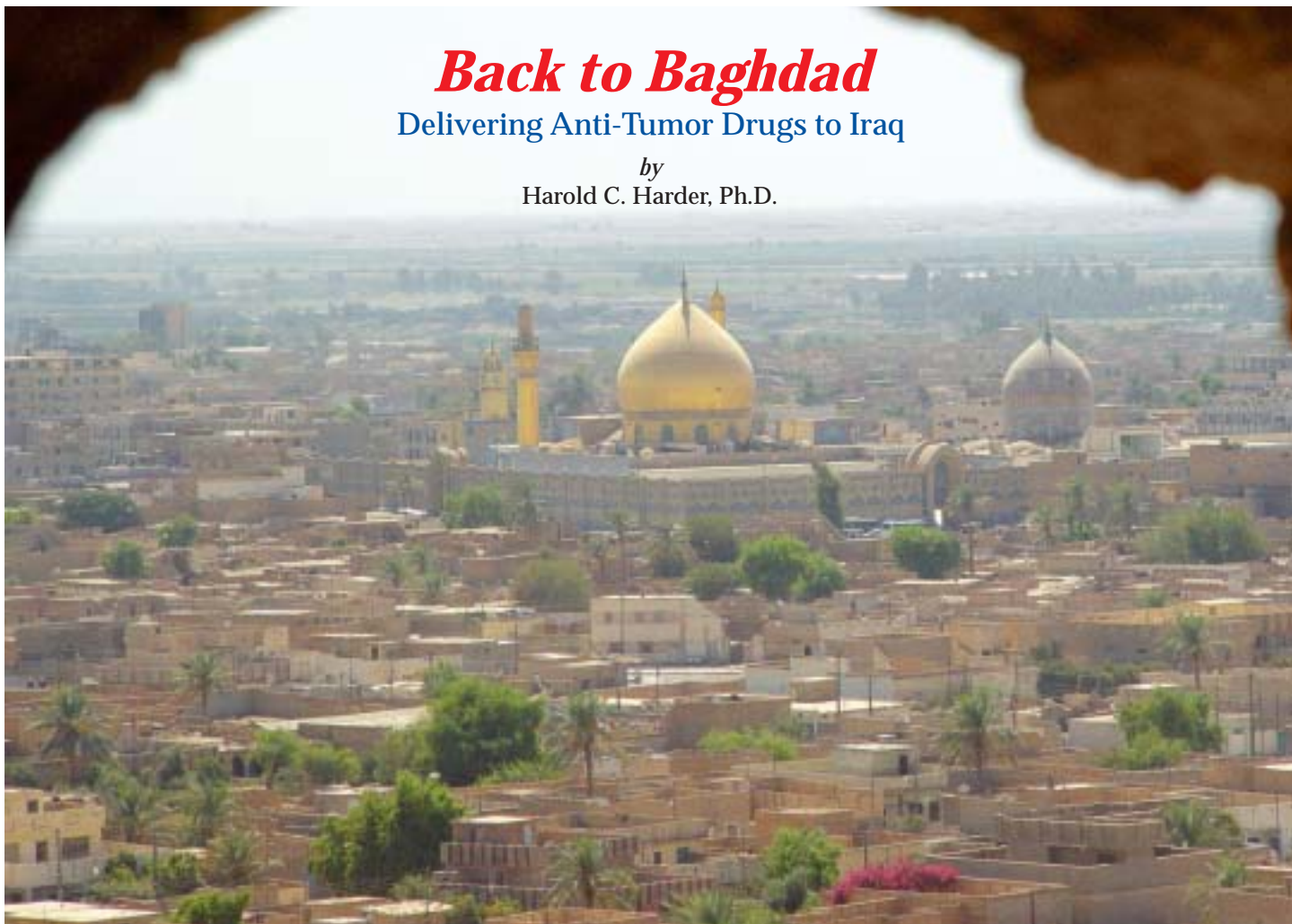


## *Back to Baghdad*

### Delivering Anti-Tumor Drugs to Iraq

by  
Harold C. Harder, Ph.D.



