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## Iraqi Deputy Health Minister Dr. Shouki Tuma

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# 'We lack the medicine and supplies to take care of our population'

*This statement by Iraqi Deputy Health Minister Dr. Tuma was given to Muriel Mirak-Weissbach and Michael Weissbach of the Committee to Save the Children in Iraq on March 25 in Baghdad.*

The health system is the most severely hit by the sanctions. In the last few weeks alone, they [the U.N.] insisted on more restrictions on Iraq. As time goes on, what we have in our stores is at its minimum or, concerning some items, is headed toward zero. So, the situation of the health sector in Iraq is not good, really and honestly, I should say. And we get [reports] here and there that the mortality rate is increasing because of the undernourishment among children. Their health status is affected, and children are now liable to diseases. And we are in need of drugs. That's why the picture is not happy for our medical doctors and colleagues. I assure you that the problem of the health sector in Iraq is not a lack of specialists. The problem is lack of medical appliances and medical supplies and drugs, first of all.

### **Spare parts needed**

Second of our priorities is spare parts for machines. We are in need of anesthesia equipment, and there are no spare parts for the cd-scans. If you don't have the spare parts, the CT scans cannot work. And nobody in the medical profession can do anything for the patients without the aid of proper diagnosis. In the whole country, out of six CT scans, only one is working, and many other machines are out of service because of lack of spare parts. Shall I ask the patient or child from Basrah or Mosul to be transported to Baghdad for just a CT scan? It is painful.

This is just one example. If you get a chance to go to a hospital, you will find many more, even the cooling systems in the hospitals. In the summertime also in this medical city here [the health ministry and clinics attached to it], there will be no air-conditioning because the pipe system in the machines, a certain pipe, is not available any more here in Iraq. It must be imported. And 10 times we got an agreement from the sanctions committee, that the pipes will be given first rate [authorization for import]; and then they will accuse us that such a pipe will be used for other purposes, and

eventually the pipe will not be available. And the problem of the money for the imports I will put aside. Even if we have money for the purchases of equipment, they will not agree to send pipes. So what shall I say for the 3,000 patients in this medical center when the summer temperature will average 50° Celsius (122° F)?

### **Why is the health sector targeted?**

We, from our side, appreciate that the health sector is the health sector. Health is health. Spare parts for the health infrastructure should be provided. We have nothing to do with the military or military production. We have to take care of the health of our population. So, it is not clear to us why these things are done to the health sector. The attitude of the other side should be changed. Drugs should be allowed to be imported. The British government announced even before December that a sum of money was to be cleared. But, up to now, we have not received one box of medicine, even after the release of the British citizen. I assure you, up to this day, we have not received one box of medicine, through commerce and normal trade, since Aug. 2, 1990.

What we have received, we have received from aid and relief organizations, NGOs [non-governmental organizations], and so forth, or from Unicef and the Red Crescent. That's all. This means, from Aug. 2, 1990 to March 1992, we are approaching two years of embargo. How can you cope and assist in providing health care for 18 million Iraqis under such conditions? Anybody who can manage a situation like this, please step forward—20 months of sanctions for a population of 18 million in need of medicine, medical supplies, or even spare parts. I won't speak of the spare parts for the ambulances, or for vehicles for field work like vaccination teams or public health teams, although this is also very important, because if a disease breaks out in a certain area, a lot of people will be affected. How can I send out teams region by region if the vehicles don't work?

### **Comprehensive teams**

What we ask from your side, if the committee cannot take patients outside of the country, if you send drugs and medical supplies and teams, the teams should be comprehen-

sive: I mean physicians, assistants, nurses, and, if they want, we have a lot of practitioners here in the hospitals. From an economic point of view it is wiser to treat people here than to send them abroad. To take five or 10 children out means a lot [of expense] for transportation. And it means a lot in terms of socio-economic problems for their family, parents, etc. Providing care for patients here is better for sure.

