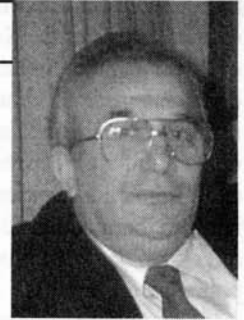


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## Interview: Dr. Shauki Tuma

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# West illegally withholding medicine, food from Iraq

*Iraqi Deputy Minister of Health Dr. Shauki Tuma had the following exchange with Muriel Mirak-Weissbach in Baghdad on Jan. 27, 1994.*

**EIR:** Dr. Shauki, can you summarize the situation since we last met in August 1992?

**Shauki:** Surely. I should say honestly that the embargo against medical supplies is increasing day by day, and they use pressure increasingly. A very fine example: I will show you a telex that we received from one very well-known country, where they use the term "human rights" in their government, the United Kingdom [see box].

**EIR:** Yes, they invented the term, it seems.

**Shauki:** It's really a shame for the human rights everywhere that we should receive a telex from a representative of a drug firm, which I will submit to you. It is said that the Iraqi government is allowed to import drugs, but this is a rumor for circulation outside the country. I should say that we got \$150,000 from frozen funds and, according to priorities, we should import life-saving drugs. This is a life-saving drug. Without this a patient with a heart attack is finished. It's well known everywhere that this drug Angised is a life-saving drug. The quantity we asked for was one-third of our annual needs. So we are not exaggerating the normal conception. Then we sent the money to the company, they received it, cash in advance. And it's very clear in the telex what happened. We asked by telex, day by day, what happened to our goods. Then we received this telex. Well, thanks to the representative of Wellcome Foundation Ltd., because they clearly state that the goods are there—they received the money, the U.N. Sanctions Committee clearly stated that the drugs are not included in the sanctions—but that the U.K. government does not allow the export of this drug. The order was for 150,000 flacons, because they cost about \$1 each.

The U.K. government did not accept exporting it to Iraq because they say that this drug contains glyceryl trinitrate, which can be used for explosives. You see how they have been dealing with the health sector here from 1992 to the end of 1993. So they are pressing more.

**EIR:** When did this happen?

**Shauki:** In the second half of 1992 until 1993. The telex is from March 1993. Can you justify the rules governing human rights now?

By the way, look at the tablet, very tiny, and it is coated. The whole tablet, with the coating, is 0.5 milligrams, 0.00005 contains this trinitrate. They used their power to stop the export of this, knowing that it is a life-saving drug. Who's in favor of human rights, we or they? There is another list of companies which received orders and payment, and have not delivered. There was another British company, Amersham, which was not allowed to export radioactive substances for cancer treatment. Why? Because they hope that by prolonging the period of time in which there are critical shortages, mortality rates will go up.

**EIR:** Is it always the U.K. which has blocked the exports?

**Shauki:** No, I will show you a list of many companies from different countries, cash in advance, U.S. companies, since January 1990, before August 1990. Yet these orders made then have not been delivered yet, and we are in 1994. You can see: U.K., United States, Germany, Japan, Denmark, France—shall I submit more?

**EIR:** What do these companies say when you ask them to deliver?

**Shauki:** They "have orders from their government." You know, the companies, they are businessmen. When they receive money, they should deliver the goods.

**EIR:** Why do you think this pressure is being increased now?

**Shauki:** It's very clear for us. It should be clear for you. The people say, why are we losing our lives because of government decisions. People here who see they are losing their lives because of the U.K. government's decision, will not forget this.

**EIR:** What has the effect of the continuing, even harsher embargo been?

**Shauki:** More deaths. I can give you the statistics.

**EIR:** What are the most critical areas in the health crisis?

**Shauki:** What do you mean by “health crisis”? Is losing lives a “health crisis”?

**EIR:** I mean, where are the areas that the embargo is hitting the most? It’s probably difficult to say, but in our last meeting, you told me that doctors were performing only emergency operations for lack of anesthetics. You explained that open heart surgery could not be performed because the full range of heart valves was not available. Has there been any change or improvement in the supply of anesthetics?

**Shauki:** No. The problems are increasing, and the behavior of the governments is becoming more adamant. The pressure is increasing. There is an increasing shortage of anesthetics, of heart valves, of medical and surgical instruments. Where can we buy them from, if we have funds outside the country, frozen, which we cannot utilize? If there is no export of oil, and no cash; of course, they want cash in advance.

