

U.S. and British War Crimes Ravage Public Health in Iraq

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30 April 2003

The catastrophic impact of the first Gulf War in 1991 on Iraq's public health has been described extensively. According to a 1993 study,¹ the number of Iraqis who died of the war's direct and indirect effects approximates 205,500. More than half of them were men but also some 23,000 women and 74,000 children died. Most of the deaths—some 110,000—have to be attributed to post-war adverse health effects as the country's infrastructure was badly damaged by the prolonged aerial bombing campaign.

During the war, many hospitals and clinics were severely damaged and had to close, while those still operating had to serve much larger catchment areas. Widespread damage to basic utilities further reduced the ability of what remained of the health services to operate and exposed the population to inadequate sanitation and outbreaks of previously well-contained communicable diseases.² Under a strict sanctions regime since 1990, Iraqis have experienced one of the most rapid declines in living conditions ever recorded, its rank on the Human Development Index dropping from 96 in 1991 to 127 by the year 2000.³

Although it is still impossible to assess the consequences of the ongoing war on the Iraqi people's well-being and health status, there are already several indications that these may be harsh. Moreover, evidence points to war crimes committed by the U.S. and British invading and occupying forces that have caused many avoidable civilian casualties and heavy damage to the health infrastructure. Some initial data on issues that urgently need further investigation is collated here. References include various media reports and the eyewitness accounts of Geert Van Moorter, Colette Moulart, Harrie Dewitte and Claire Geeraets, four doctors of Medical Aid for the Third World (MATW) who were in Baghdad during the height of the war.

Civilian casualties

Before the start of the war, researchers estimated that the total possible deaths on all sides during the conflict and the following three months could range from 48,000 to over 260,000. Additional deaths from postwar adverse health effects could reach 200,000.⁴ As usual, the majority of casualties would be civilians, almost exclusively Iraqis. A leaked United Nations (U.N.) document, "Likely Humanitarian Scenarios," estimated that 500,000 people would be left injured or sick and observed that the population of Iraq is

¹ Beth Osborne Daponte, M.A. "A Case Study in Estimating Casualties from War and Its Aftermath: The 1991 Persian Gulf War" 1993

² World Health Report 2002, p. 227-228

³ "The human costs of war in Iraq" Center for Economic and Social Rights, 2003

⁴ MEDACT and International Physicians for the Prevention of Nuclear War (IPPNW) "Collateral Damage: The health and environmental costs of war on Iraq" November 2002

exceptionally vulnerable because more than 12 years of sanctions caused 60 percent of Iraq's 23 million people to be impoverished and dependent on state rationing.⁵ A recent pre-war fact-finding mission to Iraq confirmed these findings and compared the living conditions of the country's population to those of people living in a giant refugee camp.⁶

Two weeks into the war, before it disappeared from public view, the Iraqi government reported 1,254 civilian deaths as of April 3.⁷ On the same day, Roland Huguenin the spokesperson of the International Committee of the Red Cross (ICRC) in Baghdad, said they saw "incredible" levels of civilian casualties south of Baghdad including "a truckload" of dismembered women and children.⁸ As of April 26, Iraqbodycount.net estimated that between 2,029 and 2,488 civilians have died in the war on Iraq based on published reports.⁹ Other estimates of civilian casualties in the media went as high as 20,000 on April 20.¹⁰

Appallingly, some have already cited the civilian body count as a vindication of their support for the war, calling it "*negligible by the standards of war.*"¹¹ However, the accuracy of the estimates is limited as they are mainly based on reports in the western media. There is reason to believe that the figures mentioned so far are underestimations. Doubtlessly, many more have been injured and it is still impossible to predict how many will die under the military occupation and because of indirect effects of the war. The real civilian death toll will probably never be known as the Pentagon has repeatedly stressed that it does not intend to count civilian casualties.¹²

Killing civilians is not necessarily a war crime. International Humanitarian Law, particularly the Law of Geneva consisting of the four 1949 Geneva Conventions and the two 1977 Additional Protocols, obliges the belligerents to make a distinction between persons taking part in the hostilities and the civilian population. The latter should be spared as much as possible. Therefore, indiscriminate attacks and use of indiscriminate weapons are prohibited.

There are numerous eyewitness accounts of U.S. and British attacks on civilians. The cases mentioned here constitute by no means a comprehensive list of all the civilian casualties reported. They only want to draw the attention to some incidents that demand

⁵ Campaign Against Sanctions on Iraq "Confidential UN Document Predicts Humanitarian Emergency in Event of War on Iraq" Press Release, 7 January 2003

⁶ "The human costs of war in Iraq" Center for Economic and Social Rights, 2003

⁷ Bradley Graham and Dan Morgan "U.S. Has No Plans to Count Civilian Casualties" Washington Post, 15 April 2003

⁸ "Red Cross horrified by number of dead civilians" CTV, 3 April 2003

⁹ Iraqbodycount derives casualty figures from a comprehensive survey of online media reports and eyewitness accounts. Their methodology can be found at <http://www.iraqbodycount.net/background.htm#methods>.

