A chilling portrayal of Niger

"The Face of Debt"--a documentary by Maggie O'Kane

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"The Face of Debt" examines the monstrous impact of debt on the people and economy of Niger. The documentary, screened recently by Britain's Channel Four Television, was made by *Guardian* journalist Maggie O'Kane.

Niger is a former French colony that gained independence in 1960. France is still its major trading partner. Its main export is uranium ore, but income from this is in severe decline due to falling world prices. Niger's 10 million inhabitants are amongst the poorest in the world; the infant mortality rate is more than one in ten. The present government of President Ibrahim Mainassares came to power in a military-backed coup on January 27, 1996.

O'Kane chose Niger as a graphic example of the indebtedness inflicted on former colonial countries, which make up "half the planet". The situation there is "man-made agony," she said, explaining how World Bank loans to Niger are strangling the country with an ever-increasing burden of debt.

The "face" referred to in the title, is the terrifying disease Noma, which only strikes at children. Noma is a common bacterium that can be treated with a simple £2.00 mouthwash. One of the specialists working for a Swiss charity explained, "I would say that it is a disease of poverty." This year alone over 120,000 children world-wide will die of Noma. Its origins lie in poor mouth hygiene, malnutrition and bacterial infections such as chicken pox, measles, etc. A series of pictures were displayed of the various forms of the bacteria's attack on children's faces--it eats away the flesh, the muscle and then bone, leaving survivors with gaping holes like open war wounds. The disease was last seen in Europe in the Nazi concentration camps.

The first part of the documentary follows two doctors' assistants, working for the Swiss charity Sentinell, travelling the length of Niger in search of Noma victims. The children are difficult to find, often hidden away by families who believe that the disease is a punishment from god.

During their journeys one explains, "I feel that my work will never end.... [There] are always new cases." They describe how their initial horror at the mutilated faces of children afflicted by the disease gave way to a determination to do something about it. Their motivation came from seeing the work of Swiss facial reconstruction specialists on Noma children--as well as the knowledge that the disease itself is entirely preventable.

The assistants approach a small village where teenager Homsatou, a Noma victim followed throughout the documentary, is pictured working with her family and friends. From sunrise to sunset they fight to save their family farm from the encroaching desert. The Sahara desert, with only 3 percent sustainable for growing crops, dominates Niger's land. In the last 10 years, more than half of Niger's villages have lost the battle with the desert. Homatsou's father describes how he had to sell his camel to pay for medical treatment for his daughter.

Zinder Hospital, in southeast Niger, is collapsing. Paint is peeling off the walls, no repairs are made, clothes are washed in the broken fountain and vultures have made a home on the roof. This hospital serves 4 million people, nearly half the population of Niger. It was to be rebuilt and refurbished, but O'Kane reports that these plans were abandoned when Niger fell behind with its debt repayments.

The hospital operates on the principle "no money, no medicine", which was introduced as part of the so-called "debt relief" package. The documentary examines the consequences of indebtedness on the general state of the hospital and patients. Many enter for treatable illnesses and end up dying.

Niger no longer trains surgeons for the hospital. The only surgeon is Doctor Akhmed, on loan from the Egyptian government. He took the documentary team on a tour of the hospital facilities. The surgery preparation and recovery rooms consisted of blood soaked beds. A young child just out of surgery lay on one. There was no modern equipment to aid the surgeon or doctors in the recovery process--no oxygen, suction, drips, etc.

One child had an operation to close several holes in his intestines. The surgeon explained that normal recovery with the correct vitamins, carbohydrates, etc, would take a week. This child had been in recovery for three months and still his abdomen had not healed. The documentary team moved away from the child as the surgeon told them that he would not recover.

Niger's children are dying faster than anywhere else in the world, yet the country faces neither war nor famine. Over a third of them will not survive to the age of five. Of those that do, an overwhelming majority will have suffered malnutrition.

Fattila is the mother of seven-year-old Zeinabu, who is suffering from malaria. Fattila spends all her savings getting to the hospital in a desperate attempt to save her daughter. Her son died in the same hospital two years earlier from the same infection. She begs the hospital social worker for treatment. She is told she has to pay. She leaves the hospital and begs on the streets of Zinder, returning with enough money for one dose of sugar and salt solution.

Once the solution was used up, she had to leave the hospital again to beg. There were no nurses to look after Zeinabu while her mother was away. When she returned her daughter had died. The medical staff were unaware of Zeinabu's passing and Fatilla was advised by another mother to wrap up the body and take it away before she was discovered. This was because she would not be able to pay for her child's three-day stay in hospital.

Fatilla had to continue begging with her dead child on her back and then carry her 3 kilometres to be buried in an unmarked grave. When she arrived back home O'Kane interviewed her: "My real regret is she was the only one I could leave the baby with while I was out working. Now he's very upset. He keeps calling her. When he wakes up, he stretches and calls her name, Zeinabu! Zeinabu!"

World aid agencies estimate that more than half a million children will die in circumstances similar to Zeinabu within the next seven years.

In one scene, Dr. Akhmed is performing a hernia operation. The patient has only a mild anaesthetic and is fully conscious of his surroundings. The surgeon explains to the camera crew that in all the operations he performs he is forced to use the wrong equipment. He describes the enormous danger to the patients when intricate surgery is required. All of a sudden he realises that his assistants have gone. He has to call them back and complains of being handed the wrong equipment.

