

# When push comes to shove

*Is the United Nations savior or spoiler when it comes to humanitarian aid for Iraq? By Eric Hoskins, M.D., Medical Coordinator, Gulf Peace Team.*

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Now that Kurd-Aid has come and gone, refugees are returning home and unarmed United Nations "guards" are heading north, the public would like to believe that for once the problem is actually being solved, rather than simply Band-aided.

However, Kurdish and Shi'a refugees returning to Iraq are likely to find home less than welcoming. If one takes United Nations special envoy Prince Sadruddin Aga Khan's recent pronouncements to heart, conditions within Iraq are now critical. Food shortages are leading to rising rates of malnutrition, and a paralyzed health service is unable to cope with surging epidemics of disease.

In Kirkuk, several hours north of Baghdad, an old man lay collapsed some ten meters in front of the emergency entrance to the general hospital, suffering from a potentially fatal exacerbation of his chronic chest pain. There are no medicines to give him. Inside, the 400-bed hospital's only attending physician explained how she had just completed an emergency caesarian section "with flies swarming over the incision because operating room windows had been shattered during wartime bomb blasts."

Hospitals have been reduced to mere reservoirs of infection since most medicines are in short supply, laboratories cannot function, operating theaters have no supplies, and basic services (including food, water and electricity) are often unavailable.

In all parts of the country, critical shortages of clean drinking water have led to epidemic levels of gastroenteritis (infectious diarrhea). Thousands have died. In Nasiriyah, near Basra, 98% of admissions to the town's pediatric hospital are children with diarrhea. Infants as young as two months old are admitted badly malnourished, dehydrated and dying. Once in hospital these babies are often given only two hours of intravenous fluid and then discharged since doctors have no drugs with which to treat the diarrhea, and no food to offer these scrawny, vacant-eyed infants.

Food throughout the country is prohibitively expensive and generally in scarce supply. The U.N. admits that agricultural production has been halted due to a lack of fuel, fertiliz-

ers, and spare parts for machinery and irrigation pumps. Between August and January, food prices increased by as much as 1,000%.

Last week, the United Nations quadrupled the amount of its appeal for humanitarian aid for Iraq, to just under \$1 billion. Unicef and the World Health Organization have now warned of a "potentially disastrous situation" if more money and aid are not immediately forthcoming.

Yet, the scale of the human tragedy unfolding has been known by Western governments and aid organizations for months. Not only has this tragedy been entirely predictable, it has been the product of six months of a strangulating economic embargo culminating with a war whose greatest impact was to eliminate Iraq's capacity to generate electricity, thereby paralyzing the country's infrastructure.

One of the great myths of this war was that food and medicine would continue to be allowed into Iraq. From August to March, no food whatsoever was permitted to enter Iraq (from any source) according to the provisions of Sanctions Resolutions 661 and 666.

Resolution 661 stated that foodstuffs would be allowed into Iraq under "humanitarian circumstances." Resolution 666, passed one week later, indicated that "it is for the Security Council alone . . . to determine whether humanitarian circumstances have arisen" and hence when food might be allowed into Iraq.

Indeed, it wasn't until a humanitarian emergency was declared in March, and only after considerable pressure from concerned governments and aid agencies, that even a single scrap of food was permitted entry into Iraq. This followed eight months of what effectively constituted a total food embargo in a country that historically imports more than 70% of its food.

Not only had no food been provided by the international community since August 1990, but for the first time in history a country and its government, in this case Iraq, had been prohibited from importing food (and medicine) for its own people.

Even with the March declaration of a humanitarian emergency, foodstuffs were only permitted entry when provided "through the United Nations in cooperation with . . . other iate humanitarian agencies." Despite the presence of an inter-



nationally acknowledged food emergency, Iraq could still not purchase or import its own food and relief supplies.

If we look at the international community's efforts to deliver food to Iraq, the figures are somewhat discouraging. A country with more than 18 million persons, Iraq's daily food requirements amount to roughly 10,000 metric tons of staple foods per day, 70% of this imported. From August to April, the total food provided by the international community amounts to less than 10,000 tons—enough for only a single day's ration and less than one-half of one percent of the country's estimated needs during that nine month period. Iraq, in short, was not only left to starve, it was forced to starve itself.

Unfortunately, more was at play than simply Western indifference to the growing calamity within Iraq. There are numerous examples where coalition governments actively prevented the export of food to Iraq.

Over 2,000 metric tons of infant formula and powdered milk, purchased by the government of Iraq prior to August 1990, remain blocked in ports and borders around the world. Shipping companies and governments housing these stocks argue that the formula and milk powder cannot legally enter Iraq due to economic sanctions. The expiry date of the food is now dangerously close and it is likely that the shipments will be spoiled. Over 1,800 tons of milk powder have been blocked in Mersin, Turkey since August 1990. A further 500 tons have been held since August by authorities in Poland and Bulgaria.

