



# THE LEVEL OF **CANCER** IS TOO MUCH

Community Report of Ogoni Pollution  
Cleanup and Remediation



**SOCIALACTION**  
SOCIAL DEVELOPMENT INTEGRATED CENTRE

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CLEANUP AND REMEDIATION**



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SOCIAL DEVELOPMENT INTEGRATED CENTRE

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# Contents

Acknowledgement	iv
1. Introduction	1
2. The UNEP Report On Ogoniland & Government Response	2
3. Emergency Measures: Access to Clean Water	4
4. Emergency Measures: Access to Healthcare	13
5. Emergency Measures: Public Safety	17
6. Artisanal Refinery and Youth Empowerment	19
7. Women Inclusion and Training	21
8. Community Testimonies	22
9. Conclusion	24
10. Recommendations	26

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# Introduction

Ogoniland is one of the most polluted areas in the Niger Delta of Nigeria, where decades of reckless petroleum industry practices have severely devastated the environment. The Ogoni, an ethnic nation in Rivers State, waged peaceful struggles against oil pollution from the 1990s. With the leadership of the Movement for the Survival of the Ogoni People (MOSOP), community members organised protests against the oil companies and the government and demanded recognition of their cultural rights and their rights to livelihoods. Although oil companies produced and exported billions of dollars worth of petroleum from the Ogoniland, the wealth generated from this region does not correspond with the underdevelopment of the area. The communities still lack basic amenities like good drinking water, equipped medical centres and adequate housing. The Ogoni demanded resource control to enable the Ogoni to develop badly needed infrastructure and social services.

Among the demands of the Ogoni was the cleanup of polluted sites and the restoration of the environment to enable improved health and food production. With international attention drawn to the Ogoni condition, the Nigerian federal government invited the United Nations Environment Program (UNEP) to conduct an Environment Assessment of Ogoniland and to make recommendations for addressing the problem. In August 2011, UNEP submitted a ground-breaking environmental assessment report on Ogoniland to the Nigerian government, revealing that the pollution is more severe than previously imagined.

The UNEP Report contained recommendations for a comprehensive cleanup of Ogoniland. UNEP recommended that the restoration of polluted sites be preceded by emergency measures such as providing access to clean water. The emergency measures are to provide immediate relief in the face of life-threatening contamination of the environment.

Following previous reports by Social Action<sup>1</sup> from the monitoring of oil pollution before and after the UNEP Report, this report contains findings of monitoring conducted between 2020 and January 2022. We present the views of community members who decry the failure of the Nigerian government to provide emergency services such as clean water a decade after the UNEP Report. Ten years after the UNEP found high pollution levels, including scandalous amounts of carcinogenic substances in groundwater in Ogoniland, the Nigerian federal government commenced some water projects in 2021, with implementation slow and tardy. Ogoni community members continue to drink from badly contaminated water wells and bathe in severely polluted streams. With worsening health conditions and increasing deaths in Ogoni communities, the Nigerian government is yet to conduct health audits that could ascertain the health needs of communities that continue to be exposed to petroleum industry pollution.

<sup>1</sup> See the reports, Still Polluted: Monitoring Government and Shell's Response to UNEP's Environmental Assessment of Ogoniland. <https://saction.org/still-polluted-monitoring-government-and-shells-response-to-uneps-environmental-assessment-of-ogoniland/> and Still Polluted: Twenty Years After Ken Saro Wiwa. <https://saction.org/still-polluted-twenty-years-after-ken-saro-wiwa/>

# The UNEP Report on Ogoniland and Government's Response

UNEP found that the pollution of Ogoniland is more severe than previously imagined. Among other contaminants, UNEP found an unprecedented concentration of benzene, a carcinogen, in the outdoor air and drinking water in several parts of Ogoniland. The UNEP study found the benzene contamination in Ogale, Eleme LGA to be over 900 times above the World Health Organisation (WHO)'s guideline<sup>2</sup>.

UNEP recommended an initial capital injection of 1 billion dollars to be paid by the Nigerian government and oil companies to fund the cleanup exercise.

**UNEP recommended:**

**On water access**

- Emergency measures to provide clean drinking



The UNEP Report recommended a two-phased tenure of activities to address environmental contamination in Ogoniland – the emergency measures and the remediation phases<sup>3</sup>.

The idea is first to tackle the crucial needs of the communities in preparation for the full-scale environmental remediation process, which may last for up to 30 years.

