

Arthur E. Guedel Memorial Anesthesia Center

Iraq Medical Specialty Forum Baghdad, Iraq: February 14-18, 2004

By Thomas H. Cromwell, CSA Past President

The concept of the Iraq Medical Specialty Forum was formulated by three United States physicians, Colonel Don Galiano, Senior Ranking Medical Office in Iraq, Major Timothy Gibbons, a U. S. Army physician, and Dr. Michael Brennan, a retired military ophthalmologist now practicing in North Carolina, who felt that American physicians could be of assistance in the reorganization of Iraqi medical specialty societies, a vital step in reestablishing the voice of physicians in the delivery of health care in Iraq following the fall of the regime of Saddam Hussein.

Prior to the Saddam regime, medical care in Iraq was generally acknowledged to be the most advanced in the Middle East with patients traveling from throughout the region to seek medical care in Baghdad. Many Iraqi physicians had received training in Great Britain and were board certified in the Royal College of Surgeons, Royal College of Anesthetists, et cetera. Physicians enjoyed status in society, a reasonably comfortable living, and were instrumental in decisions driving the delivery of health care. Fluent in the English language as a result of their training, medical rounds were conducted in English, a tradition that persists to this day.

With the rise of Saddam Hussein to power some 25 years ago everything changed in Iraqi society. Favoritism, corruption and greed became commonplace. The terrors and intimidation inflicted upon Iraqi citizens, now well publicized in the West, were verified by many Iraqi physicians with whom we talked. Hospitals, physicians, and medical care in general were subject to 25 years of dreadful neglect, and those physicians who could, left the country. Those who stayed were paid a below subsistence income of \$12 per month regardless of training or specialty, and many were incarcerated—or worse—at the irrational whim of the Saddam regime. The entire Iraqi population was virtually cut off from the outside world. Physicians were rarely allowed to leave the country to attend medical conferences, outside educational materials were not permitted, and access to the Internet was considered a capital offense by the regime. In his last year in power Saddam allocated a total of \$16 million dollars to medical care in Iraq, a 94% reduction over a decade earlier and close to the lowest on Earth on a per capita basis. During the same year, the United

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States with roughly ten times the population, spent \$1.6 trillion on health care. The results were predictable and devastating, condemning Iraqi medical care to that of a third world country.

With that as a background, Drs. Galiano, Gibbons and Brennan visited 50 of the largest hospitals during the initial six month period after the war, encouraging participation in the forum by Iraqi physicians. Many were hesitant, fearful of becoming a target of Baathist and Al Qaeda insurrectionists through any perceived cooperation with the United States or coalition forces. Following the capture of Saddam in January 2004, interest in the forum increased to the point that it was fully subscribed with 700 Iraqi physicians registered to attend.

The intent of the forum was twofold, with the primary focus on the restructuring of Iraqi medical specialty societies, and second, to provide clinical updates on various specialties. The 30 U.S. participants were selected according to personal interest, experience with medical society structure and function, and clinical experience. Each was asked to prepare one lecture on some aspect of medical society function, a second on a clinical update of their respective specialty, and then to participate in several panel discussions and to develop relationships with their counterparts in attendance. Several influential individuals participated in the forum including U.S. Ambassador Paul Bremer, Director of the Coalition Provisional Authority (CPA) charged with rebuilding Iraq, General James Peake, Surgeon General of the Army, and James Haverman, U.S. Senior Advisor to the Iraqi Minister of Health. In addition, a member of the Iraqi Governing Council, the Iraqi Minister of Health, and Presidents of the Iraqi Medical Society and Iraqi Society of Anesthesiology were in attendance. Participating American physicians volunteered their time, but the forum was funded through a grant from USAID. It was enthusiastically supported by the Bush Administration, which had invited six Iraqi plastic surgeons visiting the U.S. to a meeting with President Bush, Condoleezza Rice, Senator William Frist, and Surgeon General Richard Carmona—a meeting serendipitously scheduled on the morning after Saddam Hussein had been apprehended.

The forum was held February 14-18, 2004, in Baghdad. Originally scheduled to be held in one of Baghdad’s two teaching hospitals, for security reasons the location was changed shortly before the conference, and the forum was held in a conference center inside the “green zone”—the grounds of Saddam’s Republican Palace now under control of the U.S. military. Heralding this as an historic event as the first non-government conference held in Iraq since the war, Ambassador Bremer included the forum along with the reemergence of the

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Iraqi National Symphony and Iraqi Olympic Committee as evidence that “Iraq is back.” He indicated that the long road to recovery for Iraq and its health care system has begun. The CPA has already allocated \$500,000 to improve health care with an additional \$750,000 earmarked in the Bush budget. Most of the 1,200 primary care clinics are now in operation as are most of the 240 public and 70 private hospitals. Adequate pharmaceuticals are available, although distribution remains a problem.

