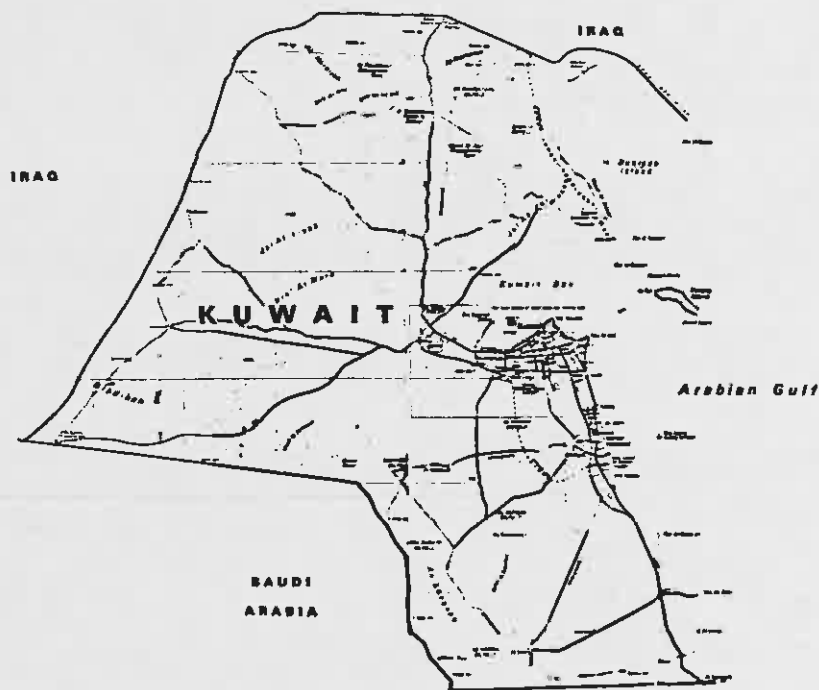


# **IRAQ-OCCUPIED KUWAIT**

## **THE HEALTH CARE SITUATION**



**A Report By**  
**Physicians for Human Rights/Denmark**  
**and**  
**Physicians for Human Rights/USA**

**March 1991**

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## **PHYSICIANS FOR HUMAN RIGHTS**

Physicians for Human Rights (PHR) is an organization of health professionals whose goal is to bring the skills of the medical profession to the protection of human rights. PHR works to prevent the participation of doctors in torture, other serious abuses or administration of the death penalty; to defend imprisoned health professionals; to stop physical and psychological abuse of citizens by governments; and to provide medical and humanitarian aid to victims of repression. PHR adheres to a policy of strict impartiality and is concerned with the medical consequences of human rights abuses regardless of the ideology of the offending government or group.

Since its founding in 1986, PHR/USA, based in Boston, has conducted over thirty missions concerning nineteen countries: Brazil, Burma (Myanmar), Chile, Czechoslovakia, Egypt, El Salvador, Guatemala, Haiti, Iraq, Israel, Kenya, Kuwait, Panama, Paraguay, the Republic of Korea, Sudan, the United States, the USSR and Yugoslavia.

Physicians for Human Rights/Denmark was founded in 1990. Its participation in a delegation to Cairo, Egypt, to gather documentation for this report, constituted the organization's first overseas fact-finding mission.

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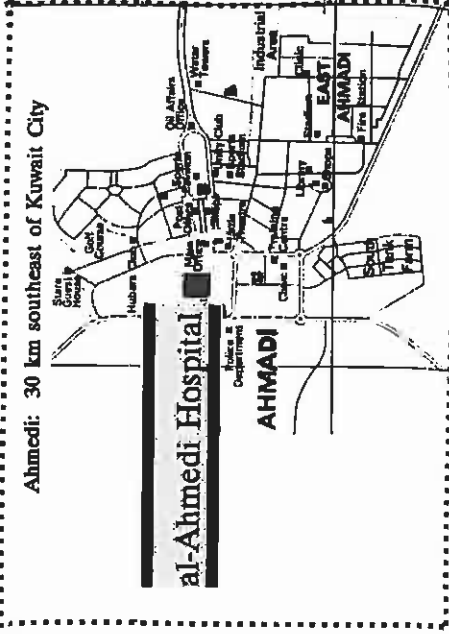
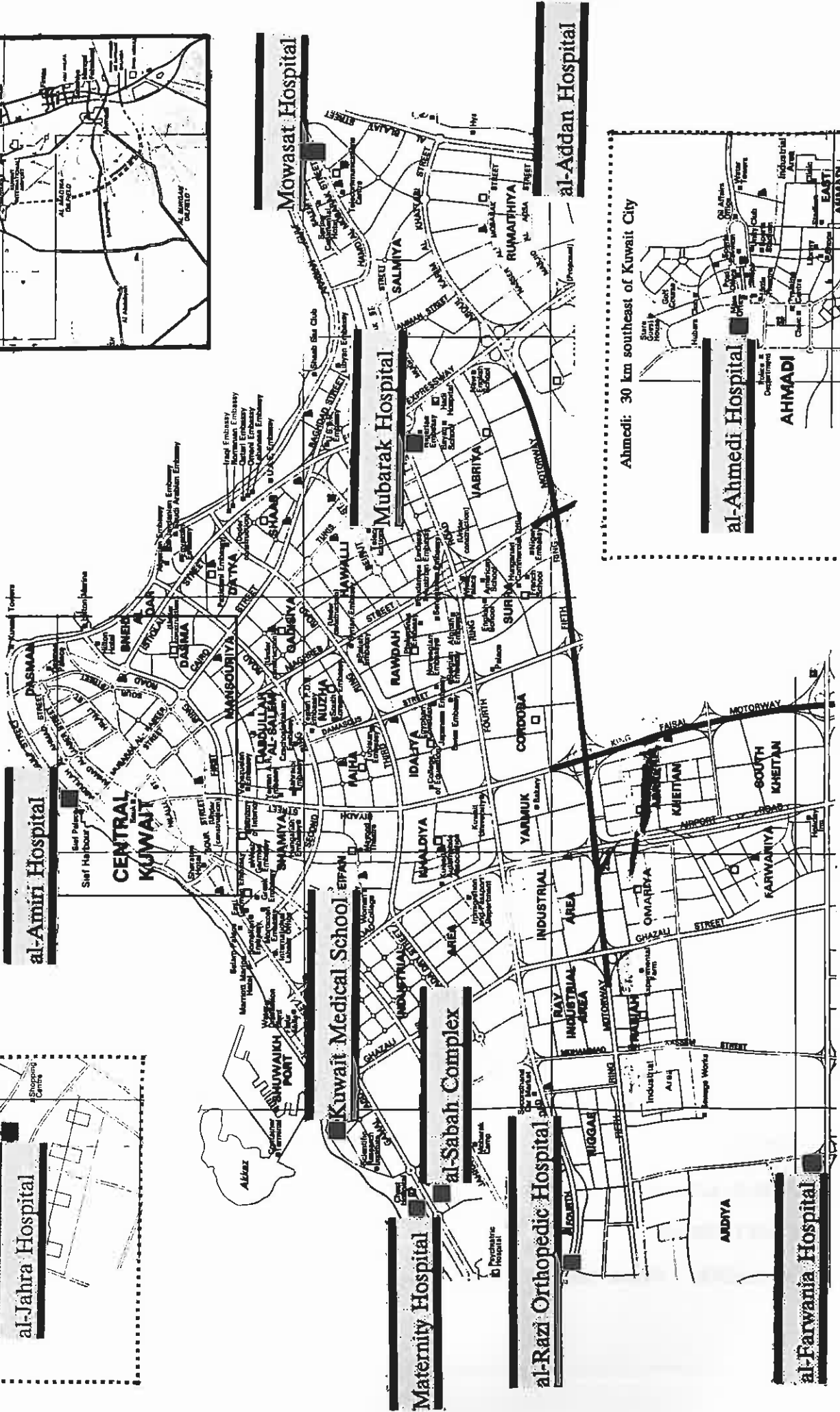
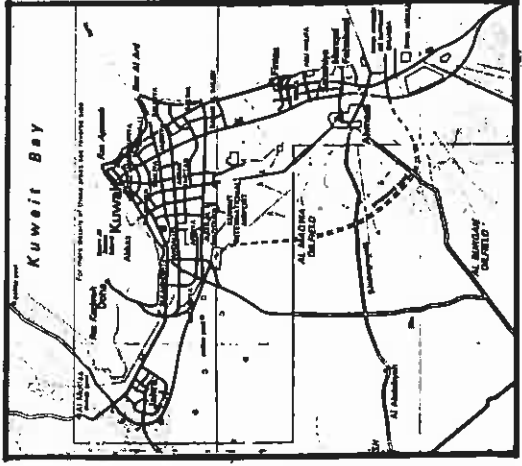
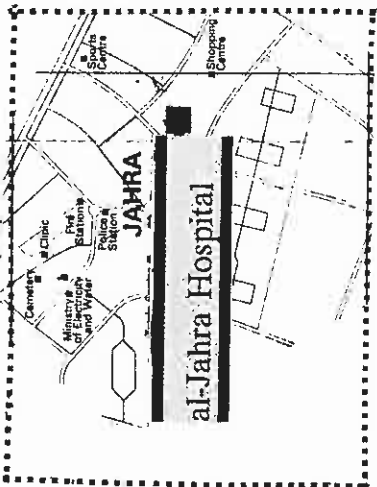
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# Hospitals in Kuwait

Jahra: 31.5 km west of Kuwait City



Ahmedi: 30 km southeast of Kuwait City

## PREFACE

The investigation by the Physicians for Human Rights organizations of Denmark and the United States on the medical consequences of the invasion of Kuwait by Iraq presented unusual difficulties. Inspection of hospitals and other health facilities, and interviews in Kuwait were not feasible. Most of those interviewed had been in the employ of the now exiled government of Kuwait; several, at the time the testimony was gathered, were either still closely identified with the Kuwaiti government in exile or with one or another "Free Kuwait" committee, also associated with the government in exile.

