

# Displacement limbo in Sierra Leone

Sam Duerden

**When does war end and peace begin? When a peace accord is signed? When the intervention forces leave and those responsible are put on trial? Or when civilians can return home and resume their livelihoods?**

In Sierra Leone, eleven years after the signing of the Lomé peace accords, which eventually brought a chaotic, decade-long civil war to a formal close, the war continues for a group of people who came to symbolise the horror of the fighting. These are the amputees who, during the war, had their hands or other parts of limbs amputated by rebel forces. If displacement is ended by the free

choice to return home or resettle, then many of this group are still displaced.

The stories of some of the amputees I met in Kenema town in eastern Sierra Leone between September 2007 and March 2008 illustrate four dimensions that link their current settlement 'choice' to external factors deriving directly from the war: first, the original violence and forced

removal from homes and villages; second, the disabilities and wounds suffered, many remaining untreated and at risk of further deterioration; third, ongoing poverty linked to destroyed infrastructure and a devastated economy, exacerbated by personal physical restrictions; and fourth, unique psychological and psychosocial needs linked to the nature of their injuries.

The Kenema Amputees and War Wounded Welfare Association was established to support the basic needs of the wounded and to campaign for their rights. Its 62

members range in age from 13 to 65 and before the war came from a variety of towns and villages and had a range of occupations and livelihoods: painters, mechanics, church pastors, students and farmers. Only a handful are now independent in meeting their basic needs, most relying on the charity of friends or family or sometimes strangers and a smattering of NGO assistance.

With no or extremely curtailed ability to generate income, and with unmet health and education needs and severely limited mobility, shelter is an urgent need but one that the amputees cannot meet on their own.

There are also acute mental and psychological issues that for many of the group reinforce the fact of displacement and dislocation on a daily basis. A 37-year-old woman with three dependents whose foot had been amputated explained: "If I decided to go back to my village, my life will be worse than this. Sometimes when we meet with the others [amputees] we will feel happy, because we will look at each other and play happily. But if you are in the village you are alone."

Being in a group helps the individuals to cope with the trauma of their original and current experiences. In their home villages they would often be alone and certainly without those who had

similar experiences. Together in a group they can both get succour from each other and campaign together. One member commented after a group activity that the main benefit he received was an increase in respect from family members and others at home, as well as in self-respect, for literally getting out of the house and doing something. In a village, this would not have been possible.

However, there are also social pressures in the town setting. A female amputee, aged 28, explains: "Men will see me and they will like me but then they will leave me because I can't wear long trousers to follow men or to go to clubs. ... Sometimes young women come to me. We will play together, we will laugh together, but when there are any social activities they will leave me. This causes a lot of suffering to me."

It is not economic incentives or social opportunities that encourage the amputees to stay in Kenema town. Rather, it is a matter of minimising the ongoing effects of a war that remains not just as a scar but an ongoing battle, alienating and displacing the victims from preferred, if not better, choices and alternatives.

I visited the amputees again in October 2009. One of the group I had originally met had died – from his

under-treated war wounds. Another had had her lower leg amputated, but had also given birth to a healthy child. Most of the amputees had moved into new settlements on the outskirts of Kenema. Built with the help of the Norwegian Refugee Council, they are a vast improvement on what they had before – but still with problems of accessibility, water supply and electricity. Basic medical and health care remain inadequate or absent and although registration had also finally begun as the preliminary phase of paying reparations, progress remains slow.

The numbers may be small but the suffering is acute. For the individual it is the experience of displacement repeated daily. It is also an experience likely to continue because without the power of political constituency (satisfying their needs will do little for overall development indicators) or external interest (they are too small in number to pose any sort of security risk), the problems of the amputees and war wounded are just a drop in the under-development that continues to afflict Sierra Leone as a whole.

Sam Duerden (samduerden@gmail.com) worked with a local NGO in Sierra Leone in 2007-08. He is currently completing a Master's course in international security and global governance at Birkbeck College, London.



Kenema, Sierra Leone.