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### Public Health and Conflict in Iraq: Rebuilding a Nation's Health

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On March 22, 2007, the U.S. Institute of Peace (USIP) and Johns Hopkins Bloomberg School of Public Health (JHSPH) Task Force on Public Health and Conflict held its third symposium, *Iraq: Rebuilding a Nation's Health*. The Task Force is committed to raising the profile of conflict analysis and resolution in the field of public health education. The speakers at this event included Dr. Robert Lawrence, professor of Environmental Sciences and professor of Health Policy and Management at JHSPH; Dr. Gilbert Burnham, professor and co-director of the Center for Refugee and Disaster Response at JHSPH; Jeff Helsing, deputy director of the Education Program at USIP; His Excellency Ambassador Feisal Al Istrabadi, Iraq's deputy permanent representative to the United Nations; His Royal Highness Prince Zeid Ra'ad Zeid Al Hussein, Jordan's ambassador to the United States; Dr. Sarmad S. Khunda, dean of the University of Baghdad School of Medicine; Commander David Tarantino, director of Medical Stability Operations and International Health Affairs at the Office of the Secretary of Defense; Dr. A. Hadi Khalili, Former head of the Iraqi Board of Neurosurgery; and Dr. Abdullah Salem, a current student at JHSPH who studied medicine in Baghdad. This USIPeace Briefing summarizes the symposium's discussion on public health and conflict in Iraq.

#### **Panel I: Voices from the Region**

The symposium opened with a dialogue about the nature of the conflict in Iraq, featuring Ambassador Feisal Al Istrabadi and Prince Zeid Ra'ad Zeid Al Hussein. Istrabadi asked the audience to think of Iraq from an Iraqi context and not to compare it to other countries that have experienced conflict. Iraq's unique inter-communal relationships have developed over millennia, and must be taken into account before proposing solutions to the current crisis. Prince Zeid observed that the region that spans from Darfur in the west to Afghanistan in the east is like a chessboard of conflict; while we certainly need a resolution to the crisis in Iraq, it would be foolish to ignore the repercussions of the conflict for other states in the region. To focus on one area while disregarding the whole is a wonderful way to lose a chess match, and there are parallels here for how we ought to consider the security of the region.

Prince Zeid outlined the three central elements of Jordan's outlook regarding Iraq: first, Jordan does not favor a United States disengagement unless this becomes the express wish of the Iraqis; second, Jordan does not favor a partitioning of Iraq; and third, Jordan believes that there must be a comprehensive approach to all the crises in the region. He said that it seems to be in vogue in Washington to suggest that the best way to withdraw from Iraq is to enable a "soft partition" of the country, which would involve facilitating the movement of vulnerable people from unsafe neighborhoods into areas in which they would form part of a distinct majority. This concept, Prince Zeid said, is rooted in the faulty assumption that Iraq

is an “artificial” state. Since its boundaries were artificially drawn up, or so the argument goes, we should be able to redraw those boundaries today to mitigate conflict between hostile groups.

Agreeing with Prince Zeid, and further criticizing the assumption that Iraq is an “artificial” state, Al Istrabadi reminded the group that Iraq has the oldest written history of any country in the world. It is a myth, he said, that the British “created” Iraq in the 1920s by forcing unwilling people to live together in one state. In fact, the ambassador pointed out, there has never been a geographical division according to different ethno-sectarian groups. Baghdad has always been the largest Kurdish city in Iraq. In the supposed Shia city of Basra, fully one-third of the population is Sunni. Al Istrabadi agreed with Prince Zeid that a partitioned Iraq is neither practical nor desirable; he suggested that even a so-called soft partition would be tantamount to ethnic cleansing. Most Iraqis, he noted, are of mixed descent both religiously and ethnically. The ambassador described himself as being mixed Sunni and Shia, and of Persian, Arab, Kurdish and Turcoman descent; he added that in this regard he is typical of most Iraqis.

Al Istrabadi noted that Iraqis themselves do not advocate a partition of Iraq, and he wondered how the advocates of partition (most of them American) could defend their position when Iraqis do not support it. Prince Zeid suggested that politicians “casually toss” this option around as a way of hedging: no one knows how the situation is going to unfold, yet lawmakers must put something forward. The Prince worried that the partition idea may become a self-fulfilling prophecy, despite its objectionable status for Iraqis.

