**KURDISTAN REVISITED**

**A psychosocial study of child survivors of Anfal**

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OUTLINE

Between the 20th of June and the 26th of August 1993, I traveled through the liberated region of Iraqi Kurdistan to assess the situation for survivors of the genocide operations known as “Al-Anfal.” My investigation included conducting a survey of the Sumood complex in Kalar, located in Sulaymaniyah Governorate, as well as the Gejnikan area in the Erbil Governorate. This work was carried out as part of the Qandil Project, a Swedish development program aimed at supporting Iraqi Kurdistan.

The study was conducted in collaboration with the Ministry of Health and Social Affairs of the Kurdistan Regional Government other local authorities in the liberated areas of Iraqi Kurdistan. The data collection involved structured interviews with children and caregivers regarding their experiences of psychological trauma. Additionally, children's drawings and descriptions of their life events, as well as family analysis of randomly selected families across various groups, were included. Data were gathered through standardized questionnaires, audio recordings, video films, slides, and photographs. Furthermore, information on housing, schools, health conditions, medical services, and the economic situation of the studied populations was also collected.

This report examines the strategic significance of the study’s results, recommendations for further research and development of rehabilitation programs.

INTRODUCTION

HAWAR PROGRAMME

The HAWAR Program, launched as a pilot project in Duhok in July 1992, aimed to investigate and manage child mental health disorders and the consequences of childhood trauma with Kurdish society (HAWAR, 1992; Tayeeb & Ahmad, 1993). During the period from 1992 to 1993, the medical and the healthcare systems in the Kurdistan region of Iraq faced significant adversities and setbacks, which adversely impacted the HAWAR Program. The primary care system was particularly affected by a shortage of drug supplies, difficulties in transportation and communication, and a lack of supporting resources for already overstretched medical personnel. These issues led to a further deterioration of medical care, contrary to the expected progress following the transition of responsibilities to the newly established Ministry of Health and Social Affairs within the local Kurdish Government, after the liberation of Kurdistan from Baghdad’s Central Government.

 The primary reason for these setbacks was the shortage of resources resulting from the dual blockade imposed on Kurdistan, both by the Baghdad regime and the UN, as the liberated area was still officially considered part of Iraq. Additionally, the Qandil Project was unable to fully support the HAWAR Program according to the “Working Plan” agreement (Ameen, Ahmad & Tayeeb, 1992) due to financial constraints and the need to priorities other support efforts.

To integrate the HAWAR Programme into the Primary Care System, we successfully identified four Primary Care Centers in the Duhok Governorate to connect with the Central Office of the HAWAR Programme at the Department of Pediatrics in Duhok Teaching Hospital (DTH). The physicians at these Primary Care Centers located in Beroshke within the city of Duhok, and Batofa, Qadish, and Sheladize in the rural areas, established specialized registers to track mental and neuro-psychiatric cases among children visiting each center. Customized management and follow-up systems were implemented for the identified cases.

 The instruments used for assessment (Ahmad, 1992; Ahmad, 1993) followed the same procedures as those employed at the Central Office. The interviews primarily focused on “Al-Anfal” 1988 and the Mass-Escape Tragedy (MET) 1991. Cases diagnosed with Post Traumatic Disorder (PTSD) were referred for treatment using the “Re-wind” technique (Muss, 1991).

For further information regarding Hawar Programme, please see the separate Progress Report (Tayeeb & Ahmad, 1993).

FIRST RESEARCH ON CHILD MENTAL HEALTH IN KURDISTAN

1. A Two-Year Follow-Up after the Mass-Escape Tragedy (MET) 1991:

The majority of children who were initially interviewed directly after the Mass-Escape Tragedy (MET) in Iraqi Kurdistan during the spring of 1991, concerning post-traumatic stress symptoms, had been relocated with their families within the Duhok and Erbil Governorates. Most of these children were relocated with their families in their original villages, which were undergoing reconstruction. Follow-up interviews revealed relapsing symptoms of PTSD compared to the index interviews, two-month follow-up and the one-year follow-up (Ahmad, Mohamad & Ameen, 1998). Notably, the only girl who had been treated with “Re-wind” technique in 1992 showed significant improvement. She subsequently excelled academically, becoming the top student in her class during the following year.

