

IRAQ: NO LET-UP IN THE HUMANITARIAN CRISIS



ICRC



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Wissam Al-Okaili/AFP PHOTO

Five years after the outbreak of the war in Iraq, the humanitarian situation in most of the country remains among the most critical in the world. Because of the conflict, millions of Iraqis have insufficient access to clean water, sanitation and health care. The current crisis is exacerbated by the lasting effects of previous armed conflicts and years of economic sanctions.

Despite limited improvements in security in some areas, armed violence is still having a disastrous impact. Civilians continue to be killed in the hostilities. The injured often do not receive adequate medical care. Millions of people have been forced to rely on insufficient supplies of poor-quality water as water and sewage systems suffer from a lack of maintenance and a shortage of engineers.

Many families include people who have been forced by the conflict to flee their homes, leaving those left behind with the daily struggle of trying to make ends meet. A sustained economic crisis marked by high unemployment further aggravates their plight.

To avert an even worse crisis, a renewed effort is required to address the everyday needs of Iraqis. As a matter of priority, every Iraqi man, woman and child should have regular access to health care, electricity, clean water and sanitation. Moreover, all those involved in the conflict and those who can influence them must do everything possible to ensure that civilians, medical staff and medical facilities are not harmed. This is an obligation under international humanitarian law that applies to all parties to an armed conflict – both States and non-State actors.

Despite the difficult security situation, the ICRC has been able to help hundreds of thousands of the neediest Iraqis. It has been working closely with local organizations to ensure that people all over the country receive the aid they most require.

It is extremely difficult to obtain reliable and comprehensive statistics on the state of public services in Iraq. This report is based on the findings and observations made by ICRC personnel during their regular contacts with staff in hospitals, health-care centres and water and sanitation facilities, with public authorities and with other organizations.

BROKEN FAMILIES

Decades of conflict since the outbreak of the Iraq-Iran war in 1980 have taken a heavy toll on Iraq's population. Thousands of families have been torn apart, deprived of their breadwinner, and have relatives who are sick, injured or detained, or who have been forced to flee their homes, often to move to another region or to leave the country altogether. Many lives and livelihoods have been severely disrupted. Those left behind are increasingly vulnerable and have difficulty coping. Women are among those worst affected.

“Not knowing what happened to a husband, a father or a brother in the midst of war is hard for women. On one hand, in their society, they are not wives or widows – they are something in between. On the other, they become the breadwinners in their families. The ICRC, on behalf of the families, promotes the “right to know.” States have an obligation to find out what happened to missing people and inform their families.”

Jamila Hammami, ICRC tracing officer for Iraq.

ICRC ACTIVITIES IN 2007 IN BEHALF OF FAMILIES OF MISSING PEOPLE

The ICRC endeavours to find out what has happened to people missing as a result of armed conflict, working in cooperation with the authorities. This includes supporting the authorities' efforts to establish a mechanism for finding out what has happened to people missing as a result of the Iran-Iraq conflict.

In 2007, the ICRC helped to clarify the fates of 94 missing Iraqis. The ICRC was also able to elucidate the fates of 12 people missing since the 1990-1991 Gulf War, bringing the number of solved cases to 293.

Throughout 2007, the ICRC helped medico-legal facilities dealing with mortal remains by providing forensic equipment, including sequencers (which make it possible to examine DNA samples and match them against samples from the families) and the ultra-low-temperature refrigerators needed to conserve DNA samples at -70°C. The ICRC also carried out essential maintenance work on the mortuaries of five hospitals.



Hicham Hassan/ICRC

ICRC VISITS TO DETAINEES IN 2007

The ICRC regularly visits people held by the Multinational Forces in Iraq, the Kurdish regional government and the Iraqi Ministry of Justice to assess their conditions of detention and treatment. The ICRC gives them the opportunity to exchange family news with their relatives through Red Cross messages.

In 2007, the ICRC visited 21 places of detention all over the country holding more than 33,500 detainees. ICRC staff met individually with around 5,000 detainees. Over 76,000 Red Cross messages were exchanged between the detainees and their families. The ICRC collected and delivered the messages together with the Iraqi Red Crescent.

The ICRC also provided a travel allowance for some 31,000 family members visiting more than 11,600 detainees at Camp Bucca and the Divisional Internment Facility at Basra Airport.