Al Istrabadi noted that the question that we now face is how to move beyond the current crisis, which everyone agrees is rooted in insecurity. According to the ambassador, the fundamental problem at the root of the new sectarian violence is the existence of Sunni and Shia death squads. These death squads target the civilian population, and often have one foot in the government and the other outside of the government.

Prince Zeid commented that Iraq's neighbors could play a role in resolving the conflict, but that, unfortunately, meetings among diplomats often devolve into platforms for them to showcase their views before the media rather than being a venue for dealing effectively with substantive matters. Diplomatic meetings among Iraq's neighbors and at the United Nations Security Council must focus on halting the flow of extremists from the region into Iraq, and helping the Iraqis with what it is that they really need. When we look at post-conflict peacebuilding, Prince Zeid said, one obvious lesson is that post-conflict operations must be shaped by what the communities need, and this does not necessarily involve a heavy-handed military approach. The prince emphasized that the psychological effects of conflict are often overlooked and undervalued. He told the story of meeting a man in Bosnia who told him that while thousands of peacekeepers and special envoys are good, it would also do a great service to send in two thousand therapists.

Ambassador Al Istrabadi made a distinction between those elements in Iraq that are impossible to engage with diplomatically, and those with whom the government might reasonably negotiate. The Saddamists, for example, whose primary wish is to restore Iraq to the “good old days of their tyranny,” are not to be negotiated with. There are certain elements of the insurgency, however, which do have a negotiable political agenda and are comprised of true Iraqi nationalists. The ambassador acknowledged that it is incumbent upon the Iraqi government to reach out to these people to uncover their agenda, and to identify where compromises may be made on constitutional, legal, and reconciliation issues.

Prince Zeid disagreed with the ambassador on this point. The insurgents, Prince Zeid said, have insisted on sectarian violence from the very beginning. They are nihilistic in their approach to everything and, in the prince's opinion, not viable interlocutors because of this outlook; furthermore, neither military nor economic approaches are sufficient to do away with this element. Prince Zeid recommended instead that “as Muslims” Iraqis must reestablish the central position of traditional Islam, which includes the recognition of all schools of jurisprudence, Sunni and Shia alike, and the principle that decisions on jurisprudence and other matters (such as *fatwas*) have to accord with the methodology that is common to

all schools of thought (*madh'hab*) in Islam. Prince Zeid said that the process of reestablishing the central position of Islam to emphasize these values is already happening. But, he argued, this process must be devoid of any Western fingerprints or it will immediately fail. Nonetheless it requires the understanding of the West.

### *Question and Answer Session*

During the question and answer session for this panel, Ambassador Al Istabadi cautioned against hastily choosing words to describe the situation in Iraq. Words have meaning and consequences, he said, and even words that are tossed around in academia can have repercussions outside the academy's walls. For example, the ambassador emphatically argued, Iraqis do not feel hatred towards each other. Use of that word mischaracterizes Iraq's people, and this, he said, is what is wrong with the public discourse on Iraq in the United States.

One participant asked about the recent arrest of the second highest official at the Iraqi Ministry of Health. This official was arrested by the U.S. military and accused of being a member of a Shia death squad. It was alleged that he had played a role in the deaths of several ministry officials, and that he siphoned millions of dollars from the Ministry of Health, transferring it to the Mahdi Army and the death squads.<sup>1</sup> The questioner observed that the Iraqi Prime Minister opposed this arrest, which had led to a perception among Iraqi Sunnis is that the government is sectarian and will protect Shia death squad members and Shia thugs. He asked Ambassador Al Istabadi what his government is doing to change this perception. The ambassador responded by noting that both he and the prime minister have acknowledged that the death squads often have one foot in the government and one foot outside the government. The Prime Minister objected to the arrest based on the principle that Iraq is a sovereign government that cannot permit a foreign government to act on its own discretion within Iraq's borders.

