

**From The Sarcophagus Revolution to The Politics of Crisis of
Identity, It Brunt on The Health Sector in Anglophone Cameroon
from 2016 to 2020**

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Abstract

Political Crisis has been recognized in contemporary history as a substantial barrier to healthcare and health infrastructures in the World. Existing literature pays little attention to the analysis of the impact of the ongoing armed conflict on healthcare and health infrastructures in the Anglophone Regions of Cameroon. This paper aims to show the weight of the armed, conflict on healthcare and health infrastructures. The methodology adopted was based on exposed facto and survey design with sources ranging from newspapers, articles in journals and textbooks to reports. The evidence shows that patients are stranded as a result of road blockages obstructing those heading for medical care. It was aggravated by constant “Kontri Sunday” (ghost town) imposed by the Ambazonian interim government which paralyzed the movement of various Vaccines like Measles and Rubella, Oral Polio Vaccine, and Pneumococcal Conjugate Vaccine as well as health workers. Healthcare personnel recruited to work on the Programmes, escape in search of sanctuary. It made inhabitants especially infants, in these regions susceptible to Polio, Measles and Rubella diseases. Even the herbal centres, herbalists and soothsayers who used herbs and the back of trees known in Pidgin English as “kandastick” to cure patients found it difficult to function in the Northwest and Southwest Regions due to insecurity. This affected the transportation of traditional medicine and therefore, people found themselves unable to find traditional healthcare. The paper concludes that the crisis has caused a brunt on healthcare and health infrastructure thereby creating a none-bullet war in the Anglophone Regions. If the worrying factions do not seek permanent peace the Regions will record more deaths from diseases than bullets.

Keywords: Sarcophagus Revolution, Crisis of Identity, Healthcare, Health Infrastructures, Anglophone Cameroon

Introduction

The concept of revolution has been perceived by scholars in contemporary history as a drastic method of arresting a political situation when injustice becomes law. Different revolutions in history were coined depending on the context of the revolution. This was the case with the

sarcophagus revolution where Mancho Bibixy, a radio animator stood inside a sarcophagus and inaugurated a protest which later manifested into a crisis of identity. The significance of this was that he was ready to die while protesting against the poor state of roads within the City of Bamenda found within the Anglophone Region of Cameroon. The strike led to a crisis of identity as the revolutionists believed that tussling for the independence of Anglophone Cameroon was legitimate since the union between French Cameroon and former British Southern Cameroon was entered without any legal underpinning.¹ It became common in most social and print media in and out of Cameroon as each captioned to lure its readers.

Before the takeoff of this revolution, Anglophone Cameroon was volatile as anger, frustration and anguish were at their peak, therefore, needed just a spark to burn.² Since then sarcophagi have always been placed in most junctions around Northwest Region and Southwest as a symbol of death and continuity for any person who attempts to frustrate the revolution. This essay attempts to validate the argument that the disguised revolution had a burden on healthcare and healthcare infrastructures with little attention to curing the pain and anguish of the population.

Contextual Study

Cameroon is found in the Central Region of the African continent, situated at the extreme northeastern end of the Gulf of Guinea. The country shares a lengthy boundary in the south with Equatorial Guinea, Gabon and Congo, in the west with Nigeria, in the east with the Central Africa Republic and Chad and the north with Lake Chad. The Northwest and Southwest called Anglophone regions occupy an area of 16,364 sq

