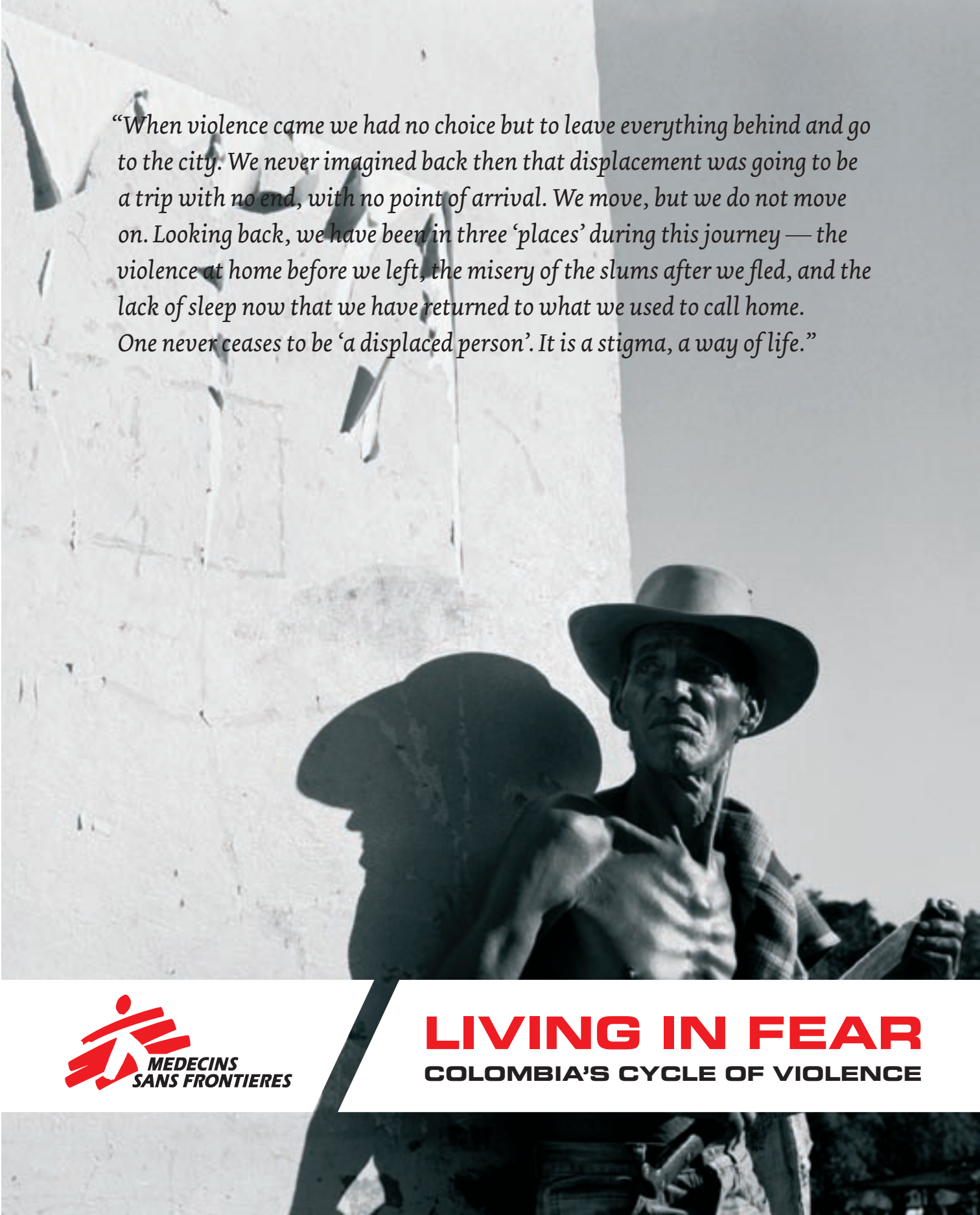


"When violence came we had no choice but to leave everything behind and go to the city. We never imagined back then that displacement was going to be a trip with no end, with no point of arrival. We move, but we do not move on. Looking back, we have been in three 'places' during this journey — the violence at home before we left, the misery of the slums after we fled, and the lack of sleep now that we have returned to what we used to call home. One never ceases to be 'a displaced person'. It is a stigma, a way of life."

MEDECINS SANS FRONTIERES

LIVING IN FEAR

COLOMBIA'S CYCLE OF VIOLENCE

LIVING IN FEAR

COLOMBIA'S CYCLE OF VIOLENCE

MEDECINS SANS FRONTIERES

ACKNOWLEDGEMENTS

This report is dedicated to the people of Colombia, to their courage and their dignity. It is a tribute to the victims of the conflict who have shared with us their personal stories and their accounts of violence.

We would like to extend our gratitude towards the MSF teams who strive every day to provide medical services under difficult conditions in remote rural areas across the country. Particular thanks go to the MSF staff who were in Colombia at the time the preparatory work for this report was done. Without their help and support, this report could never have been written.

EXECUTIVE SUMMARY

Colombia has entered its fifth decade of violent conflict. Internal displacement has reached unprecedented levels, with over three million displaced since 1995. Massacres, executions, intimidation and the massive consequent fear have become an inescapable part of everyday life for Colombians living in conflict affected areas. The homicide rate for males between the ages of 15 and 44 stands at a startling 221 per 100,000. And violence is now also the leading cause of death for women between 15 and 39 years old (17 per 100,000) overtaking complications from pregnancy and childbirth. That said, the human suffering caused by the Colombian conflict goes well beyond statistics and medical data. The stories of Colombians — patients, health workers, and community members — portray a cycle of violence and displacement without end: forced displacement from rural areas to violent urban slums, and then return to the very same conditions that caused them to flee in the first place.

Arguably, the most worrisome feature of this conflict is the way in which violence has become entrenched in every aspect of social life, normalized in daily existence. The weight of this burden and its negative impact on people's well-being and quality of life cannot be overestimated.

People who live in conflict zones in rural Colombia are often perceived as supporters of the armed actors who operate locally. In this way, ordinary citizens become stigmatized and identified with armed actors on all sides of the conflict. This situation creates not only a direct threat to their lives but also limits their ability to travel safely, even in cases of a medical emergency. Due to the conflict, health services barely exist in these isolated communities. Immunization programs fail to extend vaccination coverage into rural Colombia, with coverage rates for some diseases such as polio as low as 1%. The resulting risk of infection or outbreak constitutes a severe public health risk to populations in some of these areas.

People forced by violence to flee their rural home areas typically settle in urban slums. There they must struggle against the harsh conditions, lack of opportunity and rampant violent criminality of the urban slum environment. Their displacement sadly creates another form of stigma, a mark for life, to the point where many displaced are unwilling to register for assistance programs out of fear of the stigma. In these slums, provision of health services for displaced persons is inadequate. Vaccination coverage among displaced populations is disproportionately lower than national averages. Even so, the far greater risk of an outbreak of infectious disease comes from the omnipresent appalling living conditions.

