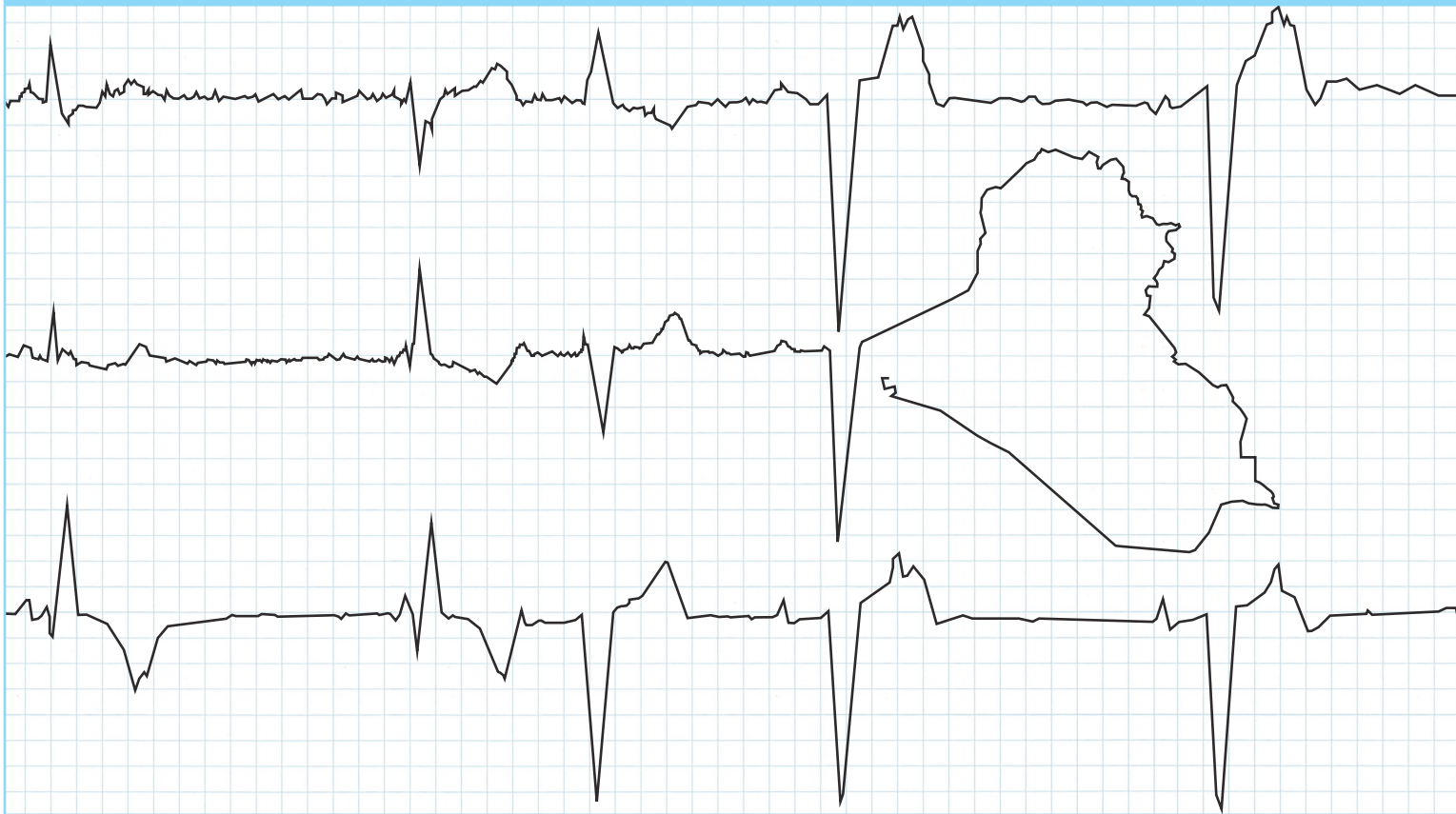


# Five Ways to Destroy a Nation's Health-Care System

BY RYAN ROSENBERRY



BEFORE YOU READ ANOTHER WORD, I want to put you at ease. This is not a commentary on or criticism of any health-care plans in America, recent or otherwise. This is an exposition and explanation of the factors that contributed to the crippling of the health-care system in Iraq. The individual factors are detrimental and damaging in and of themselves; the combination of them forms a perilous synergy of destruction that has left, not only the medical facilities, but the lives of the Iraqi people in ruins. ¶ Here they are, five ways to destroy a nation's health-care system:



## Limit a country's ability to operate politically and economically

**IN AUGUST OF 1990**, Iraq invaded Kuwait. Shortly following the invasion, the UN Security Council passed Resolution 661, which imposed broad, restrictive regulations upon Iraq. These regulations stipulated that no country in the UN would import any goods into nor receive any goods from Iraq or Kuwait. Other than goods “intended strictly for medical purposes, and, in humanitarian circumstances, foodstuffs”, the Iraqi and Kuwaiti borders were essentially locked down.

Unfortunately, the sanctions did more than impede the political and military action of the Iraqi aggressors. The Iraqi economy that had been so dependent upon oil exports and foreign trade crashed as a direct result of Resolution 661.

In 1989, prior to the implementation of the sanctions, Iraq's gross domestic profit was over \$66 billion. Just seven years later it was estimated as being \$10.8 billion. In 1989, annual income per household was \$3,510, and by 1996 had fallen to less than \$500. But it was not just Iraqi pocketbooks and bank accounts that were affected. Before the sanctions, 93 percent of the population had ready access to health care institutions, which were staffed primarily by physicians who had been trained in Europe or the United States. But the economic plunge made basic needs like medical care and nutritious food unaffordable for many families.

This economic collapse primed the country for the health crisis it is in today, a health crisis that led to the death of inestimable millions over the last two decades.



