

Humanitarian indicators for Darfur
(www.reliefweb.int)

Population dependent on humanitarian aid: 3 million
 Number of internally displaced people: 1.9 million
 Cumulative excess mortality: 130 000 400 000 deaths³
 Crude mortality: 2.6/10 000/day (2004) < 1.0/
 10.000/day (2005)
 Maternal mortality: 590 deaths/100 000 live births
 Women's lifetime risk of dying from pregnancy related
 causes: 1 in 30

Forty per cent of the affected population in north Darfur is not receiving health care, and 370 000 people across Darfur did not receive monthly rations in July.²

One of the most important lessons is that without durable peace, the health gains can easily be lost. Health indicators must be used as an advocacy tool in

the political process. The international community must critically examine its efforts in order to achieve sustainable results. Non-governmental organisations must start small scale programmes, as these can be managed over a prolonged time, even with reduced funds or fewer health professionals. Darfur is on the edge of yet another humanitarian catastrophe. We are obliged to prevent it.

Competing interests: None declared.

- 1 UN Office for Coordination of Human Affairs. *Sudan: NGOs/UN coverage per locality in Southern Darfur (as of 11 Jun 2006)*. www.reliefweb.int/rw/RWB.NSF/db900SID/LPAA-6QTPB4?OpenDocument&rc=1&emid=ACOS-635PJQ (accessed 5 Oct 2006).
- 2 UN Office for Coordination of Human Affairs. *Sudan: Briefing by Jan Egeland, under-secretary-general for humanitarian affairs and emergency relief coordinator, on the humanitarian situation in Darfur, 29 Aug 2006*. www.reliefweb.int/rw/rwb.nsf/db900SID/KKEE-6T4QX5?OpenDocument&emid=ACOS-635PJQ&rc=1 (accessed 5 Oct 2006).
- 3 Petersen AH, Tullin L. *The scorched earth of Darfur: patterns in death and destruction reported by the people of Darfur, January 2001-September 2005*. Copenhagen: Bloodhound, 2006.

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Iraq lacks facilities and expertise in emergency medicine

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Iraq has a population of over 26 million and more than 180 hospitals, but only a handful have emergency departments. As the violence escalates, and we attempt daily to deal with the devastating effect of multiple deaths and severe injury, the reality is that we cannot provide any treatment for many of the victims. Emergency medicine in Iraq has never developed to meet such unprecedented demand. Emergency departments are staffed by doctors who do not have the proper experience or skills to manage emergency cases.

Official figures from Iraqi authorities and UN agencies suggest that more than 14 338 Iraqi civilians were killed between January and June 2006.¹ Additionally, the report indicated that the killing of civilians is rising since there were more than 5800 deaths and over 5700 people injured during May and June 2006. Medical staff working in emergency departments admit that more than half of those killed could have been saved if trained and experienced staff were available.

Lack of expertise is aggravated by the lack of medical equipment, supplies, and drugs. Many emergency departments are no more than halls with beds, fluid suckers, and oxygen bottles. Radiography facilities, sonar machines, and laboratory services are unattainable luxuries.

Ambulances are sent to pick up casualties with just the drivers, who have no paramedical training. Injured people are usually escorted by family members, who obviously do not know how to use any of the available medical equipment. If the person is lucky enough to arrive at a hospital alive, staff insert an intravenous cannula and send him or her on to one of the few specialised centres.

We need international support

Doctors face challenges beyond poor resources and lack of emergency. Perceived as members of an elite, they have become the target of daily insurgent activities. Many have been killed, others have fled the country, and those who decided to stay have closed their private clinics, fearing for their lives. Last week a close colleague of mine was killed as he left his clinic; three masked people stopped and fired six bullets into his head, chest, and abdomen. Who are these people and why did they kill him? We do not know. The ministry of health has held at least two national conferences this year to discuss what should be done to save the lives of doctors.

In Diwaniyah College of Medicine, we are trying to establish a unit specialised in emergency medicine to train the medical students and doctors. The project is still in its infancy because it needs support from the international medical community. We were offered a training course by a colleague in Turkey but we could not take it up. The travel costs alone were equivalent to two years of a doctor's salary. International Medical Corp-Iraq also offered a training course but it has not been forthcoming.

Iraqi doctors are doing their best in difficult circumstances. Our experience has taught us that poor emergency medicine services are more disastrous than the disaster itself. But despite the daily violence that is crushing Iraq, the international medical community is doing little more than looking on.

Competing interests: None declared.

- 1 Centre for Excellence in Disaster Management and Humanitarian Assistance. *Iraq humanitarian assistance report: overview*. www.coe-dmha.org/HARIraq.cfm (accessed 20 Jul 2006).

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