organisation did not have the human resources with the skills to do that work. So OCODEFAD asked me to be part of this team of people who drafted a first version of this plan to provide care to the victims.

Q. Thank you. I don't think you answered my second question which was, who personally asked you to get involved?

A. OCODEFAD is led by a team. I remember that I was in my office in the afternoon when I had a visitor, someone representing Ms Sayo, who asked me to come and meet with her for a piece of work. And this person took me to see Ms Sayo and so I was able to meet her the next day so that we could come to an agreement on how we would work together.

Q. Thank you. And the professionals that went with you on this mission, did they include lawyers?

A. No. It was a project to provide psychosocial support; medical as well, but psychosocial report. So there were physicians, I remember there was a general practitioner, myself, and someone, a sociologist, who had skills in the drawing up of projects. So there were three of us who were drawing up this draft for the project.

Q. Thank you. I just want to ask you a question about a particular lawyer. Did you ever meet, through OCODEFAD, a lawyer called Ngoungaye Wanfiyo?

A. Mr Wanfiyo, whose passing we greatly regret, was a brilliant lawyer, and myself, I never met this man, this brilliant lawyer, until --

Q. I think there's a piece of your answer missing. Until what?

A. Until he died.

Q. That's fine. Now, can we come on to your second publication, the publication

of 2009. What is the database for that publication?

A. The database that we used to prepare that publication was the 2008 - from the 2008 publication. We, ourselves, within the department prepared a database since we had been providing treatment to the victims for a year at their request. So the victims were the ones who were part of the sample for the 2008 publication that we took again and some of them were included in the 2009 publication.

Q. How did it commence that people began to come to see you in your department?

A. The unit that I lead is the only one in the city of Bangui and within the country. Everyone knows that it is the only unit that has the skills to provide care to people who are suffering from psychological and psychiatric disorders. So those people, well, first of all, they came to ask for help, both medical and psychological assistance, and the fact that they came to be quite numerous in number, my team decided to provide care for them; and it was only after, that was when we decided to prepare a publication.

Q. Were they referred to you by somebody else?

A. To my knowledge, no. Since they were people who had come to ask for care upon their own initiative, and I reiterate because there were more and more of them coming, we decided to have a research protocol, a protocol that would include them, so that later, one year later, we would be able to draw up a publication.

Q. There were 512 people seen by the government researchers in 2002, 2003, 2004. In 2008 you saw 371. Are you able to say that the 371 are part of the group of 512?

A. Yes, the 371 did come, yes, and eight did not meet the criteria defined within the protocol. So the 371 victims that -- patients that we treated were indeed part of the 512 people who were inventoried in the first publication, who were described in

the first publication.

Q. Well, you may have answered this question, but I wondered, given that you didn't have the names or contact details of any of the 512, how you were able to tell they came from that group?

A. These people did, indeed, come from this group given that we, ourselves, verified using their accounts, their accounts that they gave us, and we ourselves did a screening; that is to say, we used a questionnaire to verify whether indeed they had indeed been the victims of sexual violence.

Q. That I understand. What I don't understand is how you were able to tell that they were people who had been spoken to by the government inquiry five years previously.

A. A discussion with a doctor allows one to ask any kind of question; and the questions that were asked of these female patients demonstrate that, indeed, they had been cared for five years earlier by the multidisciplinary team, the multidisciplinary humanitarian team that had been set up in 2003.

Q. Well, what was it that enabled you to say that? Did they have some form of identification which revealed that they had been spoken to by the government team?

A. The team did not issue any sort of identity cards to these victims. What I do know is that since I had already read the report regarding the scientific and medical data, I was in a position to take my questioning in a particular direction to determine whether or not they had been part of the 512 people who had been cared for in 2002 -- correction, 2003. So there were no documents that would show me that they had been part of that sample, other than the discussions that I had with those women.

Q. Okay. And what, in particular, was it that they told you that enabled you to conclude they had been part of the earlier research?

A. Well, the majority of them told me that the psychological assistance that they had received five years earlier had not been sufficient, in their view. Others, on the other hand -- others, on the other hand, it was the answers to the questions that we put to them that allowed us to say whether they had met with the multi-disciplinary team.

Q. Very well. How did these people make appointments with you?

A. Within the department there is a unit that greets people and arranges consultations, and the people, knowing the days of the consultation, would come and make an appointment with the people at that particular unit and the help was provided on that basis. The person herself would make an appointment.

Q. And these 371 people, did they have one appointment with your department, or more than one appointment?

A. The follow-up lasted for one year and there would be one appointment per month. So there were several appointments; several consultations.

Q. Thank you. And how was this paid for?

A. I said earlier that care in the Central African Republic is entirely paid for by the patient, or her family. So the consultations and the medications were paid for by the patient; entirely by the patient. There is no social security. There are no kinds of grants to help these people receive care.

Q. Did all 371 of them have a monthly appointment throughout the year of 2008?

A. Not all these people had a monthly appointment per year -- throughout the year. The follow-up was done in accordance with the severity of the problem that a particular person presented with. Some people had an appointment once or twice a month. Others had an appointment every two months. You see, it depended on how the results went during the period of time when they were receiving care; that is

to say, how they progressed.

