SPECIAL REPORT

Terrorism in Colombia

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Abbreviations:
AUC = Autodefensas Unidas de Colombia (United Self-Defense Forces of Colombia)
CRU = Centro Regulador de Urgencias (Emergency Regulation Center)
DGPAD = Direccion General para la Prevencion y Atencion de Desastres (General Direction for the Prevention and Emergency Response to Disasters)
ELN = Ejercito de Liberacion Nacional (National Liberation Army)
FARC = Fuerzas Armadas Revolucionares de Colombia (Revolutionary Armed Forces of Colombia)
HQ = Headquarters
SUME = Sistema Unifacado para el Manejo de las Emergencias (Unified Emergency Management System)
SAMU = Sistema de Atencion Medica a las Urgencias = Emergency Medical Response System

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Abstract

Colombia is a poor country that has been plagued by ongoing violence for more than 120 years. During the 1940s, subversive terrorist groups emerged in rural areas of the country when criminal groups came under the influence of Communism, and were later transformed into contemporary groups, such as the *Ejercito de Liberacion Nacional* (ELN) or National Liberation Army and *Fuerzas Armadas Revolucionares de Colombia* (FARC) or Revolutionary Armed Forces of Colombia). Paramilitary terrorist groups emerged in response to subversive groups and were later transformed into contemporary groups, such as the *Autodefensas Unidas de Colombia* (AUC) or United Self-Defense Forces of Colombia.

Terrorism has placed an enormous burden on modern Colombia. From 1995 to 2002, 9,435 people were killed by terrorism-related events, of which 5,864 were killed by subversive terrorist activities and 3,571 were killed by paramilitary terrorist activities. In 2002, at least nineteen attacks produced 10 or more casualties, of which 18 were bombings. In 2002, terrorists killed at least 12 mayors, 71 legislators, and internally displaced 300,000 persons from their homes. Since terrorist groups in Colombia are typically supported by drug manufacturing and trafficking, it has been difficult at times to distinguish violence due to terrorism from violence due to illicit drug trafficking. Terrorism has also had a major adverse effect on the economy, with restricted travel, loss of economic resources, and lack of economic investment. In addition to political, military, and commercial targets, terrorists have specifically targeted healthcare infrastructure and personnel.

At the national and local levels, much emergency planning and preparedness has taken place for terrorism-related events. The Centro Regulador de Urgencias (CRU) or Emergency Regulation Center in Bogota plays a major role in coordinating local prehospital and hospital emergency response in the capital city and the national level where necessary.

