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INTRODUCTION

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Many populations have been affected by the consequences of violent interaction in their communities as a result of various types of conflicts, but few populations have suffered for a prolonged period of time as have the Iraqi people. The first military coup in Iraq was in 1958 when Brigadier General Abdel-Karim Qassem violently overthrew the monarchy. King Feisal II, the leader of Iraq at the time, was brutally murdered and his body dragged through the streets, while the elite of that monarchial ruling regime were decimated. Two years later, Colonel Abdel-Salaam Aref led another military coup, again violently purging the members of the prior military regime. Although both coups used violence, the Qassem coup was based on Marxist ideology, while the Aref coup was based on Arab nationalistic ideology.

Within a matter of years, the Iraq *Ba'ath* party, which splintered from the Syrian *Ba'ath* party, took over under the control of General Ahmed Hassan Al-Bakr. Al-Bakr was seconded by Saddam Hussein, who was a non-military member of that junta. Saddam Hussein subsequently took over after General al-Bakr, purging the regime from anyone who was not personally loyal to Saddam. As of 1961, the Saddam regime established a ruthless dictatorship, which violently eliminated, indiscriminately, anyone who was deemed not to be personally loyal to Saddam Hussein. The regime was characterized by indiscriminate violence and abuses, which lasted until its fall in 2003.

During the period of 1961 until 2003, the Saddam Hussein regime embarked in a series of several wars beginning with the war against Iran in 1982 to 1983, which resulted in an estimated one million casualties. With the invasion of Kuwait by Iraq in 1991 and the United States-led coalition to oust the Iraqi invaders from Kuwait, a new wave of violence gripped Iraq. This included an uprising by both the *Shi'ā* Iraqis in the south of Iraq and by the Kurds in Iraqi Kurdistan in the north. Both believed at the time that their insurrection against the Saddam regime would bring them support by the United States, but this was not the case. The *Shi'ā* in the south and the Kurds in the north were violently decimated by a brutal repressive action undertaken by the Saddam regime. The estimates of the casualties vary around half a million people. During the *Anfal* campaign against the Kurds, the Iraqi

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army used chemical weapons which had a devastating effect on that population.

During the same period, the Security Council spurred by the United States established sanctions against Iraq, from which resulted an estimated number of 500,000 children and sick persons died, as a result of lack of food and medicine.

Subsequent to the 2003 invasion and the misguided policies of the United States' occupational forces, an internal conflict developed, which some refer to as sectarian, but which is more appropriately characterized as a conflict between militias supporting different political parties, as well as nationalist forces fighting against foreign occupation. This situation created an opportunity for what is commonly called *al-Qaeda* terrorism, which attracted volunteer fighters from different Arab countries. This strategy of what can be called the franchising of the *al-Qaeda* name to the group gathered in Iraq by Abu Musab Al-Zarqawi, a Jordanian, who developed a strategy of striking not only at United States' forces, but also striking indiscriminately at *Shi'ā* and *Sunni* targets. His purpose was to create a civil war that would not only be costly to the local population, but which would ultimately drive the United States out of Iraq.

The repeated political mistakes by the United States in their occupational policies, starting with the disbanding of the army and police and the de-Ba'athification program enhanced the climate of anarchy. The climate included militias competing for power, particularly the *al-Mahdi* group, followers of Muqtada al-Sadr, and others, which increased the cycle of violence whose victims were not only American forces, but also the Iraqi population. The estimated number of casualties in Iraq, between 2003 to 2008, fluctuates between 300,000 to one million Iraqi civilians killed or injured. In addition, an estimated four million Iraqis have become refugees in Jordan and Syria, as well as internally displaced.

The collective trauma of the Iraqi people over such a long period of time, starting in 1958 to date, was compounded by the every day suffering of the people due to the lack of basic resources, particularly the limitations of fuel, electricity, and water available to the civilian population. In addition, the constant violent interaction within that society since 2003 has added to the trauma of the people.

As the security situation worsened from 2003 onwards and the quality of life also worsened, the Iraqi population has gone through a cycle of traumatizing violence and post-traumatic stress, followed by more traumatizing violence.

The medical facilities and resources available to the country, which have been significantly reduced during the period between the first Gulf War in 1991 and the 2003 United States-led invasion, has dramatically worsened since 2003, particularly because of the increased number of injured persons. Not only are hospitals insufficient in number, but so are medical and health services personnel, medical equipment, and medical supplies.

