

# EIRInvestigation

## Stop the continuous killing of the children in Iraq

by Dr. Margit Fakhoury

*The following was prepared as testimony to groups concerned with international human rights. Dr. Fakhoury was part of the delegation of the Committee to Save the Children in Iraq, which visited hospitals in Iraq July 7-30, and brought 30 war-wounded children to Germany for treatment. Dr. Fakhoury works as a pediatrician in the Elisabeth Krankenhaus in Essen, Germany.*

*Unfortunately, the pictures which belong with the presentation are not available.*

In March, I visited Baghdad for the first time since the war. Baghdad was a dead city without electricity, telecommunications, or traffic. Hospitals were empty, you saw only a few patients, mainly dying children, whose parents thought they still could find some sort of treatment there. But how could doctors treat incoming patients without medicine or medical equipment? Malnourished babies and toddlers could be seen—cases you never saw before—with kwashiorkor, severe deficiencies of vitamins, or dying of a simple flu or diarrhea.

Now, after four months, has the picture changed?

If you look superficially around the town, you think yes, because there is electricity, traffic, people, shops opened again, and in many areas of Baghdad telephone connections. But this is not the real Baghdad. If you just look a little bit deeper inside, you see all the tragedy the embargo and this surgical, or as some call it, “neuro-surgical,” war had imposed on the people.

### Malnourished babies and toddlers

The picture is the same or even worse than before. A young mother, herself undernourished, with her 40-day-old baby. Old face, accusing eyes, skin, and bones. The mother

had no breast milk (undernourished or malnourished pregnant women are prone to have premature deliveries and after delivery, little or no breast milk). This mother couldn't find milk on the market, and when she found some on the black market, she couldn't afford it. The result: She feeds her first-born with water and sometimes sugar water. What will be the future of this infant? If he survives, there will be a long-term negative effect on development, especially of the brain. But, as it looks, he'll not manage to survive, though the doctors are trying with all their available means to help.

Because of the lack of breast milk, young infants develop diarrhea or other infections very quickly. In our countries, artificial formula is nearly as good as breast milk. In Third World countries too, many mothers think they would be doing a special favor to the infant with artificial formula. If you are well educated, know how to prepare the milk, and, last but not least, have clean water which should be boiled, it's okay. But what about the circumstances in Baghdad (and, even worse, in other parts of Iraq)?:

1) No clean drinking water and till now not enough fuel to boil it.

2) Not enough milk—the ration that the mother is receiving for her young infant is enough for one week (an infant needs about 1 kilogram of milk powder per week), and now she'll try to use it for one month. The result is a continuous low caloric intake which leads to more and more malnourishment. The problem in these undernourished and malnourished babies is that their resistance to any infection decreases with the increasing severity of malnutrition. So a simple flu can be deadly. All the doctors in the infants' hospitals or the infants' wards of general hospitals were saying that they lost too many children because the weak body couldn't fight a simple flu or diarrhea. This did not happen only to the babies

and toddlers but also to adults—and this in winter and spring-time, when diarrhea had never been a health problem in Iraq—due to the bad water and health situation. Now in summertime, the problem is getting worse with the hot weather. In all hospitals, be they in Baghdad, north or south Iraq, the doctors see increasing numbers of cases of cholera and typhoid fever.

I'll show you now a few samples of malnourished children.

## Lack of medicine

**Antibiotics.** The situation now is improving a little bit because many Non-Governmental Organizations are sending medicine. Before, Iraq was able to produce penicillin, ampicillin, and some other basic antibiotics. With the war, the production stopped. With the embargo, no medicine except through humanitarian help entered Iraq. If you take, for example, a newborn baby with septicemia or meningitis, you treat it in Europe for about two weeks with ampicillin, 100-200 milligrams per kilogram per day, and a second antibiotic. That means 0.5-1 gram ampicillin per day or 10-25 grams for one baby and another antibiotic accordingly. How many bottles of ampicillin can be bought by one organization? Our initiative, for example, bought the last time DM 1,000 (\$556) of ampicillin, which means 120 bottles of ampicillin of 2 grams; enough for a treatment of 10 babies. For older children or adults you need much higher doses.

This is one of the simplest examples. The doctors were forced to use the antibiotics in lower doses and for a shorter time than necessary, or, since they didn't have the intravenous or e, they used the intramuscular kind, with the result being ineffective treatment, long-term brain damage, or after a short time a second, fulminating infection. If they do not treat the meningitis patient, either he will die or be mentally or physically disabled for life. Both are disastrous, both unacceptable for a physician.

