



# Briefing to the UN Security Council on the humanitarian situation in Iraq

Nicolas de Torrente

Delivered April 9th, 2003

Document en provenance du site internet de Médecins Sans Frontières

<http://www.msf.fr>

Tous droits de reproduction et/ou de diffusion, totale ou partielle, sous quelque forme que ce soit, réservés pour tous pays, sauf autorisation préalable et écrite de l'auteur et/ou de Médecins Sans Frontières et/ou de la publication d'origine. Toute mise en réseau, même partielle, interdite.



*UN Liaison Office*

*6 East 39<sup>th</sup> Street, 8<sup>th</sup> Floor  
New York, NY 10016*

*Direct : 212.655.3777  
Main: 212.679.6800  
Fax: 212.679.7016*

*Catherine Dumait-  
Harper@msf.org*

*www.msf.org*

**Médecins Sans Frontières**

**Briefing to the UN Security Council on the humanitarian situation in Iraq**

**- April 9<sup>th</sup>, 2003 -**

**Delivered by Nicolas de Torrente, Executive Director, MSF-USA**

Your Excellencies,

Thank you very much for inviting us to address the Security Council concerning the humanitarian situation in Iraq. Today, I would like to speak from Medecins sans Frontieres current experience, albeit limited and difficult, of providing direct medical care to victims of the war.

Since the beginning of the current conflict, MSF has had a surgical/medical team of 6 persons working in Baghdad's al-Kindi hospital alongside Iraqi medical staff. They have been providing care to war-affected patients, and have supplied the hospital with medical and surgical material. Since last Wednesday, April 2<sup>nd</sup>, we have had no news about two of our international staff members, Francois Calas, a 43 year-old head of mission from France and Ibrahim Younis, a 31 year-old logistician from the Sudan. Francois and Ibrahim are both highly experienced humanitarian workers, who have demonstrated their commitment to providing impartial aid to victims of conflict and crisis for years. Given the circumstances of their disappearance, we have to consider that Iraqi officials are holding them, yet we have been provided with no information as to their whereabouts or their condition. As a result, MSF has been forced to suspend all activities in Iraq. We are very concerned about Francois and Ibrahim's fate, and we call on the Iraqi authorities to do everything in their power to secure their safe and speedy release. It is all the more distressing that this incident has taken place at a time when our help would be the most needed, as the ability of the Iraqi health system to cope with mounting casualties is being overwhelmed.

From the limited vantage point of our medical team in Baghdad, I would therefore first like to describe the current humanitarian needs. I will then draw attention to the very considerable constraints and limitations posed on the ability of humanitarian aid agencies to provide assistance to the Iraqi population.

- ***First, the humanitarian needs.***

Victims from the ongoing high-intensity conflict in Iraq are located inside the country, either close to or in their home areas. There are very few, if any, significant population movements. People have been leaving certain parts of Baghdad and a number of cities in the north to areas that are less exposed, but there has not been a major flow of people either within or outside of Iraq. MSF teams that have carried out preparedness activities in Iran, Syria and Jordan do not report any significant refugee influxes.

The main current concern pertains to the civilian population exposed to direct violence from combat activities. Civilians are caught in the cross-fire; they are also injured, wounded and killed by aerial bombardments and intense ground fighting. Cities, because most of the Iraqi people live there and because they are the focus of the heaviest fighting due to their military significance, are the most affected. Civilians are trapped by fierce fighting in Baghdad, but cities such as Hilla, Nasirya, Basra, Karbala al-Najaf, Mosul and Kirkuk are also affected. Clearly, the most urgent humanitarian need in Iraq today is to take appropriate care of the war-wounded.

In the first two weeks of the conflict, our team in Baghdad reported that Iraqi medical structures and personnel were coping with the influx of war-related casualties, which came in addition to the normal health care needs of the population. While elective surgeries were delayed, basic health services ranging from delivering babies to treating common infectious diseases continued. In the last week however, the situation has deteriorated considerably. As the conflict has intensified, the volume of casualties is growing, and hospitals are increasingly overwhelmed. In addition to the many physical injuries requiring minor and major surgical interventions, the psychological trauma and shock from explosions has resulted in shock syndromes and stress-related chest pain, breathing problems, and strokes. The situation is very tense and people are increasingly worried. They are staying in their homes and most businesses have shut down.

Although hospitals had put in place emergency stocks before the war, certain critical items such as anesthetics, transfusion sets, strong analgesics and external fixation devices were quickly in short supply, and we can only anticipate these shortages to become more severe in days to come, extending to supplies of all basic medical materials.

Iraqi medical staff have been very dedicated in carrying out their medical duties, yet staff shortages are also to be expected, particularly in the areas of emergency triage and post-operative care. Moreover, as the conflict continues and insecurity mounts, it is likely that fatigue and stress will take their toll, and that health personnel may not be in a position to report to work.

Particularly in cities, the water and sanitation situation should be closely monitored. Although no outbreaks of disease have yet been reported, the situation can change very rapidly. Likewise, access to food may become a concern as the war continues, particularly among vulnerable populations, but there is no credible indication of a current crisis. Yet, in any event, it must be stressed that we have had only very limited access to

areas of potential concern and have therefore been unable to conduct any reliable needs assessments.

