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Medical Anthropology against War

In my 2006 presidential address on "Medical Anthropology at the Intersections," I attempted to convey all of my high hopes for medical anthropology in the new millennium (Inhorn 2007). We are nearly 50 years old as a discipline, and we are on the verge of numerous, exciting intersections with multiple fields. At the 2007 meeting, I announced our plans for the first independent Society for Medical Anthropology (SMA) conference in 20 years, entitled "Medical Anthropology at the Intersections: Celebrating 50 Years of Interdisciplinarity," to be held at Yale University, Sept. 24–27, 2009.

Although our Friday night SMA event is mostly a time for celebration, I felt compelled to end my SMA presidency on a more serious note. I am both a medical anthropologist and an area studies scholar. For most of the period since September 11, 2001, I have been involved in directing various centers for Middle Eastern and North African Studies, and I have spent much of 2007 on research leave in the Middle East, a region that is currently wracked with violence. Thus, I wanted to speak that evening on the theme "Medical Anthropology against War," sharing with you my ruminations over the deeply troubling, violent state of world affairs, as well as my chagrin over medical anthropology's relative apathy in the face of so much danger.

War and Empire

As of November 2007, there were officially 30 violent conflicts going on around the world (Wikipedia 2007a). Whether they are "wars" is difficult to say, because the definitions of war, conflict, armed struggle, and revolution are imprecise and depend heavily on the vantage point of those doing the fighting. War is defined as war only when an official declaration of war exists. By this definition, then, there are currently eight wars being fought in the world as of today, including in Sri Lanka, Somalia, Chechnya, Afghanistan, Iraq, Waziristan (Pakistan), Chad, and Mexico, the last defined as a "drug war." Interestingly, the political violence occurring in places like Kashmir, Kurdistan, the Gaza Strip, Darfur, and Lebanon is defined as "conflict," not war—even though summer 2007's six-week war in Lebanon between Israel and Hizbullah was called a "war" and left nearly 2,000 people dead. Of the eight wars and five conflicts that I have just mentioned, ten of them are occurring in the Middle East and the broader Muslim world.

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Two of these wars—in Afghanistan and Iraq—have been declared by the United States. Indeed, the United States has intervened militarily ten times in the Middle Eastern region over the past 50 years, at a rate of once every five years (Inhorn and Sargent 2006). This record of military intervention—not only in the Middle East, but in many other parts of the world—bespeaks the increasingly imperial aspirations of the United States as the world's economic and military superpower (Burman 2007). In her 2004 presidential address on "Scholarship in the Shadow of Empire," former Middle East Studies Association President Laurie Brand began in 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. [2005:3]

Brand concluded 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" (2005:3).

In her address, Brand applauded the early efforts of the American Anthropological Association (AAA) to confront the relationship between anthropology and the U.S. government during the Vietnam War period. Because of the role that some anthropologists had played in a number of counterinsurgency projects, AAA created an ad hoc committee on ethics in 1968, which led to the first formal drafting of a AAA ethics code. That code was updated in 1998 and is prominently displayed on the AAA website (www.aaanet.org).

In 2006–07, we have seen renewed antiwar activism on the part of AAA. A new ad hoc Commission on the Engagement of Anthropology with U.S. Securities and Intelligence Communities has been formed, and the pages of the *Anthropology News* have been filled with intellectual ferment between anthropologists arguing for "engagement" in national security issues through participation in intelligence gathering, and those arguing against it, the latter of whom have formed a "Network of Concerned Anthropologists" (Besteman et al. 2007). Particularly fervent responses have occurred in reaction to the fall 2007 front-page *New York Times* story (on October 5, 2007), called "Army Enlists Anthropology in War Zones" (Rohde 2007). The article began, "In this isolated Taliban stronghold in eastern Afghanistan, American paratroopers are fielding what they consider a crucial new weapon in counterinsurgency operations here: a soft-spoken civilian anthropologist named Tracy" (Rohde 2007). Although Tracy was not deemed by the *New York Times* reporter to be a medical anthropologist, the cover photo showed an Afghan boy at a free medical clinic set up by Tracy and U.S. Army medics.