¹⁰ "Weary Iraq counts human cost of war" The Observer, 20 April 2003

¹¹ "At the gates of Baghdad" The Economist, 5 April, 2003

¹² Bradley Graham and Dan Morgan "U.S. Has No Plans to Count Civilian Casualties" Washington Post, 15 April 2003

further investigation as, in the words of Amnesty International, U.S. and British forces “*may have breached international humanitarian law.*”¹³

Selected incidents involving civilian casualties

At least 14 civilians died and another 30 were injured in Baghdad on March 25 when a shopping area was hit during an air raid. According to BBC reporter Andrew Gilligan, two missiles hit a busy shopping area, several hundred meters from any military buildings.¹⁴

On March 28 at least 55 civilians died when the market in the Shula district of Baghdad was hit.¹⁵ MATW doctor Geert Van Moorter was at a nearby hospital a few hours after the incident. He reported: “*The hospital was a scene from hell. Complete chaos. Blood was everywhere. Patients were shouting and screaming. Doctors heroically trying to save their patients. In that one small, 200-bed hospital they counted 55 dead, 15 of them children. The pictures I made are too horrifying to send.*” He added that the market is located in one of the poorest neighborhoods of Baghdad and that there are no military targets, not even big buildings, within several kilometers. There is conclusive evidence that the market was hit by a U.S. missile as a fragment with a serial number of a HARM missile was found among the debris.¹⁶

On March 30 Mark Franchetti, a journalist for The Times, reported about the recent battles for the bridges around Nasiriya.¹⁷ He witnessed that the American marines were given orders “*to shoot at any vehicle that drove towards American positions.*” Franchetti described how during the night “*we listened a dozen times as the machine guns opened fire, cutting through cars and trucks like paper.*” The following day he found the wreckage of some 15 vehicles and counted 12 dead civilians who had been trying to leave Nasiriya overnight.

On March 31, a U.S. Apache helicopter destroyed a pickup truck in the region of Haidariya near Hilla. The sole survivor told an AFP journalist how 15 members of his family were killed in the attack when they were fleeing fierce fighting in Nasiriya.¹⁸

Also on March 31, soldiers of the U.S. Army’s Third Infantry Division killed 10 civilians, including 5 children, when they opened fire on a civilian vehicle as it approached a U.S. checkpoint on Highway 9 near Najaf. According to a report in the Washington Post, the officer in command reprimanded the platoon leader saying “*You just killed a family because you didn’t fire a warning shot soon enough.*”¹⁹ This version belies the official explanation that the soldiers acted in accordance with the rules of engagement as apparently no warning shots were fired.

In the morning of April 1 Hilla, a small town south of Baghdad, was hit by air raids. According to eyewitness accounts recorded by MATW doctors Colette Moulart and Geert Van Moorter, some 20 to 25 bombs were dropped on poor, residential neighborhoods. In the next half an hour, the hospital of Hilla received 150 seriously injured patients. According to one of the hospital’s doctors, Dr. Mahmoud Al-Mukhtar, the wounds were probably caused by cluster bombs. The use

¹³ Amnesty International “Iraq. Civilians under fire” April 2003, AI Index: MDE14/071/2003

¹⁴ “Many dead after Baghdad shops hit” BBC News, 26 March 2003

¹⁵ Dr. Amany Haroon, who works at the Al-Noor hospital in the Shula district of Baghdad eventually mentioned 67 civilians died and 46 were wounded. “From a hospital in the al-Shu’la district” 28 April 2003 (<http://electroniciraq.net/news/716.shtml>)

¹⁶ Robert Fisk “In Baghdad, blood and bandages for the innocent” The Independent, 30 March 2003; Cahal Milmo “The proof: marketplace deaths were caused by a US missile” The Independent, 2 April 2003

¹⁷ Mark Franchetti “US Marines Turn Fire on Civilians at the Bridge of Death” The Times, 30 March 2003

¹⁸ Amnesty International “Iraq. Civilians under fire” April 2003, AI Index: MDE14/071/2003

¹⁹ William Branigin “A Gruesome Scene on Highway 9: 10 Dead After Vehicle Shelled at Checkpoint” Washington Post, 1 April 2003

of cluster bombs in Hilla was also confirmed by the international media.²⁰ The AFP counted at least 73 civilian deaths in Hilla over several days and their correspondent reported that at the scene of the bombing dozens of parts of cluster bombs were peppered over a large area.²¹

Laurent Van der Stockt, a Belgian photographer who followed the advancing Third Marine Battalion, testified in the French newspaper *Le Monde* that American snipers were ordered to kill anything coming in their direction when they were attacking a bridge in the outskirts of Baghdad on April 6 and 7. *“With my own eyes I saw about fifteen civilians killed in two days,”* he says, *“I’ve gone through enough wars to know that it’s always dirty, that civilians are always the first victims. But the way it was happening here, it was insane.”*²²

“This is no longer a war against Saddam and his regime, if it ever was. It has become a war against the Iraqi people,” Arab News war correspondent Essam Al-Ghalib wrote on April 8. In Sanawa, witnesses told him how American troops were firing at suspected Iraqi positions, some located in residential areas: *“One Iraqi soldier will enter a neighborhood and fire a few shots at the fighter plane, and they will respond with a barrage of shots killing as many as 50 civilians in the effort to get him.”* In the city of Hamza, the Baath Party center was bombed from the air. Twenty-two corpses had already been removed.²³

On April 9, between 50 to 100 civilians were killed on Highway 8, outside Baghdad, when American troops countered an ambush by Iraqi Republican Guards on a highway with a lot of civilian traffic. *“I have got to protect my soldiers,”* the U.S. commander justified the firing on civilian cars, *“because we don’t know if it’s a car-load of explosives or RPGs.”*²⁴

On April 10, Financial Times journalist Paul Eedle, witnessed that while they were invading Baghdad, *“The marines shot anything that they considered remotely a threat.”*²⁵ He saw U.S. marines open fire on unarmed men, women and children three times in three hours. They killed five people and injured five others, including a six-year-old girl.