Physical health is already one serious issue. Yet the greatest health impact of the conflict among the displaced is upon their mental well-being, and consequently upon their ability to adjust and cope with the formidable challenges of flight, displacement, and return. Ironically, mental health care receives woefully low priority in these places of greatest need, and some provinces have almost no psychologists available to provide clinical care.

The return of the internally displaced persons to their home areas is often perceived as a positive development, an escape from displacement and a return to "normality" for the families involved. Although this may be the case for some, return is often a traumatic experience, one presenting new threats and continued instability, with a demonstrable impact on people's mental state. In the end, Colombia's cycle of violence often transforms the salvation of return into yet another phase of temporary displacement. Programs promoting return by the government and independent agencies should be scrutinized to ensure they respond effectively to the complexity of the problem.

In addition to their struggle to survive the pervasive violence, people who have been displaced and people who have returned home both struggle with the limited and short term assistance available. Insufficient commitment is made by the Colombian government and many other agencies to support the needs of the victims of Colombia's conflict.

Médecins Sans Frontières (MSF) has worked in Colombia for 21 years providing medical care to civilian populations isolated by the conflict, and more recently to those internally displaced in urban settings. This report seeks to raise awareness of the human cost of the conflict by giving a voice to those who bear the brunt of its harsh consequences. As such, this report does not present an in-depth study on the medical impact of Colombia's conflict, but rather an overview of violence as a major public health concern. It highlights the direct consequences of violence upon people, consequences demanding greater attention and priority from the Colombian Government and other policy makers.

LIVING IN FEAR
COLOMBIA'S CYCLE OF VIOLENCE

When violence came we had no choice but to leave everything behind and go to the city. We never imagined back then that displacement was going to be a trip with no end, with no point of arrival. We move, but we do not move on. Looking back, we have been in three "places" during this journey — the violence at home before we left, the misery of the slums after we fled, and the lack of sleep now that we have returned to what we used to call home. One never ceases to be "a displaced person". It is a stigma, a way of life.
— A peasant father of four who fled from his rural community and later returned

Introduction
Colombia is a thriving country with a lively culture and growing level of progress. It has modern cities, flourishing scientific and education centres, and the global aspirations of a decidedly developed country. Behind this upbeat image, an extremely violent internal conflict has carried on unabated for four decades. Fuelled by drug trafficking and foreign military assistance, the struggle by guerrillas, paramilitary groups, and government forces to control territory and resources continues to take a high toll on the civilian population. The human cost is immense.

Violence is the leading cause of death in Colombia. During the last decade, the annual homicide rate has been approximately 60 per 100,000 inhabitants. In 2000, the world's average homicide rate was 8.8 per 100,000 inhabitants, meaning Colombia's rate is roughly seven times greater than the global average. Today Colombia has one of the highest homicide rates in the world.[1]

Massacres, selective killings, and constant fear have become an unavoidable part of everyday life for people caught in areas where different armed groups vie for control. This violence most affects males between the ages of 15 and 44. The Colombian Ministry of Health and the Pan American Health Organization reported a homicide rate of 221 per 100,000 for males within that age range. The percentage of female victims of violence has also been on the rise during the last 20 years. For women between 15 and 39 years old, violence is the leading cause of death (17 per 100,000). Violence kills twice as many women as the second leading cause of death — complications from pregnancy and childbirth. Even children cannot escape the violence. Violence is the second leading cause of death for boys and girls between the ages of five and 14.[2] Violence is arguably the most urgent public health concern in the country.

However, the impact of violence cannot be reduced to a simple body count. For every person killed a family is left behind: children without parents; parents without children; a wife without a husband; families without an income or a home. For every person who dies as a result of violence, many more struggle to survive it, often burdened by a range of physical and mental health problems.

In addition to the direct physical and mental trauma of victims, this violence has a devastating impact on the

When Colombians refer to displacement, they never use the phrase "estar desplazado" meaning being temporarily displaced, something that can be reversed, and something that will eventually end. Whether consciously or not, Colombians have adopted the phrase "ser desplazado", which means a permanent displacement, a way of life, a condition that is a lasting part of someone's identity. Much more than just a semantic curiosity, this particular wording emphasizes the realization among Colombians that displacement is a lasting condition, scarring the individual for the rest of his or her life. This ongoing drama of displacement is a daily reality for the approximately three million Colombians who have been forced to flee the violence of a conflict that has ravaged their villages for more than four decades.

health status of millions of people who are confined to conflict zones by armed groups or forcibly displaced by massacres and threats. Both confinement and displacement result in an impoverishment and lack of access to the most basic medical services, making people extremely vulnerable to a wide variety of diseases that could otherwise be prevented or treated.

Médecins Sans Frontières (MSF) teams providing health services are direct witnesses to the suffering caused by the conflict in Colombia. This report is an attempt to raise awareness of the human cost of the conflict by giving a voice to those who bear the brunt of its harsh consequences.

The structure of this report

This report is structured as a journey through the three stages of the cycle of violence and forced displacement. The opening section describes the first stage, which plays out in isolated rural communities located amid struggle for control by different armed actors. In these areas, people live under unbearable pressure — they face threats, fear, and levels of violence that take a distinct toll on their physical and mental health. More importantly, the violence confronts members of rural communities with stark, if not impossible, choices. Should they stay home and continue to live under a constant threat of being killed? Or should they try to flee, seeking safety in bigger cities where most end up living among other displaced people in squalid sprawling slums?[3]

The second stage of this journey deals with the arrival of those who flee to bigger cities, and their struggle to adapt and survive in urban slums under extremely harsh conditions. Medical data collected by MSF teams working in such areas show how people struggle to cope with violent incidents and mourning, and how the conflict violence continues under different forms.

Finally, after a period of time, sometimes years, of enduring misery in slum areas, some of those who have fled the countryside decide to return "home". The third section of this report completes the cycle by describing the dilemmas faced by those who try to return to their original communities and rebuild their lives. Personal accounts and MSF's medical data suggest that even after people return, they still find themselves vulnerable, reliving their past traumatic experiences and lacking control over their own future.

Methodology

This report is based on medical data compiled from MSF mobile clinics in more than 40 villages located in rural areas of the provinces of Norte de Santander and Cordoba, plus statistics from the MSF health centre serving the urban slums of Sincelejo (Sucre province). Qualitative information comes from personal testimonies collected over the past two years in some of the most affected regions of the country. Testimonies have been collected outside of the patient-doctor relationship to avoid any possible breach of medical confidentiality. Although individuals have agreed to share their life stories in this report, their names and other identifying factors have been removed for their own protection.

Each story included in this report is unique in itself. Yet the experience of conflict is shared by millions of Colombians living in a myriad of rural communities and urban slums throughout the country.

MSF IN COLOMBIA

MSF has been providing medical assistance in Colombia since 1985. Currently, 49 international volunteers and 151 national Colombian staff provide assistance to thousands of people affected by the ongoing conflict in various parts of the country.

In the northeastern province of Norte de Santander, MSF conducts medical outreach activities in isolated rural areas, providing general consultations, vaccinations, reproductive health care, psychosocial care and dentistry.

