

# HEALTH CONSEQUENCES OF THE WAR IN IRAQ

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It is very good to be here today to discuss these issues with an eye towards what we can do together as we move forward.

I first became very personally involved with some of these issues when I worked in a Cambodian refugee camp in Thailand in 1980 and saw the devastating effects on physical, mental, and social health on the Cambodian people -- not only of war, but also of genocide that had occurred in Cambodia over the previous 5 years. Since then, I have spoken and written extensively on issues of war and public health.<sup>1</sup>

Three disclaimers before I say anything further. First, I am speaking today as an individual; I am not representing any organization or educational institution. Second, I have never been to Iraq. And finally, I am relying on information reported by others that is in the public domain.

There are three general observations I would like to make at the start:

1. The war in Iraq war has had a huge adverse effect on health and well-being of many civilians and military personnel, in

Iraq, the United States, and many other countries.

2. The destruction of the infrastructure in Iraq, not only during this war but also in earlier wars, has had a profound, long-term adverse effect on health.
3. The adverse effects on physical, mental, and social health that are being felt in Iraq, in this country, and elsewhere are likely to remain for decades to come.

The current war in Iraq needs to be viewed in the context of at least two other previous wars. The Iran-Iraq war from 1980 to 1988, in which the United States sided with Iraq, cost between 500,000 and one million lives. At least one million, and perhaps as many as two million, people were wounded. It led to two-and-a-half million refugees. Whole cities were destroyed. And the cost has been estimated at well over \$200 billion. Then the Persian Gulf War in 1991, sometimes referred to as Gulf War I, had a huge toll: tens of thousands dead, many people chronically disabled, much illness.<sup>2</sup> It has been estimated, however, that the deaths, disability, and illnesses in the 1990s *after* Gulf War I far exceeded the numbers of deaths and diseases that occurred *during* the war. The United Nations Children's Fund (UNICEF) has estimated that approximately 400,000 excess

children's deaths occurred in Iraq during the 1990s and early 2000s, largely as a result of the post-war sanctions that the United States and some other countries implemented. These sanctions restricted food and medicine from getting into Iraq for several years until the Oil for Food Program began.

The current war began in March 2003 with "shock and awe." The preemptive invasion by the United States and coalition forces on the grounds that (a) Iraq possessed weapons of mass destruction that were threatening, or about to threaten, the United States and other countries; and (b) there were close ties between the regime of Saddam Hussein and Al Qaeda. Both of those grounds for the invasion have since been disproven. In early May 2003, two months later, President George W. Bush declared, "Mission accomplished!" Most of the adverse health effects that we are going to discuss today have occurred since then. And, if an all-out civil war occurs in Iraq, it will likely dwarf the adverse impacts of the war that I am about to present.

1. Direct impacts on health: There have been more than 2,500 deaths among U.S. and coalition forces -- all but about 150 of which have occurred since "Mission accomplished!"<sup>3</sup> There have been at least 16,000 -- and perhaps many more -- wounded U.S.

military personnel, many with serious injuries, necessitating amputations or causing other long-term serious effects.<sup>3</sup> There are many mental health problems among the troops. The Army Surgeon General, for example, has estimated that 30 percent of returning troops have stress-related mental health problems.<sup>4</sup>

The toll on Iraqis has been much higher. The number of Iraqi deaths is not really known. The estimates range from 25,000 civilian deaths to more than 100,000. (In addition, it is estimated that between 100,000 and 120,000 Iraq civilians have been wounded.<sup>4</sup>) A study was performed in September 2004 by researchers at Johns Hopkins, Columbia University, and the Al Mustan Siraya University College of Medicine in Baghdad.<sup>5</sup> It was published in *The Lancet* on November 20, 2004, although the results were released about a week before the presidential election in the United States -- which led some people to discredit the study as politically motivated and invalid. The study was based on a systematic sample survey of almost 1,000 households. With very conservative estimates, the researchers determined that approximately 100,000 excess deaths had occurred among Iraqis since the 2003 invasion -- that is, between March 2003 and September 2004. It has now been one-and-a-half years

since the study was performed and no doubt there have been many more civilian deaths since then.

