STRATEGIES FOR POST-WAR REHABILITATION OF MENTAL HEALTH SERVICES / FOCUS ON IRAQ

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> For the purpose of this presentation I was told there is no need for a power point presentation or pictures. We have seen enough pictures during the last few days depicting the atrocities and torture in Iraqi prisons.
> "Every gun that is made, every warship launched, every rocket fired, signifies in the final sense a theft from those who hunger and are not fed, those who are cold and are not clothed."
> Those are not the words of an Iraqi or Palestinian politicians denouncing the war and occupation in their respective countries. Those are the words of President Dwight D. Eisenhower, spoken on the 16th of April 1953.

I advise you all to check a site on the internet, the address of which is www.costofwar.com   A running figure to the right top of the page indicates the cost of the Iraqi war not in terms of what the world pays for, but in terms of the US alone pays for. At the time I wrote this presentation the figure was a sobering $111,778,777,859 and the figure is on the increase, by the second.

Instead, the US could have paid for 15,803,624 children to attend a year of Head Start; it could have medically insured 47,912,160 children for one year; it could have hired 2,129,125 additional public school teachers for one year; it could have provided 2,835,234 students with four-year scholarships at public universities. Instead, it could have built 1,596,845 additional housing units for US citizens. I shall not even start to think what those amounts of money could have saved and provided in the deprived third world countries. I am not also counting the casualties, the dead, the injured, the disabled, the destroyed infrastructure and the looted universities and cultural centers. But this is how the world is run now. Not by health professionals, whose prime concern is saving and improving physical and mental life of people, but by politicians whose prime concern is power and more power, be it political, economic or otherwise.

In April 2003 the WPA released a statement warning the world of the consequences of the war against Iraq. In that statement the EC clearly expressed its deep concern regarding the possibility of a war against the people of Iraq. The humanitarian as well as health consequences of such a war must not be underestimated regarding their devastating effect on the people of the region, international relations and the possibility of a peaceful future for our planet. As psychiatrists we are entrusted with the mental well being of all people of the world with no discrimination on the basis of race, religion, color or gender. The gravity of war in the region, which would have enormous tragic consequences to life, health and security for all involved, locally and across the world, should be considered. We drew on the WHO report issued on the 10th of December 2002, i.e. on the international day for Human Rights, estimating the likely humanitarian scenarios following a war against Iraq to include massive destruction of infrastructure, where "Damage to the electricity network will result in collateral reductions in capacity in all sectors, particularly water and sanitation as well as health".
The report continued: "Direct and indirect health casualties are estimated at 500,000, vulnerable population is estimated at 5.21 million including most pregnant and lactating women and children. Vulnerable groups in need of rehabilitative programs can be foreseen to include 5,000 persons confined to institutions, comprising orphaned children, the severely handicapped

and children in detention, 21,000 elderly, 150 million unaccompanied minors and 2 million internally displaced refugees, most of whom again will be women, children the elderly and the disabled. War traumas and displacements will be but a few of the life events that are awaiting the country's population of 26.5 million citizens". The provision of mental health care through national institutions will probably have to retreat in front of other services estimated as being more vital.

In 2002, the EC of the World Psychiatric Association urgently called on all its member societies to exercise their best efforts and contacts to prevent war and resolve the conflict in a peaceful manner, under the leadership of the United Nations and is competent structures. We recognized the need to do everything possible to prevent such regional and world wide major psychological and personal trauma.

