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An Omen: The Death Of a Young Child

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By Nakamura Tetsu

NAKAMURA Tetsu, a Japanese physician, has worked in Afghanistan and Pakistan for nineteen years as head of the Peshawar Medical Association, an NGO that he founded and heads. PMA initially provided medical care. Activities center on the main hospital in Peshawar, a Pakistan frontier city on the Afghan border, as well as three clinics in Afghanistan and two in Northern Pakistan. The staff of 160, including five Japanese, treat 180,000 patients per year. In July 2000 it added a second activity, drilling wells to provide water for drought-stricken villagers.

"An Omen" is a chapter from Dr. Nakamura's book, A Doctor Drilling Wells, describing the yearlong fight to resist the drought that devastated Afghanistan in 2000-2001. Dr. Nakamura's speech on the occasion of the receipt of the Okinawa Peace Prize is available here.. The full text of the book in English and in Japanese may be accessed at ***http://www.hatemi.jp***

It all began on July 18th, 2001, when I made a visit to reconstruct the clinic in Darya-ye Nur. It was the first time for me to enter Afghanistan since the Taliban had come into power. It had been a while since I last crossed the Khyber Pass. I went around each PMS clinic in Darya-ye Nur, Dara-ye Peech and Nuristan Wama, which are in the back region along the Kunar River, upstream from Jalalabad.

On that occasion, I was surprised to see a multitude of patients waiting at the Darya-ye Nur clinic. Most were suffering from intestinal infections, such as dysentery. The majority of the victims were children and many had walked down for several hours to come to the clinic. Amongst them I saw a young mother, entirely at a loss, holding her baby that was already dead and turning cold. Tears fell from my eyes as her figure was printed deep onto my mind.

People speculated that a bizarre number of patients came because, "they simply wanted to get medicine." However, the actual reason was the large-scale prevalence of dysentery and we found that its cause was the lack of drinking water.

If times were normal, the valley would be full of water, ready for the rice-planting season. On the contrary, a landscape of withered land and dried up rivers continued endlessly in every direction. The usual sights of this season were Jeeps being stalled in the rising rivers. I understood the gravity of the situation at a glance. It was our fault that we did not notice earlier, in that we had left the management of the clinics to the Afghan staff members of the former Japan-Afghan Medical Service (JAMS). In fact, I had just dismantled and reconstructed the former JAMS, which neglected the original purpose of working in mountain areas where no doctors are available, and after much quarreling, dismissed Dr. Shawari who had been in charge for 10 years. By this, I had planned to reconstruct the clinics in remote places that were left ignored.

Seeing the ruined clinics, I could not help feeling my responsibility. On top of that, I found that the well of the clinic was about to dry up. The people around the clinic were coming to get water even from this well. The majority of the wells in the villages had withered and it was obvious that the contamination of tableware and such due to the lack of water was leading to the prevalence of dysentery.

I joined the on-the-spot inspection in June and Dr. Saiid, a Peshawar Medical Service (PMS) senior, who started to work at the Darya-ye Nur clinic in July, appealed concerning how wretched the conditions were. He suggested securing clean drinking water at least around the clinic. As this fit PMS' policy which values working with local communities for disease prevention, we announced the approval of this plan on July 1st, and asked the workers to start test digging immediately. Furthermore, after acquiring the agreement of the Japanese Office, I gave out

instructions on July 10th to prevent the exodus of the villagers by securing 30 sources of water. At this point, nobody expected what was to unfold; people thought the drought was just a local calamity of Darya-ye Nur. As if to make sure we had enough troubles, on top of all this we were challenged by what might be called the last huge trial. Another unexpected incident occurred in Pakistan and made clear to us how serious the situation was.

The Collapse of the Glacier

On August 1st, our monthly shift PMS team was heading toward the Rashuto clinic in the upstream district of the YARKUNG River in Pakistan. However, in addition to the road being naturally steep, they were told that part of a glacier had fallen and was intercepting the river. Because of this, the upper stream water level had risen, flooding the vicinity of the clinic. Our medical team was frightened by this and fled back against our instructions.

On the other side, Dr. Nur Aga and six of his staff members were trying to return to the downstream base clinic in Mastougeh village for a shift change, only to find their retreat route cut off, and had to go back through the mountain paths which took two days. By then, the team that was coming up had returned to Peshawar without confirming the upstream situation. The hospital organized and sent another disaster emergency team three days later.

The collapsed glacier and mud and icy snow blocked the torrent of the Yar-kung River. This formed an unexpected dam that caused a flood in the upper stream villages. This was something never experienced by the villagers who had been living there from long ago, and it made them panic.