Q. And can you give us some idea of how much each appointment would have cost?

A. Within the department we established that a person who came for a consultation would have to have a family member come along with her, and the consultation was 2,000 francs for one month. The person who would come for a consultation would pay for the taxi in Bangui, round trip for herself and for the family member that was accompanying her. 150 per person, per taxi, or if it was a bus it was 125 francs. So already there, for one consultation, one appointment without a prescription, the person would have to spend at least 2,500 CFA francs. 2,000 for the consultation and at least 500 for transportation round trip. And in most cases, as I was saying earlier, if there was a prescription the medication would cost approximately 10,000 CFA francs per month, so the total cost for a person who would come for a consultation would be about 12,000 or 12,500 francs per month per person.

Q. And would that represent a lot of money to the average citizen of the Central African Republic?

A. The minimum guaranteed wage is 23 or 24,000 CFA francs. If the person has to spend 12,500 francs per month, that represents half - slightly more than half - of the minimum guaranteed wage. So this amount indeed represents -- it's a large amount for the average Central African Republic person.

Q. Now, within your department were any physical examinations of victims carried out, or was that done elsewhere?

A. Within the unit there are two physicians, one general practitioner who handles the somatic consultations and myself, the psychiatrist, I handle the psychiatric appointments, and there's also a psychologist. So depending on the complaint of the

patient, we would do a somatic examination if necessary.

Q. And what about the taking of blood samples for laboratory testing and that sort of thing?

A. If the case required it we would issue a prescription to the patient, or rather a requisition, and she would go to the laboratory for a blood test, or any other kind of test.

Q. Thank you. I just want to clear one thing up with you and we need to look at your report, please. It's document 2 on the Defence list. That's CAR-OTP-0065-0042, the first page, and I want to look at table 6 which is on page 0051. If you don't mind, Dr Tabo, we'll look at the English one. Do you mind? I know you speak English.

PRESIDING JUDGE STEINER: I would like to ask whether Dr Tabo feels comfortable in checking information in the English version? Otherwise, we will put on the screen the French version.

THE WITNESS: (Interpretation) I would prefer the French version, your Honour.

MR HAYNES: Very well. Then that is CAR-OTP-0065-0031, please, and can we just look at the top of the table, the medical consequences?

Q. Now, we can see at the very top, Dr Tabo, that this is a table relating to the 371 people who came to your surgery in 2008, isn't it?

A. Yes, that's right.

Q. And if we just look at the medical consequences, those figures in there were the result of examination and testing that those people underwent in 2008; is that right?

A. These figures were taken from the database of the 2008 article, and since we had drawn up a questionnaire, a questionnaire for the 371 people that we provided care to, we asked them what they had had before or after the rapes and their answers allowed

us to demonstrate these figures; to report these figures.

Q. So let's take for an example the figure of six vaginal lesions. That is not six people who were examined in your hospital in 2008 and found to have vaginal lesions?

A. In the department we have one general practitioner, and for some of these patients we had asked the general practitioner to verify the information that the patients had given us. So given that this particular item *on the chart, lesions to vagina, since this had been treated, for some people we verified the somatic before reporting it in this chart.

PRESIDING JUDGE STEINER: Mr Haynes, we have to suspend. We have -- the tape is on its --

MR HAYNES: A tape problem. That was going to be my last question. Thank you.

PRESIDING JUDGE STEINER: Thank you. Dr Tabo, we are going to suspend for half-an-hour in order for you to take some rest, take a coffee. It is 4.30. We will resume at 5 o'clock. Court usher, please accompany Dr Tabo outside the courtroom.

THE INTERPRETER: Correction from the English booth: *The witness's last answer should end as follows: …for some people we verified their physical condition before recording them on this chart.

(The witness stands down)

PRESIDING JUDGE STEINER: The hearing is suspended.

THE COURT OFFICER: All rise.

(Recess taken at 4.30 p.m.)

(Upon resuming in open session at 5.06 p.m.)

THE COURT USHER: All rise. Please be seated.

PRESIDING JUDGE STEINER: Welcome back. I please ask court usher to bring the witness in.

(The witness enters the courtroom)

PRESIDING JUDGE STEINER: Dr Tabo, welcome back.

THE WITNESS: (Interpretation) Hello again, your Honour.

PRESIDING JUDGE STEINER: Are you ready to continue giving your testimony?

THE WITNESS: (Interpretation) I am ready, your Honour.

PRESIDING JUDGE STEINER: Mr Haynes, you have the floor.

MR HAYNES: Thank you, your Honour.

Q. And hello again, Dr Tabo.

A. Hello, Counsel.

Q. Now, I just want to move on to one of the other medical consequences listed at table 6 of your report, and that's the question of HIV infection. Presumably, the psychiatric and psychological consequences of HIV infection are something you deal with regularly in your department?

A. That is correct.

Q. Because the rates of HIV infection in the Central African Republic are very high, are they not?

A. Yes. The Central African Republic is one of the countries where HIV is extremely high and stands at 6 to 10 per cent.

Q. I think it stands even higher than that, but we'll have a look at some material in the meanwhile. It has, do you know, the tenth highest rate of HIV infection in the world?

