

**PRESS CONFERENCE:**

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**Brigadier General Joseph Carvalho, Jr., Surgeon General, Multi-National Force –  
Iraq**

**Dr. Essam Namiq, Deputy Minister of Health, Government of Iraq**

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**PARTICIPANTS:**

**Brigadier General Jeffrey Dorko  
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Dr. Essam Namiq**

**REPORTERS 1-9**

**\*REP1 = REPORTER 1**

**\*INT = INTERPRETER**

**BG DORKO:** Good afternoon everyone. I want to thank you for being here today  
and for your interest in the status of health care in Iraq. I'm honored

to be sharing the stage here today with Dr. Essam Namiq, the deputy minister of health for grants and loans, and Brigadier General Joseph Carvalho, the Surgeon General for the Multi-National Force – Iraq. We will each talk to you about specific projects and initiatives in our respective organizations that we are undertaking to promote the advancement of health care in Iraq. After we've spoken we will open the floor to you for questions. My colleague, Dr. Essam, the deputy minister of health, will begin.

Go ahead, sir.

**DR ESSAM:** [Speaks in Arabic.]

**INT:** Thank you for giving me the chance to speak. The gentlemen, the representatives of the embassy and the foreign...the U.S. foreign affairs; the gentlemen, the representatives of the media As-Salāmu `Alaykum. The Ministry of Health is undertaking functions, responsibilities, and duties of a professional and a humane nature. [Unintelligible] by the rest of the ministries, government institutions, and non-governmental organizations because of its continuous and direct touch with the Iraqi citizens in all regions of Iraq from provinces and districts, rural sectors, and even in the marshes and the oases and the far distant point. Because main purpose of the MOH is to present health services continuously to all

Iraqi citizens, 24 hours of the day. The MOH services and health institutions throughout the previous period face difficult and harsh conditions led to the martyrdom of a large number of its cadres and various specialists. However, the MOH were able to continue its humanitarian role and achieve global achievements and activities, innovations, and inventions, especially after the tremendous stability of security conditions in Baghdad and other governates in recent time which has proved flexibility and the implementation of projects and the appropriate capacity to deliver excellent quality health services for Iraqi citizens in the remote locations throughout our beloved country. If we want to talk to you about the achievements and the efforts of the Ministry of Health of this side, they are many and large in all measures, and it cannot be summarized during this hour. But we can point out to three critical files that cannot be ignored, and some of them being interdependent with each other that we can talk about them, especially the file of return of the displaced Iraqi doctors to their functions in their work locations and health institutions in Baghdad and other governates. And the efforts by the ministry to facilitate the task of their return, especially those who returned from abro-...to work with their people and to contribute to our beloved country and work to promote health services and upgrade our health services, both in quality and quantity. We should point out that the number of doctors who were

repatriated to their jobs in less than 20 days were more than 165 doctors and pharmacists responding to an announcement that was published on an Iraqi TV channel which include a phone number for the doctors to contact. The MOH has put together a program to facilitate the return of these doctors through giving them privileges and accommodations in addition to generous salaries that you cannot find anywhere in the neighboring countries. And you could review the statistics presented in the report you have. The MOH, through offering these facilities, it formed a high commission of the Ministry of Health to receive those doctors. As 165 doctors were able to return to their jobs, we are proud with this achievement and anticipating during the year 2008 that we're going to be able to return more than 90% of our doctors to Iraq and to raise with the health sector. This is as much as the return of the doctors concern, but considering the improving of the security situation and offering the doctors high salaries and all the employees in the health sector all these specificities...all these changes in this current situation. Most of the doctors who have left the country previously have expressed they are willing to come back and to work in the health sector. This is as far as return of doctors is concerned. The second file we're going to deal with is an important and a humane file. And it is how to deal with the patients that we couldn't, as Ministry of Health, provide them with the needed treatment inside our health

