

War Takes Toll on Baghdad Psychiatric Hospital

By ERICA GOODE

Published: May 20, 2008



Joao Silva for The New York Times
The Ibn Rushid psychiatric hospital in central Baghdad, once a jewel of Iraq's medical system, has been plunged by the war into archaic conditions.

BAGHDAD — In a different time, in another country, where violence and terror did not stalk the streets, Dr. Amir Hussain could practice psychiatry the way he once hoped to.

He can see it in his mind: the clean, tastefully decorated hospital wards, the well-stocked

pharmacies, the gleaming laboratory equipment, the thickly carpeted consulting rooms, the halfway houses and outreach teams that help chronically ill patients re-establish their lives outside the hospital.

He has witnessed such things firsthand. In 2005, he left Iraq to spend five months in England, learning specialized care for the elderly and watching psychiatrists at work.

But Dr. Hussain, who entered his profession at a time when Iraqi doctors were among the most sophisticated and highly trained in the Middle East, is caught in a time warp in a war-torn land where knowledge and sophistication have been largely overwhelmed by third-world decay, and ancient equipment has plunged some treatments into a “One Flew Over the Cuckoo’s Nest” barbarism, despite the best intentions.

He cares for patients whose illnesses are often set off or worsened by the mayhem around them, who crowd into his tiny office at Ibn Rushid psychiatric hospital in central Baghdad, accompanied by their mothers and aunts, wives and brothers.

The litany of death and misery they recite no longer shocks him.

“We are used to hearing it, and I think our emotions are frozen,” he says.

Besides, his own experiences are not that different. Like many other Iraqis, he suffers from some symptoms of traumatic stress: insomnia, anxiety, a tendency to start at loud noises.

“The traffic jams, this is a stress, then all of a sudden something explodes,” he said.

He tries when he can to listen to relaxing music. The trips to the countryside he once enjoyed are no longer an option. The roads are too perilous.

Nevertheless, he does his best to help his patients. Some he treats with the limited number of psychiatric drugs at his disposal. For others, patients who are suicidal or catatonic or do not respond to drugs, he prescribes electroconvulsive therapy, administered with a 25-year-old machine that, he says, has “technical problems.”

The patients are sometimes given Valium before the treatments. But because there is no anesthesiologist on staff, the shocks are delivered without anesthesia, as they were decades ago in the United States.

Dr. Hussain is acutely aware that what he has to offer is far from ideal — that the way the hospital gives electroshock therapy is “inhuman and dangerous,” that patients do not receive the panoply of special programs and therapies routinely available in other countries.

“I feel frustrated,” Dr. Hussain said. “I feel sad. I see the correct things but I cannot do them because there are barriers and limitations. We do not have the equipment, we do not have the treatable medication.”

Despite that, he says, patients often improve.

Only 4 of 11 psychiatrists remain at Ibn Rushid; the rest have moved north to Kurdistan, where the risk of kidnapping or assassination is lower, or have fled the country.

The psychiatric hospital, one of two in Iraq, provides short-term treatment and was once considered a jewel of the country’s medical system, renowned for its modern care. Patients from as far away as Syria and Jordan came for treatment, and the hospital’s 75 beds were always full. Specialists from Western countries visited to teach the latest forms of treatment.

But Ibn Rushid’s fortunes have fallen with those of the broken city around it, a decline that began under Saddam Hussein and that has grown steeper each year since 2003. The paint on the walls is cracking. Tattered lace curtains cover the windows in the hallways.

In the morning, Dr. Hussain sees patients in the hospital’s outpatient clinic: a woman who became psychotic shortly after the Americans entered Baghdad in 2003, convinced that she would be hit by a bullet fired from the television set; an 18-year-old who watched a cellphone video of a close friend being tortured and killed and later became so violent that his family tied him down with a rope.

The psychiatrist listens, lifts his glasses to read a medical chart, probes for more information.

His cellphone — equipped with a photo of Oprah Winfrey — rings constantly. Staff members push through the thicket of patients, asking him to sign forms and authorize treatments.

He assesses each case in a few minutes, writes a prescription or orders a test, and moves on.

Khalida Ibrahim, a social worker at the hospital, said that treating patients with physical injuries might be difficult, but trying to help depressed patients who have lost children, husbands, sometimes whole families, is emotionally exhausting.