2. The Comparative Study on Orphans:

A comparative study was conducted on orphans in orphanages versus those in foster care in Sulaymania and Duhok in 1992 (Ahmad & Mohammad, 1996). One year later, all respondents, except for two children in foster care, were reinterviewed using Achenbach's Child Behavior Checklist (CBCL) (Achenbach, 1991). The objective of this study was to compare the effectiveness of the foster care system versus orphanages in the care of orphans within Kurdish society.

Achenbach’s CBCL and PTSD Assessment in Kurdistan

In addition to Achenbach's Child Behavior Checklist (CBCL; Achenbach, 1991), the subjects in the studies on PTSD among children in Kurdistan were interviewed using the two instruments employed in other research. These interviews aimed to assess the occurrence of PTSD symptoms following the “AL-Anfal” campaign of 1988 and the MET 1991. The findings revealed a higher occurrence of symptoms among orphanage children, compared to those in foster care (Ahmad & Mohammad, 1996).

THE ANFAL CAMPAIGN

THE DECLARATION OF “AL-ANFAL”

As part of the genocidal campaign against the Kurdish people in Iraq, the Iraqi regime announced the “Al-Anfal” operation in February 1988, targeting Kurds in the northern region (Middle East Watch, 1994). “Al-Anfal” translates from ancient Arabic as “the spoils of war” and is mentioned in the Quran, historically used to justify the right to acquire what is obtained during warfare. The decleration granted the Iraqi Army unrestricted authority during their assault on Kurdistan. The army was ordered to eliminate all forms of life, including humans, animals, and plants. Following the “Al-Anfal” declaration, the Iraqi Army intensified its chemical warfare, culminating in the air attack on the city of Halabja on March 16, 1988.

Military Operations

The “Al-Anfal I” operation occurred from March to April 1988, affecting Germyan in and other areas in the Governorates of Kerkuk and Sulaymaniyah. Over several weeks, 728 villages were destroyed (Middle East Watch, 1994).

“Al Anfal II” commenced on 24 August 1988, targeting an area of 20,000 square kilometers in Behdinan, within the Governorates of Mosul, Duhok and Erbil (Abu Kawa, 1990).

Chemical Attacks and Disappearances during the Anfal Campaign

Between 1987 and 1990, a total of 3,900 villages were destroyed in the regions affected by the “Al-Anfal” operations (Kurdistan Regional Assembly, 1992). The army was instructed to eradicate all traces of life, either by killing people directly or transporting them to special detention facilities. Farms and forests were set ablaze, water sources were destroyed, and all buildings were leveled. Individuals encountered by the army were killed regardless of age or sex. Those who surrendered risked immediate execution. Estimates of the death toll range between 200,000 and 300,000 (Calbrith, 1991). The severity of these operations is illustrated by witness accounts:

- On August 26, 1988, in the village of Kesta in Barwary Bala, 40 men were executed by gunfire in front of their relatives and other villagers.

- Between August 25 and 27, 1988, approximately 1,500 people were killed while attempting to cross Roshin River at the northern border the between Erbil and Duhok Governorates (Abu Kawa, 1990).

- On August 26, 1988, in the village of Kurema, 42 men were executed near the village (Ahmad, 1989).

- In the village of Gyse, 12 men were executed by gunfire over a few days (Ahmad, 1989).

- On August 25, 1988, several Plato planes dropped their final loads of poison gas on ten villages, including Swar and Spindar in Berigarey. This attack resulted in the deaths of approximately ten women and children, with many others wounded (Ahmad, 198).

While fleeing from the army, about 200 families gathered in GelyeBaze in Barwary Bala. On the morning of August 29, 1988, two planes dropped poison gas on this group of people in the Valley. The tragedy, observed by witnesses from the top of the mountain, left no survivors (Abu Kawa, 1990).