facilities. Or in another sentence, how to deal with the difficult cases in Iraq. The Ministry of Health, through the international health section of the ministry, received all the cases of the difficult cases of the patients. And the Councils of Ministers have been contacted to send those patients to be treated abroad Iraq and with coordination with the neighboring countries. Four countries have been chosen, which is India, Jordan, Syria, Iran, to send the patients to receive treatment in these countries on the expense of the Ministry of...the Iraqi Ministry of Health. Also, as a humane initiative, the Ministry of Health have agreed to cover the cost of the accompanying of these patients and to send special officials and special doctors...professional doctors to follow up the cases of these patients. The Ministry of Health have formed a committee, a medical committee, to evaluate the situation and the cases of these patients. Some of them have been chosen as being difficult cases. More than 1,400 patients with their companions have been sent to these countries. The cases included surgical cases, heart surgery operations for children and adults, operations for installing prosthetic ears, operations for cornea implants and joints, especially hip replacement and knee. From 300 to 400 are being examined per month; this is as far as sending patients. From June 2007 to June 2008, Ministry of Health have managed to send more than 1,400 patients: 272 to Jordan, 216 to Syria, 297 to Iran. The second file

that we have chosen to discuss is the national campaign to control the circulation of medicines in the private sector. From the position of responsibility of the Ministry of Health towards the health of Iraqi citizens and their interests in providing medicine from solid registers...registered origins in addition to making sure the submission of the important medicines to laboratory control is accordance...is in accordance with the medical controls...fundamentalists. The Office of the Inspector General at the ministry in coordination with the Pharmacists' Association and the relevant agencies have decided to form a specialized central committee to preview the current reality for the circulation of these medicines in the private sector and the development of means necessary to emerge from the chaos of medical and rework the controls and health instruction for this vital issue where the commission held many meetings to adopt the necessary measures to stop this epidemic which are.... The Ministry of Interior have formed...have participated in the formation of this committee considering the critical situation of circulating the medicine through the private sector. This committee holds several meetings, took several measures. One of them, preparing a comprehensive list of medicines imported by the private sector in consultation with the specialized committee. Second, issue a request to the private sector importers in addition to the pharmaceutical company Ninawa,

Samarra, and Arabian company for manufacturing antibiotics and all private factories who have the capacity to produce medicines to submit comprehensive lists of the drugs that can be imported or manufactured. The committee have found this list complying with the other lists. And the committee put strict regulations about the importing of such drugs. Also, working on giving the Iraqi...the committee have discussed the matter with the Council of Ministers to open certain border outlets which are Trabil border point, Waleed border point, Ibrahim [unintelligible] border point, Zerbazia border point, Um Qasr border point, and Baghdad International Airport for the entry of medicines and confiscate the medicine that is being entered in other places, from other outlets. The committee – in the first of September in Baghdad with cooperation with the three sides: the Ministry of Health and Pharmacists' Association and Ministry of Interior – have searched all the local medicine storage houses in order to control the circulation of these medicines and confiscated those that have been imported in a way that is opposite to the regulations. These circulations have been witnessed due to the lack of security measures...control measures over the medication sector. The committee has noticed that many of drug importers that they do not have license...authorized license and they have been importing the medication from unauthorized sources. All these reasons have stopped the regulations...the control regulations. But in 2008, in

May, the ministry have suggested...the Ministry of Health have suggested to form a committee through the office of General Inspector and obtained the approval of the Council of Ministers to activate these regulations and decided to...through the meetings that the operation room of this committee witnessed, they came up with some recommendations. One of them...the first of which only to adopt the six border exits to...for importing the medications. Secondly, to have all the medications tested and to adopt the importing license that are issued by the Ministry of Health as the Ministry of Trade is not issuing the importing license until now. All these measures and the work of the operation room that are still ongoing to control this circulation in the private sector. This is as far as the three files are concerned: the return of the doctors, how to control the circulation of the private sectors, and sending the patients to be treated outside the country. But the Ministry of Health, in addition to these files, made many accomplishments as the Ministry of Health have more than 1,900 health care center, 3,900 beds for patients all over Iraq. And according to the statistics that's...of 2007, the Ministry of Health made lots of achievements in serving the citizens. But the statistics are available, but the short time would not allow to mention them. But they are existed and you may ask to be provided with them. Thank you.

**BG DORKO:** Thank you Dr. Essam. Now, Brigadier General Joseph Carvalho, the Surgeon General from the Multi-National Force – Iraq, will highlight some of the initiatives being worked on by the coalition.