- water.
- Placing signs near polluted rivers, ponds and wells and warning people not to use the water for drinking, bathing or fishing.
- Informing people whose rainwater tested positive and
- Mounting an awareness-raising campaign on the dangers of artisanal refining.

<sup>2</sup> UNEP. (2011). Environmental assessment of ogoniland. [https://postconflict.unep.ch/publications/OEA/UNEP\\_OEA.pdf](https://postconflict.unep.ch/publications/OEA/UNEP_OEA.pdf)  
<sup>3</sup> CEHRD (2020, June). Environmental, Health, Human Rights and Gender BASELINE FOR OGONILAND CLEANUP

## On Health

- Carry out a comprehensive medical examination of people in communities with poisoned water and a focused study to monitor people's health in Ogoniland over their lifetimes.
- Establish a public health registry for the entire Ogoniland population to determine health trends and take proactive action.

## On Cleanup

- Establish an Ogoniland Environmental Restoration Authority to oversee the cleanup of the region. The authority's work should be funded by an Environmental Restoration Fund for Ogoniland.
- Shell should overhaul its cleanup methodology.
- Comprehensive air quality monitoring across Ogoniland should be initiated to detect ongoing pollution, to help establish guidelines for protecting public health, and track improvements at sites where cleanup activities are underway.

## 2.1 The Role of HYPREP

To implement the recommendations of the UNEP Report on Ogoniland, successive Nigerian federal governments established different versions of the Hydrocarbon Pollution Remediation Project (HYPREP). The first HYPREP was set up by the federal government in 2012 and domiciled under the Ministry of Petroleum, while the second HYPREP was established by the current President Muhammadu Buhari-led administration in 2016 and placed under the Ministry of Environment. HYPREP's mandate includes to<sup>4</sup>:

- Determine the scope, means and modalities of remediation of soil and groundwater contamination in impacted communities as may be recommended by HYPREP Governing Council and remedy them.
- Enhance local capacity for better environmental management, promote awareness of sound environmental management, and ensure livelihoods and sustainable development.
- Ensure security and promote peacebuilding efforts in impacted communities.
- Strengthen governance, transparency and accountability in the region.



4 HYPREP (n.d.). Establishment of hyprep. Hydrocarbon Pollution Remediation Project (HYPREP). Retrieved March 7, 2021, from <https://hyprep.gov.ng/establishment-of-hyprep/>

# Emergency Measures: Access to Clean Water

## UNEP Recommendation:

Provide adequate sources of drinking water to those households whose drinking water supply is impacted



*Young girl in Ogale going out in search of water for her household use*

One of the most crucial and pressing needs of the people of Ogoniland is the provision of potable water. In a country where only 19% of its population have access to safe drinking water <sup>5</sup>, it is a double tragedy for the communities whose ground and surface waters have been contaminated. The UNEP Report indicates that drinking water is contaminated with high levels of hydrocarbons in at least 10 Ogoni communities where the investigation was carried out.

Social Action interviewed community members in Olele, Nsisioken Ogale in Eleme, where UNEP investigation showed benzene content in water was over 900 times above World Health Organization guidelines.<sup>6</sup>

UNEP recommends that the contamination in Nsisioken, Ogale warrants emergency action ahead of all other remediation efforts. However, ten years after the report's release, there is still no provision for water for the communities.

Many Ogoni families continue to rely on contaminated open wells for domestic water. A few have private water boreholes, even as groundwater remains contaminated. As is common throughout Nigeria, people sometimes buy "pure water", which is water sold in small plastic sachets. "Pure water" production is mostly unregulated, and vendors mainly source the water from untreated boreholes and open wells.

## Provision of safe drinking water by HYPREP TO the community



*“One other cause of sickness is the consumption of ‘pure’ (sachet) water in Ogoniland. Because of the pollution of ground and surface water, the patronage of ‘pure’ water soared as most people consider it the next safest available water source. The surge in patronage also gave rise to an increase in dealers and producers of sachet water in the area. Unfortunately, there are no regulations and no control. It has become an all-comers affair. It so happens that while people are running from the polluted water around them, they are using their money to purchase equally contaminated water from other unverified sources. It is the responsibility of government agencies like NAFDAC to investigate all the producers of pure water within and outside Ogoniland that are consumed here to ascertain the quality of the water. The producers of unhealthy water should be investigated and brought to book” -*