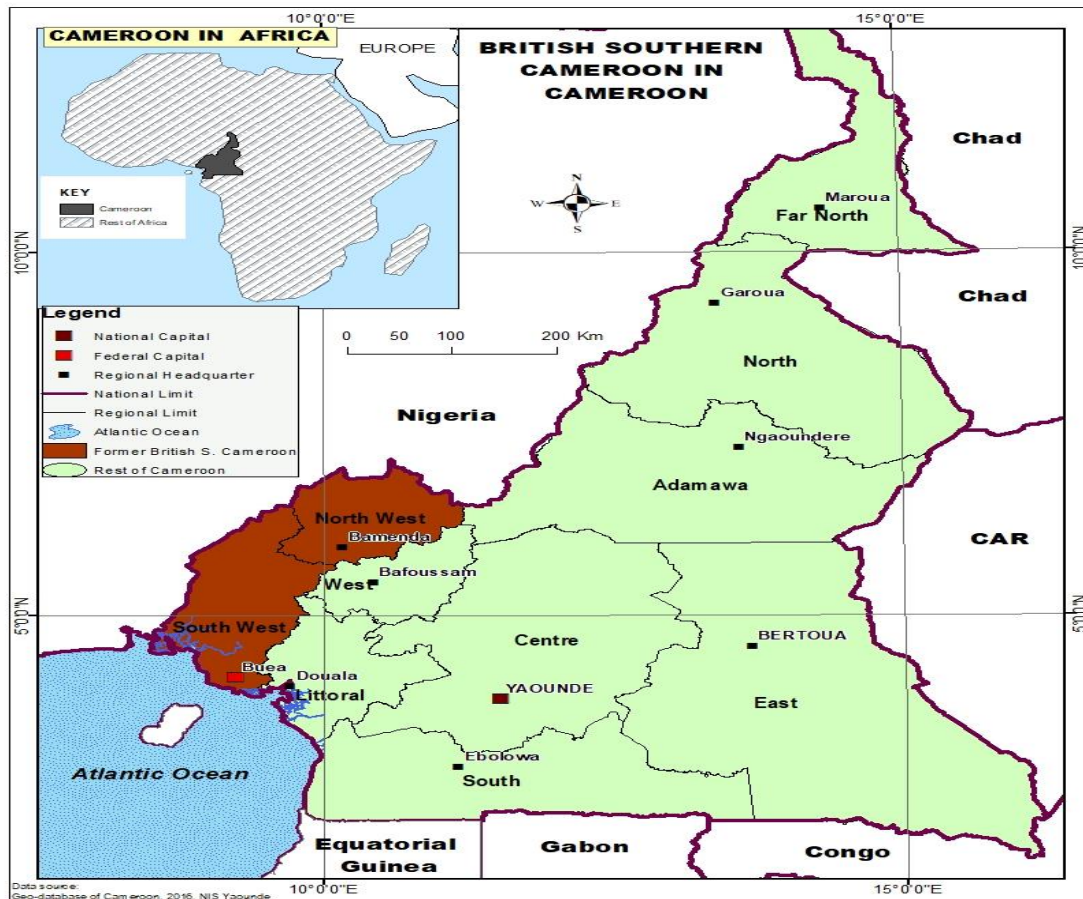
¹Jean Atabong Fomeni, "The Gruesome Death Toll Characterised by War Crimes, Crimes against Humanity and Genocide: A Legal Appraisal of the Crisis in the Former Southern Cameroons" Master of Arts Dissertation, Riedrich Alexander University Erlangen-Numberg 2019, 10, (Published).

² Adolf Mongo Dipoko, *The Anglophone Soul*, 2010, 81-82 (Unpublished)

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km of the country's total area of 475,442 sq. km with 24 million inhabitants but just about 5 million are Anglophones. The map below: shows the positions of the Anglophone Regions or Northwest and Southwest regions affected by the political crisis.

The Map of Cameroon indicating Anglophone Regions of Northwest and Southwest



Source: Adapted from Willibroad Dze-Ngwa, *The First World War and its aftermath in Cameroon: A Historical Evaluation of a Centenary, 1914-2014* International Journal of Liberal Arts and Social Science, 3 no. 2 February 2015, 80.

Cameroon was annexed by Germany in 1884 and confirmed in 1885 by the Berlin West African Conference.³ When the First World War broke out it was extended to Cameroon. Germany was defeated and expelled from Cameroon. It paved the way for an Anglo-French condominium but was

³ Verkijika G. Fanzo, "Anglophone and Francophone Nationalism in Cameroon", *The Round Table* 1999, 281.

short-lived as a result of ideological and cultural differences.⁴ The failure gave birth to the London Declaration by Milner-Simon on 19 July 1919 which balkanized Cameroon into two halves.⁵ The British took one-fifth and the French took four-fifths. In 1922 the League of Nations confirmed the London Declaration and mandated France and Britain to administer the two territories as mandate B territories.⁶ The British sphere of influence embraced British culture while the French sphere embraced French culture. The aftermath was that, it led to stiff resistance against the colonial power. For example, the Doualas, Baya, and Bamum had launched a protest in the Inter-War Years against the French because of the French attempt to alter their cultures.⁷ Awasum argued that the disproportionate partition of Cameroon after the First World War was the foundation of a future Anglophone minority crisis.⁸ The failure of the League of Nations by 1939 transformed the two territories into Trust territories of the United Nations still administered by France and Britain. At the time of British administration in Cameroon the disjointed portion and cultural distinctiveness gave the British administration the go-ahead to connect Southern Cameroons to the Eastern Region of Nigeria. This historical evolution led to the development of Anglophilism and Francophilism.