While these difficulties are not unprecedented for the human rights community, they have resulted in our inability to reach conclusions on a number of controversial issues, such as the number -- or even the order of magnitude -- of infants that may have died unnecessarily as the result of deliberate cruelty or medical neglect brought on by the occupying forces. There has been much concern and publicity about the number of incubators that may have been removed at neonatal nurseries -- and the number of infants removed from them. On these matters we present conflicting eyewitness reports and are unable to offer a firm conclusion.

However, this does not mean that we and others in the human rights community have been at a loss to report on what occurred. Much of a large canvas has been sketched in. Hospitals were invaded by occupying armed forces; many patients were barred from receiving essential medical care; large amounts of equipment were presumably removed to Iraq; some health care personnel were tortured and summarily executed. These actions violate fundamental principles of the Geneva Conventions and international human rights law.

At the time this report is issued, Kuwait itself is a scene of battle. Both Allied and Iraqi military personnel, and civilians of many nationalities, will need the very best available medical care for wounds and serious illness. There is no better time to call for strict observance of humanitarian law and the Geneva Conventions -- in the interest of all parties. Additionally, these findings can serve a longer range historical process to guide the world community as the future conduct of nations comes under review.

As time passes and opportunities present themselves, we are confident that more of the truth of the occupation of Kuwait will become known, and that the fuller historical record will be written. To these ends, we present our findings.

We wish to acknowledge the indispensable financial support for this mission by the J. Roderick MacArthur Foundation which has granted funds to PHR/USA for its fact-finding projects in the Middle East. Additional support has come from PHR/Denmark and the Aaron Diamond, the Ford, the Joyce Mertz-Gilmore and the Reebok Foundations, the John Merck Fund and the Fund for Free Expression, as well as the thousands of health professionals and members of the public who support our activities.

January 1991

Jonathan E. Fine, M.D.  
Executive Director  
Physicians for Human Rights  
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## INTRODUCTION

On August 2, 1990, Iraqi forces invaded Kuwait. Six days later, Iraq announced the annexation of the country and on August 28 declared Kuwait to be Iraq's 19th province. Although the government of Iraq has denied media access to Kuwait since the invasion, reports of widespread abuses following the invasion began to surface immediately. These included accounts from refugees and testimony emanating from inside Kuwait describing mass arrests, torture during interrogation, summary executions, collective punishment meted out against those thought to be connected to members of the armed Kuwaiti resistance, interference with food distribution, disruption of medical care, and plundering of Kuwaiti institutions and private holdings.

In September and October of 1990, PHR continued to receive reports of serious Iraqi abuses against Kuwaiti civilians and other residents of the country. PHR decided to investigate and document those allegations that bore serious medical consequences and affected the functioning of the health care system. Unable to enter Kuwait, PHR conducted its investigation by interviewing health professionals and others who had left Kuwait at various intervals after the invasion.

Among the abuses investigated were the stationing of military personnel in and around hospitals, interference with the delivery of health care services, assaults on health professionals, and the removal of medicines, equipment, and supplies from hospitals and health centers.

While this report primarily recounts the events occurring during the invasion and early occupation, it also cites relevant provisions of the Fourth Geneva Convention and highlights a number of Iraq's serious violations of those principles. The Fourth Geneva Convention, to which Iraq is a party, sets forth international norms governing the treatment of civilians in time of war, including the protection of civilians in occupied territory. The Convention requires all signatories to treat civilians humanely, protect them against violence, ensure medical supplies and services to the occupied population, provide for the wounded and sick, protect and maintain hospitals, and allow medical personnel to carry out their duties.

The report also includes testimony of medical consequences which, though serious, may not constitute violations of humanitarian law. For example, the massive exodus of physicians, nurses, and other hospital staff following the invasion, while understandable under the circumstances, contributed to the closing of medical facilities



and the near collapse of the medical care system in Kuwait. The report also recounts some instances in which Iraqi soldiers and administrators apparently upheld the norms of international law.

Kuwait had a population of about 2,100,000 prior to the invasion, of which 800,000 were Kuwaiti citizens. Middle East Watch estimates that, as of early January 1991, approximately 400,000 Kuwaitis were still in Kuwait City and its suburbs, and about 300,000 non-Kuwaitis, mostly Palestinians and South Asians, remained in Kuwait.

This report was written by Susannah Sirkin and edited by Nancy Arnison, Jonathan Fine, and Amy Fonoroff of PHR/USA, Jørgen Thomsen and Maria Christensen of PHR/Denmark, and Nancy Henson of Washington, D.C. Rebecca Shugrue assisted in background research. PHR also gratefully acknowledges the assistance of the Middle East Research Department of Amnesty International and Aziz Abu-Hamad, consultant to Middle East Watch. Thanks are also due to Jack Geiger, M.D., Hurst Hannum, and Jane Schaller, M.D., who reviewed the text and provided comments.

## CONDUCT OF THE INVESTIGATION

During the month of December 1990, physicians representing PHR/Denmark and PHR/USA, with the assistance of PHR/UK, interviewed 34 physicians and other health workers from 14 hospitals and health centers who were in Kuwait at the time of the Iraqi invasion on August 2, 1990, and in the following months. PHR conducted interviews with Egyptian, Indian, Kuwaiti, and U.S. citizens in Cairo, London, and New York, with additional telephone interviews of people living in Saudi Arabia. As it was impossible to enter Kuwait and gather firsthand evidence to corroborate testimony, PHR took care to compare eyewitness accounts and to analyze each interview for consistency. In a number of cases, PHR interviewed the same eyewitnesses on several occasions to clarify a confusing account. Where possible, PHR cites the names of those interviewed. Where a name is not given, it is because anonymity was requested to protect the safety of families and others still in Kuwait and Iraq.

Jørgen Thomsen, M.D., Associate Professor of Forensic Pathology at the University of Copenhagen, and Maria Christensen, M.D., an otorhinolaryngologist of PHR/Denmark, conducted the Cairo interviews. Jonathan Fine, M.D., Executive Director of PHR/USA, interviewed in New York and Ian Pollock, MB.BS., MRCP., a pediatrician of PHR/UK, in London. A Middle East human rights expert traveled with the team to Cairo to serve as a consultant and interpreter. Susannah Sirkin, Associate Director of PHR/USA, interviewed Saudi residents by telephone.

## HEALTH CARE BEFORE THE INVASION

Kuwait had a sophisticated health care system prior to the invasion. Facilities included an elaborate network of general and specialty hospitals, and a system of specialized and general ambulatory clinics for delivery of primary care. Health care personnel were highly trained. Approximately 85 percent of the physicians and 90 percent of the nursing staff were non-Kuwaitis, including a large number of Filipinos and Indians. Most hospitals possessed state-of-the-art equipment and technology.

Kuwait had six general hospitals: al-Amiri, Mubarak, al-Addan, al-Farwania, al-Jahra, and al-Sabah General Hospital. Each hospital had between 300 and 600 beds.

There were thirteen specialty hospitals: infectious disease, physical therapy and Chinese medicine, orthopedics, allergy, psychiatry, chest and cardiology, maternity, internal medicine, neurosurgery and pediatric surgery, cancer, Islamic, hereditary disease, and renal transplant. Most of these hospitals were in al-Sabah Complex in the center of Kuwait City. Others were in a newly constructed complex containing burn and pediatric surgical units.

All of the above were government hospitals. There were also six smaller, private hospitals. In addition, Kuwait had a network of approximately 70 multidisciplinary primary care clinics ("polyclinics"). Each was staffed by general practitioners and dentists. Some polyclinics also employed gynecologists and pediatricians and provided emergency and laboratory services. Larger, specialized polyclinics provided otorhinolaryngology (ear, nose and throat), ophthalmology, dermatology, minor surgery, public health and dentistry services.

## IMMEDIATE CONSEQUENCES OF THE INVASION: DETERIORATION OF SERVICES

Protected persons...shall at all times be humanely treated and shall be protected especially against all acts of violence or threats thereof and against insults and public curiosity.

Article 27 of the Fourth Geneva Convention

The High Contracting Parties specifically agree that each of them is prohibited from taking any measure of such a character as to cause the physical suffering or extermination of protected persons in their hands.

Article 32 of the Fourth Geneva Convention

To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring and maintaining...the medical and hospital establishments and services, public health and hygiene in the occupied territory...Medical personnel of all categories shall be allowed to carry out their duties.

Article 56 of the Fourth Geneva Convention

Convoys of vehicles or hospital trains on land or specially provided vessels on sea, conveying wounded and sick civilians, the infirm and maternity cases, shall be respected and protected...

Article 21 of the Fourth Geneva Convention

On August 2 and the days immediately following, physicians reported difficulties getting to work because of numerous roadblocks and checkpoints throughout Kuwait City. Several physicians said that they were prohibited from entering their hospitals by Iraqi soldiers stationed at the gates. In some of these facilities Iraqi personnel immediately took over administrative functions, and emptied many wards to make room for Iraqi wounded.

