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**PROMOTION AND PROTECTION OF ALL HUMAN RIGHTS, CIVIL,
POLITICAL, ECONOMIC, SOCIAL AND CULTURAL RIGHTS,
INCLUDING THE RIGHT TO DEVELOPMENT**

Joint written statement* submitted by the Women's International Democratic Federation (WIDF), a non-governmental organization in general consultative status, the Union of Arab Jurists, the International Organization for the Elimination of All forms of Racial Discrimination (EAFORD), the General Arab Women Federation, the Arab Lawyers Union, the Indian Movement "Tupaj Amaru", the General Federation of Iraqi Women, the United Towns Agency for the North-South Cooperation, the International Association of Democratic Lawyers, non-governmental organizations in special consultative status, and International Educational Development (IED), Inc, a non-governmental organization on the Roster

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[1 September 2009]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

Health Situation in Iraq¹

The right to the highest attainable standard of health is one of the most fundamental rights of every human being, which has been endorsed in a wide range of international and regional human rights instruments.² Unfortunately, access to basic healthcare is almost impossible for much of the Iraqi population. The latest UNAMI, WHO, ICRC and NGOs' reports point out to the catastrophic situation of the health situation in Iraq. While prior to the sanctions and war, WHO considered health conditions in Iraq were comparable to those of other middle or high-middle income countries, Iraq's health system is today completely dismantled as a result of the 2003 invasion and occupation. Despite of all the evident circumstances, the HRC has never discussed this problem and its direct effect on the enjoyment of basic human rights, nor has the Special Rapporteur on health brought it to the attention of the Council, although there are a lot of UN reports, especially by the UN human rights office for Iraq, WHO and by the ICRC.

In its December 2008 report, the UN Assistance mission for Iraq (UNAMI) described several factors leading to a difficulty of access to healthcare. The most important one is the military operations, which are still conducted, from time to time, in various places in Iraq. UNAMI's reports say that these military operations have deprived Iraqis from "*access to basic services such as electricity, fuel and water supply and access to healthcare.*" In their reports, WHO and ICRC remarked that the continuing state of emergency and deterioration of security were critically and rapidly stretching to health services. WHO reports that the Forensic Institute of Baghdad receives an average of 70 bodies per day.³

Article 18 of the Geneva Convention requires the occupying power to ensure that civilian hospitals should not be subject to attack and should be respected and protected at all times. It is an alarming situation that during military operations Iraqis have often suffered from increased violations by the occupying powers of international humanitarian laws. Direct attacks on hospitals, ambulances and other medical facilities are conducted on various false pretexts. These clear violations constitute war crimes according to international law and must be punished. U.S troops inflicted severe damage to Iraq's infrastructures including hospitals since the very

¹ - Association of Arab Lawyers (UK), Monitoring Net of Human Rights in Iraq, Association of Iraqi Diplomats, Women Solidarity for an Independent and Unified Iraq, Women Will Association (WWA), Organization for Widows and Orphans, (OWO), The United Prisoners of Iraq, Association of Victims of American Occupation Prisons, Association of Iraqi intellectual and Academics, Conservation Centre of Environmental & Reserves in Iraq (CCERF), NGOs without consultative status also share the views expressed in this statement.

² The human right to health is recognized in numerous international instruments. Article 25(1) of the UDHR affirms that "everyone has a right to a standard of living adequate for the health of himself and his family, including food, clothing, housing, and medical care and necessary social services." The ICESCR provides the most comprehensive article on the right to health in international human rights law. According to article 12 (1) of the Covenant, States Parties recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", while article 12(2) enumerates, by way of illustration, a number of "steps to be taken by the States Parties "... to achieve the full realization of this right". Additionally, the right to health is recognized, *inter alia*, in the CERD of 1963, the CEDAW of 1979 and in the CRC of 1989. Several regional human rights instruments also recognize the right to health, such as the European Social Charter of 1961 as revised, the African Charter on Human and Peoples' Rights of 1981 and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights of 1988 (the Protocol entered into force in 1999). Similarly, the right to health has been proclaimed by the Commission on Human Rights and further elaborated in the Vienna Declaration and Programme of Action of 1993 and other international instruments.