After independence, President Ahmadou Ahidjo's failure to empower the Anglophones, especially in self-reliance in a French hegemonic government made things worse. Between 1960 and 1982, he adopted the routine option of arrest, imprisonment, others judge even in absentia like

⁴ Ibid, 89-90.

⁵ Ibid, 90.

⁶ Verkijika G. Fanso, "Anglophone and Francophone Nationalism in Cameroon", *The Round Table* 1999, 282.

⁷ Ibid, 92.

⁸ Awasum, N. F. "The reunification question in Cameroon history: Was the bride as enthusiastic as the groom? *Africa Today*", 47no 2, 2000.

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Patrick Tataw Obenson alias Ako Aya.⁹ Therefore, they bore rancorous against Ahidjo's Gaulist administration.

Unfortunately, President Biya as his inheritor continued to tighten the hardship by using state power to silence the Anglophones.¹⁰ This justified why Terretta Meredith says that the Francophone Cameroonians used uncoordinated violence, questionings, incarceration, forceful disappearance, concentration camps, public whippings, intelligence gathering, and propaganda battles since independence from European rule against those fighting for the restoration of Anglophone Cameroon.¹¹

The Anglophone opposition political elites responded in less visible and controllable forms of remonstrations. This forced the government to adopt a wide range of political reforms that saw the introduction of multi-party politics, the formation of civil associations and private newspapers including the formation of Southern Cameroons National Council (SCNC).¹² These reforms indirectly freed Anglophones and placed the Anglophone crisis on a worldwide itinerary. Some intellectual classes like, Fon Gorji-Dinka the first president of the Cameroon Bar Association in 1992, exploited it to sue President Paul Biya for what he described as the illegal and forcible occupation of former British Southern Cameroon by the United Republic of Cameroon since 1984.¹³ The outcry over generations fell on deaf ears as some Anglophone politicians kept on boiling with anger, waiting for the opportunity to embark on war for recognition of former British Southern Cameroons. This opportunity came up with the lawyers and teachers strike in 2016 coincided with the sarcophagus revolution.

⁹ Adolf Mongo Dipoko, *The Anglophone Soul*, 51.

¹⁰Fanso, Verkijika G. "Anglophone and Francophone Nationalisms in Cameroon." *The Round Table* 88, no. 350 (1999): 293.

¹¹Terretta, Meredith. *Nation of Outlaws, State of Violence: Nationalism, Grassfield's Tradition, and State Building in Cameroon*. Ohio University Press, 2013.

¹²Ibid.

¹³ Ibid.

From The Sarcophagus Revolution to the Politics of Crisis of Identity

The year 2016 marked the start of the Revolution in Anglophone Cameroon. This was when lawyers, teachers and students took to the streets of Buea and Bamenda to protest the ascendancy of French in Anglophone courts and schools. Traders and drivers not comfortable with the situation sympathised with the lawyers and teachers and on December 1, 2016, in solidarity, they declared strike action to support the course. In the background of this, Mancho Bibixy is dressed in yellow inside a white Sarcophagus in a crowded City Chemist roundabout in the City of Bamenda trumpeting the snail's pace of economic and structural development.

Picture 1: Protesters Listening to Bibixy.



Source: Jacqueline-Bethel Tchouta Mougoué (2017).

Mancho Bibixy inside a white Sarcophagus inaugurates the protest amidst crowded City Chemist Roundabout Bamenda.

Many wounded minds admired him, especially the “Okada Boys” who later joined in peaceful protests against decades of under-investment and other government policies that stood against the Anglophone regions. The protest that revolved around sectarianism was politicised. Less than a month the strike grew as people continued to be killed, injured and others arrested by armed forces. A case in point was Paul Abine Ayah, a super-

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scale judge at the Supreme Court, Mr Mancho Bibixy, and the Consortium leaders Mr Felix Agbor Nkongho and Dr Fontem Neba who were arrested.¹⁴ On the 8 of December 2016, militants of the Cameroon People's Democratic Movement gathered in Bamenda Commercial Avenue, aiming to convince the World that there was no sectarianism. Unfortunately, it was interrupted by youth who were protesting peacefully. Since the central government had not listened to the plight of the people. Rather law enforcement officers were unclenched to quell down the protest.