Over 100,000 people fled to Turkey and Iran to escape the poison gas (Calbrith, 1991). The Akre-Shekhan region was quickly surrounded by the army, cutting off escape routes. As a result, several thousand terrified families were forced to surrender to the army.

Following the Iraqi government’s amnesty declaration on September 6, 1988, the number of surrendering families increased significantly. Many returned from the high mountains, deep valleys, and harsh conditions in accommodation centers in Turkey and Iran

THE DISAPPEARED PRISONERS

After captured or surrender, surviving families were transported by army vehicles to special detention centers within military camps near the cities of Duhok and Kerkuk. All males over the age of ten were separated from their families and taken to unknown locations. Since then, many have disappeared without a trace.

Interviews with children and women from the “Al-Anfal” campaign, donducted in the Sumood and Gejnikan camps, consistently identify the seperation from fathers or husbands as the most distressing part of the tragedy.

Yaseen, a 13-year-old, still experiences nightmares about the day his father was taken away five years ago. He often hears his father’s cries during the torture before he disappeared permanently.

Families suspected by the army of having members who actively participated in the Kurdish freedom struggle or who had martyrs were interrogated under torture. Regardless of age or sex, these individuals were separated from their families and transported in military vehicles to face the same fate as the men mentioned above.

Sabir an 11-year-old, recounted his experiences in the Sumood camp, reflecting on the pregnant woman he met in prison five years ago. She was subjected to severe torture during interrogations about her husband’s fate. When she revealed that her husband had been killed in the Kurdish freedom struggle, the soldiers took her and her two daughters away. Sabir has not seen them since, but he remains haunted by the memory of her suffering.

According to the Kurdistan Regional Assembly (1992), over 182,000 individuals have disappeared. Many families continue to hope that their missing relatives will one day return. Stories have circulated about soldiers who escaped from the army in the deserts of southwestern Iraq and reportedly witnessed mass executions of the disappeared, participated in the creation of mass graves, or heard disturbing accounts of people being buried alive. Other accounts describe how some of these soldiers survived the mass executions, managed to escape from their graves, found refuge in Arab villages, and eventually returned to Kurdistan. There have also been reports that some women and girls were sold in Kuwait, Saudi Arabia, and Sudan. However, the accuracy of these stories remains to be confirmed.

THE SURVIVORS

After being separated from the men, the remaining families comprising children, women, and the elderly were relocated to various prisons, including those in Nuqret Selman south of Baghdad, Topezawa-Dibis southeast of Kerkuk, Selamiya south of Mosul, Tikrit, and other desert locations in central and southern Iraq These prisons shared several characteristics: they were situated within military camp, isolated from everyday life, and comprised large halls with small windows, each housing several hundred prisoners. The detainees were permitted to leave these halls only essential purposes, such as using the restroom or fetching water, and even these activities were conducted under strict supervision. The guards frequently subjected the prisoners to severe mistreament, including physical violence, sexual abuse, and both pysical and psychological torture.

Due to harsh treatment, malnutrition, and poor sanitary and housing conditions within the camp, several individuals were dying each day. The soldiers managed the deceased by burying them in mass gravess in shallow pits outside the camp.

Mehmmod was 10 years old when he and his family were captured in the village of Werkhel in Rekany. During an interview in Gejnikan five years later, When I asked him “What was the most distressing partr of the entire experience?” He responded, “It was when I saw, in the Selamiya prison, the dogs tearing apart my grandfather’s body outside the camp. The soldiers had thrown him there a few hours after his death.”

During their time in prison, women and girls were often subjected to individual interrogations, during which they faced various forms of torture, including rape. As a result, many social tragedies ensued. Women who became pregnant or had children as a result of these assaults have suffered from social isolation, persecution, and direct threats to their lives. These cases have raised significant concerns for the organization Human Rights in Kurdistan, which was established following the creation of Liberation Kurdistan in the spring of 1991.

THE “CONCENTRATION CAMPS”

After enduring a period of suffering in specialized detention facilities ranging from several weeks to several years, the survivors were eventually relocated to three primary concentration camps established for this purpose in 1987 (Al-Neqshebendy, 1992).