According to public sources, between 375,000 and 1,000,000 Iraqis went missing in conflicts between 1980 and 2003. Tens of thousands of people have disappeared since then. Many of those killed in the current violence have never been properly identified, because only a small percentage of the bodies have been turned over to Iraqi government institutions such as the Medical-Legal Institute in Baghdad.

Tens of thousands of Iraqis, almost all of them men, are currently in detention, often far from their homes. In many cases, the household they left behind is now headed by a woman. Camp Bucca, situated in the southern part of the country near Basra, and managed by the United States-led Multinational Forces in Iraq, is the largest detention facility in the country with more than 20,000 inmates. The families of the inmates come to visit from all over Iraq, especially Anbar governorate and Baghdad. Most visitors are women, since it has become extremely dangerous for men to travel between governorates. For a two-hour meeting with their detained husband, father, brother or son, they take their children on a perilous journey that can last several days but prior to the war would have taken only a few hours. Many of them can only make the trip thanks to financial support from the ICRC.



“I left my house almost a year ago along with my wife. She had been pregnant, but before leaving home she was injured and we lost our baby. I saw my house on TV three months ago, when there was an explosion just in front of it. My heart was pounding and I did not even dare call my wife to come look because I knew it would hurt her more than anything. We cannot have a child now because we are living at her cousin’s house with two other families. Anyway I don’t even earn enough to support the two of us.”

Tarek (33)

“Two years ago, my three-year old sister and I left our home in Basra and went to stay at our aunt’s house. My parents said that everything was okay and that they would join us in a week. We took some clothes and my sister took her doll. We waited for weeks but my parents never came. My aunt told me that I am the man of the family now and that I should take care of my sister. She doesn’t know our parents are dead and always asks when we will go back home. But when I am older I will take her home and I will take care of her.”

Ali (13)

ICRC RELIEF ACTIVITIES IN 2007

In 2007 the ICRC provided relief items both for internally displaced persons and residents. Distributions were carried out either by the ICRC itself or with local Iraqi partners such as the Iraqi Red Crescent.

- A total of 140,000 internally displaced persons and 60,000 needy residents received food and other essential items.
- The ICRC also supplied 16 Iraqi Red Crescent branches with relief items for distribution to almost half a million vulnerable people.
- The ICRC’s micro-economic projects benefited more than 6,000 needy households across the country. Fertilizer, seed and tools were distributed for kitchen gardening, and materials and advice were provided for beekeeping. Other projects included the repair of irrigation canals and the production of concrete blocks.



Ahmad Al-Rubaye/AFP PHOTO

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“My children and I left my home in Anbar governorate almost two years ago. My husband had been killed right in front of us. I had to protect my children, so we fled the same night with nothing but some money. For me, today, there is no past and no future, only a horrible present. I only wish I had some photos of my husband and my family. I can see it all in my mind but I don’t know for how long I will remember. There was a time when we always sat down together for lunch and laughed. Today, we are living with my cousin’s family. There are 12 of us in one room. I don’t want my old life again because I know it is impossible without my husband. All I want is for my children to go to school and lead a normal life.”

Ruba (38)

HEALTH CARE IN CRISIS



Five years after the war began, many Iraqis do not have access to the most basic health care. There is a lack of qualified staff and many hospitals and health-care facilities have not been properly maintained.

Because of poor security conditions in much of the country, the sick and injured are often cut off from access to medical care. In some areas, it has become extremely difficult to provide emergency medical services, supplies or equipment because of numerous checkpoints on the roads and curfews restricting movement.

Some people go to private clinics, which are safer but also more expensive – so much so that a large part of the population could never afford them. A private-sector consultation typically costs between two and seven US dollars, depending on the quality of the service. It is not at all clear how people earning less than five dollars a day could ever pay so much.

Hospitals and health-care centres often lack drugs and other essential items. There are not enough functioning emergency rooms and operating theatres to cope with mass casualties. There are currently 172 public hospitals with 30,000 beds – well short of the 80,000 beds needed – plus 65 private hospitals. Most of the hospitals were built over 30 years ago and are in sub-standard condition. This is also true of many of the primary health-care centres, which have been using the same equipment for 25 years. Medical facilities and equipment everywhere except in the northern part of the country are regularly in need of repair and upgrading. Because of the poor security situation, proper maintenance has been impossible.

