

## Iraq: Medical Care At Last, At a Price

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### **BAGHDAD - Prompt medical care is at last on offer in Iraq, for those who can find the dollars for it.**

“Why would I want to go to government-run hospitals where there is no care, no functioning instruments, long lines, and in the end the same doctor who treats you there can treat you at a private hospital,” says Mohammed Abbas, 35, an employee at Iraq’s Ministry of Oil.

Abbas, speaking at the private Saint Raphael Hospital in the Karrada area of Baghdad, wanted treatment on time, and was prepared to pay for it. Like him, many are coughing up money for private treatment. When they have money, that is, in an economy with more than 50 percent unemployment.

For medical care, many scramble to find money somehow. “It is a catastrophe at the government-run hospitals,” says Hayder Abud, 30, at the private hospital for a check-up. “When you finally get a doctor to see you there, they are so rushed and sleep deprived, you can’t be sure you are getting proper treatment.”

Most treatment at government hospitals is free. Getting an x-ray at a private hospital may cost 40 dollars. But at a private hospital the job can get done on time.

“Iraq’s Ministry of Health is struggling,” said Khaled, administrative manager at the Saint Raphael Hospital, requesting that his last name not be used. “We have had problems with the Ministry of Health because they are angry at us for treating so many more people nowadays.”

The state medical system is on its knees. It was one of the best in the region before the U.N.-backed economic sanctions for more than 12 years, followed by the U.S.-led invasion and occupation.

Government hospitals are short of doctors. A small increase in pay over the last three years has lured some doctors back, but what they pay cannot match income in the private sector.

On average, a general practitioner in a government hospital earns about 300 dollars a month; a private hospital pays twice or three times that much. More and more doctors are shifting away from government hospitals.

“I and my family were unable to live on the pay I earned at a government hospital,” says Dr. Kubayir Abbas, 34, an anaesthetist. “So I decided to come over to the private sector instead, and now it is much better.”

Dr. Shakir Mahmood Al-Robaei, another anaesthetist, said “it’s better for us to work here than in the public sector. We earn more money, it is safer, and we don’t have to worry about having the right equipment and supplies. When I worked in the public sector, we were short of everything most of the time.”

And so government hospitals continue to run short of doctors, while some private hospitals have a surplus. What has improved since 2007 is that violence against doctors, and even against patients who attend certain hospitals, has dropped notably.

Government hospitals also lack basic supplies such as gauze, rubber gloves, clean needles, surgical instruments and drugs for anaesthesia. Non-medical basics such as clean bedding, disinfectants and air-conditioning are often lacking, even in the largest medical complex in the country, the Baghdad Medical City. Iraqis have for years had to buy their own medicines and even oxygen supplies on the expensive black market.

Corruption within the Ministry of Health, and the near total lack of reconstruction that was promised by the U.S. Coalition Provisional Authority in the first year of the occupation have left Iraq’s healthcare system depleted of resources.

A report ‘Rehabilitation Under Fire’ released last year by the health organisation Medcat said Iraq has only around 9,000 doctors, after most fled the country. That gives a ratio of six doctors for every 10,000 people. The ratio in Britain is 23 to 10,000.

Given the crisis in government medical care, the business of private hospitals is booming. Raphael hospital, which currently has 35 beds and sees on average over 1,000 patients a day, will soon expand to 90 beds and increase its staff.

Dr. Rhamis Mukhtar, the only surgeon for morbid obesity in Iraq, has been working at this private hospital since 2000, while also working at a state hospital. “I’m thinking of moving here full time,” he said. “There are much better supplies, services, and overall care for the patient. This centre is the best for laproscopic surgery in the country.”

For complicated emergency cases, government hospitals are still the best, Dr. Mukhtar said. They have special equipment most smaller private hospitals lack. It has to get very bad for someone before they can hope to get the best out of a government hospital.

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