

A4 S.F. EXAMINER Wed, Dec. 16, 1981

### Somalia: Want and waste

## Battle to stave off death was lost before it started

By Richard Ben Cramer  
Knight News Service  
Second of four parts  
ALLI MATAN, BEYLAZE CAMP, GEDO DISTRICT, Somalia — Only moderate chaos prevailed when Eileen Mullany got to her feeding center, in the middle of All Matan Camp.

It was the first day in a week that the center had been open. The center had been closed because there was no milk to give out. So that morning, the crowd was smaller than normal — word hadn't gotten around yet of its reopening — and only a few dozen mothers and their children milled around the hut where the milk would be mixed.

Mullany, 21, a registered nurse from Boston, soon got them sorted. After four months in a refugee works for International Response, an American interdenominational Christian aid group, she knew some children were sent to her center just to get the special food and bring it home to their parents, who would eat it themselves.

She knew some parents would bring their thinnest child for special feeding, then take the food and give it to healthier, fatter children, the ones they'd been feeding all along. She knew the children she treated were usually the healthier ones, the ones the parents really wanted to save.

So she wanted the children, the thinnest children eligible for special feeding, to stay in the hut to eat their special rations. She wanted to look over every child, even if the parents didn't mention any sickness.

But then she saw a woman outside with an empty bowl.

"Come," she called to the woman. "Where is your child?" She knew the woman's son, Ibrahim. She was staving herself for the single word, "Dead."

But the woman said, "He is very sick and we are reading the Koran."

"No, we are reading Koran for him. He is too sick."

"But — the nurse's voice had choked up. She calmed herself for a moment, then said, 'Will you go to your hut to look at him?'"

The woman nodded.

Ibrahim had been fairly well off when Mullany first saw him.

His mother, Khalima Giddi Muhammad, came to the feeding center with Ibrahim and her youngest child, Sara. Sara was 2 years old and weighed probably 15 pounds.

"Sara was in bad shape. She wasn't going to make it," Mullany recalled. "I had a lot of kids like that. It was overwhelming. We were keeping as many as we could alive with supplementary feeding. There were no regular rations. It was 20 days without anything. The trucks got diverted."

"Sara died."

But 6-year-old Ibrahim lived. He was very thin, but he seemed all right on that first visit — healthy, laughing, and Mullany didn't think too much about him before his mother returned to the feeding center, this time only with Ibrahim.

"By that time I was looking over every kid even before I started the clinic — and I saw Ibrahim had some swelling in his feet."

By that time, Mullany also knew well that sign of swelling in the hands or feet — a tipoff to kwashiorkor. It is a protein deficiency so severe that the walls of the blood vessels break down and the vessels lose their grip on the body fluids, which then seep into the feet and hands and cause the bulging edemas.

Kwashiorkor is a killer, more often even than fatal malnutrition, because parents think the child is fat and healthy, until it is too late. Mullany enrolled Ibrahim in the feeding program.

"A day or two later, the father came and put his name on the list for clinic. It was several hours when I got to him, and the father pointed to his Ibrahim's ankles and wrists."

"It was worse. He was anemic. His legs were puffy. I tried to force-feed him with one of those little medicine cups. I saw that he couldn't eat."

Kwashiorkor leaves children almost without an appetite. That, too, makes the parents believe the children are fat, too fat.

Mullany asked her auxiliary workers, young refugees, what should be done. They answered and she shook her head. "No, you can't shove them with lots of protein," she said. "The liver can't handle the protein. The doctor could kill him."

child to get better."

"I was shocked," said delighted. A cooperative parent is half the battle in these camps. Mullany woke six times that night to feed Ibrahim through a tube that ran through his nose into his stomach. The boy hated the tube and spat out food.

But it wasn't enough. She couldn't see any progress. She started planning with the auxiliaries another force-feeding regime. Ibrahim would come to the compound for more than one or two days. He would be fed continuously and they acquire the wasted, thin look of concentration-camp victims.

But then, All Matan Camp ran out of food altogether. No feeding center, and no word of Ibrahim.

Now his mother led the medical team through the sprawl of All Matan Camp to the hut that had been home for a year.

The father, Aali Goudi Muhammad, struggled to his feet in the hut. Next to his bare feet lay the molasses form of Ibrahim.

The boy was breathing shallowly. He seemed to wince as she rolled him onto his back. As she straightened his limbs legs — no longer puffy now — his dehydration seemed almost complete, his body pulled smooth, and she saw the outline of internal organs, pressed against a thin layer of skin.

She knew the child needed antibiotics. She asked Isak, an auxiliary nurse, what should be done.

"Inject antibiotics," Isak said.

"An IV intravenous bottle" would be quicker and more effective," Mullany said. She turned to the father.