In Cordoba province on the northwestern coast, MSF staff use mobile clinics to provide health care to people living in remote rural villages. The teams offer basic health care, antenatal care, maternal and child health care, dentistry and psychosocial support. In addition, the teams also treat people with malaria and cutaneous leishmaniasis.

In northwestern Sucre province, MSF has set up a clinic in the urban slums of the city Sincelejo to provide urgently needed care to the local population.

MSF teams are also working in rural and urban areas in the provinces of Caquetá, Chocó, Nariño, Tolima, Huila, and in the Bogotá capital district.

In this report, the name 'MSF' refers essentially to the Dutch section of the Médecins Sans Frontières (MSF) movement.


MEDICOS
SIN FRONTERA

— Stage 1

RURAL COLOMBIA:
LIVING UNDER CONSTANT THREAT

Since 1999 there have been 17 massacres in this town alone, each of them with 15 dead or more. There have been 500 people buried in the cemetery since 1999. If that represented one tenth of the dead, we would be happy. The majority is missing. There are places in which there are people buried without a cross or anything to identify the site. In other places there are two or three people buried under the same cross. We would need a cemetery several stories high to bury all the dead.
— A community member, Norte de Santander province

Far from the relative safety of major urban centres, guerrillas, paramilitaries, and the Colombian army fight a longstanding war for territorial control in the rural zones. Control of land also means control of legal and illegal resources (such as oil reserves and coca crops), control of trade and trafficking routes, and ultimately control of the civilian population living there. As a result, in most of the rural areas in which MSF works people endure tremendous levels of violence and intimidation.

The impact of the struggle for control exerted by armed actors is compounded by geographic isolation and social exclusion of these populations. Largely because of the ongoing conflict, local health authorities rarely extend services into areas beyond state control. To see a doctor, most people must travel substantial distances (often four to eight hours, and less commonly up to several days) through territories controlled by different armed actors.

THE PRICE OF CONFLICT

The protracted nature of the ongoing conflict, which has lasted for more than four decades, means that the majority of the Colombian population has been born into the conflict. For communities in rural areas of strategic importance in which different armed actors struggle for territorial control, regular and direct contact with armed actors is a fact of life rather than a choice.

A community easily becomes identified with the armed groups operating in the area, leading to a dangerous stigmatization. Being identified as a party to the conflict increases individual and community vulnerability to violence, impacting on safety and people's freedom of movement. People tell MSF they do not want to get involved; they just want to live in peace with their families. However, despite Colombia entering into a new phase of negotiations including the demobilization of paramilitary groups, people still raise the same fears and pressures as if little has changed for them. One community member, later murdered, told MSF how vulnerable he felt:

> *There are people here who don't get out of town, because they feel they might get them on the road, or that there might be paramilitaries in civilian clothes, so they are afraid. I retired from my position as community leader*

All families have suffered. Once I asked the pupils in my class, 11-year-old children, how many of them had lost a family member while the paramilitary were here. Out of 28 children, 20 told me they had at least one family member killed by the armed groups.
— Teacher from a rural community

> *because the paramilitary started to say we were traitors. One day a Colonel from the army called me "guerrillero", and I told him "With all my respect, Colonel, if the guerrillas send someone looking for me, how can I refuse to see them?" A guerrilla commander asked me to join them and, when I refused, he accused me of being a paramilitary... what can I do now? If I stay they will kill me, if I go I would be somehow admitting that what they say is true...*

Armed actors on all sides control the divide between rural and semi-urban communities, making "free passage" and "access" conditional on the agendas of those involved in the conflict. In some rural provinces where MSF works there are people who have spent up to five years without leaving their rural community to visit a city for fear of being perceived as belonging to or collaborating with armed groups. Those who do travel regularly to and from rural areas (e.g. to buy supplies or seek health care) run a greater risk of becoming identified with an armed group and possibly targeted by others as a result. These concrete risks increase feelings of personal vulnerability, and consequently have an impact on the mental well being of those seeking assistance.

The violence and control affecting the community leads to a gradual breakdown of society. In areas where coca trade exists, the black market economy thrives and prostitution flourishes in response to the demands of a floating, armed population. Many small towns and communities have become transit points for those travelling into and out of controlled areas. The armed actors within the conflict, the displaced, merchants, black marketers, sex workers, organized criminals, coca traders, labourers and paid informants all contribute to an unstable population. As within any violent environment, fear quickly permeates society breaking down historic and community bonds of trust and raising new thresholds of suspicion.

> *You don't know who your neighbour is, with whom you live, who lives next door, where they are from, what they do. People keep silent in order to survive; they keep quiet and cry over their lost ones in silence... Many have died for calling things the way they are; many have disappeared for knowing too much...*
> **— Rural community member**

ACCESS TO HEALTH CARE

Colombia is a large country and vast parts of its territory are covered by thick jungle that makes travel extremely difficult. Most health professionals are based in the large cities. Beyond the shortages of human and financial resources common to many of the countries in the region, the conflict in Colombia plays a major role in preventing government medical staff from reaching remote areas.

Despite these constraints, there are many rural medical staff that assume exceptional levels of personal risk to provide medical attention. They frequently recount stories of armed groups exerting pressure and control over their movements or work. One doctor described a one-month term of practice in a heavily controlled village:

> *The paramilitary would make all the decisions in the health post and were informed about everything. They drove the ambulance, managed trade and prostitution in town, they knew how many sex workers were in each bar. A total of 76 sex workers came for STD [*sexually transmitted diseases*]check-ups each week, so they would stamp it and allow them to work. I knew that the paramilitary killed those women who were sick, so they would not infect their clients. So we agreed with the bacteriologist that nothing was to be reported officially in the notebook, nothing was to be written on the individual tests. Then, when the women came in, I would take them aside, give the real results to those who were sick, and advise them to leave everything behind, find an excuse, and leave town at once.*
> **— Former doctor, rural community**

The man was found wandering around town. He said he was feeling bad, but he could not explain what was wrong. He kept talking and crying... tears went down his cheeks and when we asked him why he was crying, he said "Am I crying?" and he cleaned his face, started crying again, and kept repeating he did not feel well. He was disoriented, confused, with mental blackouts, he could not remember what had happened. In this war you get to see beyond the dead, there is another face to violence.
— Community leader, rural area

Not all conflict regions suffer from these extremes of control, but many MSF patients have expressed reluctance to seek medical help out of fear of who may be involved, how they may be treated, and where their medical records might end up.

HEALTH CONSEQUENCES

On the surface, rural life appears to be "healthier" than that in urban slums. There is no overcrowding, people have their animals and crops for food, and there is access to better water. However, MSF sees many rural residents who suffer parasitic diseases and skin infections associated with poor and unhygienic living conditions. Parasitic infections can have a severe impact on a child's development, and skin infections can be severely painful or disfiguring. These often go untreated because there is no doctor, nurse, health promoter, health education, or even medicine.

Reproductive health is also an important issue in these remote communities. MSF works in villages where as many as 82% of births take place at home, with the average age at first parity being 16.6 years. In the Norte de Santander communities where MSF works, 13% of the women of childbearing age coming for care told MSF that they had had a child less than five years of age die during their lifetime.