A. There is a rate which was published in correction of a level which had been published previously, and it was revised downwards, but I do agree with you that the Central African Republic is one of the countries with the highest HIV level.

Q. Well, it may be that you'll have some comments to make on a document I'd like you to look at. This is document 6 on the Defence list; that is CAR-D04-0002, and can we look at the page where the last four numbers are, 1102 and then 1114.

PRESIDING JUDGE STEINER: Mr Haynes, sorry to interrupt you, but while the court officer is preparing the document to be displayed, is that correct that in the Defence list of evidence we jump from 6 to 10 in the list of documents? Just to make it sure there are not four documents missing.

MR HAYNES: It's not correct, no. The next document should be document 7. Thank you very much for pointing that out. I don't know why that's happened, but I'll look into it.

Q. Dr Tabo, this is a government report of the Central African Republic, and I'm going to ask you again if you can help us by reading something out. Can you see the paragraph on the right-hand side of the page, which is headed "Le poids de la mauvaise governance"?

A. Yes, Counsel.

Q. And just before the bottom of that paragraph is a Roman numeral 3 which begins with the words "La forte prevalence." I wonder if you could just read out that sentence to the end of the paragraph for us.

A. "The high prevalence of HIV aids (15 per cent) which places the CAR in the tenth rank of the most infected countries in the world and in the first country (sic) of the most infected of the subregion of Central Africa."

MR HAYNES: I wonder now if we could move to page 1114 of that document, please, and could we go down just below the graph showing the progression of HIV in the Central African Republic. Perhaps just up a little bit, I'm sorry.

Q. And again, Doctor, if you would be so kind, could you read out the paragraph

above the graph which begins, "Le taux de séroprévalence"?

A. "The level of HIV prevalence in the Central African Republic grew exponentially from the beginning -- the middle of the '80s. In the respective years 1985, 1986 and 1987, it gradually rose to 2.6, 4.6 and 7.6 per cent to stand in 2002 at 15 per cent. This puts the country as the tenth amongst the 24 most affected countries in the world and as the first most affected country in the subregion of Central Africa."

Q. Thank you. At the risk of stating the obvious, but you've presented us with a lot of statistics, if that was right, then the HIV prevalence rate in Central Africa in 2002 was something just short of one in six people? That's right, isn't it?

A. Fifteen per cent, yes.

Q. And are you familiar with the rates in neighbouring countries to the Central African Republic of HIV prevalence?

A. I do not know the levels, but I know that they are below the rates prevalent in the Central African Republic. There is Cameroon, which comes after the Central African Republic I believe, and Congo and other countries.

Q. Well, the rate in the Congo might be relevant to this case, so let's have a look at UNAIDS document, please, about the Congo. It's Defence document number 4. That's CAR-D04-0002-1090 at page 1094. Just bear with us a minute, Doctor, whilst this comes up on to the screen, will you? These figures relate to a UNAIDS report about the Democratic Republic of Congo, and can you see - I am afraid it's only in English - that the adult rate in both 2001 and 2007 was between 1.2 and 1.5 per cent of the population? Does that accord with your understanding of what the difference in infection rates was between the Congo and the Central African Republic?

A. It's a level published by UNAIDS. These are data which are scientifically recognised, and I see that indeed there is a difference between the Central African

Republic and the Democratic Republic of Congo in particular regarding the rate of HIV prevalence.

Q. I mean, did you understand the position to be that the prevalence of HIV in the Central African Republic was quite literally ten times as high as it was in the Democratic Republic of Congo?

A. I knew that the rate in the Central African Republic was high, but I didn't -- I was not aware of the proportionate relationship between the CAR and the Democratic Republic of Congo.

Q. Okay, thank you very much. Now, I just want to clear up something you've already told us, and for that purpose I want to have a look at your 2009 publication and again look at a table. This is document 3 on the Defence list, CAR-OTP-0065-0178, at page 0181. Again, Doctor, it's that document that's obviously printed on coloured paper and so it's quite hard to read on the screen. Can you see the figures that appear under "Tableau IV"?

A. Yes, but this is a publication of 2008. It's not the publication of 2009.

Q. I stand corrected. The third set of figures from the bottom show in relation to your sample the "Sérologie HIV de départ," which are the same figures that appear in the report you've prepared for this Court, aren't they?

A. Yes, that is correct.

Q. Now, two columns or two sections beneath that is "Sérologie HIV de contrôle à 12 semaines." What's the significance of that figure, please, Doctor?

A. These figures mean that the team which worked in 2003 had corrected the data, saying that the seven -- only seven instances of seropositivity of HIV prevalence could be linked to rape.

Q. Thank you. I think you were trying to tell us that the other day when

Mr Badibanga was examining you, but just so we complete the picture, can we look again please at your report, which is document 1 in the Defence list, and in the French version we need to look at page 0031 so that the Doctor can explain it. Thank you. So when we look at your table 6, Doctor, we simply have to disregard that figure of 81 as relating to people who contracted HIV from these events altogether, don't we?