**BG CARVALHO:** As-Salāmu `Alaykum. Good afternoon. Coalition partners are pleased to assist the Ministry of Health to improve health care throughout Iraq for all Iraqis. We enjoy a strong working relationship and we will remain engaged as long as the Government of Iraq and the Ministry of Health so desire. Our partnership has led to the creation of a medical fusion cell where senior members of the Ministry of Health, the United States Mission, and the Multi-National Forces meet to coordinate and synchronize our efforts in support of the ministry's overarching strategy. We agree that the return of the Fathers of Medicine is important to this great country. They represent a significant population of senior physicians and surgeons and their return is vital to Iraq's success as a regional health care leader. We also agree with the need for young Iraqis to take up the noble profession of nursing. This is especially true for the women of Iraq. To be successful, we agree with the minister of health that Iraq needs a good number of both doctors and nurses. The Multi-National Force developed proposals to support the minister to achieve these goals. We have already conducted emergency medicine and trauma training with the Iraqi Army

soldiers. We also conducted medical evacuation and flight medic training with the Iraqi Air Force. We are prepared to provide medical training for civilian providers in coalition facilities. Based on the minister's desires, we can tailor training programs to accommodate doctors, nurses, technicians, and administrators. We can provide hour-long lectures, case presentations, or even four-week clinical rotations, dependent on what the minister prefers. I'd like to share two stories with you to show how the coalition is helping the Iraqi health care system. The first shows how we partnered with the Ministry of Health to take care of an Iraqi patient in need. The second depicts how we are working with Iraqi doctors so they can gain confidence and skills to provide excellent health care to all Iraqis.

Shareen was a two-year old girl who sustained a severe kerosene fire burn to over 50% of her body. She was treated and stabilized by Iraqi doctors but needed further surgery to help her survive. Her family could not afford this specialized care so they came to Baghdad for assistance. The National Iraqi Assistance Center or NIAC coordinated the necessary sponsors to get the...to get Shareen the care she needed. Iraqi doctors reviewed and prepared Shareen's medical records. A hospital in the United States provided free, specialized care, and an American sponsor provided the necessary

funding for the family's travel expenses. Shareen made the trip wonderfully and is progressing well in her treatment. Historically, the NIAC has coordinated hundreds of similar missions with the help of many international and Iraqi sponsors in treatment facilities within the United States, Jordan, Turkey, and Syria, just to name a few. There are currently 17 children receiving specialized treatment outside of Iraq using this program. Most importantly, NIAC is transitioning its services to the Government of Iraq so soon it will be Iraqis helping Iraqis.

Now, I'd like to read a note from an Iraqi physician who had undergone training with the coalition doctors. "We arrived in Samawah safely, thank God. It was an amazing experience today. Everyone was lovely, kind, expert, and full of energy. Thank you for the great hospitality. None of us will forget this day. It's not that we are learning something new. It's not that we are using our hands in a perfect way. It just brings the life to our job again after many years of rage, wars, bombs, and bloody bodies. We were switched off; working without feelings. When you see yourself watching people dying and others crying and suffering, when you see yourself losing your close friends and fam-...and relatives, you hate yourself, because you are in such a pitiful situation, because you are a doctor who is in competition with death. But today we know how

important we are. And life has begun flowing in my medical body again. How great it is to be a doctor! Thank you.”

Coalition forces and the American embassy have gladly invested time and money to support public health education, medical treatment, and veterinary care. Our goal is to complement—not compete with—the Ministry of Health programs already in place. Together, we build on our strengths and minimize our weaknesses so the Ministry of Health and the Government of Iraq can rapidly improve the health care available to all Iraqis. The path forward is clear and you have an honorable and great minister with the vision to improve Iraqi health care for all. We look forward to seeing teaching hospitals return, public health clinics within each...easy reach of all citizens, and a return to Iraqi health...greatness in health. Shukran. Thank you.

**BG DORKO:** Thank you, General Carvalho. As my partners have highlighted, there are many initiatives underway to enhance and promote health care in Iraq. The Gulf Region Division is responsible in part for renovating and constructing medical facilities across the country to ensure that citizens have a safe, functional place to seek care. The U.S. government and the Ministry of Health work in partnership to ensure that all health care facilities are built in areas where services

are most needed and that the projects we are working fit the needs of the country. And as my colleagues just told you, growing Iraq's health care industry is a must for the country to continue to thrive.