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## **Panel II: Analysis, Causes and Impact of Conflict**

Dr. Sarmad S. Khunda, dean of the University of Baghdad School of Medicine, joined the symposium via telephone link. Dr. Khunda described the drastic decline in university staff over the course of his deanship: the university now struggles to operate at just one-third capacity of staff. The remaining professors and lecturers are extremely overworked, and many of those who left were the higher-ranking, more experienced professors. Dr. Khunda said that the university is trying to encourage the new generation to fill the vacancies, but it is exceedingly difficult to live up to the standards of the older generation because of the general deterioration of medical practice in Iraq and the collapse of health services around the country.

### *Question and Answer Session*

One participant asked why the Ministry of Health fell short of providing hospitals and clinics with the necessary medical equipment and supplies in 2006 even though it possessed the funds to do so. Dr. Khunda replied that the budget of the Ministry of Health is indeed about ten times larger today than it was prior to the occupation, but the lack of efficiency in distribution and communication is the real problem. Most of the money is simply wasted. The Institute's Jeff Helsing asked whether young people are coming out of colleges and not going into medicine, because of the security concerns in and around universities and schools. He also wondered about the possibility that informal networks might help train future generations of doctors and other health care workers. Dr. Khunda replied that medical school graduates are well aware that the situation in Iraq is deteriorating, so they tend to look outside of Iraq for opportunities to use the best equipment, new techniques, and to receive advanced training. Security concerns are also very significant. Some of Dr. Khunda's own colleagues have been murdered, and he knows professors who have been kidnapped and forced to pay enormous ransoms; none of them returned to the university afterwards.

Regarding the impact of these trends on medical education, Dr. Khunda noted that at the beginning of this academic year (2006–07), attendance rates were as low as one-quarter of enrolled students in class each day. Things improved after mid-year, however, and more students felt comfortable walking around campus and getting to the hospitals.

Dr. Khunda reported that the popular accounts coming out of Iraq regarding the incidence of doctors—especially university doctors—being specifically targeted by death squads are absolutely true. Doctors who are not aligned to any political party have been murdered for “no reason,” or simply for the fact that they are doctors and professors at the university. One frequent hurdle as the university tries to train the new generation of doctors, is that the new generation lacks the experience and exposure to the outside world that the previous generations of professors and doctors enjoyed. A doctor has to be an “international” person, good at communication, and possessing a wide view of his or her practice.

On the question of the potential for “telemedicine” and other ways for doctors outside of Iraq to provide assistance to the Iraqi medical community without physically being in country, Dr. Khunda was equivocal. There may be some promise there, he said, but that is no adequate replacement for an experienced doctor standing next to a medical student, watching his or her hand, and instructing him or her on procedure. Dr. Khunda indicated that he has attempted to convince his doctor friends in the United Kingdom to set up training teams in Iraq, but has been met with resistance because of safety concerns.

A participant asked Dr. Khunda to describe the situation with respect to service providers who are trained below the level of medical doctor: the nurses, midwives, paramedics, and so on. Dr. Khunda reported that this group of professionals is also hit by the same set of problems, but not as severely as the doctors are. Pharmacists, for example, are not targeted unless they own a private pharmacy, in which case they may face robberies. The quality of nursing in Iraq, he said, has always been rather poor, and one would not expect that to improve in the current environment. Dr. Khunda concluded by stating that the greatest contribution that medical colleagues overseas can provide is to come to Iraq and set up training facilities.

The symposium next heard from Commander David Tarantino, the director of the Medical Stability Operations and International Health Affairs for the Office of the Secretary of Defense, who gave a presentation on the linkages between health sector reconstruction in Iraq and the broader conflict. Tarantino observed that a country's pre-existing health sector capabilities have a strong bearing on reconstruction efforts. Afghanistan's severely limited health services stand in contrast to Iraq, where the health sector had been, at one time, highly sophisticated. The level of prior development, Tarantino noted, informs expectations during intervention and reconstruction. The initial looting of Iraq in 2003 had a serious impact on the health sector. It disrupted warehouses, clinics, and hospitals, and destroyed the Ministry of Health building. Tarantino noted that we still witness the effects of that initial psychosocial impact on Iraqi society, especially the prevailing sense of loss of control and lawlessness.

To provide a frame of reference in which to consider how health sector reconstruction fits in to the broader picture of reconstruction efforts, Tarantino outlined the linkages between the health sector and the “five pillars of reconstruction”: security, governance, essential services, economic development, and international collaboration.