Even in territories that were already under the control of the U.S. troops, civilians were killed and maimed by indiscriminate gunfire. On April 10, for example, U.S. Marines admitted killing two children at a checkpoint near Nasiriya.²⁶ On April 15, they admitted shooting dead at least seven Iraqis the day before in Mosul. The incident happened during protests against a pro-U.S. speech by the newly installed local governor.²⁷ In a similar incident on April 28 in the city of Fallujah, 13 civilians were killed and 75 injured by U.S. troops who fired on peaceful demonstrators.²⁸

²⁰ Video footages of the hospital scenes were reportedly judged too gruesome for broadcasting. For examples of eyewitness accounts: Robert Fisk and Justin Huggler “Children killed and maimed in bomb attack on town” *The Independent*, 2 April 2003; Robert Fisk “Wailing children, the wounded, the dead: victims of the day cluster bombs rained on Babylon” *The Independent*, 3 April 2003;

²¹ “Bombings kill 48 more civilians south of Baghdad” AFP, 2 April 2003

²² *“J’ai vu directement une quinzaine de civils tués en deux jours. Je connais assez la guerre pour savoir qu’elle est toujours sale, que les civils sont les premières victimes. Mais comme ça, c’est absurde.”* Michel Guerrin “J’ai vu des marines américains tuer des civils” *Le Monde*, April 13, 2003

²³ Essam Al-Ghalib “Mounting Iraqi civilian casualties. Is it war against the Iraqi people?” Arab News, 8 April 2003

²⁴ Robert Fisk “We’re here to fight the regime, not civilians, but I had to save my men” *The Independent*, 11 April 2003

²⁵ Paul Eedle “The marines shot anything they considered a threat” *The Financial Times*, 10 April 2003

²⁶ “US marines kill two children in checkpoint error” ABC News, 11 April 2003

(<http://www.abc.net.au/news/newsitems/s830487.htm>)

²⁷ “US admits killing ‘at least seven’ in Mosul” *The Times*, 16 April 2003

²⁸ “U.S. soldiers fire on Iraqi protesters; hospital chief says 13 Iraqis are dead” Associated Press, 29 April 2003

Many of the incidents involving civilian casualties cannot be explained away as “civilians caught in the crossfire” or “human error.” It appears, for example, that civilians have intentionally been shot at and that it has been standard operating procedure at American checkpoints to aim indiscriminately at any vehicle or even pedestrian coming in their direction.

Equally disturbing is the use of cluster bombs that has been admitted by both the U.S. and British military.²⁹ The U.S. even boasted that they used “for the first time in combat history” a new version of this banned weapon, the CBU-105.³⁰ Also British officers, and Defense Secretary Geoff Hoon, confirmed that they had used new cluster munitions near Basra.³¹ Both the U.S. and the British used several types of cluster munitions, including those that have caused severe humanitarian problems in the former Yugoslavia and Afghanistan.³²

Although cluster bombs are not explicitly forbidden by the Geneva Law, the rules of war prohibit the use of inherently indiscriminate weapons or weapons that are incapable of being used in a manner that complies with the obligation to distinguish between civilians and combatants. Moreover, cluster bombs have a failure rate of at least 5 percent,³³ leaving many explosive bomblets behind that cause harm to the civilian population even after the attack is over.³⁴

Apart from the attack on Hilla, the U.S. troops have reportedly also used cluster bombs in Baghdad and other places. According to some reports, children have been severely injured when they found unexploded fragments of cluster bombs in densely populated areas of Baghdad.³⁵ The AFP reported on April 29 that unexploded U.S. cluster bombs were still making civilian casualties in the city of Najaf. A U.S. marine confirmed that unexploded ordnance still littered the area but added that they were unable to clear it because they were short on people.³⁶

Destruction to infrastructure that is vital for public health

The public health consequences of war go far beyond the direct casualties caused by weapons. Most civilian casualties in armed conflicts are the result of the destruction of

²⁹ Human Rights Watch “U.S. Misleading on Cluster Munitions” 25 April 2003

³⁰ “US drops new high tech cluster bomb in Iraq” (<http://www.abc.net.au/news/newsitems/s823003.htm>)

³¹ Mark Odell “Widespread Use of Cluster Bombs Sparks Outrage” Financial Times, 4 April 2003

³² Human Rights Watch “U.S. Use of Clusters in Baghdad Condemned” 16 April 2003; The cluster bombs that were used in Hilla were identified by Landmine Action, a UK-based NGO, as BLU97.

³³ Some sources mention as much as 15-20% unexploded cluster ordnance e.g. Italian retired general Fernando Termentini in AFP “Anti-landmine group slams antipersonnel mines, cluster bombs” 7 April 2003

³⁴ Amnesty International “Iraq: Use of cluster bombs -- Civilians pay the price” 2 April 2003, AI Index: MDE 14/065/2003

³⁵ Thomas Frank “Grisly Results of U.S. Cluster Bombs” Newsday, 15 April 2003; Rosalind Russell “Cluster bombs - a hidden enemy for Iraqi children” Reuters, 18 April 2003; Mark Baker “Hundreds are dying who should not die” The Age, 21 April 2003 (<http://www.theage.com.au/articles/2003/04/20/1050777165468.html>)

³⁶ “US cluster bombing leaves Iraqi city angry over dead, maimed” AFP, 29 April 2003

civilian infrastructure that is essential for people's health. This was also the case for the first Gulf War that, according to the first post-war U.N. mission, had caused "apocalyptic damage" to the infrastructure and had reduced the country to "the pre-industrial age."³⁷

