On March 16, 1988, Saddam Hussein attacked his own people, blanketing them with deadly chemicals, cluster bombs and artillery fire. Five thousand Kurdish residents of Halabja, a rural community in northern Iraq, died that day, in the largest recorded chemical warfare incident in history.¹

In November 2003, a 4-person rural medical education team from the Society of Rural Physicians of Canada² visited Northern Iraq. As a part of our mission to deliver continuing medical education to rural Kurdish physicians we visited Halabja, a community of 25,000 people 12 to 16 kilometres from the Iranian border.

The team interviewed Dr. Sabah Abde Hawrami, the present director of the Halabja General Hospital, about the effects of the chemical warfare, seen in Halabja today. Back in Canada, we also interviewed Dr. Narmin Ibrahim. She was in Halabja when the Iranians attacked and Saddam Hussein responded with chemical aerial attacks.

Q: What kind of medicine were you practising?

Dr. Narmin: It was general medicine. I had a clinic every day. I had my own inpatients in the morning from 7:30 to 8:30. After that I was going to my clinic and seeing all sorts of patients: prenatal, deliveries and general medical patients. There were six physicians, one dentist and one pharmacist.

Q: What happened March 16, 1988?

Dr. Narmin: Everything was quiet, and we were all very worried because the Iranian bombing had been intense and now there was nothing. . . .

Every patient in the hospital, even the injured patients, they all ran away.

At that time there was war between these 2 countries. . . . Halabja was the site of some bombing by the Iranian government, but I like the community. My family did not like this idea, but I didn’t care. I went.

The interviews

[In Iraq, physicians are called by their given name, and we have chosen to respect this practice.]

Dr. Narmin Ibrahim

Dr. Narmin: March 1988 I was doing my second year [of a rotating internship] . . . we had to do a 1-year rural ER rotation. I chose Halabja because I really liked it. However, I knew it was the borderline between Iraq and Iran.
... and the hospital became empty. Iranians had occupied government buildings so I knew right away that Halabja was taken over.

In the evening I saw all the Halabja people. All of them had packed their things and were heading into the mountains. But we didn’t want to go to Iran, so we stayed there overnight.

We were just about to have lunch [when] the first [chemical] attack happened. The sound of the bombardment was so loud that it caused all the windows to break. . . . We ran into the outdoor basement cellar. The next attack was on the house [which] was . . . demolished.

The sound was so loud, I seriously thought that I was dead. It became very dark, and the smoke came in . . . we reached for each other:

“Are you alive? Are you alive? Yes. Yes we are all alive.”

We ran to another house and stayed in the basement . . . A neighbour’s sister came . . . she was burned by chemicals . . . she told him that most of her family [was] gone. Her daughter dropped dead in front of her . . .

Crossing the border into Iran

Every 10 minutes there was an attack. We started walking . . . There were so many people, and the planes just came and rained them with chemical and poison and guns. It was horrible. Many chemically injured patients were with us; some of them had been blinded. We all had some chemical on our skin. I had blurred vision but I wasn’t blind. We all had shortness of breath. The people, especially the blind ones, all attached themselves to one another by holding onto belts and ropes so that no one would get lost.

We were so happy when we reached the Iranian border, but there, nothing was different. The planes were still on us . . . the Iranian soldiers couldn’t do anything about it — nothing.

There was a river between Iraq and Iran, and there was a floating bridge . . . people at the back pushed the rest right over into the water . . . some families lost their kids just in front of them. The water just took their babies.

We kept walking, walking, walking until it was late night and a big truck picked us up [and] we reached Hassen, where we stayed in a deserted elementary school . . .

In Iran

The Iranians put us in one room and gave us each one blanket. You couldn’t turn over. Before I was in my own bedroom, now I am rooming with 35 other people in a one-room schoolhouse with a single bathroom. We stayed there 20 days.

Then we were taken to a camp near Hassen. From our medical team from Halabja, a pharmacist, surgical resident and I were working. We did 24 hours of call for deliveries — everything, basically. Even though the situation was horrible and I cried lots, in the end I realized I am a doctor, I am not handicapped. I have to prove myself, even to the Iranian government. I can do something. So I worked very hard there . . .