The houses along the river in the Rash-toah village where our PMS clinic was located were also flooded, and water came as close as 400 meters to the clinic. Surprised residents escaped to a small hill just 500 meters away and 200 households were forced to live and sleep in the open.

Action of the army stationed in Chitohral was quick. A day after, on August 2nd, a troop of 150 soldiers hastened to the scene with provisions and tents. They crossed the area where roads were destroyed on foot. Ex-lieutenant Ique-raham, who is the secretary-general of PMS, proposed to them that as our clinic was a few hundred meters from where the refugees were, they should let him handle all the medical problems, and this was much appreciated.

I contacted the Rashtoah team immediately and gave instructions to aid the refugees, but as I explained earlier, our communication was in a state of confusion because of the shift change. The clinic was empty for three whole days and we missed the timing for aid activities when it was most needed. "The road was blocked and we couldn't get to the destination," was the excuse of the team that was supposed to replace the other, but there was no reason why they couldn't get through when a troop of a hundred and fifty men could. This was a great disgrace. Believing that this was due to the cowardice and irresponsibility of Dr. Tahel, I dismissed him, and after much difficulty sent another team at once. Fortunately, there were no casualties, and things settled with normal consultation of a few hundred people in the refugee camp, but the collapse of the glacier was an unprecedented incident that frightened even local elders.

This disaster was not at all unrelated to the heavy drought in Afghanistan. There was something unusual happening in the Hindukush Mountains. The annually rising snow line, the drought in Afghanistan, and the sharp decrease of snow and river water. It was easy to assemble these facts into one picture. There is a local saying that goes, "You can live without money in Afghanistan, but not without snow." Till then, I interpreted this in a literary sense, thinking that it only displayed the Afghanis' pride and nostalgia. But it actually included an important fact of nature concerning survival. In dehydrated areas where there are many oasis-like villages, water supply chiefly depends on ice and snow melting in the summer. The Karakorum Hindukush mountain range, called the "roof of the world," is a gigantic reservoir that provides a stable water supply to wide peripheral areas. This reservoir was running dry. The gravity of the situation struck me. This was just after we had started the desperate attempt to secure a water source, acting against the severe drought in Darya-ye Nur.

The Choice of our Activity Area

Before and after these incidents, the office of the Japan Peshawar Association was starting to gather information about the drought. Sporadic news of North Korea and Mongolia were heard, but they only seemed to be far away events, irrelevant to our projects. In May, the Peshawar Association was contacted by NHK to see if we had any plans to act, as the entire Mid-Asia area was experiencing a drought. We had just replied that PMS is a medical service and cannot take direct action, but would deal with the medical problems caused by the drought.

In the beginning of July, when PMS was confronted by the large- scale drought in Darya-ye Nur and started the Water Plan, it was our turn to contact newspapers to find out what was going on. But this attempt failed. So, Matsuoka, who has good English, organized and extracted a huge amount of information from the Internet, translated it, and reported the main points to us every week or two. This was our only valuable source of information. Our office reported the details as below:

"To get more information, I called the foreign news desk of a certain news service and they replied, 'We haven't heard anything about it. That area was always a dry area.' I tried the Internet. Few hits in the Japanese sites. Strange. Tried the English sites. Got 15,000 hits. According to these sources, the drought was becoming the worst ever of this century, even surpassing the scale of the one that caused the famine in Ethiopia. The drought is not only in Afghanistan, but also in India, Pakistan, Iran, Iraq, and throughout Central Asia. I translated and sent this information to the newspaper we contacted earlier, and they finally began to panic. So much for the IT revolution..." (Association of Peshawar report, No.65).

Around this time (July 2000), all the Japanese journalists' attention was focused on the summit, and as if all of Japan had turned into Rokumeikan , Prime Minister Mori was busy with ardent receptions of foreign ministers, making some of the very guests themselves complain of the ostentatiousness of the event. Anyhow, the unprecedented drought that attacked Afghanistan was placed outside the circle of information because it was politically unimportant.

Even in the English information, exaggerations and overlooking of facts were not rare, and it did not cover the disasters in the eastern area of Afghanistan. Accordingly, PMS executed a close inspection, and decided to focus our actions on the Darya-ye Nur and the Surkh Rod districts. In October when the "Drought Map" by the UN and World Food Plan (WFP) was sent to our office, areas in the Surkh Rod district in the NINGRAHAL state and Darya-ye Nur were added to the map painted red like islands. This proved that we were right in planning to concentrate on this area.

One Big Plan

In July, the World Health Organization (WHO) prepared to focus on preventing a Cholera epidemic, and applied disinfectants in the wells of each area. The regional meeting opened in the beginning of July in Jalalabad, and it was reported that the "realized percentage of disinfectant distribution was over 100%." Doubtful, I asked, "What does achievement percentage of 180% mean?" to which the regional chief answered clearly: "What it means is that against the amount of pills that we presumed to be required, there are not enough wells with water, so pills are left over. It's not a matter that can be solved with a meeting. We are facing a situation where it is difficult to sustain life, let alone cure diseases."