The Gulf Region Division has focused its effort on building new health care facilities augmenting the existing system of clinics and renovating hospitals (focusing mainly on maternity and children's hospitals), building new hospitals (three...constructing three new facilities), and enhancing operations, maintenance, and sustainment skills that educate employees in the health care system on how to operate and maintain these facilities. Since 2004, we have completed 195 of 230 planned health care projects. By focusing our efforts, the Gulf Region Division, in partnership with the Ministry of Health, has made great strides in providing Iraqis with the medical care they need and deserve. And I'd like to highlight a few of those projects now.

The \$284 million Primary Health Care Center Program is one of those areas of progress. We began the program more than two years ago, working toward 132 new clinics to augment the existing system of clinics in Iraq. We collaborated with the Ministry of Health on the construction sites and three different design types for the clinics. Additionally, we have conducted renovations in 14

existing clinics. As of today, we have completed 116 of the 132 new clinics and turned them over to the Ministry of Health; 28 of those clinics are in Baghdad. Once we complete a project, the ministry inspects it before transfer takes place. The final 16 clinics are in various stages of construction; two are completed and awaiting acceptance from the ministry, and the remaining 14 are more than 80% complete. As you can see from these numbers, we are nearing completion of this program, and we expect to have the remaining clinics completed by September. We work closely with the Ministry of Health to identify and correct deficiencies and to coordinate the installation of equipment. Each clinic is meant to be a facility that provides an array of services for its neighborhood, like the following slides of clinics in Diyala and Erbil show. The custom look of the buildings allows them to be recognized from neighborhood to neighborhood, identifying them as a place that can offer assistance to those who seek medical care. Each facility is outfitted with dental and laboratory facilities, X-ray machines, and a pharmacy, making it possible for patients to receive all the services they need in one place. When designed, each clinic was expected to serve approximately 110 patients a day. However, we have found that some newly-opened clinics are seeing 300 or more patients a day. Clearly these facilities are filling a need in the neighborhoods that they are serving.

Another area in which our partnership is improving health care for all Iraqis is in the hospital sector. Our hospital program includes 25 total renovation projects at 20 different hospitals that focus on children and maternity care. We are also constructing three new hospitals: one each in Basra, Babil, and Maysan provinces. One of the hospitals renovated by GRD is the Ibn Al-Biladi Hospital in Sadr City. It sees approximately 200 patients a day, 80% of them children, according to the staff. And the facility has a bed capacity for 200 patients. And they deliver between 30 and 40 newborns each day. We renovated the building while it was operational and made upgrades to patient rooms, operating rooms, and plumbing and cooling systems.

One of the new facilities we are building is the Basra Children's Hospital. This \$164 million hospital is designed to care for children with cancer and to train doctors in their care. The project is very complex, not only because of the technology and challenges involved in building a hospital, but also because it is being built using U.S. and United Nations' funds, and medical equipment that will be installed in the hospital is being donated by Project Hope, an international philanthropic organization. The project is currently about 88% complete, with an estimated facility construction

completion date of December, 2008. Approximately 400 workers are employed daily on this job site building the hospital. The Basra project requires not only close coordination between GRD and the Ministry of Health, but also with local security forces to ensure smooth access for materials, and with other ministries, such as the Ministry of Electricity, in providing connections to meet power requirements. Two other new hospitals we are building are the almost \$5 million Musayyib Maternity Hospital in Babil Province, which will have 50 beds and employ more than 100 medical staff. We estimate that hospital will be complete in November. And the almost \$21 million Maysan Hospital in Maysan Province will have 100 beds and will be a state-of-the-art surgical hospital, a project that is estimated to be complete in May, 2009.

With these new facilities come new technology, such as modern heating and air conditioning systems, water purification systems, and medical equipment. To ensure the ministry has the tools and the expertise needed to operate these facilities and to keep them running in the neighborhoods they serve, we've worked together to bridge any gaps. We provided the ministry with \$12 million in health care training to ensure that ministry personnel have the knowledge to properly work the new equipment. And in addition, we have provided 50 maintenance vans and medical repair

equipment for maintenance teams as well as a one-year maintenance support contract for the primary health care clinics valued at almost \$60 million. So, you see that we are working very much together and have accomplished a lot in the area of health care. Our goal at GRD is to not just leave behind bricks and mortar, but to leave behind the knowledge and the capability to best utilize this infrastructure to the benefit of the citizens of Iraq. I invite you to come out to any of our projects and tour them at any time. And I thank you for your attention. And my colleagues and I are now ready to answer any questions that you might have. Sir.