Dr. Kamel al-Mallawany, an Egyptian surgeon at al-Farwania, was on duty on August 2. He arrived at the hospital at 6:30 A.M. and immediately began to receive casualties: seven Iraqi soldiers and an 11-year-old Kuwaiti boy and his father who had been hit by shrapnel. The boy survived, but the father died. At first, the physicians at al-Farwania arranged four or five rooms for emergency treatment. As the victims -- women, children, and soldiers -- continued to arrive, hospital staff opened eight

operating theaters rather than the usual three. They activated a prearranged emergency plan, although only half the normal number of surgeons were available. Many victims arrived with shrapnel injuries; several Kuwaiti soldiers had bullet wounds. There were approximately 68 admissions that day to the surgical ward and surgeons performed 28 abdominal procedures.

According to Dr. al-Mallawany, the situation became desperate on August 3. Iraqi soldiers had attacked the Kuwait National Guard. Members of the Guard arrived at the hospital with extensive wounds and burns. Two ambulances sent by al-Farwania to collect the wounded never returned.

Hospital staff brought bodies directly to the mortuary. There was not enough room for all of the bodies, so they moved some to cold food storage rooms in neighboring stores outside the hospital.

Dr. al-Mallawany saw charred bodies that were brought to the hospital. Among them was that of Mubarak Falah al-Nout, the 44-year-old director of al-Aredhiyya Food Cooperative, who reportedly had refused to hang a picture of Saddam Hussein. Dr. al-Mallawany stated that al-Nout was killed by gunshot, with the entrance wound in the right temporal and the exit wound in the left temporal region. Others had been shot in the back of the head, execution style. According to Dr. al-Mallawany, the hospital received two or three execution victims every day until the end of September. Most of the victims were between 14 and 30 years of age. One shooting victim treated by Dr. al-Mallawany was a 4-year-old girl who had been fired upon in the street. A bullet penetrated her left side near the spleen. She had traumatic lesions of the liver, spleen, and small intestine. Despite a severe shortage of blood in the hospital's blood bank, the physicians were able to save her life.

A 24-year-old medical records technician at al-Farwania Hospital testified: "They brought one director from Iraq to be the head of the hospital and our director was made the deputy. They told our director to discharge all of the cases that did not need intensive care and to reduce the census in all of the wards. This was especially in the first week because there were many Iraqi soldiers injured and they needed beds."

Al-Farwania Hospital had 580 beds before the invasion. After the invasion only one of four surgical wards remained open. After one and a half months, only one of four maternity wards remained open. By mid-October, there were beds for only 30 male and 30 female patients. Iraqi officials said that since there was not enough staff, wards had to close. The emergency ward remained open to Iraqis, Kuwaitis, and nationals of other countries. Most Kuwaitis, however, were afraid to make use of it.

A senior official at the Department of Infection Control and Sterility, an Egyptian, reported that on the day of the invasion, he came to the hospital with his

mother, who had been operated on for a basal cell carcinoma. Her stitches were to be removed. Upon nearing the hospital he heard shooting and estimates that he saw 30 bodies in the street. Other Kuwaitis were being removed from their cars, handcuffed, and robbed of jewels and other possessions. Non-Kuwaitis were allowed to drive away. Soldiers refused him entrance to the hospital and warned people not to cross a line in front of the hospital. One woman stepped past the line and was shot dead on the spot. Her body lay on the ground for five days.

The next day, August 3, the official returned to the hospital. There were no Kuwaiti patients there. He was asked to stay to treat the Iraqis. An Iraqi physician, Dr. Hussam Abdul Karim, had come from Baghdad to direct the hospital. The official cited him as an example of an Iraqi administrator who acted kindly towards the Kuwaiti professionals. Armed Iraqi soldiers patrolled the hospital.

Satish Sharma, a 52-year-old Indian physician who trained in India and now resides in New Delhi, practiced at al-Jahra Hospital. Prior to the invasion, al-Jahra had approximately 36 beds in each ward, with a total of 600 beds. Normally, four wards had functioned for surgery, four for medicine, four for gynecology, and so forth. Seven or eight days after the invasion, Iraqi authorities started discharging patients. Sharma reported that most of the wards in al-Jahra were emptied. Iraqi authorities closed all neonatal nurseries and took over the intensive care unit. One ward was allotted to Kuwaitis. According to Sharma:

"Every day the staff was getting shorter and shorter, especially the nursing staff...They were running a skeleton staff. The girls were doing a twelve-hour shift. Before the invasion, one used to have seven nurses in the morning shift, three in the afternoon, and three in the evening. We had only two girls in the morning and two at night. That's how bad the situation was.

"When I was there, they didn't interfere with us. They told us, 'Okay, this is your part.' We were supposed to look after only the civilians who were coming and the Kuwaitis who were coming there as outpatients or the casualties. They were running their own casualties for themselves. Initially they said it was for security reasons, but whatever reason it was, we were...put to one side, and the rest of the wards they were using as living quarters and the doctors and other staff were living there.

"We looked after Kuwaitis with gunshot wounds during the first 10 days or so and were operating on them. The Iraqis had nothing to do with the civilians or non-Iraqis.

"They didn't remove any of the regular doctors from the hospital. When the staff began leaving the hospital, they had a meeting with us saying

that our contracts were going to be honored, that they would give us our salary and make up any deficiency in staff."

Dr. al-Hajeri, General Secretary of the Kuwait Medical Association, a specialist in obstetrics and gynecology at the Maternity Hospital, a branch of al-Sabah Complex, reported that when he went to work on August 2, he found the street blocked by Iraqi panzer artillery. The Iraqi army guarded the gate, examining identity cards and allowing only doctors to enter.

A Kuwaiti engineer responsible for electric appliances in al-Addan Hospital, Eid Saker al-Shamamri, went to work on the second day after the invasion when he learned that his services were needed. The electric power plant at the hospital had been destroyed. On his way to the hospital, he found an Egyptian woman, shot in the chest. After passing with difficulty through several roadblocks, he delivered her to al-Amiri Hospital. He then proceeded to al-Shuweikh, the site of a confrontation the previous day between Iraqis and Kuwaitis. He witnessed the relatives of the dead, assisted by volunteers, transferring the bodies to mortuaries. He stated that at first ambulances carried six bodies at a time, but soon they were taken over by Iraqis to transport soldiers. Those corpses that had not been identified by family members were taken to a large ice rink in Kuwait City.

A consultant in gynecology and obstetrics at the Maternity Hospital related that she was not permitted to enter the hospital on the morning of August 2. Some physicians went instead to Mubarak Hospital, which was open to women delivering babies.

A senior official of the Primary Health Care Central Department stated that on the first day of the invasion, his office was broken into and destroyed. The building was burned on August 3. This doctor stayed at home for four weeks following the invasion because he was afraid to go out. On August 28 he received a telephone call from Iraqi officials who had taken over the Ministry of Health. They told him to report to the former Ministry of Health building on Saif Street. When he arrived at the Ministry, he found that employees in that building had not left it for four weeks. They had been afraid to go out and had been living at the Ministry. The official began to contact all of the primary care centers and to negotiate with Iraqi authorities to keep centers open.

## HEALTH CARE FOLLOWING THE INVASION

### Military Presence

#### Positioning of Military In and Around Hospitals

More than a dozen accounts given to PHR indicate that the military presence around most of the general hospitals intimidated most Kuwaitis and kept them from seeking treatment. A 24-year-old medical records technician, a recent graduate of the faculty of Allied Health and Nursing of Kuwait University, began volunteer work on August 5 at al-Farwania Hospital. He received casualty cases and kept records on each one. Soldiers with guns escorted these wounded. Physicians protested the presence of soldiers with guns in casualty rooms.

At al-Farwania, soldiers were reportedly positioned outside the gate 24 hours a day. Another group of soldiers sat near the casualty desk (information desk). There were about fifteen to twenty present at any given time. When asked what the soldiers did, the medical records technician replied: "Only sitting and looking at the nurses, the doctors, sometimes they only walked around the wards, and they came to visit their friends. One soldier came and said, 'I want to go to my friend, and visit the injured people.' You couldn't say that visiting hours are not now because they would kill you. They always threatened you with their guns." Another physician at al-Farwania told PHR that starting one month after the invasion, Iraqi officers were on duty at the hospital 24 hours a day, to interrogate every casualty. The physician expressed concern that this interfered with the treatment of patients.

At al-Sabah Complex, armed soldiers patrolled some corridors, according to several physicians working there. A consultant working at the Maternity Hospital at al-Sabah, however, stated that soldiers did not enter her building while she was there. At al-Jahra Hospital, according to an Indian physician interviewed by PHR, about ten or twelve soldiers were positioned at the entrance.

An engineer at al-Addan Hospital reported that in September a skirmish occurred at his hospital between Iraqi soldiers and volunteers who were also members of the resistance movement. There was no shooting, but the engineer said he was thrown against a wall by Iraqi soldiers causing an injury to his nose. He escaped but five others were taken prisoner and sent to Basra in Iraq. The engineer reported hearing on the "Voice of Kuwait" radio (Kuwaiti radio in exile) that all five of them had died.

The Deputy Director of al-Razi Orthopedic Hospital stated that one ward in his

hospital was occupied by army soldiers and used as sleeping quarters. The soldiers were positioned at the hospital gates and surroundings, controlling and searching all cars going in and out of the hospital. Another ward was occupied by Iraqi civilian personnel who lived in the hospital and monitored all hospital activities, ensuring that Kuwaiti employees did not send supplies out of the premises.