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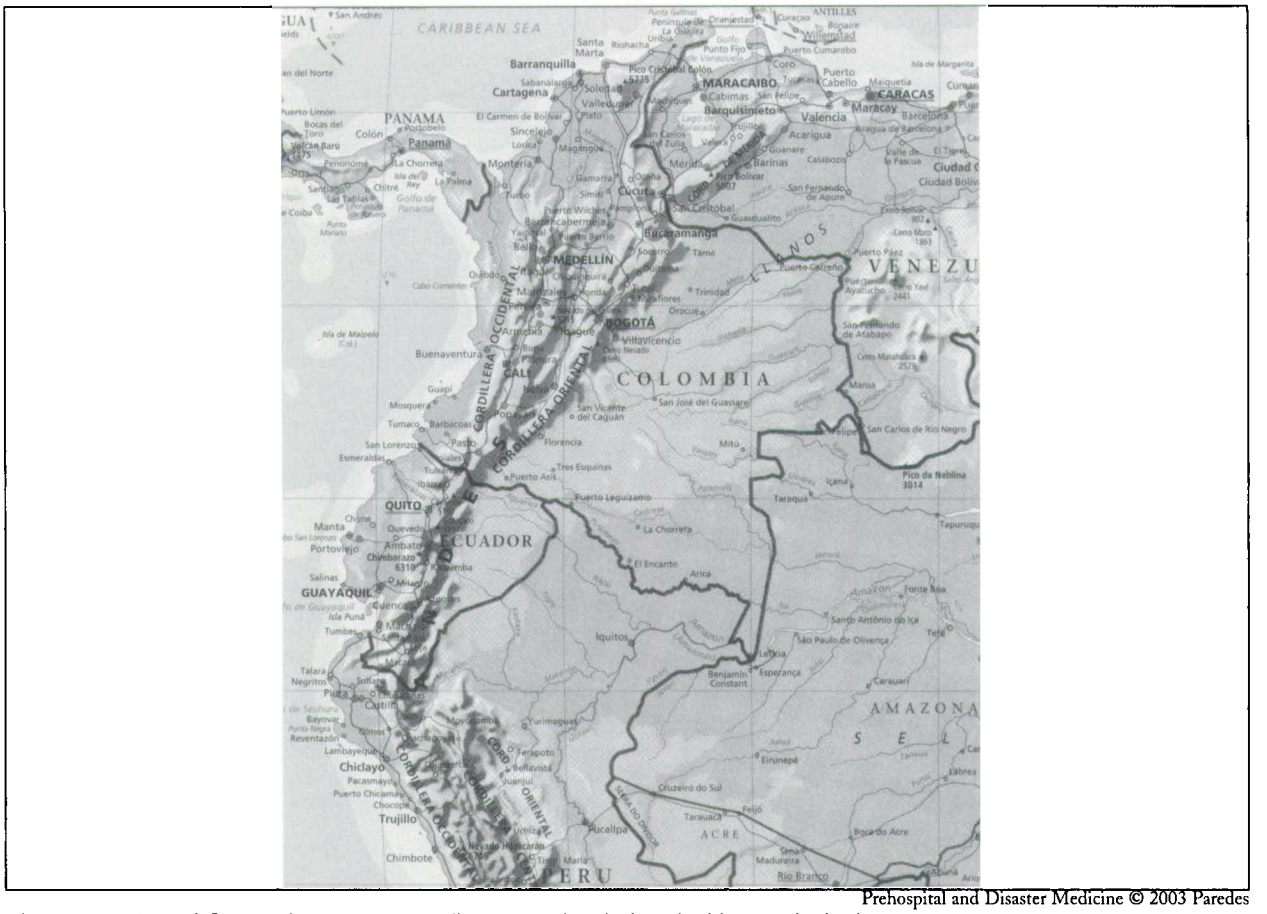
Introduction

Colombia has been beset by internal political conflict for more than 120 years. On 06 August 1887, the newspaper "Town Mail" (*Correo de las Aldeas*) published an article directed to the new President of the Republic, Dr. Rafael Núnez, of the difficult situation of the country, in which there was no enemy army, but there was social decomposition:

In Colombia, there is nothing for sure, neither honor, nor life,...life is in the hands of a murderer that doesn't have fear of God or the penalty...What is respected today is that worth to be respected? Neither the children, nor the women, nor the priests, nor the teachers. Only one thing is respected—Force.

The seeds for modern terrorism in Colombia were sown in the rural

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Figure 1—Map of Colombia and surrounding countries (printed with permission)

Factor	n	(%)
Total Population	43,778,020	(100.0)
Urban	31,432,801	(71.8)
Rural	12,345,219	(28.2)
Female	22,107,229	(50.5)
Male	21,670,791	(49.5)
<15 years of age	14,008,966	(32.0)
>60 years of age	3,152,017	(7.2)

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Table 1—Population structure in Colombia (n = number)

regions of the country in the 1940s. During this period, armed criminal groups active in the coffee-growing zones and the department of Tolima, came under the influence of Communism, and redirected their activities to guerilla warfare against the government. These groups became the basis for the subversive terrorist groups of today, such as the *Ejercito de Liberacion Nacional* (ELN, National Liberation Army) or *Fuerzas Armadas Revolucionares de Colombia* (FARC, Revolutionary Armed Forces of Colombia). In response to acts of terrorism, local farmers organized paramilitary groups against the subversive groups. These groups became the basis for the paramilitary terrorist groups of today, such as the *Autodefensas Unidas de Colombia* (AUC, United Self-Defense Forces of Colombia). All groups—subversive and paramilitary—were based in the poorest areas of Colombia, including the mountain and Amazon regions and were financially supported by drug manufacturing and trafficking activities (Figure 1). Accordingly, until recently, terrorism in Colombia was primarily a rural phenomenon. However, in recent years, terrorist attacks have spread to involve urban areas throughout the country. Meanwhile, the types of attacks have become increasingly more sophisticated, including the use of anti-personnel landmines and mortars against civilian populations. The purposes of this article are to: (1) examine the demographic and socioeconomic environment in Colombia in which terrorism has flourished; (2) characterize the current burden of terrorism in Colombia and the resulting community response; and (3) review current emergency planning and preparedness for acts of terrorism at the local and national levels.[1–13]