The overall health condition of the country has reached an alarming crises condition with respect to basic medical care. In addition, virtually no resources are available for psychiatric and psychological care. Suffice it to mention that torture was an ongoing practice during the Saddam regime and has continued thereafter, leaving in its wake an untold number of victims who lack not only medical, rehabilitative services, but also psychiatric and psychological care and treatment.

The reconstruction program, which has been undertaken in Iraq, mostly by the United States, has failed to even minimally keep up with the rising needs and demands for medical services at all levels. The Iraqi government has also failed to provide the resources for the health care sector. Both programs have been characterized by massive fraud and corruption, thus further reducing the resources, which trickle down to the public health care system. Health care professionals within that society have also either become refugees, or have simply left the country due to the intolerable existing conditions—thus adding to the crisis of the health care system.

The United States' concern with regard to security issues has created a condition that is unlikely to be corrected in the near future, due to the substantial disregard by the present government in providing resources to the public health care system, as well as the massive fraud and corruption related to the resources allocated by both the United States' government and the Iraqi government.

What is needed is obviously an efficient government free of fraud and corruption, the allocation of major resources to the public health system, and an effort to bring back health care professionals who have left the country. Considering, however, the present government of Iraq, the internal political divisions of the ruling coalition parties, which are more interested in increasing their power to the detriment of the country's overall interests, the prospects of even minimally shoring up the present healthcare system remain doubtful.

Because of the significant dysfunctionality of the Iraqi government, precise facts and figures are difficult, if not impossible, to

obtain. But the generalized perception of the population based on their needs and demands indicates that the needs are far greater than the availability of services, even with respect to addressing immediate minimal needs. This does not even address the issues of long-term needs and the needs of medical services for the sick, injured, and handicapped persons, who now represent several generations within that society. In addition, it does not address the needs of the thousands if not hundreds of thousands of persons traumatized by their injuries, torture, and other social conditions, which have placed that population in an almost constant cycle of violence for over fifty years.

The merit of this issue of the Health Care Law Journal is to focus on this terrible condition that affects the Iraqi people with a view of hopefully attracting public attention to their plight.

Last, but not least, it is important for the American people to realize that the war in Iraq, since 2003, has produced 4,000 American military casualties and anywhere between 20,000 and 65,000 wounded military personnel. The reason for this disparity in numbers is the manipulation of figures by the Department of Defense, which arbitrarily reduces the classification of combat injuries for political purposes. Thus, official Department of Defense numbers of combat injuries are approximately 20,000, while approximately 45,000 are classified as non-combat injuries. This misleading distinction is obviously intended to reduce the number of official combat injuries and falsely claims that non-combat related injuries are to be excluded from consideration. Thus, for example, if in a convoy of HMMWVs (Humvees), the first of these is blown up by an IED (improvised explosive device), the casualties and injuries in that Humvee are deemed combat related. But if the second Humvee in the convoy slams into the first one, causing casualties and injuries, they are considered as non-combat related. The absurdity and political motivation of this type of calculation is evident.

Notwithstanding the above, the number of injuries, which are estimated at 65,000 regardless of whether combat or non-combat related, have placed an enormous burden on the Veterans' Health Service System. Injured veterans have thus significantly lesser access to medical care and attention. Resources in the government's budgets in the last few years for the Veterans' Health Care system have not kept pace with the needs. This is also acutely felt in the area of psychological/psychiatric services for veterans. As a result of the stress faced by military personnel kept for extended periods in the war zone

and repeated tours of duty, the number of suicides within the military has increased to an alarming rate.

The war in Iraq has thus not only caused significant harm to the Iraqi people, but also significant harm to the military personnel of the United States. It is not only the Iraqi medical health system that needs to be addressed, but also the American Veterans' Healthcare system.

There are no words that can adequately express the indifference and disregard of the Iraqi government and the United States' government in addressing these dire human needs. This is why the Editors deserve great credit in devoting this issue to a tragedy, which is a grave offense to human dignity. How both of these governments have failed to address the respective needs of the civilian population in Iraq and the military personnel of the United States is something for which future generations in both countries are likely to remember with bitter disappointment.

**PART I:
UNITED STATES**