"Do you remember the child who was at my camp who had the bottle of water hanging over him and the tube running into his arm?"

"Yes," the father said.

"That's what we want to do. We will put a special medicine that will go to the child's body and make him better. The child is very sick. He might not live, but that was the way to help make him better."

"He would have to come to the camp all day and all night for three or four days. Will you bring him?"

"Yes," the father said.

Khalima Giddi spoke quickly to her husband. He turned and they talked together. The mother was insistent. She was talking about the "drug medicine" planned at the camp.

The father seemed to consider for a moment. Then, he turned to Mullany. "No, we will come tomorrow."

Mullany looked shocked. She wasn't ready for this. "Can I take him to the camp just after the afternoon, before the drumming starts?"

Aali Goudi replied, "It is against the religion to mix the two medicines."

Mullany asked, "Let me come here to your hut to give him the medicine?"

"No, I will bring him tomorrow to your camp."

Mullany slowly turned and left. The father had pain on his own face as he watched her go. "The other died because we did not read Koran," Aali Goudi said.

The next week, when Mullany got to her compound, but she stamped a little at the health table. Betty Norman, a 24-year-old nurse from Boston, asked what was wrong.

"I just had a bad morning. Mullany said, 'You remember that we said that I had up here for tube feeding. Little boy? Kwashiorkor? Well, he's had it now. He looks deathly ill and he's all dehydrated, but like he's going to make it through the night. And he's got edema, so you can see the whole abdomen.'"

"What makes you think it's kwashiorkor?" said Dr. Peter Krewet.



Nurse Eileen Mullany tries to find a vein before starting intravenous feeding of emaciated child



A starving child is clasped to his mother's breast, where there is simply no milk to nourish him. The picture is a depressingly familiar one in Somalia

his father set him down. His eyes stared blankly toward the afternoon light. He whimpered.

Mullany felt the boy's hand, hot intestine through the stretched skin of his body. The whimpering increased in volume. She looked up at the father, silently, with a plea in her eyes.

He tried to explain.

"We have arranged for the drumming tonight. That is why we say you cannot give medicine today."

"There's other medicine from your medicine. They are different. They should not be together."

"Tonight I drum for him. And I bring you tomorrow to give medicine."

The drum was of tin with camel skin stretched across the top and bottom. The mason, Nur Aidi Muhammad, sat cross-legged with the drum between his knees.

In front of him, Ibrahim lay listless on a mat of burlap which his father had brought out from the hut. The father sat next to Ibrahim. The mother and a few other women stood behind the child, in a loose semicircle.

Mullany stood nearby for a while, then went back to her tent and listened to the drumming that drifted over the camp until dawn.

She lingered over breakfast the next day, waiting for Ibrahim. Finally, she set off for his hut.

Ibrahim lay propped in a bundle on the floor. There were no words spoken. Aali Goudi bent and picked away the cloth that lay on his son.

There was no movement.

There, Ibrahim's eyes opened.

"He is better," said Aali Goudi.

He stood the boy up and the cloth fell away from Ibrahim's chest. The child looked toward Mullany and the light.

Aali Goudi took his hands away and the boy stood by himself.

"Oh, God, he can stand," she said, and mother and father tried to clean him from his night's diarrhea. They washed him in a cloth again and followed Mullany toward her feeding center. She led them to the corner that served as her clinic. She slipped an IV bottle of dextrose and 4 percent salts.

Ibrahim had his arm on the floor, she held his boy arm, trying to force up a vein for the IV needle.

Ibrahim set a little whimper.

"Sobah, sweetheart," she told him, "it's OK now."

She wrapped tape around the IV needle to hold it onto the arm. Then she wrapped more tape. Then more. She didn't want this one to slip away.

Ibrahim died a few days later in a tent in the medical compound.

He couldn't eat. He still had diarrhea. The antibiotics seemed to take, briefly, but he still weakened.

He died quietly, one morning, while his father held him in his arms, and Mullany watched.

There was nothing more to be done.

TOMORROW: How the food is shaped off.

## Health officials optimistic in war on illness, death

By Scott Winslow  
Examiner staff writer

The typical Somali refugee is a bitter, bone-tired mother with a starving child at her breast, another growing in her womb and two more hidden in the folds of her sari, relief workers say.

Her labored breaths are raspy and her hair has a bizarre red tinge — signs of a protein-deficiency syndrome, kwashiorkor.

In some instances, when even starved food is beyond reach, the children's calorie-hungry bodies feed upon themselves and they acquire the wasted, thin look of concentration-camp victims.

Able from malnutrition, the most prevalent afflictions among refugees in Somalia are pneumonia, tuberculosis and schistosomiasis. The latter disease begins after a microscopic snail travels up through the skin of bare feet, lodges in bladders and lungs. After a few days, there is a blood in the urine.