“Sometimes we are talking to them and trying to comfort them, but inside our hearts we feel pain because we also face the same problems,” she said. “We also have lost people, but we must pretend to be another person, to hide our real feelings and our real suffering.”

Given what the patients face in their daily lives — car bombs, killings, fighting between militia members and Iraqi and American forces — relapses are frequent. There is no time for people to recover, Dr. Hussain said, and once they do, “there is a new stress, grief after grief, losses after losses, violence after violence.”

On a recent morning, a 15-year-old girl brought her mother, who she said was “addicted to whiskey,” to the hospital’s women’s ward, a suite of sparsely furnished rooms on the second floor. Mother and daughter sat on plastic chairs in the nurse’s small office.

“I am here for treatment because I want to die all the time,” the mother, Hana al-Dolaimi, said. “I wish to commit suicide.”

Ms. Dolaimi said she had a long history of psychiatric problems, and her condition had improved, but “because of the violence and political developments, I collapsed.”

Her husband left one day to visit his sister in another town and never came back. She heard that he had been killed, but she could not go to the morgue to identify the body.

“I have high blood pressure and it terrified me to go,” she said.

Ten days later, three gunmen went to her house in Baghdad, demanding money and asking if she was Shiite or Sunni.

“I said, ‘What have I done to you? I am just like your mother,’ ” Ms. Dolaimi said.

Now, she added, “Everything makes me sad. My houses are gone. My husband is gone. Everything sweet in this life is gone.”

Any patient admitted to the hospital must be accompanied by a family member, who stays close at all times and helps keep the patient calm.

Psychiatric illness carries a high stigma in Iraq, said Ms. Ibrahim, the social worker, and many patients who come to Ibn Rushid have been beaten by husbands or parents who think they are simply acting badly. In the past, Dr. Hussain said, psychiatrists used to visit patients at their homes, “but nowadays, we are afraid to go.”

A few weeks ago, a mortar shell landed a few yards from the hospital. One day, Dr. Hussain found himself the only psychiatrist on duty. Fighting in the city had prevented the others from coming to work. Another morning, he arrived to find the wards all but empty — the patients, frightened by the clashes, had gone home.

Al Rashad hospital, a 1,000-patient facility for chronic psychiatric cases on the outskirts of Sadr City, was caught in the recent fighting between Mahdi Army militia members and American and Iraqi forces.

So far, no gunmen have invaded Ibn Rushid, though “we expect it at any moment,” Dr. Hussain said.

After two female suicide bombers blew themselves up at pet markets in central Baghdad in February, killing at least 90 people, and American officials said the women were mentally ill, American and Iraqi soldiers came to the hospital, Dr. Hussain said. They showed him a woman’s photograph and told him her name.

He recognized the woman — he had treated her — and he gave a copy of her chart to the soldiers. But two weeks later, he said, the patient, who suffered from schizophrenia, walked into the hospital, alive, and apparently innocent.

Now, the Health Ministry, which oversees the public hospital system, has ruled that no patient can be seen without a current photo and identification card, lest the patients be suspected of working with the insurgents, Dr. Hussain said.

He is always trying to move forward. At night, he scours the Web on his home computer — the hospital does not have an Internet connection — for information on the latest psychiatric theories, the latest treatments. He runs a journal club for the psychiatric residents to discuss the latest research, and he hopes to start a program for elderly patients.

Dr. Hussain said the hospital had asked the Health Ministry to help out with the shortages of medication, equipment and staff, but so far nothing had changed.

A plan by the American government to send teams of Iraqi psychiatrists, psychologists and social workers, including Dr. Hussain, to the United States for training has stirred great excitement.

But the program, originally scheduled for last fall, has been delayed repeatedly, and the participants were recently notified of another postponement.

Dr. Hussain envisioned things differently when he chose to become a psychiatrist in the 1980s, fascinated by the psychiatric symptoms of soldiers returning from the distant battlefields of the Iraq-Iran war.

But now a different war has settled over his country, and his patients, though not soldiers, are all, in a way, the casualties.

He could leave Iraq, but he has no intention of doing so, he said. He loves his work.

“Nobody forced me to be a psychiatrist,” Dr. Hussain said.

By courtesy of the New York Times & its publishers