

Health care delivery crisis in Iraq

An International Study Team visited Iraq and released its report in October, assessing various aspects of the economic and health crisis there as a result of the war and embargo. The team included three medical doctors and two public health specialists, who visited 29 hospitals and 17 community centers throughout the country. They conducted studies of patients, interviewed medical personnel, and analyzed medical records of malnutrition and disease. The following is the synopsis of their published report.

The health of the Iraqi civilian population is compromised by a health delivery system that remains under siege due to precariously low levels of drugs and medical supplies.

Variations in climate and population displacement have created qualitative regional differences both in the disease burden and in the level of health care offered to the population. In the Kurdish north, persons displaced during the civil uprisings will require decent shelter, adequate nutrition, and clean water to survive harsh winter conditions. In the southern areas, including Basrah, the extreme summer heat and badly polluted water systems enhanced the rapid transmission of water-borne communicable diseases to the pediatric population. The vastness of

the south, as well as lagging international attention, may place the southern populations at a higher risk than those living in other areas of the country.

Throughout the country, strained health facilities offer services equivalent to a fraction of their pre-war levels. Most lack even the most basic resources—medicines, anesthetics, syringes, and surgical supplies are all in short supply. X-ray units, laboratories, neonatal units, and operating theaters are either not functioning or are providing only limited services. Generally, antenatal care, supplementary feeding programs, and outreach programs (including immunization) throughout the country remain insufficient at best, suspended at worst.

The health delivery system is also hampered by a lack of potable water and inadequate food supplies for the civilian population, despite minor improvements in the health infrastructure, including water supply, electricity, and transportation, which have occurred over the past six months.

Water-borne diseases including typhoid, cholera, hepatitis, and other non-specific forms of gastroenteritis continue to thrive. Lack of immunization and poor sanitary conditions have resulted in outbreaks of previously uncommon, and completely preventable, childhood diseases such as poliomyelitis, measles, and tetanus.

Finally, poor access to, and limited availability of, essential foodstuffs has resulted in detectable increases in the rates of malnutrition among children and anemia among pregnant women.

... If they are taking off with the agreement of the British and Americans, that is a disgusting spectacle. People who have suffered enough over the past 70 years should not be expected to suffer any more."

In the same Defense Debate, Tam Dalyell (Labour, Linlithgow, Scotland) said the following:

"The Honorable Members seem to assume that the Gulf war was a success, but 4.5 million children are suffering in Iraq, and are dying at the rate of 500 a day. Those are the figures produced by the University of Illinois. . . . I should like to ask the minister the following questions about sanctions:

"What is the legal position in the committing of the international crime of genocide in violation of the international convention on the prevention and punishment of the crime of genocide of 1948?

"What is the position in relation to the Universal Declaration of Human Rights of 1948, which this country has signed?

"What is the position in relation to the 1989 Convention on the Rights of the Child, which this country has signed?

"What is the legal position about the systematic violation of the special protection of international humanitarian law that was guaranteed to children by the Fourth Geneva Con-

vention and the additional [Helsinki] Protocol of 1977? It is reported that the conditions for children are inhuman, degrading, cruel, and genocidal. We must distinguish between the humanitarian problems and any others that may exist, which I do not have time to go into relating to chemical, biological, and indeed, nuclear weapons. The bombing of Tuweitha should at least be monitored for radioactivity.

"What is the government's position on the termination of the international economic embargo and all forms of bilateral economic sanctions? Massive humanitarian relief is needed. That is not only the opinion of my honorable friend Mr. Corbyn and several others on the Labour Back Benches, but the considered judgment of the most senior officials of the U.N. who in name were responsible for organizing the force that went to the Gulf.

"Precisely what is the government's attitude to the problems that have been clearly identified and the need to raise some of the sanctions on Iraqi oil sales, identified in particular by Prince Sadruddin Aga Khan? We as members of the U.N. are going against precisely some of the assessments that the U.N. has made. Do the government accept those U.N. reports, or do they not?"