*Mr Friday Worwor Head, laboratory department,*

5 Odume , N., & Slaughter , A. (2017, September). How Nigeria is wasting its rich water resources. The Conversation. Retrieved March 7, 2022, from <https://theconversation.com/how-nigeria-is-wasting-its-rich-water-resources-83110>

6 UNEP. (2011). Environmental assessment of ogoniland. [https://postconflict.unep.ch/publications/OEA/UNEP\\_OEA.pdf](https://postconflict.unep.ch/publications/OEA/UNEP_OEA.pdf)



Chief Macaulay Yorkuru, Community Leader, Buan



*The level of cancer is too much. The rainwater is even unsafe as it is blackish, which is a result of pollution in the air. Since HYPREP says they will come, all we have heard are rumours of them visiting other communities and never to our community.*

*“With all the pollution, we have been crying, no good water, no electrical power supply and agricultural activities have deteriorated. We rely heavily on water from the borehole, which has the presence of crude oil in it and is unhealthy for consumption, but we still manage it like that”.*

## Buan

In Buan, community members continue to depend on contaminated rainwater, open wells and contaminated shallow streams for water. Many community members bathe and wash in the same stream from where they get drinking water.

*-Buan Community member*



*Polluted rainwater*



Madams Justina from Buan Community



Boy by a stream in Buan community used for drinking and domestic use

**“**We have to go far to get water for our domestic use. Even though the water we get from the other villages with higher altitudes is not all that pure, it is far better than what we have in Buan. Nobody has informed us about the rain or groundwater, and we don't even need to be told because it is clear to all. The problem is that many people cannot afford to buy sachet water or go very far to get potable water, so what do they do.? They have no choice than to use the contaminated water. This is the cause of a lot of sicknesses in the community.”--  
**Madan Justina.**

## Bodo

In Bodo, community members lament the lack of access to safe water, compounded by soot pollution. Soot, a dark particulate matter resulting from incomplete combustion of petroleum activities, has also affected rainwater quality.



**Comrade Cletus Baribakor (JP) narrates the problems of access to clean water in Bodo**



**Soot polluted water in Bodo**

## Krokro

Members of Krokro Tia community continue to depend on the polluted water from the old wells and streams.



***The primary sources of water are agelong wells, dug by their ancestors and still providing water for the people of Krokro, but now the water carries death in it***

### 3.1. Failed Water Projects

The lack of safe potable water is not for lack of government projects. In Ogale, for example, past water projects by government agencies, including the Niger Delta Development Commission (NDDC), and Shell, are not functioning. These water borehole projects ended up abandoned following to lack of maintenance or unsuitability to the needs of the communities

The plan entails collaborating with the Rivers State Government to rehabilitate and use some delapidated water facilities in Ogoniland<sup>7</sup>. While many have lauded the move by the Federal Government to finally approve funds for these crucial projects six years after the commissioning of HYPREP, some doubt that appropriate contractors would be selected to handle the projects. Following the signing of the Memorandum of Understanding between the Rivers State government through the Ministry of Water Resources and Rural Development



***The water was good for drinking the time I was born, but now the water is mixed with fuel and when it is fetched, it's foamy. I drink it alongside my family, as I do not have money to go to the village to buy water. Sometimes when we bathe the water, it causes itching and other health complications. The water causes stomach ache too, and using it to wash is challenging as one has to use more than enough detergent.***  
- Mrs Woode-Essien, Olele Ogale Community

In March 2021, the Federal Executive Council (FEC) announced the approval of 6.4 billion naira to provide water for the affected communities in Ogoniland. The construction will be in two phases. The first phase will have six water projects, including Bori water scheme in Khana LGA; Barako, B-Dere and K-Dere and Terabo water schemes in Gokana; Alesa and Ebubu water schemes in Eleme LGA. The second phase will have eight water projects across the four local governments.

and HYPREP in February 2021 to rehabilitate State government water facilities in the communities, the Rivers State government may have been sidelined. State government officials also view that the contracts are highly over-valued. Months after the award of the contracts, actual constructions activities only commenced towards the end of 2021 in six communities. In one of the communities, Alesa Eleme, the old water project built by the Rivers State government by the military government has been renovated by HYPREP and being distributed to residents

<sup>7</sup> HYPREP. (n.d.). Establishment of hyprep. Hydrocarbon Pollution Remediation Project (HYPREP). Retrieved March 7, 2021, from <https://hyprep.gov.ng/establishment-of-hyprep/>



Alesa-Eleme water project

**UNEP Recommendation:**  
**Ensure that all drinking water wells where hydrocarbons were detected are marked and that people are informed of the danger.**

According to HYPREP, the water supply plants in Bua Zaapkan, K-dere B-dere and Barakpo have also reached different stages of completion. While eight more projects, in addition to the first six, are said to be in planning stages, according to HYPREP, these projects do not account for over one hundred Ogoni towns and villages in Ogoniland.