## Reduce the number of medical professionals in the country

**BEFORE RESOLUTION 661 WAS PASSED**, the practice of training Iraqi medical professionals in the UK and USA was so common that an estimated one quarter of Iraqi doctors were board certified. However, after the sanctions were in place, this practice sharply declined, as did the quality of their education.

In some areas, insurgents targeted medical professionals, and, although most doctors were not individually targeted, they were still in danger. Ambulances were frequently robbed of their medical supplies, and it was not uncommon for gunmen to enter hospitals and force doctors to care for their injured family members or comrades.

Further compounding the lack of doctors is the lack of access to medical facilities. Freedom to travel to medical facilities and seek medical professionals is hindered by the violence of insurgents and the checkpoints intended to stop the violence. Measures intended to increase security have inadvertently contributed to the problem.

Another blow was dealt to the stability of Iraq's health-care when many doctors and nurses - who were lucky enough to escape death—fled the country in a mass exodus, further damaging the quality of the Iraqi health-care system.

The murder and exodus of Iraqi health-care professionals is tragic. It left families broken and patients without the care they need. But the negative effects extend beyond their families and the patients they left behind. Without their mentorship, expertise, and knowledge, generations of students from universities and teaching hospitals will continue to have insubstantial educations.



## Destroy the physical infrastructure that supports and enables quality health-care

**IN 2003**, American and Coalition forces destroyed two primary public health laboratories and an estimated 12 percent of hospitals. While speaking about the state of the nation's health-care infrastructure, former Minister of Health of Iraq, Khudair Abbas, explained that of the remaining primary care centers, “15 percent have been looted. Even though 80 percent remain intact, 40 percent need extensive repairs...13 percent do not have clean water and one third are staffed primarily by paramedics rather than physicians”.

