

As Darfur War Rages On, Disease and Hunger Kill

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ZAM ZAM, [Sudan](#), May 24 — The boy's legs were limp. Folds of skin hung loosely from his bones, easily holding the shape of the doctor's pinch — a telltale sign of dehydration.

His face glowed with fever, and his narrow chest heaved and fluttered. His milky eyes darted desperately around the dim tent. He was a month old but weighed less than five pounds.

If this child, Mukhtar Ahmed, could be said to have had any good fortune in his short life, it is that he fell ill last week, and not a month from now. Within a few weeks even the doctor treating him may be gone.

Dr. Sayid Obeid Bakhiet's clinic, one of just two left in this vast, squalid camp of 35,000 people displaced by the conflict in the huge [Darfur](#) region of western Sudan, is out of money. It will be forced to close at the end of June unless the organization that runs it, the Sudanese Red Crescent, finds more cash, Dr. Bakhiet said.

"What will happen to these people when I am gone?" he asked as he rushed between the flood of patients he sees — as many as 80 a day, six days a week. "Only God knows."

The brutal war in Darfur has set off what the [United Nations](#) has called the "world's worst humanitarian crisis," a crucible of death that seems to grow grimmer despite a new peace agreement. But it is not bullets that kill most people here now. It is pneumonia borne on desert dust, diarrhea caused by dirty water, malaria carried by mosquitoes to straw huts with no nets.

At least 200,000 and perhaps as many as 450,000 have died as a direct result of the conflict in Darfur, according to estimates by international health and human rights organizations, though no one is sure how many of the deaths have come from combat and how many from the hunger and disease that have been caused or worsened by the war.

But these days, people mostly die because they cannot get health care, clean water or enough food.

Local and international aid organizations here are trying to stave off these deaths, but their ranks are shrinking. They take care of 2.5 million people driven from their homes and farms with a diminishing pool of money as donors, particularly in Europe, Asia and

the Middle East, have not sent all the money they pledged to Darfur. Beyond that, they work under tight restrictions imposed by Sudanese officials and face attacks by combatants who hijack their vehicles and menace their workers.

The conditions are so dire that the effort faces a widespread collapse, Jan Egeland, the top United Nations aid official, told the Security Council this month.

The peace agreement seeks to end the war in Darfur, in which rebels seeking autonomy and wealth for this impoverished region have fought against the government and its allied Arab militias.

But the accord will not end the catastrophe here anytime soon.

In the camp at Zam Zam for people displaced by the fighting, a health center run by Doctors Without Borders closed earlier this month, and no other international organization has stepped in to fill the gap.

The Spanish Red Cross, the organization coordinating the handful of remaining charities working in the camp, is frantically trying to find more money to keep Dr. Bakhiet's clinic going, and is optimistic that a donor will be found.

It is negotiating with one organization that has tentatively agreed to support the clinic. But that organization, like so many in Darfur, faces a shrinking pool of donations, and it has not yet committed the money, aid officials here said.

In the meantime, the Sudanese Red Crescent clinic is limping along. It runs on a skeleton crew working out of a half-dozen dusty canvas tents: one doctor, the 30-year-old Dr. Bakhiet; two nurses; a midwife; a pharmacist; and a lab technician. Trying to handle an endless stream of complaints, the clinic concentrates on the most urgent cases.

Dr. Bakhiet knew immediately that Mukhtar needed attention at once. His mother, Mariam Ahmed, a fire of panic burning in her eyes, urgently pressed the tiny child into the doctor's arms.

"He vomits everything," she said. "It looks like he cannot breathe."

Dr. Bakhiet listened to the boy's laboring chest and shook his head.

"Pneumonia," he said.

He felt the soft spot on top of Mukhtar's still-forming skull. It was sunken.

"Dehydration," he added.

Mukhtar needed an intravenous drip immediately to rehydrate him and reduce the fever, and a steady flow of antibiotics. Then he needed a hospital where he could receive care around the clock. Dr. Bakhiet and his team would shut down at 2 p.m.

"If he stays in the camp with no medical attention he will die," the doctor said. "Within a few hours he will start having convulsions."

There is no ambulance service here, so patients referred to the hospital 10 miles away in El Fasher, the provincial capital of Northern Darfur, take local buses. At more than a dollar each way, the fare is out of reach for most. As a nurse guided a needle into Mukhtar's minuscule hand, Ms. Ahmed asked a relative to see if anyone could help pay the fare.

From an aid perspective, things were getting better in Darfur until recently. "In 2005, we made a lot of gains in terms of child mortality, in terms of reducing malnutrition," Mr. Egeland said in a recent interview. "But now we are seeing those gains rolled back."

In fact, Doctors Without Borders made plans to close its Zam Zam clinic because the residents here had been doing better. Key indicators like mortality and malnutrition rates improved to the point that the situation no longer constituted an emergency, as the organization defined it.

Since Doctors Without Borders specializes in such emergencies, it decided to redeploy elsewhere, officials with the organization said. They searched for a replacement in the Zam Zam camp, but with all the agencies working in the region short of cash, they could not find anyone to run the center.

Then last month, Unicef said child malnutrition in Darfur was creeping back up toward the level it reached in 2004, when the crisis was at its worst. The World Food Program announced this month that it would halve rations for Darfur because it had received only 32 percent of the \$746 million it needed to feed the needy in Darfur.

Those cuts have been largely restored, because the Sudanese government released 20,000 tons of grain for Darfur from its vast strategic reserves after intense criticism. Several shiploads of grain donated by the [United States](#) are on their way, and other countries have made donations since rations were cut, but it will take months for the food to arrive where it is needed most, aid officials said.

Delays are costly. Once the rainy season begins, seasonal roads wash out and food must be transported by helicopter. Sending a ton of food by road costs about \$300, while transporting it by air can cost three to five times as much.

But money is not the only problem. Red tape has hamstrung the aid effort. Foreign workers wait months for permits and visas from the Sudanese government, and those already here are forced to pay hundreds of dollars every three months to renew their

visas. Local workers face harassment and intimidation by Sudanese intelligence agents, government soldiers and rebels.

Staff members of aid organizations have been abducted or killed and their four-wheel-drive vehicles stolen by rebels and Arab militias. Because of such security problems, as many as 750,000 people in Darfur are beyond the reach of aid workers.

Sudan's humanitarian affairs minister, Kosti Manyebi, told reporters in Khartoum that new rules to improve access for aid organizations were being drafted, but it was not clear when they would take effect.

In Zam Zam, Mukhtar's mother was having trouble finding the money to go to El Fasher, and Dr. Bakhiet grew nervous. He had lost one little boy 10 days earlier to a deadly combination of disease just like Mukhtar's and could not bear to see it happen again.

Mukhtar had his second stroke of good luck: an African Union team visiting the camp agreed to take him and his mother to El Fasher, where Mukhtar was admitted to the hospital. The emergency room doctor who examined him there was guardedly optimistic about the boy's prognosis.

He uttered the ubiquitous Arabic phrase, invoked endlessly in this merciless place: inshallah, or God willing.

"Inshallah, he will live," the doctor said.

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