A. The problem is that the team which worked in 2003 had already corrected the rate of HIV seroconversion. When we began our study we had prepared questions, including -- and we had also asked our patients, "What happened after the rape took place?" Our patients replied that, "The doctors told us that we had AIDS, whereas we didn't know this before," and this is why we took into account the number of victims - 81 victims - who replied that they had been told that they had AIDS, but we -- we knew, because we had taken part in the 2008 publication, that this rate, or this number, was above the actual number of people who had been infected -- who had caught AIDS as a result of the rape.

Q. Right. Perhaps you could just explain to us why you inserted the figure for séroconversion à 12 semaines in your publication of 2008, but you didn't insert that figure in the report you prepared for this Court, because it makes a significant difference, doesn't it?

A. We knew this was a significant difference but, when we entitled the table as "Impacts of rape," it was after the rape that the parents -- the patients were informed that they were HIV positive. So there was a psychological impact on the victims. Therefore, the victims did not know what their HIV status was prior to the rape. They only found it out after the rape, so during the work of the humanitarian aid team. So this seroconversion for us could have an impact on the victims, even though it was not directly linked to the rape, but the fact that they had been told that they were HIV positive

after the rape could also have a psychological impact and that is the reason why we took the figure of 81.

Q. I understand. Now, there's just one more figure I want to highlight before we move to another one of your tables and that is the figure for unwanted pregnancies, which was four, wasn't it?

A. Yes, four.

Q. And I'd like now, if possible - and I'll just find the page in French so you can follow it more comfortably - if we could go back to your table 2, which in this document is last four digits 0026. Now, the other day Mr Badibanga had you doing some mental arithmetic. I'm afraid I'm going to do the same. Although the number of victims was 512, the number of acts of sexual intercourse was much higher, wasn't it?

A. The sexual violence per se related to 206 people.

Q. Well, there are two tables like this. I've taken the table from the original government report, but see if you can bear with me. 136 victims were raped by one person; that's right, isn't it?

A. Yes, that's right.

Q. But 154 were raped by two, so that's 308 acts of sexual intercourse, isn't it?

A. I don't really understand, Counsel, what you mean. Well, when we speak about attackers, we're talking in relation to the 512 victims. We talked about assailants, attackers, not necessarily rapists, and this applies to 512 victims, whether we are talking about sexual -- physical and sexual, physical and psychological. In any case, the 512 people are concerned.

Q. Thank you. But did you hear tales in which victims told you they had had full sexual intercourse with more than one man during the course of their attack?

A. Yes, there were some cases where more than one person was involved in the assault

at the same time, or one following the other.

Q. And were there cases where there were three men involved and full sexual intercourse took place with all three of them?

A. That's right.

Q. And even four or more?

A. This is what the victims told us; that's right.

Q. And if we go down to the section below, we'll see that some people were attacked more than once, so however many people attacked them, it happened on more than one occasion; do you see that? Twenty-two were victims of violence twice, and nine, three or more times?

A. Yes, that's right.

Q. And if we add all these up, you get to many, many hundreds, in fact, well over a thousand acts of sexual intercourse. Do you understand what I'm suggesting to you?

A. Yes, I understand what you mean, Counsel, but the scientific work that we conducted does not count the number of acts of sexual intercourse. If you multiply the number of acts of sexual intercourse, we would reach a figure of 2,000 or 3,000 even. The problem is we're talking here about an act of sexual violence perpetrated against one person, or by -- by one person or by two, or three, or more, and this was repeated once, twice, three times, sometimes more, and this is what we took into consideration when analysing our results and presenting the results.

Q. I'm mindful of your particular expertise, but you did work with obstetricians and gynaecologists. I just wondered whether you had any comment to make about the fact that these many hundreds or thousands of acts of intercourse resulted in only four pregnancies?

A. Yes, I agree with you, Counsel, but we worked on what the victims said to us.

Probably and almost certainly indeed there were cases of unwanted pregnancies that were not *reported. I said to *this august Chamber that the actual figure here is below what actually happened and that several victims did not come forward, or were not able to come forward during the various missions that were conducted to identify them.

Q. So, I take it that you and your colleagues would agree with my suggestion that the figure of four pregnancies is incredibly low to account for the number of attacks that were described to you?

A. There is what actually happened, and there is what we know, so we, as clinicians, as scientists, have worked with what we had and what we know. What we don't know about, we cannot talk about. Whether or not there were other unwanted pregnancies, well, that may be possible, but in any case, what we do know is that this figure of four, this is the figure that was reported to us and this is what we worked on.

Q. Thank you. Now, I just want to ask you two or three questions that I omitted to before we took our break. The article which you published in 2008 was based upon the report of the Ministry of Social Affairs of 2004. Were you given permission to use that material to write your article?

A. Dr Sepou, who was the obstetrician and gynaecologist working in the team, is a clinician and a researcher. He thought it preferable to use that data for the purpose of a scientific article. He did not -- he could not ask the government for permission to do so. He had the data himself. He examined the patients. He had the data. He did not need to ask permission from any government to devise a public -- a scientific publication out of them.

Q. Okay. I just want to be clear about that. He didn't need permission and he didn't ask for permission. You know that to be the case, do you?

A. Yes, that's right.

Q. Two other things about the people who came to see you in 2008. How long were the monthly appointments which they had with you?