During the Gulf War, American and coalition forces destroyed key elements of Iraq's infrastructure. “Bridges, communications, electricity supplies, water and sewage systems, weapons factories, health-care facilities, administrative centres, warehouses” and homes were destroyed. While this may have been a strategy aimed at ceasing Iraq's ability to make war, this strategy did far more than defeat the Iraqi military.

Martii Ahtisaari, Under-Secretary-General for

Administration and Management, made the bleak observation that, “food that is imported cannot be preserved and distributed; water cannot be purified; sewage cannot be pumped away and cleansed; crops cannot be irrigated; medications cannot be conveyed where they are required; needs cannot be effectively assessed. It is unmistakable that the Iraqi people may soon face a further imminent catastrophe, which could include epidemic and famine, if massive life-supporting needs are not rapidly met.”

The destruction of these necessary elements of infrastructure “provided the preconditions for famine and epidemic.”



## Reduce governmental health-care funding

**IN THE 1990'S** Saddam cut spending on health-care by 90 percent. Without adequate funding, research, continued education, supplies of necessary equipment, and valuable public health programs all suffered or were removed. For example, many of the personnel and facilities for diagnosing cancer and diabetes were eliminated. Because of this, countless cases of cancer and birth complications from diabetes went undiagnosed and untreated.

Without adequate funding, patients' needs far outstripped a hospitals' ability to treat them. Underfunding and poor organization instigated a trend of shortages, and when the transitional government took over, “40% of the 900 essential drugs were out of stock in hospitals and 26 out of 32 drugs for chronic diseases were unavailable”.

Without funding and governmental support, the health-care system rapidly deteriorated.



## Overburden the health-care system by creating too many patients

**THE ABOVE CONTRIBUTING FACTORS** deal primarily with political, structural, organizational, or educational deficits. Ultimately, however, it is the population of patients that composes the largest component of any health-care system. And, regrettably, there is a vast population of patients in Iraq.

The demolition of water and sewage treatment plants led to outbreaks of typhoid and cholera. In 1989, there were no cases of cholera per 100,000 people; just 5 years later there were 1,344 cases per 100,000 people.

According to studies, by 1996 31 percent of children under five were chronically malnourished. Just a year later, there were a million children under the age of five who were malnourished, and a year after that 70 percent of women were suffering from anemia. Another study, consistent with the information on malnutrition, found widespread, chronic stunting in school children as an indication of long-term malnutrition.

As shown above, poverty is wide-spread and negatively affects the livelihood of the people. Low socioeconomic status is associated with lower levels of education, poorer nutritional intake, and higher risk of congenital heart defects.

A poor diet contributes to far more negative effects than weight loss, anemia, nutritional deficiency, and compromised immune system. Without the funds to afford healthier food, mothers with higher intake of saturated fats and lower intake of nicotinamide (vitamin B3) have increased risk of giving birth to children with congenital heart defects. Furthermore, low dietary intake levels of folic acid (vitamin B9) around the time of conception have been linked to higher risk of neural tube disorders.

But nutrition and education are not the sole arbiters of death and ill health. Many parts of the country still suffer from the chemical and biological attacks perpetrated by Saddam Hussein. Not only are individuals suffering from primary exposure, but research supports that children of those who were exposed suffer secondary effects in the form of birth defects.

The list of health problems and their contributing factors continues ad nauseam, and the patient-load continues to overwhelm doctors. By 2005 there were 15 hospital beds, 6.3 doctors, and 11 nurses per 10,000 population.

**IN SUMMARY**, the evidence has shown that the abhorrent state of Iraq's healthcare system has been nearly two decades in the making. The downward spiral began with sanctions in the 1990's by making the nation more susceptible to economic collapse. This downward spiral was exacerbated by a multitude of factors including military action by the US and Coalition forces, violence wrought by religious extremists, and a vast backlog of patients.

The question remains, is it too late? Is it futile to attempt to reconstruct and rebuild the Iraqi healthcare system? Is Iraq just too far gone?

We don't believe so. We believe the restoration of Iraq is happening now.