Demography

Colombia is located in the tropical northwest corner of South America, immediately adjacent to Central America. The country has a range of climates and terrains, including coastal lowlands, central highlands, high Andes Mountains, and eastern lowland plains (Figure 1). Colombia has a total population of nearly 44 million, of which 72% live in urban areas (Table 1). Nearly one-third of the population is <15 years of age, while only 7% are >60 years of age. The population is growing at an annual rate of nearly 2%.

Colombia is a democracy, administrated by an elected

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Economic indicator, year	Value
Gross national income per capita, 2000	$1,924
Population below national poverty line, 2000	59.8%
Population below $1 per day, 2001	19.7%
Unemployed population, 2000	16.6%
Unemployed male population, 2000	12.0%
Unemployed female population, 2000	23.0%
Inflation rate, 2001	7.6%

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Table 2—Recent economic indicators in Colombia[13,14]

President, and is divided into 32 departamentos (departments) and one *distrito capital* (capital district) with governors appointed by the central government.

Bogotá is the political and administrative capital and is the largest city in Colombia. Located 2,640 meters above sea level, the city has a total area of 1,732 km^2, of which 421 km^2 are urban (24%) and 1,311 km^2 are rural (76%). The city is divided into 20 zones, each having its own mayor.

Social-Economic Indicators

Economic Status

Colombia is a poor country: the average per capita income only is US$1,924 (Table 2).[14] Almost 60% of the population is below the national poverty level. The overall unemployment rate is 17% with 23% of the women unemployed and 12% of the men. The average rate of inflation is 7.6% per year. Nearly 20% of the population survives on US$1 per day.[15]

Major exports include petroleum, coffee, coal, apparel, bananas, and cut flowers. Illicit production and export of cocaine, heroin, and marijuana also play a large role in the country's economy.

Educational Levels

The illiteracy rate in the segment of the population >18 years of age is 9.9% (urban 5.9%; rural 21%). The average number of years of education for the segment of the population >15 years of age is 7.5 years, but 86% of the children between six and 14 years of age have a basic education having completed primary and secondary school.

Community Services

Ninety-five percent of the population has access to potable water, but only 27% of those living in the rural areas of the country have access to potable water. Only 70% of the total population have access to water of "good" quality. Eighty-two percent have garbage collection services.

Health Status

For many years, interpersonal violence was the single greatest cause of death in Colombia. For example, in 1999, there were 63 deaths by homicide per 100,000 people, more than three times the number of deaths from motor vehicle collisions (Table 3). Cardiovascular disease also has placed a large burden on Colombia. In 1999, the next most common cause of death was ischemic heart disease, killing 53 per 100,000 people. Altogether, cardiovascular disease (including ischemic heart disease, cerebrovascular disease, hypertension, etc.) accounted for 121 deaths per 100,000 people in 1999.

Cause	Rate/100,000
Disease	
Ischemic heart	52.7
Cerebrovascular	32.2
Diabetes	16.4
Other	105.8
Trauma	
Accidents (non-motor vehicle)	12.7
Suicide	5.2
Inter-human violence	62.8

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Table 3—Causes of death per 100,000 habitants in 1999 (source: Ministry of Health)

Burden of Terrorism

Terrorist Activities

Terrorism has exacted an enormous toll on Colombia. For example, in 2002, at least 19 terrorist attacks produced 10 or more casualties (Table 4).[16] With the exception of one event, all of these attacks were bombings. These attacks took place in a variety of cities throughout the country (although most often in Bogotá) against targets representing a range of political, military, and commercial assets. The largest event, a bombing in the town square of Bojaya, injured 130 people, of which 60 died, producing one of the highest mortality rates (46%) ever reported in bombings not taking place within aircraft. The vast majority of the bombings listed in Table 4 were attributed to the terrorist group, FARC.