Even before departing Tulsa on Blessings International's previous journey to Iraq in June 2003, we had received a list of urgently needed pharmaceuticals from the Central Teaching Hospital for Children located in ██████ a colony of west Baghdad. This list included primarily anti-tumor drugs intended for children. These medicines are difficult to obtain. Certain people would often steal the drugs and sell them on the open market for up to 100 times their wholesale value. Consequently, frantic parents had been traveling to Jordan to purchase these same medicines which, given the extremely low

value of the Iraqi Dinar, cost a fortune and would quickly bankrupt such families. Parents who cannot afford the high priced medicine have no other options for their children.

Thus Blessings decided to begin the process of ordering these anti-tumor drugs in May 2003 because we knew that it would take a long time to purchase such drugs on world markets where there are very few sources for them. In late May I decided that Blessings would send medicines sufficient to treat 200 to 300 children having acute lymphocytic leukemia (ALL), acute granulocytic leukemia, lymphoma, Whilm's

**A view Samarra, Iraq from the top of the ancient minaret (see page 5) looking south across the Tigris River.**

tumor, and a variety of other highly treatable soft tissue tumors.

After a day and a half making these calculations, I had created a list of medicines and their respective quantities necessary to treat 200 to 300 children. The last day of May the ordering process began, a process that would take 3 weeks. By the first week of September, all but one drug was finally ready to be shipped. So the time to commence our second visit to Iraq was set for 8 September.

Orders were issued to have all of the anti-tumor drugs shipped to Amsterdam where they would be consolidated and checked in as extra luggage. In addition to one drug from the USA, medicines came from the Netherlands, Great Britain, Spain, Italy, and South Korea. Many of the anti-tumor drugs were brand name medicines because that was all that was available. The wholesale value of the medicines if all had been purchased in the USA was \$230,000.

Besides the mission of the delivery of the anti-tumor drugs, there were two other goals of this trip: (1) to determine if local churches having clinics were interested in hosting visiting medical teams; (2) to encourage U.S. Troops.

We had only two bags of checked medicine originating from Tulsa because there were about 300 lbs. of medicines to be checked in as extra luggage in Amsterdam. As a result of having stayed up most of the night, helping out with two medical emergencies during the flight, I was very tired upon arrival just before noon in



**Children living in the ancient, high walled Kurdish City of Irbil.**

Amsterdam. Here we received shipments from two different couriers. The first was three boxes weighing 110 pounds while the second was 11 packages and 156 pounds. Each had to receive separate custom clearance specifying that the medicines were leaving the Netherlands. Then the "fun" began as smaller boxes were unpacked to consolidate them into larger boxes that were partially filled and had lots of plastic peanuts in them. This effort was performed in the rear of the main check-in terminal for KLM/Northwest. We tried to be as neat as possible, but those ultra light peanuts kept flying all over each time someone walked past. I had previously asked the freight forwarder who delivered all the medicines from outside the Netherlands to us to do this repackaging effort for us, filling cartons up to 70 lbs. each. Unfortunately, I was informed they were not allowed to do so by customs before clearance because the contents of each box had to be specified and undisturbed in case inspection was

required. "Surprise!" I thought to myself. I was just glad we had landed on time and that I had allowed plenty of extra time for unknown contingencies. The men who delivered the two carts of medicines helped repack the medicines. Several smaller identically sized cartons were taped together to consolidate the number of packages. When we were done, 14 boxes had been condensed to 9. One great disappointment was that one very important drug which the shipper had promised to send in time for delivery to us that Tuesday morning from South Korea was not there. That shipment would have added another 150 pounds. Arrangements were made to have it shipped directly to Aman marked "in transit to Iraq".

Then Gordon Wright, the other member of the US team and I approached the check-in counter prayerfully asking for God's grace and favor. After pleading our case, and showing BI's most recent newsletter, God answered this prayer miraculously with all 9 extra pieces being checked in gratis. Praise God. My son, David who lives in Cyprus, joined us in Amman.