Last year, there were floods, which meant mosquitoes carrying malaria. Measles ("adovee") also struck the Hiran district's Booyo camps early in the year, killing the weakling.

While the roads were still impassable from flooding in March and April and no food came from Mogadishu, 25 to 30 died each day in the ten camps, which have a total population of 50,000.

Most of the kids were under 5. All the women said they were 31. We were never sicker. And everybody said they had a cough for 10 days," recalls Andrea Kneitz, a Berkeley nurse who worked in Africa with Medical Volunteers International in the Bay Area relief agency.

The problem was nobody wore shoes and the kids played in the river. Everyone had worms. Had a bellyful of worms. Mothers took the contaminated river water and cooked with it. We used to teach them to boil it for 30 minutes. Occasionally the message got through."

"We cancer all makes children sick and adults jokers." Hundreds of your children died since you have been in the camp."

Last year, that question was asked repeatedly by Dr. Ronald Waldman of the federal government's Atlanta-based Centers for Disease Control. CDC has two other Americans conducting an epidemiological survey of the emergency.

The response was astronomical. About 40 percent in the Godeb camp said yes, about 25 percent of the northwest and 15 percent in Hiran. In 80 percent of the camps, the mothers said their children died from measles or diarrhea, which kills you from fluid loss, Kneitz says.

But these kids weren't at the doors of death when we were with them, at the request of the Somali Ministry of Health. It was bad, but the ones who would drop dead had died already. There was a big measles die-off before we arrived, a catastrophic epidemic in the winter of 1978."

About 2,500 children were surveyed in the initial attempt to quantify the crisis. Nearly a quarter were less than 40 percent of the weight for height, median for 5- and 6-year-olds. They were "extremely vulnerable" but not dropping like flies, unless an epidemic was superimposed, like measles," says Waldman.

Another 1 to 2 percent were less than 70 percent of the normal weight-for-height ratio and in "imminent danger of death."

Today, the situation in the camps is greatly improved, according to MVI director Marie Eitz and Dr. Bruce Weinsiger, a CDC epidemiologist who returned from Somalia last month.

Eitz says the mortality rate has dropped to about three weekly, food supplies are arriving on time, 40 Somali health workers are teaching the refugees proper sanitation, and an ever-increasing number of mothers use filtered tank water for cooking and drinking instead of polluted Shabelle River water.

"The situation is much more stable," Weinsiger says. Immunization and latrine-building programs launched in the last two years also are beginning to pay healthcare health dividends, he says.

"I saw a lot of poor people living in precarious conditions, but their basic needs are being taken care of," says UNICEF East Africa program officer Jim Mayhew, who recently returned from Somalia. "It's not a nice place to be, but it's better than we was."

—Scott Winslow

## A little modern psychology goes a long way if it's used right

"On my last day in camp earlier this year, I went down to the river to see the water filtration plant with the camp commander. I was amazed," recalls Maria Eitz of Medical Volunteers International, the Bay Area relief group in Somalia.

"The women were dipping vessels in the river, which has been so ill, while they stood only 150 feet from filtration tank supply."

Eitz, a trained psychologist, questioned the commander.

"Why do they take dirty water?"

"Are these my people?" he said.

"Yes, but they do not believe. You, chief of MVI, you tell them."

selecting an old woman with a vessel of filthy water on her head.

"Grandmother, where are your people from?" she asked.

"The birthplace of the Shabelle," she replied, with surprise.

"Is it a beautiful place?"

"How many people from your village are here?"

"Maybe five families."

"Try to be as careful as possible," Eitz then asked.

"Grandmother, you do take the water from the river and not from the tank?"

"Because for as long as my people can remember they have taken water from the Shabelle River," she finally answered. "In the Koran it says you must only drink water that flows."

"Send your son of some up to the tank and make them stir the water so it flows."

"The woman cried. "But in the Koran it does not say anything about that!"

"In the Koran, it says good water is the color of the sky and bad water is the color of earth."

Eitz really didn't know what the Koran had to say on that subject. But she remembered what the Bible said.

The old woman was perplexed.

"Ha," she cried again.

Then she removed the vessel from her head, emptied it and walked to the sigger. The other Somalis watched intently as the old woman slowly filled the clay jug.

Suddenly, she put her fingers to her nose and made a face. She stamped a foot angrily.

"The water had a high chlorine content. The old Somali was puzzled," she said.

"Ha!" shouted the old woman.

She laughed and the other Somali women laughed and the camp commander laughed, tossing his head backward. They all filled up to the sigger.

"That was the only time in Somalia I knew I had done something right," says Eitz.