The extent to which infectious diseases such as tuberculosis (TB) and HIV/AIDS affect rural populations is simply unknown. MSF has detected TB cases, particularly among the rural indigenous population. Many of the critical risk factors associated with these diseases are present, but access to diagnosis, treatment and follow up is often not available. Malaria is endemic in certain parts of Colombia, both falcipirum and vivax. When a blood test is available, it is usually done for a fee, and in MSF's experience, a large percentage of the rural population cannot afford it so they simply self-diagnose, self-medicate, or suffer untreated.

For those suffering from cutaneous leishmaniasis, there is the additional problem of stigmatisation. Since this disease is confined to inaccessible rural areas, it is commonly perceived as affecting members of the guerrilla. Therefore, medicines needed for treatment are restricted and controlled by the Ministry of Social Protection. This means treatment is not available from private pharmacies, often the only source of medicines for many rural communities.

Low vaccination rates

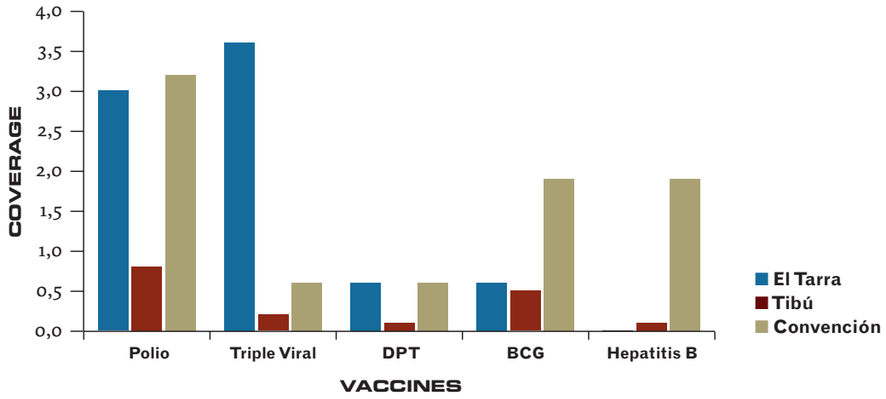
Another direct result of the conflict in rural Colombia are the dangerously low vaccination rates among children.

For example, vaccination teams have not reached some areas of Norte de Santander province since 1998, when armed groups forcibly stopped and robbed immunization teams. Present estimates of vaccination rates in some communities are as low as 1% against certain diseases such as polio, DPT or BCG. Very few children have age-appropriate vaccinations for the full range of childhood diseases. The following graph shows official estimated vaccination coverage in rural Catatumbo, Norte de Santander province in the municipalities of Tibú, El Tarra and Convención.

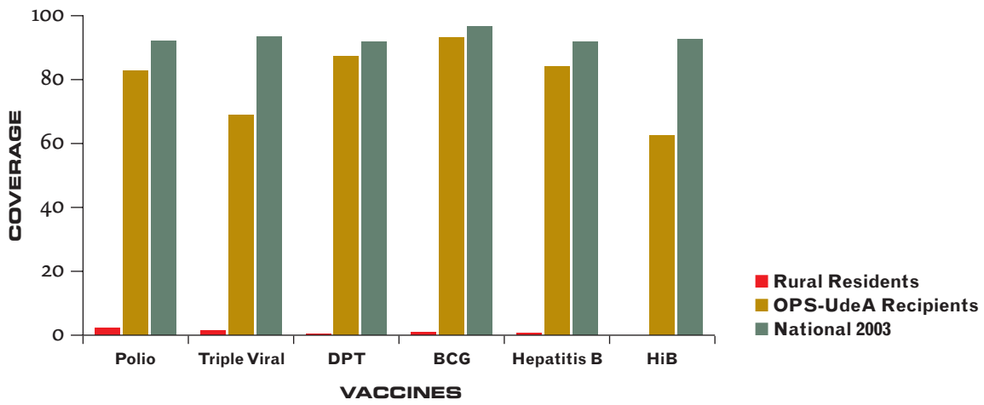
In comparison to national coverage rates as estimated by the Ministry of Health and Pan American Health Organization (PAHO/OPS), these rural regions virtually disappear off the chart.

The appalling levels of vaccination coverage in many rural areas of Colombia is not only a reflection of years of neglect and inadequate health care provision by state authorities, but also a major risk factor for public health, given the increased vulnerability to outbreaks of disease.

MUNICIPAL VACCINATION COVERAGE RURAL ZONES CATATUMBO COLOMBIA 2005 (%)



VACCINATION COVERAGE RURAL – OPS/NATIONAL (%)



VIOLENCE AND MENTAL HEALTH

Looking at violence in Colombia as a condition affecting health it is possible to identify a variety of signs and symptoms that go beyond physical trauma. In MSF's daily medical work, the effects of violence on those seeking medical consultations are striking. A great many case histories include stories where the common denominator is the violence exercised by armed actors on all sides of the conflict. During medical consultations, MSF medical staff hear complaints about headaches, neck or back pains, "burning in the stomach", difficulty sleeping, and unexplained "fears" in patients who after physical examination appear healthy. These complaints, constantly repeated over time by the same patients, highlight a high incidence of psychosomatic disorders associated with the stress generated by the armed conflict.

In rural and semi-rural areas where conflict, isolation and insecurity generate violence, threats and fear among the population, MSF has noticed that patients express the need to tell their account of atrocities. These accounts detail the kidnapping and execution of men and women who were alleged sympathizers to one group or another, as well as the fear of being identified with armed actors because of the location of one's land and home.
Team members also hear desperate questions from women and children, such as *Why did they kill him if he had nothing to do with the conflict?*, *If they wanted our land why did they take his life?* and *Why did they rape and kill our mothers, sisters or daughters...?* The constant fear of violence prevents many rural residents from being able to even consider the future. As one psychologist described it — *How can you really feel the owner of your own future when at any moment all could be lost at the point of a gun?*.

CHILDREN'S EXPERIENCE OF VIOLENCE

Nowhere can the link between living under the constant threat of violence and its impact on the health of a population be more clearly seen than through the experience of children. As a helicopter passed over a rural MSF clinic, staff saw that all the children ran to hide.
A community member explained: *Children run when they hear a helicopter, the young ones always wet themselves. They know about bombing out here.*

Whereas monsters, demons and ghosts normally occupy the imaginations of the young, in conflict areas fear takes recognizable forms in their drawings. Boys and girls in MSF programmes usually incorporate elements associated with the conflict in their artwork, like weaponry, combat helicopters, or descriptions of massacres. MSF staff have seen images of canoes loaded with lifeless bodies, the blood of butchered farm animals mixing with human blood, and figures on bended knees in front of a gun pleading for their lives.

