

Cholera outbreak in northern Iraq

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Reports of a cholera outbreak in northern Iraq further highlight the social catastrophe facing millions in the country as a consequence of the US-led invasion and occupation.

Ten people have died and some 5,000 people have contracted the deadly water-borne disease due to lack of clean drinking water and poor sanitation.

In a statement, the World Health Organisation (WHO) said last week, “To date, it is estimated that Sulaimaniyah governorate experienced close to 5,000 cases since 10 August, with 10 deaths reported and 51 confirmed cases in Kirkuk.”

The United Nations Children’s Fund (UNICEF) reported at the same time, “Local authorities report that over 2,000 people have been affected so far by the outbreak, with five deaths reported and 500 patients admitted to hospital with severe diarrhoea within the last two days alone.”

Physician Dr. Burham Omar, who visited the area with representatives from Iraq’s central health ministry, told Al Jazeera that 2,250 people had been diagnosed in Sulaimaniyah and 2,000 in Kirkuk. A bacterial infection, cholera causes severe diarrhoea and vomiting and dangerous dehydration. Children and the elderly are particularly at risk.

No updated figures are available, but Dr. Dirar Iyad of Sulaimaniyah General Hospital said last weekend that he expects more deaths “over the next couple of days as victims are already in an advanced stage of illness.”

The outbreak is particularly significant, given that northern Iraq is considered to be more stable than the rest of the country and has witnessed less fighting. But the social situation there is no less dire. More than half the population in Sulaimaniyah and Kirkuk does not have access to clean water. UNICEF reports that mains water is only available in Sulaimaniyah for two hours a day.

Zairyan Othman, health minister in the Kurdistan regional government, said, “Sulaimaniyah residents have been forced to rely on wells which I believe were exposed to sewage ... due to cracked [pipes].”

Paolo Lembo, from the United Nations Development Programme, said, “The root cause of the outbreak lies in the inadequacy of the water supply system and deteriorated infrastructure.”

Lembo, who had been visiting Jordan, warned, “The epidemic is expanding beyond its origin and spreading to other cities within Sulaimaniyah province and exhibiting a wider geographical coverage.” Jordan is imposing visa requirements on Iraqis seeking to enter the country, while in Kuwait the Ministry of Health has announced “top level precautionary measures” against any possible infections being carried into the country.

Health officials later announced that they had traced the source of the outbreak in Sulaimaniyah to a water treatment plant. Test samples from the plant, which provides water to the entire province, had showed traces of the cholera bacteria.

More than a decade of sanctions, followed by US bombings and invasion, have destroyed much of Iraq’s infrastructure, while the high civilian death toll, sectarian violence and displacement means there is a severe shortage of the skilled professionals necessary to carry out rebuilding.

In addition, the large number of internal refugees displaced by war and civil conflict creates ideal conditions for infectious diseases to spread. The UN High Commission for Refugees reported that the numbers of displaced persons had risen from 50,000 to 60,000 a month. Many are forced to live in makeshift dwellings made out of refuse and are without access to clean water and the main sewerage system.

Dr. Juan Abdallah from Kurdistan’s health ministry said the bad sanitation, particularly in refugee camps, had “put people at serious risk.”

“The disease is spreading very fast,” he said, pointing out that it was “the first outbreak of its kind here in the past few decades.”

Britain’s *Independent* reported the situation facing 34-year old Um Abir in Kirkuk, who said:

“My two children, husband and mother have been affected by cholera because we weren’t able to get purified water and one of my children is very sick in hospital. We have been displaced since January and we have to camp near a rubbish tip which, according to the doctor, might be the reason for all of the family being affected.”

There are now concerns that the outbreak could spread to Baghdad and the central province of Salahuddin.

Across Iraq, an estimated 70 percent of the population does not have adequate water supplies and less than 20 percent have effective sanitation. A lack of continuous electricity means that even where people are connected to the mains, water and sewerage cannot be pumped through properly. Iraq’s main rivers, the Tigris and Euphrates, are highly polluted.

In March, UN agencies had warned that the chronic shortage of drinking water would lead to an outbreak of waterborne diseases such as cholera in the summer months. UNICEF said that diarrhoea was already the second highest cause of child illness and death in Iraq, and that there had been an increase, “even before the usual onset of the diarrhoea season in June,” when the temperature can soar above 120 degrees Fahrenheit.

In June, five cases of cholera were reported amongst children in Najaf, southern Iraq, in just three weeks.

A lack of medicine and healthcare is making it particularly difficult to control the disease. Doctors in northern Iraq have had to appeal for help, with UNICEF reporting that it has delivered 4,000 cannulae and needles and 15,000 sachets of oral rehydration salts (ORS) necessary to prevent death from the dehydration induced by severe diarrhoea.

The collapse in Iraq’s healthcare system is indicative of the destruction wreaked by US and British imperialism. During the 1980s Iraq’s health system was regarded as amongst the best in the Middle East. Now it is virtually nonexistent.

The WHO has acknowledged, “Several wars and 13 years of economic sanctions left a heavy toll on the nutrition of the population, on the social structure, on

the economy and on the health infrastructure and services.

“This is well depicted in the morbidity and mortality rates of the population of Iraq, particularly of infants, children and mothers.”

According to the Iraq Medical Association (IMA), 90 percent of the 180 hospitals lack essential resources, while a health ministry spokesman said that “all hospital buildings and almost 90 percent of health centres require repair or total reconstruction.”

But of a multimillion-dollar reconstruction plan announced by the US after the invasion for building 180 health clinics, only four had been finished and none opened by the end of 2005.

While billions in aid and reconstruction funds have gone missing, one doctor told health agencies, “Our hospitals look more like barns with lack of electric power, medicines, equipment and now doctors and surgeons because of the corrupt managers who care for nothing but filling their pockets with false contract money and conducting sectarian killings against doctors and patients.”

In 2005, Medicine for Peace published its study of hospitals in Baghdad. This found that the majority “are generally unclean, unhygienic, and pose an imminent threat for hospital-acquired infections.” Of the 13 hospitals, eight had no facilities to dispose of hazardous waste and 60 percent of the toilets did not work. Water was also reported to be unsafe to drink in at least four hospitals.

Essential medical equipment was also missing, or in short supply, including pain relief, sterile needles, masks, gloves and soaps. Seventy percent of the hospitals were unable to conduct the laboratory tests needed. There are reports of children dying of dehydration because hospital staff do not have the right needles to inject them with fluids.

In addition, the IMA reported that of the 34,000 Iraqi doctors registered prior to the invasion, over half had fled and at least 2,000 had been killed.



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