In addition to AAA concern over the role of anthropologists like Tracy literally "embedded" in U.S. military efforts, there has been activism by AAA against the U.S. war in Iraq. On November 18, 2006, at the AAA Business Meeting in San Jose, two resolutions—one calling for a complete end to all U.S. military operations in Iraq and the other asking for full U.S. compliance with the UN Convention against

Torture—were passed in a balloting procedure. In May 2007, the resolutions were voted on by the AAA membership, and both resolutions were adopted. In plain language, the resolution against the U.S. Occupation of Iraq states: "Be it moved that the American Anthropological Association condemns the U.S.-led invasion and occupation of Iraq and urges the U.S. Congress and President George W. Bush to: Immediately withdraw all U.S. military personnel . . . and cease all U.S. military operations . . . in Iraq" (www.aaa.org).

War in Iraq

As a medical anthropologist, I now want to turn to Iraq and tell you what I have been able to discern about the state of human health and profound suffering in that country. I have never been to Iraq, although I work with Iraqi Shia refugees of the First Gulf War living in Dearborn, Michigan (Inhorn and Fakih 2006). To my knowledge, not a single other medical anthropologist has ever worked in the country of Iraq in the past 50 years—including during the past five and a half years since the United States invaded. Part of this absence of medical anthropology in Iraq has to do with Iraq's particularly turbulent and dangerous history. Part of this has to do with our failure as a profession. I want to comment on both in turn.

Iraq has suffered an undue share of war and death during the past 50 years, making its modern history quite tragic. In 1963, the Baath Party rose to power in Iraq, with Saddam Hussein becoming president in 1979. Within his first year of office, he invaded Iran, pitching his country into a bloody eight-year war, costing more than a million lives and representing the longest conventional war between two countries in the 20th century (Wikipedia 2007b). Only two years after that war ended, Saddam Hussein invaded another neighboring country, Kuwait, on August 2, 1990, this time bringing on 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 Saddam Hussein's surrender in February 1991 (Wikipedia 2007c). Nonetheless, the costs to Iraq as a nation lasted much longer. Iraq was economically sanctioned by the UN Security Council for its aggression on its neighbors. During a 13-year period from 1990 to 2003, Iraq faced restrictions on importation of all items except medicine (World Health Organization [WHO] 2003).

Not until December 1996 was the Oil-for-Food Program initiated by the United Nations to attempt to alleviate major sanction-induced food shortages and malnutrition in the country. Strikingly, the UN sanction period did not end until the United States declared war on Iraq on March 19, 2003. Despite relief from sanctions, the current war in Iraq—which has grown into an uncontrollable intersectarian civil war during the past two years—is health demoting to the Iraqi population on multiple levels.

Body Counts

First is the controversial issue of the "body count": Namely, no one can say precisely how many Iraqis, including civilians, have been killed. The U.S. military forces in Iraq have not kept records of Iraqi casualties; indeed, U.S. General Tommy Franks has publicly asserted that “We don’t do body counts” (Iraq Body Count 2007). This has become a major rallying cry for some human rights organizations, which demand U.S. coalition accountability in this regard.

To that end, a major study has been carried out twice, first in 2003 and most recently in 2006, by a research team affiliated with Johns Hopkins Bloomberg School of Public Health, Columbia, and MIT universities, in collaboration with a very brave team of physician–epidemiologists in Baghdad (Burnham et al. 2006; Roberts et al. 2004). Both of these studies have been published in the highly regarded British medical journal, *Lancet,* with a great deal of fanfare, criticism, and outright denial by the U.S. government. In the most recent 2006 restudy, the estimated body count of Iraqi civilians who had died violently was increased to more than 655,000 (Johns Hopkins Bloomberg School of Public Health 2007). In comparison, as of October 2008, 4183 U.S. military casualties have been confirmed by the Department of Defense (Ewens 2007), an unacceptable number, but clearly a fraction of the Iraqi death toll.

