

Medical experts meet in Iraq, assess genocidal impact of war

by Muriel Mirak-Weissbach

Baghdad, the city targeted for destruction during the Gulf war, has again become the venue for international meetings and discussion. At a conference organized April 28-30 by the Arab Emergency Health Committee (AEHC), on the theme "Save the Children in Iraq," more than one speaker recalled that Baghdad has been known as "the city of science and peace." One aim of the deliberations was certainly to help restore the city to this, its historical function.

Nowhere is the scientific tradition associated with Baghdad better exemplified than in the field of medicine. As Dr. Hassan Khreis, chairman of the AEHC, stressed in his opening greetings, "Iraqi culture goes way back in history, contributing to human civilization and leaving its fingerprints on science and knowledge." As an example of "the civilization of the Iraqi people," he cited the case of Haroun al-Rashid, who "sent his private doctor to treat the emperor of France, despite differences between the two."

Medical science, the hallmark of Arab culture, has continued to occupy a position of prestige in Iraqi society, where the most sought-after profession among students is medicine. The Medical City, where the conference held its deliberations, represents the largest such medical complex in the Middle East, combining teaching facilities for the faculties of medicine and dentistry, with the Health Ministry and an array of clinics and hospitals.

Thanks to this continuing dedication of resources to medical science, Iraq before the war enjoyed the best health care available, especially for children. As Taha Muhei Eldean Marouf, a member of the Revolutionary Council and vice president of Iraq, referenced in his speech welcoming the participants, Iraq's preventive medicine and health care for children, including health education and extensive nursery schools, had drastically reduced infant mortality. By the same token, it was the military destruction of these facilities, and the paralysis of normal preventive medicine through the embargo, that laid the basis for massive jumps in the death rate among children under the age of five.

The task of the conference was to spell out exactly how this process unfolded. Over 40 speakers, mainly specialists from Iraq's hospitals and medical universities, went through statistical evidence to demonstrate how the war first and the embargo thereafter have reversed the progress made in the health sector, opening up a genocidal spiral.

Dr. A.G. Arawi, from the College of Medicine of the Mustanseria University, examined the effect of sanctions on morbidity and mortality of children, according to the experience of the Saddam Children's Teaching Hospital in the capital. Out of a total of 49,158 hospital admissions, before the sanctions 458 were cases of marasmus and 6 were of kwashiorkor. Nineteen months after the introduction of sanctions, the figures had risen to 808 and 58 respectively, for a rise of 2.8%. Mortality, which had been at 7% in the 19 months prior to the embargo, rose to 12% in the same period thereafter. These childhood diseases, which are directly dependent on nutrition deficiencies, accounted for only 1% of hospital admissions before sanctions, but 2.5% with sanctions. Indeed, before the embargo, kwashiorkor had virtually disappeared.

A similar picture emerged regarding communicable diseases, as Dr. Tarke Helli, pediatric cardiologist of the College of Medicine at Mustanseria University, showed. Deaths in the Third World due to infectious diseases are massive, as one child dies every four seconds. Against this backdrop, the progress made in Iraq, following the introduction in 1985 of universal vaccination programs, was impressive. With the blockade, imported vaccines are no longer available, and the results are lawful, as **Table 1** shows, quantifying the cases recorded as hospital admissions in Baghdad alone.

The tetanus neonatorum figure had been very low, Dr. Tarke explained, because pregnant mothers were routinely vaccinated. As for polio cases, he pointed out that the single case recorded in 1990 was, in fact, a doubtful diagnosis. The picture at the Saddam Children's Teaching Hospital (**Table 2**) is similar.

Dr. Ahmed Hardan, director of the Communicable Diseases Control Center in Iraq, said he expected an outbreak of meningococcal meningitis, a disease which moves in three-year cycles, the last of which peaked in 1989. He otherwise registered increases in pulmonary tuberculosis, hydatid cyst, kala azar, and cutaneous leishmaniasis.

