

The Dead in Iraq and the War of Numbers

Two different studies on mortality in Iraq after the 2003 US invasion – by Iraq Body Count and Johns Hopkins School of Public Health – provide vastly different assessments.

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Among the many wars taking place in and around Iraq – the American war on (or of) terror, the war between the occupation forces and Iraqi insurgents and civilians, the war relentlessly being waged on innocent civilians by a wide array of armed forces, the strife between sunnis and shias, the war by media groups to gain the attention of the world, to enumerate only the most obvious forms of an escalating conflict that shows little sign of diminishment – the war of numbers is shaping up as an important part of the conflict. The daily barrage of the dead is such that a long-term perspective on casualties may appear to be something of a luxury. Since the American invasion of Iraq in March 2003, the independent organisation Iraq Body Count (www.iraqbodycount.org) has been maintaining a tally of “civilian deaths in Iraq that have resulted from the 2003 military intervention by the USA and its allies”, and its count includes civilians who have died at the hands of US forces, other coalition troops, Iraqi security forces, insurgents, and all other paramilitary organisations. As of October 27, 2006, the Iraq Body Count gave a maximum total of civilian deaths of 49,697.

Excess Deaths and Its Assessment

However, a recent and apparently credible study undertaken by the highly respected Johns Hopkins School of Public Health, whose researchers worked in collaboration with Iraqi medical doctors affiliated to the School of Medicine at Baghdad’s AlMustansiriya University, has estimated that through July 2006, there have been 6,54,965 fatalities since the invasion.¹ These are described as “excess deaths”, or fatalities above the pre-invasion death rate. How is it possible that

two widely cited figures on Iraqi fatalities could be so hugely discrepant? Which study is more credible, or is it the case that, both studies being flawed, the “truth” lies somewhere in the middle? It surely matters how many Iraqis have been killed since the invasion, and not only because one study furnishes a number that is more than 10 times greater than the other number, and the human thirst for truth cannot apparently be satisfied by both numbers. It matters because the larger number, if true or at least a more reliable approximation of the truth, would suggest that an additional 2.5 per cent of Iraq’s population has been wiped out in little over three years, and such an astronomical loss of lives cannot but have far-reaching demographic consequences. The Johns Hopkins study notes that 6,01,027 of the “excess deaths” occurred due to violent causes, and that the victims are largely male, aged 15-44 years.

A set of comparisons comes to mind: over the six years that the second world war lasted, the UK lost 0.94 per cent of its population, even though London was subjected to relentless bombing over the course of months, and China and the US lost 1.89 per cent and 0.32 per cent of their population, respectively. (The US only entered the war after the attack on Pearl Harbour in December 1941.)

The Korean war suggests a more chilling comparison: though the precise number of civilian casualties is a matter of some dispute, with estimates varying from 1.8 million to nearly four million fatalities, the matter-of-fact assessment of general Curtis LeMay, the architect of the fire-bombing of Tokyo in March 1945, casts a rather more ominous light on the catastrophe facing Iraq: “Over a period of three years or so we killed off – what – 20 per cent of the population”. Those who describe North Korea as a “rogue state” have not probed whether the country’s present dilapidated state might not have some relationship to the brutalisation of its people

by a foreign imperialist power. Iraq, one fears, is not far from being reduced to a similar state of pauperism.

Johns Hopkins Study

The Johns Hopkins study, expectedly, has attracted some criticism, and the American administration officials immediately dismissed it as “unreliable”. Of course, “unreliable” here signifies nothing at all, unless it be the well known incapacity of officials in the Bush administration, for whom the example has been set by the commander-in-chief himself, to admit that Iraq has been turned into an inferno. The authors of the study, who are medical practitioners, cannot be accused of being politically motivated, though in fact, doctors and other health professionals have every reason to feel aggrieved. The health system in Iraq has disintegrated, and there are documented instances of doctors and nurses being targeted by killers to prevent them from healing the wounded among the enemy. There were 34,000 physicians in Iraq before the invasion of 2003, and already by mid-2004 some 2,000 had been murdered while another 12,000 had emigrated. Even the most inexpensive medicines and medical supplies, such as rehydration tablets, disposable needles and plastic masks, are in acutely short supply. Some Iraqi health care specialists have given it as their opinion that Iraqi deaths could have been halved if adequate medical facilities had been available to care for the wounded. On the other hand, the American fatality rate has never been so low, and American soldiers who would have died of their present wounds in any previous war have been given a new lease on life by the most advanced system of emergency medicine brought to the battlefield and to military hospitals.

Iraq Body Count

Since the founder of Iraq Body Count and the authors of the Johns Hopkins study have alike expressed confidence in their results, it is instructive to understand why they might have arrived at such different conclusions. Iraq Body Count attempts to verify every report of fatalities, but, in what is doubtless a critical shortcoming, it relies entirely on online media reports “from recognised sources” and eyewitness narratives for its information. If a fatal incident has not been seen or witnessed,

the victim is unlikely to end up as a statistic and is consigned to utter oblivion. Iraq Body Count's researchers admit that their tally does not account for all war-related civilian deaths, but nonetheless they insist that their mortality statistics still furnish the most reliable data for Iraqi civilian casualties. The Johns Hopkins study, in contrast, is described by its initiators as "the only population-based assessment of fatalities in Iraq during the war". Following on the heels of an earlier study in 2004, which was faulted for securing a sampling base of only 1,000 families and having a large margin of error, the 2006 survey was more exhaustive and used a standard cluster survey method ordinarily used to measure mortality in conflict situations. The survey members covered 16 of the 18 administrative districts in Iraq, and selected at random 50 sites for their survey, and 40 households at each site. Every household thus had an equal chance of being included, and eventually data from 1,849 households was included.