The vast majority of deaths in 1991 were caused by the destruction of the electric power grid and the ensuing collapse of the public health, water and sanitation systems, leading to outbreaks of dysentery, cholera, and other water-borne diseases. Therefore, one of the most comprehensive casualty assessments of the first Gulf War concludes that "*the lethality of indirect effects of warfare can be much greater than the direct lethality of the weapons themselves.*"³⁸

Water, for example, is essential to prevent health problems including malnutrition, gastro-intestinal infections and other communicable diseases. Without access to safe water sources the civilian population, especially children, are at risk. Therefore Protocol II of the Geneva Conventions explicitly states: "*It is prohibited to attack, destroy, remove or render useless objects indispensable to the survival of the civilian population, such as foodstuffs, agricultural areas for the production of foodstuffs, crops, livestock, drinking water installations and supplies (...).*" The pre-war U.N. "Likely Humanitarian Scenarios" report had already warned that damage to the electricity network would affect water supply and sanitation giving rise to the need for some 39 percent of the population to be provided with potable water. It added that a high number of indirect casualties might be because the outbreak of diseases in epidemic proportions was very likely.³⁹

Basra was the first city that suffered a humanitarian crisis because of the U.S.-British belligerence. On March 21, air raids destroyed high voltage lines and knocked out Basra's electrical power. That in turn disabled Basra's water and sanitation systems, including the Wafa' Al Qaed Water Pumping Station, which pumps water from the Shatt al-Arab river to five water treatment plants that supply piped water to over 60 percent of Basra's 1.5 million residents.⁴⁰ At the end of April, water and electricity supplies in Basra were still at only 60 percent of their prewar levels.⁴¹ After one month of war, water shortage was still severe and water was reportedly sold on the black market at USD 1 per 1.5 liter bottle.⁴²

Apparently, the power and water supply of other cities were also targeted by the attacks. On April 2, the ICRC reported that "*entire towns and suburbs have now been without piped water for about a week, including several district towns north of Dhi Qar and*

³⁷ Roger Normand "Special Report: Water Under Siege In Iraq. US/UK Military Forces Risk Committing War Crimes by Depriving Civilians of Safe Water" The Center for Economic and Social Rights, April 2003

³⁸ Beth Osborne Daponte, M.A. "A Case Study in Estimating Casualties from War and Its Aftermath: The 1991 Persian Gulf War" 1993

³⁹ Campaign Against Sanctions on Iraq "Confidential UN Document Predicts Humanitarian Emergency in Event of War on Iraq" Press Release, 7 January 2003

⁴⁰ Roger Normand "Special Report: Water Under Siege In Iraq. US/UK Military Forces Risk Committing War Crimes by Depriving Civilians of Safe Water" The Center for Economic and Social Rights, April 2003

⁴¹ International Committee of the Red Cross "ICRC: Iraq is at a crucial stage" 20 April 2003

⁴² "Iraq: Basra's pivotal issue – water" UN Office for the Coordination of Humanitarian Affairs Integrated Regional Information Network, 18 April 2003

*Najaf but also towns south of Basra such as Al-Zubayr and Safwan.*⁴³ In Nasiriyah, the water treatment plant was reported to be working only six hours a day as of April 20 and water treatment chemicals were in short supply.⁴⁴

On April 3, power to 90 percent of Baghdad was cut because of the damage to the Al-Doura power station during the American capture of Saddam International Airport.⁴⁵ One week later, after the capture of Baghdad by the U.S. troops, the ICRC reported that power cuts have continued ever since. At that time, major water treatment plants in the city were operational at about only 40-50 percent of their normal capacity. After the damage resulting from military operations and waves of vandalism and looting, the Baghdad water authorities reported the loss of all their assets and warehouse materials, including all spare parts, vehicles and other equipment.⁴⁶

A spokesperson of the World Health Organization warned already on April 6 that Iraq was facing the risk of an outbreak of cholera or other infectious illnesses, as clean drinking water was scarce and hospitals were overwhelmed.⁴⁷ This assessment was echoed by UNICEF on April 21 when they reported a huge increase in child diarrhoeal cases in Baghdad.⁴⁸ Although water was being supplied to most parts of Baghdad by the end of April, the sanitation situation remained extremely critical and threatened public health.⁴⁹

Ironically, the occupying powers, who are supposed to take care of the basic needs of the civilian population, downplayed the water crisis in Basra. British Air Marshal Brian Burridge denied that their attacks had caused significant damage to Basra's utilities and maintained that electricity and water supplies were the same as before the war.⁵⁰ Major General Tim Cross, the top British assistant of interim administrator General Jay Gardner, also denied that there was a humanitarian crisis because of damaged infrastructure. His statements were rebutted, however, by David Wimhurst of the U.N. humanitarian office for Iraq who told BBC radio that there is a crisis from the medical perspective. *"There is also a crisis from a water and electricity perspective, and that poses a wide public health threat,"* he added, *"If the infrastructure cannot be rapidly repaired, the crisis could worsen."*⁵¹

⁴³ ICRC, Daily Bulletin, 2 April 2003

⁴⁴ UNICEF Iraq briefing note 20 Apr 2003

⁴⁵ Anthony Shadid "Blackout Increases Foreboding, Darkness Stills City Bracing for Chaos" Washington Post, 4 April 2003

⁴⁶ International Committee of the Red Cross "ICRC: The medical system of Baghdad totally disrupted by insecurity and looting" 12 April 2003

⁴⁷ "Iraq at risk of cholera epidemic" AFP, 7 April 2003

⁴⁸ United Nations "UN relief agencies praised Iraqi health workers" 21 April 2003