A. In psychiatrics, the interview lasts between 45 minutes and one hour. This is sometimes extended if the patient and the therapist wished to do so. In some cases we have been going beyond that because, as I already told this Court, we, in some cases, organised what we refer to as family interviews where we give the victim - the patient - and her relatives an opportunity to express themselves. So these appointments could last around one hour.

Q. And so that we understand your evidence correctly, is it the position that at some stage during 2008 you had 371 patients per month?

A. You cannot possibly have 371 patients every month. What we did, and I said this earlier on, depending on the cases, there were patients who would come once a month, others who would come twice a month initially, and still others whose appointments were at longer intervals. So we didn't see every single one of those 371 every single month.

Q. How many did you see in a month?

A. The unit carries out a lot of consultations, and during a week four days are dedicated to this type of appointment, and depending on the patients and the workload, in one day 15, up to 25 patients may be seen, since seeing as we have divided up the consultations between three rooms, sometimes four consultation rooms if there is a need for that.

Q. Did all of the 371 patients complete an identical questionnaire?

A. When we decided to do this work, that we called the clinical work, we designed a research protocol using well-defined inclusion criteria, and this research protocol contained a questionnaire that we did present to all of the victims before they were taken into the programme. In the 2009 article we had eliminated nine victims who did not

fulfil the inclusion criteria for our study.

Q. Did the questionnaires still exist?

A. The questionnaires are in the archives of the department at the University Hospital of Bangui.

Q. And did those questionnaires contain the information that you placed in the tables to your report, tables 4, 5 and 6?

A. Yes, quite. We had designed this questionnaire basing ourselves on the article we had already published in 2008.

Q. And what other material was retained by the hospital?

A. In the department there is a consultation data sheet for each individual patient who comes to consult or is admitted to hospital. So that is part of the patient's file, which is held by the department in the hospital.

Q. Thank you. I mean, just to take an example, where in table 6 you refer to the number of people who felt afraid or embarrassed, were those questions that were specifically on the questionnaire?

A. All the data collected, which are summarised in the various tables, were collected on the basis of the questionnaire that we designed.

Q. Did the questionnaire contain any question which asked of the victim why she thought she had been attacked?

A. The questionnaire did not consider that particular item of information, because we knew that this had occurred during wartime and also because the people involved spontaneously would say to us that it happened during a period of conflict and their account - their verbal account - showed us the reasons for them having been physically or sexually assaulted.

Q. Were any of the victims asked about their belief as to the motivation of their

attackers?

A. During a clinical interview, the medical care officer might ask questions that are oriented on the basis of the possibilities for providing care for the person before him. The reasons were presented by the victims themselves, during the interviews that we had with them. We could not formalise matters. These were subjective data and, as such, we couldn't formalise them in the questionnaire so as to enable the person to, well, say "yes" or "no" or else tick a box. So the reasons, well, we found them during the interviews that we had with the patients.

Q. Did you make any record as to what you believed was the motivation of the attackers in each case?

A. In each case, since we had interviews with all of the victims in our sample -- so, for instance, in response to the question, according to you, "Why did this happen to you?" they gave answers, and we summarised those answers in the report as regards the question that was raised to us by the Office of the Prosecutor.

Q. So is there a statistical database within these questionnaires for stating how many of these women you believe were raped because the soldiers wanted to relax or unwind, for example?

A. That information is subjective. I repeat myself, no, it wasn't statistically processed and that is why we didn't present it in the table. This is subjective data and, as such, we deemed that it was necessary to summarise them in the article, rather than process them statistically.

Q. And when you say "subjective," you mean it's an opinion that you have come to; is that right?

A. This is the conclusion that we drew on the basis of the statements and interviews with the victims speaking to us.

Q. Thank you. Now, in terms of assessing the reasons why sexual violence took place, you believe that the age of the victims is a very significant factor, don't you?

A. Yes, the age of the victims was an important factor.

Q. To save time, I'm going to read out what you said in your report: "Rape was used during the armed conflicts in the Central African Republic as a weapon of war and afforded the soldiers who were often very concentrated, under pressure and out of control, to unwind through sex. They chose young, physically attractive women, which explains why women aged under 30 were four times more likely to be raped than women over 30." Would you tell me when that's been translated for you?

PRESIDING JUDGE STEINER: Mr Haynes, if you could give the reference of this quotation, please?

MR HAYNES: Yes, in the English, the last four digits are 0048. Thanks, Dr Tabo.

Q. If women under 30 were four times more likely to be raped than women over 30, that means four out of every five rapes was of a woman under 30; that's right, isn't it?

A. Yes, that's right.

Q. And what would that indicate to you?

A. This is spelt out in the report. Women under the age of 30 were far more often the victims of rape, at least as far as our statistics say, than those who were aged over 30; and we know that young women are the most often the attractive ones and who, furthermore, were exposed. They were abandoned by their men, as I said earlier; "their men" i.e., their brothers who had fled and their spouses who had also fled.

So the fact that they were far more exposed than the others is not surprising, because they were the most numerous in the population in those localities. That, too, is an explanation because women under the age of 30 were the largest age category present in the localities affected by the conflict. So, statistically, there were more of them who were going to be

sexually assaulted.