The lack of qualified and experienced medical staff, in particular in the governorates of Najaf, Missan, Anbar, Wasit and Babil, has had a direct impact on the level of care available. For instance, the lack of midwives means that many women giving birth at night must do so without assistance, since poor security conditions and curfews prevent them from going to hospital. Like many other Iraqis, medical doctors, nurses and their families are in danger of being kidnapped or killed. Some have received threats against them. According to official Iraqi sources, more than 2,200 doctors and nurses have been killed and more than 250 kidnapped since 2003. Of the 34,000 doctors registered in 1990, at least 20,000 have left the country.

The Iraqi health-care system is now in worse shape than ever. Many lives have been lost because prompt and appropriate medical care is not available. More needs to be done to ensure that all Iraqis have access to improved health services. Medical personnel and the facilities they work in must be better protected against the impact of war. There needs to be a renewed effort not only to maintain and upgrade medical facilities but also to develop the skills and capacity of medical staff.

“There is a feeling among Iraqis of mistrust and despair in the services provided for them.

It would be dangerous for people to get used to the current level of health services, which is far below the minimum required. The health authorities are attempting to remedy the situation, but because resources are scarce and the security situation is poor that will take some time.”

Pascal Ollé, ICRC health coordinator for Iraq.

THE DECLINE OF THE IRAQI HEALTH-CARE SYSTEM

Because of years of sanctions and recurrent armed conflicts, the Iraqi health-care system had already started to deteriorate well before 2003. This has had an impact in such areas as preventive and curative care, nutrition and health education.

The deterioration of health-care facilities since 1980 is partly due to a failure to expand the facilities sufficiently to keep pace with population growth. Sanctions imposed after 1990 caused the Iraqi health-care system to shift its emphasis towards emergency services at the expense of the treatment of chronic diseases, public health programmes, infrastructure maintenance and training of personnel.

ICRC SUPPORT FOR MEDICAL SERVICES IN 2007

The ICRC supports emergency medical services by upgrading facilities and supplying surgical equipment and other medical supplies. It responds to mass casualties by providing emergency assistance for hospitals treating the wounded.

In 2007, the ICRC supplied 28 hospitals with medical supplies and with drugs sufficient to treat over 5,000 war-wounded persons. It also provided equipment for almost 70 emergency rooms and 30 operating theatres. Medical supplies, including anaesthetics, dressing materials and syringes were delivered to more than 80 hospitals and 12 primary health-care centres.

The ICRC also carried out repair work on electrical and mechanical installations and water and sanitation facilities, including sewage and drainage systems, in hospitals and primary health-care centres. In addition, it built three new primary health-care centres.

“As an Iraqi citizen and a medical doctor, I know about the lack of medical services. In 2000 and 2001, services were provided for free. Today they still are, but there are fewer such services, for several reasons, including the lack of specialized staff and medical equipment...

I live with my mother in Baghdad. She is 70 years old and enjoys relatively good health. For life-saving matters, for instance in the event of high blood pressure or a heart attack, there are two possible scenarios. If something happened at night, it would be very difficult to take her to hospital because of curfews. An ambulance might come from the hospital to take her, but then it might be too late. If something happened during the day, traffic jams and blocked roads would make it difficult to reach a hospital in time...

For chronic diseases, it is even more difficult. There are only a handful of specialized hospitals in Baghdad and few specialized doctors. To treat cancer, for instance, surgery is possible inside Iraq but not chemotherapy, which is a crucial part of the treatment. This means that people who can afford it have to seek treatment outside the country.”

Dr Ibrahim (not his real name), an ICRC medical doctor working in Baghdad and the central governorates .

WATER: STILL SCARCE AND OF POOR QUALITY

Many Iraqis are forced to rely on unsafe water sources. The impact of population growth, rising prices and poor security conditions is exacerbated by the lack of qualified staff needed to maintain and repair water and sanitation facilities. At the same time that needs are increasing, these facilities have effectively collapsed in some parts of Iraq. Even areas where security has improved have not been spared, as an influx of displaced people has put additional strain on the limited services available. Except in some areas in the south and north of the country where the production of drinking water has increased, the situation has steadily worsened over the past year.

