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War's Chaos Steals Congo's Young by the Millions

By Lydia Polgreen

RUTSHURU, Congo — Children die here from the same ailments that needlessly kill children all over Africa — malaria, diarrhea, measles, malnutrition — but on a vast and cataclysmic scale.

The child mortality rate here in the most volatile eastern provinces is almost twice that of the rest of sub-Saharan Africa, which already has the world's highest rate, according to the International Rescue Committee, a nonprofit organization that has documented the death toll here in a series of detailed mortality studies from 1998 to 2004.

Though Congo's civil war supposedly ended four years ago, and the nation's first democratic elections in more than four decades are scheduled for Sunday, the fighting and chaos here continue to kill about 1,250 people each day, mostly from hunger and disease. In all, nearly four million people have died as a result of the conflict since 1998, almost half of them children under the age of 5, according to the International Rescue Committee.

The stakes in the election are highest for those far too young to vote, but even the most optimistic candidates and international observers say there is little chance that the voting will stop the dying anytime soon. In a report released in July, UNICEF described the death toll in Congo as a "tsunami of death every six months."

"It is fair to say that the conflict in the Democratic Republic of Congo has been the deadliest for children in the past 60 years," said Richard Brennan, health director of the International Rescue Committee. "No other conflict has had the same levels of excess mortality, and children have borne a disproportionate degree of this burden."

About 30,000 children have been forced into militias, while untold thousands of girls have been raped, according to the Unicef report. Children labor in toxic conditions gold and diamond mines. Orphans choke the streets of Kinshasa, the capital, bedraggled platoons in Congo's vast army of want.

At the hospital here in the troubled province of North Kivu near the Rwandan border, where villages have been ravaged by war, the burden on children is on grim, daily

display. One 2-year-old boy, Amuri, struggled to breathe on a hospital bed while doctors and nurses went through the motions — attaching one of the hospital's scarce pulse-oximeters to his tiny index finger, placing an oxygen mask over his gasping mouth. But they knew it was too late.

A few moments later, Amuri's eyes rolled back in his head, his chest stilled and he was dead.

"Bring something for us to wrap the boy," a nurse called out.

His mother, Maria Cheusi, realized that her son's life had slipped away. He was the third child she would bury.

"Mama, mama," she cried, collapsing to her knees in a contorted pose. "My only son, my only son."

This is how the crisis in Congo kills, with the most banal weapons: a gantlet of hunger and disease that, here in the country's unstable east, kills one in four children before the age of 5. The day Amuri died of measles, a boy sick with a treatable respiratory infection died, and so did an infant with tetanus, another easily preventable disease. The day before, it was malnutrition and malaria that stole two young lives.

Mothers come to the Rutshuru Hospital to give birth, only to return later, sometimes walking for days from distant villages, bearing children weakened by hunger and disease. But too often, as in Amuri's case, they simply waited too long, kept from health care by a complex web of violence and poverty that binds them to their villages, far from help.

Mothers and children here are caught in a conflict that started in 1996, when a rebel group backed by Rwanda and Uganda invaded. In 1997, they overthrew Mobutu Sese Seko, the longtime dictator of Congo, which he had renamed Zaire. The rebels then fell out with their benefactors in 1998, setting off a sprawling war that became the deadliest conflict since World War II and continues in scattered pockets throughout the east, despite a peace accord that was negotiated four years ago.

The consequence is that a child dies in Congo almost every two minutes, mostly from preventable causes. At the hospital, an oxygen mask slipped off a boy named Musa as his jaw moved from side to side. His eyes were tiny slits, his sticklike limbs jerked. His

mother, Susanna, said she had taken him to a traditional healer in her village, but when Musa's health worsened, she finally carried him to the hospital.

"I could not leave my other children," Susanna said, explaining why she waited so long. "There is no one to take care of them."

It was too late for Musa. By the end of the day the boy would draw his last blood-choked breath.

International aid organizations say there are simple steps that could help stem the tide of death among Congo's children. The International Rescue Committee is running a program to train people to recognize and treat three common but potentially deadly diseases — malaria, pneumonia and diarrhea. Even the most illiterate of villagers, with a small amount of training and experience, can administer simple but lifesaving treatment.

The program, along with an overall decrease in violence in the past two years, has halved the child mortality rate in some parts of eastern Congo, said Emmanuel d'Harcourt, an expert on child health at the International Rescue Committee.

"It is not hopeless, and as security has improved we have chances to really make gains and save lives," Dr. d'Harcourt said.

To better reach those trapped in their villages, the hospital operates an ambulance service. Surprisingly, large swaths of this region have cellphone service, which means health workers at clinics can let doctors at the hospital know when they have a particularly grim case. But that is a mixed blessing — just because the clinic can inform the hospital of a sick child does not mean the ambulance will actually be able to come.