We cooperate with both options: taking children abroad for treatment or treating them here with well-equipped teams, although, again, we prefer the second option. But with the second alternative, you should think about the logistics of that. Otherwise, you cannot provide medical care for sophisticated cases because you suddenly are in need of one item, or a drug that is not available. For the last half-year, the flow of medical supplies has been decreasing from the NGOs. The time of the days after the ceasefire, when many organizations and NGOs came and offered help, is over. At the present time, comprehensive teams, as I define them, do not operate in Iraq. There are doctors and friends working here and there, but this is not done in a systematic and comprehensive way.

We receive a lot of letters from the Red Cross and even from some NGOs, there are people here and there who want to work in Iraq. But the problem is the logistics. From syringes to anesthesia, things are not available. So why are they coming? This is the problem. Our people are well-trained and educated, some of them in the United States and Great Britain. We also have highly qualified Persian doctors here. Therefore, I stress the logistics in a comprehensive team.

Take the example of a surgeon. If I am a surgeon and want to operate on a case, I should only operate when I know that there is a store [of supplies] beside me with all the things I might need for this operation. The question is, how can you arrange the entire logistics for that. It is very difficult. Sometimes you are in need of special material. That's why our colleagues in cardiac surgery are not working. Do you know why? If you operate on the heart of a child and you need a certain valve—there are different sizes for these valves—if he only has five out of 10 possible sizes, he cannot operate, because he can only determine the right size when he opens the heart. It would be a crime if he opened the heart and then found out that the right size was not there.

Sometimes we would order a set of valves for heart operations, and we would get five out of 10 samples. This does not work. It is useless. Or, take the example of cancer drugs. Sometimes we ask for cancer drugs and they are sent to us. But this does not mean one type of drug. For a cancer treatment you need a whole regime of 3-5 different types. If they send only one type, it is useless. If we don't get the full regime, we can't do anything. We cannot cheat the patient. And if you get the drugs, you need the diagnosis, the laboratories for follow-up treatment and investigation. If one agent is not available, how can I proceed with the treatment?

So, I think you understand the problematic situation we are in.

## France's Mitterrand is desperate to survive

With the latest reshuffle of the French government, including the ouster of Premier Edith Cresson, the regime of Socialist President François Mitterrand has entered into a "survivalist" mode, in which the only concern of the French President and his team is to survive for one more year, *EIR's* bureau in Paris reports.

The new prime minister, Pierre Bérégovoy, presented his program and cabinet on April 7. Bérégovoy came over from the Finance Ministry and is an avowed supporter of "free market privatization" measures but with a certain "socialistic" flavor (what the daily *Libération* has labeled "social monetarism"), will occupy himself with selling off crucial state assets to foreign financial interests, including the state insurance companies and parts of the state oil apparatus. This is intended to provide enough funds for Mitterrand to "buy off" the social ferment among the youth, workers, and others.

This strategy explains why Jack Lang has been upgraded from his former post of culture minister to a new post of "super" deputy premier, with responsibility for education and culture. His overseeing of education is expected to mean channeling money to schools and universities which have seen extensive student unrest in the past couple of years.

The Mitterrand group's intention is, once they have milked the "French cow" for short-term buyoff purposes, to arrange, after the 1993 legislative elections, for the opposition RPR party to come in and run the government, in a new kind of "cohabitation" agreement. Then, they calculate, the Gaullist RPR will have to be the ones to impose unpopular austerity, and take the heat for it. The mood in the French electorate is so volatile at this point, however, and so hostile to the establishment's antics, that Mitterrand's scenario may be blown apart by mass social ferment in the coming weeks or months.

Former Defense Minister Jean-Pierre Chevènement rallied more than 800 people in Paris to denounce the two main turns taken by Mitterrand: the adoption of a free trade economic policy in 1983, and the decision to align with U.S. foreign policy since the Gulf war. Chevènement blamed the huge defeat of the Socialists in the recent cantonal elections on the "social liberalism" of the party which scared away its natural base of workers and middle class. He called on France to adopt a generous policy toward the new nations of eastern Europe and the developing sector as its foreign policy.