STATEMENT ON THE EVENTS OF JUNE 17, 1993 IN MOGADISHU
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As Coordinator of Médecins Sans Frontières, I returned to Mogadishu on the morning of June 11, 1993. My mission was to quickly organize emergency support to surgical and first aid care in Mogadishu in the upcoming crisis. Médecins Sans Frontières was indeed concerned by the sudden evacuation of mort relief workers and UN agency personnel from Mogadishu following the announcement of a major military operation in the City and substantial pressure by UN spokesmen to convince humanitarian personnel to leave to “expected substantial collateral damages.” Immediately, we planned for the arrival of an emergency surgical team with basic emergency medical supplies for the operating theater. The team departed the same day from Nairobi, so as to land prior to the announced closure of the airspace at midnight on June 11.

I will go into further detail about the June 11 events concerning the arrival of the MSF surgical team a few hours before closure of the airspace, as they are only indirectly related to the case developed here.

By June 17, our team of six Médecins Sans Frontières expatriate personnel and our Somali staff had been staying for 6 days in the compound of Action Internationale contre la Faim. This compound included an office and a residence building, as well as gardens and storage areas, providing shelter to the AICF expatriate and local staff, to the MSF expatriate and local staff and to five French journalists. The location had been clearly identified for months and positioned on maps by the UN and particularly by the CMOC (Civil-Military interface) and was signaled by flags, stickers, and a large-site painting of the organization’s logo and name on the roofs and gates.

From this location, we could easily access both the Digfer and Benadir hospitals while being a step away from the ICRC residence where we were holding daily emergency health coordination meetings. We had been invited by the military to change locations, but were awaiting an announcement to the general population of our neighborhood before deciding to temporarily relocate. Relocation actually posed several problems: security of local staff, security of stocks, accessibility of our aid, and security of our expatriate personnel. Indeed if we had joined the new UNOSOM HQ compound as suggested by Ambassador Howe, we would have become inaccessible to Somali health personnel and victim and would have risked security problems for our own personnel as an NGO directly associated with a military force involved in a retaliatory operation.

On the night of June 16 to June 17, the air raids that had occurred over the previous nights were resumed, this time specifically targeting the houses of General Aideed and Colonel Jess north west of K6. Ten minutes prior to the shelling, instructions were given to the population in these specific houses to leave unarmed and to walk in the direction of Afgoi road. A similar announcement was made at dawn concerning the surrounding of Aideed’s headquarters and inviting the population to leave the neighborhood of Aideed’s stronghold, located northwest of the K6 roundabout.

1 MSF had left Mogadishu officially on May 4, 1993, after nearly two and a half years of emergency health and nutrition care in Somalia, since the fall of Siad Barre in January 1991 and throughout the civil war.
2 These June 11 events: although we had prior permission the airplane pilot and the MSF team were threatened with imprisonment if the plane were to land, later on, as the control-tower finally approved the landing, the same MSF team was threatened at gun-point on the landing strip by US military personnel invoking a so-called ban on “private organizations coming to Mogadishu.” All these events took place one to three hours before the closure time of airspace at 24h00
3 See Map in enclosures
Our location, half a mile (approximately) east of the K6-Digfer axis, even further away from Aideed’s than the residence of ICRC, did not seem to be a problem. No specific warning was given to us that day nor to the population of our C neighborhood. Though unaware of the military plans and decisions, we did not expect any operation to expand retaliations to other areas without prior warning.

During the morning, we made contact with Dr. Fuji of Digfer Hospital on the VHF radio, so as to assess the possibility and necessity of moving to the hospital to support emergency care. He repeatedly told us to remain home, stressing that the forces were deployed around the hospital and that confrontations were taking place right there.

Investigation of access to Benadir hospital showed that the Afgoi road was also blocked by the deployment of armored UN vehicles and therefore Benadir hospital remained inaccessible as well. Contacts with the military forces through CMOC on the emergency NGO Channel confirmed this information. Consequently, the decision on whether to move our team to the hospitals had to be delayed hour after hour.

We became quite concerned about the wounded: if we were not able to reach the hospitals, how could they 9

A few minutes before 11:00 am, we felt the loud, shattering impact of a missile shot at the AICF office building. The missile exploded the back of a car and went through four walls of a concrete block shack built against the office building and through the compound wall, causing death, casualties and damage to the shack, the office building and the car. A few seconds later a second loud explosion came quite close, shaking the house once more; though we did not later find the remains of that supposed second missile.

The TOW missile attack launched from a helicopter south of our location (as indicated by the direction of the guiding threads) was followed by a long (10 to 15 minutes) 20 mm machine gun attack4.

These events prompted us to contact the military (through the CMOC interface) in order to have UN forces interrupt their attack on the NGO compound. CMOC then contacted the UN forces HQ and the order was given to stop the shelling of our office, which indeed they did.

All along we had been providing emergency care to our victims of the attack, Somali staff members of AICF and MSF. One man, Mohammed Shir Abdi, who was in the shack hit by the missile, died almost immediately. Another, Abshir, was in critical condition for few hours but benefited from the care of the medical team, before being transferred to the hospital. The seven other casualties were slightly wounded and were provided with first aid care by the medical team.

