

LIFE and DEATH MATTERS

Second Edition



HUMAN RIGHTS, ENVIRONMENT, AND SOCIAL JUSTICE

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Editor

SNAPSHOT: Considering the Human Health Consequences of War in Iraq¹

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War and Empire

In November 2007 there were 30 violent conflicts going on around the world.² Are they "wars"? Definitions of war, conflict, armed struggle, and revolution are imprecise and depend heavily on the vantage point of those doing the fighting. Violent conflict is called war only when an official declaration of war exists. If we use this narrow definition there are currently eight wars being fought in the world, in Sri Lanka, Somalia, Chechnya, Afghanistan, Iraq, Waziristan (Pakistan), Chad, and Mexico (a "drug war"). Interestingly, the extensive political violence occurring in such places as Kashmir, Kurdistan, the Gaza Strip, Darfur, and Lebanon is defined as "conflict" not war—even though the six-week conflict between Lebanon and Israel in the summer of 2006, which left nearly 2,000 people dead, was called "war."

Of the eight wars and five conflicts that I have just mentioned, 10 are occurring in the Middle East and the broader Muslim world. The United States is fighting wars in Afghanistan and Iraq, and over the last 50 years has intervened militarily in the Middle East region 10 times. This record, along with military interventions in other parts of the world, bespeaks the increasingly imperial aspirations of the United States as the world's economic and military superpower.³ Middle East scholar Laurie Brand puts it this way: "What word but 'empire' describes the awesome thing that America is becoming? It is the only nation that polices the world through five global military commands; maintains more than a million men and women at arms on four continents; deploys carrier battle groups on watch in every ocean; guarantees the survival of countries from Israel to South Korea; drives wheels of global trade and commerce." Brand concludes that this imperial expansion is being justified by "the exigencies of prosecuting a war against terrorism, a battle that is portrayed as existential in nature and global in scope."⁴

War in Iraq

Iraq has suffered an undue share of war and death during the past 50 years. The Baath Party rose to power in 1963, and Saddam Hussein became president in 1979. In his first year of office Hussein invaded Iran, pitching his country into a bloody eight-year war that cost more than a million lives and represents the longest conventional war between two countries in the 20th century. In 1990 he invaded Kuwait, this time incurring the wrath of Kuwait's Western allies. The United States and a coalition force of approximately 30 nations invaded Iraq in January 1991 in a six-week war that led to Hussein's surrender in February 1991.⁵

The costs to Iraq lasted much longer. Iraq was economically sanctioned by the UN Security Council; from 1990 to 2003, Iraq faced restrictions on importation of all items except medicine.⁶ Not until December 1996 was the UN Oil-for-Food Program initiated to attempt to alleviate major sanction-induced food shortages and malnutrition. The sanctions ended only when the United States declared war on Iraq on March 19, 2003. During this ongoing war in Iraq—which grew into an uncontrollable intersectoral civil war—the health of the population is deteriorating on multiple levels.

Body Counts and Health Costs

No one can say precisely how many Iraqis, including civilians, have been killed. The U.S. military reportedly has not kept records of Iraqi casualties. Body counts have become a major rallying cry for some human rights organizations, which demand U.S. coalition accountability. A major study of Iraqi casualties was carried out twice, in 2003 and 2006, by a research team affiliated with Johns Hopkins Bloomberg School of Public Health, Columbia, and MIT universities, in collaboration with a brave team of physician-epidemiologists in Baghdad.⁷ Both studies have been published in the prominent medical journal *Lancet* to a great deal of fanfare, criticism, and outright denial by the U.S. government. In the 2006 restudy the estimated body count of Iraqi civilians who had died violently was increased to more than 655,000.⁸ In comparison, as of April 2009, 4,270 U.S. military casualties have been confirmed by the Department of Defense—an unacceptable number but a mere fraction of the Iraqi death toll.⁹

Iraq is in the midst of a mental health crisis.¹⁰ Since the U.S. invasion, cases of post-traumatic stress disorder (PTSD) have increased by 35%, precipitated particularly by the major battles and explosions that have devastated urban neighborhoods.¹¹ The vast majority of Iraq's 13 million children are likely affected by psychological trauma in addition to the "grave risk of starvation, disease [and] death."¹² At least a half million of these children are in serious need of psychological treatment.¹³ The number of Iraq and Afghanistan veterans diagnosed with PTSD is also rising rapidly, from nearly 30,000 in 2006 to nearly 50,000 only one year later, according to a Veterans Administration study.¹⁴ But few of these are counted in the Pentagon's official tally of approximately 30,000 wounded in Iraq.

Almost half the Iraqi population consists of children. Once child malnutrition was rare in the country. Now UN agencies estimate that one out of every eight children in Iraq dies before the age of five, one-third are malnourished, one-quarter are born underweight, and one-quarter do not have access to safe drinking water.¹⁵ These devastating figures reflect the fact that about 75% of Iraqis currently lack secure access to food; thus, child malnutrition rates are now high in a country where malnutrition among children was once rare.