⁴⁹ United Nations "UN relief agencies report slow improvement in Iraq, but situation still 'precarious'" 22 April 2003

⁵⁰ "Basra utilities 'were not bombed'" BBC News, 17 April 2003

(http://news.bbc.co.uk/2/hi/middle_east/2955623.stm)

⁵¹ Michael McDonough "U.K.: Structure Damage Won't Cripple Iraq" Associated Press, 15 April 2003

Targeting ambulances and medical infrastructure

Medical infrastructure and personnel enjoys particular protection under the rules of war as laid down in the Geneva Law. Article 12 of Protocol II states: “*Medical units shall be respected and protected at all times and shall not be the object of attack,*” while Article 15 adds that “*Civilian medical personnel shall be respected and protected.*” Article 21 extends the protection also to medical vehicles, including ambulances.

There are disturbing reports that ambulances have deliberately been fired upon by U.S. troops. On April 9, for example, MATW doctors Geert Van Moorter and Harrie Dewitte were at the Saddam Center for Plastic Surgery, which was functioning as a frontline hospital for the war-wounded. They witnessed how one of their ambulances that had left to transport patients to another hospital came back after a couple of minutes after it had been under fire by U.S. troops. Two of the patients it transported were dead and the driver and his co-driver had gunshot wounds.

When Dr. Van Moorter went up to a U.S. officer to denounce their attitude, he answered that “*the ambulance could contain explosives.*”⁵² A similar justification for targeting civilian and medical vehicles alike was reportedly also given by Colonel Bryan P. McCoy, the commander of the Third Marine Battalion of the 4th Regiment. When distraught soldiers were complaining that they were uncomfortable shooting at civilians, the colonel countered that the Iraqis were using civilians to kill marines, that “*soldiers were being disguised as civilians, and that ambulances were perpetrating terrorist attacks.*”⁵³

Several hospitals sustained severe damage in air raids. On April 2, for example, U.S. aircraft hit a building opposite the Red Crescent maternity hospital in Baghdad and the blast was so strong that the hospital’s roof collapsed. The maternity hospital is part of a Red Crescent compound that also includes their headquarters and a surgical hospital.⁵⁴ Patients and at least three doctors and nurses working at the hospital were wounded.⁵⁵

The damage to health infrastructure outside the major urban centers is still not fully assessed but probably it is considerable. Members of the Iraq Peace Team reported that a hospital in Rutbah, near the border with Syria, was bombed on March 26. The anti-war activists who were leaving the country said they saw no significant Iraqi military presence near the hospital or elsewhere in the town.⁵⁶ In Nasiriyah the Primary Health

⁵² “US troops fire on ambulance, two killed” AFP, 10 April 2003; A resident of Najaf is also quoted in an April 29 AFP report saying that “*Why did the Americans target civilians? They even hit ambulances trying to rescue those injured and killed five medics.*” in “US cluster bombing leaves Iraqi city angry over dead, maimed” AFP, 29 April 2003

⁵³ “*Des soldats, désemparés, disent : "Je ne suis pas préparé à ça, je ne suis pas venu ici pour tirer sur des civils." Le colonel oppose que les Irakiens utilisent les habitants pour tuer des marines, que "des soldats sont déguisés en civils, que des ambulances commettent des attentats.*” Michel Guerrin “J’ai vu des marines américains tuer des civils” Le Monde, April 13, 2003

⁵⁴ IFRC “Red Crescent maternity hospital damaged in attack” 3 April 2003

⁵⁵ Simon Jeffery “Baghdad hospital bombed” The Guardian, 2 April 2003

⁵⁶ Charles Hanley “American Peace Activists Confirm Iraqi Hospital Bombed” Associated Press, 31 March, 2003

Care Department and Department of Health warehouses were reported to be destroyed by a missile. These warehouses held a six month stock of health supplies including high protein biscuits.⁵⁷

Looting of hospitals

More damaging than the direct impact of the fighting was the looting and arson that erupted as soon as the U.S. and British troops had gained control over the cities. This is particularly alarming as the occupying powers have the responsibility to ensure public order and safety. Moreover, the Fourth Geneva Convention states that an occupying power has the duty “*of ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied territories.*” They are also obliged to ensure the supply of food and medical supplies.⁵⁸ Therefore the protection and rehabilitation of the medical infrastructure should be one of their priorities.

As early as April 9 Veronique Taveau, spokeswoman for the United Nations Office of the Humanitarian Coordinator for Iraq (UNOHCI), criticized U.S.-led troops for turning a blind eye to the lawlessness, saying it was a breach of their obligations as an occupying force under international law to prevent chaos.⁵⁹ Still, the prevailing attitude of the American military and civilian authorities toward the widespread looting that broke out after their occupation of Iraq’s major cities was as if they couldn’t care less.