After escaping back to Iraq, eventually Dr. Narmin emigrated to Canada and graduated from a rural family medicine residency program.

Dr. Sabah Abde Hawrami

We also interviewed Dr. Sabah Abde Hawrami, a urologist who grew up in Halabja and is the present director of the Halabja General Hospital. His family was at home during the chemical destruction of his home town in 1988. He was away at medical school and was not permitted to return until 1991, when the US-led No-Fly-Zone allowed some degree of safe return for the inhabitants of this region. They returned to a broken town with no services and houses in shambles.

Halabja today

Q: What is the situation in Halabja today?

Dr. Sabah: Daily in our hospital we see 200 patients suffering from different problems. We face
Clockwise, from top left: 1. Halabja Monument honouring the 5000 dead. 2. In 1988, thousands came to this well to wash their eyes after the gas attacks, and died here. 3. Hilltop commemoration site, with coauthor Len Kelly overlooking Halabja and the mountains of Iran. 4. Present day housing in Halabja. 5. Halabja town square cornerstone, reproducing the famous photo of a man protecting his grandchild from the gas attacks. 6. Sign at entrance to Halabja Monument telling Baathists (Saddam Hussein’s political party) not to enter. 7. Diorama in Halabja Memorial Museum, recreating scenes from the 1988 chemical attacks.
chemical victims who are suffering COPD [chronic obstructive pulmonary disease] and some malignancies due to the effect of the chemical attacks of 1988.

Five thousand people died and another 10,000 people suffered from [the] effects of chemical gas poisoning. Even now . . . patients . . . die because of forming COPD, because of malignancy . . . even some young die from carcinoma [of the] rectum. As you know, very rare in young age.

My family was present here in Halabja during chemical bombardment. They survived, but still my sister and one of my brothers suffer from skin lesions . . . You find at least one member in each family suffering.

Q: Are the social structures still strong, and are people getting back to a normal life?

Dr. Sabah: From 1991 until 2002 we are afraid another time Saddam Hussein will return. So we have become free really from April 7, 2003, when Saddam's regime [was] destroyed. Between 1991 and 2005 people here, mentally, they are not stable . . . [and are] afraid to undergo another attack.

Q: How did that affect the patients here?

Dr. Sabah: When we see patients with chemical poisoning, or other patients, we see that they are mentally not stable and . . . they are suffering more from psychological problems. [A] neurosis . . . an anxiety from Saddam's regime.

Q: It has been 7 months since the fall of the central government. Is this a good time to be in Halabja?

Dr. Sabah: I think for my people and Iraq in general, especially in Kurdistan, [they are] becoming happy . . . and we know that the patients rarely come in with psychological problems.

PERSPECTIVES FROM BEYOND HALABJA

Sixteen years later a methodical testing of soil and water has yet to take place in Halabja. The cocktail of chemical and biological weapons used against as many as 250 Kurdish villages is thought to include mustard gas, sarin, tabun, VX and aflatoxin.

Congenital abnormalities in Halabja are 4 to 5 times greater than in the post-atomic population of Hiroshima. Cardio-respiratory illnesses, blindness, skin abnormalities and neuro-psychiatric disorders are accompanied by rare and aggressive cancers and infertility.

A 2001 strategy of support for post-exposure research and treatment has been suggested by Dr. C. Godsen (University of Liverpool) and the Washington Kurdish Institute and includes urgent medical needs and primary health care research, and the development of an Iraqi postgraduate medical program for chemical and biological weapon exposure.

When we visited Halabja in the Fall of 2003, the hospital was still short of rudimentary treatment and investigative technologies, but the medical staff were keen and bright learners and remained optimistic for a brighter future.

Iraq sits on 60% of the world's known oil reserves yet presently suffers a 10% infant mortality rate. (Canada's is less than 0.4%). One can only hope that once governance and public order in central Iraq are settled, appropriate caregiving can be made available — particularly in those areas subjected to the worst horrors of modern warfare. In addition, the international community must invest in further clarifying the residual effects of chemical warfare on the soil, water and the inhabitants of Northern Iraq.

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References