International Journal of Mass Emergencies and Disasters
August 2019, Vol. 37, No. 2, pp. 124-124.

EDITORIAL ANNOUNCEMENT

From the IJMED Editors
and
International Sociological Association's Research Committee on Disasters (ISA RC39) Board

In May 2018, *IJMED* leadership received multiple notices from scholars at the Uniformed Services University (USU), Harvard University, and University College London regarding an article titled "Notes from the Field: Crisis in Iraq," which was published in the March 2003 *IJMED* Issue and was authored by Dr. Eric K. Noji. Those comments—which also referenced an April 2018 *New York Times* article entitled "Doctors Urge Elite Academy to Expel a Member Over Charges of Plagiarism," which among other things, also cited the 2003 *IJMED* piece. To the best of our knowledge, the *Times* never reached out to *IJMED* editors past or present, or to the IRCD leadership, so the first we learned of these accusations was via the scholars' messages in May 2018.

The comments, as well as the *Times* piece, indicate that Dr. Noji's article either includes unauthorized information or is fabricated in its content. The information that we received provided testimonies from Dr. Noji's supervisor when he was serving in Iraq. The testimonies suggest that Dr. Noji's emergency medical service experiences described in his article were fabricated. We acknowledge that this accusation does not include any statement of defense or response from Dr. Noji. In light of this, and in our attempt to be fair and equitable to all, the *IJMED* editorial board has attempted to contact all of the stakeholders to clarify the evidence further. *IJMED* has received additional evidence from USU; however, 12 months later, *IJMED* has been unable to receive a response from Dr. Noji.

In our attempt to balance the information we have received and reviewed, with our belief in due process, the *IJMED* has decided to add this notification to the 2003 Noji article, so that readers are aware that the content has been contested. We ask our readers to recognize that the article may contain inaccurate information and ask that it please be cited with that knowledge in mind. A notification is also included in the article and posted on *IJMED* Online issue index. We have not, however, decided to delete or fully retract the article, in the interest of full transparency and the fact that the article has been in the public domain for decades.

International Journal of Mass Emergencies and Disasters
March 2003, Vol. 21, No. 1, pp. 123-127.

EDITORIAL ANNOUNCEMENT

Notes from the Field:Crisis in Iraq*

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On March 19, 2003, coalition forces began military operations in Iraq. As a result of the conflict and subsequent humanitarian emergency affecting the civilian population of Iraq, the United States deployed the largest Disaster Assistance Response Team (DART) in U.S. history. The DART is comprised of more than 60 humanitarian response experts from USAID; the Department of State's Bureau of Population, Refugees and Migration (PRM); and the Department of Health and Human Service's Public Health Service.

The core DART team is headquartered in Kuwait City (and will soon move to Baghdad). The DART also supervises three mobile field offices in southern, western and northern Iraq. Since the onset of hostilities, DART staff have conducted several assessments south of Baghdad in the region between the Tigris and Euphrates Rivers in what is called the "Mesopotamian plain" and in the Baghdad metropolitan region; directed assistance (e.g., food, water and pharmaceuticals) towards vulnerable populations, including civilians displaced by war, women and children; and provided funding to international relief organizations such as UNICEF and WHO and several non-governmental organizations.

As Deputy Chief of the Health and Medical Unit, I am responsible for coordinating the following activities:

1. Assessment of the status of water supply, sanitation, excreta disposal, and population hygiene practices
2. Prevalence of communicable diseases

* This was a late submission before we went to press.

3. Immunization coverage
4. Nutritional status
5. Maternal and child health
6. Epidemic investigation, confirmation and institution of control measures
7. Impact of landmine and UXO injuries
8. Monitoring supplies, equipment, pharmaceuticals and medical personnel entering Iraq or in the "pipeline"
9. Assessment of the status, capability and degree of damage to healthcare facilities

I have now been working in Iraq for over six weeks. Much of my work has been in hospitals, directly with patients and trying to identify the most critical needs of the health system, which has been under strain before, during and after the war.

We have now done a lot of brief assessments, covering ten cities, and are getting a pretty good overview of the medical and public health situation, albeit only in those areas of the country secure enough for non-military relief personnel to work. The Health Team still needs to look in more detail at morbidity and mortality figures but it is telling that after nearly three weeks of on-the ground assessments, the Health Team has determined that the situation is not a major medical nor public health humanitarian catastrophe on levels seen in northern Iraq in 1991, Somalia (1992), Rwanda and Zaire (1994), Bosnia (1996), Kosovo and East Timor (1999) and southern Sudan today. Fortunately, the team has not seen any signs of famine nor massive epidemics in Iraq (although they have seen increases in childhood diarrheal rates all over the country compared with past years, primarily due to the lack of potable water and non-functioning water treatment plants), nor have they observed any mass displacements of people as seen in several recent complex humanitarian emergencies.

There are, of course, significant problems, particularly now in Baghdad, where there is still no big hospital fully functioning. Those problems are mainly linked to looting, vandalism and to a lack of organization, a lack of leadership. There is a power vacuum and this is particularly affecting the health sector. So there is indeed a crisis in the health sector with real medical and public health needs in Iraq. There are many patients with chronic diseases who cannot get their medicines. Some people will need secondary surgery for their war injuries. There is a lack of oxygen supplies and of anesthetic drugs. Salaries (or more accurately, the lack thereof) for health workers are a major issue. The

administrative chaos is very, very important to solve. For example, the once functioning national system of disease surveillance is severely crippled and accurate health information on the post-war status of the health of the Iraqi people non-existent. But if these things can get running again, the Iraqi doctors and other health professionals are skilled and the medical system is relatively advanced, they will be able to cope.