“It’s untidy. Freedom’s untidy. Stuff happens. Free people are free to make mistakes and commit crimes and do bad things,” was U.S. Defense Secretary Donald Rumsfeld’s stupefying reaction.⁶⁰ White House spokesperson Ari Fleisher even tried to refute any responsibility of the U.S. as occupying power flatly stating that “*much of the humanitarian problems of Iraq existed because of Saddam Hussein’s regime and the conditions he imposed on the Iraqi people before the first shot was fired in this war.*”⁶¹

On April 10, while several hospitals in Baghdad were being ravaged, U.S. Maj. Gen. Stanley McChrystal said: “*Looting is a problem, but it is not a major threat. People are not being killed in looting. So that’s something we have to do as we have the time and capability to do it.*”⁶² One day later, on the occasion of his first visit to Baghdad, U.S. commander Tommy Franks explicitly ordered the U.S. troops explicitly not to use deadly force to prevent looting.⁶³

The reluctance of the occupying forces to prevent looting seems to be a case of willful neglect at best, yet there are also reports that U.S. troops actually encouraged Iraqis to go

⁵⁷ UNICEF Iraq briefing note 20 Apr 2003

⁵⁸ Amnesty International “An overview of Amnesty International’s concerns and position on the conflict in Iraq” 17 April 2003

⁵⁹ Suleiman al-Khalidi “Agencies: US-Led Troops Must Rein in Iraqi Looters” Reuters, 10 April 2003

⁶⁰ Brian Whitaker “Free to do bad things” The Guardian, 12 April 2003

⁶¹ White House Daily Briefing, 11 April 2003

⁶² Human Rights Watch “Coalition Forces Must Stop Iraqi Looting” 12 April 2003

⁶³ Ravi Nessman “Franks: U.S. stays until free gov’t forms” Associated Press, 11 April 2003

on a rampage. On April 11, for example, Islamonline reported that the Al-Kindi hospital in Baghdad had been looted the day before. Medicines and two ambulances were stolen and all staff had fled except for two doctors. U.S. troops called to assist replied that they had no orders to intervene. Several Iraqi citizens even accused the American forces of instigating the looting. The report quotes Meshal Shahi saying “*They protect the oil Ministry building, the foreign ministry building, but I’ve seen them with my own eyes encouraging the looters.*”⁶⁴

A foreign observer, Khaled Bayomi, who teaches at the University of Lund, Sweden, testified that he saw American troops encourage looting an unspecified administrative building and the Department of Justice.⁶⁵ The British journalist Robert Fisk observed that the American troops had the ability to stop the looting as hundreds of soldiers were deployed in the gardens of the old Iran-Iraq war memorial and the rose gardens of the Presidential Palace. Moreover, U.S. troops were able to safeguard the Ministry of Oil, cynically revealing their priorities. But Fisk was particularly disturbed by his discovery that the destruction of Iraq’s civilian infrastructure was systematically organized. “*The looters come first,*” he writes, “*The arsonists turn up later, often in blue-and-white buses.*” According to Fisk, “*The passengers in those buses are clearly being directed to their targets.*”⁶⁶

The plight of hospitals under U.S. occupation

Whatever the involvement of the occupying forces in the widespread looting and destruction is, they are responsible for the medical infrastructure in the territories under their control. As soon as Baghdad was under U.S. control, “*the medical system of Baghdad has virtually collapsed*” the ICRC alarmingly wrote on April 11.⁶⁷

The same day a team of the ICRC was able to assess the situation of the hospitals in Baghdad.⁶⁸ The Medical City complex—that consists of four hospitals—was in total chaos. The triage and emergency units were completely disorganized and there was no ambulance service. No new patients were being admitted. Only a few surgeons and one or two nurses were present in the hospitals, each with 600 beds. There were no administrative, cleaning or kitchen staff. And there were still 300 patients to care for. Only three days before, the ICRC medical coordinator had also visited this hospital’s triage and emergency center, which could handle 100 patients at any one time, and found “*that the complex was a perfect example of mass casualty management.*” Also the Al Kindi hospital, still working efficiently on April 8, was in total chaos. There was only one medical doctor present and no surgeons. Some patients were found lying on the floor. Medical and other supplies were scattered all over the place.

⁶⁴ “Sensing Foul Play, Iraqis Take Arms To Stop Looting” in Islamonline, 11 April, 2003 (<http://islamonline.net/english/news/2003-04/11/article13.shtml>)

⁶⁵ Ole Rothenborg “US Forces deliberately encouraged the Looting” Article in Swedish published in Dagens Nyheter, 11 April 2003

⁶⁶ Robert Fisk “For the people on the streets, this is not liberation but a new colonial oppression” The Independent, 17 April 2003

⁶⁷ International Committee of the Red Cross “The medical system in Baghdad has virtually collapsed” 11 April 2003

⁶⁸ International Committee of the Red Cross “ICRC: The medical system of Baghdad totally disrupted by insecurity and looting” 12 April 2003

On April 12, the ICRC team reports that the Yarmouk Hospital, which had been treating patients at a rate of 100 per hour during the invasion of Baghdad,⁶⁹ was working only as a first-aid post. A rocket had hit the third floor, which was totally destroyed, and two of the three generators were damaged. Corpses were piled in the entrance hall before being buried in the hospital grounds. The doctors and staff had been able to salvage half of the equipment while looters were carrying off furniture. The 500-bed Al Karama hospital, on the other hand, had been protected from looting by the civilian population and its staff were even able to recover whatever equipment and supplies that were left at the Al Khark hospital for safekeeping on their premises. The 125-bed Alwiya Children's hospital, the main pediatric medical facility in Baghdad, had been protected from looting by the presence of armed medical staff living in the hospital. The wards were closed, but some 100 consultations per day were being performed for out-patients. Also here the ICRC was impressed by the staff who "*were defending the hospital with courage and conviction.*" In Ibn Nafis Hospital, one of the few hospitals still functioning in Baghdad, the existing team had been increased in number by several surgeons from looted hospitals. Non-medical services such as cleaning, however, were very poor. The Al Numan Hospital was intact and had been very well protected by the civilian population. Although the surgical staff were still on the site, the prevailing insecurity made access very difficult for patients. The Ibn Al Haythem Eye Hospital and Abdiker Military Hospital were closed after being looted. Also at Rashad and Ibn Rushad Psychiatric Hospitals no treatment was available for patients.⁷⁰