In many infections you need more sophisticated antibiotics for the right treatment. They were available before the embargo and the war, but now you can hardly find them, and if you do, most of the time it's not enough for one course of treatment for one patient. For typhoid fever you need chloramphenicol, a drug also rare in Iraq now. If you don't treat it in the right way and long enough, you'll get severe complications, some of them deadly, or increasing numbers of carriers, which is dangerous for the household or a whole area.

## Cholera

Contaminated water and food plays a major role in transmission. After an incubation period of six hours or two days, there is a sudden onset of painless and profuse, watery diarrhea. The patient can lose many liters of fluid. Especially in young infants and children, a severe diarrhea not treated in time can be deadly. It leads to severe dehydration, acidosis,

brain damage. For the treatment you need mainly electrolyte solution intravenously or orally. Neither is available in the necessary amounts. You need certain supplementary solutions like potassium, sodium [sodium], and hydrogen carbonate, which are scarcely to be found. For antibiotic treatment you need erythromycin for young children and tetracycline for older children and adults, both difficult to find.

There is an increase in fetal deaths during the third trimester of pregnancy, mainly in severely dehydrated patients who delay seeking hospital care.

All kinds of infectious diseases can be disastrous because of the lack of availability of suitable antibiotics.

## Tuberculosis

As we know from postwar Germany or from poor parts in different areas of the world, in malnourished people and lower social groups the incidence of tuberculosis increases:

- a) crowding: the principal route of infection is by inhalation of contaminated droplets;
- b) decreased resistance of the body to any kind of infection due to the impaired socio-economic situation in Iraq;
- c) lack of BCG administration; because all the vaccines were destroyed through the cut of electricity in the first days of war, now, because of the embargo, no vaccine is available;
- d) right diagnosis: no availability of diagnostic skin tests;
- e) if you are able to diagnose tuberculosis you'll not find the right antibiotics.

Result: Miliary tuberculosis, tuberculous meningitis in young infants is increasing with their bad effects on later life.

## Osteomyelitis, a bacterial bone infection

Open fractures which are not treated in the right way, in time, and long enough can lead to infection of bone, joints, and even septicemia.

1) For diagnosis you need not only your suspicion, but also a well-functioning laboratory with X-ray.

2) For treatment you need:

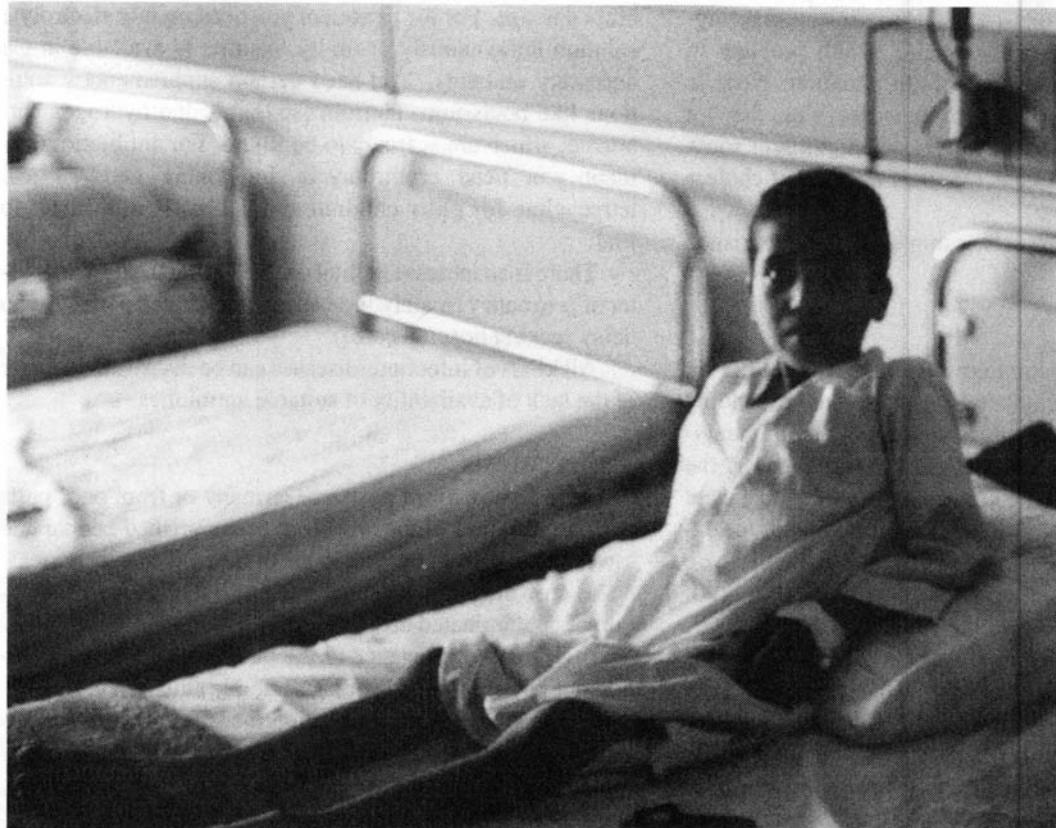
- a) certain antibiotics in a certain amount for a long period—weeks, even months, sometimes years;
- b) needles for intravenous application, syringes;
- c) sterile bandages, gloves, scissors, drainage facilities for purulent materials;
- d) immobilization.