We wasted no time being about our Father's business upon arrival around 2 PM in Baghdad after the overnight drive from Amman. First we drove to the Al Hayat Clinic/Maternity Hospital. Sister Bushra was not there but her assistant assured us that they would in no way consider accepting such a donation and the responsibility for distributing the anti-tumor drugs even though Blessings would make sure that this would not be a financial burden to them. Plan B took us to St. Raphael Hospital where Sister Maryanne expressed concern that the Ministry of Health might come and extort 50,000,000 Iraqi Dinars, the international wholesale cost of the medicines (\$30,000). Earlier in the summer, a team of US servicemen brought their hospital a cache of medicines from one of the Ministry of Health's drug warehouses because the hospital needed the medicine. The Ministry of Health (MOH) had been unresponsive to their requests even though there were plenty of donated drugs available in the MOH warehouse. While St. Raphael's does levy service fees, medicines donated to the hospital are freely given to needy patients. Clearly such actions of the MOH office are unethical and immoral, and without legal authority

since the drugs were a donation. Later we talked with U.S. Major John Padgett who said he knew a legal way that would preclude the ability of the MOH subsequently billing the hospital for our donation of anti-tumor drugs. The resolution of this challenge would have to wait until next week, because it was late Thursday and the next day, all offices would be closed for the Muslim worship day.

Rather than lose a whole day in Baghdad, I had already planned to use Friday to drive to Kirkuk to visit the Evangelical Church. The purpose was to determine whether the pastor there would be interested in having a short-term medical team come to Kirkuk to help dedicate and supply their new clinic, and provide continuing medical education lectures for the medical community.

### **Evangelical Presbyterian Church at Kirkuk**

We were very graciously received by Pastor [redacted] and his wife. They explained that they are in the process of planning to



**The Evangelical Presbyterian Church in Kirkuk.**

build a new sanctuary because their current one, built some fifty years ago, has serious roof problems that seem to be incurable.

[redacted] To one side, a larger three-story structure serves as church offices, Sunday school classrooms, youth center, and guest facility. But of great interest to us was a new, small two-story building nearing completion perpendicular to the classroom building.

Pastor [redacted] then explained that the new building was to be their church's new clinic. On the first floor, the entry room was to serve as a patient waiting room with a receptionist who would take a brief medical history along with blood pressure, temperature, and body weight. The other first floor room would be the physician's consulting and examination area. On the second floor,



**New building for the clinic in Kirkuk** space was allocated for a laboratory and pharmacy. I was amazed that they would commit such funds during a time of great duress and financial difficulty to this end. Pastor [redacted] already had a clear vision of what this clinic represented not just to church family members, but also as a great outreach opportunity to their suffering Muslim neighbors and to the community as a whole. Here was a strategic opportunity that they did not want to miss, an opportunity to demonstrate Christian love to their fellow countrymen and in the process to witness about the love of Jesus to them.

I asked Pastor [redacted] if he was interested in hosting a short-term medical team that could help establish ways of administering a medical clinic, to inaugurate the clinic along with local physicians, and to hold continuing medical education classes for the Kirkuk medical community. He was thrilled at the thought of hosting such a medical team and he wanted to use his own facilities for continuing medical education lectures. Praise God! This was one of the major objectives of this trip: to



**Dr. Harder (center) along with Gordon Wright (left) in discussions with Pastor [redacted] (right).**



**Dr Harder sharing about Blessings International in the Friday evening service.**

determine if there was an desire to have short-term medical teams to help open these new church based clinics and provide continuing medical education classes. Pastor [redacted] response was a resounding yes.

### **Mosul**

The metropolis of Mosul is situated on the Tigris River and surrounds the ancient city of Nineveh whose walls still line both sides of the river. We had now left behind the baggy pants of the Kurds having reentered the land of ethnic Arabs wearing long white or light brown robes having their heads covered by shoras, like what Yassar Arafat wears. We were informed that the Evangelical Church in Mosul is the oldest of the Evangelical Churches in Iraq started some 200 years ago by Presbyterians. Because



**Midway between Kirkuk and Mosul lies the Kurdish city of Irbil with its ancient high walled city that is still inhabited.**



**One of nine gates to the ancient city of Nineveh.**

their facility still occupies the original church site, it is very hard to find being located on a very narrow road, what we would call an alley, but 200 years ago, a road typical of the cities of that age. Pastor [redacted]

[redacted] warmly greeted us being very happy to have visitors from abroad visit his humble church. He shared that had come to Mosul as a missionary from his own country of Egypt only one year ago.