In recent years, in addition to events producing 10 or more victims, typically Colombia has experienced hundreds of smaller events each year. Terrorists have deployed bombs delivered using books, bicycles, cars, or even donkeys. They have targeted stores, hotels, police stations, military facilities, government buildings, roads, bridges, oil pipelines, and water delivery systems.

During 2002, terrorism affected a range of victims and produced a variety of results (Table 5). That year, terrorists threatened more than 600 mayors and killed at least 12. They also killed at least 71 legislators and forced 300,000 people to flee their homes.

Two major terrorist groups — subversive groups (e.g., ELN and FARC), and paramilitary groups (e.g., AUC) — have been responsible for the vast majority of casualties in recent years (Table 6). From 1995 to 2002, a total of 9,435 civilians were killed in terrorism-related events, of which 5,864 were killed by subversive groups and 3,571 by paramilitary groups. During 2001, the peak year, 2,088 civilians were killed. From 1997 to 2002, 410 events produced four or more casualties.

Terrorists in Colombia also have resorted to other activities, including kidnapping, hostage-taking, and extortion. The free movement of people has been restricted by the fear of undetected anti-personnel landmines and by avoidance of some regions controlled by armed

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Month	City	Type of attack	Target	Number of injured*	Number of dead	Terrorist group attributed to
January	Granada	Bombing**	-	39	0	FARC
January	Florencia	Bombing**	-	45	5	FARC
February	Villavicencio	Bombings**	-	10	2	-
April	Villavicencio	Bombings**	Radio network HQ	82	12	FARC
April	Caicedo	Shooting	Hostages	10	10	FARC
May	Bojaya	Bombing	Town square	130	60	FARC
July	Miranda	Bombing	Mayor's office	10	1	FARC
July	San Joaquin	Bombing	Cafe	15	2	-
August	Saravena	Bombing	Airport	16	0	FARC
August	Bogota	Bombing	Street	12	0	FARC
August	Bogota	Bombing	Street	91	21	FARC
August	Putamayo	Bombing	Telecom center	10	2	FARC
October	Bogota	Bombing**	Police HQ	38	2	FARC
October	Bogota	Bombing***	Police truck	32	1	FARC
December	Bogota	Bombing**	Street near police station	69	0	FARC
December	Bogota	Bombing	Hotel restaurant	23	0	FARC
December	El Castillo	Bombing***	Public concert	11	0	FARC
December	Neiva	Bombing	Telecom office	21	1	FARC
December	-	Bombing	Bus	13	2	FARC
Total				**677**	**121**	

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Table 4 —Terrorist attacks that produced >9 casualties in Colombia, 2002 (Source: local databases; - = data not available; *includes deaths; **car bomb; ***grenade)[15] (HQ = headquarters; FARC = Revolutionary Armed Forces of Colombia)

Type of victim	Outcome	Number of victims
Mayor	Killed	12
	Intimidated	>600
Legislator	Killed	71
Amerindian	Killed	42
Civilian	Kidnapped or hijacked	>2,000
	Displaced	>300,000

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Table 5— Types, outcomes, and numbers of victims of terrorism-related events in Colombia, 2002 (Source: Republic Presidency)

groups. Determining the exact number of terrorism-related events in Colombia has been challenged further by difficulty in distinguishing some terrorist acts from criminal acts related to drug manufacturing and trafficking. In addition, criminal activities by terrorists have been increasing at an alarming rate. From 1982 to 2002, coca production by FARC increased almost ten-fold, by paramilitary groups increased nearly five-fold, while for the country in general increased eight-fold.

In addition, terrorism has adversely impacted mental health in Colombia. Although there have been no formal studies, mental health providers have noted many adult patients with persecution psychosis with paraoid features. The mental health impact of terrorism on children may be more severe. Unpublished studies have indicated that up to 23% of the general pediatric population has symptoms characteristics of the post-traumatic stress disorder.

The healthcare system has been affected by attacks on hospitals, clinics, ambulances, and even acts involving healthcare delivery personnel. They have sustained >400 attacks that have included kidnappings, ambulance crashes, fake ambulances, murders, and hospital takeovers. Some of these events have included violations of the human rights of the healthcare workers (Table 7). At least 384 attacks against medical missions have been reported from 1998 through 2002. Eighty-nine percent of such events have been directed at the integrity and/or lives of healthcare personnel. Of these, 82% involved direct or indirect threats against healthcare personnel. During this period, 32 healthcare personnel were killed and 25 persons were kidnapped. Other known infringements on the rights of healthcare workers are listed in Table 8.