Neither of our patients could have reached the hospital. Without medical supervision the severely injured person could have died that day. The dead man was presented to his family that same afternoon, and the family decided to bury him right away without reporting to the hospital mortuary, quite a common happening in Mogadishu. It was extremely difficult to travel in and out of the area: journalists returning home testified to having been shot at by UN forces in the streets despite having identified themselves. Where could anyone travel to anyway, to look for emergency surgical aid? The SOS hospital received a few patients but is known not to have a surgeon nor to provide surgical care, and the ICRC hospital in North Mogadishu was not only furthest away but also particularly inaccessible to, the majority of South Mogadishu clan members. In other words, we were at that stage convinced there was

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4 References of the projectiles are included in annex. Remains of the missile and machine gun caruidge cases are available for investigation.
a major access problem to emergency care, as well as a likely under-reporting of Somali casualties to be expected.

The attacks took us by surprise as there was no expectation that UN forces would target an identified NGO compound. We requested an Official Investigation of the events, and this request was presented that day, June 17, to UNOSOM through CMOC on the emergency Channel.

We were concerned the forces were not made aware of the NGO presence and were not respecting the humanitarian flags and signals.

All victims in this NGO compound were innocent victims as far as we witnessed: there were no snipers in the compound, and no guns in sight. We could not identify what had triggered such a heavy handed attack. Pending the official results of the investigation (still not communicated at this date to MSF), we received several different explanations for the event through UNOSOM civilian, CMOC, the Commandant of French forces in Mogadishu, and the rumor-mill. The first spontaneous one was the accusation that there was a Somali sniper on the AICF compound. Since we were all out with the local staff around the impact of the missile that morning, we were convinced that this was not the case and appealed for the investigation to proceed. The second was that three missiles had been lost that day. We did not accept this explanation either. Finally, the explanation given by French Lieutenant Bourgain referred to a confusion on the part of a helicopter pilot who apparently saw the microphone boom of FRANCE 2 TV journalists in the back of the pick-up truck and thought it was a gun.

This last explanation still does not explain the disproportion between the threat of a hypothetical gun and the heavy handed attack involving missiles and 10 minutes of 20 mm machine gun shelling, maximizing the number of victims.

We still could not leave our compound during the early afternoon, as both CMOC and our Somali staff advised us not to. We were told that the conflict had intensified around Digger hospital, and we later learned that the hospital had been shot at and shelled by UN forces.

I visited the Digger hospital myself the next day and witnessed the impact of the shelling on the hospital facilities: the septic operation theater appeared to have been shelled by very heavy artillery which pierced a large hole in the structure's wall next to the air conditioning system, the water pipe system (though not the pumping system) had been broken in places and water was pouring through the facade and flooding the ground; many wards and corridors had lost their windows, several structures above doors and balconies were broken down, the electric system was partly damaged, the operating theater pharmacy ceiling was leaking and last, but not least, the wards were full of exploded construction material but empty of patients: all patients had left the hospital, including the most recent severe cases carried by their families along with their mattresses and IV fluids.

We were told, to justify the attack on the hospital, that General Aideed had supposedly taken a position in the hospital. Initial shooting instructions to UN forces on the ground were apparently only to use small weapons on the fourth floor (where some Somali gunmen were indeed positioned), but the entire hospital, including the ground floor, ended up taking bits from artillery.

Most patients will not return soon to either hospital in light of what has happened. There is a growing feeling that one is safer at home. We have met patients that had left Digger hospital with their families: they chose not to return too soon. After a major clean-up and some small emergency repairs by the Somali Red Crescent Society, Digger Hospital is ready to welcome patients again while assessment and implementation of major structural work will have to wait for calmer times.

The plan of the ground operation necessarily drew the conflict to, the grounds of the Digger hospital. Did the UN forces take all necessary precautions, in the planning stages as well as
during the operation itself, to limit the risk for this medical establishment becoming a target of operations and finally under siege?
A visit to the UN military hospitals in the following days confirmed indications that both the US and the Swedish hospitals, previously involved in treating Somali patients as well, had closed their doors to anybody but UNOSOM at the onset of the military operation. The Moroccan hospital, however, continued its open-door policy for Somalis, though this was not necessarily easy for either Moroccans or Somalis: (a) The heavy toll on Moroccan forces (how many of them shot, as we were, by American helicopters? \(^5\)) brought many patients. (b) The visible front line position of the Moroccans in the attack did not encourage Somalis to head for that hospital. \(^6\) (C) The hospital was not accessible from east of K6-Afgoi-road.

As UNOSOM has declared ground operations in South Mogadishu would resume anytime, as disarmament is a mandate of UNOSOM in Somalia, humanitarian organizations are raising concerns at the priority (or lack thereof) given to civilian populations and humanitarian concerns in the planning of operations. While we are coordinating between civilian organizations for first aid to be widespread throughout the city, it is important, I believe, to testify about what we witnessed on June 17, so as to assure that, in the difficult and challenging context of urban warfare, humanitarian principles continue to be respected by peacemaking forces.

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\(^5\) See Agence France Presse 18 June 93 referring to the fast that a vehicle belonging to the Moroccan forces was bit on June 17 in Mogadishu by shelling from an American helicopter. Ref AFP 181909 FRA 0527 Available in Annex.

\(^6\) As an example, the AICF store-keeper, who was severely wounded, could not be brought there the morning of June 17. A few days later, after being admitted to the Moroccan hospital, Abshir complained of harassment at night in the hospital, despite excellent welcome and treatment by the medical personnel.