The major finding of the study was that the risk of death overall in Iraq was 2.5 times (150 percent) greater than during a comparable period just before the invasion. Even if one excluded Falluja, where many violent deaths had occurred, the risk of death overall in Iraq was 50 percent higher. The study also found that the risk of violent death had increased 58-fold, in comparison to a similar period just before the invasion. Most of these excessive deaths were to women and children, and most of the violent deaths were attributed to air strikes by coalition forces.<sup>5</sup> At least 3,000, and perhaps 6,000 or more, of deaths of Iraqis have been among police and security forces.<sup>4</sup>

In addition, more than 200,000 people in Iraq are believed to have chronic disease as a result of the war. Many people have suffered infectious diseases, such as children suffering from diarrhea due to damage to water treatment plants. There has been significant childhood malnutrition in Iraq, which began just before Gulf War I and peaked during the mid-1990s, due largely to the sanctions on import of food and medicine.<sup>2</sup>

Although malnutrition among children is lower today than in the mid-1990s, approximately one-fourth of the children in Iraq are chronically malnourished<sup>6</sup> and a substantial additional fraction are underweight.

2. Adverse effects on health services: Health services in Iraq have been profoundly affected by the war. During the initial phase of the war, for example, only two of the hospital emergency departments in Baghdad were functioning. The impact on health services outside of Baghdad has often been greater. In 2003, 12 percent of the hospitals and many primary care clinics and other health care facilities were damaged.<sup>7</sup> The two major public health laboratories, in Baghdad and Basra, were damaged and looted. Access to health services has often been restricted, largely due to security issues and inadequate financial resources. Public health programs have been severely damaged. There have been inadequate drugs. The cold chain for vaccines and vaccine administration has often been disrupted. There are almost no mental health or rehabilitation services, and family planning services have been severely reduced since the war began. There has also been damage to equipment and vehicles, much of it due to looting. And very low morale among

health workers, whose numbers have decreased, with many having left Iraq.<sup>7</sup>

3. Damage to the infrastructure that supports health: During Gulf Wars I and II, there was severe damage to water treatment and sewage treatment facilities, which, in turn, led to much gastrointestinal illness. An estimated 500,000 tons of raw and partially-treated sewage is dumped daily into rivers in Iraq.<sup>7</sup> Food security has been an issue; at times, one-fourth or substantially more of the Iraqi people have been dependent on the distribution of free food for adequate calories and nutrients.<sup>4</sup> Power generation has been unpredictable. Housing has been poor. Transportation and communication systems have been broken down. All of this has had an adverse impact on health.

4. Refugees: Worldwide, there are perhaps as many as 40 million refugees, many of them refugees due to war. From Gulf War I, it is estimated that there are perhaps as many as 500,000 refugees; in Jordan alone, there may have been as many as 400,000, some of whom have remained there to the present.<sup>8</sup> From Gulf War II, some experts estimate an additional 500,000 refugees, many of whom went to Syria and have not yet returned. However, only 22,000 of

these refugees are officially recognized as refugees by the United Nations High Commission on Refugees (UNHCR).<sup>9</sup> And none of these numbers include people who have been internally displaced in Iraq.

5. The impact on human rights and the international order:

During the regime of Saddam Hussein, there were numerous serious human rights violations. Many people were killed. Many people became political prisoners. Many human rights were abrogated. We may never know the full extent of human rights violations during that regime.<sup>10</sup>

Among the areas of the breakdown of human rights and the international order are the preemptive invasion by the United States, which many people feel violated the United Nations Charter, continues to weaken the entire UN system, and sets a dangerous precedent.

Abrogation of human rights includes torture and mistreatment of prisoners. At Abu Ghraib and many other prisons in Iraq and elsewhere, prisoners have been physically tortured and psychologically abused. This has taken the form of beatings,

stress positions, food deprivation, exposure to temperature extremes, sensory deprivation, isolation, sleep deprivation, forced nudity, use of dogs to instill fear, cultural and sexual humiliation, mock executions, and threats of violent deaths.<sup>11</sup> The U.S. Department of Justice appears believe that none of this constitutes "torture." Many short-term and long-term adverse health effects result, including decreased memory and concentration, headaches, back pain, irritability, depression, nightmares, feelings of shame and humiliation, and posttraumatic stress disorder.<sup>11</sup>

There are also issues related to women's rights. While Saddam Hussein certainly did not have a "feminist agenda," women in Iraq nevertheless had access to educational and professional opportunities that many experts felt were greater than those elsewhere in the Arab world. Opportunities for women in Iraq are probably fewer today than they were under Saddam Hussein. A major challenge for Iraq under its new constitution is to find a reasonable compromise between Islamic law and women's rights.<sup>12</sup>

6. Diversion of resources: President Dwight D. Eisenhower said over 50 years ago, "Every gun that is made, every warship

launched, every rocket signifies, in the final sense, a theft from those who hunger and are not fed, those who are cold and not clothed." Following are three examples of diversion of resources.

