Tom Lantos Human Rights Commission Hearing
The Humanitarian and Human Rights Crisis in Iraq

Written Testimony by Dr. Mazin Al-Jadiry

Introduction

To give you a reasonable profile of our situation, we need one thousand and one nights instead of only 1000 words over 7-10 minutes. It might be enough to suffice, as an introduction, to tell you we are living in a wounded land called Iraq and currently we need palliative care rather than curative treatment.

Our country, where I have practiced medicine for 25 years, had one of the best health-care systems in the Middle East; one that provided free, good quality medical services. This changed dramatically beginning in 1990. Since then most of the systems, institutions and government structures that would support a modern industrial country and make "good health" possible – have been damaged or broken.

The Concept of Health as a Human Right

WHO defines health as: a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is identified as a human right in the 1948 Universal Declaration but the document has no binding legal power. More recent covenants identify six basic rights that, taken altogether, help us define and understand health: adequate housing, education, food, social security, decent work and "the highest attainable standard of physical and mental health". I will talk about health in Iraq from this broad definition.

I will focus on two things. First, the magnitude of the over-all collapse of the country, how it affected health and how difficult it has been to recover. And secondly the impact of the last two decades on children, what that tells us about the present situation and the outlook for good health in the future.

History and facts

The Iraqi health care system and over-all health, especially the health of children and other vulnerable populations deteriorated significantly after 1990. By 1997, WHO reported the health system was "…close to collapse…" Two years later, in March 1999 the UN report on the Humanitarian Situation in Iraq, described the health care system as "decrepit" reporting that the country had "… experienced a shift from relative affluence to massive poverty. ... the infant mortality rates in Iraq today are among the highest in the world, low infant birth weight affects at least 23% of all births; chronic malnutrition affects every fourth child under five years of age; only 41% of the population have regular access to clean water; 83% of all schools need substantial repairs."

According to the *Summary Report* prepared by UNICEF for the UN Special Session on Children in May 2002, the Under 5 Mortality Rate (U5MR) went from 50 in 1990 to 130 deaths per thousand children in 2000, an increase of 160%. Children in Iraq declined

more in the decade 1990-2000 than children in any other country in the world.

It has been impossible to gather reliable data on children since then. Some months after the 2003 war, my colleague Dr. Salma Al-Hadad attended an international medical conference in Jordan. Delegates agreed their first priority would be for a team to come to Iraq to conduct a comprehensive health assessment so we could develop a plan to meet the medical needs of children ahd their families. But, no one came because of the lack of security. No one came.

I was asked to testify about health across Iraq, but I cannot summarize it with any accuracy. We still don't have the data. What we do have and what I can share with confidence is our own statistics and narrative of children's health written by hand by me and the other doctors in our oncology unit. There is no IT or data management. And we are one of the biggest pediatric cancer centers in the Middle East, dealing with almost twice as many patients as the King Hussein Hspital in Jordan, and similar in size to the entire Harvard pediatric cancer centers. Remember, we are talking about a unit in a hospital, where we regularly average 1.5 newly diagnosed patients every working day. This, by any measure in the world, is a huge number of patients, especially in an underdeveloped and under-resourced setting like ours.The unit has a capacity for 30-40 beds, but in-patients usually number from 60-80. We have an average of 300+ newly malignant cases per year.

Responding to the challenges has been difficult

Despite the challenges, and despite the fact that our emotional and professional capacity --as doctors and nurses left to care for an increasingly unhealthy population-- is depleted, no one on the oncology team in our unit thought of leaving. An Iraqi poet puts it this way: The sun in my country is more beautiful than in others. And the dark, even the dark there is nicer. It embraces Iraq.

We stay and we work tirelessly to improve the quality of care. But we have a shortage of doctors and well trained nurses. Most nurses have only a secondary school education; they have not received basic training in nursing and medical fundamentals. Only 25% are college graduates. Many doctors left and many continue to leave in response to the on-going violence and instability. Many who stay have no context to measure the quality of care we are providing. This is a problem. Iraq is isolated from the international intellectual, scientific and medical community that cross-fertilizes ideas, that connects people and resources to help achieve the best practice and the best care for patients.

We have less capacity and more patients with more serious illness. Their families have more serious problems than we used to see, problems that affect the way they can or cannot cope when their child is diagnosed with a serious illness. We find everyone in the family unit is in "bad health. Yet there are no multidisciplinary teams in Iraq such as one finds in western countries. No social workers, teachers, spiritual advisors or child life therapists in the hospital. No one to connect them with social services to support and sustain them through hard times.

All of us are suffering from the cumulative effects of a series of long-term crises. It affects our ability to care for patients. Maybe this is why Iraqis prefer to die at home rather than in a hospital. A hospital is not a drug. It is a place, person and time offered to the patient. It is a smile, orientation and trust. It is a knowledge and well-structured practice. Sadly, I find a paucity of these attitudes and capacities in our system.

It hasn't always been this way. We have been experiencing a perfect storm in Iraq: a compromised health care system, struggling to treat an increasing number of patients whose overall health is declining.

What does it say if I tell you that a consultant pediatrician, after having her breast cancer scientifically assessed in Beirut, followed medical protocols with tele-consultation in the U.S. She received her chemotherapy treatment in her office in Children's Hospital, and not in another hospital. And, why did I take my father to Lebanon for GI intervention even though such a procedure is available in Iraq?

<u>What is Working and What will be of help</u>

We know we need help. Our unit has both reached out and been open to offers of international help and collaboration for the last two decades.

One collaboration, with an Italian team of doctors, beginning in 2003, has been the single most significant aspect of improving cancer care on our unit, providing us with much-needed social, psychological and scientific support. Communicating for two hours per week, takes us away from the agonizing stress of our daily activities. We find collegiality and valuable professional opportunities to address critical medical and scientific issues. Our patient outcomes have improved in some cases, which contributes to our confidence and our capacity to provide better care.

In March of 2013 we organized a week of lectures, training and observation in Medical City as part of our project*, Baghdad Resolve: An International Collaboration to Improve Cancer Care in Iraq.* One of our long-term nurses commented that it had been the "…best week of my life," in terms of professional development, support and encouragement.

What we need to improve Health, to claim health as a human right in Iraq is long-term stability. This would enable our government to direct adequate and necessary financial resources to critical human needs and would enable health care providers to develop and take advantage of more international collaborations to improve our capacity to deliver quality health care to Iraqis.

Respectfully submitted,

Dr. Mazin Al-Jadiry
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