**REP1:** [Speaks in Arabic.]

**INT:** As-Salāmu `Alaykum. Dr. Essam, first question. We see smuggling operations for medications. We have eyewitnesses that some doctors are involved in Baghdad and in all other governates, especially the southern ones. Do the plan have...does the plan have a plan to control such operations? Second question is about Diyala operations. Two days ago, Dr. Shirwan al-Wa'eli and the minister of defense visited us in Baqubah Hospital. We witnessed shortage in medications and medical supplies there. Do you have a plan to cover the shortage there? Thank you.

**DR ESSAM:** [Speaks in Arabic.]

**INT:**

As for the first question, the smuggling of medications from the medical facilities, it is the circulations of medicine. As Ministry of Health, we expect to see such problems. Not just now, even in the '90s and the '80s and the '70s, we faced such problems. First, the medical...the health sector in Iraq is for free. The medicines at the...the medications at the health centers is offered for free. This is one of the problems. The other problem is until now, we, as Ministry of Health, have worked...and working on administrating the crisis. We're working under pressure. One of the issues we're dealing with is the smuggling of medications. We have a number of problems. So, for example, the lack of medications. How to deal with the medications? How to import the medications? The smuggle of medications. Lots of problems. During 2008, we have solved more than 50 of the problems. We're hoping and expecting by the end of 2008 to 2009 we would be able to put a strategic plan to solve the problems, but especially for the smuggling of medications and the involvement of doctors in this issue. We, as Ministry of Health, once we target the problem, we're going to solve it through the court. The Iraqi doctors, we know them. The Iraqi doctors are highly educated. They studied in Iraq. They are the best of doctors in the Middle East from the professional side and from the expertise and from behavior. So, we reject such accusation against the Iraqi doctors.

**REP1:** [Comments in Arabic without translation.]

**DR ESSAM:** [Speaks in Arabic.]

**INT:** We do not think like...the...of the exist...we do not believe of the existence of such cases. For example, on Al Hura TV, during the meeting they said we went to a hospital and the cleaning officer...official there wanted to give a patient a shot. Well, this is not something that's...that you see all the time. This might be one case. About the lack of medications in Diyala, we do not say we have a lackage of...shortage of medications in Diyala. There have been [unintelligible] change. We are holding meetings with the general directors and governors. They are keep...they keep saying, "We do not have a problem with the medications, especially in Diyala." Also, they say we do not have shortage of medications, maybe some kinds of medications. For example, lab bags. We had a shortage two months ago, but now we've received a shipment. Some items, yeah, maybe we are facing a shortage. But there is...there have been an improvement with the medical supplies in Baghdad and all over the government.

**BG DORKO:** Ma'am.

**REP2:** [Asks question in Arabic.]

**INT:** You have talked about the hard diseases and that some difficult diseases, that some Arab countries are treating them. Some of these diseases are not able to be treated. How do you treat them here?

**DR ESSAM:** [Speaks in Arabic.]

**INT:** As much as for treating the patients outside Iraq at the expense of Ministry of Health. Frankly, Ministry of Health has a heavy weight on the budget of the state for offering free treatment inside Iraq, for sending the patients outside Iraq. Very heavy budget that's affecting the budget of the state. There is no neighboring countries, or all over the world any country...there is not country like us that offers free treatment. This is from side. None other side sending the patients from Iraq to outside Iraq. This is really tiring for the budget of the state. We, as Ministry of Health, have planned as first phase to submit the cases on special medical committee and we studied the cases. For example, the hard oncology diseases, the...for children and for adults and the joints replacement. As first phase, if we decided to send those patients, we want that...like if we wanted every patient to be treated outside, the budget wouldn't be enough. So we and the Ministry of Finance are trying to provide the medical services inside Iraq and in case we cannot meet the needs. Yet it is a temporary situation. We are sure that within time, we are going to

be able to provide the medical services here in Iraq. In 2010, 2011 we're going to be able to treat all the patients that need treatment inside Iraq. We just thought that to send a number of patients that are big numbers that are suffering from the mentioned diseases. We have to submit them on medical commission that's going to choose the number of successes for the cases and determine which one to go.