This scenario led to violent clashes, four deaths were recorded, several others were wounded and about 50 were arrested.¹⁵ This incident infuriated the population as they set ablaze some police stations in Meta Quarter Bamenda, government buildings and vehicles in SONAC Street Bamenda.¹⁶ While in the Southwest Region, students at the University of Buea went on nonviolent riot to decry the nonpayment of the Presidential Excellence Award for the 2015 to 2016 academic years, the upliftment of the ban on Buea Student Union (UBSU) in 2012, and call for the cancellation of the 10.000 as a penalty for late payments of registration fees to access examination results.¹⁷ Students were arrested and others were brutalized by the forces of law and order increased the misery of the Anglophones.

¹⁴Report by International Crisis Group, "Cameroon's Anglophone Crisis at the Crossroads" Africa Report: N°250. 2 August 2017,9. Access date, 2 July 2021

¹⁵ Report by International Crisis Group, "Cameroon's Anglophone Crisis at the Crossroads Africa Report:" N°250. 2 August 2017,10. Access date, 2 July 2021

¹⁶Ibid.

¹⁷Victor Julious Ngoh, *Cameroon 1884- Present 218, The History Of A People*, Revised Updated Edition 2019,392.

Photo 2: University of Buea Students under Arrest



Source: Report by Centre for Human Rights and Democracy in Africa, “Cameroon’s Unfolding Catastrophe: Evidence of Human Rights Violations and Crimes against Humanity”, June 3, 2019, 5-68, Access date August 13, 2021 [http: Cameroons-Unfolding-Catastrophe-CHRDA-RWCHR-2019.33](http://Cameroons-Unfolding-Catastrophe-CHRDA-RWCHR-2019.33)

The happenings in the Northwest and Southwest Regions of the country made Honourable Wirba, Member of Parliament, representing Jakiri Special Constituency in the Northwest region to amplify the revolution when he took the National Assembly by storm in a landmark speech. In December 2016, he criticized and reaffirmed the existence of an Anglophone problem. He said;

Unjust to my people [Anglophone], we will resist you [Francophone] to the last man... I am talking about the enslavement of my people and you [Mr Speaker] are talking about time? I will not leave this rostrum until I say this because our people Anglophone mean nothing to you in this union... the problem in west Cameroon is the problem that will bring down Cameroon...¹⁸

The government responded by using violence to intimidate the grieved protesters but time failed. Furthermore, the weight of the speech fell on

¹⁸ The Post, No, 01849,7, Cited by Victor Julius Ngoh, Cameroon 1884to Present 2021, The History of the People, 392 The guardian post No,2287,1.

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the creation of the Anglophone Civil Society Consortium mainly to mount pressure on the government to solve the sectarian demand. However, the Consortium and the Southern Cameroons National Council that had existed were seen as a threat to nationhood and, hence were banned on 17 January 2017. After failed negotiations with the Ghogomo's Adhoc Committee and Prime Minister Yang's peace mission, many Anglophone militants were arrested and the internet was shut down.¹⁹ Some scholars uphold the view that it was a political blunder to intimidate the population and arrest the Consortium leaders by the central government. The central government had advanced the argument that the internet was the apparatus used by the Anglophone civil society to propagate school and business boycotts.²⁰ The government of Cameroon may have thought that it was a devil theory adopted by the leaders to misguide the civilians. The government was furious because it exposed the weaknesses of the regime. Whatever the case, the impact was huge on businesses and children attending school.

The repression by the government closed the lacuna for peaceful resistance, thus ushering in the use of defensive tactics. Anglophones found themselves simultaneously pinned to the wall and stripped of their cherished Anglophone identity. This saw the emergence of "Amba boys" as the name presents a short form of Ambazonia. The turn in the armed conflict had a ripple effect on the healthcare and health infrastructure in the Anglophone Regions.

Brunt of the Crisis on the Health Sector in Anglophone Cameroon

The Sarcophagus Revolution which was transformed into a political Crisis of Identity seriously affected healthcare and health infrastructures.