³ WHO (Annual Report 2006), p.7; ICRC (2008), p.4.

beginning of the invasion.⁴ A flagrant example was during the military operation against the city of Fallujah in 2004. U.S troops used the hospital of the town for their operations preventing civilians from having access to healthcare, arresting doctors and handcuffing medical staff. U.S troops did not let any medical convoy enter the city and ambulances were fired at while several other medical facilities were deliberately attacked.⁵ UNESCO's report stated that more than 100 children were killed during the U.S assault on the city.⁶

In another example, during the major military operation in April 2008, which took place in Al-Sadr City, a densely populated district of Baghdad, more than 925 people had been killed and 2,605 injured under curfew. This operation prevented the movement of ambulances and the transport of the wounded civilians outside the combat zone. During the military operation which occurred in Basra in January 2008, UNAMI and WHO, noting that the Security Forces were battling without distinctions between civilian and fighters, called for the importance of ensuring that casualties of the military operations receive healthcare and that health providers be protected. These are few examples among dozens of other incidents reported by UNAMI.⁷

The dismantling of the Iraqi security forces by the occupying forces has allowed gangsters and criminals to loot 12% of the hospitals and to steal ambulances.⁸ The main psychiatric hospital has also been looted and all the patients ran away. Insecurity due to the U.S. troops of occupation led thousands of medical personnel to flee outside the country leaving hospitals and medical facilities desperately in short of qualified staff. The check-points, road-blocks and walls built up by the U.S. troops prevent doctors and patients from reaching medical facilities in time. Up to 75% of doctors, pharmacists and nurses have left their jobs since the invasion in 2003, and over half of these have fled abroad. Doctors are being deliberately targeted and more than 2'200 have been killed.⁹ According to MEDACT's report the security crisis "*left as few as 9000 doctors and 15,000 nurses serving 28 million people, an extremely low professional to population ratio.*"¹⁰ The absence of the rule of law allows every bandit to make his own law and to threaten and kill doctors. The archaic tribal system resurfaced and the law of retaliation and revenge cast death threats on doctors who failed to treat patients.

Corruption is an additional factor that has led to critical failure in the healthcare system. The level of corruption in Iraq was considered one of the highest worldwide.¹¹ Widespread corruption at all official level is one of catastrophic results of the U.S invasion and occupation. The September 2008 break of cholera was due to the use of expired chlorine to sterilize water supply. The expired chlorine was bought for 11 million dollars by the Health Ministry and the result was that more than 400 people were confirmed to have cholera. Since the beginning of the occupation more than 7'000 Iraqis have been infected.¹²

⁴ Garfield R., "Challenges to health service development in Iraq", in *The Lancet*, [362: 1324], 2003.

⁵ Doctors for Iraq: http://www.doctorsforiraq.org/FALLUJA_ONE_YEAR_ON.pdf

⁶ Unicef: la situation des enfants dans le monde, 2005, p.71 :

<http://www.unicef.org/french/sowc/archive/FRENCH/Lasituationdesenfantsdanslemonde2005.pdf>

⁷ UN Assistance Mission for Iraq (UNAMI), Human Rights Report 1 January – 30 June 2008, p.14.

⁸ *Ibid.*

⁹ http://www.iraqupdates.com/p_articles.php/article/28735

¹⁰ MEDACT (2007), p.5.

¹¹ Transparency International Report 2008, p.1.

¹² Albon, Christopher, *War & Health: Armed Conflict, Public Health, Human Security, & Health Diplomacy, Iraq's War Against Corruption and Cholera*, November 11, 2008 : <http://warandhealth.com/iraqs-war-against-corruption-and-cholera/>

The health situation of the 2.8 millions Iraqi civilians who have been internally displaced (IDPs) due to U.S invasion and occupation of Iraq is critical.¹³ The Iraqi Red Crescent (ICRC) estimates that two-third of them are women and children who are very vulnerable. Most of them have almost no access to healthcare facilities and live in a difficult environment where they are exposed to various diseases and infections due to the lack of potable water, adequate sanitation and health service.¹⁴ Some IDPs groups must rely on lakes, rivers, or drainage and irrigation ditches for drinking water. Monitors frequently observe malnutrition and gastrointestinal and dermatological diseases among IDPs, especially children. IDPs groups living in overcrowded neighborhoods or far from essential services are particularly vulnerable.¹⁵