If you cannot treat properly the result will be:

- a) chronic disease, fulminating infection;
- b) permanent orthopedic deformity.

Most of the patients who were brought to Germany for further treatment had severe osteomyelitis:

1) Sabreen, a 3-year-old girl, fell from a height of about two meters. She broke her right lower leg and got severe infection of the bone. Antibiotics were given for some time. When we saw her in July, four months after the accident, she still had pus discharge from the wound. The doctors told us



A badly injured and malnourished boy in Saddam Children's Hospital in Iraq. Because of the embargo, hospitals cannot offer the vaccinations, tests, surgery, and medication that were once a routine part of national health care.

Committee to Save the Children in Iraq

they couldn't do anything more for her.

Now she is in one of the hospitals receiving antibiotic treatment and has had an operation to remove the dead and infected bone. In a few months we hope she'll walk normally.

2) Alah, an 8-year-old girl, was hit by a bomb explosion of a small bus. She lost her mother during this accident. She also has a severe infection of bone and knee joint. She was brought to us by her father. In the hospital there was no efficient treatment any more. Here she has received antibiotics, blood transfusions, and operations for removal of the dead bone. But she will not be as fortunate as Sabreen, her roommate in the hospital: Her leg will remain stiff, the infection will affect the growth of her leg—resulting in a short leg with later orthopedic problems and most probably further surgical intervention.

3) Ijad, a 19-year-old youth. He lost both legs through a hit on a shelter in Baghdad. As he tells it, one leg was blown away directly, the other leg half cut below the knee. He also was sent home from the hospital with pus discharge from the infected bone, because of lack of available treatment.

Here in Germany they performed an operation which lasted many hours in hopes of getting rid of the infection. If not, he'll have an amputation of the left upper leg too, with the problem to fix prostheses for him.

4) Amira, a 21-year-old girl, who stayed in the hospital for four months. When we saw her there she was severely

depressed. The doctors told us they couldn't do anything more for her. They couldn't treat the infection of the bone anymore. Most probably she would have lost her leg. Here they are trying operations and antibiotics to help her.

5) Ali, a 17-year-old youth, who was hit by a bomb in the kitchen at home. During the same accident he lost one sister with her two children and a brother. Another sister lost her ear. After the accident he was brought to Yarmouk teaching hospital where he remained the entire time before coming to Germany. In Baghdad, he had had several operations, he lost his broken leg completely because of gangrene, he has osteomyelitis in the broken arm, and had severe septicemia and malnutrition. He was in such a miserable state that you could hardly look at him. Now his general condition is improving slowly, and when we saw him last week, he already could joke with us.

Other children lost parts of their extremities during the war like Saed, Afag, and Alah.

We hope we can help them here with prostheses and further treatment. Because of the war, the department for care of the disabled has no capability for producing artificial limbs.

Maisoon, a 16-year-old girl, got severe burns nearly one year ago. She was admitted to different hospitals many times. Because of shortage of medicine and medical equipment, she was discharged soon after admission. We saw her at home.