The scene changes abruptly to a trade union meeting in the hospital attended by doctors, nurses, cleaners and pharmacists. They are calling for an all-out strike. One speaker explains, "I've had no salary for four months. And I'm still expected to look after patients. Why should I? I'm not coming here from 8 a.m. until noon to look after a patient when we don't even have water to drink at home. There is no morality here. It's either me who dies or the patient. So I'll work in town just to survive."

As the meeting continues the camera team follow Staff Nurse Na Allah Garba to the top floor, where patients are virtually left to die. Their friends and family cannot afford to travel to be with them. Na sits and talks to them. She explains, "The other nurses have stopped coming to work because the hygiene conditions are disastrous. Seriously! You see the cleaning staff sweeping without a mask. He sweeps the dust over himself and whoever goes by. Tuberculosis is really a great risk. The patients are getting weak. We can't find enough for them to feed them.... Food is allocated to the ward, but it's not nearly enough."

Hospital cooks make do with improvised ovens, while the broken industrial oven is used to store water. It hasn't worked for 20 years. Workers had complained to the previous hospital director but nothing had been done. The hospital budget allows for three meals a day of reheated porridge.

During the filming at Zinder, a government forum was held nearby. Local children dance outside the entrance as Niger's ruling elite, with World Bank representative Edward Brown in attendance, wave their way through. The forum was held to discuss where the drastic cuts demanded by the World Bank would be made.

Passing through Niger in an air-conditioned land cruiser, Brown hunched over his calculator as the government cuts were announced. Two-thirds of Niger is already submerged in poverty. Its debt is $1.4 billion. Three-quarters of all tax revenue is spent repaying its foreign debt.

Public sector workers' pay was recently slashed by a third. The only remaining areas to cut are health and education. The impact will be measured in deaths. With further drastic cuts over the next three years, all that may remains of social provisions in Niger is the small number of active aid agencies. Before leaving, O'Kane interviews the country's President Ibrahim Mainassares and World Bank representative Edward Brown.

Brown insists that what was required was "tough medicine". He berates the Niger government for previous bad management and says that if they improved their performance they would get debt relief--that was the "bottom line". It is pointed out to Brown that the charity Oxfam has estimated that after three more years of severe cuts, over 200,000 children will die. He replies, "Even if all debt is wiped out, still one-fifth of children will die." After making more points about the need for structural change in the economy, O'Kane interrupts him, asking, "Who is running this country?" Both Brown and the Niger President laugh nervously and, speaking for the first time during the interview, the president declares it to be a "partnership". As he leaves, Brown is overheard saying that it was a "vicious question" to ask, and that O'Kane had made him "sweat".

To work out interest repayments on Niger's debt, a special minister has been appointed. He sits in a room with a small wooden desk, a telephone and a calculator. He borrows from one bank to pay off the interest owing to another. Once a debt repayment instalment is missed, the only banks that will lend money have extortionately high interest rates. Most of Niger's money is owed to the IMF and World Bank.

A related article in the Guardian newspaper explains, "Countries have to abide by IMF programmes for six years without any back-sliding in order to secure debt relief. Countries that fall off the straight and narrow, even if for just one year, go back to square one. Even those countries that do stick it out have found that the debt relief is not enough to make much difference to over-stretched budgets." The experience of Uganda, the first country to qualify for HIPC (Heavily Indebted Poor Countries) status, shows what can happen. Established by the IMF and World Bank in 1996, the professed aim of HIPC was to halve world poverty by the year 2015.

In a series of conference declarations the World Bank is insistent that the only way forward is to integrate African nations more effectively into the world economy, based on the South East Asian model. Uganda saw its debt payments "reduced by $40 million a year, but that was more than wiped out by a fall in the world price of its main commodity, coffee. Uganda's problem is Africa's problem in microcosm. The global financial crisis of the past two years has seen immense downward pressure on commodities, and Africa's economies are heavily commodity dependent."

Whilst the documentary vividly reflects the dire situation which exists in much of Africa and other indebted ex-colonial countries, its weakness was a virtual absence of any history or analysis of why the build-up of debt has occurred. O' Kane stated that Niger was chosen because its government was allegedly not corrupt--the usual reason given for African poverty.

There was no explanation of how Western banks had rushed to make loans available to Third World countries in the 1970s, often based on the expectation that the price of their exported raw materials would remain the same or rise and that their economies would expand. In the 1980s, when interest rates rose and commodity prices kept on falling, the debt piled up. IMF and World Bank structural adjustment programmes were imposed--privatisation, austerity measures, government spending cuts, attempts to boost exports, often against Western imposed barriers. Repaying debt took priority over everything else.

The documentary was produced to popularise the campaign "Jubilee 2000". Supported by 70 aid organisations, trade unions and churches, this calls on Western governments who finance the IMF and the World Bank to cancel all African debt as a goodwill gesture for the millennium. Even a brief examination of the role of Western governments and banks would demonstrate the unrealistic nature of this objective. At most, a few debt write-offs will be made, largely as a gesture and probably with stringent conditions attached--along the lines of HIPC.