**Ogale**

In Ogale, an old water reservoir has been repainted even though the project is not providing water for the community. A nearby site was cleared for a water booster station. However, follow-up work was not done months after the clearing, as at the end of 2021



Non-functional water project in Ogale



Cleared portion of land designated for the construction of a water plant in Ogale



Following the release of the UNEP Report in 2011 and the establishment of HYPREP in 2011, public signs were placed on some of the most visibly polluted sites in Ogoniland, such as ponds and streams. The signs suggested that people are prohibited from drinking, bathing, and swimming. However, in the absence of alternatives, community members continued to use water from polluted sites.

Most of those signposts have fallen or no longer visible, and the present HYPREP has not put up new signs.

At the same time, the number of private water boreholes increased in Ogoni communities, even though groundwater is severely polluted in the area. According to Sule Gift Ebadee, “we prefer the river water to that of the borehole because even though the river water is polluted but not as that of the borehole which has a higher level of contamination. The river water would be better described as a lesser evil.”

In Buan, Olele, Nisioken Ogale, Krokro-Tia and Bodo communities where UNEP found hydrocarbons in their drinking water, Social Action discovered that as of January 2022, water from some privately-owned boreholes smelled of hydrocarbon. There are no visible warning signs about the danger of consuming or using water from polluted groundwater sources. Community members are mostly unaware of the recommendation for such signs.

Fyneface Dumnamane, an environmental activist, suggested that “HYPREP should carry out a sensitisation campaign to keep the people abreast of what is going on. Bold signs should be placed in strategic positions to educate the people. These instructions should also be written in the local languages to communicate effectively with the locals who, though may not be able to read in English, could read in the Ogoni language as they do with their bibles”.

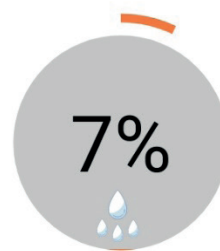


*Some boreholes with evidence of hydrocarbon in the water without any warning signs*

**Warning of the inherent dangers of using contaminated water**



Persons who have seen warning signs of the danger of using contaminated water from boreholes/wells



Persons who have seen any boreholes/wells marked as contaminated

# Emergency Measures: Access to Healthcare

## UNEP Recommendation:

**Impacted communities like Nsisioken Ogale who have been consuming water with benzene over 900 times the WHO guideline are recorded on a medical registry and their health status assessed and followed up.**

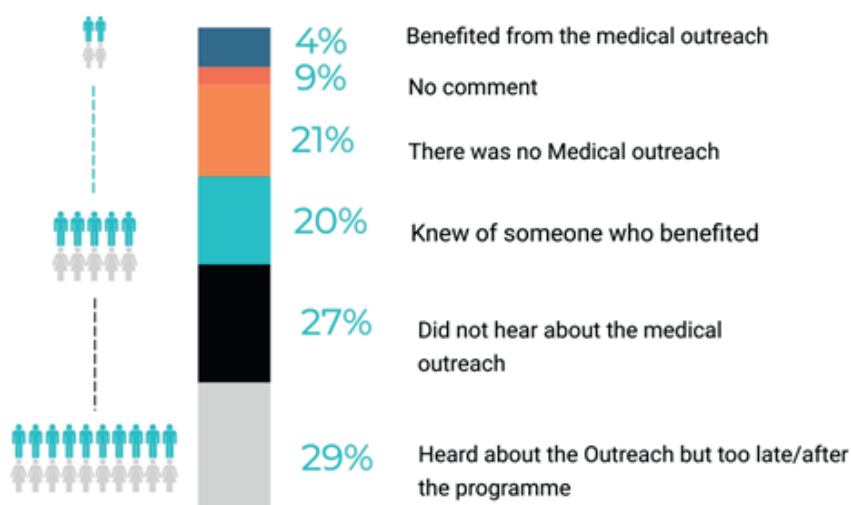
As recommended by the UNEP, the primary purpose of health audit in Ogoniland is to ascertain if there exists a connection between some diseases currently being suffered in Ogoniland and the impacts of hydrocarbon pollution.