- a) Approximately two-thirds of the 330,000 members of the U.S. National Guard have now served in Iraq or Afghanistan, for an average mobilization of 15 months.<sup>4</sup> Since many police, firefighters, and EMTs, and other first- responders in communities across the country are National Guard members who have served in Iraq or Afghanistan, these communities have felt their absence. This became readily apparent in the Gulf States when Hurricane Katrina struck: Many National Guard members who could have been there to help people evacuate or assist them in other ways were not available -- they and their equipment were in Iraq and Afghanistan.
  
- b) Many of the resources that have been appropriated by the United States to fight the wars in Iraq and Afghanistan could have been used for health and human

services back home, especially at a time when there have been dramatic cuts in these services. We, as a nation, could have used the \$204 billion initially approved for the war in Iraq to do any one of the following:

- ! Hire more than three million elementary school teachers,
- ! Build 24,000 new elementary schools,
- ! Develop 27 million places for children entering Head Start programs,
- ! Provide 40 million university scholarships,
- ! Provide almost 200 million affordable housing units,
- ! Hire more than 3 million port inspectors, or
- ! Provide health services for the 46 million people without health insurance in this country.<sup>4</sup>

c) Internationally, that \$204 billion could have been used for *all* of the following:

- ! Reduce world hunger by half, and
- ! For 3 years, provide, for all developing countries: enough medicines to treat HIV/AIDS,

immunizations for all children, and clean water and sanitation to the hundreds of millions of people without it.<sup>4</sup>

7. Impacts on the physical, sociocultural, and economic environments: The impact on the physical environment has been profound and is difficult to measure. There are in Iraq between 10 and 12 million landmines and units of unexploded ordnance (bombs or shells that have not exploded).<sup>4</sup> Looting has led to the destruction or theft of an estimated 8,000 barrels of hazardous substances.<sup>4</sup> Tanks, military encampments, and battles have disrupted the fragile desert ecology. And between 1,000 and 2,000 tons of toxic and radioactive "depleted" uranium (DU), which has been used to harden shell casings, have been dropped in Iraq by American and British planes during the war. Strewn throughout the countryside, DU represents a serious health threat.<sup>4</sup>

The impact of the war on the sociocultural environment has also been profound and is difficult to measure. There has been damage to religious and cultural institutions. Shortly after the initial invasion, coalition forces protected the Oil

Ministry but not the National Museum, which was looted. Crime has increased in Iraq; as one measure of this, the number of prisoners doubled between 2004 and 2005. There has been increased recruitment of presumed terrorists. Back here in the United States, there have also been many adverse sociocultural impacts, such as the tripling of divorces among U.S. army officers since 2000.<sup>4</sup> Another adverse impact on the sociocultural environment is that war serves as an example to other nations and to people everywhere that violence is the way to settle disputes. Rather than fully implementing diplomatic initiatives to constrain Saddam Hussein in 2002 and 2003, our government chose to initiate a war -- it chose violence over peaceful approaches, a tragic lesson for us all.

The economic environment has also been profoundly impacted by the war: For example, in Iraq high unemployment and lagging oil production. The cost of the war to the United States over the next decade could, according to economists, surpass \$700 billion -- \$100 billion more than the cost of the Vietnam War, making it the most expensive military effort by the United States in more than 60 years.<sup>4</sup> And, with the money spent on the wars in Iraq and Afghanistan, our national debt could double in the next

decade.

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In closing, the adverse impact on health due to the war in Iraq has been profound to people in Iraq, the United States, and other countries. It is difficult to measure and even more difficult to comprehend, even with all these statistics. And, as my colleague and friend Dr. Victor Sidel has often said, "Statistics are people with the tears washed away."

Please take a moment and think about someone in your life who died prematurely. Recall the suffering of that person and the anguish of their family and friends. Then multiple that suffering and anguish by 10, then multiply that by 10. And now, you may be able to begin to comprehend the adverse impact of the war in Iraq.

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