Gordon' son, Joshua, was serving in the 101st Airborne Division of US Military stationed at Battalion headquarters in Mosul. Joshua was expecting us sometime that weekend (now Saturday afternoon) and had arranged to have some time available to spend with his father. We found the group of Saddam's former palaces where the headquarters of



**David and Dr. Harder in discussions with Pastor Mehanni.**

the 101st Airborne Division was based. Our Blessings International-NGO ID badges enabled us to approach the main secured entrance. While Gordon waited for someone to notify his son of his presence, David and I were ushered right through the command center's war room with all the giant maps and lit screens showing various missions of the day to get



**Giving booklets to soldiers guarding the 101st Airborne Division Headquarters.**

to what I call the "Chaplain's Corner". There we unloaded a backpack full of booklet titled *A Message of Thanks, Hope and Love for Our Troops* written and compiled by Gina Parsons, a fellow Tulsan. Included with each booklet was a mini CD with 4 inspirational songs sung by Gina who is a professional vocalist ([www.thankthetroops.org](http://www.thankthetroops.org)).

Only two weeks before commencing this second journey to Iraq I had committed to make the delivery of as many of these booklets as we could carry. During our first trip we saw many soldiers whom we knew would be ministered to by this booklet. Indeed we began passing out these books as soon as we entered Iraq and on every occasion possible to soldiers. We asked recipient soldiers to pass them on to other men and women whom they knew were having a great struggle over the duration of their assignment. It is our prayer and hope that these booklets minister to those soldiers who need it the most.

### **Q-West**

David and I also had a service man that we were attempting to

meet, Kevin Powell, the son of life-long friends from my graduate school days. Kevin is also a part of the 101st Airborne Battalion and is located in an abandoned Iraqi AFB somewhere outside of Mosul. We met an officer at Division Headquarters who had been there sometime ago and gave us some instructions on how to get there. Leaving Gordon behind, we drove south on the road back toward



**A Blackhawk helicopter shadows our car while it is riding "shotgun" to protect a convoy of about 50 gasoline tankers headed toward Baghdad.**

Baghdad via Tikrit. We were told to go about 35 kilometers south and turn left at a radio tower. Indeed more like 30 to 35 miles rather than kilometers south we came upon a giant telecommunications tower. Our road widened to make room for a left turn lane. Shortly we were at the entrance to this secluded helicopter base called "Q West." Lacking a phone number and a formal "appointment", we were left to the graces of the US forces, who many, many times on this trip were very gracious indeed to us, escorting us into various US military bases in active conflict or hostile theaters of operation.



**Chief Warrant Officer Kevin Powell greeting old time friends from the States.**

After about 45 minutes, a vehicle emerged from the base carrying an officer who knew where Chief Warrant Officer Powell was quartered. Minutes later we stood in front of a devastated building which had a temporary roof on it. Our escort proceeded into the building, and returned a minute later with young Kevin Powell who emerged with expressions of joy. "What are you doing here?" His jaw almost drop-

ping to his feet in disbelief that we had actually found this isolated outpost. There was little doubt of Kevin's great pleasure to "have company" and indeed other personnel bivouacked in the same building shared this pleasure with Kevin. After a quick explanation, I asked how many other civilian visitors from the States had they had in the time they had been based in Q-West. "None" was the quick, certain response. David and Kevin began reminiscing about the many other places and occasions they have met, New York, Bonn, Seattle, and now Iraq! Our time was sweet but short. While finding my way to the out-house toilet, I passed several airmen eating MREs (meals ready to eat). No wonder Kevin who appeared to be so trim had little difficulty losing weight. The only amenity their humble abode had to offer was a freezer filled with partially frozen bottles of pure water. Ah, that was a treat. Truly this was an outpost where there were few amenities compared to the benefits of division HQ in Mosul which had cafeterias offering freshly prepared food in variety and quantity as well as hot showers and air conditioned sleeping quarters. We gave Kevin some of Gina's booklets and asked him to distribute them to men stationed there who needed them. Too soon our allotted time was over. After one more firm handshake, we



**Medicines on the clinic shelves at the Mosul Evangelical Presbyterian Church.**



**Dr. Yazin accepting a small donation of medicines.**

took our leave to return to Mosul.

