Original Article

Iraqi National Spinal Cord Injuries Centre (INSCIC) twice destroyed since last war but we refunctioned it again

KM Al-Chalabi*,¹

¹*The National Spinal Cord Injuries Centre, Zayona, Baghdad, Iraq*

Study design: Description of spinal cord injuries in a war situation.

Setting: Baghdad, Iraq.

Spinal Cord (2004) 42, 447–449. doi:10.1038/sj.sc.3101639

Keywords: spinal cord injury; war

Introduction

The National Spinal Injuries Centre (formerly the IBN al-Kuff Military SCI Hospital) represents the only rehabilitation centre in Iraq. It was opened in October 1982 and has 130 beds.

Up until the beginning of the war, 19 March 2003, some 3200 spinal cord-injured patients were admitted, underwent a full rehabilitation programme and were followed up regularly.

At the beginning, a Danish rehabilitation team worked together with the Iraqi team for 4 years and when the Danish team left at the end of 1986, the Iraqi team continued with full responsibility for the centre. The staff included spinal cord injury (SCI) rehabilitation specialists, graduate nurses, physiotherapists, occupational therapists, vocational and social workers and psychiatrists.

The staff: patient ration was as follows: one nurse to each patient, one physiotherapist to four patients, one occupational therapist to 10 patients, one social worker and one vocational therapist to 25 patients. International standards for neurological classification of spinal cord injury were adopted. A regular monthly paralysis committee was held in addition to weekly visits of the staff. The paralysis committee consisted of SCI specialists plus visiting consultants including physician, urologist, nephrologist, plastic surgeon, orthopaedic surgeon and neurosurgeon. Any necessary operations were carried out in nearby military and civil general and specialised hospitals.

There were specific difficulties in running this centre because of the two major wars (the Iraq–Iran war and the Gulf war). In addition, there were problems of the postwar embargo and sanctions. From 1991 to 2003 there were a number of difficulties including shortage of

medicines, shortage of assistive devices and supplies. Because of this it was necessary to re-sterilise gauze and catheters on many occasions. Despite this, we were able to describe our work in papers delivered at local, Arab and international conferences.

Clinical and theoretical postgraduate teaching for 3 months per year since 1992 continued, as well as annual training and refresher courses for nurses and other therapists. The hospital was academically linked to the college of medicine at the University of Baghdad.

Because of sanctions the staff salaries were low and ranged from \$10 to 20 per month and the last salary that I myself received was in February 2003 (\$40). For 13 years, we were without access to journals or new text books and with no real communication with the outside world. We were able to get copies of periodicals and recent books through friends in neighbouring countries.

There was no governmental nor company sponsorship for any scientific activity outside Iraq but I was given help by ISCoS and the Swiss Fund.

Prewar arrangements

In all, 13 shelters were excavated in the gardens of the Spinal Cord Injuries Centre. Patients were discharged home (85 in-patients) to protect them from further injuries.

First disaster

During the war, 20 March–8 April, 2003, the staff was divided into two groups and these groups stayed in the Centre on alternate days. During this time a number of shells penetrated the roof and pieces of the ceiling fell and there was other destruction from anti-rocket missiles (Figures 1–3). Four of the staff were injured.

By 8 April 2003, the situation was getting much worse and troops had reached within a few kilometres of the

*Correspondence: KM Al-Chalabi, The National Spinal Cord Injuries Centre, PO Box 19298, Zayona, Baghdad, Iraq

Figure 1 Damage to the Spinal Cord Injuries Centre from shells and missiles

Figure 2 Damage to the Spinal Cord Injuries Centre from shells and missiles

Centre. As we were a military unit, the centre was locked at night and we went home (with considerable difficulty) and we returned the next morning. On Wednesday 9 April 2003, all bridges and roads were closed and for 3 days none of us could reach the Centre. It was during this time that there was looting, firing and destruction of infrastructures including hospitals. Our Centre was among those subjected to looting and destruction. This was the first disaster.

On Saturday 12 April 2003, myself and some colleagues made ourselves known to American staff in the UN Compound which was next to the Centre. The Centre itself was encircled by US tanks and troops. Because we were a military hospital and military staff, it was not easy for us to go to US Marines. For several hours, we were under detention and we were questioned and then were accompanied by US soldiers before we

Figure 3 Damage to the Spinal Cord Injuries Centre from shells and missiles

were allowed to get into the Centre. We found this very distressing. We returned home but the next day the visit was easier because our names were listed at the Centre gate.

At this difficult time with no government and no authority and no funding, the alternatives were either to leave everything or to depend entirely on our selves and on our private and personal capabilities in order to try to function again. We decided we did not want to lose this speciality and we started on the 13 April 2003 by cleaning up, locking all the doors and hiring guards (paid from our own pockets) to try and protect the Centre and prevent further looting. Using personal contact with NGOs such as CARE Int, Mercy Malaysia, the Red Crescent Committee and others, we were able to open the first ward on the 19 May 2003. We began to receive patients including those newly injured from the last crisis, direct cross-fire, cluster bombs, road traffic accidents, etc and we were also able to open our limb-fitting workshop.

At first, we prepared food for the patients in our own houses. Eventually, services such as electricity, water, telephone, central air conditioning, laundry, kitchen, etc were available with the help of NGOs and we were able to open four wards (100 beds) and the operating theatre.

The second disaster – 19th August 2003

There was an explosion at the UN compound with destruction of nearly all of our centre. At that time there were 73 spinal cord-injured patients, 50 of our staff, and there were eight members of staff families in the resident flats. It was a miracle that nobody was actually killed. Eight patients and three members of staff suffered minor injuries. We evacuated these patients from the ruins and transferred them to general hospitals or to their homes. The staff started work the next day clearing up the mess and trying to repair the partial damage in some parts of the Centre. Again, we had help from NGOs. By the 29

August 2003, we were able to reopen a ward of 20 beds, the limb-fitting centre together with physiotherapy, occupational therapy, the laboratory, the X-ray department and the out-patient department. We collected our patients back from the general hospitals particularly those who were unstable or with multiple pressure sores or who needed special care such as those with a high tetraplegia. Other patients who were stable and complication-free were managed as out patients.

We continued working in this way until the 3 December 2003, and at this time we were officially

linked to the Ministry of Health and the staff began to get their first salary having worked 8 months without a salary.

On the 27 October 2003, CARE International began to demolish the Centre so that on the 3 December we were no longer able to keep a ward. At this time, I arranged with Al-Yarmook Medical Directorate to open a 30-bedded ward in a nearby general hospital where I was able to shift patients and the rehabilitation team.

Rebuilding is continuing and should be finished at the end of April 2004.