On April 17, the ICRC still reported a dire situation in Baghdad's hospitals. In Al-Rashad Psychiatric Hospital, for example, waves of looters had descended on the facility, burning everything that was not stolen. The hospital director reported that some patients had been raped. The 1,050 patients fled the hospital and only 300 patients had returned but their living conditions were dismal.⁷¹

On April 19, the Adnan Specialist Hospital was forced to shut down the only five of its 25 operating theatres still working after running out of oxygen and anesthetics. Dr Haifa Mohammed Ali, senior anesthetist at the hospital testified that the U.S. troops refused to protect the hospital against looters. A small contingent of marines was eventually sent after the worst looting but they were withdrawn a few days later.⁷²

UNICEF reported that on April 21 only seven percent of the Al-Salam Primary Health Care Center's staff was working. They were assisted, however, by volunteers from the local community. The hospital was experiencing a shortage of water, anti-diarrhoeal drugs and injectable and oral antibiotics and suffered from bad sewage drainage. Because other hospitals in the area were not operational it had to serve more than 100,000 people, more than double its normal coverage.⁷³ At the Saddam City Hospital in northern Baghdad the morgue was reported to be full and there was not enough power to preserve the corpses already piled inside.⁷⁴

Only on April 22, UNICEF reported that health services were no longer deteriorating and the situation started to stabilize. Its spokesman, Geoffrey Keele warned, however, that things had stabilized at a very low level that left the most vulnerable section of Iraqi society, including its children, at great risk.⁷⁵

⁶⁹ ICRC "Baghdad Yarmouk hospital: one hundred patients an hour" 6 April 2003

⁷⁰ International Committee of the Red Cross "Yarmouk hospital: Corpses were piled in the entrance hall before being buried in the hospital grounds" 13 April 2003

⁷¹ International Committee of the Red Cross "ICRC: Dire situation in hospitals" 17 April 2003

⁷² Mark Baker "Hundreds are dying who should not die" The Age, 21 April 2003

⁷³ UNICEF, Iraq briefing note, 21 Apr 2003

⁷⁴ Mark Baker "Hundreds are dying who should not die" The Age, 21 April 2003

⁷⁵ United Nations "UN relief agencies report slow improvement in Iraq, but situation still 'precarious'" 22 April 2003

Endangering and hindering health personnel

The inaccessibility of the few medical facilities that were still open was not only the result of the population's supposed lawlessness. The U.S. occupying forces reportedly prevented patients from seeking treatment and health personnel from moving around. On April 11, MATW doctor Geert Van Moorter reported from Baghdad: *“Medical personnel do not even dare to ask permission from American checkpoints to bring the wounded to the hospital, as any Iraqi who approaches U.S. soldiers risks to be shot. They would rather ask us, the foreigners, to negotiate with the U.S.-troops for patients to be allowed to pass.”*

Amnesty International illustrated the inability of ambulances and other vehicles to move freely with the report that on April 10 around 20 bodies, including those of children, were still strewn on the road between al-Doura and the airport, days after they were killed. At that time the road was already controlled by U.S. forces.⁷⁶ Medical crews were reportedly shot at by U.S. troops when they tried to retrieve the injured after the Americans killed 13 protesters in the city of Fallujah on April 28. This was confirmed by Dr. Ahmed Ghanim al-Ali, director of Fallujah General Hospital.⁷⁷

Article 15 of Protocol II states, however, that *“the occupying power shall afford civilian medical personnel in occupied territories every assistance to enable them to perform, to the best of their ability, their humanitarian functions.”* Moreover, they should give health personnel access *“to any place where their services are essential.”*

Equally alarming is the U.S. and British troops' practice of treating humanitarian aid as an exercise in public relations. This raises concerns of effectiveness and appropriateness,⁷⁸ but also jeopardizes aid workers, including many health professionals. The ICRC therefore rejects any direct involvement of military forces in relief operations *“as this would or could, in the minds of the authorities and the population, associate humanitarian organizations with political or military objectives that go beyond humanitarian concerns.”*⁷⁹

The ICRC's concern is not baseless as some reports of military relief operations in occupied areas confirmed that they were conducted in a hostile atmosphere.⁸⁰ Arab News

⁷⁶ Amnesty International “Iraq: Looting, lawlessness and humanitarian consequences” 11 April 2003, AI Index: MDE14/085/2003

⁷⁷ “U.S. soldiers fire on Iraqi protesters; hospital chief says 13 Iraqis are dead” Associated Press, 29 April 2003

⁷⁸ The Christian Science Monitor reported that U.S. Troops built a “very photogenic” playground in Umm Qasr while children were still dying from communicable diseases because of the interrupted water supply. Sarah Kenyon Lischer “Humanitarian aid is not a military business” Christian Science Monitor, 15 April 2003; The Jordan Times fears that the military's humanitarian efforts would be ineffective because *“Iraqis know well that, if it weren't for those very US-British forces, they wouldn't be in need and wouldn't find themselves in want of food, water and medicine in the first place.”* “The militarization of humanitarian aid” The Jordan Times, 31 March 2003

⁷⁹ Roger Normand “Special Report: Water Under Siege In Iraq. US/UK Military Forces Risk Committing War Crimes by Depriving Civilians of Safe Water” The Center for Economic and Social Rights, April 2003