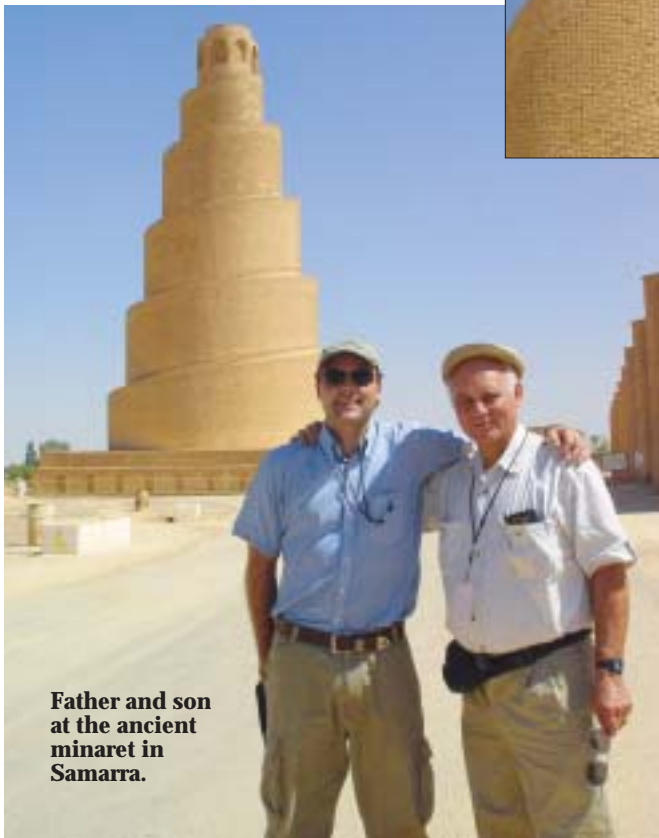
Sunday morning Pastor David and I returned to the church to meet with pediatrician, Dr. [redacted] who was already operating their church clinic one to two evenings a week. Medicines were stored on shelves in their clinic, including many that came from Blessings. Indeed, many bottles were almost empty. In addition to adding some pharmaceuticals to their shelves, I also wrote a letter for Pastor [redacted] to give to Pastor [redacted] in Kirkuk asking that the clinic in Mosul be given one of the four boxes of medicines stored in Kirkuk because there was an immediate need for them. When asked if they were interested in having a short-term medical team help inaugurate their clinic, help set up the organization and administration of their clinic, and to hold continuing medical education lectures for the local medical community, they were both very excited by that possibility.

### Samarra

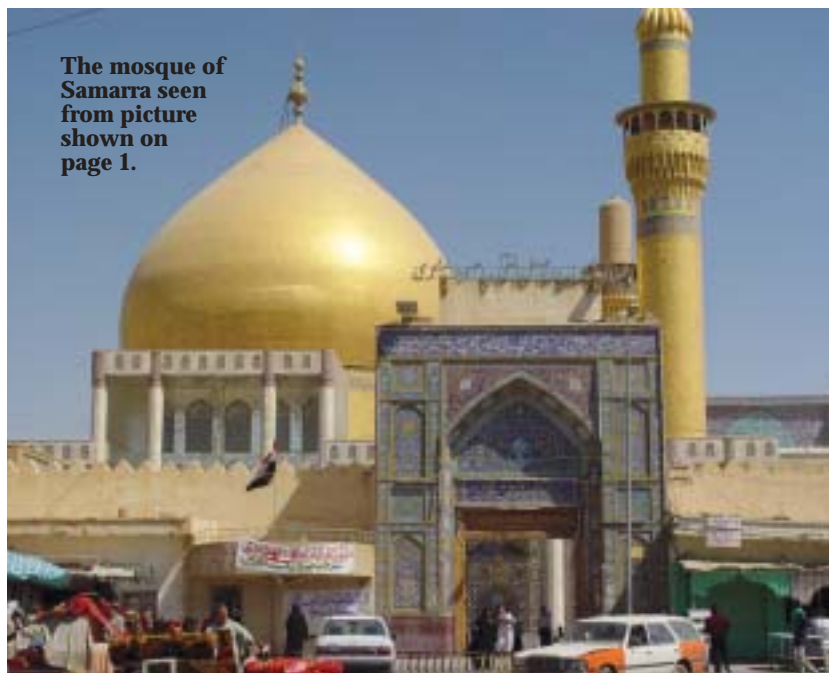
Thirty minutes south of Tikrit, we stopped in the city of Samarra, the former chief city of (Sunni) Islam for Iraq. Louis, our driver, wanted us to see the ancient minaret and the remains of a huge ancient mosque located there. What the Iraqis call a minaret looked to me like the tower of Babel because it reminded me of depictions of the Biblical tower of Babel in Genesis. While this was reminiscent of that Biblical structure,

its ninth century origin makes it about 2000 years too recent to have served in such a capacity.