**EIR:** We know from the experience of the Committee to Save the Children in Iraq, that the difficulties in sending milk powder have increased. We used to send tons of milk powder from the United States to Germany, and from there to Habaniya Airport outside Baghdad, without any problems. Then, with the last shipment, in September 1993, it took us three months to get one ton sent. The milk powder was sent to Germany and back to the U.S. twice, allegedly because of documents that were missing—documents we either already had submitted, or which were not at all required.

**Shauki:** Yes, the tactic of prolonging is used, with the hope that, with time, it will have a greater effect on the health and nutritional status of the people. Let me give you an example: There was a U.N. resolution, saying Iraq could utilize its frozen assets for food and drugs. At that time we communicated to the U.K. government that we wanted a small amount of the Iraqi frozen assets there to import drugs from them. They said, okay, the resolution is there. They asked for a list of drugs, which we sent from the Ministry of Health, through the Ministry of Foreign Affairs to a diplomatic channel there, hoping they would receive our request. Again, after one month, they said, “No, it should be a list according to priorities and actual needs.” We modified the list and sent it again. A month later they replied, saying it should be stamped by the U.N. office here. We had it stamped and sent it off again. After this long journey of asking and demanding, they said it was Christmas holiday, and they couldn’t do anything, so they would communicate with us after the Christmas holiday. I must say, this went from August to February, asking and demanding, to utilize a small portion of the Iraqi frozen funds for imports of food and drugs. And the resolution is there. It is illegal, really.

**EIR:** How, in this kind of situation, are people able to cope? How do women who have had babies since the war manage?

**Shauki:** Well, it’s a clever question. There’s a simple an-

## U.K. denies heart medication to Iraq

*The following is the text of the telex to which Dr. Shauki Tuma refers in his interview with EIR, regarding Britain’s denial of an export license to Wellcome Foundation Ltd. to export heart medication to Iraq. The telex is dated March 16, 1993.*

Thank you for your above tlx.

I have again discussed this matter with the U.K. government and they will still not issue the export license for Angised Tabs.

I have explained to the U.K. government that glyceryl trinitrates for essential medical products is not refused by the U.N. Sanctions Committee. The U.K. government informed me that their rejection of my application for an export license is a U.K. government decision and not a U.N. Sanctions Committee decision.

The only thing I can suggest is that you request the Iraqi Embassy (Interest Section) in London to contact the U.K. Department of Trade and Industry regarding the decision not to issue an export license for Angised Tabs.

Again, I apologize for [the] inconvenience this will cause you but the matter is outside of our control.

swer for that. If you have a small box with you, you have to have priorities for what you will put in it. So, the priorities are life-saving operations, and anything else is pushed aside. Mortality will rise. We are dealing with a small box in our hands. It is against medical ethics to provide care only for emergencies and postpone care for other people, but there is no other choice. There is no other choice. If you ask me as a surgeon, when I have three cases in front of me, which one I will operate on, according to what we have, I will operate on the emergency case, and postpone the others. And we try to provide for our people from what we have got, from the NGOs [non-governmental organizations], the Red Cross, and Unicef, etc. That’s all.

**EIR:** What is the status of vaccination programs?

**Shauki:** Thanks to Unicef, which provided vaccines and syringes, we did manage to vaccinate children against the worst killer diseases, that I must say.

**EIR:** What are the effects on medical training? People are



*Iraqi child with eye illness in 1991. No medication was available to treat him, because of the U.S.-led embargo.*

still studying medicine, but there must be considerable constraints on university studies.

**Shauki:** There are cases and there are doctors—Iraqi professors—and they are training students, but there is no access to what is happening outside. You know, medicine is progressing day by day, but because of the shortage of journals, of communications, of seminars, there is no input from the outside. So the doctors here are teaching their students on the basis of what they know.

**EIR:** The last time I was here, you told me of a program by a doctors' association abroad, to provide you with medical literature. What came of it?

**Shauki:** Promises. They promised, but nothing came of it. We receive many promises, but when they go back home, it is forgotten.

**EIR:** What about the programs to treat children abroad? How do you assess the advisability of continuing that?

**Shauki:** Speaking frankly with you, there are many, many thousands of children in need of care, but it is illogical to send all the children outside the country. It's a tremendous job, costs a lot of money, and is very difficult. The most important thing is to provide medical instruments and supplies here for them, and Iraqi doctors could take care of them.