Children often identify themselves with armed group members, and their games tend to relate to the abnormal situations they witness. Teachers and mothers have observed important behavioural changes. Many children show sadness or withdrawal or aggressive attitudes towards other children. Many have problems at school. A lack of concentration and ability to memorize, emotional dependency, and problems adapting to the school rhythm are frequently seen. Medical professionals in daily contact with children living in this environment mention their nightmares and anxiety. One 10-year-old told MSF: *I don't like this place... there are so many bodies in the river.* Their language expresses the violent acts they have witnessed or so frequently heard about. *I am going to cut your throat and tear out your eyes* or *I'm going to cut you into pieces and throw you in the river*. Children are learning to identify themselves within the conflict, where both fear and admiration leaves only one certainty; that to be anyone in this life you will have to be one of those on the "strongest side".

SURVIVAL AND FLIGHT

Rural communities set within a violent environment learn to live with fluctuating levels of violence and threats. Yet ultimately, the pressure becomes too intense and they flee. Much displacement comes after targeted attacks on individuals, their families or community:

> *We were taken somewhere and they started to threaten us and talk about chainsaws. After a while they let us go. I grabbed my kids and we left immediately for another town. We left only with the clothes we were wearing; we walked all-night and part of the day, and the kids asking for food...*
> **— Mother from a rural community**

— Stage 2

FLIGHT — THE MISERY OF URBAN SLUMS

I had to leave my hometown after my father was murdered. They shot him from the back, a bullet in the back of his neck. I do not really know why. I was there when it happened. I saw it all. He fell without a scream, the back of his shirt all covered in blood. After he was killed, they told me: "Tell your family this is a warning".

At that point my wife and I knew we could not live there anymore. We were terrified. We had to leave quickly, without thinking about the future, and trying not to think about the past. The problems of daily life have since then become our only concern. Where to go, finding a place to sleep, finding something to eat and feeding our daughter.

We left everything behind — the small plot of land, the animals, and the other few belongings we had managed to gather over the years — and left immediately. Some of my brothers left as well, but some decided to stay. We did not have time to discuss what happened. We never said goodbye properly. It never occurred to me that we were not going to see each other again.
—Father living in an urban slum

The story above resounds with a sad familiarity to anyone working in the slums of any town or big city in Colombia. Patterns of forced displacement during the last decade show a constant influx of people fleeing the violence and insecurity of rural areas. Forced displacement in Colombia does not happen en masse, but rather on an individual or family basis. Many people make a first attempt to settle in rural towns or mid-sized municipalities. They set off later to bigger cities after further threats or a lack of opportunities.

Slowly but steadily, urban slums have spread on the outskirts of almost every city across the country. Colombians call them barrios de invasión, literally "invaded" neighbourhoods. Out of sight and out of mind, those fleeing violence try to rebuild their lives in these slums. In Sincelejo (Sucre), where MSF works, figures show an estimated 100,000 of the city's 270,000 residents are displaced. Many of them live in precarious, one or two-room houses made of cane and mud or plastic sheeting. Most houses in these slums lack a water supply or electricity. In many of these slums, there is no sewage system and human waste often ends up in nearby streams or on plots of land where children and animals play.

FEAR AND DISTRUST

Leaving everything behind and struggling to start a life in a foreign place is daunting. In addition to their

I do not want to live here anymore. Yesterday, when the army killed those two young men on the bike when they did not stop at the roadblock, we knew there we going to be problems. Last night they cut off the electricity supply. They always do that when these things happen. I am afraid because usually after these things happen the guerrillas attack the army in town, and if there are soldiers killed one does not know what will happen to us.
—Young man living in an urban slum

accounts of deprivation and hardship, most of the newly arrived displaced interviewed by MSF talk about the rejection and distrust they experience from those who already live in the slums.

> *They look at the displaced like we were the worst thing. To be displaced is like being branded with a mark that you can never remove… They look at us like we are bad. Like they say "who knows what [armed] group they belong to." And it's the reverse; you have to keep running so you don't get confused with the groups…*
> **— A mother living in an urban slum**

When asked about the health needs of people arriving in the slums, one community member in one of the neighbourhoods in which MSF works, replied:

> *The displaced? Please do not talk to me about the displaced. If you are here to help the displaced we have nothing to discuss. Most of them are liars. They move to this area to take advantage of the situation and try to get some free assistance, a mattress, and some food… We do not want them here. You cannot really trust them. If it is true that they have come here fleeing the armed groups, then I wonder what they have done to feel so threatened. Maybe they are guerrillas themselves…*

Rejection and exclusion are a source of suffering and stress for the displaced. The social bonds or networks that people rely on under normal circumstances are missing. Many times there is no help from family members or neighbours. They have no job and no income.

DEPRIVATION AND THE STRUGGLE FOR ASSISTANCE

Colombia is one of the few countries in the world that has passed specific legislation meant to protect and assist internally displaced people.[4] The United Nations Guiding Principles on Internal Displacement has also been adopted and is legally binding. According to the national law, the displaced should receive assistance from state institutions for a period of three months after their forced displacement. This should include housing, food, health care, clothing, and other basic items.

In order to obtain this assistance, those displaced by violence need to register with the Red de Solidaridad Social, a government body mandated to deliver assistance to the internally displaced. However, many of those fleeing violence choose to avoid the registration processes needed to get the assistance. Some fear revealing their names to local authorities because it carries the risk of further persecution and violence.

> *I didn't want to register and get a displaced card because I was afraid. I didn't want to talk, I didn't trust anyone… I said to the kids, "Watch out taking food from people, and don't go out there." Who knows who's out there? We went beyond need; thinking about what we had left behind in the village and that there could be people around here that were like the ones that drove us out. We were afraid. There was a lot of fear that they could arrive with that hit list… you don't sleep, and if you hear steps in the night you think it's them…*
> **— A displaced woman living in urban slum**

Others remain unregistered because they are not aware of their rights or because they know there are many bureaucratic obstacles involved in registration and that aid is not always forthcoming once people are registered. For those who manage to receive government assistance, the relief is only partial and temporary. The assumption behind the government program is that after three months people should be able to stand on their own or return home, taking advantage other sources of income.

However, MSF patients in Sincelejo consistently report that this is not the case. People are often repeatedly displaced, trying to find a reasonably safe place with better opportunities to make a living. Most people hope that displacement will be temporary, and that they will be able to go home and resume their former lives once things calm down. In almost all cases, however, the situation becomes protracted, and conditions do not improve enough to allow their return home.

> *We first arrived in the town where his mother lived. There we lived cramped in a little space, with that anguish… My partner could not find work, he was crushed by his own pain, he did not talk, he felt alone and used to ask "How are we going to make a living if we cannot farm anymore?" I was his strength, and I used to tell him "We're going to make it." And then I would hide in the kitchen and cry on my own. I was forced to get out and try to find jobs. He did not want to talk, and kept repeating he was going to hang himself. I was terrified to get back home and find he had killed himself. We wanted to go back if things calmed down, but when we realized that returning was not possible, we decided to come to the city looking for ways to survive and make a living.*
> **— A young displaced woman living in an urban slum**

After the three-month assistance period ends, the situation is often as desperate as it was at the beginning. The reality is that people affected by violence often remain in a situation of chronic need for years. Only a few manage to escape the instability, deprivation, and vulnerability brought by forced displacement.