But nobody listened. The war broke out. One of the tragic traits of our modern times is that once war breaks out, it does not end. In most of the wars there is a party that has launched the war and another that is exercising its right to defense. And yet war is no longer the one-to-one war of the times of the sword; it is no longer the war between armies, between leaders; it is a war of leaders against people, who were never consulted, whose opinion was not taken, and yet who have to suffer the burden of war while the decision makers are taking their decisions in their secure protected and heavily guarded offices.
It is those people that are our concern, that are our responsibility.
We tried:

An unprecedented endeavor of the international psychiatric community was held during the inter-country consultation on mental health and rehabilitation of psychiatric services in post conflict and complex emergency countries at EMRO, Cairo Egypt from 28 – to 30 July 2003. The World Psychiatric Association (WPA) collaborated closely in preparation for this meeting with 15 WPA member societies including the two largest societies, the APA and the Royal College, and the two Zonal Representatives from Middle East and North Africa. The objectives of the meeting were to develop a coordinated strategy, methodology and approaches for:
a rapid assessment and identification of the most immediate needs;
a comprehensive needs assessment and situation analysis ;
a plan of action for the remainder of the year 2003;
planning for the preparation of a strategic program and plan of action for 2004 – 2005;
the identification of financial implication and fund raising.
The meeting concluded with a number of comprehensive recommendations: Mental health should be given priority in the National Health Plan and be integrated into primary health care

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5

services.

Poverty Reduction Strategy should be tailored to the cultural context.

Needs assessment should take into consideration the needs of the population, infrastructure, facilities and supplies and available human resources.

Human resource development in mental health at different levels is of critical importance.

Empowerment of patients and families of the mentally ill.

Teachers, religious leaders and voluntary agencies should be involved in health education and build on people's initiatives.

We were promised a reconstruction phase and we had planned to use it to ensure that our recommendations were appropriately integrated, despite the constraints of imposed by security concerns and demoralization.

However, this phase never came.

Nongovernmental organizations visiting Iraq try to forge a space for intervention. An Egyptian NGO working on the rehabilitation of victims of Violence visited Iraq and was torn between addressing traumas of the Saddam regime, traumas of the 13 years period of sanctions, and traumas of the occupation. Children are sleepless, enuretic, terrified, lacking all sense of security and left with not answers to basic, legitimate questions of why are those troops still here, why the bombing, why the raids, why the destruction of homes. Adults live between choices of submission and resistance, neither of which spares them the accurate targeting of the missiles. For the Iraqi people, for the Iraqi children, women, men and elderly it is a no win situation.

A recent report launched on the 8th of April by the international organization of Occupation Watch states that in Falluja alone, over three hundred Iraqis have been killed and hundreds more injured since attacks began on Sunday, April 4. In Falluja, the hospitals have been surrounded by soldiers forcing doctors to establish field hospitals in private homes. Blood donors are not allowed to enter; consequently, mosques in both Baghdad and Falluja are collecting blood for the injured. Water and electricity have been cut off for the past several days.

You should be familiar with the Arab culture to understand how a state of hopelessness affects their choices, especially when they feel violated. Part of that culture is to avenge defeat, a matter that can cut across generations. Arabs will continue to fight for as long as they feel that their dignity is injured, for as long as they feel violated. They will only stop if the aggressor will publicly acknowledge guilt and assume responsibility for the aggression. Then, and only then are they ready to reconcile. The US army went into Iraq to overthrow Saddam Hussein, allegedly also to search for weapons of mass destruction which were never found. Yet we should not forget: Saddam Hussein was backed by USA and supplied by weapons of mass destruction to fight Iran. Ben Laden himself was on the payroll of the CIA, fighting the Soviet troops in Afghanistan. The US presence in Iraq is an occupation. This is not our claim. This is the name given by the international community to the situation in Iraq. The Arab people cannot live under an occupation. It is too humiliating. They have come to learn that negotiations do not end occupations. Nor does the fighting? Maybe. But the fighting gives them a sense of being, a sense of not giving up. Isn't that the scenario that leads to altruistic phenomena such as suicide bombers.

In Orwelian terms: "You want to live. We want to die". This carries a meaning of helplessness and hopelessness and despair. Ideology and worldview certainly come into play, if only because ideological blinkers have a way of making otherwise intelligent people appear stupid.

But ideology always carries with it the question of how much its proponents actually believe rather than manipulate it as a fundamental instrument of hegemony.