Q. Thank you. Forgive me for putting words into your mouth, but aren't you saying in that section of your report that 80 per cent of the rapes were likely to have been carried out because the soldiers found the girls attractive?

A. I didn't say that 80 per cent of the rapes were committed on girls who were attractive. I said that they tended to choose young women who were physically attractive, so thus they were the most likely to be raped in comparison to the older ones.

Q. Well, I'm not going to labour the point, but what did you mean by women under 30 were four times more likely to be raped than women over 30?

A. The statistics told us that. In the preceding table, which has to do with age, in relation to the various age categories we noticed that women under 30 were more numerous in comparison to those over 30.

Q. Let's move on. I wonder if you can tell us what is the difference, in your view, between treating a woman as war booty and raping her because you want to have sex to unwind after the pressure you have been under as a soldier?

A. Counsel, I am a psychiatrist. There was a rape. No matter what the motivation was, the psychological and psychiatric impact remains the same, except -- except for teenagers, as I said yesterday, in which case the person is becoming an adult and the psychological and psychiatric impact is much greater in that case in comparison to adults. However, no matter what the motivation may have been, sexual violence has the same psychological and psychiatric impact.

Q. Dr Tabo, that's my point precisely. There is no difference between raping somebody after battle because you want to have sex with them and treating a woman as war booty, is there? It's one and the same thing?

PRESIDING JUDGE STEINER: Sorry, Mr Haynes, but it's the same thing in which sense?

From the point of view of the victim, or from the point of view of the rapist?

MR HAYNES: From the point of view of the motivation alleged.

PRESIDING JUDGE STEINER: So you are talking about the rapist?

MR HAYNES: Yes.

PRESIDING JUDGE STEINER: I don't think Dr Tabo is a specialist in rapists, but in any case if you are able to answer to the question?

MR HAYNES:

Q. Could you answer the question, please, Dr Tabo?

A. Yes, Counsel. I think that, no matter what the motivation of the rapist may have been, the victim was subject to psychological trauma because of her rape. As far as I am concerned, as a physician, the care and treatment is the same. The care and treatment take into account the impact - the psychological and psychiatric impact - that stems from this rape, no matter what the motivation may have been.

Q. And I just wonder whether you would offer us your comment on Madam President's remark that you are not a specialist in rapes? Would you agree with that, or disagree with it?

PRESIDING JUDGE STEINER: Sorry, Mr Haynes, maybe it's a problem of pronunciation. I was referring to rapists, not to rapes.

MR HAYNES: Then I'm happy that he deals with that question.

Q. Would you agree that you are not a specialist in rapists?

A. I think I remember I answered a series of questions a few moments ago about soldiers who would have come back from war and all of that, so I can confirm that I'm not a specialist when it comes to rapists. I am a psychiatrist.

Q. Thank you very much. Now, I just want to deal with your other opinions. I assume during the course of your interviews you discovered that the rapists and the

victims spoke different languages; is that right?

A. Yes, because they were foreigners.

Q. How was it then, in your observation, that the victims came to understand from their attackers that they were being raped to punish them for collaborating with the enemy?

A. You know, Counsel, we are in Central Africa. The countries are neighbours, one alongside another. Certain languages from the DRC are understood by the people of the Central African Republic and vice-versa. That's one thing. Secondly, in those particular moments - in those particular moments - even a single word can be understood. When someone comes into a house and says, "Where are the rebels? Where did you hide them? If you don't say where they are, you'll see," and then after the rape occurs, or physical violence, I don't think that it can be anything else than a form of punishment.

Q. How many people said that to you?

A. The majority, Counsel.

Q. What information did you have about the ethnic origins of the various forces that took part in the events of 2002 and 2003?

PRESIDING JUDGE STEINER: Dr Tabo. Mr Badibanga.

MR BADIBANGA: (Interpretation) Thank you, your Honour. Yesterday, the Defence criticised me because we mentioned three individuals involved in the conflict and I was reminded that the expert was a psychiatrist, and now we are moving towards the matter of linguistic matters, language matters, ethnic origin, and I don't believe that our expert is in a position to answer and so I really don't think this question is appropriate. He is not a factual witness. He is here to talk about the psychiatric and psychological impact on the victims. I thank you.

PRESIDING JUDGE STEINER: Maybe Mr Haynes would -- could give some light to the

Chamber and explain what would be the relevance of such question?

MR HAYNES: Well, firstly and foremostly Mr Badibanga was permitted to ask his question, so I must be allowed to deal with the matter in similar terms. Had you closed the door on him I could see the force of his objection, but you didn't. And so the purpose of this is to enquire whether he knows what the ethnic origin was of the troops because of his fourth theory as to why these rapes were committed; namely, to destabilise troops. It's a perfectly simple series of questions and in fact my last, but I've only asked him so far what information he had. If he had none it can go no further, and it was that that I objected to in Mr Badibanga's questions; namely, that he wasn't establishing the basis for asking the questions he wanted to. I'm doing that first and then, if I've got a basis, I will ask the following questions.