> *Of all the displaced, I believe 30% are moving forward. The rest is sunk, broken.*
> **— A displaced woman living in an urban slum**

ACCESS TO HEALTH CARE IN URBAN SLUMS

For those who live in the slums, health care is largely unaffordable. Under the law, those registered as displaced should be entitled to get medical consultations and free medicines. However, in many cases across the country these rights exist only on paper. In a report published in 2005, MSF described how the urban poor and those forcibly displaced in the Soacha region of Bogotá were excluded from medical care.[5] Similar levels of exclusion from the health system have been identified by MSF in Sincelejo, Sucre province, and in other cities across the country.

According to the participants of focus group discussions carried out by MSF in the slums around Sincelejo in October 2004, in order to get an appointment with a doctor they needed to start queuing at 2:00 in the morning. Even then, many people said they were routinely turned back after hours of waiting because the available time slots had been allocated. Others told MSF that the clinic (run by the Ministry of Health) refused to provide care to the displaced, due to chronic shortages of funding.

> *We can only see a limited number of those displaced people from the slums. These are instructions from above, because there is no money to cover the costs. This clinic cannot cope with the numbers of people that keep increasing as more and more people arrive in town from the rural areas. They are just too many. I am not saying it's their fault, but they are indeed the main problem.*
> **— A doctor working for the Ministry of Health**

Even if it is true that the large numbers of displaced persons generated by the ongoing conflict are an additional burden for the already overstretched health care system, the victims should not be blamed. The problem is not the displaced themselves, but the health authorities who have not yet prioritised and invested in medical care for those displaced by violence.

My kids live in constant fear. When shooting starts, the girl holds her aunt's leg and both kids start screaming, they go crazy. The thing is that the bullets pierce through the house, there are holes everywhere. My boy has nightmares and I don't know what to do.
— Displaced mother living in an urban slum

THE MEDICAL CONSEQUENCES OF NEGLECT

The rising number of medical consultations in MSF's urban clinics reflects the neglect experienced by the displaced. People living in the slums suffer from much higher rates of illnesses associated with poor living conditions. The extremely high incidence of scabies and other skin ailments is a direct consequence of the lack of clean water and sanitation facilities in most of the slums. Waterborne illnesses such as diarrhoea, parasitic diseases, and hepatitis A represent 14% of the 5,294 consultations done by MSF in Sincelejo over the last six months of 2005. The high incidence of respiratory infections relates to overcrowded and inadequate living conditions. In the MSF clinic, these types of illness represent 63% of the standard medical consultations.

According to statistics from the Sincelejo water company (Aguas de la Sabana) approximately 77% of Sincelejo's residents have running water and sanitation facilities. However the same statistics also show that only half of the 22 slums from which most of MSF's patients originate have these essential services.

MSF's patients consistently report that those living in the slums are unable to get needed medical care in cases of minor emergencies at public hospitals. They also say they can only see a doctor or nurse when their condition becomes more severe. As a consequence, illnesses that are usually not life threatening can become serious. Normal life events, including pregnancy, can develop into complicated conditions, especially due to the early age at which many girls become pregnant. Thirty-five out of every 100 displaced adolescent girls (15-19 years of age) were already the mothers of at least one child. The average number of children born by the displaced is also significantly higher than among the general population.[6]

MSF has found extremely low levels of immunisation among the patients visiting its health care clinics in slum areas. Estimates on coverage amongst displaced populations by the health authorities in Sincelejo confirm MSF data, and show a bleak 8.9% coverage for polio, 14.6% for BCG, MMR (measles, mumps, rubella) 9.5%, DPT (diphtheria, pertussin and tetanus) 8.9%, hepatitis B 8.9%, haemophilus influenzae 8.9%. The rates are far below national averages reported by the Colombian Ministry of Health. These figures highlight the poor levels of basic care among those displaced by violence, and are a source of concern due to the increased vulnerability to outbreaks.

However, the most alarming impact of the ongoing conflict can be seen in the way in which victims of violence struggle to cope with the events that led to their forced displacement. Firstly, they have problems coming to terms with the consequences of the violent incidents that forced them to leave their homes, mourning the loss of their loved ones and their past life, and adapting to the adversity of their circumstances in the slums.

Secondly, violence reproduces itself in urban settings and comes back in different forms. The increase of problems such as alcohol and substance abuse and domestic and sexual violence can be directly linked to the breakdown of the social fabric associated with violence and displacement. MSF addresses some of these problems through its mental health programme.

My mother cannot sleep... if she hears a motorbike out in the street she wakes up and cannot fall asleep again (...) the thing is that last week we had to pick up our brother-in-law. He was almost unrecognisable. They had beaten him up, and his head was chopped off. I can't get that image out of my head.
— A young man living in an urban slum

CONSEQUENCES ON MENTAL HEALTH

Many MSF patients in urban slums, both residents and displaced, suffer from psychological problems associated with socio-political violence. Victims of violence often present specific mental health morbidities. An assessment carried out by MSF in urban slums in Sincelejo found a very high incidence of mental distress (27.6%). Although it is commonly accepted that the majority of people "cope" with violence without developing a mental disorder, enduring intense suffering significantly reduces their daily functioning.

When speaking to psychologists, many people report feeling constant fear and anxiety, and react to it with insomnia, muscular tension, sweating, dizziness, palpitations, vertigo, or gastric problems. Those who recently experienced violence remain hypervigilant and experience anguish when they hear a motorcycle pass by, a dog's bark, or footsteps in the street.

Half of the consultations done by MSF psychologists in urban slums in Sincelejo and Ovejas are triggered by experiences of violence. Of those, 41% are related to acts of violence perpetrated by armed groups involved in the conflict. Many of these patients have directly witnessed the murder of a family member (37%), or have had close relatives disappear as a result of forced displacement (10%).

One of the most common consequences of violence is having to accept the death or disappearances of relatives and loved ones. Loss and mourning are some of the most common sources of suffering identified by MSF psychologists. The most complicated mourning processes are those in which the relatives have witnessed the murder of family members.

> *Some men came around the house asking for my son. We called him and we continued doing our own thing. They took him out and then we heard gunshots. My grandson ran out to see what happened, and he was shot too. There he fell, next to his dead father... We were terrified and we did not dare to come out of the house. The child was crying outside and my wife wanted to go and pick him up, but I told her to stay in, because she was going to be killed too. She managed to pull herself out of my arms and ran out, and the child was there, all covered in blood, telling his dad to get up. I have those memories and I cannot get rid of them. Why did this happen to us if we did not owe anything to anyone?*
> **— A grandfather living in an urban slum**

Coming to terms with someone's disappearance is equally complicated. Family members suffer greatly when they do not know if their loved ones are dead or alive. Surviving relatives who have not been able to bury a body (in cases in which the body has never been found) endure extreme pain when confronted with the thought of the body of their child left in a garbage dump or buried in a mass grave.

