



© David Levene

# **“People are left defenceless”**

**Testimonies from Ivory Coast: An Overview 2003-2006**



Operational Center of Brussels

I was in bed, in my house, together with my four children. Around 4 AM, my daughter heard a gunshot, so she woke me, saying, “Papa, what’s that?”. There were gunshots in the village! I took my children and we walked with our heads lowered to where the grass is high in the bush nearby. My children were incredible, they understood right away what they had to do... when we got to the tall grass, we laid down on our stomachs and didn’t move or talk.

We stayed stretched out in this position until the attackers left at 6 AM in the morning. When the [shooting] stopped, we left our hiding place. It was then that I saw all the wounded and eight dead.

In my little village, we never had a problem since the war. Why did they attack us? We have no problem with other ethnic group, none at all... I don’t understand why this happened to us today.

*Middle-aged man, interviewed in his village in the zone of confidence, June 2006*

Four years of civil war in Ivory Coast divided the country in two. The government controlled the south and the Forces Nouvelles (New Forces, or FN) the north. The initial ceasefire line between the warring parties demarcated the ‘zone of confidence’, a buffer zone patrolled by UN peacekeepers and a French force known as the Licorne.

In the west of the country, government and FN forces faced each other across the buffer zone. At the same time, conflict over economic interests and land combine with ethnic tensions in this cocoa-growing region.

In the former zone of confidence, the people were and are exposed to violence, repeated short-term displacement, and their health consequences. In and around the buffer zone, MSF has projects in Bangolo and Man hospitals and Kouibly health centre. Also, five health posts are served with weekly mobile clinics in the outlying areas of Blenimehouin, Piebly, Pombly, Kahen and Tontigouiné.

Since 2003, MSF has dealt with the consequences of continued violence against civilians in this region. Our teams have seen how the people are subjected to repeated attacks on their villages, sexual violence and short-term displacement. As a result, overall living conditions and in particular medical infrastructure have suffered damage and decline.

Since 2002, these scattered yet repeated incidents have become the norm in the west, overshadowed by international attention to national political developments. The violence is a daily reality that harms the physical and mental health of the people and too often prevents them from accessing much-needed health care safely.

This document describes how ongoing violence is affecting the people MSF serves, in and around the zone of confidence. It also aims to bear witness to some of the dangers people have faced since the beginning of this conflict.

Around 22:00, we hear a gunshot. Half an hour later, our staff informs us there are rumours of an attack at the crossroads several kilometres away and the gunshots are getting closer to Bangolo. Soon afterwards, the hospital staff tells us that some people have started asking to enter the MSF hospital to seek refuge. Within ten minutes, our staff present in the hospital estimates that the number of people there could be between 200 and 300.

*MSF internal report, December 2006*

In and around the zone of confidence, local inhabitants are at risk of sudden violence from combatants, bandits or other aggressors. Every attack and every incident brings displacement, family separation, loss of goods and physical and psychological trauma.

They said it would be safe for us, but it's not. Ever since the fighting in Duékoué in June [2005], things have not been good there anymore. It's dangerous. Just after the fighting, my parents fled back north, but I stayed behind to work. Each side in Duékoué sustained losses. Two days ago, four men came to my house at night to steal things. I was sleeping there alone with my younger sibling and they came with guns, asking for money. I had no money to give them, so they started to cut me with knives. Something similar happened to our neighbours in the same quarter. Men in uniform came there and killed someone. But things are very confused at the moment, and it's impossible to know who's really the military.

*19-year-old boy from Duékoué. He suffered knife cuts on his head and upper torso and fled to the northern town of Man for treatment in the hospital. Interviewed August 2005.*

The violence affects not only combatants, but also civilians:

During the night, armed men entered our village and encircled the house. Two of them forced the door open with a Kalashnikov. I jumped out of the window but they saw me and shot at me, hitting my right foot. I hid myself in the bush, in a hole behind a tree trunk. I sensed that someone was coming to look for me. From my hiding-place, I saw a woman running away with her infant, crying, "Don't kill me, have pity." As she ran, the infant fell from her back. The assailant asked his accomplice for a knife and then I saw the woman stabbed.

*Young man, light gunshot wound to the right foot, interviewed in June 2006*

MSF staff in our health centres in the zone of confidence observe that the **general insecurity is a barrier to medical care** for victims of both war-related and non-war-related violence. Fear prevents people from moving about freely, even for medical assistance. Following one attack, MSF staff in

Bangolo observed that patients with gunshot wounds took as long as six days to come to the hospital.

April 23. Three wounded patients were attacked in their villages during the night from Saturday to Sunday [i.e. April 22-23]. They tell us that before they fled their aggressors, they saw the body of another man lying dead in their village. The same day, an old man was rescued in one village after being attacked in his house by three men who robbed him first of 40,000 CFA <sup>1</sup> and then again 250,000 CFA [381 Euro] which had been buried in his courtyard. Afterwards, they threw him in a well with water a metre deep.