When we opened the door a putrid odor came toward us. The girl was extremely pale, severely malnourished, and in such bad shape that I didn't dare to take her on the trip in this condition. We sent her to the children's hospital I had been working in before. With blood transfusions, antibiotics, and a better caloric intake (the food in the hospitals now is below the necessary caloric needs, but still better than in many homes), her general condition was improving a bit. Now she has received several blood transfusions, courses of antibiotics, and the first skin grafts were done for her in one of the German hospitals.

## Other medicines

There is a lack of basically needed medicines. Children need antipyretics for high temperatures. In young patients, often febrile convulsions develop due to sudden increase of body temperature. At the moment no antipyretics are available in Iraq. The body temperature cannot be diminished, the convulsions continue, and more and more nerve cells will be destroyed.

Patients with epileptic seizures need anti-convulsants, which is also rare, and prescribed in small amounts. This results in more epileptic seizures, which leads to more and more destruction and the children get more handicapped with time. In a bad situation where it is impossible to stop it, a status epilepticus develops, which if not broken by intravenous anti-convulsants, can lead to the death of the child.

Babies, children, and adults with thyroid dysfunction don't find the needed drugs. For the child this means the development of the brain is affected, the child will be debilitated. Some babies and children need special formula because certain enzymes are missing.

We saw a 4-year-old boy with convulsions, the developmental status equal to a 6-month-old baby. He had phenylketonuria, and if not fed with phenylalanin-reduced milk, the cells are destroyed by the toxic product, especially nerve cells are affected and destroyed. As a result, this boy gets worse, and maybe totally handicapped. He has a 2-month-old sister. The same diagnosis was given when she was 40 days old. If she cannot get the special milk, the outcome will be the same as with her brother. In Baghdad, we tried to find some milk for her, but in vain. Back in Germany, we asked the factories about the price of the milk. For 1 kilogram of milk powder, which is just enough for one week, it costs about DM 300 (\$167), and for one month more DM 1,000 (\$556). Who will be so generous as to spend every month this amount for just one patient? We couldn't find one. So the outcome will be the same as with her brother.

But the lack of basic medicine is not only affecting the children, but also adults. No antihypertensive drugs. Result: increasing numbers of patients with cerebral strokes, who cannot be treated, the end result being more and more handicapped elderly people, if they manage to survive the initial stroke. No drugs for heart patients, no antidiabetic drugs.

I think the number of drugs I could list would fill pages, but all lead to the same result. Patients cannot be treated, doctors cannot help without medicine, words alone are not enough.

Patients with acidosis need sodium bicarbonate. If you can find it, it should be given with monitoring of the blood gases. But how can this be done, if you lack the solutions you need for the blood gas analysis?

How can you treat meningitis, if you don't have the spinal needles to take the cerebrospinal fluid to diagnose the disease? If you have got the spinal fluid, often you don't find slides to examine the fluid under the microscope. Now you have electricity to use the microscope; before, during, and in the first months after the war, this was also missing.

In Iraq much more than in Europe, newborn babies develop neonatal hyperbilirubinemia. You use phototherapy treatment to reduce the amount of indirect bilirubin, which has a toxic effect on certain cells in the brain. In the children's ward we visited, the director was very angry because he could not find any lamp in Baghdad, and this for weeks. He knows the complications of untreated hyperbilirubinemia, and this innocent child will bear the marks all his life, if he lives. Perhaps you will say, there are other ways of treating this. Yes, you can do an exchange transfusion, if you have transfusion sets, transfusion bags, and the suitable blood type for the blood. But how can you be sure, if you don't have the test seras to do it? If you give a wrong blood transfusion, you may kill the baby, so both can be fatal. With the help of my hospital in Germany we were able to purchase 100 lamps, but how many babies will that help?

As a medical student, you learn in the first semesters that preventing is better than treating disease.

## Vaccinations

In Iraq, a well-functioning health system existed before the war, with many health centers distributed throughout the country. There were special centers to give a full-scale vaccination program to the population. Because of this, the number of cases with tuberculosis decreased rapidly, as the doctors were telling us, and for years they didn't see the complicated cases in children I had seen there before. Diphtheria, polio, pertussis, and tetanus vaccinations were given routinely to the babies to get rid of these disastrous diseases. But now with the embargo and war, no vaccines are available anymore. And the thousands, if not to say millions in a population of 18 million, of doses that you need in order to get an effective result, means that no Non-Governmental Organizations, even if you take them all together, can afford to buy it. Result: Many babies will get sick, will be disabled, or die unnecessarily because of the embargo.