**Security:** The connection between security and health is clear: insecurity usually increases the demand for health services, especially for trauma and emergency healthcare. Insecurity also has a bearing on mental health: consider a population that has experienced a chronic mental health strain over a long period of time (i.e., during Saddam's regime), and now faces an acute strain superimposed on that because of a crisis of insecurity (i.e., the current violence and instability in Iraq).

**Governance:** Good governance across and between all ministries will impact the efficacy of health service delivery through budgetary allocation and general management, but the effective governance

of the Health Ministry itself is the obvious link here.

**Essential Services:** Health is perhaps the quintessential service among all essential services. It touches all Iraqis and is frequently identified as a top priority in population surveys.

**Economic Development:** The health sector is a huge part of the Iraqi economy as it consumes a large portion of the budget and is essential to a productive workforce.

**International Collaboration:** The complex process of interactions in health sector reconstruction creates a microcosm that illustrates the challenges facing international collaboration across all sectors. International, bilateral, and multilateral donors and NGOs of all shapes and sizes work on health sector reconstruction. Collaboration and coordination among these different bodies—and even coordination *within* one major donor country—is highly challenging. The United Nations headquarters bombing in August 2003 was a major setback to international collaboration, as it led to a significant reduction in international “on-the-ground” activity. The ongoing security concerns mean that international groups are reluctant to hold training and face-to-face capacity-building programs in Iraq. Thus many Iraqis are brought out of the country for training—a sub-optimal choice in many ways. While health is a highly valued, highly visible, and highly appealing sector to which donors are eager to contribute, the initial default approaches of some donors (to send in pharmaceuticals; to evacuate Iraqis needing care) tend to be quick-fix projects rather than long-term capacity building programs.

### *Question and Answer Session*

Ambassador Al Istrabadi asked Tarantino to describe what strategies exist to protect international civil society organizations from attacks aimed at driving them out of the country. The commander's reply emphasized that security is paramount, not just as an end in itself, but so that they can work on all the other important areas such as health, electricity, governance, and so on. He also noted that the issue of neutrality is very difficult because NGOs often don't want to be seen as being protected by the U.S. military, and suggested that the military and NGOs need to work on finding new paradigms to work with this issue.

Another participant asked Tarantino to comment further on civil-military relations, particularly the relationship between the Provincial Reconstruction Teams (PRTs) and NGOs. Commander Tarantino said that this is an issue to which the military pays significant attention in both Iraq and Afghanistan. Various practices and procedures exist to conduct civil-military coordination. The PRTs were meant to be civil-military teams, but they've been largely military teams because the security situation has made it difficult to bring even U.S. government civilians into Afghanistan and Iraq, let alone the employees of international organizations and NGOs. Improving civil-military relations remains a work in progress in both Iraq and Afghanistan. Tarantino said that civilians and military are constantly trying to improve on these issues through symposia and seminars, which are held with stakeholders at the local level.

### **Panel III: Improving Health Services**

Dr. A. Hadid Khalili, former head of the Iraqi Board of Neurosurgery, gave an overview of the history of healthcare in Iraq. He reminded the audience of Iraq's place in the history of medicine, where anatomy, physiology, etiology and diagnosis of disease, pharmacology, and the very symbol of medicine (the snake and the staff) were first developed. Having flourished since its 1927 founding, the Baghdad medical school began to deteriorate when Saddam Hussein came to power. Administrative positions at the level of the Health Ministry and within hospitals were filled with political appointments rather than qualified staff. The sanctions that began in 1990, Khalili said, made things even worse. UNICEF and WHO have reported that during the 1990s Iraq was one of only 14 countries (nine of which are African) that experienced an overall *mortality increase* over the course of the decade. In Iraq, this decline is not attributable to HIV/AIDS but rather to a decline in the overall level of healthcare available to citizens.

