

Medical Shortages Fatal for Kirkuk Patients

Author: IWPR

Patients in oil-rich city dying needlessly on the operating tables of its principal hospital. Shortages at Kirkuk hospital's neurosurgery unit are such that surgeons ask the families of patients to go out and buy the basic equipment required for operations.

This, in a country where medical care is supposed to be free and in a city which is pumping hundreds of thousands of barrels of oil a day.

Even the most essential items - such as Gelfoam sponges to stop bleeding - are unavailable. It's not uncommon to see a surgeon standing helplessly over a patient while members of his or her family go off to the local market with a shopping list for the operation.

Late one night, Kirkuk police found a young man unconscious in the street and brought him to the hospital. He was in his mid twenties. He had been beaten up and sustained a severe injury to the head. Nobody knew the victim's identity.

But within minutes, the nurses cleaned up his wound and the surgeons began to operate, as there were four spare Gelfoam sponges.

The surgeon used them to stem the bleeding from the head, but he needed more - and was left with no choice but to use some sterilised gauze. The bleeding stopped but the patient died from infection the next day.

A nurse in the neurosurgery unit said if they had eight more Gelfoam sponges, the patient would have survived. According to the nurse, each sponge would cost the Iraqi government just a few US dollars.

Surgeons had asked the ministry of health for a consignment of sponges six months ago. They recently received several packets - but they had expired a year ago.

Other pieces of medical equipment the surgeons are short of are shunts - tubes used to drain off fluid from the brain.

A local family brought their eight-year-old daughter who had a brain tumour to the hospital. She was having severe headaches - and surgeons needed a shunt to save her life. Because they didn't have one in stock, they used a syringe. The improvisation didn't work and the girl died.

Families of patients search high and low for shunts - but can't even find them on the black market.

Another problem is that surgeons are unable to replace old surgical drills. In this unit, they've been using the same one for almost eleven years.

The drill bits are blunt and they make larger holes than the surgeons require. This sometimes causes the patient's skull to crack and results in a great deal of pain.

Recently, one of the surgeons took the drill bits to a knife sharpener in the market – but this didn't work. They need new ones.

If this wasn't bad enough, the unit and the rest of the hospital is infested with mice. When staff complained to the ministry of health, they sent rat poison a month later – not something you'd want lying around an operating theatre.

The general state of the hospital building is a cause for concern for staff. Parts are rusting, damp and falling apart.

Iraqi health officials do authorise supplies of equipment and medicine – but bureaucracy, corruption and instability means that little of it ever reaches the hospital.

Security is a particular problem. The road from Baghdad to Kirkuk is notoriously dangerous. Once medical staff on their way to the capital to pick up supplies were caught and murdered by militants.

But Kirkuk has an airport, so officials could fly in supplies rather than expect people to make the perilous overland trip.

The continuous problems have affected staff morale. A nurse in the neurosurgery unit said, "When I see patients die in such conditions I become depressed for a week and want to isolate myself from the rest of the world."

Five years after the war, the state of the neurosurgery unit is a sad indictment on a city that produces more than half a million barrels of oil everyday.

The Kurds call Kirkuk the heart of Kurdistan and the Arabs call it an inseparable part of Iraq. Politicians shed crocodile tears for this city while its youngest residents die on operating tables for lack of a sponge.

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This article is based on extensive phone interviews with hospital medical staff.

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