Iraq: Whether doctors in the Kurdish autonomous region are assigned to practice medicine in particular locations by the Ministry of Health or whether they can practice medicine in a location of their choosing; whether this applies to male and female doctors; treatment of female doctors by the Islamic State (ISIS/ISIL) (2014-November 2016)

Research Directorate, Immigration and Refugee Board of Canada, Ottawa

1. Assignment of Doctors by the Ministry of Health

At the request of the Kurdish Regional Government, the RAND Corporation, a "nonprofit institution that helps improve policy and decision-making through research and analysis" (RAND Corporation 2014), produced a 2014 report on the health care system in the Kurdish region of Iraq, which states the following regarding the situation of the physician shortages, distribution, and training in Kurdistan:

[p]ublic sector ambulatory care relies almost exclusively on the obligatory one-year service of junior general practice physicians who have completed one or two years of post-graduate clinical (residency) training and return afterward for a final year of residency training in which they can begin to specialize. The most highly qualified among them are able to secure coveted placements in urban clinics, while the others are assigned to health centers in more rural/remote areas where they are often the clinic's only physician.

The actual year of obligatory clinic service between the years of post-graduate training is not itself treated as a year of formal clinical training: During this year, these physicians receive no mentorship, supervision, or other professional development support, and they have limited access to professional resources, such as the Internet or journals. Our observations, our discussions with several of these physicians, and the comments from government health authorities suggest that these young physicians are not only hard-working but also eager to complete their obligatory service and return to specialty training and urban practice. Virtually all of them provide clinic services in the morning and see private patients in the afternoon. All physicians who complete their clinical training have guaranteed government jobs (and pensions), but they receive relatively meager salaries for public sector work and derive much more substantial income from seeing private patients. (ibid., 97-98)

In correspondence with the Research Directorate, a lawyer from an Erbil-based law firm that has been involved in promoting Kurdish women's involvement in the public and private sector, stated that "female doctors who are public sector employees are assigned to a public hospital and can also work privately after hours" and that "[d]octors who are able to set up a private practice [work] wherever they want to" (Lawyer 15 Nov. 2016). In correspondence with the Research Directorate, a manager at the Medya Diagnostic Centre, a medical imaging centre and laboratory based in Erbil (MDC n.d.), stated the following regarding whether doctors are assigned to practice medicine in certain locations:
Usually, the city in which the doctor has graduated from the college of Medicine (Erbil, Sulaymaniyah or Dohuk) is where they will be placed by the Ministry of Health. This is with regards to the first two foundation years post-graduate. Following this, training for 1 year will occur within the 3 governorates but outside of the cities e.g. a graduate of Erbil medical college will be sent to rural areas of the Erbil governorate for this one year period. After this, the doctor will return to the urban area and start specialization. There are occasions where a lack of doctor availabilities in the rural areas means the doctor is not transferred back to the city after the one year period until other doctors become available to take their place. This is obligatory and the doctor does not have a choice in the matter. There are also times when the doctor may put in a request to be transferred to a particular area e.g. wants to be relocated closer to their family, but this is to be reviewed and authorized by the Ministry of Health. All these placements are assigned by the Ministry of Health. If a doctor wishes to transfer to a different Kurdish region, formal requests should be submitted and paperwork carried out at the Ministry of Health. (Manager 17 Nov. 2016)

The same source stated that these rules apply to both female and male doctors, and to doctors from Erbil, Dohuk, and Sulaymaniyah (ibid.).

2. Treatment of Female Doctors by ISIS

A joint report by Ceasefire Centre for Civilian Rights and Minority Rights Group International (MRG) [1] reports that female doctors in ISIS-controlled areas have complained that dress code restrictions under ISIS, which include face veils and gloves, inhibit them from performing their jobs effectively (Ceasefire and MRG Feb. 2015, 16). The US Department of State's Country Reports on Human Rights Practices for 2014 states that following the ISI occupation of Mosul, the group enforced restrictions on women's movement and dress, noting that "female physicians in Mosul protested ISIL's campaign to force female doctors to wear the hijab, prevent female physicians from accessing the hospital if not dressed according, and threaten with punishment those who failed to adhere to the rule" (US 25 June 2015, 61). According to a 2014 report by the UN Office of the High Commissioner for Human Rights (OHCHR) and the UN Assistance Mission for Iraq (UNAMI) Human Rights Office on the situation of civilians in Iraq, women in ISIS-controlled areas "have been dealt with particularly harshly" and ISIS has attacked and killed female professionals, including doctors (UN 2014, 10). The same source states:

It was reported that some female doctors went on strike because of the difficulty in doing their job with their faces covered. On 13 August, a female doctor was killed while resisting ISIL trying to take her away from her home in Tayaran, south of Mosul for having organised or participated in the strike.

UNAMI/OHCHR received information directly from some female doctors in Mosul indicating that ISIL is monitoring the implementation of their takfiri regulations at the hospital entrances and, on two occasions, female doctors were stopped and insulted. ISIL also inquired in hospitals into the marital status of the female doctors and stated that married women should wear black, while unmarried females other colours, so as to be easily distinguishable. On one occasion, a female doctor reported that she was stopped from attending to an urgent case because she was not covered properly; after a long heated discussion with the ISIL fighter, she was allowed to perform her duties. In another case – not related to the covering of the face – a male anaesthetist was prevented from providing anaesthesia to a female patient; after arguing that there was no female anaesthetist available and that the life of the patient was in danger, he was permitted to attend to the case.

According to the female doctors on strike, ISIL threatened them with the destruction or seizure of their houses and properties if they did not return to work. Following these threats, a number of women doctors informed UNAMI/OHCHR that they had no choice but to return to work and abide by the dress rules being imposed on them by ISIL. However, sources in hospitals in Mosul reported to UNAMI/OHCHR that the number of staff members working in health care facilities in the city and subsequently had dwindled. (UN 2014, 10)

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of sources consulted in researching this Information Request.

Note

[1] Ceasefire Centre for Civilian Rights is a UK-based initiative "to develop 'civilian-led monitoring' of violations of international humanitarian law or human rights, to pursue legal and political accountability for those responsible of such violations, and to develop the practice of civilian rights" (Ceasefire and MRG Feb. 2015). MRG is a UK-based NGO "working to secure the rights of ethnic, religious and linguistic minorities and indigenous peoples worldwide, and to promote cooperation and understanding between communities" (ibid.).
References


Lawyer. 15 November 2016. Correspondence with the Research Directorate.

Manager, Medya Diagnostic Centre. 17 November 2016. Correspondence with the Research Directorate.

Medya Diagnostic Center (MDC). "About MDC." [Accessed 17 Nov. 2016]


Additional Sources Consulted

**Oral sources:** Colleges of Medicine at the Universities of Duhok, Hawler, Kurdistan Hewler, Sulaimani; Emergency Management Center; Kurdish American Medical Association; Investigator, RAND Corporation; Kurdistan Regional Government – Directorate General of Health in Duhok, Ministry of Health, Representation in the United States; PAR Hospital.

**Internet sites, including:** Amnesty International; ecoi.net; Emergency Management Center; Kurdish American Medical Association; Kurdistan Regional Government – Ministry of Health; Representation in the United States; PAR Hospital; Universities of Duhok, Hawler, Kurdistan Hewler, Sulaimani.

Tips on how to use this search engine.