

JCS SEAL

# Campaign Analysis Report

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C-145,014-02

18 September 2002

(U) **Subject:** Iraq: Health Status of Population and Potential Humanitarian Implications of Military Actions

1. (U) **Purpose:** To assess current health status of the Iraqi population and potential humanitarian implications of military actions or internal conflict.

## Executive Summary

(U) The health status of the Iraqi population has worsened since 1989, and is currently well below levels in neighboring countries. Widespread malnutrition, a lack of potable water and sanitation services, and decreased access to health care are primary factors causing the decline in health status. Infectious disease rates, particularly cholera, dysentery, hepatitis, typhoid fever, malaria, and leishmaniasis, have increased. Health status in the northern autonomous zone is better than other areas of Iraq because of more efficient distribution of food and other aid.

(b)(1);1.4 (c)

## 2. (U) Key Points:

### A. (U) Iraqi health status declines since 1989, and currently is well below regional levels

(U) The overall health status of the majority of Iraqis has markedly worsened since 1989, according to multiple studies and analyses published by credible international organizations between 1991 and 2002. Residents of southern and central Iraq have been severely affected; however, the health status in the autonomous zone in northern Iraq (Dahuk, Arbil, As-Sulaymaniyah Governorates) has been improving.

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Table 1 Trends in health indicators in southern and central Iraq				
Rate*	Years			
	1979-84	1984-89	1989-94	1994-99
Infant Mortality	54	47	79	108

<b>Under-five Mortality</b>	67	56	92	131
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\*Rate: number per 1,000 live births

Source: UNICEF / Iraqi Ministry of Health Study - July 1999

#### UNCLASSIFIED

<b>Table 2</b> <b>Trends in health indicators in the northern autonomous zone</b>				
Rate*	Years			
	1979-84	1984-89	1989-94	1994-99
<b>Infant Mortality</b>	74	64	71	59
<b>Under-five Mortality</b>	104	80	89	72

\*Rate: number per 1,000 live births

Source: UNICEF Study - August 1999

(U) Current health indicators show that the overall health status of Iraqis is well below levels in neighboring countries.

#### UNCLASSIFIED

<b>Table 3</b> <b>Health indicators for Iraq versus the US</b> <b>and neighboring countries for 2001</b>				
	Iraq	Turkey	Saudi Arabia	United States
<b>Infant Mortality Rate</b> <b>(per 1,000 live births)</b>	92	35	21	7.1
<b>Life Expectancy (years)</b>	59	69	67	77

Source: Population Reference Bureau

### **B. (U) Malnutrition and lack of potable water and sanitation are primary causes of increased disease and mortality rates**

(U) Widespread malnutrition is a major cause of the declining health status in south and central Iraq. According to UNICEF surveys conducted in 2001, almost one-third of children in these regions suffer from chronic malnutrition. Cases of Kwashiorkor and marasmus, a result of very severe malnutrition, are now common. Nutrition-related anemia among women also is widespread, contributing to low birth weight babies, and increased child mortality. Malnutrition increases susceptibility to infectious diseases and leads to significantly higher mortality rates, particularly in children under 5 years of age.

(U) A lack of potable water and inadequate sanitation throughout Iraq also are major contributing factors to the declining health status. UNICEF has estimated that only 41 percent of the population in rural areas has access to safe water, and 30 percent of the population lacks adequate sanitary services. Access also has declined in urban areas, including Baghdad. Underlying causes include unreliable electric power for water and sewage treatment plants, and shortages of supplies and equipment.

(U) Waterborne diseases including cholera, dysentery, hepatitis, and typhoid fever have increased dramatically since 1989, though it is difficult to ascertain the actual rates because of a lack of reliable reporting. UNICEF has estimated that diarrheal diseases have increased five-fold since 1989. Vector-borne diseases including leishmaniasis and malaria have also increased significantly because of a lack of public health control measures. Although food distribution and aide have improved general conditions in northern Iraq, lack of vector control measures have resulted in increased malaria cases.

Page 4 is redacted in full IAW FOIA b1 and b3 exemptions. Page not included.

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<b>Table 4</b> <b>Infectious disease rates have increased from 1989 to 1994</b> <b>(per 100,000 population)</b>			
<b>Location</b>	<b>Disease</b>	<b>1989</b>	<b>1994</b>
<b>Northern (autonomous zone) Iraq*</b>	Malaria	87.2	2,585
	Malaria	10.4	128.7
<b>South and Central Iraq</b>	Typhoid	11.6	142.1
	Cholera	0	7.8

\*Northern Iraq includes Dahuk, Arbil, As-Sulaymaniyah Governorates

Source: WHO Report - 1996

**C. (U) Decreased access to health care also contributes to poor health**

(U) Government and private medical facilities generally are in poor condition. Most medical facilities are more than 20 years old and have been neglected since the 1991 Gulf War. The majority of facilities are operating below 70 percent capacity because of severe medical materiel and personnel shortages. Moreover, few hospitals have reliable, functioning diagnostic equipment and emergency generators. Private hospitals offer the best medical care and are better equipped than their government counterparts.

(U) Nearly two-thirds of all physicians and almost all nurses work in Baghdad, which contains only 27 percent of the country's population. In addition, the capital contains more than 50 percent of Iraq's complement of hospital beds, and most medical care is economically restricted to politically connected and wealthy Iraqis.

(U) The quality of health care would improve rapidly if Saddam Hussein were to lift his self-imposed restrictions and equitably distribute available medicines. According to the Iraqi Ministry of Health, an estimated \$2 billion and 2 years would be necessary to restore and fully rehabilitate existing Iraqi hospitals to pre-1991 condition.

**D. (C)**

(b)(1);1.4 (c)

(U) In March 1991, when approximately 400,000 ethnic Kurds fled northern Iraq into Turkey, mortality rates from infectious diseases increased dramatically, more than 10-fold in some areas. Malnutrition and poor living conditions in temporary camps, including lack of safe water, poor sanitation, and lack of medical care, were the primary causes. Health status improved markedly with public health efforts associated with Operation Provide Comfort.

**(C)**

(b)(1);1.4 (c)

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Withheld pursuant to exemption

(b)(1);(b)(3); 10 USC 424:1.4 (c)

of the Freedom of Information and Privacy Act

# Campaign Analysis Report

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(b)(1),Sec. 1.4(c)

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(b)(2)

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(b)(1), Sec. 1.4(c)

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(b)(1), Sec. 1.4(c)

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