During this same period, there were at least 39 attacks directed at the health infrastructure of Colombia including at least 20 attacks aimed at units that provide health services. Eight attacks were directed at ambulances or other transportation services, and in at least seven attacks, vehicles were stolen. Some acts have involved looting of medical

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Year	Number of civilian deaths by Subversive terrorist groups*	Paramilitary groups**
1995	467	18
1996	320	71
1997	531	78
1998	549	216
1999	910	743
2000	1,075	1,012
2001	1,060	1,028
2002	952	405
Total	**5,864**	**3,571**

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Table 6—Number of terrorism-related civilian deaths according to type of terrorist group in Colombia, 1995-2002 (Source: Ministry of National Defense; *includes ELN, FARC; **includes AUC)

Type of Infraction	Cases (n)	Category (%)
Against life and integrity of health personnel	341	(88.8)
Threats against health personnel	279	(72.6)
Homicides of health personnel	32	(8.3)
Kidnappings of health personnel	25	(6.5)
Non-lethal attacks against health personnel	2	(0.5)
Designation of health personnel as terrorist objective	2	(0.5)
Armed personnel entering health units	1	(0.3)
Attacks against health infrastructure	39	(10.2)
Attacks against healthcare units	20	(5.2)
Attacks against health transportation	8	(2.1)
Theft of health transportation	7	(1.8)
Looting of medications, supplies, and equipment from health care units	2	(0.5)
Theft of medications, supplies, and equipment in transit	2	(0.5)
Acts of perfidy		
Restricting transit of medications, equipment and foodstuffs	4	(1.0)
Total	**384**	**(100.0)**

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Table 7—International humanitarian rights violations against medical missions in Colombia, 1998–2002 (Source: Ministry of Health; n = number)

equipment and supplies. Combined, such attacks have resulted in restrictions of healthcare services in many places within the country.

The environment also has been affected. Examples include surface oil due to attacks on oil pipelines, and destruction in the jungle of the Amazon regions related to the activities of drugs plantations.

Community Reactions

Passive Avoidance—As noted above, >300,000 inhabitants of Colombia fled their homes in 2002 alone because they feared for their lives and for their families. These internally displaced persons are scattered across the countryside. Thus, the actions summarized above have resulted in creating terror in many innocent victims. This displaced population has had a profound effect upon the economy of the country, and hence, on the growing criminal activities within the country. Displacement of the population increases unemployment and the desperation of the population, which, in turn, results in further population migrations.

Passive Resistance—The first example of passive resistance to terrorism took place in Cauca after terrorists attempted to take over the police station. Members of the community remained in front of the building dancing and singing to block the attack. Similar responses have been repeated in various zones of the country. In the larger cities, the mayors and other members of the community have conducted meetings and other actions as a passive protest.

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Detail	Terrorist Groups	AUC Paramilitary	Narcotic Traffic	Common delinquency
Killed in combat	942	86		16
Captured	1,344	378	579	
Deserted	219	12		
Arms seized	1,746	431	76	620
Mortar seized	95	7		
Shots seized	236,705	66,498	6,176	25,501
Granades seized	1,600	289		24
Communication equipment seized	385	143	115	464
Vehicles seized	678	190	160	664
Ships seized	18	10	21	56
Airplanes seized	0	1	5	
Landing fields destoyed			12	

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Table 8—Operational results with different groups during the first semester 2002 by number of units (Source: FFMM Bulletin)

Active Resistance—Police and military forces in Colombia conducted an active campaign against both subversive and paramilitary terrorist groups over many years. During the first semester of 2002, anti-terrorism operations have resulted in the deaths of >1,000 terrorist, and the capture of >1,700 (Table 8). During the same period, >2,000 persons have defected from these groups. In addition, caches of weapons, ammunition, communications equipment, and transportation vehicles have been confiscated.