⁸⁰ Burhan Wazir “Jubilation turns to hate as aid arrives” The Guardian, 27 March 2003

war correspondent Essam Al-Ghalib described how during one of these relief operations in Najaf “*a soldier was pointing at the crowd ordering them away from the fence separating the food distributors from the hungry crowd. Every time the soldier passed an order on to the civilians or those arriving in vehicles, he aggressively pointed his 50-caliber truck-mounted machine gun at them, lowering his head to see as though taking aim.*” When the reporter approached the soldier and asked why he was pointing his machine gun at unarmed civilians he answered that they might be suicide bombers.⁸¹

Even before the war, the U.S. had already stated its intention to subject civilian humanitarian efforts to military authority. Its Office of Reconstruction and Humanitarian Affairs (ORHA) that is supposed to oversee the reconstruction of Iraq reports to the Department of Defense. It includes a Kuwait-based Humanitarian Operations Center staffed by U.S., Kuwaiti and British military staff. The Pentagon requires aid agencies to coordinate with the HOC and to wear identification tags issued by these military authorities.

Many relief and aid agencies, including health NGOs, have already complained that the dangers faced by relief workers in the field are multiplied by the insistence of the U.S. government that NGOs are forced to work under Department of Defense jurisdiction.⁸² Some aid organizations, however, are expected to comply in exchange for valuable contracts and international visibility for their organizations, relinquishing any pretense of neutrality and impartiality.⁸³

Heroic Iraqi health workers

The Iraqi health workers’ commitment to ensuring health care despite the war contrasts sharply with the carelessness of the occupying forces. The WHO said it was “*extremely impressed by the level of dedication the Iraqi health staff bring to their work even in these circumstances.*” WHO spokesperson Fadela Chaib said that the dedication of doctors, nurses and support staff including cleaners, cooks, maintenance workers and drivers was saving lives.⁸⁴ In Basra, Dr Dahham Falih al-Musa, a senior house officer at the Basra Teaching Hospital, said there was a great team spirit among the medical staff. Even during the height of the fighting, the hospital remained operational although its director, Dr Akram Abid Hasan, lost 10 family members including two sons, two daughters, his mother, brother and a sister when a bomb or missile struck his home. Two other senior doctors at the hospital also lost children and wives in the war.⁸⁵

The U.N. agency’s high esteem for the Iraqi health workers was shared by MATW’s medical team in Baghdad and several journalists. Robert Fisk, for example, describes his meeting with Dr Khaldoun al-Baeri, the hospital director and chief surgeon of Baghdad’s Adnan Khairallah Martyr Hospital: “*Dr Baeri speaks like a sleepwalker, trying to describe how difficult it is to stop a wounded man or woman from suffocating when they have been wounded in the thorax*

⁸¹ Essam Al-Ghalib “Mounting Iraqi civilian casualties, Is it war against the Iraqi people?” Arab News, 8 April 2003

⁸² Carol Giacomo “Aid groups oppose Pentagon control of aid effort” Reuters, 2 April 2003; Shanta Bryant Gyan “Statement on Military Control of Iraq Relief, Reconstruction” InterAction, 3 April 2003

⁸³ Sarah Kenyon Lischer “Humanitarian aid is not a military business” Christian Science Monitor, 15 April 2003

⁸⁴ United Nations “UN relief agencies praised Iraqi health workers” 21 April 2003

⁸⁵ “Iraq: Conditions in Basra's main hospital still dire” UN Office for the Coordination of Humanitarian Affairs Integrated Regional Information Network, 17 April 2003

*explaining that after four operations to extract metal from the brains of his patients, he is almost too tired to think, let alone in English. As I leave him, he tells me that he does not know where his family is. 'Our house was hit and my neighbors sent a message to tell me they sent them away somewhere. I do not know where. I have two little girls, they are twins, and I told them they must be brave because their father had to work night and day at the hospital and they mustn't cry because I have to work for humanity. And now I have no idea where they are.' Then Dr Baeri choked on his words and began to cry and could not say goodbye.'*⁸⁶

A reinvigorated global anti-war movement is essential for people's health

Although it is still impossible to make any reliable assessment of this war's impact on public health, it appears that the civilian population, the health system and health personnel have suffered tremendously. Moreover, there are ample indications that the U.S. and British troops have committed grave war crimes, both as invading and as occupying forces. The occupying forces' behavior in the areas under their control has also revealed their lack of concern for the civilian population.

Medical Aid for the Third World has therefore issued an urgent appeal that demands the immediate and unconditional withdrawal of U.S. and British troops and the full restoration of Iraq's sovereignty on the entire Iraqi territory and on the basis of the Iraqi people's own free will. It likewise urges the U.S. and Great Britain to pay reparations for all direct and indirect damages and suffering their war has inflicted upon the Iraqi people, country and society.

At the same time, justice will have to be delivered to the Iraqi people. Several initiatives are therefore already being prepared to file cases against the military and civilian authorities of the U.S. and Britain. Lawyers and other professionals are expected to volunteer their expertise and monitor the proceedings to see to it that justice prevails.

But whatever evidence there is about individual war crimes, it should not be forgotten that this war was unjust, immoral and illegal in the first place. Moreover, the insatiable greed for money, power and natural resources—that propelled the U.S. and Great Britain to war—will not disappear with Iraq's occupation. Unless it is thwarted by a broad people's movement against war, it will lead to another arms race that will deplete resources for health and social services and lead to many more imperialist wars. The further consolidation and expansion of the global anti-war movement that has emerged before the start of the attacks on Iraq is therefore essential for people's health.

⁸⁶ Robert Fisk "Final proof that war is about the failure of the human spirit" The Independent, 10 April 2003