PRESIDING JUDGE STEINER: You don't need to complain so far, Mr Haynes, because the same -- the same way two or three times I asked Defence, legal representatives and Prosecution about the relevance when they start putting questions that the Chamber is not in a position to understand about the relevance. I think it's a prerogative of the Chamber to understand the relevance of each question that is put. So I'm not not allowing you to put the question. I'm just asking about the relevance, whether the witness knows about the ethnic origin of the troops, but you are allowed to put the question, Mr Haynes.

MR HAYNES: I'm sorry, it's getting late in the day.

PRESIDING JUDGE STEINER: Yes, I think so.

MR HAYNES:

Q. Dr Tabo, you told us yesterday that you kept abreast, or you kept up-to-date, with the press reports on what was going on and what had gone on in your country, is that right?

A. That's right, Counsel.

Q. And so that we can focus this, did you in any of the material you read either in the press, or in United Nations reports, or material that you read since, come to understand how General Bozizé's troops were comprised?

A. I read in the press that the rebel soldiers were former members of the Central African Army, so they were from the Central African Republic, and later there was some talk about Chadian soldiers.

Q. Thank you. You've reached the point I wanted to. Let's suppose for a minute that a significant part of General Bozizé's troops had come from Chad. I'm interested to know how you suppose that raping a Central African woman would destabilise a group of Chadian mercenaries?

A. Those Chadian soldiers were part of the rebellion led by General Bozizé, so they had joined in a common cause with the Central African people who were part of the rebellion; and so, whether it was to destabilises Central African people or Chadian people, it was one army against another, so one army tries to destabilises another one without making distinctions about ethnic origin or nationality. That is what I understood.

Q. But the forces of President Patassé were also indigenous to the Central African Republic, weren't they?

A. Yes.

Q. And so far as you were aware they had support within the local community?

A. According to the information that I have, that I had received -- well, I wasn't in the country. The Central African armed forces, the members of the Central African Republic forces who remained faithful to President Patassé, were not in the localities affected by the conflict, and I think that many people know that. There were only troops referred to as "the ones from the other side" who were sent to the localities affected by the conflicts that we have been speaking of over the past few days.

The Central African Republic soldiers, the members of that army, who had remained loyal were few in number and remained in Bangui to guard the public buildings, apparently.

Q. And what is the source of your information for the answer you've just given us?

A. The media and what people say, what people have been saying and what I have heard.

Q. And what people are they that have been saying these things to you?

A. The press, the national press, for instance.

MR HAYNES: Dr Tabo, thank you very much. I have no further questions for you.

THE WITNESS: (Interpretation) Thank you, Counsel.

PRESIDING JUDGE STEINER: Mr Haynes, I understand the Defence finished?

MR HAYNES: Your Honour, yes.

PRESIDING JUDGE STEINER: Thank you very much. I ask whether the Prosecution intends to re-direct?

MR BADIBANGA: (Interpretation) No, your Honour, we have no further questions for the witness.

PRESIDING JUDGE STEINER: Mr Haynes, you still have pending the references made and quotations of a number of documents during today's questioning.

MR HAYNES: Yes. Can I suggest that we let Dr Tabo go and we can discuss it for a few minutes after that?

PRESIDING JUDGE STEINER: Of course. Dr Tabo, thank you very much. We are very grateful to you for having travelled to The Hague, to give your assistance, your expertise to this Chamber. Your evidence will for sure contribute importantly to our assessment of the entire materials that we have in this case and will contribute, therefore, in our overall search for the truth.

You have undoubtedly made a very important contribution to our understanding on the

issues of sexual violence as a tool of war, your expertise and you, therefore, leave this Court with our profound thanks for your contribution over the past days.

Before you leave the Court, the Chamber would like to ask you whether you would like to say something or to address the Chamber in whatever issue. If you so wish, please feel free to do it.

THE WITNESS: (Interpretation) Thank you, your Honour. When I was contacted by the Office of the Prosecutor to fulfil this task, honestly at first I hesitated, hesitated to agree, because it was a rather difficult task; above all, I had a great deal of work to do. I was getting ready for my accreditation exam and I had a huge amount of work ahead of me and, in the final analysis, I agreed to carry out this task so as to shed some light on these matters for the Court in relation to what I know as a psychiatrist regarding what happened in my country.

I would like to express my gratitude to everyone, everyone, who helped me with this task and everyone who helped me come before this august Chamber. I thank all the parties. I was very much apprehensive and I thank the parties for being so courteous and I thank everyone. I am happy that I have made a modest contribution to the work of your Court and I believe that this is an experience that I will never forget. I thank everyone and I thank you, your Honour.

PRESIDING JUDGE STEINER: We thank you very much, Dr Tabo. And I will ask court usher, please, to take Dr Tabo outside the courtroom, and we wish you a very, very nice trip back to your home country.

THE WITNESS: (Interpretation) Thank you, your Honour.

(The witness is excused)

PRESIDING JUDGE STEINER: Now we turn back to the issue related to documents that were used and quoted by Defence. I noticed that two of these documents are documents

for which the Prosecution also requested, also mentioned during its questioning, and was ordered by the Chamber to request by way of a written submission the tendering into evidence of these documents.

If, at least in relation to two of these documents, the Defence is also willing to tender it into evidence, so the issue can be decided immediately.