The precarious situation of Iraqi civilians caught up in this conflict underlines the critical importance for all warring parties to fully respect international humanitarian law. It is imperative that warring parties do their utmost to minimize the impact on civilians and prevent human suffering. Civilians are not to be targeted, nor should goods or assets essential to human survival. Civilians must not be used as "human shields" or purposely moved to or prevented from evacuating unsafe areas. Parties to the conflict must also treat prisoners of war in accordance with international law. The integrity of hospitals, ambulances and medical personnel must be respected. Indiscriminate weapons that do not distinguish between military targets and civilians must not be used, nor should weapons of mass destruction.

- ***Second, the ability of humanitarian agencies to access and assist those in need.***

It is striking to compare a map of what we know of the needs of the Iraqi population with that of the presence of aid organizations: in summary, victims are mainly trapped within cities inside Iraq, while humanitarian organizations are outside the country. Even the very few agencies operating in Iraq have very little possibility to gain access to population in need and provide assistance. Many urban areas that continue to be affected by the fighting remain out of reach.

In these areas cut off from outside assistance, the Iraqi population and the Iraqi medical personnel are left to fend for themselves. In every conflict, local coping mechanisms are of critical importance. Yet, international humanitarian aid organizations typically play a very significant role by providing additional resources and expertise and by being present at the side of the populations in need, whoever and wherever they may be. This generally has a positive effect of reducing death and suffering. It is also a powerful expression of solidarity, person to person, without discrimination and devoid of any ulterior motive. In Iraq however, the conflict is essentially being carried out in a vacuum. The political agendas and military strategies of the warring parties have resulted in nearly completely shutting out independent humanitarian assistance.

Before the conflict, Iraqi authorities were very reluctant to allow independent humanitarian aid agencies to operate inside the country. For years, MSF's attempts to provide impartial and direct assistance to the Iraqi population were rejected. Even as we established a medical presence and program in Baghdad just before the war, conditions remained difficult and tense. Iraqi authorities did little to facilitate the access and activities of humanitarian organizations, for instance by lifting administrative constraints, facilitating the transit of supplies or delivering visas. Last week, we were forced to suspend operations when two of our international staff members went missing. Clearly, respect for independent access and direct assistance by humanitarian organizations to the population has been sorely lacking on the part of the Iraqi authorities.

While it has been therefore very difficult to establish humanitarian operations within areas of controlled by the Iraqi government, the sheer danger associated with high-intensity and fluid military combat has also made it very difficult for humanitarian organizations coming from outside the country to gain access, via US/UK areas of military operation, to beleaguered cities in southern, central and northern Iraq. Yet the severity of the fighting is not the only problem affecting movement and safe access.

The US/UK coalition has made the provision of assistance to the Iraqi population a cornerstone of its war effort, promising to deliver food and medicine to win over the goodwill of public opinion, both in Iraq and abroad. In areas where US/UK control is becoming more established, aid is starting to be delivered by military forces, according to their responsibilities as an Occupying Power under the 4<sup>th</sup> Geneva Convention. While the population can benefit from this assistance if it is equitable and effective, by visibly making relief assistance a tool of the coalition's military and political agenda, our concern is that safety and access of independent humanitarian aid workers to populations in need could be severely compromised.

In addition to the military providing assistance, the US government has also made efforts to enlist aid organizations in support of its agenda. As an example, US-based humanitarian organizations have been prohibited from accessing Southern and Central Iraq by US sanctions, while preparations are currently being made to organize their entry into zones secured by the coalition. Our concern is that this highly visible "hearts and minds" strategy may fuel dangerous suspicions that all humanitarian activities, and international aid personnel, are identified to the US/UK coalition and working on its behalf.

The very unfortunate and disturbing reality is that, at a moment when the needs of the population are certainly increasing, access is the most difficult and activities of aid organizations are most limited. Yet, even if the intensity of the conflict were to decrease, independent access, and the respect afforded to the personnel and activities of humanitarian organizations, remains a critical concern. The situation in Afghanistan gives us reasons to be worried. After the demise of the Taliban, fighting, tensions and instability have persisted. The perceived association between Western military forces and humanitarian aid organizations has become a serious security liability, not only restricting access to many areas of the south and southeast of the country, but also jeopardizing their safety.

- ***Conclusion***

In summary, in view of the escalating and intensifying conflict, providing medical assistance to direct victims of violence, mainly located in urban areas in southern and central Iraq, is at the forefront of current humanitarian needs in Iraq. Yet constraints on the access and activities of humanitarian organizations are very severe. Without minimal security conditions and respect for our staff and activities, it is impossible to provide much needed care to the victims of the war. We reiterate our deep concern for the fate of Francois Calas and Ibrahim Younis, and call on the Iraqi authorities to do their utmost to secure their speedy and safe release.

Respect for the safety of aid workers is increasingly worrisome, not only in Iraq, but in other conflict areas around the world as well. Arjan Erkel, head of mission of MSF in Dagestan, a Republic of the Russian Federation, remains unaccounted for more than 7 months after his abduction; and humanitarian aid workers were recently killed in Afghanistan, Liberia and Ivory Coast. In our analysis, the violence against aid workers is but an extension of the violence to which civilians are increasingly being subjected in war.

Finally, while current international attention is almost exclusively focused on Iraq, we urge the Security Council and the international community not to forget the urgent and pressing humanitarian needs of victims of other conflicts raging around the world today, from the Democratic Republic of the Congo to Liberia, and from Chechnya to the Sudan.

Thank you very much for your attention.