

# Famine!

Did you eat too much again today? Up to twenty million companions on planet Earth face starvation in the months just ahead.

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■ Driving the 225 miles from North Ghana to Ouagadougou in Upper Volta was not much different from traveling in many countries of the world. The road was tarred all the way, and hills and dangerous turns were almost nonexistent. Traffic was minimal. But . . . rounding one of the few bends in the road, we were startled to come upon three female lions. Two were resting on the warm asphalt and the third was lurking nearby. They gazed at us warily, then elegantly disappeared into the tall dry grass. At the next meal-stop along the roadside I must confess I looked carefully around before I sat down to eat my sandwiches.

During the past seven years I have traveled thousands of miles on African highways, bush roads, savannah tracks, and mountain trails. Yet never before, in game reserves, have I seen lions. Friends who have spent more than twenty years on the continent say the same.

We were going to visit Dr. François Gourier, the French physician who represents the Ministry of Health in the northern district of Upper Volta. He has saved hundreds of children from starvation.

"The first sign of healing is a smile," says Dr. Gourier. Fortunately, we saw many very young kwashiorkor-marked faces light up with smiles. The typical swollen bodies caused by lack of protein and other nutrients sometimes made natural dimples disappear, but the joy of mothers at seeing their small ones freed from the grip of death was contagious. This was even more thrilling than seeing the lions on our way.

### "No money"

More cheering still was the fact that comparatively simple treatments and inexpensive food caused a quick and remarkable change in the children. For as little as three dollars, enough food can be purchased to save one child

from death. Often, however, this amount is not available. "*Ligidi ka ye*," we heard so frequently that we asked for a translation. It simply means—"No money."

A catastrophe of hitherto unknown dimensions has hit the sun-seared savannah south of the Sahara, stretching through six countries: Senegal, Mauretania, Mali, Upper Volta, Niger, and Chad. Normally it rains only about three months of the year in most of the drought-stricken areas. *Nine* dry months! South of the desert the soil is mostly clay and laterite (red tropical soil), through which the water does not easily soak. It is therefore comparatively easy to create artificial lakes that keep the water in by damming up valleys and low-lying areas. This fact Upper Volta has utilized quite extensively. The government has built more than one hundred reservoirs to preserve water from one rainy season to another for drinking and irrigation. Experimental farms irrigated from these lakes show remarkable results. Already hundreds of families make a good living and produce abundant harvests from irrigated plots provided for them by the government.

The present desperate situation, however, has occurred because in the hardest-hit areas hardly any rain has fallen during the past seven years! Estimates show that hunger threatens ten to twenty million people in the countries concerned. The drought has withered away the very foundations of their living. In Ouagadougou I met a Tuareg—Ahmed and his family. Three of his four children died from hunger. He used to be rich, owning 200 cows and 20 camels. He told me that all his cows and 18 of his camels died on the dusty trek from Sahara's outskirts to the capital.

Many share Ahmed's financial fate because about 80 per cent of Upper Volta's cattle have died for lack of



water and food. What this means to nomads whose main income is derived from raising and selling cattle can easily be imagined. Even before this crisis, the World Bank listed the six drought-ridden countries as the poorest in the world.