April 24. Arrival of a wounded man with a calibre 12 gunshot in the back, referred to Man hospital on Tuesday.

April 25. Arrival of another wounded patient. He had walked in the bush to avoid the checkpoints and arrived at Grand Pin on Monday night, then at the hospital Tuesday morning. He had been tied up and his village burned. Another wounded man arrived at 18:00, lightly wounded in the hand and head by calibre 12.

April 27. We were informed in the late afternoon that another wounded person arrived, but that he left for his village, despite being wounded by a calibre 12 <sup>2</sup> gunshot since Saturday. He only returned to the hospital of Bangolo on April 28th to receive medical care.

*MSF internal report, April 2006*

Our health structures continually treat trauma caused by violence. In 2006, MSF structures inside the zone of confidence (Bangolo, Kouibly and the mobile clinics) treated just under 500 cases of trauma caused by violence, including knife and machete wounds (150), gunshot wounds (79), purposely-inflicted burns (59) and other violent trauma, such as beatings requiring medical attention (204).

For 2006, the 492 cases in which patients reported being the victim of violent trauma represent just over a quarter of MSF consultations for physical trauma in the Bangolo project (25.2%, 492/1952).

The percentage of violence among consultations for trauma varies from 14.3% (14/98 in November) to 32.2% (49/152 in June), yet the overall incidence of trauma remains consistently high. In addition, due to the high level of tension in the region, MSF medical staff observe many patients claiming that the violence they suffer was accidental and not caused by violence. This occurs so frequently that some of the 600 “accidental” knife and machete wounds treated during the same time period may also be considered probable cases of trauma caused by violence.

The main kind of violent trauma we see here is machete cuts—that happens often. Also cuts from knives. Sometimes, we see bullet wounds, people beaten with wood sticks or even a rock. But pretty much every day, there are patients with machete wounds to the side and back of their head, or to their upper torso. They are attacked by people who come to rob them, or people who set up roadblocks or people who are fighting with them over land. Since the war began, violence here

<sup>1</sup> i.e., 61 euro. At time of writing, 1 EUR = 656 CFA

<sup>2</sup> In the zone of confidence, the bearing of any firearm other than hunting rifles is forbidden. There are also some kalashnikovs in the region, but “calibre 12” hunting rifles and machetes are the most commonly used weapons, as seen from the wounds treated.

remains at the same level. There can be total calm, but then something happens, like at Guetrozon in June [2005] or at Grand Pin in April. We saw one man with a machete wound to the back of his head who was later referred to the hospital in Abidjan but died. There were three others who were wounded by bullets. We see a lot of wounds that become infected because there's a lack of hygiene.

Male health worker, Bangolo; interviewed August 2005

Women are exposed to rape during periods of insecurity and during incidents of violent crime.

You don't see women who are affected by violence because they stay at home. There are a lot of young women who are subjected to physical abuse and rape, but there is a sense of impunity because nothing is ever reported. And... after MSF takes care of them, who will provide these women shelter or go home with them? There is no one to follow up on these women and to protect them.

Male health worker, Man, interviewed August 2005

Today, we saw a three-year-old girl who had been raped. People hide this. One woman who was raped by a man from the same village came here. She was wounded between her legs but she claimed it was because she had fallen. We said this was not possible, so we started to talk and ask her questions—but she fled. People are also afraid to report rape because they fear they could spoil the name of their daughters, that they might be contaminated with AIDS.

*Male health worker, Bangolo, interviewed August 2005.*

I was travelling by car from Abidjan with three colleagues... [in the zone of confidence], I saw men coming out of the bush and immediately firing rounds at the car. The car went into the bush... just before the car came to a stop, I jumped out into the bush. But the men who shot at us ran after the car... One assailant threatened my colleague with a knife to his throat. The others threatened to kill the men if we did not give them money. I heard my colleagues crying. I left my hiding place and approached them because I felt responsible... I raised my hands and showed them where the money was so they would spare the lives of my colleagues. One man demanded that I undress, so I took off my skirt. But his accomplice snapped at him, saying they were not there for this.

*Middle-aged woman, interviewed in Bangolo July 2006*

Little first-hand information is available about rape because of an understandably high level of stigma for victims, along with the general atmosphere of intimidation, violence and impunity in the region. As a consequence, very few women approach health structures to receive medical care or testify to being raped or knowing of incidents of rape in their own communities.

Some towns within the zone of confidence have been repeatedly caught up in attacks and reprisals over the years. Dieouzon village was attacked in April 2004, 2005 and 2006, as well as in June and August 2006. Each attack provokes counter-attacks, and no one remains safe.