¹⁹Prof. Paul Ghogomu was the Director at the Prime Minister's Office. An Inter-Ministerial Adhoc Committee was created with Paul Ghogomu as Chairman. The Committee aimed to propose a solution to the grievance raised by the Anglophone Teachers' Trade Union.

²⁰Report by Centre for Human Rights and Democracy in Africa, "Cameroon's Unfolding Catastrophe: Evidence of Human Rights Violations and Crimes against Humanity", June 3, 2019, 10, Access date August 13, 2021 [http: Cameroons-Unfolding-Catastrophe-CHRDA-RWCHR-2019](http://Cameroons-Unfolding-Catastrophe-CHRDA-RWCHR-2019).

The effect was seen in the immunisation programmes, healthcare workers and health infrastructures in the Northwest and Southwest Regions. The service provision towards health programs, healthcare workers and health infrastructure were reported to have relatively dwindled with the advent of guns. As reported by Saidu, et al., in 2021, the number of infrastructures offering immunisation for Measles and Rubella in both regions declined. This dramatic decline was witnessed in the administration of Oral Polio Vaccine (OPV) and Pneumococcal Conjugate Vaccine (PCV) between 2016 and 2019. It fell by 30% and 53% in the Northwest and Southwest regions respectively.²¹ Even the Vaccine Preventable Disease (VPD) destined for the Southwest was equally abandoned. This was not the case before the insurrection started; the Southwest had 18 functional health districts, and 308 health facilities, of which 255 were offering immunisation healthcare.²² Despite the determinations put at various levels, the provision of immunisation healthcare to those who need it has become extremely challenging. On the other hand, findings of the said authors showed that about 128 facilities in the Southwest and 106 in the Northwest have been permanently shut down.

The argument here is that the closing down of healthcare infrastructure and healthcare programmes was a consequence of the rising level of insurgency. Citing Southwest Regional Delegation of Health through Eposi and Chia, the total number of facilities destroyed amounted to 26 in 2018, by 2020 the attacks had risen to over 70 on health personnel and infrastructure in the Southwest region. This could be justified by the report presented by the United Nations Office for the Coordination of Humanitarian Affairs. It shows that more than 40% of health facilities in

²¹Saidu, Yauba, Marius Vouking, Andreas Ateke Njoh, Hassan Ben Bachire, Calvin Tonga, Roberts Mofor, Christain Bayiha. "The Effect of the ongoing Civil Strife on key Immunisation outcomes in the North West and South West Regions of Cameroon." *Conflict and Health* 15, no. 1 (2021), 4<https://doi.org/10.1186/s13031-021-00341-0>

²² Ibid, 6.

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the Southwest and 50% of health facilities in the Northwest no longer provide vaccination services. And less than 15% of births were assisted by skilled attendants. It was equally estimated that more than 111,000 girls and boys under the age of 5 years and 24,000 pregnant women were vulnerable.²³

These health institutions were either abandoned or burned down by unknown actors in the crisis zone. For example, Shishong Hospital in the Northwest, Southwest Muyuka District Hospital and Kumba Hospital all burnt in 2019.²⁴ In a communiqué dated 11th February 2019, the Minister of Communication, Rene Emmanuel Sadi issued a Press release that Kumba Hospital was burnt and four people died from the fire incident with two patients burnt to death on hospital beds with seven vehicles belonging to the hospital staff. He accused a group of about 20 armed separatist fighters of the act.²⁵ This allegation was refuted by the separatists blaming the armed forces for perpetrating the act. The number of deaths was corroborated by another source but it failed to point out the assailants.²⁶ It was not very clear who was responsible for the Kumba Hospital destruction. However, the consequence was that patients who were in desperate need of healthcare found it difficult to remedy their health complications, hence some ended up dead.

²³Report Produced by OCHA Cameroon in Collaboration with Humanitarian Partners. It Covers 1 – 31 December 2018.

²⁴ Mimi Mefo Info – “Patient(s) burnt to death in Mbonge hospital” Facebook, Access Date, July 10, 2024

²⁵www.crtv.cm/2019/02/insecurity-Kumba-district-hospital-ravaged-by-flames, 12 February 2019, Access Date 3 December 2021

²⁶ [http://www. JournalduCameroon.com/en/Cameroon: Kumba Hospital fire leaves at least four persons dead](http://www.JournalduCameroon.com/en/Cameroon:KumbaHospitalfireleavesatleastfourpersonsdead), 11.02.2019, Time 14h32, Access Date 13 December 2021.

