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On Taliban Turf, Long Lines of Ailing Children

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KARAWADDIN, [Afghanistan](#) — The Afghan boy crouched near a wall in this remote village, where the [Taliban's](#) strength has prevented the government from providing services. His eyes were coated by an opaque yellow sheath.

Sgt. Nick Graham, an American Army medic, approached. The villagers crowded around. They said the boy's name was Hayatullah. He was 10 years old and developed the eye disease six years ago. "Can you help him?" a man asked.

Sergeant Graham examined the boy. He was blind. There was nothing the medic could do.

A second man appeared, pushing a wheelbarrow that held a hunched child with purplish lips and twisted feet, problems associated with severe congenital heart disease. Sergeant Graham listened to his heart. Without surgery, he said, this stunted boy would probably die.

A third man turned the corner from an alley, leading a girl, Baratbibi, by the arm. She was 7 years old. She turned her ruined eyes toward the afternoon sun without blinking. They were more heavily coated than Hayatullah's. Sergeant Graham sighed.

"We could use an entire hospital here," he said.

Throughout early December a company of paratroopers from the 82nd Airborne Division patrolled the Nawa District of Ghazni Province, an isolated region near Pakistan where the Taliban operate with confidence and the Afghan government's presence is almost nonexistent.

Each patrol was a foray into villages regarded as Taliban sanctuaries. Each began with tension and the possibility of violence. But the Taliban did not confront the heavily armed paratroopers, and within minutes the mood of the patrols shifted.

Once the villagers realized that the platoons were accompanied by medics, they pushed forward sick children and pleaded for help.

A catalog of pediatric suffering quickly formed into queues: children with grotesque burns and skin infections, distended scrapes and scorpion and spider bites, bleeding ears, dimmed eyes or heavy, rolling coughs. Some were bandaged in dirty rags. Others were in wheelbarrows because they lacked the strength to walk.

In one village, Zarinkhel, the villagers begged Capt. Christopher J. DeMure, the commander of B Company, Second Battalion, 508th Parachute Infantry, for vaccines. Seven children had died of measles in the last

three days, they said, including two the morning the patrol arrived.

Afghanistan remains hobbled by underdevelopment, poverty and illiteracy, a legacy of decades of war. The population's health problems are acute. But the problems in areas like these villages, the residents said, have been aggravated by the continuing insurgency and the harsh edicts of the Taliban, whose rule survived in such remote places even after it lost control of Kabul, the Afghan capital, late in 2001.

The Nawa District, largely out of the Afghan government's or the American military's reach, lies on a transit route for insurgents who travel between Afghanistan and the tribal areas of Pakistan. The Taliban exist openly here. To limit the influence of the government and prevent it from achieving even its modest development goals, the villagers and the Afghan and American authorities said, the insurgents have sacked schools, threatened teachers and students, scared off private contractors and sharply restricted medical care.

"The Taliban has made it abundantly clear that no outside doctors, no outside medical help, can work in this district," Captain DeMure said.

Before late 2001, a few international aid organizations worked in the area with the Taliban's consent. They dug wells, built clinics, distributed small amounts of aid and administered vaccines. Now few outsiders venture here; the area is considered too dangerous.

Its degree of poverty is complete. The villages have no electricity. Many people use the same irrigation ditches to wash, clean their plates, butcher meat, brush their teeth and drink. The canals are lined with animal waste. Few children are seen wearing winter clothes.

The only known doctor in the district, the American officers said, is a man named Dr. Nasibullah, who, according to several intelligence reports, almost exclusively treats the Taliban's fighters.

One patrol entered Petaw, the village where Dr. Nasibullah lives. The doctor greeted the officers, served tea and denied assisting the Taliban. Captain DeMure told the doctor and a gathering of elders that the Afghan government had a plan to provide services to Nawa, but would need the villagers' help.