Mental Health Crisis

Not surprisingly, given the mounting death toll, Iraq is suspected of being in the midst of a mental health crisis (Fleck 2004). Since the U.S. invasion, cases of post-traumatic stress disorder (PTSD) have increased by 35 percent, particularly following some of the major battles and explosions that have devastated urban neighborhoods (Tarabay 2006). According to a report in the *British Medical Journal,* 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” (Clark 2003:356). At least a half million of these children are in serious need of psychological treatment (Medical Aid for Iraqi Children 2003). As an important comparison, the number of Iraq and Afghanistan veterans diagnosed with PTSD is also rising rapidly, from nearly 30,000 in 2006 to nearly 50,000 this year, according to a recently released Veterans Administration study (Isikoff and Reno 2007). But few of these are counted in the Pentagon’s official tally of 28,000 wounded in Iraq.

Child Health

Returning to the plight of Iraqi children in a society where almost half of the total population currently consists of children, 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 (WHO 2003). These devastating figures reflect the fact that 18 million out of 24.5 million people in Iraq (about 75%) currently lack secure access to food; thus, child malnutrition rates are now high in a country where malnutrition among children was once rare.

Refugees

Many of those Iraqis able to leave the country have fled. During the First Gulf War, the mostly Iraqi Shia Muslims who were encouraged by the U.S. government to revolt against the regime of Saddam Hussein were subsequently forced to flee the country. After existing for up to six years in deplorable living conditions in Saudi Arabian refugee camps, this population of Iraqi Shia refugees was largely resettled in the United States, where they compose an impoverished and unassimilated ethnic enclave population of nearly 80,000 in Detroit, Michigan (Walbridge and Aziz 2000).

Whether additional Iraqi refugees will be allowed into the United States following the current Iraq war is unclear but seems very unlikely, given the U.S. Patriot Act. To date, only a trickle (<10,000) of Iraqi refugees from the current war have been given asylum in the United States; even many of the brave Iraqi interpreters who have risked their lives to work with the U.S. forces have been callously denied asylum (Knight 2007), as have Iraqi Fulbright scholars seeking refuge in this country (*Anthropology News* 2007). The rest of the 2.2 million-strong Iraqi refugee population has fled primarily to the neighboring countries of Syria and Jordan, both resource-poor countries whose infrastructure is being overwhelmed by the millions of Iraqi refugees in their midst. In addition, there are currently 2.2 million internally displaced people within Iraq; they are unable to return to their homes but also unable to secure safe passage outside of their country (UN High Commission for Refugees 2007).

Environmental Costs

Finally, the war in Iraq has taken a great toll on the environment, in the form of an environmental contaminant called "depleted uranium," or DU. What is DU? DU is the waste product of uranium enrichment and is about 60 percent more radioactive than natural uranium. Like lead, nickel, and other heavy metals, DU is chemically toxic to humans (Fahey 2004). DU has been used since 1959 in the U.S. munitions industry because (1) it is 65 percent denser than lead, (2) it has a high melting point, (3) it has tensile strength comparable to most steels, and (4) it ignites when it fragments. Thus, the U.S. military has called DU the "silver bullet" for destroying enemy tanks (Fahey 2004). DU is also used as armor on U.S. tanks. In short, DU is both a "bunker buster" and a "silver shield." It has been used extensively in both U.S. wars in Iraq.

Unfortunately, when DU explodes, it creates "a fine, respirable size dust that contaminates an impact site and presents a hazard to combat troops and civilians" (Fahey 2004). Furthermore, DU dust in the environment has a radioactive decay chain lasting 4.5 billion years, thereby 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 human health effects remains inconclusive. Nonetheless, in laboratory rats, DU causes cancer, kidney damage, central nervous system damage, negative reproductive effects, and other health problems (Fahey 2004). Already, according to WHO, there are reports of increased rates of cancers (incl. leukemia among children), congenital malformations, and renal diseases among the Iraqi population since the First Gulf War (WHO 2003). Some environmental activists and Gulf War veterans groups have attributed so-called Gulf War Syndrome to DU exposure (Fahey 2005).