The radius in which the ambulance can work serves as a useful yardstick for the security situation in the region. With Rwandan Hutu militiamen crawling through the jungles here, the ambulance must move with caution, no matter how dire the emergency.

On a recent afternoon Olivier Caunes, the Doctors Without Borders physician who manages the hospital, set off for the village of Katwiguru, less than an hour's drive on rutted dirt tracks. Along the way he explained how difficult it was to decide which calls to take, and when it was safe enough to pick up sick children.

“Sometimes we get a call and we know from the condition of the patient that there is no way they can make it,” Dr. Caunes said. “So we have to conserve our resources and save those we can.”

A few moments later, a man pushing a boy on a bicycle flagged down the ambulance. The boy, 11 years old and slender, had legs thick like elephant trunks.

Dr. Caunes pinched his swollen ankles. “Edema,” he said. “And infection. It is not an emergency now, but it will be.”

He told the man and the boy to get in. The heavy Chinese bicycle was tied to the roof rack.

Arriving in Katwiguru, he was immediately met by mothers pressing sick children on him. One boy screamed and struggled to move his stiff limbs — he would earn a precious spot in the ambulance because Dr. Caunes suspected tetanus. A few others would make the cut: a little girl with malaria, a malnourished boy, a girl with an unexplained fever who seemed listless. In all, four children under the age of 5 got into the ambulance, along with the 11 year-old boy. True to eastern Congo’s grim arithmetic, by the end of the day one of the four children — the boy with tetanus — would be dead.

The fate of those left behind — a few children showing signs of malnutrition not yet severe enough and others with unexplained fevers and diarrhea that were not yet life threatening — would have to wait until the ambulance came back.

“The hardest part is choosing between the patients,” Dr. Caunes said. “They are all sick, and all need care, but we cannot take them all.”

Some of the sickest children here arrive at birth, and they are often the hardest to help. The hospital has no ultrasound machine and no incubators for premature babies.

In the maternity ward at the hospital, women lie two and three to a bed, with expectant mothers moaning in the suffocating heat through labor pains, and new mothers cradling their newborns.

Esperancia Nyirasafari sat on the operating table awaiting an emergency Caesarean section, her body transmitted her terror wordlessly, with wide eyes that frantically

searched the tiles, a fluttering heart that telegraphed fear pulsing in her neck. Bathed in the operating room lights she looked like a careworn Madonna.

“O.K., it is time,” said Jean Rijs, a Belgian surgeon working for Doctors Without Borders at the hospital here, his words slicing through the operating room clatter.

It was three months too soon for the baby. But it could soon be too late for Esperancia. Dr. Rijs suspected placenta previa, a blocking of the cervix by the placenta that would be dangerous anywhere in the world. Here, in this bare-bones hospital, there was no way to be sure other than to slice her open and deliver the baby.

Dr. Rijs cut down the middle of her belly, following a scar from an earlier Caesarean section. He lifted a tiny infant from her womb, a little girl, and held her aloft by her feet. A few heart-stopping moments of silence passed, then the girl let out a tiny wail. He handed the miniature infant to the maternity nurse, who bundled her up and wheeled her away.

The operation was messy. Esperancia was losing blood but only a pint of her type was available. Dr. Rijs stitched her up and hoped for the best.

Esperancia made it through the night, and so did her daughter, who mewled beside an ancient, rumbling heater. Her tiny lungs struggled to get enough air. She weighed less than two pounds.

But Esperancia was not ready to give up on the girl.

“I buried one child already,” she said, a protective arm curled around her minuscule, whimpering daughter. “I cannot bury another. She may be small, but she will grow. She will live.”

Dr. Rijs, asked what the girl’s chances are, had no such illusions.

“Zero,” he said, making an O with his thumb and forefinger. “This operation was to save the mother. That is the best we can hope for.”

In Rutshuru, doctors do what they can, hoping to put a finger on the merciless scale of life and death. Sometimes they succeed. Mugisha Massimango, 3½ years old, arrived in critical condition and badly malnourished, carried here by his father, Jean Paul.

When he arrived he could not hold his head up on his reed-thin neck. His body was covered in sores caused by malnutrition. His breath was labored and his slender chest heaved.

But mercifully for him it was not too late. With the help of a feeding tube and medicine, he was sitting upright, even smiling. His fifth birthday was still 18 months away, but for the moment he seemed likely to beat Congo's grim odds.

"This one we can save," said Dr. Rose Ange, the pediatrician in charge of the children's ward. "He is going to make it."