### Medical Records and Confidentiality

A medical records specialist at a general hospital stated that employees closed the file room because they did not want Iraqi personnel to have access to it. He related that the staff kept only the labor room and the birth certificate, admission/discharge, and casualty desks open. They closed the outpatient clinic and ward desks. Dr. A.N., a surgeon at al-Farwania, described soldiers checking patients who entered that hospital with burns or gunshot wounds. Two weeks after the invasion, when this practice became routine, Kuwaitis, even those with serious injuries, stopped coming to the hospitals for treatment.

### Fear of Using Hospitals

PHR found that most Kuwaitis were afraid to use the hospitals. At al-Farwania, for example, reports indicate that after the invasion most of the patients were Iraqi, Palestinian, Sri Lankan, and Indian.

According to one hospital employee, ambulances were frequently stopped and on occasion hospital personnel accompanying patients to their homes were removed from the vehicles and beaten. Patients were searched. He himself was stopped and beaten while accompanying a woman in labor to the hospital.

An obstetrician reported that on more than one occasion Iraqi soldiers had entered the labor rooms at the maternity hospitals, claiming that they were looking for resistance fighters. This terrified the patients, particularly since men, with the exception of physicians, are not normally allowed in the labor rooms in Kuwait.

As hospitals ran out of staff and medications, and military surveillance continued, groups of Kuwaiti doctors organized to treat patients in homes and mosques. Many took bandages and other supplies to the homes of Kuwaiti physicians treating the injured and sick who were afraid or unable to use the hospitals.

Dr. Mohammed Mohy al-Din Selim, head of the Department of Dermatology at al-Sabah, stated that he personally knew of patients who did not dare to go to the hospital for ambulatory check-ups or acute treatment. They feared the many checkpoints that patients had to pass before entering the hospital. Dr. Selim managed to contact one such patient who suffered from skin ulcers of the extremities caused by



arterial insufficiency. He found that there had been an occlusion of an artery, a situation which in some instances may lead to amputation. He treated the patient with anticoagulant medicine and saved the leg.

A physician-in-training from al-Sabah Maternity Hospital worked for several weeks at the end of August and the beginning of September at al-Amiri Hospital. When it, too, began to be depleted of supplies and equipment, she treated patients in her home and in centers established by the resistance movement. She stated that among her patients were victims of torture (see section on torture, page 27). Some patients who were ordered out of the Cancer Center in Kuwait were taken into the care of their families. The whereabouts of others is unknown.

### **The Situation in the Hospitals**

#### **Flight of Health Personnel and Closing of Wards and Facilities**

On August 19, at al-Jahra, the Iraqis announced that they would not allow any doctors or nurses to leave the country. At that point, many health professionals decided to leave immediately, fearing for their safety. By October 19, one physician reported that there were only six of 24 physicians left in the surgical division. The six included two Palestinians, two Sudanese and two Egyptians.

A medical records clerk at al-Farwania stated: "In the first month, few nurses were in the hospital because most of them, especially the Indian ones, felt threatened and stayed in their homes. There were 18 nurses in the labor room, but when I left the country there was only one, a Palestinian. Then I went into the labor room since there was a shortage, and I learned how to deliver a baby and I worked with them."

When one senior primary care administrator attempted to contact the primary care centers in the country one month after the invasion, he found that very few were functioning. He estimated that only 30 percent of the primary care staff stayed in Kuwait. Doctors and nurses were allowed to treat Kuwaitis at most primary care centers; however, roadblocks made access to these centers difficult. The Iraqis also told him that they wanted 50 of the 70 centers closed. After negotiations with Kuwaiti staff, the Iraqi officials agreed to allow 30 centers to function for 14 hours a day.

Based on talks with other physicians, this primary health care official estimated that, as of mid-October, 90 percent of all inpatient beds in Kuwait were closed and that Iraqi occupiers had removed most of the equipment from the closed clinics.

The Head of Nursing Services at al-Sabah General Hospital, Shaadia Kamal

Hakim, an Egyptian, was vacationing out of Kuwait on August 2. She returned to Kuwait City in mid-September. Upon her arrival, she was told by Iraqi authorities that her contract had been cancelled since she had not returned at the beginning of September as scheduled. She found that much of the hospital's furniture had disappeared. According to Ms. Hakim, 650 nurses worked at al-Sabah prior to the invasion. By the end of September, only 22 remained. At that time Iraqi authorities required some of the nurses to train Iraqis sent from Baghdad. Ms. Hakim stated that the trainees did not have the educational background to take on such functions and that their primary function was to supervise the Kuwaiti personnel.

Dr. Ahmed Fouad Khalil, 65, Chairman of the Department of Pediatrics at the private Mowasat Hospital, had been in London at the time of the invasion, but returned to Kuwait in October to pick up personal and professional documents. Upon returning to Kuwait City, he found that all of the old personnel had departed and his hospital was barely functioning. Only a few Palestinian physicians were continuing to work there.

#### Removal of Patients from Hospitals and Reduction in Services

The Occupying Power may requisition civilian hospitals only temporarily and only in cases of urgent necessity for the care of military wounded and sick, and then on condition that suitable arrangements are made in due time for the care and treatment of the patients and for the needs of the civilian population for hospital accommodation.  
Article 57 of the Fourth Geneva Convention

A consultant at the Department of Psychiatric Medicine at al-Sabah was in Kuwait from October 20 to November 20. He found that most of the chronically ill patients in his department had been sent away and that the beds were being used for Iraqi injured and other Iraqi patients. Some chronic psychiatric patients were released to the care of their families. He does not know what happened to many others.

The Renal Hospital was closed, as well as half of Ansema Hospital (oral and pediatric surgery). Half of the Cancer Hospital was reportedly closed and taken over by soldiers as a residence and military offices.

Dr. Abdalla al-Rashid, Assistant Deputy Minister of Health, Chair of Pediatric Departments in Kuwait and also a professor of Pediatrics at al-Sabah Hospital, reported that only three of 64 doctors in his hospital remained at work by mid-November.

Dr. Ragai Mostehy, an Egyptian professor of Oral Medicine and Periodontics who was an advisor at the Dental Services in Kuwait, was on holiday in Cairo at the time of the invasion. On September 23 he returned to Kuwait. After finding his home

ransacked, he went to his place of work, the Dental Center of Kuwait. He found that the head of his department had been replaced by an Iraqi, Dr. Nezar. Dr. Mostehy's colleagues told him that to protest or criticize the situation would be dangerous. Most of the former personnel at the Dental Center were no longer working there. Dr. Mostehy reported seeing small groups of Iraqis and Palestinians dressed in khaki uniforms patrolling the premises carrying rifles and pistols. The Palestinians proclaimed that they belonged to the "Popular Army," an Iraqi militia. Dr. Mostehy stated that patients, Kuwaitis included, were having routine dental procedures such as tooth extractions and treatment for gum abscesses.

A detailed description of the deterioration of care at one hospital was provided by Dr. Gamal al-Din Hosni, the Deputy Director of al-Razi Orthopedic Hospital. With 6 of 72 orthopedic surgeons and 26 of 267 nurses remaining towards the end of September, the hospital was barely functioning. Sterile linens were unavailable. The one functioning operating theater was open to Iraqi military casualties only, on strict orders of the Iraqi administration. Iraqi civilians who used the hospital as living quarters placed a severe strain on hospital resources. The laboratory services became severely curtailed since the staff, mostly female, feared coming to the hospital. Contracting companies servicing electricity, air conditioning, and plumbing discontinued services, leaving essential maintenance to be carried out by a few workers who agreed to move into the hospital buildings, having lost their own homes. Initially, through the Deputy Director's organization, Kuwaiti merchants, with the help of volunteers, supplied the hospital with rice, flour, meat, bread, and milk. Some weeks after the invasion, however, soldiers were stationed permanently at the gateways of the hospital, and all volunteers were denied entry to the hospital.

PHR received various reports of the impact of the drastic reduction of staff, supplies, and hospital beds on patients' welfare. Women who delivered babies at al-Sabah Maternity Hospital, for instance, were ordered home after two hours instead of the customary 48, according to one obstetrician at the hospital. Women who gave birth by caesarian section could stay only one day, rather than seven.

Dr. Selim, of al-Sabah Department of Dermatology, made daily rounds of his own and other departments in the weeks following the invasion. He saw paraplegic patients with large bedsores that had developed secondary infections as a consequence of limited personnel for treatment. Without nurses, these patients were helpless, often lying in their own feces. According to Dr. Selim, several of these patients' infections were septic. The Head of Nursing at al-Sabah, Shaadia Kamal Hakim, visited several health centers in her district to assess the medical situation. At the Center for Handicapped Children in Kuwait City, which normally holds 200 children with a variety of handicaps requiring observation and treatment, she was told by ward nurse Tyskia Abdel Kader that more than a dozen children had died. A number of children had epileptic seizures due to lack of medicines.

Other institutions providing essential medical services to hospitals and health centers also ceased functioning. Dr. Abdul Mohsin Khalil, head of the General Medical Council of Kuwait, reported that at the beginning of October, the blood bank was closed and deserted.

The Kuwaiti Red Crescent, a government agency, supplied food to the hospitals, since the Ministry of Health was incapable of continuing this function. Merchants and traders provided the food on a credit basis to the Red Crescent, which organized volunteers to distribute it in private cars. This activity began one month following the invasion but was curtailed by Iraqi occupation forces in November. Despite several formal requests to the government of Iraq, the International Committee of the Red Cross was repeatedly refused permission to enter Kuwait to assess the situation and to assist in providing food, medicine, and emergency care to victims of the invasion and subsequent conflict.