**REP3:** [Asks question in Arabic.]

**INT:** You have talked about something that might be of interest for the media. But what about the border exits? It is neglected. We have found that it is a very dangerous file. I would like to talk here about where have we reached with the case of spoiled blood? Where have the case reached? And as concerned for your plans to build...does your plans for Iraq include building a medical city?

**MAJ GEN AL-ASKARI:** [Speaks in Arabic.]

**INT:** As for the border exits and the health cares there, we are coordinating with the Ministry of Interior, and we have a joint meeting. This meeting held lots of sessions to control the border exits and to send medical groups there and to allocate a special section to offer health care at the exit border...border exits. And we

have formed...the Ministry of Finance, Ministry of Trade, Ministry of Interior, we are all participating in forming the committee. And to have all the tests being run on the medications before they would enter.

**REP3:** [Asks question in Arabic.]

**INT:** Okay, how about the people? They are coming from Jordan, Syria. They might be...they must...infected with contagious diseases.

**DR ESSAM:** [Speaks in Arabic.]

**INT:** The people who are coming across...from the cross borders, we have a joint committee with the Ministry of Trade, Ministry of Interior. These joint committees are...we...at the cross borders, we have representatives there. They do all the medical tests for the out...the people who comes from outside the country. One of our tasks as a ministry is how to deal with the people coming from the cross borders. But...and in the way of offering the services and tests for the comers from the across borders to inside Iraq, in order to implement and improve the measures, we have formed a committee of the said ministries to implement the recommendations that are going to be suggested by this committee. Dr. Mohammed Jabbar, he knows all about this subject.

**REP3:** [Comments in Arabic without translation.]

**DR ESSAM:** [Speaks in Arabic.]

**INT:** Any newcomer is...has his passport checked. And as he's there the tests are going to be...he's going to be tested. This is especially in HIV. The...once the passport has been stamped, the person is being tested. He has to be clear from the diseases. With coordination of the Customs, there are going to be initial tests, primary tests for the drugs, for the indications and samples are going to be taken to be tested inside the governates also, not only on the borders.

**BG DORKO:** Yes, ma'am.

**REP4:** [Asks question in Arabic.]

**INT:** How come...why there are no...those people, the amputant who have amputated parts of their body. How come we don't have the...a plastic part to offer to them?

**DR ESSAM:** [Speaks in Arabic.]

**INT:** As far as to giving care for the injured, the displaced...the...they are increasing in number. And as Ministry of Health, we're trying as much as we could to take care of these people, the amputees. We have a project with the International Bank to allocate a sum of

money to rehabilitate the halls...the sections in hospitals that are dealing with these issues and to transfer them to the specialized companies and to rehabilitate the section that's dealing with the amputation. In two countries, the rehabilitation has started. The seven...seven other governors is going to follow. As for the orthopedics, we have workshops in Baghdad but we...are need...we are need to import some materials and equipment to manufacture such supplies. Also, there is a coordination with some of the orthopedics, our workshops in Kurdistan with some of the relevant organizations with the orthopedics. It has...it sends...a delegation of the Council of Ministers have been sent in order to coordinate with them. The number of...the criteria of people that are needing the orthopedics is very big. So, we going to have them manufactured in Iraq and we're also going to send some of the patients to the relevant organizations in Kurdistan, As Sulaymaniyah, and Erbil.

**BG  
CARVALHO:**

If I may add....

**BG DORKO:**

Go ahead.

**BG  
CARVALHO:**

The coalition has worked with the MOD to set up a world-class prosthetics clinic which can provide prosthesis for amputees which rival that anywhere in the world. And the MOD has partnered with

the MOH to make those prosthetics available for all Iraqis. In addition, the PRTs, or Provincial Reconstruction Teams, have proposed refurbishing and expanding the use of rehabilitation clinics. And I believe one of those proposals was for Diwaniyah. And the ministry...and the coalition is looking at taking this proposal and expanding it throughout the country as we have people in need throughout the country. Thank you.

**REP5:** [Speaks in Arabic.]

**INT:** The doctors whom have left Iraq because they have been targeted by the outlaws and the armed groups. Those who are going to come back, the doctors I mean, are you going to provide protection for them?