Plate 1: Burnt Mbonge Hospital and Kumba Hospital



Photo 3: Mbonge Hospital
Source: Mimi Mefo Info “Patient(s) burnt to death in Mbonge hospital” Facebook, Access Date, July 10, 2024



Photo 4: Kumba Hospital
Source: Moki Edwin Kindzeka Hospital, Attacked; Medical Staff & Patients Flee, (voanews.com), Access Date 10 July 2024

The destruction was a devastating blow to the trained and equipped community health workers recruited in the framework of surveillance with the Ministry of Health (MoH System). This limited experienced healthcare partners in both regions exacerbated by little funding and insecurity impeded access to the interior. This research went further to articulate that four healthcare workers in the Northwest and seven in the Southwest were pitilessly assassinated²⁷ like Nancy Azah and her husband Njong Paddisco in Mbengwi.²⁸ The universal principle of “zero tolerance” of violence against healthcare infrastructures and human resources during armed conflicts was ignored. Such action caused healthcare personnel to escape from their duty posts in search of sanctuary in neighbouring communities or regions. The belligerent

²⁷Saidu, Yauba, Marius Vouking, Andreas Ateke Njoh, Hassan Ben Bachire, Calvin Tonga, Roberts Mofor, Christain Bayiha. "The Effect of the ongoing Civil Strife on key Immunisation outcomes in the North West and South West Regions of Cameroon." *Conflict and Health* 15, no. 1 (2021): 6, <https://doi.org/10.1186/s13031-021-00341-0>,

²⁸ WWW.DW.COM./en/Medical staff targeted in Cameroon’s English-speaking regions | Africa | DW | 17.08.2018, Access Date, March 2020

parties blamed each other to have been responsible for their actions. Citing the authorities of Médecins Sans Frontières;

More than three years of armed violence in the English-speaking regions of North-West and South-West Cameroon have led to a humanitarian crisis, severely damaging local health systems even as medical needs soar. Access to health care has become a daily challenge.²⁹

This directly affected the quality of healthcare provided in remote areas. For example, basic drugs like Paracetamol and sanitary Pads for women became very scarce commodities and therefore encouraged only the highest bidder to afford one. Since then, women and girls have struggled to get access to medicine and menstrual hygiene products which were nearly absent. While others resorted to using age-old methods like plants, clothes and locally-made pads, others count on the few pads donated by NGOs. This has reduced women's accessibility to family planning services such as maternal and neonatal care, hence exposing them to Gender Based Violence and risky sexual behaviours. On the other hand, it encouraged the looting of drugs from abandoned health centres by the insurgents who believed that the drugs from the government should be supplied freely and thus resented having to pay.³⁰ Even Doctors Without Borders (Médecins Sans Frontières) which was one of the few Humanitarian Organisations that partnered with the government of Cameroon to assist in providing medical care to people in these regions was accused by the government of Cameroon of providing support for separatist fighters in the North-West and debarred from its healthcare activities. On its website published on 5 July 2021, this allegation was categorically rejected by this Humanitarian Non-Governmental Organisation. Despite this rejection and continuous suffering of the Northwest population, the government of Cameroon still went ahead to put a final nail to the coffin by sweeping out Doctors Without Borders in

²⁹<https://www.doctorswithoutborders.org/what-we-do/news-stories/story/life-inside-hospital-heart-crisis-north-west-cameroon> August 31, 2020, Access date 8/5/2021, Time 12: 00,

³⁰ Paul A. Hospital Attack in Anglophone Cameroon Kills Four Patients. *Lancet* (London, England). 2019;393(10173):731.

the Northwest which could have continued to assist in quashing the pain and anguish of the population.³¹ The inadequate access to health services as well as water, hygiene and sanitation, increased the already acute malnutrition situation of the affected population. However, the United Nations Children’s Fund and World Food Programme have stepped in to support livelihood by providing nutritious food in Southwest and Northwest regions through home-based Non-Governmental organizations to improve healthcare.