While the health audits have not commenced, community people and health personnel in some health institutions revealed that HYPREP organised medical outreaches in selected medical centres, including the Community Health Centre, Taabaa, and Nyokhana and Bori General Hospital, Bori, in Khana Local Government Area (LGA). Others include Nchia General Hospital, Ogale, Kpite Primary Health Centre in Tai LGA. These medical programmes were staged between December 2017 and 2018 and continued irregularly. HYPREP reported that the agency failed to

implement any public health measures in the first quarter of 2021. Local health workers confirm that health outreach was held in August 2021 when hospital patients were given medicines.

While the medical outreach was a laudable gesture from HYPREP, it does not conform with the recommendation by UNEP, which specified medical audit which involves the opening of a medical register for recording patients' medical history, among other things, to study the pattern of ailments to determine whether there is a trend that links them to oil pollution. There is nothing to indicate that HYPREP has commissioned imperative toxicology studies

Moreover, many community people either did not hear about HYPREP's medical outreach or could not





*Model Primary Health Centre in Korokoro is abandoned*

participate due to inadequate information. Coverage was sparse as only a few medical centres were used. Therefore, those living far from these centres could not take advantage of the free treatment, which was not continuous. After the last outreach in April 2018, nothing was heard from the medical team sponsored by HYPREP.

Due to the limited information about the programme, in 2021, many of the people interviewed (21%) were certain that no medical provisions were made. 29% disclosed that they heard about the medical outreach, but there was poor information dissemination, so they could not benefit. 20% of the people did not benefit but knew of someone who did. In contrast, 4% of community members had benefited from a medical outreach.

Community members questioned the motive of organising such outreach in Bori and far from a place like Buan. They argue that if HYPREP were sincere about the outreach, they would have organised it in all the health centres in the affected communities.

Mr Friday Worwor, Head, laboratory department, Bori General Hospital, spoke extensively on the health challenges of the people. He expressed his concerns about the rise in certain ailments like cancer, mainly among women. He associated the primary cause of these sicknesses with the consumption of fish contaminated by oil pollution.



Mr Friday Worwor Head, laboratory department, Bori General Hospital



***The major cause and surge of cancer being suffered by the community people is eating contaminated fish, especially the fish head. When a fish opens its mouth in the water, it takes in water which is filtered and processed through the gills. So, the gills harbour a lot of components which it does not allow to enter into the body of the fish. When you buy such fish and just wash it and cook, you think you have washed away the dirt, but the chemical content remains in the gills, and cooking does not remove it***

All the people interviewed were not satisfied with the medical provision for the community affected by the pollution from oil activities. Instead of medical outreach, they preferred a continuous medical treatment for the people and a verifiable study to ascertain to what extent the oil spill had affected them so that practical solutions could be proffered.

Health officials in the General Hospital Ogali all blamed the increase in sicknesses in Ogoniland on oil and gas pollution, including the consumption of contaminated water. The pharmacist identified the kind of drugs being dispensed as those associated with treating water-borne diseases like typhoid, malaria, skin and respiratory diseases etc.



We have experienced an increased rate of respiratory, skin and water borne related diseases in the hospital in recent years

*A nurse speaks about health challenges experienced by patients at the General Hospital, Ogale*

# Emergency Measures: Public Safety

UNEP Recommendation:

**Post signs around all the sites identified as having contamination exceeding intervention values warning the community not to walk through or engage in any other activity at these sites.**

In 2020 and 2021, soil remediation contractors worked in the visibly contaminated areas in Ogoniland. In communities where the remediation started, you could see signs of soil excavation with swamp buggies. These activities with local and military security men were indications that such sites

are out of bounds for farming or fishing activities. However, community members could not tell which portions of their land were contaminated beyond the areas where contractors were present and where oil could be visible on the soil's surface.



*Workers on a remediation site without any warning sign or indication of what is going on there*

No visible signs were seen warning people to keep off areas cordoned. The only signs found tucked behind some containers in Lot 16, Buemene in Korokoro Tai were those that read 'No PPE No Entry', 'Muster Point' and 'Keep Off'.



