

Niger's Anguish Is Reflected in Its Dying Children

By MICHAEL WINES

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ELKOKIYA, Niger, Aug. 3 - At sunset Wednesday, in an unmarked grave in a cemetery rimmed by millet fields, the men of this mud-walled village buried Baby Boy Saminou, the latest casualty of the hunger ravaging 3.6 million farmers and herders in this destitute nation.

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Michael Kamber/Polaris, for The New York Times

At Maradi, infants, some near death, and their mothers await aid provided by Doctors Without Borders. Some experts blame primitive farming and health care for the high death rate among children.

At 16 months, he was little bigger than some newborns, with the matchstick limbs and skeletal ribs of the severely malnourished. He had died three hours earlier in the intensive care unit of a field hospital run by Doctors Without Borders, where 30 others like him still lie with their mothers on metal cots.

One in five is dying - the result, many say, of a belated response by the outside world to a disaster predicted in detail nine months ago.

Niger's latest hunger problem, like Baby Boy Saminou's tragedy, is more complex than it first appears. As aid begins to trickle into some of the nearly 4,000

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After Baby Boy Saminou, 16 months old, died of malnutrition at Maradi, a hospital worker lifted his body from the back of Mariama, his mother.

villages across southern Niger that need help - the vanguard of a flood of food brought forth by television images of shrunken babies - the rich world's response to Niger's worst nutrition crisis since the 1985 famine is, in fact, proving too late for many.

Unseen on television, however, are the shrunken infants who die all but unnoticed even in so-called normal years. Of each 1,000 children born alive in this, the world's second-poorest nation, a staggering 262 fail to reach their fifth birthdays.

Five of Baby Boy Saminou's seven brothers and sisters

were among them. The longest-surviving of those who died reached 4 years of age. Asked what killed the last three, Saminou's father, Saidou Ida, said simply, "Malnutrition."

International aid officials and charity workers here say that the world's dilatory reaction to Niger's woes is hard to excuse. Some of them also say that Niger's miseries this year are merely a worsened version of its perennial ones - and that until Niger addresses its problems of primitive farming, primitive health care and primitive social conditions, infants will continue to die unnoticed in numbers that dwarf any hunger emergency.

"That is the bigger question that both Niger and the international community, everyone, needs to answer," Marcus Prior, the West Africa spokesman for the World Food Program, said in an interview in Maradi, the regional city where little Saminou died. "We feel that we've tried to raise awareness. But at the same time, this is something that's a recurring problem."

That it is a perennial problem, Mr. Prior and others stress, in no way minimizes the urgency of Niger's current disaster

- erratic rainfall and severe food shortages in the agricultural and herding belts where many of Niger's 11 million to 12 million people live. Together, they are pushing the death rate for small children even higher than Niger's customary one-in-four level, and killing off the livestock upon which the nation's nomads depend.

How many people need aid depends on the yardstick used. About 1.2 million of Niger's 3.6 million rural farmers and herders are described as "extremely vulnerable" to food shortages and in need of food aid, according to an assessment of Niger's crisis conducted four months ago by the United Nations, major charities and Niger's government. Of those, about 874,000 urgently need free food, the latest assessment concluded late last month, and that number could rise until the harvest is completed in October.

But that does not mean that nearly 900,000 people will starve; the vast bulk of the hungry will somehow survive. Most of those who do die will be young children. But even among those, most will not die of starvation.

"Children will likely die from malnourishment, but a substantial proportion is probably dying from conditions related to poor water quality, or other non-food-related problems," FEWS Net, a famine warning service financed with United States assistance, reported late last month.

Much of this disaster was suspected last November, when experts monitoring Niger's farms found a 220,000-ton shortfall - about 7.5 percent of the normal crop - in the harvest of grains, especially the millet that is the staple of most people's diet.

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Among others, the United Nations World Food Program and Doctors Without Borders sounded alarms, and Niger's government, with World Food Program approval, quickly asked donors to give Niger 71,000 tons of food aid and \$3 million for the 400,000 most vulnerable farmers and herders.

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At Tiberi feeding center, signs of malnutrition.

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By May, it had received fewer than 7,000 tons of food and one \$323,000 donation, from Luxembourg.

"I think everyone knew that a crisis was going on," said Johanne Sekkenes, the Niger mission head of Doctors Without Borders, in an interview in Niamey, the capital. "But the answer given at the time, from governments and international agencies in Niger, was that the ongoing, normal development programs should be reinforced."

Niger's government ruled out both free food aid and health care to hungry families, preferring to sell surplus millet at subsidized prices in

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an effort to force the price of scarce millet down. But millet prices skyrocketed, forcing families to sell cattle

and other goods to buy food.

The charity has angrily accused governments of allowing children to die, albeit not intentionally, so that the free market in grain would not be disrupted. Others say that Niger is on a steady course toward future disasters, free aid or not. Even with huge numbers of dying children, the average woman bears seven babies, and the population is growing at a rate that by 2026 will double the number of people on a land that already is straining its capacity.

Moreover, Niger has few of the modern tools that might enable it to feed itself, meaning that charities must make up a food shortage virtually every year.

"You've seen the kind of tools people use to farm," Mr. Prior said. "You've seen the lack of irrigation and the total dependency on what falls from the sky. I doubt you've seen any fertilizer or modern technology being used."

When the rainy season arrived in June, bringing malaria and other diseases with it, children weakened by lack of food began to fall ill and die in numbers even greater than in normal years.

Doctors Without Borders has treated more than 14,000 children at six centers this year, more than double the 2004 total. It has nearly 5,000 under treatment today. Admissions at its centers rose by a quarter from mid-July to August.

Among the newcomers was Baby Boy Saminou, whose 40-year-old mother, Mariama, brought him to the charity's Maradi hospital Wednesday from her village of about 2,500, down a rutted road 15 miles away. The boy was receiving free food, and had visited the Doctors Without Borders clinic five days earlier with a mouth infection. But his condition worsened last weekend.

"I didn't even have time to talk to her, the baby was so bad," Chantelle Umtoni, 34, the chief of the intensive care ward, said as she watched the mother and child from her desk Wednesday afternoon. "He has severe anemia. He has severe malaria. He was dehydrated - completely dry. And

he had heart failure."

Indeed, doctors restarted his heart as they plugged bags of blood and intravenous fluid into him and clapped an oxygen mask on his face to assist his labored breathing.

Dr. Umtoni said she gave the boy a 50-50 chance of living. Dire as they are, such cases are not unusual.

"We average 30, 35 children every day," she said. "All of them are malnourished, severely malnourished. That's already a severe disease by itself. Add atop that malaria and anemia, and they come in a bit too late."

Mariama sat by her child, draped in the same brilliant orange-and-green cloth she wore, and watched him as she toted up her family. Of eight children, five were dead. The two survivors, she said, are 15 and 17 years old.

As she spoke, a nurse, Boraka Abdou, put a stethoscope to the baby's chest, listened, then summoned Dr. Umtoni. She listened intently. Then, wordlessly, the two removed his oxygen mask and catheters. Mariama stared at her dead child, impassive, then covered him in a red scarf.

An hour later, she was home, having ridden the 15 miles with her baby in her arms, tears running down her face.

Outside her compound, she gave the dead child to her mother-in-law, who washed its face. Then she sat on a wooden bowl used to grind millet and wailed, inconsolable. Women, hearing the news, came to grieve with her. The two women bathed Baby Boy Saminou and wrapped him in a white T-shirt for a traditional Islamic burial.

The village chief, Moussa Djidji, said that at least 10 of the village's children had died since January.

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