Cluster Survey Method

While the authors of the Johns Hopkins study scarcely claim infallibility, their study is accompanied by a robust defence of the methods they deployed to study mortality in Iraq. The cluster survey method relies on random sampling, except that, in situations of extreme conflict where the listing of all persons or households becomes nearly impossible, it involves random selection of clusters of people or households rather than individual people. They acknowledge that researchers encountered numerous difficulties, having to overcome US military checkpoints, and occasionally some suspicion in the homes that they visited. Each survey team consisted of two men and two women, all Iraqis, medical doctors and fluent in English and Arabic. Each researcher was trained in the use of the questionnaire. The pre-invasion and post-invasion mortality rates were compared, and in every household where the death of a member was reported to the survey team, the interviewees were asked to present a copy of the death certificate of their relative. In 92 per cent of such instances, the study reports, "a death certificate was present". Nonetheless, sceptics might feel entitled to entertain the usual doubts – the size and representativeness of the sample, the quality of survey techniques, the rapport between the researcher and the interviewee – about such sampling studies. Nor does the thoroughness of the study preclude some obvious questions: for instance, could some who have been counted among the dead simply have left the country? Were household members likely to invent

deaths, either out of bitterness or in the hope that this would entitle them to some compensation?

Alarming Statistics

The findings of the Johns Hopkins study are, to say the least, stunning. Though the whole number of 6,54,965 excess deaths, of which 53,938 were due to non-violent causes, is the most alarming statistic to emerge from the study, some of the other key findings confirm the perception that the conflict in Iraq has sharply escalated over the course of the last 18 months. The crude mortality rates tell their own depressing story. In the 12 months preceding the invasion of March 2003, the death rate was 5.5 deaths per 1,000 per year; in the 12 months following the invasion, it had risen to 7.5 deaths per 1,000. From May 2004-05, it again rose to 10.9 deaths per 1,000, but in the subsequent 12 months, ending in June 2006, it nearly doubled to 19.8 deaths per 1,000, or almost quadruple of the baseline crude death rate of 5.5 deaths per 1,000 in the pre-invasion period. At the present rate, over 900 people are dying from violence daily, and over 50 per cent of the violent deaths can be attributed to gunshots. These figures, as the authors of the study realise, might not seem congruent with the figures appearing in the newspapers and online media reports. But, as they point out, the passive surveillance methods to measure mortality, such as visits to morgues and reliance on media reports, have not been shown to identify more than 20 per cent of the deaths in other major conflict situations such as Kosovo, the Democratic Republic of Congo and Darfur.

Whatever one's own political inclinations, profound ethical questions arise from such studies. In the midst of the disagreements, it is easy to forget that the violent death of a single person diminishes everyone. Mohandas Gandhi understood this, not merely as something of an abstract idea, but as an ethical stance that forbids us from being seduced by the calculus of numbers and the attendant geopolitical considerations. In February 1922, at the height of the non-cooperation movement which had been the most concerted opposition to British rule since the rebellion of 1857-58 and by the admission of some colonial officials had succeeded in paralysing British administration in various places, Gandhi invoked his authority to put the entire movement into suspension. Some 20 odd Indian policemen serving under the raj had been killed at Chauri Chaura by angry crowds, ironically many of them acting in the name of the Mahatma, and Gandhi was persuaded that the country was not adequately prepared to offer non-violent resistance. To his many

critics, who chafed at Gandhi's authoritarianism, suspected him of subservience to the regime of law and order, and felt enraged that he had squandered the opportunity to bring the British to their knees, Gandhi replied unswervingly: With what words could he console the bereaved widows of the policemen, and with what countenance could he look them in the eye and justify those deaths as necessary in the name of some higher political good?

Yankee Individualism

The Iraq Body Count's web site is prefaced in bold with a remark by general Tommy Franks, US central command: "We don't do body counts". More accurately, it is the Iraqi bodies that are not counted, since the bodies of dead American soldiers are, by contrast, a matter of obsessive concern. The death toll of American soldiers, listed by name, rank, regiment or division, and place of origin appears across the country with numbing regularity in the *New York Times*, numerous other newspapers and web sites, and public memorials. Even in death, the American retains his, so to speak, rugged Yankee individualism. The Iraqis appear today, as they have in countless other narratives, en masse, heaped together, always as part of a collectivity. One must wonder whether it is dead Iraqis that are now being fought over, or whether the terrain of conflict, as far as mortality in Iraq is a question, has shifted to the question of what constitutes "science".

That two studies, both grounded in what appear to their researchers to be "objective" measures and animated by the concern to fulfil a moral obligation to the Iraqi people and to posterity, have come to such vastly different assessments of mortality in Iraq suggest that we must revisit, to invoke the phrase of the historian of science, Ted Porter, our "trust in numbers". Modern science replaced the certitudes of one age with another set of certitudes, but as the present controversies over death and destruction in Iraq indubitably demonstrate, our uncertainties are not likely to be resolved by more accurate studies or more empirical research. Not all narratives are equally compelling, but it also appears that one of the many insights to be gained from the disputes over mortality in post-invasion Iraq is that in the onus to lead an ethical and politically aware life, science may not offer much more assistance than did religion. **EW**

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Note

- 1 Gilbert Burnham et al, *The Human Cost of the War in Iraq: A Mortality Study, 2002-2006* Baltimore, Baghdad and Cambridge, Mass, 2006.