

War and the Costs of Medical Travel for Iraqis in Lebanon

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A decade after the American invasion of Iraq, health and medical services in the country are still in shambles. The American war and sanctions on Iraq have contributed to the death of hundreds of thousands of Iraqis and the affliction of millions over the past twenty years.¹ This harm was the direct and indirect effect of both violence and the targeting and dismantling of state infrastructure and its capacity to provide care and services to its general population.²

Though one of the most advanced healthcare systems in the Middle East prior to the 1990s, Iraq experienced the exodus of half of its 34,000 medical doctors,³ the destruction of hospitals and disruption of medical services by both insurgents and coalition forces during the 2000s,⁴ a lag in human development compared to regional countries,^{5,6} and rampant corruption in the public sector.^{7,8} Some of the long-term impacts of the war and its weaponry have only recently become visible and are being documented.⁹

Over the past years, tens of thousands of Iraqis have sought their way out of Iraq for medical care. Their itineraries take them to Delhi, Beirut, Amman, Tehran, and Istanbul. For a population affected by war, the struggle to find adequate medical care represents one of the war's main legacies. Patients and families have often found adequate care no longer attainable and many have lost faith and trust in the country's medical system. They struggle with distrusted state bureaucracies, medical errors and neglect, and medical committee triage, and often must travel long distances and cross-border to seek treatment.

This paper reports some of the findings from ongoing research on the social epidemiology of healthcare seeking in Lebanon. The research is part of a larger undertaking to examine the changing nature and geography of medical care during war.

The medical and surgical wards of the American University of Beirut Medical Center (AUBMC) buzz with Iraqi patients and their family escorts from cities across Iraq. Since 2005, a total of 4,824 Iraqi patients have been admitted, 36% through the hospital's Emergency Unit. Patients come to AUBMC for cancer chemotherapy, renal dialysis, and surgery, including reconstructive surgeries from various blast and bullet injuries.

For example:

- Manal is receiving her third dose of chemotherapy in Beirut after her family sold their belongings to pay for the frequent and expensive cost of the treatment abroad.
- Abu-Ahmed has brought his son for facial reconstructive surgery after a suicide bomber detonated himself in a market in Hillah.

- Um-Qassim is receiving renal dialysis, after a year of struggling with the national health system bureaucracy in Iraq.

Many of these patients have opted to sell their belongings, borrow money or depend on the aid of charity organizations, to seek crucial medical and surgical procedures abroad. Frequent return visits, modifications of travel routes, and a process of trial and error to find good care contribute to increasing financial burdens on families.

According to patients, Beirut was not the only destination for care seeking under consideration. Many Iraqis in need of medical and surgical procedures also travel for medical care to India, Jordan and Turkey. Lebanon represents a desirable destination because of the common language (Arabic), favorable visa regulations and proximity. Patients expressed frustration with the collapse of the healthcare system in Iraq and feelings of shame regarding the deterioration of the National Health Services. “Can you imagine... Iraqis used to come to Lebanon back in the 1970s for tourism, now they come for medical care!” reported Abu Ali, expressing a profound feeling of collective humiliation. A journalist in his mid thirties working in a local TV station in the south of Iraq, Abu Ali has travelled to Beirut several times to receive his periodic sessions of chemotherapy at AUBMC. A history of misdiagnosis and mismanagement in Iraq has troubled Abu Ali, and most of the patients we spoke to. In the summer of 2011, Abu Ali visited doctors in Karbala complaining of a growth on his side. After undergoing biopsy, the laboratory reports and doctors dismissed the mass as benign. When the growth began appearing in different parts of his body, his family decided that he should travel abroad to have himself properly checked. In Beirut, Abu Ali was diagnosed with malignant lymphoma—or cancer of the lymph nodes. He first tried to receive cancer treatment in Iraq offered for free by the Ministry of Health. Soon he gave up, realizing the lengthy and corrupt bureaucratic process to acquire the medications. He decided to continue his costly treatment in Beirut. He has spent tens of thousands of dollars to secure proper care and spare himself from a dysfunctional Iraqi medical system, relying on financial aid from his family, friends and acquaintances. He expressed that he and his family had lost trust in the quality of medications, laboratories, hospitals and doctors in Iraq.

Those who require frequent visits split their time between Lebanon and Iraq. Some run out of money and return in order to save up for further treatment. The average cancer care seeking family (patient and family-member escorts) spends \$20,000 monthly on medical and non-medical expenses, a sum that amounts to an enormous burden for the vast majority of patients and their families. Many complain about the high cost of living in a city such as Beirut, where the price of food, housing, transportation and telephones—for those who needed to update their family members in Iraq—far exceeds expenses in Iraqi cities, including Baghdad. Informants generally came with detailed tight budgets, only to find many unanticipated costs emerge during their stay. Informants specifically complained about the high cost and frequency of blood tests, averaging around \$300 per test. The cost of an MRI test was five times higher in Beirut than in Iraq’s private hospitals.

Medical doctors interviewed at the AUBMC stated that some Iraqi patients were not able to settle their accounts, which created problems for the hospital administration and

strained many family members attempting to negotiate hospital stays. One doctor reported that he was shocked with the number of cases arriving at AUBMC's emergency unit in the final stages of their illnesses, many of whom died at the hospital within days or weeks. He also reported being disturbed by incidents of family members being unable to collect their patients' corpses before settling their bills.¹⁰ Small businesses specializing in the transport of corpses from Lebanon to Iraq have recently popped up in Beirut. These middlemen charge a fee that ranges from \$2500 to \$3500 depending on body weight.

Responding to the lack of healthcare in Iraqi hospitals, the Iraqi government has adopted a strategy to invest in foreign hospitals to provide care to its citizens. The government has devised a process of triage, which compensates selected patients to receive treatment abroad. Medical committees in the Iraqi Ministry of Health meet frequently to look into thousands of applications for medical travel, where doctors and bureaucrats decide on a case-by-case basis. The Iraqi Ministry of Health has also contracted with Rafiq Hariri Hospital in Beirut to absorb hundreds of patients in a special ward marked for Iraqis. Patients who have attempted to apply for government funding and were denied described the decisions of these committees as usually the result of political favoritism and nepotism.

Reflecting on the costs of war in Iraq, it is not enough to speak about the deterioration of health indicators and the breakdown of the health system. Family members of sick patients struggle daily to care for their relatives not only in Iraq, but also outside it. Struggling with the collapse of the state's infrastructure, Iraqis have come to look elsewhere for much needed medical care. 'Therapeutic travel', while showing the extent of this breakdown, also highlights the survival strategies and precarious experiences of those who are ill or injured in Iraq today. In the absence of clear and fair guidelines and policies to regulate care seeking abroad, Iraqi families are left anxiously exploring and experimenting on a quest for proper care.

Endnotes

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¹⁰ Personal communication with an emergency physician at AUBMC.