Our team wasted little time climbing the spiral steps to the top of this tower the diameter of which progressively diminished as one approached the top. Just before reaching the top, the steps end, and one must enter a narrow inner passage with a few more steep steps inside to reach the top. The view from the top of this 162 foot tower gave a spectacular view of Samarra with its beautiful, large mosque in the city center, and the Tigris River to the west which was quite wide and full of reeds. The green reeds were a striking contrast to the generally bleak arid environment surrounding the rest of the city. Then Louis drove us around to the main entrance of the gold domed mosque seen so clearly from the top of the tower with its beautifully inlaid tiles of blue and other colors.



Father and son at the ancient minaret in Samarra.



The mosque of Samarra seen from picture shown on page 1.

### A Home for the Anti-Tumor Drugs

First thing Monday morning we retraced our steps to the St. Raphael Hospital to secure the hospital's acceptance of these specialty medicines and their distribution. It had been suggested that the problem between the hospital and the Ministry of Health (MOH) office charging for donated medicines could be circumvented by making the delivery of the \$30,000 worth of cancer medicines as an official mission of the Coalition Provisional Authority (CPA). Aid and materials so granted and delivered would not be subject to subsequent actions by the office of the Ministry of Health and would thereby protect the hospital from any financial assessments by the MOH. Shortly after arriving at the hospital, Sister MaryAnn met us and then introduced someone who seemed absolutely convinced that St. Raphael Hospital could not do what we had proposed. In addition, she said that the hospital didn't have the space nor the staff to manage the drugs. It all seemed a bit strange to me because Blessings was going to provide the resources to alleviate any potential financial burden whatsoever. It seems that this third party is a source of other pharmaceuticals and held considerable sway in the matters of the hospital, for better or worse. This sudden change in attitude from the previous visit was unexpected in that we had figured out a way to prevent a problem with the MOH. Realizing that it was senseless to attempt to change their minds, I decided to take our leave after giving them some additional medicines we had promised on our previous trip.

## Plan C

Plan A and B for handling the distribution of the anti-tumor drugs were now trashed. We would have to come up with a Plan C. We immediately retreated to CPA HQ to meet with Major Padgett in order to get his advice on our situation. He shared

that he and his commanding officer were planning a mission to visit the Central Teaching Hospital for Children the following morning in order to survey the current condition of the hospital and recent

improvements. He suggested that we join this mission so that we could further examine or investi-

gate the suitability of giving the anti-tumor medicines directly over to this hospital. As a part of the official visit, we would have greater opportunities to examine various conditions of the hospital because there would be greater incentive for hospital officials to be cooperative. At 9 AM Tuesday morning, our entourage followed an armed, two-vehicle convoy from the safety of CPA HQ compound to the Central Teaching Hospital for Children. After introductory greetings with a newly appointed chief administrator, we excused ourselves in order to visit the pediatric cancer ward. Because the head of oncology/hematology was out of town we had to accomplish our goals and negotiations with a younger associate in the department.

The oncologist led us into a small consulting room where we introduced ourselves, our ministry, and our mission. When I showed her the list of pharmaceuticals, she seemed rather matter of fact about everything, admitting that there were many anti-tumor drugs they still did not have, appearing to be more concerned about whether we had followed the most recent list of requested medicine put out by their office. Next I produced samples of one bottle or box of vials or ampules of the anti-tumor drugs. There seemed to be no sense of joy or relief that as an

oncologist, she would now be able to treat much more effectively various pediatric tumors than before.

I decided to change the direction of our discussion by questioning her on cause of the perceived increase in cancer rates, particularly acute lymphocytic leukemia subsequent to the Gulf War. The oncologist seemed absolutely convinced that it was caused by the depleted uranium in bombs used by the coalition forces during the earlier war. I then challenged her opinion with my own knowledge of radiation biol-



### Hospitalized children with cancer.

ogy from my background as a biophysicist. While my Ph.D. thesis was truly pharmacological, my training was in biophysics of which radiation biophysics is a major component. It was obvious that she was being misinformed about the amount and type of exposure to radiation from depleted uranium used in warheads in the Gulf War. Such radiation was low in intensity and would require many days or perhaps months or years of exposure to cause a significant increase in ALL and other cancers. We know that following the atomic bomb explosion over Hiroshima that resulted in immediate massive exposure to intense radiation that the peak in the increase of ALL occurred 10 years after that intense exposure. Here there was no intense exposure to radiation. However I explained that there was a very intense exposure to something else that certainly could account for a large increase in cancer incidence. That something else was sulfur mustard and possibly other very poisonous gases that Saddam had used in attempts to annihilate many Kurdish villages as well as against Iranian troops in the Iraq-Iran War.