Institutions for the training of health professionals have been either shut down or taken over by Iraqi administrators. The Kuwaiti Medical School located in Jabriya, a southeastern suburb of Kuwait City, was reputed to be one of the best in the area, with modern equipment. About 40 physicians graduated per year. PHR received reports that equipment was removed from the school. An Iraqi was appointed as the new Dean. Any faculty members who did not report by September 15 were fired. The Allied Health and Health Sciences College as well as the Nursing Institute were shut down. The Kuwaiti Medical School is now continuing some of its functions in Bahrain at the Gulf University.

#### Discrimination in Treatment of Patients

At al-Sabah Hospital, according to an Egyptian medical official, only the Iraqis were admitted when ambulances arrived with wounded or sick. Dr. Ahmed Khalil of the Mowasat Hospital reported that in the period following the invasion, doctors were required to report to Iraqi authorities the names of all patients from the Kuwaiti Resistance Movement.

A senior official at the Department of Infection Control and Sterility told PHR that doctors were ordered to give priority treatment to Iraqi soldiers. Orders stated that acute non-Iraqi cases should be treated for only three days, and chronic cases for only seven.

Dr. Mohammed Motawy, the senior registrar at the Kuwait Cancer Control Center, who was in Egypt at the time of the invasion, made a return trip to Kuwait on October 16, and found that only Iraqi and Palestinian patients were being treated at the center. He stated that Iraqi officers respected the physicians, but the other soldiers did

not. Dr. Motawy was not allowed to enter his hospital.

According to written testimony provided to PHR by Dr. al-Din Hosni, Deputy Director of al-Razi Orthopedic Hospital, the Iraqi administration ordered 100 of a total 300 beds kept ready for Iraqi army use. These were not to be used for civilians under any circumstances.

One physician attempted in mid-October to receive treatment for an anal fissure at his own hospital, a major government center. He was told that there were no anesthesiologists available. A personal friend who was an anesthesiologist ultimately assisted so that the procedure could be performed. During his hospital visit, he saw a woman with a 7 or 8-year-old daughter arrive at the emergency ward. The daughter had acute asthma and was cyanotic. Soldiers stopped the mother and told her, "Let her die." The doctor does not know whether or not the girl survived.

### Removal of Equipment and Medicines

**The Occupying Power may not requisition foodstuffs, articles or medical supplies available in the occupied territory, except for use by the occupation forces and administration personnel, and then only if the requirements of the civilian population have been taken into account. Subject to the provisions of other international Conventions, the Occupying Power shall make arrangements to ensure that fair value is paid for any requisitioned goods.**

**Article 55 of the Fourth Geneva Convention**

In many hospitals, physicians and pharmacists reported the systematic removal of equipment, medicines, and furniture from hospitals. Iraqi military conducted precise inventories of equipment and supplies and loaded them on trucks, presumably for shipment to Iraq. According to numerous accounts, many clinics also sustained the extensive removal of equipment, furnishings and supplies.

One physician from al-Sabah General Hospital described seeing a memorandum from the Iraqi Ministry of Health sanctioning the removal and shipment to Iraq of any hospital equipment that could be used by the people of Iraq. In one hospital even the telephones were removed. In addition, two hospital pharmacists indicated that many Iraqi soldiers and officers requisitioned medicine and supplies without prescriptions for their personal use or for relatives in Iraq. One primary health care official reported that between September 15 and the beginning of October, all centers had much of their equipment removed.

A physician from al-Farwania Hospital reported that Iraqi officials had begun

taking inventory before he left Kuwait in late August. The usual pattern was to conduct an inventory, and later remove most of the equipment. Ultimately, the scanning and ultrasound equipment were taken, among other items, according to another report.

At al-Jahra Hospital, seven of the eight respirators in the Intensive Care Unit were removed, according to an Indian physician. "When we asked the guards what happened to them, they said, 'Oh, they just took them away.'" The premature nursery at al-Jahra was simply closed. The physician did not know whether the Iraqi military took equipment or not.

At al-Jahra, Iraqis reportedly took CT scanners and portable X-ray machines and films. Approximately 50 of 55 dental chairs were removed from the Dental Center.

At al-Sabah General Hospital, one physician reported that Iraqi officials wanted to take all of his equipment, including "electrolux" apparatus for sterilization, but according to him, since they did not know how to operate it, they left it in the hospital. According to the head of nursing services at al-Sabah, equipment, including the dialysis appliances from the kidney transplantation center, was taken immediately following the invasion.

During the first week of the invasion, Iraqi soldiers, assisted by Iraqi clerks, took a total inventory of al-Sabah Maternity Hospital, including sheets, pillows, and medicines. Two physicians at the hospital reportedly protested: Dr. Mohammed Mahmoud al-Mutoa, and Dr. Dina al-Sharma, the head of the pharmacy. When these two refused to allow the soldiers and clerks to conduct the inventory, they were taken to Iraq. Dr. Mahmoud was released a day later after promising not to interfere again. Dr. al-Sharma was released three days later after promising not to prevent access to her department. The promises were reportedly extracted under threat of execution.

Also at al-Sabah General Hospital, Dr. al-Rashid reported that at least two of his patients, children suffering from leukemia, had died due to lack of medicines.

According to one physician's report, Iraqi soldiers took instruments for renal dialysis from Audyilia Center and shipped them to Iraq. Patients reportedly died, but PHR cannot confirm the number. One of these patients was Abdulla al-Reshaid, a physician who died of renal failure due to lack of dialysis. He was approximately 48 years old.

A pharmacist who worked at one of the general hospitals from the time of the invasion until the end of September stated that military officials as well as soldiers regularly arrived at his pharmacy to requisition medicines. Soldiers and officers took contraceptives, insulin, and cardiovascular medicines from the pharmacy and other

medicines that seemed inappropriate for their own medical needs. Iraqi officials also restricted medicines prescribed for patients in the hospital, according to the pharmacist. If a drug was prescribed for three or six weeks, they would only allow enough for ten days. The Iraqi director of the hospital also told the pharmacist and physicians that they could only treat emergencies, not routine cases.

The pharmacist told PHR that since most Kuwaitis were not receiving treatment at the hospitals, he regularly took medicines to Kuwaiti physicians treating patients in their homes or to clinics that had been stripped of their medicines. He also told PHR that soldiers frequently removed medicines from the Central Medical Supply in Kuwait City and shipped them to Iraq. This was usually done at night, after curfew. By the time the pharmacist left Kuwait on October 1, he had no insulin syringes or insulin left in the hospital pharmacy, and other medicines were in short supply.

The Deputy Director of al-Razi Orthopedic Hospital told PHR that strict standing orders from the Iraqi administration prohibited the dispensing of more than three days' worth of medicine (with no refills) for non-emergency cases. He reported that the hospital pharmacist nonetheless managed to provide patients with adequate amounts.

A high-level primary health care official stated that the Iraqis had removed much equipment from primary care clinics. He had personally witnessed the removal of new equipment and dental instruments from the Salmia Health Center on September 25. The clinic was completely stripped, including furniture.

At al-Jahra surgical department there was no restocking of medicines as they ran out. Only intravenous fluids and some anesthetic agents remained.

Dr. Motawy returned to Kuwait on September 24 for five days to collect personal items and documents. He found that all cancer therapy drugs and narcotics had been removed from the Cancer Control Center. Highly sophisticated equipment such as the gamma camera and cobalt machine had not been moved; however, computers and tissue culture equipment had been taken. In October, physicians and nurses with whom Dr. Motawy met described a serious lack of medicines and told him that two patients with myelomas had died from lack of treatment.

Dr. Selim told PHR that as of mid-October, not much equipment had been removed from al-Sabah dermatology department; the CO2 laser, X-ray apparatus, and microscopes remained intact.

A foreign national who worked for a business servicing Kuwaiti hospitals and who left Kuwait in December received reliable reports of the removal of more medical equipment in November and December. According to these reports, Iraqis removed

more than half of the dental units from the Dental Specialty Center at al-Amiri Hospital, 16 traveling units that were used for children in the schools, and 12 units from other hospitals. Seven ambulances were reportedly taken from al-Amiri Hospital and 100 of the 120 ambulances were seized from the Subhan Center Depot, an industrial park about ten kilometers south of Kuwait City.

The Islamic Medical Center, a supply clearinghouse for many Islamic countries, reportedly lost all of its furniture, stocks, and supplies on December 13. According to the same account, medical librarians sent from Baghdad shipped the entire Medical Library and Medical Reference Library from the Kuwait Medical School to Baghdad. The Kuwait Institute for Scientific Research reportedly was also stripped of its equipment.

Given the fragmentary nature of the evidence gathered by PHR, it is impossible to draw a conclusion about the quantity of materials taken from hospitals in Kuwait. While some supplies were taken by Kuwaiti health personnel in order to treat Kuwaiti civilians and resistance members, it is clear that the large-scale removal of equipment and medicines by the Iraqi occupying authorities from general hospitals, specialty hospitals and outpatient clinics was carefully planned and systematic.

