Iraq: Time to focus our response

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During the preparation of this piece, the newspaper headline on that day's cover story was "52 die in Baghdad market blast...US declines to comment". The death toll after this attack was put at 58. The media have provided vast coverage of the attacks so far but, in doing so, have perhaps diverted our attention away from longer term health impacts.

Over the last few months a strong and steady expression of alarm about the humanitarian consequences of conflict in Iraq has come from the medical profession.^{2 3} The latest report on the health impact of war in the Gulf has come from the WHO, and is a graphic illustration of the need for concern.⁴ Deterioration of public utilities, transport, and health infrastructures over the last twelve years has resulted in the vulnerability of the Iraqi people being much higher now than at the start of the 1991 Gulf war. Expected mortality rate estimate ranges from 48,000 to 261,000 for just the first three months after conflict.² The need for massive humanitarian intervention in Iraq is well established. The detail of what that humanitarian action will be is much less clear.

Lieutenant-General William Wallace, commander of US army forces in the region, told the Washington Post that the present situation in Iraq was "different from the one we'd wargamed". While doubts over military planning of the war are now growing, concern over humanitarian planning has always been present. NGOs have been frustrated by the lack of co-operation from US military planners, as the US government, through the US Agency for International Development (USAID), has developed a plan in isolation from other agencies. The appropriateness and adequacy of military led aid is in doubt. A UK House of Commons International Development Committee (IDC) report identified a lack of openness about contingency planning, and underfunding of preparations for relief efforts, compared with other recent conflicts. The IDC concluded that "insufficient emphasis has been placed on the humanitarian implications of military action" and they were unconvinced that a viable humanitarian plan existed.

Developments since the outbreak of war have given no cause for comfort. The idea that the Oil-For-Food (OFF) programme might continue even in the event of conflict – an idea expressed by USAID⁹ – was wishful thinking. Sixty percent of Iraqis depend on OFF programme rations to survive, and it costs \$250million per month for the food component alone. This gives perspective to the \$300 million of food aid promised by the US. Even if USAID can sustain funding in lieu of the OFF programme, the delivery chains used by OFF are unlikely to function, partly because they are largely administered by Iraqi government officials. Chronic malnutrition rates in Iraqi children under the age of five are estimated to be over 23%.

The situation now in Iraq is already a humanitarian disaster. Reports from the city of Basra indicate that more than half of the civilian population has no access to safe drinking water and no electricity. Dysentery and typhoid outbreaks occur in Basra even when water and electricity supply is normal. Relief efforts since war began have only amounted to token gestures. The British supply ship Sir Galahad, initially delayed by mines and weather, has

now docked at the port of Umm Qasr. Whether distribution beyond the immediate area is possible is questionable and aid NGOs have expressed concern. ¹² There were desperate scenes at the southern Iraq town of Safwan on 26 March, when three truckloads of aid from the Kuwait Red Crescent Society arrived. It was an exact model of how humanitarian relief should not be enacted, and sets a worrying precedent.

Both NGOs and UN agencies are crying out for more funds to cope with what will potentially be "the largest humanitarian operation in history". ¹³ The US administration is spending to date US\$206 million on humanitarian relief and US\$300 million on food supplies to Iraq. ¹⁴ This figure is dwarfed by the US\$62.6 *billion* being spent by the US on its military campaign. ¹⁵ Regionally and globally, people's health, dignity, and wellbeing are prerequisites for stability and security, yet they are peripheral concerns in this "war against terrorism".

The medical profession's input to the anti-war movement was controversial¹⁶ and ultimately ineffectual. There is now a war in Iraq and the humanitarian consequences have already begun. However, the role of the medical world is now more important than ever. Firstly, we must raise attention to the need for a proper and effective response for the Iraqi population. Secondly, pressure on all our governments to commit to effective humanitarian intervention must be increased.

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