Many of MSF's mental health consultations (22%) fall under the category of "family problems". These problems affect all kinds of people, both long-standing slum residents and those displaced by violence. Longer-term interaction with clients reveals that many of these problems are linked with past incidents of violence and forced displacement. Relationship problems, domestic

and family violence, children with dysfunctional behaviours at school, alcohol and substance abuse, are all likely to be manifestations of a context in which individuals and families are deprived of stability, welfare, job opportunities, and income.

THE DECISION TO RETURN 'HOME'

Most people live as displaced in the slums for the rest of their lives, struggling to make ends meet, enduring neglect and deprivation. Even after many years, however, some families still think back to their lives before displacement, and dream about returning 'home' to their land and former lives.

> *Some people say it is not really safe back home, but we are sick and tired of this life in the slums... After all these years we are still displaced, as displaced as when we first arrived. We are neither from here nor from there. At this point, we would rather take risks and go back home, and see if we can regain part of what we lost.*
> **— Male, head of a family of six**

MENTAL HEALTH IN COLOMBIA: HOW BIG IS THE PROBLEM?

Colombia's National Study on Mental Health (2003), is the only government-sponsored survey on the mental health status of the Colombian population. It reported a prevalence of any mental disorder over a year period of 16%.

The sample of population chosen for that study was mainly urban, with reasonable levels of education and employment, and living in fixed households. The national study does not focus specifically on those who bear the brunt of the violence generated by the conflict in Colombia: the rural poor, the displaced, and those living in urban slums.

In October 2004, MSF conducted a survey in order to assess the prevalence of mental distress in 13 slums around the city of Sincelejo. The prevalence of common mental disorders found by the MSF study was 27.6%, significantly higher than that reported in the government survey.

Urban neighborhoods of low socio-economic status and hosting relatively high numbers of the displaced are much worse off than suggested by the general figures of the national study. Although we can not exclude that poverty or social issues have an influence on the results, there are reasons to believe that the levels of violence accompanying the experience of displacement are the main explanatory reason behind the higher prevalence found by MSF.

There is an urgent need to prioritise mental health care for those who suffer the direct impact of violence. Currently, psychological and psychiatric consultations are not available in the wide majority of the municipalities across the country. Even in departmental capitals with second level hospitals and institutions, the situation is not necessarily better. In the provincial capital of Sincelejo, for instance, there is only one psychiatrist and one psychologist working for the Ministry of Health, who are responsible for the needs of the entire province (a total population of more than 885,000 people).

Based on these considerations and a broader assessment of health needs, MSF opened a clinic in Sincelejo in early 2005, providing basic health care and psychosocial services. MSF also offers psychosocial services through mobile clinics in remote rural areas across Colombia.


CRISTINA

— Stage 3

THE EXPERIENCE OF RETURN
GOING BACK TO NOTHING

Returning home, back to your own land, is another form of displacement. When I left my town, I had a farm; I had my fields of maize, yucca and other things. I had my animals, my family, my home, and my life. I went back to nothing. Everything was gone... I hate to say I'm displaced, but that is the truth... I am displaced again. And you know what? This is worse than before. Before I could at least dream about returning, it gave me hope and motivation, it drove me forward. Now even that has gone...
— Returned community member

Returning to the place of origin should be the end of the cycle of displacement. Life as displaced should draw to a close and a new future should open up hopes.
In Colombia, however, returning home is no guarantee that violence and fear will end. New threats may lead to further displacements and these, over the years, to other returns. For many, the cycle begins all over again.

DILEMMAS SURROUNDING RETURN

Making the decision to return is extremely difficult. In fact, only a small proportion of displaced Colombians (12%) have expressed the desire to return to their place of origin.[7] For most of those who talk to MSF, safety remains the main concern. A few, however, are attracted by the opportunity to become self-reliant again in a rural environment, making a living off the land.

> *In the city you had to endure hunger. You have to pay for everything, water, rent, food. It's really hard to live borrowing everything, working without pay. Here, on the other hand, the land is really good, although people live in fear and there are always rumours that somebody or another is going to get killed.*
> **— Father living in a community of return**

Return is seen as an escape from the hardship of urban slums. But it also entails a plunge back into the insecurity of rural areas, a return to the "ghosts" of the past, and the fear of what the future now holds. Many return only to find desolation. If they had little before, now they have even less.

Of the return communities in which MSF works, the village of Saiza in Cordoba province perhaps best exemplifies the realities of return. People abandoned Saiza after a massacre in 1999. The massacre took place after a long period of insecurity. Directly after some townspeople were executed the community was ordered to leave or face the consequences. As in many other villages in Colombia, no one chose to stay behind.
Over the next five years what had once been a social and commercial centre for the region became a ghost town. Harvests were lost, the jungle overtook the streets, and access for vehicles became impossible. The health centre and the school fell apart and the church remained closed.

Nevertheless, in 2003, after failed attempts to settle in urban slums in nearby cities, the first families decided to return. The joy of being "home" again quickly mixed with the distress of finding a town that had fallen into ruin.

> *One left this [place] so pretty, so tidy, so alive and one returns and everything is destroyed and taken over by the jungle… I felt sad when I saw the town after so many years, everything was destroyed… but I felt at home, even though the trees grew through what was left of the roofs. The first thing I did was clean my house and plant some corn.*
> **— Returned community member**

People described to MSF how being back in Saiza affected them. They expressed an overwhelming sense of dread, fears revived from memories of the past, which in turn generate new fears about the present and future.

> *When we arrived we were scared by everything, continuously remembering what had happened. We didn't sleep at all. I didn't go back to my house because it had been burned. We stayed together and people didn't go out. We were afraid, and we're still afraid. There are rumours that one or another is coming to kill someone. I would probably leave again because why live with so much fear?"*
> **— Community member and father**

It appears that the experiences of the violent past have left a permanent imprint on those who return. Few confide in others. Solidarity is lost. People are not willing to work together, or to invest in time and energy in the community if they are unsure they will be able to stay for a long time.

> *Now there is fear and jealousy. We don't trust anyone anymore… People are only interested in investing energy in their own thing, make quick money and get out of here as fast as possible. Nobody thinks about this town in the long term*
> **— Returned community member**

LIMITED ASSISTANCE FOR THOSE WHO RETURN

Colombian law stipulates that the government must assist displaced people in their return to their villages.[8] When available however, help is limited and returnee communities must often rely on their own resources or lobby for assistance from nongovernmental organizations (NGOs).

As the areas of return remain dangerous, there is little chance that health services will be extended to those communities in the process of re-establishing themselves after violence. In the Saiza region, for example, there is still no vaccination coverage 1.5 years after people began returning. The former hospital has not been rehabilitated, and there are no health teams besides MSF providing medical assistance to around 8,000 people living in the region.

> *I have to come every second day to be healed of a wound. We have no mule, so we have to walk for more than four hours. It is too far away, and I do not like leaving my other children alone back home… before you [MSF] came here, we had to go up to the clinic in Carepa, further away, but only if we had enough money. If not, then we did not go… we stayed at home in pain.*
> **— 20-year-old woman, rural community resident**

MENTAL HEALTH: LIVING WITH ANXIETY, UNCERTAINTY AND FEAR

The largest burden on the returnee population is once again the psychological burden generated by the fears and anxiety related to return and the renewed threat of violence. MSF experience indicates that the incidence of mental health disorders amongst people living in communities of return is likely to be higher than amongst people living in rural areas who have not been displaced, and even higher than amongst those displaced people living in urban slums.