The refugee crisis also has been devastating to human health. Many of those Iraqis able to leave the country have fled. During the First Gulf War, those encouraged by the U.S. government to revolt against the regime of Saddam Hussein, mostly Shia Muslims, were subsequently forced to flee. After living for up to six years in deplorable conditions in Saudi Arabian refugee camps the Shia refugees were largely resettled in the United States, where they are now an impoverished and unassimilated

ethnic enclave of nearly 80,000 in Detroit, Michigan.¹⁶ The U.S. Patriot Act makes it unlikely that additional Iraqi refugees will be allowed into the United States. To date only a trickle of Iraqi refugees from the current war have been given asylum; even many of the brave Iraqi interpreters who risked their lives to work with U.S. forces have been callously denied asylum,¹⁷ as have Iraqi Fulbright scholars.¹⁸ The majority of the refugee population of 2.2 million has fled to Syria and Jordan, resource-poor countries whose infrastructure is being overwhelmed. An additional 2.7 million people are internally displaced within Iraq; they can neither return to their homes nor safely emigrate.¹⁹

Environmental Costs

The war has taken a great toll on the environment, especially as a result of the contaminant depleted uranium, or DU. DU is the waste product of uranium enrichment and is about 60% more radioactive than natural uranium. Like other heavy metals DU is chemically toxic to humans. It has been used since 1959 in the U.S. munitions industry because of its high density, melting point, and tensile strength, and because it ignites when it fragments. The U.S. military has called it the "silver bullet" for destroying enemy tanks and uses it as armor on tanks. It has been used extensively in both U.S. wars in Iraq.

When DU explodes, it creates "a fine, respirable size dust that contaminates an impact site and presents a hazard to combat troops and civilians." DU dust in the environment has a radioactive decay chain lasting 4.5 billion years, posing long-term health risks to exposed populations. Because only a few dozen U.S. Gulf War veterans who are the victims of DU "friendly fire" have been studied, evidence of DU's immediate and long-term health effects remains inconclusive. In laboratory rats, DU causes cancer, kidney damage, central nervous system damage, negative reproductive effects, and other health problems.²⁰ Already, according to WHO, there are reports of increased rates of cancers, congenital malformations, and renal diseases among the Iraqi population since the First Gulf War.²¹ Some environmental activists and Gulf War veterans groups have attributed so-called Gulf War Syndrome to DU exposure.²² Convinced of a link between health problems and DU exposure, the Italian government has agreed to a precedent-setting DU compensation package.²³ By contrast, the U.S. Department of Defense has been accused of gross negligence in failing to assess the health and environmental costs of its use of DU in Iraq.

Medical Anthropology in the Warzone

I have never been to Iraq, but I have worked with Iraqi Shia refugees of the First Gulf War living in Dearborn, Michigan.²⁴ To my knowledge, no medical anthropologist has worked in Iraq in the past 50 years. One reason is Iraq's turbulent and dangerous history. But another reason is our failure as a profession.

Why is there so little research on the medical anthropology of war? First, I would argue that we are scared of studying war, and rightly so. Doing fieldwork in a warzone is life threatening. Yet journalists—whom anthropologists often criticize for

their lack of language training and cultural immersion—risk their lives in pursuit of knowledge about the effects of war. To date nearly 190 journalists and media assistants have lost their lives in Iraq—the highest toll in the history of journalism.²⁵ How many anthropologists have been so brave?

Second, it is extremely difficult for scholars to enter war zones—our universities and their institutional review boards will not allow it, nor will the host country at war.²⁶ But it is not impossible, strictly speaking. The National Science Foundation (NSF), for example, has had a separate source of funding for anthropological research in “high-risk situations” where immediate response and research is needed. The NSF Cultural Anthropology program is not beholden to host country politics in the way that some other funding agencies are, including the U.S. State Department’s Fulbright program. NSF has funded several anthropologists doing fieldwork in contemporary Iraq and Afghanistan, as well as in Sri Lanka, Congo, and Tajikistan.²⁷ As a discipline, we have been faint of heart and lacking in moral courage in this arena. We have turned away from the brutal realities, the embodied suffering, the psychological devastation, the sexual violence, and the refugee aftermath of war. It is not enough to study “structural violence”—as important as the violence of poverty and powerlessness may be.²⁸ War creates poverty, but it also creates many other forms of embodied suffering that require our anthropological attention and our concern.²⁹ It creates trails of human misery that take generations to overcome. War is bad for human health and well-being on multiple levels. The health effects of war are immediate and long term, direct and indirect.³⁰ War precludes the possibility of Health for All, the utopian goal of the Declaration of Alma-Ata.³¹ If global health is to become a worldwide aspiration in the 21st century, then medical anthropologists must assess the health costs—as well as the political costs—of war and agitate for peace in the new millennium.

Notes

1. I am both a medical anthropologist and an area studies scholar. Since September 11, 2001, I have been involved in directing various centers for Middle Eastern and North African Studies and I spent much of 2007 on research leave in the Middle East. An earlier version of this essay was published as Marcia C. Inhorn, “Medical Anthropology Against War,” *Medical Anthropology Quarterly* 22(4) 2008:216–24.
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20. Factual detail in the first two paragraphs of this section are from Dan Fahey, “The Emergence and Decline of the Debate over Depleted Uranium Munitions, 1991–2004,” 2004, www.danfahey.com/2004-DanFahey.pdf, 11/22/07. For additional detail on human health costs of radioactivity and militarism, see *Half-Lives and Half-Truths: Confronting the Radioactive Legacies of the Cold War*, Barbara Rose Johnston, Ed. (Santa Fe, NM: School for Advanced Research Press, 2007).
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