*Lot 16, Buemene in Korokoro Tai*

Community members continue to farm on their ancestral lands in those areas where oil is not noticeably visible at the topsoil. Farmers still complain of stunted growth of their crops, which could be attributed to the toxicity below the soil's surface.



**A low shrubby bay in Nsisioken where it was found to have benzene level 900 times above the expected limit without a warning sign for people not to trespass or engage in any activity**

# Artisanal Refinery and Youth Empowerment

Artisanal refineries are illegal operations involving collecting stolen crude oil and further refining them in the so-called bush refineries with the use of local resources and talents. The basic ingredients often entail unsophisticated materials, often steel pipes and barrels soldered together in which crude oil is heated and the resulting vapors are collected, cooled and condensed in containers to be utilised locally for fuelling electricity generators and motor vehicles. Artisanal refineries are common in the Nigeria Delta as young people respond to the scarcity of consumer fuels in a region with minimal electricity access.

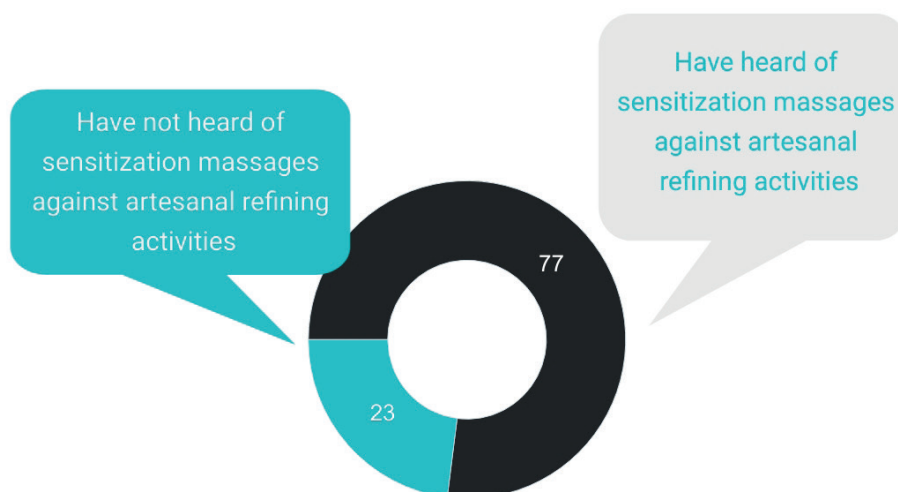
Community members in Ogoniland say they have heard at one point or the other of the dangers of

artisanal refining activities on the environment and the lives of those living in the communities. Jingles on radio, announcements in town hall meetings, and other community gatherings organised by HYPREP and NGOs are sources of information.

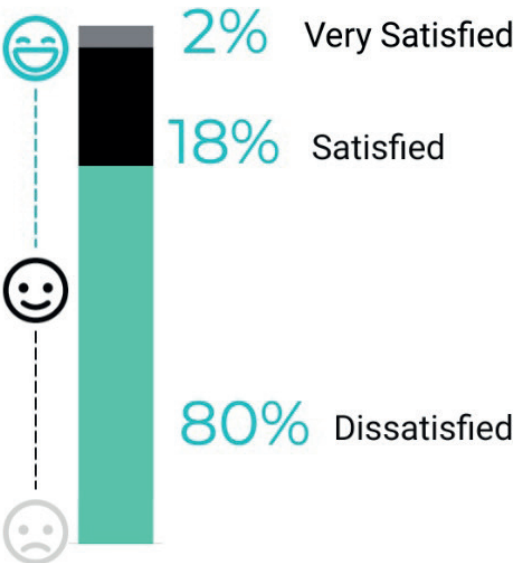
However, it would take more than a few announcements and jingles on radio and billboards to dissuade those involved in the trade already or those intending to join in the fray.

The government must create a viable alternative to this illicit trade to get the youth out of the creeks. Government must also put in measures to make energy more accessible and affordable in rural areas.

## Sensitisation on the Dangers of Artisanal Refining Activities



# Communication between HYPREP and the community



# Women Inclusion and Training

While the women are very active economically in Ogoniland, they are still very vulnerable. The occupations of the woman in suburban areas are predominantly farming, fishing and petty trading. The proceeds from these economic activities to the family are immeasurable. Ogoni women provide economic

stability for families. However, historical pollution by oil companies has severely compromised women's economic role, and the current contamination from crude oil spills and artisanal refineries is adding to health challenges.