MSF treated seven wounded patients [from the attack, counterattack and renewed attack on Dieouzon]. One of them was wounded in the head by a machete. Two other wounded included a young woman from Dieouzon and a young man who was passing through the village on his way to Abidjan - both with 15 to 20 bullet shots in their backs.

*MSF internal report, April 2004*

I was at home, it was dark. I heard gunshots and decided to hide under the bed. In the house, there was another woman living there, she was from [Dieouzon] and was seeking refuge. The door was broken open and many men came in with guns. As I tried to hide under the bed, they shot and I was wounded. The men left. There was no more shooting and I came out from under the bed. Outside, I saw three dead and many injured.

*Old woman from a village in the zone of confidence, treated for gunshot wounds to the head and hand. Interviewed June 2006.*

It was 4 am and we heard shooting. Armed men broke open the door. We all jumped out of the window and hid in the bushes. My baby started crying and the armed men shot in our direction. My baby was killed and I was hit in the face by the bullets. My husband was wounded too. We stayed in the bush but the rest of the family fled to [a nearby town].

*A young woman treated for a gunshot in her chest. Interviewed June 2006.*

These attacks and reprisals are accompanied by other forms of non –political criminal and social violence which remain uncontrolled in the no-mans-land of the zone of confidence. These include robbery and aggression along the roads, private disputes and land conflict.

We mainly see violence victims from the zone of confidence itself. It's more dangerous there. People are left to themselves. They cannot call on anyone for their security. If there is a theft on either side outside of the zone of confidence, you can call the police and it's finished. But who guarantees security in the zone of confidence? Everyone can do what they want without fear because they know they will not be punished. It's action-reaction, action-reaction.

*Male health worker, Man, interviewed August 2005.*

At about eight in the evening on Sunday, I was returning home on foot to [a village near Duékoué]. Three men came out of the bush on the side of the road. The one in the middle said, "Old man, you'd better give us your money or we'll kill you." I said I had no money, I was travelling alone at night, how could I have money? He repeated his demand, and when I responded again that I had no money, he pulled out his gun. I put my hand on his gun but he fired, and I fell back-

ward. When the other two heard the gunshot, they fled to the bush, and this man followed them. Some people found me stretched out on the ground and brought me to the hospital on a stretcher.

*Middle aged man, sustained injuries to his hand, losing two fingers. Interviewed in July 2006.*

When violence flares, people flee their villages and seek refuge in larger towns or in the bush. The pattern of attacks and counter-attacks results in repeated short-term displacement lasting anywhere from days to months. Families lose their goods, abandon their fields and are exposed to malnutrition and disease.

When the war started, my in-laws fled to the bush to save their lives. They only returned to the village after one and half years. But sometimes, even now, they spend the night in the village and then only return to the bush during the day—especially when they hear some rumour and are afraid.

This year, many people fled to other villages to stay with their family and friends. When we heard about the recent attack [in July 2005], we fled to the bush—but not for long because the attack was farther away. We stayed in the bush for three days because we wanted to be careful.

We are always on the run, fleeing people who might attack. We sleep on the bare floor. We don't eat well. When we are thirsty, we drink whatever water we can find. There is no time for us to nourish our children well—but it was not like this before the war. We are eating food from the old manioc fields that my in-laws planted in the bush when they were there over a year ago.

*Woman from the zone of confidence. Interviewed in August 2005.*

Displacement has persisted up to the present, and is not limited to these brief episodes of flight, after which people return home. As recently as July 2006, the MSF team estimated that some 6,000 to 7,000 displaced people had settled in Bangolo alone, living with host families and taking refuge in local shelters.

There were some four to five deaths and 53 burned houses after the attack on Dieouzon. The villages of Dieouzon, Baibly, Sebazon and Douekpé are completely empty. The displaced are in Gloplou and Bangolo, with about 3000 displaced in Bangolo from all the villages along the Bangolo-Kouibly axis. In their shelter, they have no access to water—and they lack latrines. Apparently, there are many people, especially “those who have means,” who are en route to Duékoué and Abidjan. No idea of the numbers, nor when they left. Those who are “without means” remain “homeless” in Bangolo. Apparently, there was a huge wave of panic in all the villages where the displaced people passed by. The inhabitants of Gloplou fled to Bangolo, where there is now likewise a feeling of insecurity.

*MSF internal report, April 2004*

These repeated displacements lead not only to an overall sense of insecurity, they also affect people's health. The population even experiences malnutrition in this fertile country. Malnutrition has a vari-

ety of causes, including poor eating habits, illness and the social impact of the war, which left behind orphans and women-headed households. From 2004 to 2006, MSF treated over 1,700 children under five years of age every year<sup>3</sup> for severe malnutrition in the region.