During the same period, huge elements of the narcotic traffic have been seized or destroyed (Table 9). Such activities have included seizure of drugs and the chemicals used to produce them. More than 600 drug laboratories have been destroyed and >20,000 hectares of crops used for drug activities have been destroyed. In addition, 794 organized operations have been conducted to curtail kidnapping and extortion during 2002 (Table 10). Results include the rescue of >250 people and the capture of >700. Fifty-eight persons were killed during these operations.

International Human Rights Education—During the past two years, the Ministry of Health has conducted a diffusion campaign about International Human Rights to educate major terrorist groups and healthcare personnel. In particular, Article 3 of the Geneva Convention has been distributed widely . This material discusses human rights in the delivery of health services during armed conflicts. In addition, a logo has been designed that includes the words "Medical Mission" to identify and hopefully provide some degree of protection for the medical teams.

Peace Processes—A number of peace initiatives have been taken in recent years, including the creation of demilitarized "distension zones", the creation of dialogue zones, international participation by non-governmental organizations, humanitarian exchanges, and interventions by priests.

In summary, the severity and frequency of terrorism-related events in Colombia has affected all aspects of society and produced a complicated chain of cause and effect that includes: (1) large numbers of internally displaced persons migrate to new areas out of fear; (2) free travel around the country is markedly limited, especially on highways in some areas during certain hours; (3) resulting social instability results in a loss of economic resources and a lack of economic investments; (4) a "brain drain" occurs, as professionals emigrate out of the country, looking for better jobs or quality of life; and (5) some persons take up theft or kidnapping, and sell these services to terrorist or criminal groups.

Future Terrorism Risks—Some of the possible terrorist acts that might occur in the future include attacks on: (1) big cities infrastructure; (2) energy and water sources; (3) communications; (4) the financial system; (5) highways and roads systems; (6) health missions; (7) food centers; and/or (8) use of non-conventional arms such as missile airplanes, grenades, chemical and biological weapons, or even radiological/nuclear contamination.

Local and National Emergency Planning and Preparedness

National Level

At the national level, a national emergency response plan provides structure for the national emergency response to terrorism-related events. The *Direccion General para la Prevencion y Atencion de Desastres* (DGPAD) or the General Direction for the Prevention and Emergency Response to Disasters is the national agency responsible for the overall command and coordination of the national response to emergencies and disasters. The DGPAD operates within the Ministry of the Interior and is under the direction of the president.

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Detail	Value
Drugs seized (kg)	47,221
Processed drugs seized (gal)	51,385
Coca leaf seized (kg)	147,763
Solid chemicals seized (kg)	894,790
Liquid chemicals seized (gal)	366,197
Destroyed laboratories	606
Coca crops eradicated (hectares)	21,484

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Table 9—Results of operations against narcotic traffiking during 01 January – 30 June 2002 (Source: FFMM Bulletin; n = number; kg = kilograms; gal = gallons)

Detail	n
Anti-kidnapping operations	386
Anti-extortion operations	208
Rescued hostages	251
Killed in combat	58
Captured	718

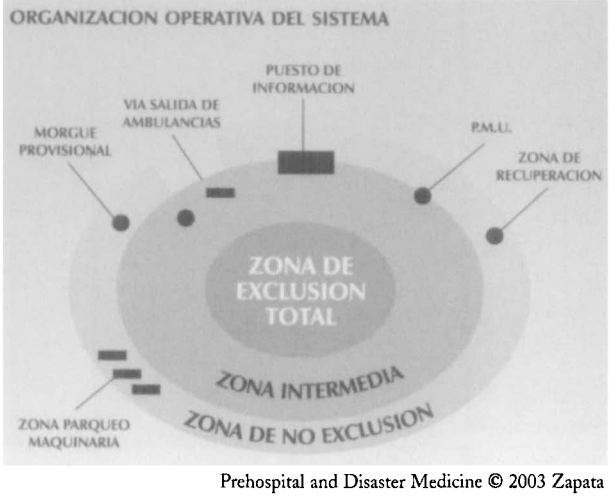
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Table 10—Results of operations against extortion and kidnapping in first semester 2002 (n = number, Source: FFMM Bulletin)

