

Letter to the Editor

Cite this article: Mohamud MFY (2024). Lessons to Be Learned from the Explosive Violence Incidents Affecting Innocent Somali Civilians: Reflections on Soobe 1, October 14, 2017 and Soobe 2, October 30, 2022. *Disaster Medicine and Public Health Preparedness*, **18**, e320, 1. <https://doi.org/10.1017/dmp.2024.317>

Received: 29 October 2024
Accepted: 08 November 2024

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Lessons to Be Learned from the Explosive Violence Incidents Affecting Innocent Somali Civilians: Reflections on Soobe 1, October 14, 2017 and Soobe 2, October 30, 2022

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Mogadishu, the capital city of Somalia, is home to around 3 million residents, making it the most densely populated city in the nation. Despite having more than 50 hospitals to cater to its residents, the majority of these health care facilities are privately owned. This is a significant barrier to access to health care for many individuals, particularly those from low-income backgrounds, especially during disaster events. Since the collapse of the central government of Somalia in 1991, Somalia has faced ongoing conflict for decades, with explosive violence becoming a prevalent method of attack employed by various armed groups.

The Somali Society for Emergency Medicine (SOSEM) used an incident-based methodology to collect data on casualties from explosive bombs based on reliable English-language news reports.^{1,2} Data was gathered on the following factors: the date and location of the incident; the number and circumstances of people killed and injured; and the details of prehospital transport. Data collected by SOSEM in Somalia from October 14, 2017, to October 30, 2022.

This letter determines the patterns of explosive violence in Somalia, focusing on 2 significant incidents: the Soobe 1 attack on October 14, 2017, and the Soobe 2 attack on October 30, 2022. These events illustrate the ongoing humanitarian crisis and the challenges faced in emergency response and prehospital care. The Soobe 1 attack, which occurred on October 14, 2017 in Soobe, Mogadishu, resulted in over 500 deaths and approximately 300 injuries. This attack involved a truck bomb detonated in a crowded area, marking one of the deadliest single attacks in Somalia's history.³ The Soobe 2 attack took place on October 30, 2022, also in Soobe, Mogadishu, leading to at least 100 deaths and around 300 injuries. Similar in nature to the first attack, this incident involved a car bomb targeting civilians, further highlighting the ongoing threat of explosive violence in urban areas.^{1,2}

In both incidents, the prehospital care response faced numerous challenges. Medical facilities were overwhelmed by the surge of casualties, struggling with limited resources, including supplies, personnel, and equipment necessary to treat the influx of injured individuals. Community members played a crucial role in transporting victims to medical facilities, often using personal vehicles due to the lack of organized emergency services. Many victims experienced significant delays in receiving medical attention, which impacted survival rates and recovery outcomes.

The Soobe 1 and Soobe 2 attacks underscore the urgent need for improved emergency response systems and prehospital care in Somalia. As explosive violence continues to threaten civilian populations, addressing these challenges is critical to enhancing community resilience and improving outcomes for victims. Continued research and policy attention are necessary to develop effective strategies for mitigating the impact of explosive violence and ensuring timely medical care.

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