A comparative study of health conditions of pregnant women in the city of Basrah in 1990 and 1991 yielded the same tragic trend: Among prenatal problems recorded, anemia doubled, gastroenteritis tripled, pre-term labor cases doubled, while abortions and maternal mortality (death during childbirth) also increased. As a lawful result, still births

TABLE 1

Hospital pediatric admissions in Baghdad

Disease	1990	1991	1992 (first 3 months)
Measles	75	299	90
Tetanus neonatorum	5	23	15
Diphtheria	4	10	10
Cholera	10	60	45
Mumps	3	23	40
Polio	1(?)	30	10
Septic meningitis	160	510	120

increased and hospital prenatal mortality, which scored 30 out of 1,000 in 1990, jumped to 42.5 out of 1,000 in 1991.

Supplies, equipment not available

As the outbreak of disease increased, due to deteriorating sanitation and nutrition levels, caused by the embargo, the doctors' ability to provide medical care decreased. The most direct negative consequence of the embargo was on the availability of medical supplies. As Mr. Q. Salman explained, Iraq's General Company for Marketing of Drugs used to study the medical needs for the year in January and February, and send its findings to the Distribution Department. It, in turn, would establish quantities and communicate this information to the Import Department in March. In April, the Import Department would contact suppliers for contracts, and make credit and shipping arrangements. Pharmaceutical supplies, accounting for 80% of the country's needs, would arrive in the fourth quarter of the year. Thus, when the blockade was introduced in August 1990, it prevented that year's supply from reaching the country. As a result, there are 402 kinds of drugs which are at zero level of supply, and 498 which are below the required level. Although officially excluded from the embargo, medicines cannot be purchased because Iraq's foreign assets remain frozen, and no means exist for the country to earn revenues through export of oil.

The embargo has also crippled Iraq's medical machinery. The more sophisticated the equipment, the more effective the embargo, which holds back vital components to its functioning. For example, nuclear medicine: Iraq has six nuclear medical departments in hospitals and private practice. These require nuclear generators, pharmaceutical agents, gamma cameras, and gamma counters, most of which are imported. Consequently, diagnostics as well as treatment involving nuclear medicine have ceased since the embargo took effect. This includes radioiodine therapy, and other therapies used to treat cancer. Plans to complete Iraq's nuclear medicine project have been dashed. Cancer patients suffer undoubtedly the most. Oncologist Dr. Al Hani filled out the picture, show-

TABLE 2

Admissions to Saddam Children's Teaching Hospital

Disease	1990	1991	1992 (first 3 months)
Measles	5	64	60
Cholera	3	24	
Typhoid	45	114	30
Whooping cough	4	28	25
Septic meningitis	216	448	
Gastroenteritis	1,459	2,067	

ing that 3,949 new patients were admitted for cancer treatment in 1990, but only 2,504 after the war. In Yarmouk Hospital, whereas 350 biopsies had been performed before the war, only 150 were possible thereafter. In the case of thyroid cancer, 1,350 patients have had their treatment discontinued. Compared to the 6,991 patients per year treated before the war, only 2,529 received treatment after the war. Surgery for cancer patients has been dramatically reduced, due to lack of anesthetics. Even supportive treatment, providing pain killers for intractable pain, is excluded by the lack of medicine.

Children are hit the hardest

Children are the most vulnerable victims. Dr. Ibrahim Nasir took the example of leukemia, because "it is the most common form of cancer which affects children and because the medical profession is proud to have reached such high cure rates and survival rates" in this disease. Yet, this very same chemotherapy treatment which has been shown to be so successful, is being denied young cancer victims. Of the five steps in therapy, the third, CNS prophylaxis, is most important in decreasing the relapse rate. This rate, due to insufficient chemotherapy supplies, has increased 260%, contributing to a 250% overall increase in mortality.

Conference participants had a chance to see with their own eyes what these statistics look like in flesh and blood, during a brief visit to the Saddam Children's Teaching Hospital. There the director mentioned that a lot of new cancer patients seem to be arriving from southern Iraq, and no one knows why. The cancer patients in the hospital were forlorn, hopeless. What therapy they were receiving was a makeshift combination of medicines designed for adults with different kinds of cancer. But, with no other choice, the doctors do what they can to keep a patient alive.