Mrs Meebiebari Aamba

*Farming has deteriorated as a lot of crude, and fuel flows to the Buan environment as farm products yield little or nothing even though the community is heavily dependent on farming*

HYPREP provided some training for women on how to set up agro-businesses. However, there were limited or no follow-up measures to support the women after the training in most communities. Part of the problem was the limited coverage of the needs assessment carried out to ascertain the need of the women and take the buy-in of the people and the different challenges posed by the peculiarity of age,

location and trade to determine the kinds of trainings to put the women through. It was, therefore, difficult for the participant to find a place or identify with the training, thus leading to unfulfilled expectations of the grants awarded them as start-up capital for small businesses. Most of the businesses failed, and the women were forced to return to farming and other activities.

# Community Testimonies

Name of responder	Amadi Igwe Agborowa, CDC Chairman-Ogali Community
Community of residence	Nsisioken Ogale
Testimony	“The water situation in his community is terrible. Even the well I dug has been sealed up as we now rely on ‘Aboki’ (local water vendors) for water which goes for ₦400 for 8- 20 litres cans of water. I warned my family not to drink from the water source as it has caused us sicknesses”.
Name of responder	Comrade Cletus Baribakor (JP)
Community of residence	Bodo
Testimony	UNEP recommended they give us water, we have not seen a single cup of water from them and this current board has been there for a year and six months. We don’t have a way to know if the wells and boreholes we drink from are clean or not and people are getting sick and dying by the day. Unfortunately, the General Hospital here in Bodo does not give drugs, the doctor prescribes for you to go and buy wherever you can. Bodo has 25 oil wells in operation when shell was still here, yet no noticeable development can be recorded. The general hospital, post office and secondary schools were built by our fathers, so tell what we have benefited. Let the government continue to cheat us, one day God will hear our cries and see our tears



Name of responder	Mr Humble
Community of residence	Buan
Testimony	We have not seen the presence of or any sign of HYPREP in any way in Buan community. Our community is in need of good drinking water, roads and electricity and medical care. We don't have a single health centre in this community. Our people do travel all the way to Bori for medical help. Not long ago we lost a woman who was sick and on her way to Bori for treatment and before she got there she had died. If we had a health care centre in Buan, maybe it would have happened.



Name of responder	Nurse in Ogali General Hospital (Prefers not to be named)
Community of residence	Ogali
Testimony	We have experienced an increased rate of respiratory, skin and water borne related diseases in the hospital in recent years. This could be attributed to the quality of water available to our people. Even in the hospital here, we don't have good water so we buy and encourage patients to buy pure water for use. Though we have a bore hole but electricity to power the machine is a problem but even at that, we cannot ascertain the quality of the water from the borehole. Most of the victims are women and children. The government must do something about this to alleviate the suffering of the people.

# Conclusion

The recommendation by UNEP for an emergency phase to precede the remediation phase was to ensure the preservation of lives in the affected communities, while other preparations are done for a comprehensive cleanup. However, the Nigerian government failed to address even the most urgent measures such as the provision of safe drinking water. Ogoni community members continue to drink polluted water ten years after the UNEP Report.

It took over ten years for the Nigerian federal government to award the contract for water projects, which would still pump and distribute polluted groundwater. Meanwhile, lives would have been lost during the ten years of government inactivity. Many people would have fallen sick and perhaps even died due to consuming waters that were confirmed to be too dangerous for human consumption.

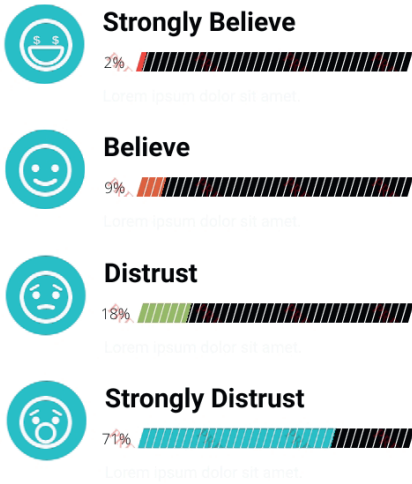
Ten years after UNEP's recommendations, the most significant achievement in the scorecard of HYPREP concerning the emergency phase appears to be the medical outreach carried out between 2017 and 2021 in Gokana, Tai, Khana and Eleme Local government areas.<sup>8</sup> While the outreach was commendable, the UNEP Report recommended a comprehensive health audit so that people who consumed water with benzene levels over 900 times above the WHO guideline are recorded on a medical registry and their health status assessed and followed up.