Level of emergency response	Emergency response component	Major functions
Impact Zone (Chain 1)	On-scene command post Rescue coordinators Search and rescue personnel Prehospital medical personnel (SAMU) Public safety personnel	Coordination and control Search and rescue Triage
Emergency Medical Care and Coordination Zone (Chain 2)	Emergency Regulation Center (CRU) Unified command post Medical post Prehospital medical personnel (SAMU) Aid groups (e.g., Colombian Red Cross)	Coordination and control On-scene command post establishment Unified command post establishment Medical post establishment Triage Victim stabilization and transport Location and registration of affected population
Hospital Zone (Chain 3)	Emergency Regulation Center (CRU) Hospitals Disaster committee - local, regional, and/or national Temporary shelters	Inter-institutional and regional coordination and control Hospital triage Definitive medical care Assistance to affected population

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Table 11—Levels of emergency response, emergency response components, and their major functions in Colombia (SAMU = Emergency Medical Response System; CRU = Emergency Regulation Center)



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Figure 2—Operational zones at a contaminated scene in Colombia

Local level

At the local level, emergency response plans provide the structure for local emergency responses. In the capital city, Bogotá, a terrorism response plan has been implemented that includes the healthcare system response at the prehospital and hospital levels. This plan utilizes a unified system of coordination and control based on the *Sistema Unifacado para el Manejo de las Emergencias* (SUME) or Unified Emergency Management System. At the prehospital level, this plan includes search and rescue activities, triage and stabilization at the site of the event, transportation, and even decontamination and HazMat maneuvers. These operations are primarily carried out by the *Sistema de Atencion Medica a las Urgencias* (SAMU) or the Emergency Medical Response System. The organizational zones, components, and functions of local emergency response are shown in Table 11. The organization of the scene of a terrorist attack using weapons that produce some form of contamination is outlined in Figure 2. Hospital emergency response plans also have been developed. Both the prehospital and hospital levels of emergency response are coordinated by the city's *Centro Regulador De Urgencias* (CRU) or Emergency Regulation Center, which also has communication with public safety and security agencies. If necessary, the CRU also is able to coordinate emergency response at the national level.

Several principles guide on-scene emergency response and form the basis for the education and training of first responders in Colombia, including:

1. Confirmation and reporting of the event
2. Definition, delineation, and control of the impact zone (typically 100 meters minimum)
3. Evaluation of scene hazards and security
4. Personal protection (bio-safety)

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5. Needs assessment
6. Provision of emergency medical care

Other key areas of emergency planning and preparedness include: (1) prehospital system and hospital preparedness; (2) training healthcare personnel; (3) development of hospital disaster plans that include structural mitigation, surge capacity, augmentation of stocks of medicines, and mitigation of other hospital vulnerabilities; (4) public preparedness to provide first aid; and (5) coordination of emergency response plans of the Ministry of Health, Civil Defense, Colombian Red Cross, social state companies, and hospitals.

Future Challenges

The principle threats to Colombia, as defined by the government, are: (1) terrorism; (2) illicit drug manufacture and trafficking; (3) weapons trafficking; (4) kidnapping; (5) extortion; and (6) homicide. In order to cope with this enormous challenge, the Colombian President enacted a Security Action Program that included: (1) coordination of state actions (Security Council, National Defense and Intelligence Board); (2) institutional strengthening (justice, military, police, intelligence, and finance); (3) consolidation of control over the national territory (including an integral security plan and disarticulation of drug trafficking groups); (4) protection of citizens and infrastructure; (5) development of cooperative networks; and (6) communication of state policies and actions to all parties involved.

The implementation of public policies related to prevention and security have already produced major beneficial results. For example, the number of deaths by homicide has dropped dramatically after reaching epidemic proportions in the mid-1990s, from 80 per 100,000 inhabitants in 1993 to 30 per 100,000 inhabitants in 2001. At the same time, the number of serious crimes also have been reduced, from approximately 25,000 cases in 1998 to 18,000 cases in 2001.

Conclusion

Terrorism has been deeply rooted in Colombia in recent decades. The on-going activities of two major types of terrorist groups influenced by the extreme left and extreme right, and fueled by drug manufacture and trafficking, have exacted an enormous toll on the country. Accordingly, interpersonal violence has emerged as one of the country's greatest public health problems. With 1.6 million people killed in violent incidents throughout the world every year, violence has also been recognized by the World Health Organization as a major public health problem in the world, making lessons learned from the Colombian experience with terrorism particularly important for the rest of the world.

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