As with the unknown Iraqi body count, 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. DU analyst Dan Fahey concludes, “Science and common sense dictate it is unwise to use a weapon that distributes large quantities of a toxic waste in areas where people live, work, grow food, or draw water” (2004:24). Such concerns about radioactive contamination are reiterated in the impressive new book, compiled by a group of anthropologists and published by the School for Advanced Research, entitled *Half-Lives and Half-Truths: Confronting the Radioactive Legacies of the Cold War* (Johnston 2007). I recommend it to you most highly.

Recommendations

What else do I recommend? I recommend that you purchase the remarkable volume *Violence in War and Peace*, an anthology edited by Nancy Scheper-Hughes and Philippe Bourgois (2007). This weighty volume covers multiple forms of violence, from conquest and colonialism to the aftermaths of war. War itself is not a category in the book, and there are few medical anthropologists other than Scheper-Hughes, Bourgois, and Veena Das included in the volume. Nonetheless, it represents the only recent medical anthropology–informed text on the atrocities of political and other forms of violence.

So why is there so little on the medical anthropology of war? What is the cause of our inertia? First, I would argue that we are scared of studying war, and rightly so. Doing fieldwork in a war zone is a risky proposition and is, in fact, life threatening. Journalists—who—anthropologists often criticize for their lack of language training and cultural immersion—nonetheless are willing to risk their lives in pursuit of knowledge about the effects of war. To date, more than 175 journalists and media assistants have lost their lives in Iraq—the highest toll in the history of journalism (Committee to Protect Journalists 2007). How many anthropologists have been so brave?

Second, we argue that it is impossible for us, as scholars, to enter war zones—that our universities and their Institutional Review Boards will not allow it, nor the host country at war. But this is not true, strictly speaking. The National Science Foundation (NSF), for one, has a separate source of funding for anthropology 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, for example, the U.S. State Department Fulbright program. To that end, NSF has funded several anthropologists doing fieldwork in contemporary Iraq and Afghanistan (incl. one of my students who is examining maternal mortality in the latter), as well as in Sri Lanka, Congo, and Tajikistan (Deborah Winslow, personal communication, December 6, 2007).

Sadly, few medical anthropologists have examined any aspect of war or its aftermath in Iraq, or other parts of the Middle East. This is true of other regions as well. As a discipline, we have been faint of heart and lacking moral courage in this arena. In so doing, we have turned away from the brutal realities, the embodied suffering, the psychological devastation, the sexual violence, and the refugee aftermath of war. We have failed to attend to these realities during wartime, and our record of scholarship in war's aftermath is similarly thin. It is not enough to study "structural violence"—as important as the violence of poverty and powerlessness may be (Farmer 2003, 2004). War creates poverty, but it also creates many other forms of embodied suffering that require our anthropological attention and our concern.

As I end my SMA presidency, I urge us to take a stand against war in two ways. First, we must consider war to be a legitimate and pressing topic for our scholarship—not as "embedded" anthropologists who serve U.S. military interests but, rather, as independent and courageous scholars of human suffering. This is my challenge to the "new millennium" generation of medical anthropologists: Take a stand against war by revealing its harmful effects in your studies. Second, I urge the SMA, as a society, to join the AAA in its recent activism against the U.S.-led war in Iraq. As of yet, SMA has taken no official policy stance against the war, although we have formed a small "war and health" policy subcommittee within our board. As I leave office, I would urge our society to take a stand against war on a policy level, and to participate in multiple forms of antiwar activism.

As should be clear from the example of Iraq, when it comes to war, there are 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 (Ghobarah et al. 2004).

The pursuit of war in Iraq and beyond precludes the possibility of "Health for All," which was the utopian goal of the Declaration of Alma-Ata (WHO 1978). If the achievement of global health is to become a worldwide aspiration in the 21st century, then it behooves us, as medical anthropologists, to assess the health costs—as well as the political costs—of war, and to agitate for peace in the new millennium.

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