Profile

Affan Hamakhan Jafar: treating trauma in northern Iraq

Just months after Affan Hamakhan Jafar graduated from medical college at the University of Mosul, Iraq, in 1985, his career took a sharp turn in an utterly unexpected direction. After finishing his internship in Mosul, Jafar had planned to go to Europe for postgraduate work, then perhaps to work as a general practitioner in Kurdistan, the northern Iraqi region where he was born. Instead, in late 1985, 23-year-old Jafar was forced to flee into Iran when Iraqi military forces unleashed the Anfal Campaign, a 3-year series of ground offensives, mass deportations, killings, and chemical warfare attacks. Iraqi dictator Saddam Hussein aimed to use the campaign, which was later termed genocidal by the International War Crimes Tribunal in The Hague, to permanently subdue Kurdish nationalism. Between 50,000 and 100,000 civilians are estimated by Human Rights Watch to have been killed by Iraqi troops during the campaign.

In Iran, Jafar quickly found work with the Iranian Red Crescent working as a general practitioner in a Kurdish refugee camp. He also took on part-time work in a hospital in Marivan, a city on Iran’s western border that hosted thousands of refugees fleeing from Iraqi Kurdistan. It was in the hospital in Marivan, in the days after a chemical warfare attack on the nearby Iraqi city of Halabja on March 16, 1988, that Jafar found himself suddenly transformed from an ordinary doctor into one of the world’s few frontline experts on treating chemical warfare victims. “Only a very few of us who left Iraq were able to get involved in treating the victims”, he explains. “In Iraq itself, the treatment of these patients was suppressed for political reasons. But in Marivan, many victims were evacuated to the hospital where I worked. We treated some, and we referred many to hospitals in Tehran.”

Although Jafar did not see the attacks on Halabja, his parents, sisters, and brothers were living in the city at the time. “Fortunately, I did not lose any close family members during the Anfal campaigns, except my cousin’s 1-year-old daughter and one of my mother’s cousins.”

More than 25 years later, standing in the administrative office at the Sulaimaniyah Emergency Hospital’s Center for Burn, Trauma and Plastic Surgery, a facility built by Italian aid groups and now financed by Médecins Sans Frontières France, Jafar says the Anfal Campaign remains a central part of his work: “The attacks left a long legacy of patients”, he explains. “There are patients with chemical deformities and chemical illnesses that still recur 20 years later. We have pursued investigations into some of these legacies, such as increased bronchial disorders and congenital deformities.”

The fighting has also left a legacy of medical deprivation in Kurdistan. “During the conflict with Hussein in the 1980s, there was a large exodus of MDs from Kurdistan”, Jafar says. “And then there was no investment in medical facilities for almost 20 years. As a result there was little training available for doctors.”

Jafar’s self-training in treating chemical warfare victims—most of whom had been exposed to the nerve gas Sarin—was just the start to years of further self-training in other gruelling arts of conflict medicine. After he returned to Iraqi Kurdistan in 1989, Jafar found himself swept up in treating recurring floods of war victims. In 1992, these experiences pushed him to embark on a residency in Sulaimaniyah Emergency Hospital to formally train in trauma and orthopaedic surgery. It would prove to be a high-demand specialisation. In 1992, Saddam’s troops attacked Kurdistan again; then in the late 1990s, warring Kurdish factions filled hospital wards with victims of their own.

After the US-led occupation of Iraq, in 2003, Kurdistan experienced terrorist attacks and also became host to large numbers of people displaced from southern Iraq. Many of these civilians came with conflict-related injuries requiring treatment. Although chemical weapons have not been used since the later 1980s, in each phase of conflict, the use of artillery and aerial bombardment yielded large numbers of burn victims.

In recent years, Kurdish troops backed by US equipment and advisers have put an end to the violence in Kurdistan, and a growing economy fuelled by petroleum development has expanded regional health-care budgets. International cooperation is growing in the region and Kurdistan’s three medical colleges are starting to forge new links in Europe and North America, which raises prospects for improved medical education. But the patients keep coming. “Over the past year I have treated about 140 patients with conflict-related burn traumas from all over the country”, explains Jafar. Alongside patients with war-related wounds, Jafar also works with conventional burn victims, many of whom have been severely burned by cooking fuel in their homes. “Many of these patients have burns on very large body areas. There is a very high chance of death”, he says.

These days, Jafar still searches for training. “As a traumatologist, I have a special interest in war surgery, and that has led me to develop an interest in spinal surgery. Unfortunately, however, there are no facilities available for this in Kurdistan. The patients are sent to Jordan or other countries. That too, is a reflection of our history.”

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