The deterioration of the health system directly affects children who are the main victims of this illegal war. *Save the Children* pointed out that the children mortality in Iraq has increased to an unprecedented level during the past fifteen years. While in 1990 the children mortality rate was of 50 per 1000, it has reached now 125 per 1000 birth representing an increase of 150% which is the largest increase observed in any country.¹⁶ The report adds that some 122,000 Iraqi children (1 in 8) died in 2005 before reaching their fifth birthday. Pneumonia and diarrhea are the other two major killers of children in Iraq, together accounting for over 30 percent of child deaths. These two diseases are in fact very benign and reveal the extent of destruction inflicted by the U.S troops of occupation to the health system in Iraq, which is no longer capable of healing even benign disease. Only 35 percent of Iraqi children are fully immunized, and more than one-fifth (21 percent) are severely or moderately stunted.¹⁷ The immunization of children was one of the most important objectives in terms of public health for the Iraqi government before the war and mass scale campaigns of vaccination against various diseases were done throughout the country. According to a report issued by WHO only a month before the beginning of the war, a huge campaign of vaccination against measles reached 96% of the population.¹⁸ In her last visit to Iraq in April 2008, The UN Special Representative for Children and Armed Conflict, Radhika Coomaraswamy, said that the situation of the children was intolerable. She called “for immediate action to improve the lives of Iraqi children” noting that 40% of children have no access to potable water.¹⁹

The sectarian regime invented in the country by the occupation’s administration has also affected the right for every Iraqi citizen to have access to health. In order to build what the Occupation forces names “*a new Iraq*” the health network has been completely destroyed by a regime motivated by sectarianism. The Ministry of Health in particular has become the lair of sectarian criminals. It is reported to be one of the places where many of the sectarian executions have taken place and people who came for healing were either killed with their families or kidnapped and executed later. In addition, the sectarian system makes it very difficult for minorities to have access to healthcare. According to UNAMI’s report, members of these groups are forced to identify themselves as coming from a particular sect to have access to healthcare.

¹³ ICRC (2008), p.6

¹⁴ IOM (2007), p.6

¹⁵ IOM (2007), p.6

¹⁶ Save the Children Report 2007, p.13.

¹⁷ *Ibid.*, p.25.

¹⁸ WHO Report: Briefing Note on the Potential Impact of Conflict on Health in Iraq: March 2003, p.8:

<http://www.who.int/disasters/repo/9141.pdf>

¹⁹ Special Representative for Children and Armed Conflict calls for action on child rights in Iraq: http://www.unicef.org/infobycountry/iraq_43769.html

It is well known that a continuous state of warfare badly affects the mental health of the population. In fact, WHO estimates that in situations of armed conflicts 10% of the people who experience traumatic events will have serious mental health problems and another 10% will develop behavior that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches.²⁰ The situation created by the occupation of the country by the U.S. coalition forces has led to a critical situation regarding the mental health of the Iraqis. A survey done by a well-known Iraqi doctor who worked under close collaboration with the WHO indicated that most of the respondents reported at least 4 trauma events, while 26% reported experiencing between 5-10 trauma events, and 18% experienced more than 10. A total of 43% showed symptoms of depression, 60% anxiety, and 26% Post Traumatic Symptom Disease.²¹

Due to the continuous operations of U.S troops the assistance which could be provided by Aid Workers remains impossible. During a press conference held in Amman in April 2008, the Under-Secretary-General for Humanitarian Affairs, John Holmes, said that the continuous hostilities and restrictions on freedom of movement make it impossible for NGOs and international organisations to help the people of Iraq. He adds that “*Aid workers must be able to reach people in need with timely, life-saving assistance.*”²²

The appalling situation of the health system in Iraq in particular and the human rights situation in general is a challenge to the entire human rights community and all UN bodies. We urge the Council, and the High Commissioner of Human Rights to seriously examine the situation in Iraq in its entirety as one of the extremely urgent issues. The Council can make an important contribution to restore and safeguard some the basic human rights and humanitarian needs by re-institute the position of a Special Rapporteur on Iraq, who was dismissed after the invasion of 2003. We also find it is so vital that the Council should dispatch the Special Rapporteur on the right to health to Iraq and investigate this important aspect and report to the Council with proposals to overcome this human tragedy.

²⁰ WHO (2006): *Mental Health in Iraq*: http://www.emro.who.int/iraq/pdf/mentalhealth_launch_en.pdf

²¹ *Ibid.*

²² UNAMI: UN relief officials urge improved security and access for aid workers: <http://www.uniraq.org/newsroom/getarticle.asp?ArticleID=643>