#### Removal of Incubators and Allegations of Infant Deaths

**The wounded and sick, as well as the infirm, and expectant mothers, shall be the object of particular protection and respect.**

**Article 16 of the Fourth Geneva Convention**

UNICEF statistics indicate 61,000 estimated live births in Kuwait in 1988. The number includes the babies of non-Kuwaitis who had traveled to Kuwait to give birth because of the high quality of care there. According to UNICEF figures, 7 percent of this number -- or about 350 per month -- were low birth weight or premature. Many of this number could be expected to require care in incubators for several days to several weeks or longer. Some of them, however, may not have actually required care in incubators for survival. Dr. al-Rashid, Assistant Deputy Minister of Health in charge of pediatrics, who was also a pediatrician at al-Sabah Maternity Hospital, reported to PHR that there were approximately 200 incubators in Kuwait at the time of the invasion -- about 120 at the Maternity Hospital and the remainder distributed among the other hospitals and polyclinics.

Testimony taken by PHR regarding the removal of incubators and deaths of low birth weight infants is contradictory.



**Al-Sabah Maternity Hospital** Dr. Ahmed Abdel Assiz al-Hajeri, a specialist in gynecology and obstetrics at al-Sabah Maternity Hospital and General Secretary of the Kuwait Medical Association, told PHR that he was an eyewitness to the removal of 60 incubators from one of the special wards for premature babies about three weeks after the invasion. He told PHR that medical or paramedical personnel dressed in army uniforms took between 90 and 100 incubators in total from the wards. He stated that the Iraqi personnel prohibited him and his colleagues from entering a ward and proceeded to remove about 45 babies from the incubators and put them on the floor. According to his testimony, the doctors did not say anything out of fear for their lives. All but three or four of the babies died. The incubators were taken onto a small truck which was painted with an Iraqi army insignia. The truck had to be loaded twice, Dr. al-Hajeri said, to fit all of the incubators.

A Kuwaiti physician-in-training, also employed at al-Sabah Maternity Hospital at the time of the invasion, told PHR that she succeeded in entering the hospital three days after the invasion. During the first two weeks, she said, little equipment was taken, but by the third week, equipment and medicines began to disappear. Three weeks after the invasion she saw that there were eight to ten babies in incubators at the neonatal intensive care unit. According to her testimony: "It was a perfect intensive care unit for the neonates. I was at al-Sabah Maternity Hospital. I was told that things were happening in the intensive care unit, so I went over there. Uniformed Iraqi soldiers unplugged the incubators and threw the babies on the floor. They took the incubators. The soldiers said, 'These things belong to Iraq now. This equipment belongs to Baghdad. People have to die. You have to get used to it.' We couldn't even touch the babies. We had to wrap them and send them for burial later on." Only three of the babies survived, according to her account.

An internist who worked at Mubarak Hospital and volunteered with the Red Crescent was in charge of providing hospitals with food and supplies and burying the dead. He told PHR that he personally buried 72 babies one day in mid-August. He stated that the bodies were delivered to the cemetery in the Kuwaiti Emergency Service's ambulances, and that they all had come from al-Sabah Maternity Hospital. He believed that they were all premature or newborn babies, but he did not conduct any post-mortem examinations. Although this physician was told that these babies had died when they were removed from incubators, he was not a witness to their deaths.

An Egyptian neonatologist and senior registrar at al-Sabah's neonatal intensive care unit, however, gave PHR a substantially different account. She said that by the third week of August, the hospital was short of staff and medicine, and sanitary conditions had deteriorated. She reported seeing two cases of neonatal tetanus in the hospital which she attributed to deliveries in unsanitary conditions -- something she had never seen before in Kuwait. By the second or third week in August, only eighteen

babies were in incubators in the regular premature wards, according to her account. The rest of the incubators were empty. Ten to twenty babies were delivered a day, rather than the usual 30 to 50. By the end of the second week of August, the neonatal intensive care unit had no X-ray equipment, no blood, and no antibiotics. There was not enough staff to cover the unit, so she and a colleague decided to close it. They waited until the unit was empty before doing so.

Two babies in the senior registrar's care died, she told PHR. One was a five-day-old premature baby weighing 1,800 grams, baby "Sabrin," who needed surgery for an intestinal obstruction. The pediatric surgery department was not functioning, so the baby died. The second baby died while in an incubator because of lack of staff to monitor its condition. The baby had been on a ventilator at the time of the invasion. The neonatologist knew of four or five babies who had died under similar circumstances. This physician left Kuwait on September 6 and told PHR that no incubators had been taken from al-Sabah Maternity Hospital as of that date. She later heard reports of incubators being removed after her departure. She related to PHR that a friend of hers had adopted a baby whom she said she found on the floor of the maternity hospital around September 10.

Another Kuwaiti obstetrician who also worked at al-Sabah Maternity Hospital from August 5 until November told PHR that no incubators were removed from the hospital.

**Al-Farwania Hospital** A physician who worked at al-Farwania stated: "We received premature infants from nurses at other hospitals and we didn't know the names of their fathers and mothers, so we kept them in our hospital and after they were well, we asked Kuwaiti families to take them. They were taken from the maternity and other hospitals and brought to al-Farwania because al-Farwania still had equipment."

**Al-Ahmedi Hospital** PHR interviewed a 26-year-old Kuwaiti university employee who gave her name as Nadia. At the time of the invasion, she was nine months pregnant. Three weeks after the invasion she went by car to al-Ahmedi Hospital (a small general hospital serving the oil town of al-Ahmedi, about 30 kilometers south of Kuwait City), to see her gynecologist. She stated that the hospital was in chaos. She saw a group of patients between the ages of four and ten being discharged and loaded onto buses without their parents. She went inside the hospital to find her doctor. As she passed the emergency room, she heard doctors shouting, "The plug is here. It won't work without the plug." She looked into the room and saw one incubator being removed from the room by soldiers without its electric cord. She saw an unclothed newborn baby on a table. Nadia believes that she was not meant to witness this scene, but she had entered through a side corridor, unobserved by soldiers. She told PHR that the Iraqi troops stationed at the hospital told her not to return to the hospital to deliver her baby. They told her to have it at home or somewhere else.

PHR has also received reports that after August 2 babies were delivered in hospitals without adequate nursing staff and at homes without medical supervision. This could contribute to a higher than normal rate of infant deaths. Previously, 99 percent of births were attended by trained health personnel (UNICEF composite figures for 1983-1988).

PHR cannot confirm the reports of removal of babies from incubators. Nor can we ascertain how many babies may have died due to lack of equipment. It is likely, however, that there was an excess of infant and neonatal mortality during the months following the invasion due to lack of highly-trained neonatal specialists, disruption of neonatal surgical and pediatric teams, increase in unattended home deliveries, and removal of life support equipment and pharmaceuticals.

### **Interference With and Violence Against Medical Personnel**

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**Medical personnel of all categories shall be allowed to carry out their duties.  
Article 56 of the Fourth Geneva Convention**

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**Persons regularly and solely engaged in the operation and administration of civilian hospitals, including the personnel engaged in the search for, removal and transporting of and caring for wounded and sick civilians, the infirm and maternity cases shall be respected and protected.  
Article 20 of the Fourth Geneva Convention**

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Reports indicate that many physicians and other health workers were threatened, arrested, and in some cases killed for attempting to protect facilities or to treat patients and wounded Kuwaiti resistance fighters. Others were punished for protesting preferential treatment for Iraqis. At many hospitals a large portion of the personnel was volunteer. Iraqi soldiers reportedly came to at least one hospital and asked for all volunteers to be turned over to Iraqi authorities. Volunteers who were not trained medical personnel were threatened, and reports indicate that some were killed. The documentation collected by PHR suggests that the Iraqi military suspected some volunteers of conducting resistance activities within the hospitals. Although PHR does not have evidence of armed resistance being organized within medical facilities, use of a hospital for military activities by either side of the conflict would be a violation of medical neutrality and the Geneva Conventions.

## Harassment and Intimidation

One physician reported that at al-Sabah General Hospital, no more than two doctors were allowed to talk to each other at the same time.

The head of nursing at al-Sabah General Hospital, Shaadia Kamal Hakim, reported that a ward nurse in the section for paraplegics, Kaleb Agom, was abducted by Iraqi soldiers. Iraqi soldiers questioned her for three hours and threatened her with execution.

Ms. Hakim also related the arrest and torture of a man named Osama, who was responsible for electronic data processing at al-Sabah. When Iraqi soldiers asked him for the keys and password for the system on the third day after the invasion, he stated that he did not possess them. The soldiers searched him and found the keys. According to Ms. Hakim, Osama was questioned under torture for seven days. He returned to the hospital with lacerations and blood on his face. The left half of his face was swollen and marked by a large hematoma. He did not want to talk to anyone about the incident and left Kuwait shortly thereafter.

The medical records technician at al-Farwania reported that soldiers threatened doctors, on occasion putting guns to their heads, insisting that Iraqi soldiers be treated before those of any other nationality. "They insisted on treating the Iraqi soldiers before any other patients no matter what the injury, the degree of the injury...The first three weeks there were many Iraqi soldiers. And also other nationalities. And they always threatened our manager and our doctors that if anything happens with this officer, we will bomb, we will explode...they put a lot of pressure on our manager."

## Arrest of Health Workers

One widely reported instance of the persecution of health care workers was the arrest of six Red Crescent leaders: Dr. Ebraheem Behbehani, Mr. Abdul-Kareem Jaffer (members of the Executive Board), Dr. Abdul-Rahman Mhailan (a physiologist), Dr. Abdul-Rahman al-Sumaid (a Red Crescent officer), Dr. Ibrahim al-Shaheen (a civil engineer), and Mr. Abdul Kader Ujail. PHR interviewed three of these volunteers. All six were detained from September 17 to October 11. They were seized from the temporary quarters of the Red Crescent at the Medical Association Building. Then they were taken to Qasar Nayif Prison, blindfolded and kept in a room two meters by six meters, with no air conditioning or other ventilation. They were held in that room for 26 days. Their captors allowed them to use the bathroom outside the door upon request. No contact with family was permitted during the first week. After one week they were permitted to use the phone. Food consisted of hard bread and occasionally tuna fish. After the first week, authorities allowed family members to bring food. The Red Crescent officials indicated that they had not been physically ill-treated.