We were fleeing all the time, so we have not had the time to plant our fields. This year, we finally planted some rice and manioc, which will only be harvested next year. Now we only cultivate a small area of land. This is not sufficient for my family. People are only planting small fields at the moment because they are waiting to see what will happen. They do not want to put too much work into it and then lose it. A lot of things are unpredictable here and out of our control.

*Middle-aged man from a village NE of Bangolo. His daughter was referred to the Therapeutic Feeding Centre (TFC) in Man hospital with kwashiorkor. Interviewed in August 2005.*

In Ivory Coast, there's land, sun, water—just that people can't use it to farm now. There is no reason for malnutrition. You wouldn't see these complicated malnutrition cases before, we all used to crowd around if you saw a malnutrition case. That changed because of displacement. People could no longer cultivate and maintain their fields. If you want to plant rice or vegetables, you have to stay and look after the fields or they will be spoiled. Malnutrition here does not only come from the absence of food. It is secondary. It is a sign of illness that has spread and been left untreated because of displacement. Stomach parasites, diarrhoea, and malaria. And there are no health structures in place like before.

*Female health worker in Bangolo, interviewed August 2005*

In and around the zone of confidence, the villages and health structures have been destroyed in the fighting. Each time a village is attacked, the inhabitants may be displaced, their belongings looted.

The village of Da is deserted and clearly looted. The urban health centre [of Logoualé] is visibly looted of its equipment and furniture.... The health centre of Kahen is looted but the building is still intact.

*MSF exploratory mission report, June 2003*

April 25. An exploratory mission in the villages east of Gohouo Zagna. We find several smaller villages fully empty, with doors broken in and signs that the occupants fled in haste. Four villages were completely burned down, together with everything inside.

*MSF internal report, April 2006*

**Periodic insecurity impacts on the provision of medical care and the ability of people to access health structures.** Insecurity has sometimes hindered humanitarian actors from responding to the immediate needs of scattered populations. Vulnerable families may not be able to access health care

<sup>3</sup> In Man hospital just north of the zone of confidence, the Therapeutic Feeding Centre (TFC) had 1771 admissions in 2004, 1976 in 2005 and 1757 in 2006. The MSF Therapeutic Feeding Centre in Man hospital receives referrals for malnutrition from within and around the zone of confidence.



until violence subsides, while banditry on the roads stops people from accessing medical care.

The situation of this population which has spent several months in the bush is unknown, because no humanitarian NGO really operates in the area.

*MSF Exploratory mission report, June 2003*

The month of February ended with the events in Logoualé, the first town held by the Forces Nouvelles on the axis Bangolo-Man. We admitted some twenty wounded in Man hospital and another twenty in Bangolo. 31 dead were sent to the morgue in the hospital. During the first week of March, we no longer had access to the health centres of Bangolo and Kouibly and we cancelled the mobile clinics. The health centre of Bangolo remained functional thanks to the nurse-aides, and Kouibly remained open thanks to one nurse and some nurse-aides.

*MSF situation report, March 2005*

March 27, 2007. One patient leaving the hospital just manages to avoid an attack by coupeurs de route (small groups of bandits) between Bangolo and Duékoué, and comes back to tell about it. Attacks on the roads have doubled in the past two weeks.

March 28. Coupeurs de route attack a truck between Bangolo and Man. There were three passengers, one dead. Fewer patients in the hospital... During the night, we hear 15 gunshots, very close, around midnight. Displaced people come to the hospital.

March 29. Few patients in the hospital. Fewer shops are open and fewer people at the market. A heavy atmosphere in Bangolo. Two bodies have been found close to the hospital....People are in fear of reprisals. 100 people have decided to spend the night in the [MSF] hospital, a number which will go up to 200 during the night. The atmosphere is tense. We learn there is a person wounded by a bullet in front of our house.

March 30. The population flees Bangolo en masse. Everything is closed. Life stops. Part of our staff flees. We evacuate all the patients under observation or in the maternity ward, to Man [i.e., outside the zone of confidence].

March 31. Very few patients. 42 displaced people in the hospital. Some people are returning but the town is exceptionally quiet.

April 1. Very few patients. People start to return. There's food at the market. But it's not yet returned to normal.

*MSF internal report, March-April 2007*

Four years of continued insecurity and the resulting plight of the people in western Ivory Coast cannot be reduced to the sum of individual incidents nor to political developments around the peace process. The people in the zone of confidence are vulnerable to illness, repeated displacement and violence. At the same time, they may be afraid to travel to access much-needed medical care.

MSF is the only health actor based in the zone of confidence. We know that medical assistance alone cannot address the issues of violence and lack of protection for the people. This situation may go unreported in the media, but it continues to affect profoundly the lives and health of people throughout the region.