A significant portion of the Behdinan families was placed in the Gejnikan desert, located 22 kilometers west of Erbil. At the time of the study, the camp housed 15,000 families living in dire social conditions under stringent police supervision. The survival of these individuals was largely dependent on the persistent assistance from residents of Erbil and surrounding villages, who defied the authorities embargo to provide necessary support.

Families originally from the devastated villages in the Kerkuk and Sulahmaniyah Governorates were relocated to Sumood camp, situated 10 kilometers west of Kalar, and the Shoresh camp near Chamchamal in the Sulaymaniyah Governorate. Sumood camp accommodated up to 12,000 families at its peak.

The living conditions in these concentration camps were uniformaly intolerable, marked by various forms of torture and persecution. Over time, many families managed to escape from the camps and start new lives elsewhere in Kurdistan.

During the uprising in the spring of 1991 in Iraqi Kurdistan, the inhabitants of these concentration camps were among the first people to confront their guards, destroy the military fortifications surrounding the camps, and actively participate in the struggle for freedom. However, this was followed by the Mass-Escape Tragedy (MET), which forced many people to flee to Iran and Turkey. Upon their return, the majority were compelled to resettle in the camps due to the lack of alternatives until the commencement of reconstruction efforts in Kurdistan in the summer of 1992. Since then, many individuals have left the camps and returned to their original villages, thanks to the provision of building materials and other assistance from reconstruction organizations and local governmental authorities in Kurdistan.

THE STUDY CONDITIONS

To conduct a survey for the Qandil Project, focusing on the conditions of survivors of the “Al-Anfal” campaign and the effects of psychological trauma, we coordinated with the Ministry of Health and Social Affairs of the Kurdistan Regional Government. During this period, I visted the camp of Sumood from 12-17 July and the Gejnikan camp from 19-21 July 1993. At this time of our visit, Sumood hosted 4,512 families, while Gejnikan had 200 families. The remaining families had returned to their original villages, assited by the reconstruction campaign aimed at rebuilding the 4,000 villages destroyed by the Iraqi regime.

The survey utilized several several internationally recognized instruments for assessing psychological trauma and PTSD in both children and adults (Achenbach, 1991; Ahmad, 1992; Fredrick, Pynoos & Nader, 1991; Mollica, 1991; Penayo, 1990; WHO, 1983).

The results, which indicate a high incidence of PTSD, particularly among children, are presented in the attached slides.

SUGGESTIONS AND RECOMMENATIONS

The findings of this study have been presented and discussed at several international conferences (Ahmad, 1995) and published in various formats: reports in English (Ahmad, 1989), Arabic (Feyzelik, 1989), and Kurdish (Qochan, 2008); chapters in textbooks (Ahmad, 2000); and as part of a doctoral thesis (Ahmad, 1999).

Given the high prevalence of physical and psychological consequences of trauma, including PTSD, among survivors of the “Al-Anfal” campaign, it is crusial to establish a center for the rehabilitation and care of these survivors in the Kurdistan region of Iraq. This center should also be equiped to accommodate other trauma survivors in Kurdistan and manage patients with symptoms resulting from other forms of organized violence inflicted upon the Kurdish community. Survivors “Al-Anfal,” individuals with missing relatives, and those still unaware of their loved ones’ fates represent the most severely traumatized groups. They require both professional assistance and political efforts to uncover the truth and seek redress.

The widespread nature of psychological trauma among survivors of the “Al-Anfal” campaign in 1988, the chemical warfare during the 1970s and 1980s, the MET in 1991, and other forms of organized violence necessitates the development of a network of professionals working with these survivors across Iraqi Kurdistan. This proposed rehabilitation center and network should be integrated with the Department of Child Mental Health at the University of Duhok, an academic unit established in 2001 through a collaboration between Uppsala University in Sweden and the University of Duhok in Iraqi Kurdistan.

REFERENCES(\*)

Abu Kawa (1990). The attack on Behdinan and the life conditions of the refugees (in Arabic language). Tehran, Iran.