Suicide bombing is an act of absolute despair. It does not only involve the killing of the other. It essentially involves the killing of the self. In both cases it creates a sense of achievement: be it achieving a "victory" against the "enemy" or achieving a state of martyrdom which is rewarded in heaven. This is very serious for a people whose lives are strongly influenced by religion and a belief that those chosen for martyrdom by God are honored.

Let us analyze what happened in countries that breed what is called terrorism. They had political systems usually backed by American policy characterized by dictatorship, atrocities, oppression and corruption. These people are poor. Poverty leads the individual to loose faith in the system, in the leaders, in the world. They turn to faith and religion, fundamentalism and because of their helplessness or hopelessness of any hope in this world, they chose to be martyrs in their conviction, freedom fighters or terrorists.

This is not meant to be a political presentation about Iraq. It is merely providing a background, amidst which we tried to be party of what is happening now in the land which hosted one of the oldest civilizations of history.

We might plan as much as we want and draw the most sane and comprehensive recommendations. But we shall not be able to undertake any of them is the war in Iraq does not stop, if those in charge in Iraq are not made to bear their responsibility regarding the wellbeing, both physical and mental of that people.

A generation that sees nothing but death and blood and disability is hardly a generation capable of reconstructing a nation. A generation tormented by post traumatic stress disorders is a generation drowning in images of the horrible past, rather than one planning for the future.

Unfortunately, we psychiatrists have to deal with disasters initiated by policy makers. Our job is to help the sufferers and the consequences on mental health. On previous occasions, we did not do enough. We did not do enough for Rwanda (one million died) nor for Bosnia or Kosovo, nor for occupied Palestine, Somalia or Sudan. We must find a way to prevent provoking mental ill health regardless of political conflicts. As psychiatrists we should transcend those political, racial, religious conflicts for the welfare of our mental patients. Yet, how can we draw a line of demarcation between the consequences of decisions of policy makers and looking after the victims of their decisions. Very basically how can we have access considering that one needs a permit to help afflicted patients in regions of conflict.

We, as professionals have to tell the world that those desperate situations where you can lose your child to hunger or missiles, where a ceiling over your head is not a matter of fact, where your hours and days are either times of military raids or of expecting those raids.. those are the times for martyrdom, where the only source of a people's value is to offer sacrifices, even if that entails giving life itself.

We have the resources, we have the volunteers who are ready to help rebuild mental health in Iraq. What we do not have is a guarantee of their security.

In June last year the president of the APA and myself wrote to Mr. Bremer concerning the mental health hazards implicit in Iraq and the professional necessity of our intervention. Until this very day we have not received a reply.

The International Community cannot claim that it did not know for we, among other humanitarian and health organizations, warned of the consequences. We are again repeating what we

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6

had previously said.

We need to go into Iraq to identify the needs of the people. We need to have access to patients, to the traumatized, we need to abide by the first provision of the Madrid Declaration, that ours is a medical discipline concerned with the provision of the best treatment for mental disorders, with the rehabilitation of individuals suffering from mental illness and with the promotion of mental health.

The only formula I find is to use NGO, human rights activists and to disentangle ourselves from the ideology of some leaders. Maybe we have to address those leaders, publicly, denouncing their actions, making visible their contribution to the mental ill health of a whole nation. Maybe we should send our own professional messages to the leaders, to the media, to the UN. In short, maybe lobbying is what is needed before we can hope for intervention.

If we want this meeting to be of any use, if we want for our meeting to come across in history as the meeting which

lobbied leaders to take mental health into their consideration we should be more outspoken. In that respect the APA and the Royal College of Psychiatrists are especially in a position to take a lead addressing their respective governments to give priority to the mental health of the people of Iraq. A British and American public opinion that identifies with the traumatized women and children of Iraq is a strong element that can work in the favor of our mission. Needless to say the WPA will be an essential actor in this endeavor.

No matter how much we stress the hazards of the war on the mental health of the people of Iraq, they will never be overstressed. We have to continue trying. We have to be innovative in our trials. Even is that means going beyond our familiar boundaries of psychiatrists.

At best we might make some change. At worst we would spare ourselves the guilt if having been watchers while we could have been agents of prevention.

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