The oncologist refused to seriously consider the validity of my hypothesis. Instead she expressed

her conviction that the increased cancers had to be due to the use of depleted uranium in warheads during the Gulf War. Her mind was absolutely closed to any other explanation as though she had been brain washed. I then realized that, of course, she was the victim of a propaganda campaign to blame America for a problem caused by the misguided use of war gases by the former Iraqi regime in its attacks on Kurds and Iranians. I also sensed that in order to get essential medicines under the former regime that this department no doubt had to kowtow or pay lip service to the party reasoning and party lies. Since there have been no changes in the structure of the way the MOH distributes medicines since before the war, I suddenly realized that this hospital would be a very insecure place for BI to donate the anti-tumor medicines we had purchased and brought with us. Why? Because there is no integrity in the former MOH distribution system which allowed such anti-tumor drugs to be stolen from the MOH and sold on the open market.

While I had previously said we would deliver the remaining cache of drugs the next day, I realized that I now had to disqualify this hospital as a primary recipient of the medicines although I wanted the medicines to be available for use for their cancer patients. After visiting with some of their cancer patients, we took our leave, returning to CPA HQ for further discussions with Major Padgett about a Plan D.

## Plan D

While battling biting flies in the hot breeze on the porch of the "villa" where Major Padgett is billeted, an idea was shared about a young Iraqi



**Dr. Harder demonstrating an inventory program to Dr. [redacted].**

pharmacist with whom Padgett had worked and in whom he had considerable confidence in her integrity. A short time later in a nearby location we met with [redacted] and shared our dilemma and need for a quick resolution in finding a home for our anti-tumor drugs. With little



**Loading BI's cache of antitumor drugs.**

forethought, [redacted] recommended that we approach the other [redacted] hospital in Baghdad, and in particular, Dr. [redacted] in the [redacted].  
[redacted] Soon we were off once more, this time to the [redacted] the same hospital that [redacted] we visited on our previous trip.

[redacted] was most cordial and quickly understood our concerns about the disposition of the anti-tumor drugs for needy children, rather than being medicines that would risk being sold for staff support. He allayed my fears about his department by sharing that they keep all anti-tumor drugs locked up in their department rather than allow

their pharmacy to control them, having similar concerns themselves. I explained that Blessings would provide a laptop computer so that the department could track patient progress and account for the drug inventory according to their diagnoses.

This pleased Dr. [redacted] greatly because he was already tracking the incidence rates of various types of pediatric cancers on an office computer on his own time during evening

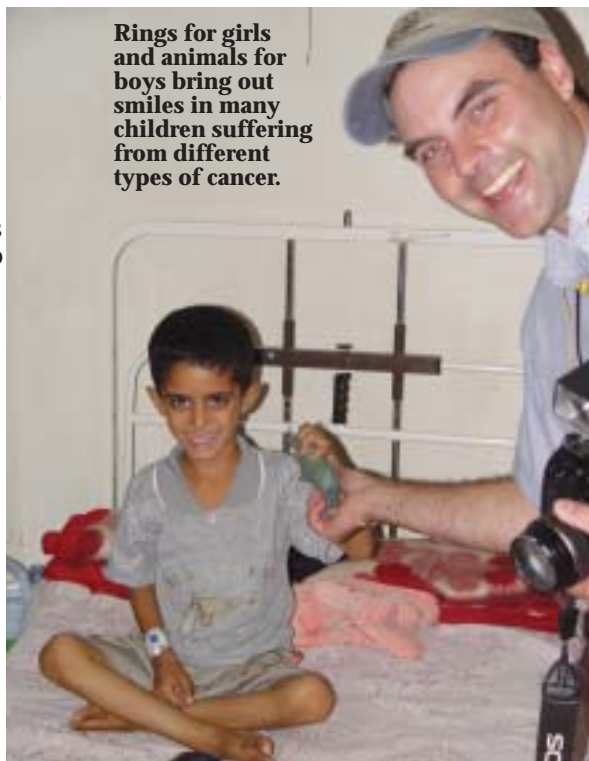
hours. Indeed he showed me a power point presentation he had given at a regional cancer meeting showing a marked increase in rhabdomyosarcoma, a type of cancer, in the past several years. Having a laptop computer would allow him to keep most relevant patient information on computer that he foresaw would be a forerunner for tracking all the patients in the hospital. Needless to say I was most pleased to give the laptop computer to a computer literate physician who valued having it.