Since the occupation, Iraq has seen further major increases in incidents of diarrhea, communicable diseases, preventable diseases, surgical diseases, and poor nursing. The war and all of its problems—looting of hospital buildings and health areas, destruction of health centers, and the insurgency—have decimated health services in Iraq. UNICEF has reported that at least 200 children are dying every day from malnutrition, lack of clean water, and a lack of medical equipment and drugs to cure easily treatable diseases. Khalili referred to an article from the *Los Angeles Times* from late 2006, which reported that at Yarmouk Hospital, second in stature to Medical City Hospital in Baghdad, there have been more than 1,800 preventable deaths in just one year.<sup>2</sup> The situation is a humanitarian catastrophe, according to Khalili, as supplies of drugs, blood bags, oxygen, antibiotics, vaccines, and intravenous fluid have run out and not been replaced. Khalili also referred to the 2006 Johns Hopkins study, which calculated that between March 2003 and July 2006, there were 655,000 “excess deaths” in Iraq, over 50,000 of which resulted from disease and other non-violent causes.<sup>3</sup>

Dr. Khalili noted that emergency healthcare in Iraq suffers from many of the problems that in-hospital care faces (lack of electricity, personnel, and equipment). Additionally, there is no proper rehabilitation of patients, nor is there proper professional training and development for medical staff. Medical records are inadequate because most of them were burned when the hospitals were looted. Ethical standards have been breached, and there is no national licensing board to qualify people to practice medicine. Khalili argued that the most immediate problems to focus on are the shortages of emergency supplies and the poor condition of existing emergency rooms. He told the story of a friend who was badly burned when an overworked generator burst on him. Of the fourteen patients present at the burn unit to which he was admitted, Dr. Khalili's friend was the only one who survived. Their deaths, said Khalili, can be attributed to the lack of proper antibiotics and lack of quality care. Each of those thirteen deaths, said Khalili, was preventable.

Khalili suggested that telemedicine and mentoring programs could be highly valuable. Student-to-student or teacher-to-student mentoring programs, in which doctors from abroad communicate with Iraqi medical students via email, would greatly help the morale of Iraqi medical students while giving them a window to outside society. Dr. Khalili also suggested the value of establishing sister-school relationships between medical schools in Iraq and foreign schools. In conclusion, Khalili said, the human tragedy in Iraq is massive, the task of reforming the health sector is big, and the responsibility belongs to all of us.

#### *Question and Answer Session*

One participant asked Dr. Khalili if he concurred with other people's thoughts on the severity of the lack of technological tools like MRI machines. She mentioned that in other countries, some doctors pride themselves on their ability to perform highly accurate clinical diagnoses without the assistance of the high-tech machines often used in diagnoses in the West. Khalili responded with a brief discussion of the types of sophisticated (for their time) technologies that had been available to his generation of Iraqi medical students and doctors; he noted that Iraq was actually more advanced than many Western countries in terms of its ability to perform sophisticated diagnoses. But now, this use of technology is almost completely absent from Iraq.

Another participant asked what other approaches can be taken in the short-term, given that the security issue is not likely to be resolved in any kind of short-term time frame. Dr. Khalili reminded the audience that there *are* parts of Iraq that are relatively safe, and this is where some of the most effective work can be done. Regarding partnerships between medical schools in Baghdad and those in the United States, Dr. Khalili said that there are some such programs already underway between Georgetown University and Iraqi doctors. Dr. Khalili said that he is encouraged by the consistently positive response that he receives regarding these types of initiatives, and he hopes that more will commence.

All of the speakers at this event agreed that the degradation of health services in Iraq has become a critical problem—one that obstructs efforts to rebuild a stable, peaceful country. Another common theme



emerging from the presentations was the importance of rebuilding and sustaining the local capacity of Iraqis, which was so significant in the past. While some speakers saw more reason for optimism than others, they all argued for the engagement and coordination of international actors working in and on Iraq.

## Notes

1. See, e.g., Damian Cave, "Iraq's No. 2 Health Official is Held and Accused of Financing Shiite Militants," *New York Times*, February 9, 2007; Louise Roug, "Iraqi Health Official is Arrested in Sweep," *Los Angeles Times*, February 9, 2007.
2. Louise Roug, "The Conflict in Iraq: Healthcare; Calls for Execution," *Los Angeles Times*, November 11, 2006.
3. Gilbert Burnham et. al, "Mortality After the 2003 Invasion of Iraq: A Cross-Sectional Cluster Sample Survey," *The Lancet* 368, no. 9545 (2006): 1421-1428.

## Of Related Interest

- [Defining Conflict and Its Effects on Health: Case Study on Iraq](#)  
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