In the intense heat closing in on 50 degrees Centigrade with dry hot blasts of air, this was an acute confession. The minutes of the regional regular meeting in August stated one blunt word "Drought!" in the "Future Issues" section instead of the usual long list of problems to be solved. At the end of July, the drought report of the NINGRAHAL district done by the UN office was sent to us from Dr. JIA (PMS sub- director). Though the section of Darya-ye Nur was left empty, there were four districts starting f

At the same time that we were shocked by this report, the glacier collapsed. Since there was the above-mentioned confusion in the PMS hospital, I hastily changed my plans and returned to Afghanistan from Peshawar. This was to help the distressed workers to set a policy. After inspecting each eastern area, I designated the headquarters for emergency measures as "PMS Water Plan Jalalabad Office" on August 20th, and here we started our full-scale activity. The situation was becoming more and more urgent. Threatened by the possibility of thirst, people were already starting to leave. The following are the main points of our policies at the time.

The Drought in Eastern Afghanistan and PMS Counter Measures

In June 2000, WHO called attention to the unprecedented large-scale drought and reported its victims to be 60 million. Among the areas that were harmed, Afghanistan suffered most. It was reported that 12 million nomads were affected and 4 million were on the verge of starvation. As there was no diplomatic route to reach the Taliban militant government, aid was in desperate shortage. According to WFP, 2 million tons of wheat was still needed. With the international community basically indifferent, only aid in the form of weapons continued.

There was also widespread dysentery at our PMS hospital. After realizing the cause, we started to take actions to secure drinking water. If necessary, our activities would be extended to the whole eastern area of Afghanistan.

Drought Conditions in Eastern Afghanistan

From August 14th to 22nd, 2000, after inspecting the main areas in the east to confirm information from WHO and WFP, we recognized the following:

1. There would be no harvest this autumn throughout the eastern areas. With the exception of a few areas, food production was equal to zero. We were now at the stage of securing drinking water and preventing people from leaving their villages.

2. In the east, Darya-ye Nur in the Ningrahal district were damaged most, especially the Surkh Rod district, which has the largest population and area. About 400,000 people were suffering from a shortage of drinking water. There were some villages where people spent hours carrying water. Some villages had been abandoned, though the exact number is yet to be confirmed. In all cases, villagers had left this July or August. Similar situations were also observed in parts of the neighboring districts.

3. In the Surkh Rod district, there were western groups taking action, but their projects are small-scale and not sufficiently effective. At present, on average, over fifty to eighty families are relying on one water source and this source is decreasing in its water level and will probably dry up in due course.

4. In Darya-ye Nur valley (population approximately 40,000) in the upstream SHEIWA district, the Peshawar Association had already been acting since early July, and succeeded in securing sources of drinking water in 14 places, including wells and small waterways (the Karez), by August 3rd. We were barely keeping people from abandoning their villages. However, as the PMS clinic was located in between the confrontation zones of the Taliban and the Masood troops, our work was complicated by sudden battles.

Measures to be Taken in the Future

1. Focus action on the Surkh Rod district and the Darya-ye Nur valley.

2. Set November as an emergency period, and secure 350 water sources in Surkh Rod and 30 in Darya-ye Nur. The aim is to secure a large quantity in a short period of time, and prevent people from leaving. If necessary, we will extend our activity to neighboring regions. After December, our activities will consist mainly of maintenance and restoration, and all activities will be finished within a year.

3. The following methods will be used for securing drinking water, and a drainage pump will be used to gain sufficient depth, assuming further decrease in water level in the winter as the water in the mountains becomes frozen:
1) Restoring existing wells; 2) Hand digging new wells; 3) Machine boring; 4) Restoration of the Karez (limited only to Darya-ye Nur).
At this point, restoring the dried up wells is the fastest and most reliable way to secure drinking water. Machine boring takes time, labor and money, but will have to be used in some areas.

4. After December will be a "Maintenance Period." By that time, the situation of the refugees, expected political changes, and the movement of international aid bodies will probably become clearer. The number of teams will be decreased and we will emphasize maintenance, management, repairing the wells that were built in emergency, and setting up pumps.

5. If we do not see snow this winter, and the water level does not increase in the coming spring season, agriculture will be ruined, and uninhabited regions will probably increase. In this case, activities will be extended to more limited areas.

6. If foreign NGOs call in later and similar activities spread, all plans except that of Darya-ye Nur will be finished in six months.

Translator: Youhei TOTSUKA