Besides this, the politics of crisis of identity increased structural violence in the Northwest and Southwest Regions. This was through the roads leading to equipped hospitals mostly found within regional and suburban towns like Buea, Kumba, Bamenda and Wum. This made the movement from the peripheries to these specialized hospitals very difficult. For example, to leave Wum to seek medical attention in Bamenda has not been an easy ride (see plate 2).

Plate2: Bamenda Wum Road



Source: Che Ebel Ambe 2019

³¹<https://www.doctorswithoutborders.org/what-we-do/news-stories/story/life-inside-hospital-heart-crisis-north-west-cameroon> August 31, 2020, Access date 8/5/2021, Time 12:00.

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The road from Wum through Bafut was in near dystopia and turned to favour only military vehicles. Some heavy equipment used for road construction like caterpillars and trucks belonging to French company SATOM and a host of other cars belonging to individuals were burned, combined with the sarcophagus road barricades across the Anglophone Region, the high cost of transport in turn increased healthcare. Patients were frightened and Road Construction Company like Société Anonyme de Travaux d'Outre-Mer (SATOM) who dared to rehabilitate some of these roads, abandoned their projects out of fear. The City Scan machines and sophisticated health machines that were to be placed at the disposal of patients from the interior, unfortunately malfunctioned even before the crisis and hence, aggravated the healthcare situation of the patients.

Furthermore, the crisis retarded the transportation of raw materials and the commercialization of traditional medicines. This resulted from the unending violence and constant ghost town operation (Kontri Sunday) imposed by the group fighting for independence. The effects fell on herbal centres, herbalists and soothsayers who unfortunately no longer function normally in the Northwest and Southwest Regions. Some of these herbs and the back of trees known in Pidgin English as *kandastick* were not found in town but in the interior. Due to insecurity, these products could not be transported, hence people found themselves unable to find traditional healthcare. Displaced communities, in particular, had little or no access to traditional healthcare. Even shrines that contained sacred forests with herbs used to protect traditional societies had been destroyed. For example, in Bafut, the regular military and the separatists transformed the sacred forest into a battleground. Some traditional rulers believed to be custodians of shrines were assassinated like Itoh Esoh in Ndia,³² and Molinga Francis of Luwu la Malele of Buea are notable examples³³ while others abandoned their palaces like the *fon* Nso and

³²Atia Hilarious Azohnwi, Chief Esoh Itoh Murder in Cold Blood, Sun News Paper August 14 2018.

³³Kunyui Ngonmenyui, "Luwu la Malele Massacred" Cameroon Tribune, 9 November 2020

Bambalang creating a chasm between the living and the ancestors. These natural rulers who were supposed to intercede for the chiefdoms and *fondoms* for good health in the shrines could not perform their tasks outside of the shrines. The indigenous people were even afraid to move around with herbs for they feared being arrested for producing war charms. Such disorders were attributed to the parlous state of the Anglophone Regions.

Also, the manifestation of the crisis of identity ignited environmental pollution with ripple effects on the healthcare of the Anglophone population. These results are from garbage dumped beside the roads, at junctions and amid the population for months without any sign of retrieval.

Plate 2: Abandoned garbage amid the population in Bamenda City



Photo 4: abandoned garbage at St Paul's junction

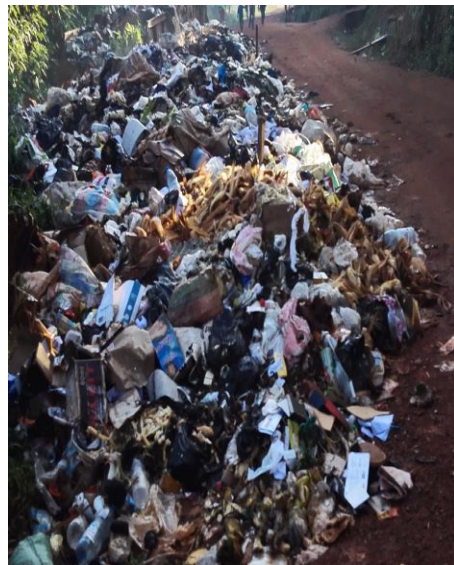


Photo 5: abandoned garbage at PNEU junction

Source: Nwufor Christian Fuh (2020).



Photo 6: abandoned garbage at Mile 4 Bridge Nkwen Bamenda Northwest

Source: Nwufor Christian Fuh (2020).