Due to security concerns we were not allowed the luxury of a leisurely tour through a Baghdad hospital but we did manage a brief tour of one of Baghdad’s two teaching hospitals with some 1,200 medical students. The condition of the hospital was, quite frankly, deplorable—dark, dirty, poorly equipped, and teeming with patients—quite similar to hospitals I have visited in Haiti, the poorest nation in the Western Hemisphere. Physicians incomes have increased appreciably, but the current \$150 per month remains at a subsistence level. In addition, anesthesiologists must purchase their own drugs.

Anesthesiology

I spent considerable time throughout the forum in discussion with some 15 anesthesiologists, including Dr. Wajeeh Al-Alousi, President of the Iraqi Society of Anesthesiologists. There are no accurate data on the number of anesthesiologists in the country, but there appears to be four classes of anesthesiologists by training:

1. FRCA: Seven older physicians trained in England and boarded as Fellows of the Royal College of Anesthetists. All have left the public hospital system and now practice in smaller private hospitals where they are able to generate a somewhat higher income.
2. Iraqi Boarded: Some 50-70 younger anesthesiologists who have been trained by the FRCAs, including six years of medical school, one year as a house officer (intern), one year of “permanency” (anesthesia training), followed by four additional years of anesthesia training that culminate in Iraqi board certification.
3. Permanency anesthesiologists: A larger group which has completed only one year of training in addition to the “permanency” year, similar in training to our CRNA.

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4. General practitioner anesthesiologists: The largest group, which has completed only one year of anesthesia training. All seemed to agree that this category was a matter of expediency to provide sufficient numbers of anesthesia providers.

Nurse anesthetists are used as far as I could determine only sparingly in the northern regions of Iraq.

The FRCA group of seven is responsible for the majority of anesthesia lectures to trainees and determine which candidates will be allowed to pursue the four additional years of training to become Iraqi board certified. Most recently only 20 of some 100 potential candidates were accepted by a process involving an interview, written, and oral examinations.

The Iraqi Society of Anesthesiologists, with Dr. Wajeeh presiding, held elections for officers three years ago. Because no system for mailing ballots was available, only those able to journey to Baghdad were allowed to vote—only 69 did so. A few weeks ago elections were once again held, and only 27 voted, underscoring their failure to appreciate the democratic process and lack of perceived value in belonging to an organized group. The society has no infrastructure, no office, no support staff, no funds, and little interest and support from anesthesiologists. The national surgical society has fared somewhat better according to the anesthesiologists, because some surgeons were members of Saddam's Baath party and received favorable treatment. Many of the younger anesthesiologists are very frustrated by the system which they feel holds the specialty of anesthesiology in low regard, a sentiment echoed by a number of surgeons with whom I talked. The younger anesthesiologists feel their training has been sub par and that things are not changing as rapidly as they should. Many questioned why they could not come to the U.S. for training.

Room for Hope?

While the conditions in Iraq leave much to be desired, there is substantial room for hope, and such thoughts were repeatedly voiced throughout the forum. Anesthesiologists and other physicians present will be forever grateful to the United States for ending the previous regime and for sending a delegation of physicians to participate in the forum.

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They are quite positive in regard to the future. Given the fact that a modern health care delivery system and medical society structure existed before the Saddam regime came to power, I am confident it can once again exist. It is estimated by the World Bank that \$55 billion will be needed to rebuild what Saddam has managed to destroy, so the process will take time. To paraphrase Ambassador Bremer, it is easy to rebuild the physical damage in Iraq, but it will be more difficult to rebuild the psychological damage inflicted upon the people of Iraq.

To a certain degree, the expectations of the Iraqi physicians are unrealistic. We were told on a number of occasions that we were viewed as their saviors! At this point in time it is difficult for them to understand why they cannot simply come to the United States for their education and training. Moreover, they seem to feel that the U. S. will be able to rebuild the antiquated hospitals overnight. In my discussions with them however, I focused not on the largesse of the United States, but on the need for them to develop their own vision, their own infrastructure, their own society such that they have a participatory democratic process that allows them to speak with one voice. I emphasized the importance of their voice being heard as the structure of the new health care system, indeed, the new government, emerges. As the concept of democracy is new to most Iraqi citizens, progress will not be realized overnight, but it will come. I assured them that anesthesiologists in the United States will assist them in this process to the extent possible.