MR HAYNES: You took the words right out of my mouth. I don't think there can be any issue but that the two articles of 2008 and 2009 ought to be part of the evidence in the case. They obviously informed the report that the doctor wrote for this Court.

Thereafter, I referred to document 4 on the Defence list, which was the UNAIDS fact sheet relating to the DRC, and document 6, the UNDP report on the Central African Republic in September 2004. I am frankly equivocal about whether the Chamber receives the whole of those documents or merely the pages that refer to the statistics that I put to the doctor. There's nothing else in there that I imagine anybody is going to want to plough through so we can create, as it were, a one or two-page document and submit that that should be admitted in writing, unless somebody thinks there is a good reason for one very long one, reasonably long report to go in, just because of the HIV prevalence rates in those two countries which is all I adduced from him.

PRESIDING JUDGE STEINER: The Chamber, in principle, it's inclined always to accept the tendering of evidence, of the whole of the evidence, not of parts or excerpts of the evidence. So this is the Chamber's position, unless the Defence has strong objections?

MR HAYNES: No, I'm not going to argue that.

PRESIDING JUDGE STEINER: And then we would ask Defence to make a written submission in order for the Chamber to take a decision.

MR HAYNES: If that is the Chamber's preference then we will tender the whole of those two documents into evidence.

PRESIDING JUDGE STEINER: There is still the question of a third article, it's document 0065-0160, that was just referred to by the Prosecution but not used during its questioning. It's document -- it's another article, also co-authored by Dr Tabo. So if the Defence has no objection, I think we are going to make things easier and assign an EVD number for all these documents.

MR HAYNES: I've got no strong views about it. It wasn't used and, with respect, I don't think you'll find it any helpful. It doesn't have any statistical analysis such as the other two documents have, and I just wonder whether it isn't cluttering up the dossier with material that's not, at the end of the day, going to help you. I wouldn't put it as high as an objection, but it wasn't referred to by him and it doesn't bear upon the same subject.

PRESIDING JUDGE STEINER: So meaning that in relation to this third document, the order of the Chamber that the Prosecution, it wants to tender into evidence, file a written motion, prevails. Then I ask, please, court officer to assign an EVD number to document 0065-173 Defence.

THE COURT OFFICER: Yes, Madam President. Document CAR-OTP-0065-0173 will be attributed the following reference: EVD-T-D04-00023, and will be marked as public.

PRESIDING JUDGE STEINER: Then, please, court officer assign an EVD-T-D number for document 0065-178.

THE COURT OFFICER: Yes, Madam President. Document CAR-OTP-0065-0178 will be attributed reference EVD-T-D04-00024 and will be marked as public.

PRESIDING JUDGE STEINER: Thank you very much. Now I ask, please, the court officer to assign an EVD number to the document CAR-D04-0002-1095.

THE COURT OFFICER: Madam President, document CAR-D04-0002-1095 will be attributed reference EVD-T-D04-00025 and will be marked as public.

PRESIDING JUDGE STEINER: Thank you. And now please, court officer, assign an EVD number to document CAR-D04-0002-1090.

THE COURT OFFICER: Document CAR-D04-0002-1090 will be attributed reference EVD-T-D04-00026 and will be marked as public.

PRESIDING JUDGE STEINER: Thank you very much. Mr Haynes, before we adjourn, is there any action to be taken in relation to the documents that are missing in the Defence list of evidence?

MR HAYNES: Thank you for the reminder. Can I just turn my back on you a second?

PRESIDING JUDGE STEINER: I am really sorry, Mr Haynes.

MR HAYNES: It was as I thought, just a numbering error. There are no missing documents between 6 and 10.

PRESIDING JUDGE STEINER: Thank you very much. So that brings us to the end of today's hearing. We are going to adjourn and now, parties and participants, as well as our interpreters and court reporters will have some time to rest because we are going to resume only after the Easter recess, on 3 May at 9.30, when we'll start with witness number 9. So, in principle, and unless something happens, we are going to see each other in a couple of weeks only.

So I thank very much Prosecution team, the legal representatives of victims, the Defence team, Mr Jean-Pierre Bemba Gombo, our interpreters, court reporters, our court officer and court usher, wishing you all a nice time and take some rest in order for us to restart with our case soon after the recess. So this hearing is therefore adjourned.

THE COURT USHER: All rise.

(The hearing ends at 6.35 p.m.)

CORRECTIONS REPORT

The Court Interpretation and Translation Section has made the following corrections

in the transcript:

*Page 28 line 7

"So given that this particular item, lesions to vagina, since this had been treated…" Is corrected by "So given that this particular item on the chart, lesions to vagina, since this had been treated…"

*Page 28 lines 17, 18 and 19

"The somatic state, line 7, page 39 of the real-time transcript." Is corrected by "The witness's last answer should end as follows: … for some people we verified their physical condition before recording them on this chart."

*Page 36 line 2

"Probably and almost certainly indeed there were cases of unwanted pregnancies that were not stated. I said to Sepou is that the actual figure here is below…" Is corrected by "Probably and almost certainly indeed there were cases of unwanted pregnancies that were not reported. I said to this august Chamber that the actual figure here is below…"