Heaps of garbage are found on most streets and this puts the community at risk of hygiene-related communicable diseases. The smell generated from these piles acted as a death trap. At times people slept with masks for fear of being contaminated. The sewage from this garbage pollutes water, especially within Bamenda City. This was blamed on the insecurity caused by the crisis. Even the Company charged with the management of garbage called HYSACAM could not execute their duties because their Lorries were constantly vandalised, others were burned by unknown individuals and personnel were targeted. Children became susceptible to infectious diseases and this was further aggravated by the absence of preventive health interventions like vaccination. This scenario forced urban dwellers into burning garbage that caused respiratory difficulties to those already infected with dyspnea. The heaps of garbage serve as breeding grounds for mosquitos which increase the growth of protozoa that cause material infection hence, increasing the health expenditure of the population. Citing from an anonymous source, it was complicated by the fact that some families who moved from the peripheries to urban

cities in search of safety, live on less than 500 CFA a day making it difficult to attend healthcare.

In addition, the water supply in these regions did not adequately improve the healthcare of the population. According to a report presented by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in December 2018, about 351,000 IDPs and 372,000 people in host or affected communities needed assistance.³⁴ Some of the displaced people who settled in their farms lack good drinking water. The absence of household water treatment and the understanding to ensure safe environmental health practices made the healthcare situation chaotic. The inability of the central government to arrange water systems in the suburbs and urban areas trickled down to the displaced populations in the Northwest and Southwest regions. This resulted from poor access to nontoxic water due to water supply system damage and poor maintenance. The worst was/is that water and sanitation infrastructure are absent in some communities to care for this problem. This has provoked an increase in the financial stresses of the affected households in urban areas as they continue to use unprotected water sources. The risk places the displaced population and their hosts on related water diseases or water stress. The deplorable condition of healthcare faced by the affected population forced the United Nations Fund for Population Activities to respond through local NGOs like the Community Initiative for Sustainable Development (COMINSUD) to distribute items like a capsule for water purification to improve healthcare. This was coupled with a sensitization campaign on hygiene and sanitation that contributed to an extent in improving the healthcare of the population.

Conclusion

The intention of this paper was an endeavour to endorse the argument that from the sarcophagus revolution to the politics of crisis of identity

³⁴ This Report is Produced by OCHA Cameroon in Collaboration with Humanitarian Partners. It Covers 1 – 31 December 2018.

there has been a brunt on healthcare and health infrastructures with little antidote to the pain and anguish of the population. The finding proves that patients were stranded as a result of road blockage which hindered those heading to the hospital for health care. The already admitted to health institutions received casual treatment out of the fear that medical supplies would not be constantly supplied. The Drugs and other health supplies could not get to hospitals on time as a result of attacks on the public roads, roadblocks or active fighting keeping patients at the mercy of God. Some of the drugs expired due to low consumption resulting in huge financial losses. This was exacerbated by the compulsory ghost town imposed by the Ambazonian interim government which paralyzed the movement of drugs and health workers for the past five years. It was further worsened by the breakdown in communication networks making supervision and data collection tough. Secondly, the healthcare infrastructures were destroyed, others looted and some abandoned due to attacks on health personnel or infrastructure in the Northwest and Southwest Regions. This reduced accessibility of the community to healthcare amenities due to population displacement.

Thirdly the crisis forced healthcare programmes like immunization programmes to be abandoned. Vaccine for Measles and Rubella in the Northwest was abandoned because healthcare personnel recruited to work on the programmes escaped in search of sanctuary. It made inhabitants especially infants in these regions susceptible to Measles and Rubella diseases. Furthermore, a severe decline in the administering of Oral Polio Vaccine (OPV) and Pneumococcal Conjugate Vaccine (PCV) made the Anglophone Regions prone to risk. The herbal centres, herbalists and soothsayers were indifferent in the Northwest and Southwest Regions as some herbs and back of trees known in Pidgin English as *kandastick* were found mostly in the interior worsening insecurity, handicapping the transportation of these products hence stripping the right of those who depend on traditional healthcare survive.

It can be concluded that the crisis has given a devastating blow to healthcare and health infrastructure thereby creating a none-bullet war in the Anglophone Regions of Cameroon. If the disgruntled factions do not seek permanent peace more deaths will be recorded from the spread of diseases than bullets.

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