
Documentation

'We must not sit by as this slow death continues'

Dr. Margit Fakhoury is a German pediatrician who worked at the Baghdad Children's Hospital between 1972 and 1982. As members of the delegation of the Committee to Save the Children in Iraq, she and her husband traveled with Michael Weissbach and Muriel Mirak-Weissbach to Baghdad on July 7. She examined dozens of children wounded in the war, and selected a group of 22 to be brought to Germany on July 30 for treatment currently not available, because of the embargo, in Iraq. Dr. Fakhoury, who is also a representative in the Committee of the Vienna-based International Progress Organization, depicted the situation in Iraq under the embargo, at a press conference in Bonn on Aug. 8. Comparing her recent trip with an earlier March visit, she stressed that the embargo had prolonged the wartime misery.

Unless the embargo is lifted, only the wealthiest in Iraq will escape epidemics and famine. For example, a 40-day-old infant, whose mother could neither breast feed nor buy milk, was so undernourished that if the child lives, it will be handicapped for life. In a poor district of Baghdad, we visited the Sheikh Omar Center, responsible for treating 8,600 people, 50% are children under five, and 20% are under two years of age. Since the parents have no money, the children have no milk; state rations have to last a month, whereas a child needs 1 kilogram per week of milk powder. Tons of milk brought by relief groups last only a few days. For adults a similar picture emerges: Rations cover 1,000 kilocalories, half the daily requirement. People are forced to sell belongings to feed their families. DanChurchaid, the League of the Red Cross and Red Crescent, and German relief organizations have set up feeding stations in northern and southern regions; the question is: Is Baghdad deliberately left out?

As for hospital care, this situation is somewhat better than it was four months ago; there are more antibiotics, but still a minimum compared to Germany. Since medicines come through relief shipments, hospitals are forced either to treat fewer patients fully, leaving others untreated, or to distribute the medicine among larger numbers, thus providing insufficient treatment for each. Both methods are irresponsible from a medical point of view. No one knows when the next shipment will come. The result—death or lifelong handicap: Is this what the war and embargo wanted to achieve?

The director of an infant ward complained that there were no bulbs for photo-lamps in all of Baghdad. Especially in summer, the number of newborns with jaundice increases,

and if they cannot receive photo-therapy, then a complete blood exchange transfusion is necessary; but this can't be performed, because of lack of equipment. The result is kernicterus, severe cerebral damage. St. Elisabeth's Hospital where I work in Essen, immediately provided for 100 such bulbs to be sent. But how many newborns can they help?

Meningitis can be diagnosed only clinically, not through lab tests, because puncture needles for extracting cerebrospinal fluid are lacking. Tuberculosis cannot be diagnosed because of the lack of test serum. X-rays are done only in emergency cases, because of the lack of film and developing fluid. BCG vaccine against TB is not available. In the absence of diagnostic and therapeutic capabilities, the result is, especially for small children, a pitiful death.

The children's hospital cancer ward director complained of the partial or total lack of various cytotoxic medications. The result is that leukemia patients, who can be cured in Germany, are condemned to death. Vaccines are lacking which are needed to prevent epidemics. Typhoid and cholera cases are increasing, especially in the northern and southern regions of Iraq, where drinking water is not sufficient, either because of the lack of electricity or of chemical substances for purification. Medicines for treatment, both antibiotics and rehydration liquids, are available in insufficient quantities.

The director of the neurological clinic complained that he can perform only 6-10 operations per week, because anesthetics are unavailable, and because pre-operative examinations have been made impossible by the lack of spare parts for laboratory equipment. Before the embargo, he performed about 200 operations per month. Patients are dying like flies. "I cannot take responsibility either for performing or refusing to perform surgery," [he said].

Adults and elderly patients are suffering very severe strokes because of the lack of medications to treat high blood pressure. The same for heart patients and diabetics. Medicine is not available for fever in infants and for epileptics. The result is increased destruction of nerve cells and increased handicaps.

Non-governmental U.N. agencies, relief groups worldwide warn of the threatened famine. The Médecins Sans Frontières group reports that medicines and medical goods arrive in Iraq in insufficient quantities. Oxfam water engineers describe the drinking water in southern Iraq as undrinkable. The World Food Program reported, before the latest price rise, that an Iraqi family would require two average monthly salaries in order to buy the most vital food items.

All this means a catastrophe in the making. The total food and medicine made available for 1991 by all relief organizations amounts to about \$200 million, which is 5-6% of the \$3.4-4 billion worth that Iraq previously imported annually.

The only possibility of warding off a man-made catastrophe is through the immediate lifting of the embargo. Only when Iraq is allowed to buy what it needs with its money, can the civilian population, especially the children, be helped. We must not sit by and watch as this slow death continues.