As a result, many Iraqis can no longer rely on public services for clean water. Left to their own devices, many people, especially the poorest, struggle to find what they need. The estimated average monthly salary in Iraq is now around 150 US dollars. As the cost of drinking water is roughly one dollar for 10 litres, each family has to spend at least US\$ 50 per month on water alone.

The ICRC attributes the insufficient water supply and the inadequate treatment and disposal of sewage to the lack of maintenance of existing infrastructure, the shortage of engineers and experienced operators, and the misuse or breakdown of equipment.

The poor quality of much of the water is due to other factors, including illegal connections to the water supply, outdated networks of pipes that do not fully protect the water against contamination, and frequent interruptions of the supply of the chemicals needed to treat and disinfect the water. Moreover, water-treatment plants often cannot function properly because of equipment breakdowns and the unreliable electricity supply.

“At night, most people pump their water directly from the network. That makes the water pressure drop too low to reach all the areas that the network is supposed to cover. In addition, people sometimes pump sewage, thus contaminating the water tanks they have at home. And even though some families have pumps, often there is no fuel to operate them.”

Ahmad (not his real name), ICRC water engineer in Basra.

Chlorine is essential for the sterilization of drinking water; however, because it could be used in bombs or other weapons, its distribution is restricted. Many people, particularly in parts of Baghdad, Salaheddine, Diyala and Ninewa, have no alternative but to pump untreated water directly from rivers or wells.

The lack of sanitation is alarming. Sewage systems have often deteriorated to the point that there is a real danger of drinking water being contaminated by untreated sewage – obviously a serious health risk. The cholera outbreak in 2007 is but one indication of the imminent danger facing Iraqis today. The authorities and humanitarian organizations did take measures to contain the outbreak of the disease, but the situation will further deteriorate unless the infrastructure is properly maintained and the public is made aware of the danger of using unsafe water.



Wissam Al-Okaili/AFP-PHOTO

ICRC ACTIVITIES DURING THE 2007 CHOLERA OUTBREAK

In September 2007, the ICRC supported the Iraqi authorities in their effort to control the cholera outbreak by donating disinfection supplies for hospitals, primary health-care centres, water-treatment plants and other public buildings, including schools and mosques. The ICRC also delivered 100 tonnes of medical supplies to hospitals in the affected areas to help combat the disease.

ICRC WATER AND SANITATION ACTIVITIES IN 2007

In 2007, over three million people, including patients and staff in hospitals, civilians trapped by fighting and internally displaced persons, benefited from over 144 ICRC water and sanitation projects. The ICRC built or upgraded water-supply facilities and sewage-evacuation stations, repaired irrigation canals and built or repaired hospitals and clinics across the country.

In addition, the ICRC regularly supplied drinking water to hospitals and camps for displaced persons. In response to emergency needs, it also distributed 1.5 million litres of water in the form of individual water bags, mainly to patients and staff in hospitals and to internally displaced persons.

Repeated power shortages and an unreliable supply of electricity continue to affect many Iraqis. "In summer, it is impossible to live without electricity," says Abu Samer from Baghdad. "I am paid US\$ 150 per month. To get six hours of electricity per day by connecting to a private generator, I have to pay at least 50 dollars. I also have to pay for drinking water. At some point, my family's life becomes impossible." But even those earning enough money have problems: "Sometimes I have to queue for a whole day to buy 20 litres of fuel," says Ibrahim Kassem from Ramadi. "But queuing is dangerous. You never know if there will be a bombing."

The electricity supply network has been deteriorating further over the past year, except in the northern governorates and the Babil and Thi Qar governorates. As a result, many water-treatment plants are completely shut down or operating at reduced capacity. Parts of Baghdad, where temperatures reach 50°C in the summer, often have only one hour of electricity per day. The situation is similar in Anbar province. This crisis is caused by poor maintenance, insufficient supplies of refined fuel, the use of heavy fuel oil instead of natural gas in gas-turbine plants, acts of sabotage, and, last but not least, a failure to carry out necessary repairs and to boost generating capacity. As a result, water-treatment plants, primary health-care centres and hospitals have to rely on generators for much of the time, but even this back-up mechanism regularly fails because of overuse and an increasingly acute shortage of refined fuel.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.



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