**DR ESSAM:** [Speaks in Arabic.]

**INT:** Frankly speaking, the return of the doctors. Firstly, more than 80% of the Iraqi doctors, and even in the deterioration of the security situation, they were here in Iraq and working. It is a fact. They were...there have been some threatening, intimidation, kidnappings, a martyrdom, but this...these...all of these issues have led to the doctors leaving the country. But the security situation now is improving. It is improved. It is in favor for the return of the doctors. We don't want to isolate the doctors in a protected zone. But we're

thinking, since the security situation is stable and...in all of the governates. Do you compare 2007 to 2008? When you do, you would see the security situation has improved all over Iraq. [Unintelligible] were aimed to hold a protection zone to protect the doctors. Well, to provide them with accommodation, it is their right. Yeah. As the Ministry of Health, we have plans to build compounds in [unintelligible] area in Baghdad, according...and we've specified some allocation from the budget for this project. A special conference for doctors in [Unintelligible] City also. Also compounds for the direct...the health directorate of Rusafa and another one for the health directorate of Karkh. We also have other...lots of other projects to provide the accommodation to doctors and to allocate. We also are discussing to allocate pieces of land for doctors. But to support doctors and their return, not only to protect the doctors but we want to protect them all over Iraq and to make Iraq, all of Iraq, as a green protected zone.

**REP6:** [Asks question in Arabic.]

**INT:** Dr. Essam, we have some notes concerning the matters dealing with the citizens. There is a question why there is no intensive control over the unlicensed pharmacists, especially the nurses who would offer some medication. Second question. Why we do not have control on the cross borders which is close to the cross border...not

far away with kilometers, especially at cross border which is an important area. Third question. The clinic that have been opened which are the new ones, especially in the areas, they open at day, not at night. Most of the injuries are...happen...do happen at night. So how are you going to deal with this?

**DR ESSAM:** [Speaks in Arabic.]

**INT:** Concerning the first question, the private sector circulation and how the private sector is circulating the medications and the not authorized and unlicensed pharmacists, this issue was one of the files that we've chosen to talk about today. This topic is complex...kind of complex. It is not that we cannot control the smuggling of drugs with one order...one formal order. But this issue have been existed a long time ago.

**REP6:** [Asks question in Arabic.]

**INT:** None authorized pharmacist. This is my question. Especially the nurses now are selling medication.

**DR ESSAM:** [Speaks in Arabic.]

**INT:** Well, it is not within their job description. It's not authorized to sell medications. Is it truly that the citizen have the right...has the right. What is our duty? The responsibility of taking care of the health of

the citizen. It is of the ministry and of the government to watch the sources of the.... We have talked about this in the ministry since 2006, and until now is engaged with this subject. This subject is way too big and how the medications are being...are entering the country through the cross borders until the people are without license are selling medications; all these issues have been discussed. We have lots of files that we need to deal with. This is one of the files under the responsibility of the Ministry of Health. Since 2006 until now we are thinking and...to find a way how to stop the circulation of medications of...by the private sector. This is not only our responsibility but we need to coordinate with the security authorities. For examp-...the first reason for this is the shortage of medications in the authorized markets, so that led to the spread of this issue. All these issue have led...all these reasons have led to these problems. But as Ministry of Health, we are planning and we have operation room...joint operation room with coordination with Ministry of Interior, with Ministry of Defense, with Ministry of [Unintelligible] in order to control. We have the national project to control the circulation of medications by the private sector. We have recommendations. We have measures. We just need the time in order to implement these recommendations and contact the relevant parties.

**REP7:** [Asks question in Arabic.]

**INT:** Dr. Essam, there was this phenomena of spread cancer among the citizens of Basra. What do you think the reason for this? Only this question, yes. It is not only suffered in Basra. Also Najaf.

**DR ESSAM:** [Speaks in Arabic.]

**INT:** As for the difficult diseases such as cancer, we see...we witness, not only in Basra. And all over the world, the number of people afflicted with cancer is increasing. But the reasons behind this increase in cancer cases had lots of...had many reasons. The Ministry of Health is responsible to study these reasons and to find the ways to stop them. Ministry of Health, with coordination with some organizations and the Multi-National Forces, is about to build a hospital that will treat only cancer cases in Basra. From 2005 until now, the project is ongoing. And hopefully in 2009, the hospital will be opened to special...specified for cancer cases. Most of the budget has been allocated to this project. As for Al Basra, that was it, and for the other governate, we have lots of committees to deal with the cancer diseases. And we have subsidiary committees and all over the governors they would offer...submit reports on a regular basis. We're trying to control the cancer cases, yet it is increasing. The populations are growing. There is....

