

## Washington Kurdish Institute / University of Liverpool

**Remarks by Professor Dr. Christine M. Gosden**  
before the United Nations Working Group on Indigenous Populations: 17<sup>th</sup> Session  
Item 6: Indigenous People and Health  
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Madame Chairperson, while the Working Group has moved issues concerning indigenous peoples forward, health problems and access to health care are among the most important unresolved issues. Indigenous populations are frequently victimized by war, genocide and cruel and degrading treatments such as torture. It is no coincidence that new weapons of mass destruction are often used and tested on vulnerable indigenous groups. The use of internationally banned chemical and biological weapons on Kurdish civilians in Iraq stands as one of the most barbarous such experiments on an unprotected community. Yet 11 years after the total destruction of their physical, mental and reproductive health, and violation of their most fundamental human rights, survivors remain without basic health care or any treatment for the long term effects of these weapons.

Unfortunately, we have virtually no knowledge of ways to treat either the physical or psychological effects of these increasingly advanced weapons. Long term effects include cancers, birth defects, sterility, psychoses, depression, dementia and other physical and mental degeneration. While many groups press to halt the proliferation of weapons of mass destruction, it is critically important that those already exposed receive treatment and assistance so that the international community can learn how to treat future survivors.

Our first response to the threat of chemical and biological weapons must be to help those who have been exposed. The Kurds of northern Iraq remain the largest civilian populations ever exposed to chemical and biological weapons. At least 25,000 people died in the attacks and more than 250,000 still suffer. In March 1988, the town of Halabja was bombarded with a cocktail of weapons including mustard gas, the nerve gases sarin, tabun and VX and probably mycotoxins, biological weapons. About 5,000 - 7,000 of the total population of 80,000 died immediately and 30,000 to 40,000 were severely injured. The attacks poisoned the water table for the entire country and have caused mutations in plants and animals evident to this day.

Madame Chairperson, I visited Halabja in 1998 and was horrified by the continuing plight of residents still living in rubble of destroyed homes. Doctors lack basic medicines and equipment and often work without electricity. Their most advanced diagnostic tool is often a stethoscope. Such deficiencies are common throughout the entire region. For 11 years, the population has suffered - isolated and inaccessible victims of a cruel combination of international and internal embargoes and the repressive policies of the Iraqi regime. Urgent assistance is needed to support medical treatment and research efforts as the most severely affected among them, including the children, continue to die and suffer.

Madame Chairperson, since my visit, I have been working with the Washington Kurdish Institute to develop a program for treatment and research in northern Iraq. We are seeking support to develop the medical infrastructure, empower local doctors and provide much needed information about the long term affects of chemical weapons on the civilian population. This effort requires concerted international support. In bringing these issues before the Working Group, I hope to increase awareness about the urgent need for the international community to help these survivors, because this will also help future survivors.