Among the psychosocial consultations conducted by MSF in communities of return, the most common reasons given for seeking professional attention include family problems (30%), anxiety (18%), depression (15%) and other psychological disorders (3%).

Family problems are often mentioned first as the reason for seeking a consultation. However, when analyzing the problems families face, it often becomes apparent to the psychologist that the client is still suffering from the consequence of a violent experience. While one individual may be able to live with painful memories, others find the memories unbearable. MSF's experience shows that when people cannot deal with these experiences directly, they focus instead on other aspects and pressures in their daily lives. Many feel it is easier to deal with practical problems rather than with the underlying, unresolved pain.

MSF consultations suggest that once returnees have been home for some time they tend to experience extremely high anxiety. People feel particularly vulnerable because they believe they are not in control of their own destiny.

> *We're renting out here, we're still paying because, why are we going to build a house if those people (armed groups) come back and pick us out again? We're still displaced here. We're not doing well. We're here in transition and we don't think about making a stable life. We know that if those people come back, they'll kill us. We don't deal with anyone, we wish there were no armed groups, but because we're peasants they say we're guerrillas. We're alone here; the state never worries about us. And what can you do when it's guns that rule?*
> **— A mother living in a community of return**

Insomnia provoked by the anxiety caused by living in a permanent state of worry is something heard in all three phases of the cycle of violence described in this report. However, it is in communities of return where insomnia appears with the greatest intensity. Those MSF patients who returned after fleeing from violent events constantly mention sleeping disorders and their struggle to overcome them.

> *We've been here for a year and still we're not well. When the dogs bark my husband gets up and sits out on the patio to see if someone is coming. There are more nights that we don't sleep than we do. How are you going to forget the things you saw, the people they killed? I only sleep when I go somewhere else. It's a nightmare here. People say that those people will come back.*
> **— A woman living in a community of return**

THE CYCLE REPEATS

Uncertainty and anxiety surround people's journey of return. However, MSF has seen that in time, communities of return begin to recover. Businesses start to open and one can begin to perceive a tenuous prosperity amid the abandonment.

MSF's teams working in returnee communities have witnessed how, with the passage of time, people begin to think about economic and social reconstruction. MSF's own mobile teams seem to have contributed to generating a sense of "normality" in some places. Continued presence and assistance can help people feel less alone and gradually development of the community encourages more people to return.

In Colombia, however, there is a bitter irony to this progress: As communities slowly rebuild they become objects of strategic interest to armed actors on all sides of the conflict. Over time, communities of return regain infrastructure and a marketplace. As they recover their economic footing, they become attractive crossroads for parties in the conflict. This generates greater anxiety among the population, and greater interest to control these areas.

> *They (the armed groups) have come here, they come to buy things, they chat with you, they ask you things… until now, nothing. Until now they've offered us the opportunity to work. We don't know if later they'll come back and step all over us. What happens is that when they come and see that we're badly off, they leave us alone, but when they see that people are getting it together they come and hit you up again. God forbid. We hope that if they come back they only ask you to give them a little bit of groceries, and what are you going to do?*
> **— A merchant living in a community of return**

This mounting tension forces rural community members to face again the realities of living under constant threat. People are once again forced to decide how much risk they are willing to accept for the life and livelihood they have begun to regain. A mother who recently returned to her village with her five children described the experience of return as the beginning of a new cycle of violence. Talking to MSF, she said, >>

I'm afraid to stay alone in the house at night. When my husband goes to town for two or three days, I don't sleep, I stay up all night. I turn on all the lights and I think that it's going to happen all over again... my husband says. "You're not alone, you're with God and the Virgin." And I say, "Yes, but still." He says that it won't happen again, but, yeah, who knows?

[1] Saul Franco, "A social-medical approach to violence in Colombia", American Journal of Public Health, December 2003, Vol 93, No. 12.

[2] "Situación de Salud en Colombia: Indicadores Básicos", Ministerio de la Protección Social y Organización Panamericana de la Salud (OPS-PAHO), 2004.

[3] According to a recent report by Conferencia Episcopal and CODHES (Consultoria para los Derechos Humanos y el Desplazamiento) an estimated three million Colombians were forcibly displaced between 1995 and 2005. The Colombian government sets this figure at around 1.7 million. The displaced can be found in almost all parts of the country. The same report states that people have fled from 87% of all the municipalities across the country and 71% of the country's municipalities have received forcibly displaced people. See "Desafios para construir nación: El país ante el desplazamiento, en conflicto armado y la crisis humanitaria", published in February 2006.

[4] Law 387 passed in 1997.

[5] "Soacha: Hasta cuando el olvido", available at http://www.msf.es/images/MSF_cuarderno_soacha_tcm3-2636.pdf

[6] Figures from a study carried out in six Colombian cities during 2002 - 2003 by the Pan American Health Organization and the University of Antioquia, Colombia. Series "Salud y Desplazamiento en Colombia", printed in 2005. Various surveys by PROFAMILIA confirm these figures.

[7] According to a study on the nature of displacement conducted by the Conferencia Episcopal CODHES, published in February 2006.

[8] Law 387, Section 6, article 17, passed in 1997

CONCLUSION

For the majority of Colombians affected by the conflict, being forcibly displaced by violence is not a one-off event, but rather a series of ordeals which has a major impact on their health and well-being. Once caught in the cycle, displacement becomes a permanent state of being, where even the act of returning to a community of origin is perceived by those involved as yet another phase of displacement and insecurity.

Both displaced and returnee communities struggle with the limited short-term humanitarian assistance available. MSF is particularly concerned with the lack of healthcare. Basic services are often unavailable. Essential immunization programs fall far short of acceptable coverage rates, and this applies not only to conflict regions of difficult access, but also to displaced communities living in accessible urban slums. The resulting risk of outbreaks of infectious disease is unacceptably high.

Violence generated by the ongoing conflict should be a major public health concern in the country, yet not enough priority is placed upon responding to the medical consequences of this chronic reality. Particularly alarming is the almost complete absence of mental health services in regions where MSF observes enormous need. As a consequence, victims and survivors alike endure ongoing mental trauma with no hope of relief.

The testimonies of our patients, staff, and people in the communities where we work have painted a cycle of violence and displacement that has no end. Every day, millions of Colombians wake to the daily struggle of living under constant threat. Violence of such duration and extent produces a profound and indelible effect on individuals and communities. Human suffering of these proportions cannot be tackled solely through clinical diagnosis and treatment. The human cost of the Colombian conflict defies statistics and the solution exceeds the means available to an emergency medical organization. It calls for the Colombian government and other responsible agencies to uphold their obligation to provide protection and assistance to the victims of Colombia's violence.

Médecins sans Frontières
April, 2006
Bogotá / Amsterdam

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