In contrast to the response of the oncologist at the other teaching pediatric hospital, when I asked Dr. [redacted] about the increased pediatric cancer rates, he quickly volunteered his opinion that the use of depleted uranium during the Gulf War could not be the cause. On the contrary he concurred with my hypothesis that it was being caused by the use of sulfur mustard and other poisonous gases used by Saddam's forces. I was most pleased that now I had made contact with a young computer literate physician who also is an independent thinker and does not give lip service to the official propaganda. A sense of peace ensued as I realized that we had found an oncologist whom we can trust and a department that sequesters its anti-tumor drugs to keep would be thieves at bay. An official acceptance of this means of handling our donation of anti-tumor drugs was obtained from the hospital administrator before leaving.

We hurried back to CPA HQ just in time to schedule an official mission of the coalition forces to deliver our cache of medicines, departing 9AM Wednesday morning. Major Padgett was in charge of the mission once again. At 9AM our convoy left for [redacted]



**Rings for girls and animals for boys bring out smiles in many children suffering from different types of cancer.**



[redacted] and arrived without incident. I sensed that the staff was most pleased in receiving the donation of medicines.

After a formal letter of donation was prepared and signed in which Dr. [redacted] agreed to fill prescriptions for pediatric patients at the [redacted] we

proceeded to visit the Pediatric Oncology/Hematology ward and a number of children. It was during this visit that Dr. [redacted] expressed his joy at being able to provide the full course of therapy for a number of patients that previously lacked a number of the drugs used in various combinations. Indeed the response rates for induction remission had



**This deaf girl with ALL grabbed a handful of plastic rings from David's hand. While her mother does not know English, she understood that her daughter was to choose only one. Here she is prying open the hand of her daughter.**

greatly fallen and many children were dying prematurely. He showed us many patient protocols, all in English, where missing essential drugs were crossed out.

**Praise God for Goals Achieved**

That evening as we packed for our return trip to Jordan, a sense of deep joy flowed over me because with God's help, we had accomplished all major goals of this mission. Indeed, Major Padgett shared that he could not believe how much we had accom-



plished in such a short time. I quickly replied that we had not accomplished this on our own. Rather these accomplishments were an expression of the grace and favor of our God and in response to many hundreds of people praying for us. We knew that we could not do this on our own. There were too many obstacles in our way. But with our God, nothing is impossible. Indeed we can testify with the Apostle Paul that, "I can do all things through Christ who strengthens me."

**Other children with cancer are frequently too sick to respond to small gifts.**

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**Join Blessings' Next Trip to Iraq**

As written about in this newsletter, Blessings is planning to take a short-term medical team to Iraq in February 2004. If you would like to participate in this outreach to (1) give instruction to local churches on the organization and structuring of a clinic and pharmacy (2) work along side Iraqi physicians in treating patients, (3) give continuing medical education lectures to the medical community, contact Blessings International immediately about specifics by phone, 918-259-8101, or email, [hharder@blessing.org](mailto:hharder@blessing.org).

Check Blessings' website [www.blessing.org](http://www.blessing.org) for information about the latest activities of Blessings International and options for supporting Blessings' efforts in Iraq or elsewhere by means of our new Online donation giving Center featuring credit card, checking account, and recurring giving options. *Please consider giving towards the equipment cost of Blessings' upcoming efforts in Iraq including computers used to facilitate the management of the clinics and their respective pharmacy inventories.*

**Blessings International**  
**P.O. Box 35292**  
**Tulsa, Oklahoma 74153-0292**

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**Smiles of joy greet us on the face of a deaf girl despite suffering from leukemia.**



*The symbol of trust*