Reports say that the Red Crescent leadership had balked at being requested to deliver food on a priority basis to hospitals housing large numbers of Iraqi soldiers. Interviewees told PHR that the Iraqis "set up an appointment [for us] with the Iraqi director of the Health Department, but instead they took us to the prison at Qasar Nayif...They wanted us to supply the hospitals with food for six months, which we were not able to do. We couldn't give food for six months to every hospital. What about the rest of Kuwait? They wanted us to start with al-Jahra Hospital, which is the hospital mostly for Iraqis. But the amount of food that we had was too little, so we were trying to distribute it to all of the hospitals, which they didn't like. So they brought us in. They thought that we were discriminating between Kuwaitis and Iraqis. So we told them that there were difficulties in distributing food and that there were a lot of checkpoints on the way to al-Jahra and that soldiers were taking the food at some of them. During our interrogation they told us there was no reason to keep us and they would let us go tomorrow. But tomorrow extended to 26 days."

Doctors at al-Farwania were also reported to have been arrested. They were later released.

According to two physicians' accounts, Albert Pauls, a Palestinian who was the head of nursing at the Cancer Center, was arrested when he refused to hand over hospital equipment and medicine. The Iraqi military authorities accused him of hiding hospital appliances in his office and stealing equipment for the treatment of wounded members of the resistance movement. He reportedly was tortured by Iraqi soldiers and suffered fractures of his arms and legs and severe hematomas around the eyes. This report was corroborated by the head of nursing at al-Sabah. When he was threatened with execution, Palestinian friends intervened, and helped him leave the country.

A pharmacist from a major hospital told PHR that he was arrested without stated reason for one day several weeks after the invasion. He stated that he was not ill-treated, and that upon learning that he was still working at his hospital, authorities released him.

### Killings of Health Personnel and Hospital Employees

PHR has received the names of at least nine physicians and health workers killed by Iraqi military. Most were reportedly killed for performing their duties consistent with the requirements of medical ethics.

In early October Iraqi soldiers killed Dr. Hahisham al-Obaidan. He was a specialist in obstetrics and gynecology from al-Sabah Maternity Hospital. He had three children. According to several accounts received by PHR, the Iraqi authorities came to

arrest him at 12:30 A.M. One officer reportedly took his two-year-old child, put him on the floor and started squeezing the child's head under his boot while interrogating the father. The authorities searched the house for a few hours and then abducted the doctor for several days, interrogating and allegedly torturing him. He was returned to his home handcuffed and wearing a metal helmet, and his face was badly bruised or burned. He was reportedly shot outside his house in front of his wife, mother, father, and neighbors.

Dr. al-Obaidan was presumably killed for treating members of the resistance and because medical supplies were found in his home.

Abdul Hameed al-Belhan, Administrative Director of the Cancer Hospital, was killed for protesting the removal of equipment from the hospital, according to a report cited by Amnesty International. Another account received by PHR indicated that he was killed because he refused to take a woman off a respirator following surgery.

PHR received a report of five Kuwaiti hospital employees and volunteers who were executed in al-Addan Hospital because a wounded officer and a soldier died there. The hospital was reportedly blamed for their deaths, and the military lined up five employees and volunteers chosen at random and shot and killed them. The five hospital workers included Adel Desti, Ahmed Hamza, Asa Abdul Hadi, and Issa al-Ubaidli.

A medical records technician at al-Farwania testified that Dr. Hammam Hassim, a doctor at a military hospital, was killed by Iraqi soldiers in front of his family.

Al-Farwania Hospital received the body of Mohammed Calvin Vesti, a 25-year-old clerk who worked in the Cancer Center. Iraqi soldiers reportedly shot him in the head and heart after he had refused to let them take equipment from the hospital. A colleague involved in the same incident was also shot, suffering brain damage and paralysis.

### Rape of Nursing Personnel

**Women shall be especially protected against any attack on their honour, in particular against rape, enforced prostitution, or any form of indecent assault.**

**Article 27 of the Fourth Geneva Convention**

PHR received several reports of nurses allegedly raped by Iraqi soldiers. The assailants reportedly came to nurses' residences, said they were there to protect the

nurses, then went upstairs and raped them. Shaadia Kamal Hakim, head of nursing at al-Sabah General Hospital, said that fear of rape was the major reason for the rapid flight of nurses from Kuwait. She stated that many nurses had been raped during the early days of the invasion, especially the Filipino nurses.

A female physician-in-training at al-Sabah Maternity Hospital reported that large numbers of nurses left her hospital soon after the invasion because they either had been raped or feared rape. She personally knew one nurse who was a rape victim.

Nurses and other female employees at al-Farwania Hospital reportedly were raped by Iraqi soldiers. According to a 24-year-old medical records technician who worked there, "One day Iraqi soldiers took a young hospital employee who worked at the casualty desk from her house and raped and beat her. She mentioned the incident only to her best friends and did not return to work at the hospital."

The medical records technician also described the following incident of rape: "One day some people brought in a young girl who was mentally retarded. She suffered from Down's Syndrome. The neighbors said that she had been taken by two Iraqi soldiers and was found the next day in a flat in a nearby building. She had been raped. Upon examination, she was hemorrhaging and her lips were bruised and she was crying. She didn't know what had happened to her. I can't forget her face." The technician told of another incident in which an Iraqi soldier brought into the hospital a Filipino woman and a Kuwaiti man whom he accused of raping the woman. Privately, the Filipino woman told the casualty clerks that the soldier had raped her but begged the hospital personnel not to tell anyone as she had been threatened by the soldiers.

PHR also received testimony from physicians who had treated rape victims. A physician from al-Sabah Hospital reported that he met a woman and her 20-year-old daughter in Jabriya. She described an incident in which three Iraqi soldiers and an officer were intent on raping the daughter. The daughter kissed their feet, begging for mercy, and a discussion ensued. The Iraqi military said that they needed a woman because they were in a foreign country and hadn't had a woman in some time. Finally, they decided to rape the mother instead. The mother came to the physician for sedatives.

A consultant from the Maternity Hospital stated that she personally examined two women who had been raped, a Filipina and an Egyptian. The consultant had received numerous other reports of rape.

## TORTURE

The High Contracting Parties specifically agree that each of them is prohibited from taking any measure of such a character as to cause the physical suffering or extermination of protected persons in their hands. This prohibition applies not only to murder, torture, corporal punishments, mutilation and medical or scientific experiments not necessitated by the medical treatment of a protected person, but also to any other measures of brutality whether applied by civilian or military agents.

Article 32 of the Fourth Geneva Convention

PHR has not extensively investigated allegations of torture of Kuwaitis following the invasion. However, in the course of its interviews, several physicians reported specific incidents, including descriptions of patients whom they treated. The types of torture described are consistent with those reported by Amnesty International ("Torture in Iraq 1982-1984," April 1985; "Iraq-Occupied Kuwait: Human Rights Violations Since August 2, 1990," December 1990;) and Middle East Watch ("Kuwait: Deteriorating Human Rights Conditions Since the Early Occupation," November 1990).

An al-Sabah hospital employee interviewed by PHR stated that soldiers took some of his colleagues into custody, following which they were tortured. He and other colleagues were first taken to a theater-like room at the hospital. They were beaten on the way. In the room, soldiers tied their arms behind their backs and interrogated them about the activities of their hospital director and other medical personnel. At least three of the employee's co-workers were killed. He tracked down a physician who had received the three bodies and described them as having been tortured, with their ears, tongues, and eyes removed. Eyewitnesses stated that they had been decapitated.

A physician from al-Farwania Hospital, who began to care for patients in his home after Kuwaitis stopped going to the hospital due to fear, treated five or ten victims of torture. They told him that they had been blindfolded, beaten with fists, and kicked. Some had burns from being removed from their cars and forced to lie down on the hot pavement. Others had cigarette burns on their bodies. The doctor reported seeing victims whose nails had been extracted. Some, he stated, were tortured with electricity. He saw patients who stated that they had been beaten with rubber hoses, wooden sticks, and metal bars. Two whom he saw in the hospital had died from their injuries.

The physician also told PHR of a personal acquaintance who was brought, still alive, to his wife, with nail holes in his thighs. Because of severe bruising, the man was at first unrecognizable. Once his wife had identified him, however, he was shot in the thigh, abdomen, and skull. Iraqi authorities reportedly suspected him of belonging to



the resistance movement.

Another health professional, a physician-in-training, reported that she treated victims of torture at her home and at centers set up by the resistance movement. Her patients reported widespread use of electric torture, burning with cigarettes, beatings all over the body, large nails being hammered through extremities (the thighs), mock executions, and submersion in salt water or cold water. She treated patients with abrasions, cuts, burns, fractured ribs, a fractured jawbone and maxillary bone, and fractures of the extremities. The patients stated that they had been tortured in empty private houses or at police stations as well as in a large stadium called Kathma. They reported detention and torture lasting from six hours to two weeks.

An engineer from al-Addan Hospital reported seeing the body of an acquaintance, Bader Rejeeb, in the mortuary of al-Sabah Hospital. The body had severe lacerations and burns on the legs. Mr. Rejeeb had worked as a volunteer in the hospital.

