



Internally Displaced Iraqi People in Kurdistan Urgently Need Global Health Action: An Opportunity in Crisis

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Some faced jeers and floggings while still others were chained and put in prison for their faith. They were stoned; they were sawed into two; they were put to death by the sword. They went about in sheepskins and goatskins, destitute, persecuted and mistreated. The world was not worthy of them. They wandered in deserts and mountains, and in caves and holes in the ground. These were all commended for their faith yet none of them received what had been promised. God had planned something better for us so that only together with us would they be made perfect. (Hebrews 11:36-40 NIV)

In January 2014, the Islamic State of Iraq and the Levant (ISIL) gave Christians and minority Yazidies, Kakais, and Shabaks, in the areas of Iraq they controlled, an ultimatum: convert to Islam, pay tax when ISIL confiscated their assets, or be killed.¹ Consequently, massive numbers of people were displaced, more than 2.5 million Iraqis. This included an estimated 500,000 who fled Mosul on June 10 alone.² These internally displaced people (IDP) were distributed into 2,857 informal sites, including 32 camps across Iraq. These events created the most rapidly unfolding humanitarian crisis in the world.^{1,2,3} More than 800,000 Iraqis sought refuge in the Kurdistan region of northern Iraq, sheltering at first on bare ground, under bushes and bridges, and then moving to makeshift shelters, abandoned construction sites, and, in some cases, homes of family and friends.² Continuing insur-

gent violence threatens the displacement of 400,000 more by December 2015.⁴ Iraqis displaced prior to the ISIL crisis and 235,563 Syrian refugees in 11 camps, 97% of whom are in Kurdistan, bring the humanitarian caseload to 5.2 million people.⁴

The Chaldean Diocese in Erbil, with only two priests and less than a dozen volunteers, rushed to aid tens of thousands of the displaced Iraqis flooding the city one June night in 2014, opening its sanctuary and premises. Today, the church is a lead humanitarian aid provider in and around Erbil, having established and maintained 26 IDP centers and other locations on ad hoc basis.⁵

Decades of war along with political and social unrest since the 1990s have impaired the infrastructure and health systems of security-compromised Iraq. Today, since ISIL militants closed on a large area of central Iraq, including Anbar, Ninewa, Salah Aldein, and Diyala provinces, the provision of health care has diminished due to the destruction of facilities and a shortage of medical personnel and supplies.² The discontinuation of electricity and water supply, the shortages in fuel supply and the problems faced in procuring all these items cause a delay in treatment and halt vaccination campaigns.^{6,7} Humanitarian relief is blocked from civilians — trapped in brutal sieges — further jeopardizing their health and life.^{2,7} While international humanitarian assistance has since made its way to the region, IDP who reach relatively safe areas are largely neglected.^{2,3,4,8} The provision of essential public health services has sharply deteriorated.²

Health care and humanitarian relief in the region face three important but hidden challenges. Historically, challenges have been confined to the health issues of overcrowded refugee camps. Contemporary wars have expanded the scope of conflict, adding the devastating impact of violence targeting civilians and stretching the limited capacity of fragile local health systems.⁹ ISIL crimes of beheading, crucifixion, rape, human trafficking, modern slave trade, and sexual violence are committed against Iraqis, especially Christians and Yazidies^{1,10} (personal communication with anonymous Yazidie internally displaced leader in Kurdistan, March 2015). These atrocities overwhelm unassessed and unaided IDP, creating mental health and psychological issues. Persecuted Iraqi Christians bring Hebrews 11 alive. A recent study identified trauma as a key influence on the mental and physical health of Iraqi refugees in Sacramento, California.¹¹ Post-traumatic stress disorder (PTSD), anxiety, and depression were documented mental health issues.⁷ Iraqis are often reluctant to disclose mental illness, which is stigmatized in Middle Eastern cultures.¹¹

Secondly, the mental health of displaced Iraqis who witnessed or were subject to atrocities, particularly adolescents and children who escaped ISIL captivity, is not formally assessed. Rather, this is documented by sporadic anecdotal reports that have low visibility. Expert mental and psychological care is lacking, or interventions are left to intermittent short term medical missions and poorly trained, or untrained, local volunteers (Chaldean Diocese staff, September, 2014 and March, 2015). Violent deaths, kidnapping, and assaults against Iraqi doctors have been documented, leading to a sharp decline in specialists and lack of specialist care.¹² More than 50% of specialists have left ISIL controlled regions.²

Thirdly, victims of violence who are IDPs in Kurdistan are largely neglected. The Lancet study of the performance of humanitarian aid agencies may shed light on this deplorable negligence. Humanitarian agencies may deviate from humanitarian

core values and instead give priority to competitive agendas, with little collaboration between each other, while small charities provide immediate emergency relief.¹³ The Chaldean church, though unprepared as a humanitarian agency, nevertheless, has stepped in to provide caring for the influx of IDPs in Erbil, Dahuk, and Zakhou territories, doing it with humility, compassion, and love.