A child who is treated here has the family; when you send the child abroad, it is without mother and father, it's more difficult. If there is no other alternative, then sending 10, or 20, or 30 of these children abroad is very good. We have a list of more than 1,500 children who are waiting.

**EIR:** There was also a program for bringing equipment and teams here to help. Did that work?

**Shauki:** Yes.

**EIR:** That's very good to hear. But, tell me, what has been done, in terms of official steps with the U.N. Sanctions Committee, in order to reverse this intolerable situation?

**Shauki:** Letters, to everyone. We have sent letters to the WHO [World Health Organization], Unicef, others, telling them, "This is the situation," and what the rules are for lifting the embargo.

**EIR:** Has there been any response?

**Shauki:** No. All countries are blinding their eyes.

**EIR:** Well, I think it would be important to renew efforts in the United States, because that's where it will stand or fall.

**Shauki:** Are there no doctors associations in the United States?

**EIR:** There are hundreds of them, Arab doctors associations, Islamic doctors associations, and so on.

**Shauki:** What are the rules of these associations? How can they play their part, showing the communities in the United States that this is illegal, dealing with the health in X or Y region such as Iraq?

**EIR:** Apparently, they are not doing anything.

**Shauki:** And this is the behavior of doctors?

**EIR:** Well, perhaps you should look at it in the context of the destruction of the health system in the United States. With the economic depression, costs are being cut, triage is being implemented, living wills are a common practice encouraged by insurance companies. Dr. Jack Kevorkian [who is facing charges for breaking Michigan law against "physician-assisted suicide"] is a national figure, and so on. Perhaps, if they are allowing this to be done in their own country, they can more easily close their eyes to the fact that this is being done to Iraq, in a different way, for different reasons. We live in a world which has given up the value of human life. That's the tragedy. But we have to fight for it. What has been done to Iraq would never be accepted in a morally healthy world; the war itself would not have been tolerated. But we have a big task.

**Shauki:** To be sure. If I were in your shoes, I would write clearly that dealing with the health of a people in such a way is far away from what they are deciding on a political basis.

Human is human, life is life, and losing life is not an easy job. I think they will not be able to answer this. If I were in a position to meet the decisionmakers, and if they could explain to me the meaning and the spirit of that telex, I would say, "Yes, okay. I agree with you." But if not, they should stop this pressure.

**EIR:** Surely, these companies know that they are playing a game according to rules written for them, and they don't want to see the consequences of their actions in moral terms.

**Shauki:** I should say, when they are dealing with the health sector in X or Y region, such as Iraq, and they give a reason for it, to justify it, their justification is far away from their community, from their people. The people don't know the whole story, the truth. The Americans don't know that there is a telex denying the import of this life-saving drug. If they know that, they won't accept it. But the decisionmakers, who decide on the basis of political considerations, behave in a completely different way. I'm not speaking of the embargo as such, but of the *embargo on drugs and food*. They play a game, and send food and drugs to X or Y country, and then stop the shipment of drugs and food for W country. I'm not a politician, I'm a doctor, and I want medicine for my patients, because losing lives, in front of my eyes, is very difficult; losing kids in front of their mothers is very difficult.

**EIR:** How much medicine is getting in through the humani-

tarian relief organizations?

**Shauki:** They were bringing in about 10% of what is needed, now it is about 5%. This has been the tendency through 1993. But we are grateful to them, even if for one box of medicine. Clearly, providing health care for 18 million citizens cannot be done by aid that comes here and there. It should be done on a continuing basis, with the required quantities, quality, logistics, and transportation. Some supplies need to be sent in by plane, not overland.

**EIR:** Perhaps some change can be expected in the U.S. policy, since this is an election year.

**Shauki:** I would ask candidates for public office two questions, if I could: 1) What is the reason for the embargo on *medicine*? And 2) where can Iraq import medicine from, if the funds are frozen and the oil sales are banned, and if there is no deferred payment? You know, we asked to have some funds unfrozen, in order to pay our annual dues to the WHO, but the United States didn't allow it. We did not pay, as a result, for three years. Now, they say that, according to Article 7 of the WHO statutes, since Iraq did not pay, it loses its voting rights. How can they justify this? We said we were ready to sign, to let the WHO receive directly a certain percentage of the frozen funds, in payment of our dues, but the United States said no. Then the United States went to Geneva to the WHO, asking for a resolution to suspend our voting rights. Can you justify this?



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