Achenbach M (1991). Child behavior checklist. University of Vermont, USA.

Ahmad A (1989). Facts about the Kurdish refugees from Iraq in Turkey. Kurdistan Medical Association in Sweden. Radda Barnen, Stockholm, Sweden.

Ahmad A (1992). Post-traumatic stress symptoms among the displaced Kurdish children in Iraq, victims of a man-made disaster after the Gulf war. Nord J Psychiatry 46(5):315-19.

Ahmad A (1993). A preliminary report on Sumood/Gejnikan. Erbil, Kurdistan Region – Iraq.

Ahmad A (1995). Children of Kurdistan; Survivors of trauma and terror. In Negash T. & Rudebeck L. (Eds.), Dimensions of development (pp. 221- 237). Uppsala: Forum for Development Studies, Uppsala University, Uppsala, Sweden.

Ahmad A (1999). Childhood trauma and posttraumatic stress disorder, a developmental and cross-cultural approach. Acta Universitatis Upsaliensis. Comprehensive Summaries of Uppsala Dissertations from the Faculty of Medicine: Uppsala, Sweden.

Ahmad A (2000). Children of Kurdistan; Survivors of trauma and terror. In Marvasti, J. A. (Ed.), Child suffering in the world; Child maltreatment by parents, culture and governments in different countries and cultures (pp. 153- 177). New York: Tri-State Litho, USA.

Ahmad A, Mohamad K (1996). The socioemotional development of orphans in orphanages and traditional foster care in Iraqi Kurdistan. Child Abuse Neglect 20(12):1164-1173.

Ahmad A, Mohammad H, Ameen N (1998). A 26-month follow-up of posttraumatic stress symptoms in children after Mass-Escape Tragedy in Iraqi Kurdistan. Nord J Psychiat 52(5):357-366.

Al-Neqshebendy T (1992). A report on the Sumood/Kalar. Kalar, Kurdistan Rgion – Iraq.

Ameen M N, Ahmad A, Tayeeb M H (1992). The Child Mental Health Programme in Iraqi Kurdistan (HAWAR Programme). Erbil, Kurdistan Region-Iraq.

Calbrith P (1991). A report on the Human Rights in Iraq. Middle East Watch. Washington DC, USA.

Feyzelik K (1989). Facts about the Kurdish refugees from Iraq in Turkey (Arabic Translation). The Kurdistan National Front, Tehran, Iran.

Fredrick C, Pynoos R, Nader K (1991). Child post-traumatic stress reaction index. J Consult Clin Psychology 3(4):531-37.

HAWAR (1992). A working plan on the child mental health programme in Iraqi Kurdistan. A protocol signed on 4th November 1992 between the Minister of Health and Social affairs in Iraqi Kurdistan, Qandil Project, an Ass. Professor and a physician in the Dep. of Child and Adolescent Psychiatry at the Uppsala University in Sweden.

Kurdistan Regional Assembly (1992). Declaration of the Federal Government (in Kurdish language). Erbil, Kurdistan Region - Iraq.

Middle East Watch (1993). Genocide in Iraq: the Anfal campaign against the Kurds. Middle East Watch, New York, USA.

Mollica F R (1991). Harvard Trauma Questionnaire, Vietnamese Version. Harvard Medical School.

Muss D (1991). Trauma Trap. London, England.

Penayo U (1990). On mental disorders in Nicaragua, an epidemiological approach. Umeå University, Umea, Sweden.

Qochan M (2008). Facts about Kurdish refugees from Iraq in Turkey (Kurdish Translation). Metin Press. Duhok, Kurdistan Region – Iraq.

Tayeeb M H, Ahmad A (1993). The First Progress Report on the Child Mental Health Programme (HAWAR Programme) in Iraqi Kurdistan. Duhok, Kurdistan Region-Iraq.

WHO (1983). The WHO collaborative study on strategies for extending mental health care. Am J Psychiatry. Special Section 140;11:1470-92.

(\*) Copies of the mentioned works can be obtained from the author.