The genocide and displacement of Iraqis — Christians in particular — captured only minimal global attention. A data driven situation analysis is non-existent in the 26 church-run centers. Perhaps main stream media has been neglecting the state of persecuted Christians in Iraq by deciding human worth is based on religion, ethnicity, and politics.¹³ Perhaps there are parallels to international aid abandoning civilian Somalis trapped in violent fighting or the disregard of health care in Haitian slums until the 2010 earthquake brought humanitarian aid organizations to the scene for relief and the opportunity to make major news headlines.²

Global health actors have an awesome responsibility. Decisive and immediate actions are needed to proactively engage with state leaders, economists, politicians, and religious leaders to end ISIL brutality and crimes against humanity. Lead research institutions are called urgently to establish and communicate evidence-based data on the magnitude and consequences of crimes committed against Iraqi IDP, not ignoring persecuted Christians, with the hope of motivating global health policy makers and state governments to take appropriate actions. International relief organizations must uphold impartial core humanitarian values focusing on relief activities, including neglected Iraqi Christians in their reporting systems. We must strengthen the over-stretched health care system in Kurdistan, technically and operationally, identifying and addressing service access barriers for IDP. We have a responsibility to actively engage members of displaced communities — in particular the wealth of unemployed health care professionals — in health care training, delivery, administration, and management. We must ensure

the security and safety of the health care workforce and international aid personnel. We need to educate main stream media on human equality and worth according to God's design, His having created man and woman equal in His sight and in His image (Gen 11:27).

The suffering 5.3 million internally displaced people in Iraq can no longer endure just being fodder for the media. They deserve honest, competent advocates and players to bring their situation alive to the world. God empowers and calls the Christian global health and medical community to respond (2Cor 1:7-11 NIV).

References

1. Williams S. Inside the refugee camps of Northern Iraq. United Kingdom: The Telegraph [Internet] [updated 2014 November 2; cited 2015 March 20]. Available from: <http://www.telegraph.co.uk/news/worldnews/islamic-state/11260461/Exclusive-Inside-the-refugee-camps-of-northern-Iraq.html>
2. World Health Organization [Internet]. Geneva: Conflict and humanitarian crisis in Iraq: public health risk assessment and interventions. 2014 October 24. Available from: http://who.int/hac/crises/irq/iraq_phra_24october2014.pdf
3. World Health Organization [Internet] Geneva: Crisis in Iraq update funding request. [updated Feb 2015; cited 2015 Mar 20]. Available from: http://www.who.int/hac/crises/irq/iraq_country_update_funding_request_22february2015.pdf
4. United Nations High Commissioner for Refugees. [Internet] Geneva: Iraq situation emergency response. [Internet]. [updated 2015 March 17; cited 2015 March 25]. Available from: <http://www.unhcr.org/54f8592ef93.html>
5. Bazi D. Our future is in our children. Let's save them. [update 2014 September 19; cited 2015 March 20]. In: Baghdadhope. Christians in Erbil [Internet]. Baghdad: Available from: <http://baghdadhope.blogspot.com/2014/09/christians-in-erbil-father-douglas-bazi.html>
6. Lipshultz E. Securing health in war zones [updated 2013 January 29; cited 2015 March 20]. In: Harvard College Global Health Review [Internet] United States of America: Available from: <http://www.hcs.harvard.edu/hghr/online/securing-health-care-in-war-zones/>
7. ElSayed A, Galea S. The health of Arab Americans living in the United States: a systematic review of the literature. BMC Public Health. 2009;9:272-80.: <http://dx.doi.org/10.1186/1471-2458-9-272>
8. Medecins Sans Frontieres. [Internet]. Geneva: Iraq: thousands of displaced in Kirkuk lack essential aid. 2014 Dec 4 [cited 2015 March 20]. Available from: <http://www.msf.org/article/iraq-thousands-displaced-kirkuk-lacking-essential-aid>
9. Spiegel P, Chechi F, Columbo S, Paik E. Health care needs of people affected by conflict: future trends and changing framework. Lancet. 2010; 375(9711):341-5. [http://dx.doi.org/10.1016/S0140-6736\(09\)61873-0](http://dx.doi.org/10.1016/S0140-6736(09)61873-0)
10. Batha E. Iraqi women are trafficked into sexual slavery - rights group: Reuters [Internet] [Updated 2015 February 17; cited 2015 April 20]. Available from: <http://www.reuters.com/article/2015/02/17/us-iraq-trafficking-women-idUSKBN0LL1U220150217>
11. Ziegahn I, Ibrahim S, Al-Ansari B, Mahmood M, Tawffeq R, Mughir M, et al. The mental and physical health of recent Iraqi refugees in Sacramento, California. University of California, Davis Clinical and Translational Science Center, Sacramento, Cal. [Internet] 2013. Available from: https://www.ucdmc.ucdavis.edu/crhd/Pdfs/Iraqi_Refugee_Health_2013.pdf
12. Al-Kindi S. Violence against doctors in Iraq. Lancet.2014;384(9947):954-5. [http://dx.doi.org/10.1016/S0140-6736\(14\)61627-5](http://dx.doi.org/10.1016/S0140-6736(14)61627-5)
13. Growth of aid and the decline of humanitarianism. The Lancet. 2010;375(7911):253. [http://dx.doi.org/10.1016/S0140-6736\(10\)60110-9](http://dx.doi.org/10.1016/S0140-6736(10)60110-9)

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