However, even with the outreach, it shows from community members' responses that mobilisation and sensitisation were not adequate, thus limiting the beneficiaries to people around the centres where the programme was being carried out. Also, people living in locations far from the local government centres like Buan could not attend due to the distance. They believe HYPREP's budget was enough to visit each health care centre in the four local government areas with the medical care.

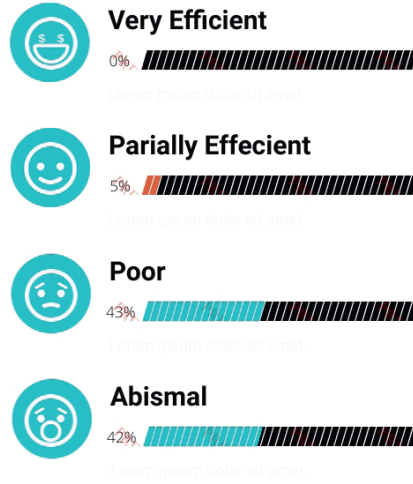
HYPREP is priding itself to fulfil its mandate to the communities, but the communities are showing discontentment in what HYPREP has done so far. There is also a lack of trust in HYPREP's ability to deliver on its established mandate. They believe an open-door communication policy and a channel they can trust and easily relate with would go a long way in cementing the relationship between HYPREP and the communities and therefore fast-track the cleanup process. The communities should be made to believe they are stakeholders and own the process.

<sup>8</sup> HYPREP. (2019, January). Press briefing by Dr. Marvin DEKIL, the Project Coordinator Hydrocarbon Pollution Remediation Project (HYPREP) on Saturday 19th January, 2019 in the conference room on the journey so far. Retrieved March 7, 2021, from <https://hyprep.gov.ng/press-briefing-by-dr-marvin-dekil-the-project-coordinator-hydrocarbon-pollution-remediation-project-hyprep-on-saturday-19th-january-2019-in-the-conference-room-on-the-journey-so-far/>

## Community Person's belief on the Emergency Measures



## Community Person's perception of the Emergency Measures



# Recommendations

1. A clear timeline should be set for the full implementation of the emergency phase.
2. The provision of potable water to the communities should be prioritised above all things. This provision should not just end in the bigger towns but also get to the more remote communities. Clean water should be provided in tankers to heavily impacted communities as short-term measures to mitigate against increased diseases while construction is ongoing at the selected sites.
3. Polluted surface and underground water sources should be clearly marked out to prevent such water usage.
4. A thorough medical audit should be carried out in impacted and non-impacted communities in Ogoniland with the institution of a medical/health registry to collect, analyse, and treat infected persons with the proper diagnosis.
5. Medical centres should be built or the existing ones strengthened with the right equipment to cater for the likely increase in certain illnesses like cancer, typhoid fever, fibroid, etc.
6. Result-oriented sensitisation should be carried out by a team of medical personnel from HYPREP to intimate and educate the people, including material written in the local languages, on the dangers of using resources contaminated by the oil pollution
7. Polluted land areas should be marked and cordoned off with safety tapes to prevent farming and other related activities.
8. A thorough audit should be carried out on the different sachet water producing outlets to ascertain the sources of the water and the safety of their products.
9. Massive sensitisation campaigns should be conducted to make the youth understand the dangers of artisanal refining activities.
10. A consultation process should be developed to determine alternative means of livelihood for the youth engaged in artisanal refining of crude oil. Training should therefore be conducted based on identified needs of unemployed youth.
11. There should be synergy between HYPREP and the medical teams in Ogoniland hospitals to strategise on schemes that could be deployed to tackle the medical emergency in Ogoniland.
12. A channel of communications should be opened in HYPREP for continuous engagement with people on the intended plans and programs of HYPREP. The community desk should be a two-way channel where information is also gathered from the communities on their concerns, fears, and interests. Before critical decisions are taken, they should inform stakeholders capable of giving concrete and reliable advice without personal, political or parochial interest and bias.
13. Contractors engaged in developing the water projects should be carefully chosen through an open bidding process to ensure qualified companies with suitable capacity.

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