### "Three thousand children . . . will die"

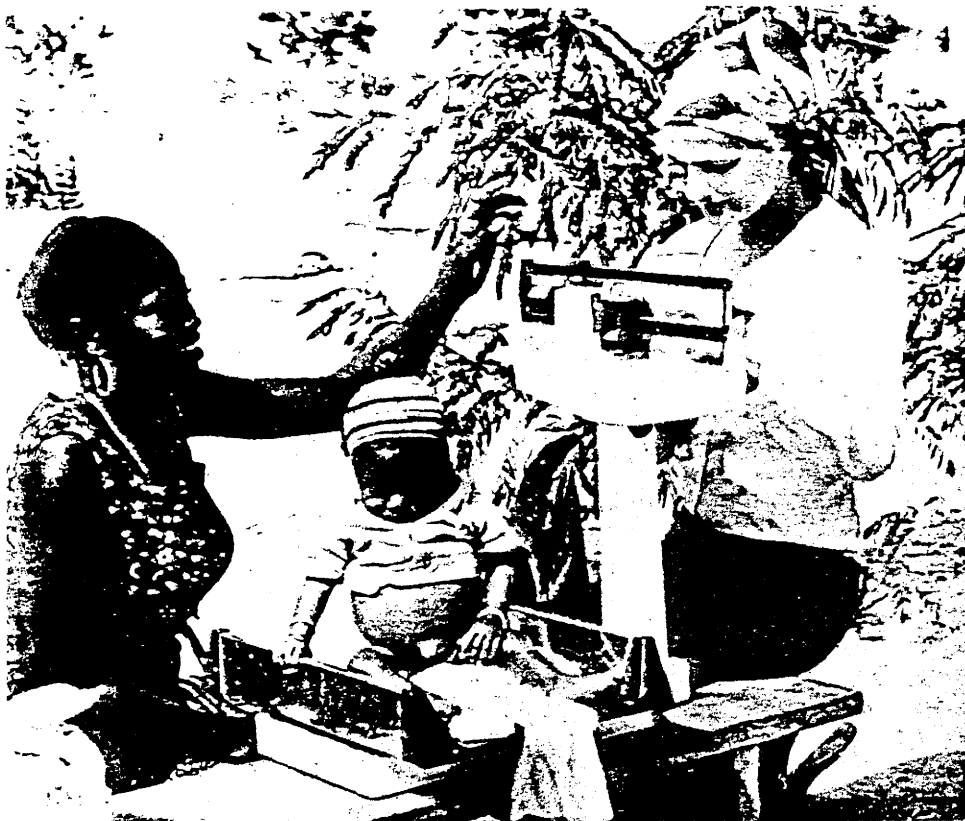
Dr. Gourier runs an 80-100-bed hospital, assisted by several national nurses and teachers, and three volunteer workers from France, the United States, and Canada. Out in the bush several national teams, each headed by a nurse, operate 34 centers, providing care for 17,000 children from infancy to five years. "I expect 3,000 children in my district will die of hunger," the doctor stated. "At present five to ten die every day."

When the bush team finds children suffering from kwashiorkor they bring them and their mothers to the hospital. The purpose is twofold: First, to get the child over the crisis; and second, to help the mothers plan their children's future dietary needs.

Dried milk is one of the main

Born and reared in Norway, Alf Lohne now resides in Great Britain, where he serves as president at the Seventh-day Adventist headquarters for Northern Europe and West Africa.

By ALF LOHNE



sources of immediate help for the children. In severe cases, however, digesting milk is difficult—causing vomiting and diarrhea. A special protein product consisting mainly of soya and cocoa has been introduced. The results have been most encouraging.

The soya-cocoa preparation caused some problems at first, but after some experimentation, Dr. Gourier perfected a recipe for the following porridge which all children over seven months old enjoy: four tablespoons of protein food boiled in 300 grams of water until it becomes thick. Corn, rice, or any kind of available flour may be added. Fifty grams of the protein food provides an adequate daily supply of vitamins A, D, B, B<sub>1</sub>, B<sub>2</sub>, niacin, and calcium. Two-year-old children get a portion of it once a day; if they suffer severely from kwashiorkor, twice a day. It usually takes six weeks to pass the critical period. It could be done more quickly by giving larger portions, but the hospital wants time to teach the mother, who herself feeds the children, not to rely on imported food. The second part of the program is

perhaps the most important: teaching the mother to use available native foods.

The doctor's treatment is very precise: "We give no injections and use as little medicine as possible." Qualified teachers show the mothers how to use edible plants, roots, seeds from certain trees, and other local foods. The hospital even teaches the mothers how to grow a little vegetable garden, and which plants are most nourishing.

#### Mothers become health educators

When she returns to her village, the mother knows what healed her child, and unwittingly she herself becomes a health education teacher. Her family saw her leave with a dying child and return with a healthy one. Quite naturally she tells them that it was not injections or medicine but the right kind of food that brought health and healing. She knows. She fed the child herself.

A health education program like this takes time to produce lasting results. Other activities are also needed, like

the one in the village of Ouedrago, 40 miles north of Yako. Here we met Polycarpe, a well-educated gentleman, who is a retired male nurse. He heads up a "compound" of five clay huts with straw roofs, surrounded by clay walls. Twenty-one people live there.

First he showed us two deep wells, both empty. Then he led us to a new one being dug. They had gone 30 feet down through solid clay, but at this depth the soil caved in. They needed to sink cement rings to keep the walls from falling in, but who could afford that?

Finally, he took us to the storage bins for millet—a kind of grain grown locally and which is the staple food. "We are fortunate," Polycarpe said, "because I had saved some money from my work as nurse. The shortage drives prices up all the time, so I spent all my money on millet and managed to fill one of the storage bins."

"How long will it last?" we asked.

We'll remember his answer for a long time. "If we eat one meal per day our supply will last one month. But it is still seven months before the next harvest."

As we left the compound, we saw several children with swollen stomachs, reddish hair, and thin arms and legs. Old faces on young bodies. No smiles. Typical kwashiorkor cases caused by malnutrition.

Many nations, private organizations, and individuals who care relieve much of the suffering. Help is welcome. The next harvest is still several months away. □

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