**REP8:** [Asks question in Arabic.]

**INT:** Western American Studies. Question for Brigadier General Dorko.  
Is it possible to define a percentage for the progress in the medical sector during the last years...last five years?

**BG DORKO:** I guess, strictly speaking in terms of construction, where we stand now, for example, there are 132 provincial health clinics that we're trying to...that we will complete by this fall. And we've completed 116 of them. And the last 16 projects will be turned over to the Ministry of Health by October. The other hospitals that we have remaining right now...the three hospitals that are under construction – the Basra Hospital, Maysan, and Musayyib – are going to complete, oh, golly. Basra, again, the physical facility of the Children's Hospital down in Basra will be completed in December of 2008. The hospital in Maysan in May, 2009. And the Musayyib Hospital in November, 2008. So, just in a few months. To measure progress, we've done quite a few. I think we've turned over almost 70 provincial health clinics since I've been here since last fall, which I think is great progress. And there's been a great cooperative partnership with the Ministry of Health as we've worked to establish both the maintenance contract and tie that to the physical completion of health clinics to make sure those health clinics are available as soon as possible with equipment installed and with a

maintenance program to ensure they can operate over the next year. That...I don't know how quantifiable that is, but I think there has been great success, in least in my time here, of just an increasing, very positive partnership with the Ministry of Health to accelerate the delivery of the facilities that we're finishing up.

**BG  
CARVALHO:**

If I may add to that. In general, in the last five years, Iraqi health care has taken significant...has made significant improvements, and when you measure that with regards to facilities, when you measure that with regards to the number of physicians available, the capacity and the capability, there is a significant improvement now compared to five years ago. A lot of the measures of public confidence would be relayed via surveys, and that would be...it may take longer to mature and for us to see that. But very clearly, as Dr. Essam has mentioned, the security situation has improved to the point where doctors are wanting to come back. I think that the prestige of health care in Iraq is starting to blossom. And I think you're at a point where we are making great headway with regards to Iraqi health care. I think the journey is long, but there is clearly a plan in place, and people are moving forward. Thank you.

**BG DORKO:**

One last question.

**REP9:** [Speaks in Arabic.]

**INT:** Dr. Essam. We thank the Ministry of Health for their efforts in the rehabilitation and reconstruction. But we have noticed that you lay lots of importance to the appearance and you leave the essence. You're not taking care of the hospitals. For example, Shahad Adnan Hospital. There are two elevators. They're only...and you know the building has more than 13 flights. The beds, the rooms – you are neglecting those issues, those sides. Thank you.

**DR ESSAM:** [Speaks in Arabic.]

**INT:** As for rehabilitating the medical facilities, it is a very sensitive topic. As you know, the Ministry of Health has more than 1,800 medical center and 13 hos-...300 hospital all over Iraq. All this big numbers, they all need rehabilitation. The Ministry of Health...as for the appearances is needed also in the health care centers, as you know. The health facilities...the patients are who goes there. It is good for their psychological health...it is good to take care of the appearance, to see the building a new, clean. The furniture there is of high quality. The overall structure is also necessary. We have a special department at the ministry. It is the Department of Projects. Its whole duty is how to put plans and to deal with companies. As you see, in Iraq during the last period, the foreign companies...we haven't seen a foreign company since 2003 until now. We are only

depending on the local expertise and local companies. As you see, the number of companies in Iraq is doubling. All these companies, they do not have expertise...experience. They do not have experience. As you have said...as you have mentioned, the elevators in Iraq, it is an issue. We have lists of problems and we are working on solving them. It is, it is. We do have problems. Not only at the Shahad Adnan Hospital, all the health facilities. We ourselves face problems with the elevators. We would ask for new elevators and after a month we would find some malfunctioning with the other elevators. Also, about the importing of the medical equipments or the techniques or the technology, we are depending on the local expertise. They are still facing problems. We...through the coming phase, the...Iraq is going to be world open and we're going hopefully to solve these issues. We tried to solve some of them, but there have been some technical problems that we need high tech equipment.

**BG DORKO:**

Okay. Thank you. I appreciate everyone taking the opportunity to come today so that we could talk about our partnership and the progress that we're making as a team to deliver better health care for the people of Iraq. Thank you.