Once presented with the crude medical facts and figures, the conference attendees, many of whom had come from Europe and North America, could not deny that what was unfolding was genocide and constituted a violation of the

most fundamental human right—the right to life. This aspect was dealt with in presentations by two speakers. Comparing the 1990 convention on the rights of the child with the reality of the war and embargo, Dr. Huup Diereck showed the toll taken on Iraqi children. Prior to the war, Iraq's children had enjoyed a privileged status, since illiteracy had been virtually wiped out between 1975 and 1980; compared to Iraq's 10% illiteracy figure, Saudi Arabia has 40%, the United Arab Emirates 46%, and Kuwait 30%. Iraqi children have compulsory and free education from kindergarten through university. The war changed that radically, destroying 50% of the educational institutions. Basic school needs, like notebooks, paper, and books, are unavailable even now, because of the embargo. Teachers, too, isolated from the rest of the world since 1990, have been unable to take part in international conferences (including medical conferences), or to read up on new research in professional journals, which affects what they can impart to their students.

Obviously the greatest violation of children's rights lay in the fact that, through wanton bombings of civilian targets and the destruction of infrastructure, the very process of birth and growing up were being halted. This deliberate elimination of at least one generation constitutes the crime of genocide.

The rights of the child

The following is abridged from the speech of Muriel Mirak-Weissbach to the April 28-30 conference "Save the Children in Iraq," in Baghdad. Mrs. Mirak-Weissbach is a leading member of the Committee to Save the Children in Iraq.

The preamble to the Declaration of the Rights of the Child, proclaimed by General Assembly resolution 1386 (XIV) says, "Mankind owes to the child the best it has to give." This declaration is a legal instrument of international law, proclaimed on Nov. 20, 1959, in an era when society still placed value on the life of a child; it was proclaimed by the United Nations, the same institution which has shaped itself into a tool of war against the Iraqi population, largely against its children. . . .

It is worthwhile to look at the most significant principles of this declaration and a later one, to identify the nature of the violation of the rights of the child which has taken place in Iraq, and to outline the principles which must guide a renewed effort to effectively defend these rights.

The document reads:

"Whereas, mankind owes to the child the best it has to give, *Now therefore*, The General Assembly proclaims this Declaration of the Rights of the Child to the end that he may

have a happy childhood and enjoy for his own good and for the good of society the rights and freedoms herein set forth, and calls upon . . . national governments to recognize these rights and strive for their observance. . . .

"Principle 2: The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually, and socially in a healthy and normal manner and in conditions of freedom and dignity. . . .

"Principle 4: The child . . . shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation, and medical services.

"Principle 8: The child shall in all circumstances be among the first to receive protection and relief."

In a later document, called the Declaration of the Protection of Women and Children in Emergency and Armed Conflict, Proclaimed by General Assembly resolution 3318 (XXIX) of Dec. 14, 1974, the same U.N. specified. . . .

"1) Attacks and bombings on the civilian population, inflicting incalculable suffering, especially on women and children, who are the most vulnerable members of the population, shall be prohibited, and such acts shall be condemned.

"6) Women and children belonging to the civilian population and finding themselves in circumstances of emergency and armed conflict . . . shall not be deprived of shelter, food, medical aid, or other inalienable rights, in accordance with . . . instruments of international law."

Every principle violated

The blockade and the war against Iraq have violated the spirit and the letter of every single one of these principles. And it is the children themselves who provide the proof. Four out of the five Iraqi children whom our committee recently took to the United States for surgery, were wounded by explosions that occurred while they were in their civilian homes. Three other children, of a group being treated in Germany, were bombed in the Ameriya shelter—a civilian shelter where they were supposed to enjoy "special protection." As for "shelter, food, medical aid," "pre-natal and post-natal care," they are still being systematically denied by the embargo. . . .

The consequent effects on rising mortality rates among infants and children under five means that the embargo threatens to *eliminate an entire generation*. Prof. Francis A. Boyle, eminent legal expert at the University of Illinois and a member of our committee, filed a complaint to the U.N. last July, in the name of 3.5 million Iraqi children, charging the crime of *genocide*. In August, the International Progress Organization (which is one of the groups, together with the Schiller Institute of Helga Zepp-LaRouche and the Patriarchate of the Chaldean Church, which founded our committee) presented