"We have a long-term vision to make this a better place," he said; a vision that included opening a school near the American firebase in Nawa, where the teachers could be protected. "We see a very, very bright future for this area of Ghazni."

But the captain added that security had to improve before many other forms of help could arrive. Until the villages help stand against the Taliban, he said, it would be hard to build roads or clinics, or to provide electricity.

On each patrol, the officers made similar presentations. Almost invariably, a similar scene unfolded.

Once the meetings ended, the people brought forward sick children. The American medics, who conducted examinations in front of mosques, were the only modern health care many of the villagers had seen in years.

Sometimes the medics were able to help, quickly cleaning wounds and dispensing simple medicines. Much of what they saw was beyond their reach.

During his recent patrols, the medic for Second Platoon, B Company, Pfc. Corey R. Ball, was asked to treat not only infected cuts and persistent colds, but also retardation, blindness, autism, deafness and epilepsy. "We are medics," he said. "They want us to be miracle workers."

Captain DeMure said the health-care situation in the district allowed the government to try to draw a contrast between its actions and those of the Taliban. The government is trying to provide services, the message goes, while the Taliban try to take services away.

The government and the military plan to travel in the region soon with doctors and assess the problems and try to distribute aid and administer vaccinations, the captain said. After leaving Zarinkhel, he sent requests to the battalion headquarters for vaccines.

He had arranged for several recent patrols, including the patrol to Karawaddin, to distribute winter coats and gloves to the children. In many villages, some children were barefoot and wearing a single layer of clothes. The temperature dips well below freezing each night.

But the officers said the Taliban's strength in the district had made greater long-term health care impossible for now.

On one patrol, in Salamkhel, First Lt. Brian M. Kitching, who leads the Second Platoon, asked the villagers to meet at a mosque and discuss their problems. He suspected that many villagers supported the Taliban, and wanted to tell them that their choices were counterproductive.

One villager, Rahmatullah, 35, said that the Taliban were here because the Afghan government was weak, and that the villagers were afraid. Whenever the military or the government distributed aid, he said, including blankets, children's notebooks or winter clothes, the Taliban entered the village, collected the aid and set it on fire.

"We would like to support the coalition forces, but if we do that the Taliban will come at night and cut off our heads," Rahmatullah said.

Another man, Ghulam Wali, 71, expressed dismay. "I know we are supposed to stand up against the Taliban, but we are poor people," he said. "We do not have the ability to do that."

Lieutenant Kitching urged the village to resist. "The truth is that you have the ability to make a change," he said. "You are just not willing to do it."

After he spoke, the people asked to see the platoon's medic, and a man led over a boy who was about 6 years old. The child's hair was wrapped in a patterned green scarf.

Under the scarf, an advanced infection covered the entire top of his head. The wound was coated with what appeared to be a powdered herb mixed with dirt; the boy's father said it was a traditional medicine he had bought in a bazaar.

Private Ball tried to drain part of the infection, but the child howled. The medic said the wound needed to be excavated and scrubbed, a process that would probably involve cutting away most of the boy's scalp, cleaning the area and then administering a long course of powerful antibiotics.

The boy's father said he did not have the money to travel to the nearest clinic, in Gelan, which was more than 40 miles away on a road where the insurgents sometimes buried mines.

The medic dressed the wound and gave the father a course of antibiotics for the boy, with instructions on how to administer them.

Later, back at one of B Company's firebases, in Nawa, Sergeant Graham said the boy could be saved if he was hospitalized. But if he remained in Salamkhel, he might die.

At night, as Captain DeMure briefed his officers and senior noncommissioned officers for the next day's missions, he discussed the intelligence that had been collected during the day.

Among the items was a report that the Taliban had moved into Karawaddin after aid had been handed out, and taken the children's gloves and winter jackets and made a bonfire. In the game of move and countermove for popular influence in the villages of Nawa, the aid had vanished again.

"I am confident we can make a difference down here," Captain DeMure said. "But it is going to take time."

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