## PUBLIC HEALTH

**To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring and maintaining...public health and hygiene in the occupied territory, with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics.**

**Article 56 of the Fourth Geneva Convention**

Testimonies indicate that sanitation deteriorated severely in Kuwait City in the weeks following the invasion, posing a threat to public health.

Garbage collection trucks were reportedly stolen and pickup trucks were used in their place. During the first month of the occupation the vegetable market was said to be contaminated with rotting food, which attracted flies and vermin and emanated a stench. Dead animals littered the streets. The sewage system was not functioning efficiently, since regular workers were absent from the pumping station. One foreign national working in Kuwait at the time of the invasion saw large amounts of garbage routinely thrown out of hotel windows. Some reports indicated that Kuwaiti volunteers helped out by organizing the burning of garbage.

## CONCLUSIONS

1. Iraqi soldiers positioned themselves in and around hospitals, in many cases interviewing each person who entered. These checks effectively inhibited many of the sick and wounded from seeking treatment in hospitals. In most hospitals, Iraqi military and civilian personnel took over the administration and supervision of hospital wards, often using the premises as living quarters. Physicians who treated patients with traumatic lesions were required to report the patients to the Iraqi authorities. There were also reports that Iraqi soldiers turned away Kuwaitis seeking hospital treatment.
2. Physicians were not allowed to treat wounded or sick without regard for nationality or political affiliation. In several hospitals physicians were ordered to treat Iraqi wounded before all others, regardless of the severity of the injuries. They were prohibited from treating patients at home. In some cases threats were made against physicians and other health workers who attempted to provide treatment to injured or sick Kuwaitis.
3. According to numerous eyewitnesses, Iraqi personnel systematically removed equipment and medicines from many of the hospitals, clinics, and supply centers in and around Kuwait City between August and November 1990. This contributed to a dramatic reduction in the number of functioning hospital beds and a deterioration of treatment.
4. Numerous reports of rape of female hospital personnel prompted the majority of nurses to stay away from hospitals or to flee the country. PHR also received from three physicians accounts of rape from victims whom they had examined and treated. PHR is unable to estimate the extent of this abuse since many victims are unlikely to have gone to hospitals for treatment or to have reported the violations to physicians.
5. During the initial weeks following the invasion, in an environment of continued violence, looting, and fear, large numbers of Kuwaiti and non-Kuwaiti physicians and health workers either fled the country or remained in their homes for reasons of safety, leaving hospitals critically short of professionals to treat the sick and wounded and ancillary personnel responsible for environmental safety and sanitation.
6. Physicians, hospital employees, and volunteer health workers were arrested, and in some cases tortured or executed, for taking medicines from hospitals to treat Kuwaiti patients in their homes, for providing medical treatment to alleged members of the Kuwaiti resistance, or for protesting the removal of medicines and equipment from their hospitals.

7. In some instances, patients and medical personnel in ambulances were removed and questioned. In addition, reports indicate that ambulances needed to transport injured Kuwaitis were at times diverted to service Iraqi military wounded.

8. Patients were inappropriately discharged from hospitals to make room for Iraqi wounded and sick. Many maternity wards were closed, and reports indicate a likely excess of infant and neonatal deaths due to a variety of factors including a shortage of highly-trained neonatal specialists, disruption of neonatal surgical and pediatric teams, unattended home deliveries, and removal of equipment and medicines. Due to contradictory testimony from alleged eyewitnesses, PHR is unable to draw a conclusion about the removal of infants from incubators and attendant deaths.

## **APPENDIX**

### **FOURTH GENEVA CONVENTION EXCERPTS (Accession by Iraq: February 14, 1956)**

#### **Convention (IV) Relative to the Protection of Civilian Persons in Time of War**

##### **Part I--General Provisions**

###### **Article 4**

Persons protected by the Convention are those who, at a given moment and in any manner whatsoever, find themselves, in case of a conflict or occupation, in the hands of a Party to the conflict or Occupying Power of which they are not nationals.

##### **Part II--General Protection of Populations Against Certain Consequences of War**

###### **Article 16**

The wounded and sick, as well as the infirm, and expectant mothers, shall be the object of particular protection and respect.

###### **Article 18**

Civilian hospitals organized to give care to the wounded and sick, the infirm and maternity cases, may in no circumstances be the object of attack but shall at all times be respected and protected by the Parties to the conflict.

States which are Parties to a conflict shall provide all civilian hospitals with certificates showing that they are civilian hospitals and that the buildings which they occupy are not used for any purpose which would deprive these hospitals of protection in according with Article 19.

Civilian hospitals shall be marked by means of the emblem provided for in Article 38 of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field of 12 August 1949, but only if so authorized by the State.

The Parties to the conflict shall, in so far as military considerations permit, take the necessary steps to make the distinctive emblems indicating civilian hospitals clearly visible to the enemy land, air and naval forces in order to obviate the possibility of any hostile action. In view of the dangers to which hospitals may be exposed by being close to military objectives, it is recommended that such hospitals be situated as far as possible from such objectives.

#### **Article 19**

The protection to which civilian hospitals are entitled shall not cease unless they are used to commit, outside their humanitarian duties, acts harmful to the enemy. Protection may, however, cease only after due warning has been given, naming, in all appropriate cases, a reasonable time limit and after such warning has remained unheeded.

The fact that sick or wounded members of the armed forces are nursed in these hospitals, or the presence of small arms and ammunition taken from such combatants which have not yet been handed to the proper service, shall not be considered to be acts harmful to the enemy.

#### **Article 20**

Persons regularly and solely engaged in the operation and administration of civilian hospitals, including the personnel engaged in the search for, removal and transporting of and caring for wounded and sick civilians, the infirm and maternity cases shall be respected and protected.

#### **Article 21**

Convoys of vehicles or hospital trains on land or specially provided vessels on sea, conveying wounded and sick civilians, the infirm and maternity cases, shall be

respected and protected in the same manner as the hospitals provided for in Article 18, and shall be marked, with the consent of the State, by the display of the distinctive emblem provided for in Article 38 of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field of 12 August 1949.

### **Article 23**

High Contracting Party shall allow the free passage of all consignments of medical and hospital stores and objects necessary for religious worship intended only for civilians of another High Contracting Party, even if the latter is its adversary. It shall likewise permit the free passage of all assignments of essential foodstuffs, clothing, and tonics intended for children under fifteen, expectant mothers and maternity cases.

The obligation of a High Contracting Party to allow the free passage of the consignments indicated in the preceding paragraph is subject to the condition that this Party is satisfied that there are no serious reasons for fearing:

- (a) that the consignments may be diverted from their destination,
- (b) that the control may not be effective, or
- (c) that a definite advantage may accrue to the military efforts or economy of the enemy through the substitutions of the above-mentioned consignments for goods which would otherwise be provided by the enemy or through the release of such material, services or facilities as would otherwise be required for the production of such goods.

## Part III--Status of and Treatment of Protected Persons

### Section I--Provisions Common to the Territories and to Occupied Territories

#### **Article 27**

Protected persons are entitled, in all circumstances, to respect for their persons, their honour, their family rights, their religious convictions and practices, and their manners and customs. They shall at all times be humanely treated, and shall be protected especially against all acts of violence or threats thereof and against insults and public curiosity.

Women shall be especially protected against any attack on their honour, in particular against rape, enforced prostitution, or any form of indecent assault.

Without prejudice to the provisions relating to the state of health, age and sex,

all protected persons shall be treated with the same consideration by the Party to the conflict in whose power they are, without any adverse distinction based, in particular, on race, religion or political opinion.

However, the Parties to the conflict may take such measures of control and security in regard to protected persons as may be necessary as a result of war.

#### **Article 29**

The Party to the conflict in whose hands protected persons may be, is responsible for the treatment accorded to them by its agents, irrespective of any individual responsibility which may be incurred.

#### **Article 31**

No physical or moral coercion shall be exercised against protected persons, in particular to obtain information from them or from their parties.

#### **Article 32**

The High Contracting Parties specifically agree that each of them is prohibited from taking any measure of such a character as to cause the physical suffering or extermination of protected persons in their hands. This prohibition applies not only to murder, torture, corporal punishments, mutilation and medical or scientific experiments not necessitated by the medical treatment of a protected person, but also to any other measures of brutality whether applied by civilian or military agents.

### **Section III--Occupied Territories**

#### **Article 55**

To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring the food and medical supplies of the population; it should, in particular, bring in the necessary foodstuffs, medical stores and other articles if the resources of the occupied territory are inadequate.

The Occupying Power may not requisition foodstuffs, articles or medical supplies available in the occupied territory, except for use by the occupation forces and administration personnel, and then only if the requirements of the civilian population

have been taken into account. Subject to the provisions of other international Conventions, the Occupying Power shall make arrangements to ensure that fair value is paid for any requisitioned goods.

#### **Article 56**

To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied territory, with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics. Medical personnel of all categories shall be allowed to carry out their duties.

In adopting measures of health and hygiene and in their implementation, the Occupying Power shall take into consideration the moral and ethical susceptibilities of the population of the occupied territory.

#### **Article 57**

The Occupying Power may requisition civilian hospitals only temporarily and only in cases of urgent necessity for the care of military wounded and sick, and then on condition that suitable arrangements are made in due time for the care and treatment of the patients and for the needs of the civilian population for hospital accommodation.

The material and stores of civilian hospitals cannot be requisitioned so long as they are necessary for the needs of the civilian population.





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