When one begins to examine the impact of sanctions on importation of medicine to Iraq, the gulf between myth and

fact grows wider still.

Resolution 661 states quite innocuously that "supplies intended strictly for medical purposes" are exempt. Perhaps sensing the laxity of the earlier resolution, 666 quickly issues a clarification by specifying that "medical supplies should be exported under the strict supervision of the government of the exporting state." This measure is clearly intimidating if not outright threatening to those governments who perhaps naively believed that medicine was to be exempt from sanctions controls.

Historically, Iraq imports more than \$500 million worth of medicines per year (one of the highest per capita rates in the Middle East). Since August, it has been estimated that less than one-thirtieth of Iraq's medicine requirements were being met. All medicines—including vaccines, insulin, anesthetics and antibiotics—have been found to be in short supply since late 1990. Iraq's child immunization program has been suspended since September for lack of vaccines. Already, cases of paralytic polio are on the rise, and outbreaks of measles are likely.

Despite access to health care being a fundamental human right, the following methods were used to effectively ban medicine from entering Iraq.

More than 50 separate consignments of medicines were purchased by the government of Iraq prior to August 1990. These medicines are still being held in foreign ports and border stores, where shipping companies or the governments themselves are preventing these medicines from being forwarded to Iraq. Indeed many pharmaceutical companies have to sell medicines to Iraq since the August embargo. In many



Photos Courtesy Harvard Study Team

*Left to right: 1) At Erbil Pediatric Hospital, a special infectious disease ward for typhoid patients. 2) At Sulamaneiya Pediatric Hospital, a two-year-old Iraqi child suffering from gastroenteritis, severe vomiting, and malnutrition. "Once in a hospital these babies are often given only two hours of intravenous fluid and then discharged, since doctors have no drugs with which to treat the diarrhea, and no food to offer these scrawny, vacant-eyed infants." 3) A street scene in Kirkuk: children washing in contaminated water. "Critical shortages of clean drinking water have led to epidemic levels of gastroenteritis."*

countries, a special license must be issued by the government before medicines can be purchased or shipped to Iraq.

Finally, only those items which the Security Council has deemed "supplies intended strictly for medical purposes" are allowed under the sanctions restrictions. All materials, spare parts, transport, and other paramedical items essential for the operation of a health care system are still prohibited or allowed only on a case-by-case basis after agencies submit an application to the Security Council.

As a result of the above measures, Iraq has had no choice but to join Bangladesh and Africa in the growing queue of countries appealing for humanitarian assistance.

But, unlike Bangladesh and Africa, the solution to Iraq's crisis is far more manageable. A rich country, remove all non-military sanctions and Iraq will be capable of providing its own currency for relief and reconstruction. Allow Iraq to export petroleum and they will once again have the funds with which to purchase food and medicine for the Iraqi population. And by offering genuine United Nations assistance, the international community will possess the requisite supervision to ensure compliance with cease-fire terms.

Yet we continue to sweep the sanctions issue under the carpet. We must stop seeing sanctions as justified leverage against the Baghdad regime and consider that we have drifted a long way from the original terms of their implementation.

But we must acknowledge one further inquietude, one reason why the peace movement in particular has been loath to acknowledge the controversy surrounding sanctions. After relentlessly championing the cause of sanctions against apartheid South Africa, how can we possibly suggest that punitive

sanctions should not be imposed with the same vigor against Iraq.

However, there are important differences. Unlike South Africa, it must be concluded that the majority of Iraqis do not wish sanctions to continue against them. Sanctions were applied before the war, when no such humanitarian emergency existed, and when sanctions were meant to weaken, not kill.

Furthermore, sanctions against Iraq were applied as part of a non-violent campaign to force the Iraqi military out of occupied Kuwait. It was understood that sanctions would be removed following the Iraqi withdrawal. However, upon implementation of the cease-fire agreement, it became clear that sanctions would only be lifted once Iraq complied fully with the cease-fire terms. More recently, we have seen a further shuffling of the goalposts as at least one Western leader (with Security Council veto power) has declared that sanctions will not be lifted until Saddam Hussein is no longer in power.

For the majority of Iraqi civilians the war is continuing. Their suffering now is largely due to the cruel hand of punitive economic sanctions. As more and more coffins are spirited away aboard taxis and horse carts, towards cemeteries already bulging from ten years of war, isn't it time we stop the hurting and begin the healing?

*The author, a medical doctor who specializes in public health and disaster relief, recently concluded a four-week health and nutrition assessment in both southern and northern Iraq.*