## Food problems

Take a small baby—he needs 1 kilogram of milk powder for one week, about five for one month. In a poor area of

Baghdad, Sheikh Omar, we visited the health center. The person responsible for the feeding program told us that before the embargo, they had started not only to educate the mothers in how to feed their babies and how to prepare the right food for them, but also provided them with baby formula, cereals, vitamins, and all they needed to guarantee the healthy development for the youngest.

With the beginning of the embargo, the food and also the milk was rationed—the beginning of the low caloric intake for a large part of the Iraqi population. Milk was given by prescription, and only to the sick. After some time even this was not possible any longer. The doctors had to close their feeding centers. They could not soothe the anger of poor mothers who were depending on this supply for their children. This health center is responsible for 86,000 citizens, among them 50-60% of the children under five, and up to 20% of the children under two. How many tons of milk powder do you need to provide them with the necessary daily calories? One ton of milk from the factory costs about DM 6,000 (\$3,333). How many tons of milk can Non-Governmental Organizations send to Iraq? One thousand, 2,000 tons or even more; but for how long? If the embargo is not lifted soon, thousands of innocent children will die of hunger. Is this necessary? And if so, why?

The bad effect on health of low caloric intake, you saw in the beginning. Also, I tried to show you how quickly a simple flu can lead to death. The low caloric intake does not only include the children, but adults as well, and an intake of 1,000 calories a day, half the normal amount you need, will not pass by without having dangerous side effects. I think you have heard it from all the committees or organizations you have spoken to, working in or coming from any part of Iraq.

## Medical equipment

**Infusion.** As you have seen, there are many children in Iraq suffering from diarrhea and severe infection, which needs intravenous fluid and intravenous antibiotics. First you need butterflies or IV cannulas in certain sizes, you need plaster adhesive to fix it, you need infusion sets and IV fluids. For the antibiotics you need needles and syringes, so that you can administer them to the patients. In all the hospitals we visited, there is a severe deficiency of all these items. As the doctors in the central teaching hospital for children were telling us, we lost and lose even now many patients, because these necessary materials are missing completely or the quantity is insufficient. Of course, you have to have antibiotics, as mentioned before.

**Transfusion.** Because of malnutrition, vitamin deficiencies, and of course the many congenital kinds of anemia you have in Iraq, blood transfusions are more necessary than they were in the past. To give the right blood for transfusion, you need serological test sera, a good working laboratory, slides, tubes, microscopes, electricity. All this is even now

not functioning because of the lack of one or more items you need. If one is lucky enough to confirm the right blood type of donor and patient, then one needs special blood bags, transfusion sets, cannulas to give it. These items are also rare or not available now.

## Laboratory tests

To make certain blood or urine exams, you need special solutions, certain apparatus, slides, tubes, and so on. Most of the necessary blood exams cannot be done, because one or more of the needed items are missing. Patients with diabetes cannot be treated properly, not only because there is no insulin, insulin needles and syringes, or other antidiabetic drugs for the adult, but also because the material to test blood or urine sugar is lacking.

Blood urea and creatinin testing is not possible. One of the children we brought with us to Germany for further treatment had an impending renal failure. But how could you treat it without knowing the real values? How can you treat renal failure if you don't have the fluids for dialysis, nor the sets or apparatus to perform it, or if one of them is not working because of a missing spare part?

How can you treat meningitis properly, if you do not have the lumbar puncture needles to confirm your suspicion? How can you treat it right if you cannot do the culturing of the cerebrospinal fluid, because there are no bottles for the culture, no special plates to put it on later?

You can continue and continue, and the list will not end.

## Surgical operations

Operations are normally done in sterile surroundings. Is this possible when the windows are broken, air conditioning is not working, sterilization equipment is out of order for different reasons?

The first rule before you start an operation is not fulfilled, because you should work in a sterile environment. The result is wound infection, gangrene, osteomyelitis, sepsis, all of which could be prevented.

The surgeon needs special tools for operations. The simplest things are missing: sterile disposable scalpels. Because of this lack, doctors are forced to use them as often as possible, and only throw them away when they do not cut anymore. Gauze is missing, bandages, surgical thread.

Normally, operations are done in full narcosis. How can you do it, if the drugs are not available, the narcotic gas is missing? This is the reason why many patients, including children, had limbs amputated without narcosis, as well as painful wound dressing without painkillers. Because of the lack of material, drugs, and narcotic gases, only emergency operations are performed.

As the director of the neurosurgical hospital reported:

"Before the embargo and the war, I had about 240 neurosurgical operations per month. Now, because I receive only one bottle of gas per week, I have only 6-10 operations per

## U.N. body asks human rights probe in Kuwait

The Sub-Commission on Prevention of Discrimination and Protection of Minorities of the Commission on Human Rights of the U.N. Economic and Social Council, meeting in Geneva on Aug. 20, passed a resolution extending the mandate of the United Nations special rapporteur on human rights in Kuwait by a wide majority. This resolution, together with the longer one published in *EIR*'s last issue condemning Israel for its treatment of Palestinians, reflect the growing resistance against the Anglo-American "new world order" under which the war on Iraq was run in defense of the feudalist regime of Kuwait.

The resolution submitted to the 43rd session of the Sub-Commission under Agenda item 6, "Question of the violation of human rights and fundamental freedoms; including policies of racial discrimination and segregation and of apartheid. . ." reads in part:

"Recalling General Assembly resolution 45/170 of 18

December 1990 concerning the situation of human rights in occupied Kuwait,

"Also recalling Commission on Human Rights resolution 1991/67 of 6 March 1991, in which it strongly condemned the Iraqi authorities for their grave human rights violations in occupied Kuwait and in which it decided to appoint a special rapporteur to examine the human rights violations committed in occupied Kuwait, and Economic and Social Council decision 1991/251 of 31 May 1991 approving that decision,

"Concerned at reliable and specific reports of arbitrary arrests, torture, unfair trials, enforced or involuntary disappearances, deaths in custody, and possible extrajudicial executions in Kuwait, as well as deportations and other bases against non-Kuwaitis since the withdrawal of Iraqi forces,

"Expresses its hope that the special rapporteur appointed pursuant to Commission resolution 1991/67 of 6 March 1991 will give due attention to alleged gross violations of human rights currently occurring in Kuwait and will inform the Commission of developments affecting the situation of human rights in Kuwait since the withdrawal of Iraqi forces."

week. I get furious, because I have to tell my patient I cannot operate on him, even though I know I could save his life. On the other hand, especially in neurosurgical cases, you must investigate very carefully. Prior to operation you need certain exams of your patient, be it X-ray, CT scan, NMR, or similar things. All this cannot be done now. So if you do the operation without knowing the certain place of a foreign body, for example, you may harm your patient more with the operation than without it. Neither way is tolerable to me as a physician, but how can things be changed with the embargo still going on? Really, I do not know how to help the people."

Here you see two patients, who could not be operated on in Baghdad because no investigations could be done:

1) Amar was injured during the war by a bullet in his neck. The projectile was not removed. Now it has been removed here. As the CT scan shows the spinal cord was injured, the NMR will tell whether an operation can help to diminish his right-sided hemiparesis.

2) Rasul, a 20-month-old boy, had epidural hematoma after a fall. He developed increasing cerebral palsy with impairment of drinking. He cannot speak or walk. Here the hematoma was removed in the neurosurgical hospital and he is improving slowly.

### A 'post-Gulf war generation'

In addition to all this and as a result of this, the people are living in continuous psychological stress because of the

continuing of the embargo and the continuous threat of another possible attack. Therefore, the parents live troubled, not only because of the lack of food, medicine, work, and money. This has a bad effect on the children.

Even if the embargo were lifted, were lifted now, the people and especially the children would suffer from this for a long time after the war, not to say all their lives. It is right, as some called it, we will have to speak of the post-Gulf war generation.

Ladies and gentlemen, I am not a politician. I spoke to you as a doctor and a human being, but I dare say that all laws say that for people who kill by decision and in full conscience, the punishment should be stronger. Don't you agree with me, that the continuing of the embargo means the death or killing of children every day, who are innocent? I do not know on what laws, religion, or other principles this is based. Here in the West we speak a lot of human rights. But what remains of human rights, if you prevent people from living a normal life, from finding food and medicine? I believe no one of us has the right to do this. Logic, laws, principles, morals, resolutions of the United Nations, principles of Unicef, the World Health Organization, they all must oppose what the Security Council is doing against the children of Iraq. I know I cannot change the decisions, but it is my duty, especially as a doctor, to say this. If every one of us raises his voice against the situation, we could do something to stop the continuous killing of children.