‘Counting the Dead in Iraq’ — Humanitarian Policy Group, Public Meeting at the Overseas Development Institute, 30 November 2004

Richard Garfield, Professor of Nursing at Columbia University, and co-author of the recent controversial *Lancet* article that estimates around 100,000 excess deaths in Iraq since *Operation Enduring Freedom* was launched, spoke at ODI in London recently.¹ The Humanitarian Policy Group at ODI had seized the opportunity of his visit to invite him to discuss issues raised by his team’s findings and the response to them, at a public meeting on the 30th November. The meeting was well attended by government representatives, humanitarian NGOs, public health specialists and others.

James Darcy of HPG opened the meeting by saying that, as well as issues specific to Iraq, this was an opportunity to explore some general questions arising, such as how to gauge the extent and causes of excess mortality in conflict-affected environments; how to measure military performance against the central humanitarian concern with restraint in the use of force; and how this should feed back into military planning with a view to minimising civilian casualties.²

Richard Garfield presented the findings of the study. The data collected by the Columbia team, from 33 representative cluster samples of 30 households each, robustly demonstrate a greatly increased risk from violent death after the Coalition invasion than before it. This applies to both civilians and combatants. Prior to the invasion, the greatest risk of death in the indigenous population was from myocardial infarction and other chronic disorders. Following invasion, violence became the primary cause of death in Iraq, with most violent deaths resulting from air strikes (apart from in the far north).

While the evidence suggested that the practice of ground troops was resulting in relatively few civilian casualties compared with other conflicts, the data was damning with regard to certain forms of aerial bombardment, which suggests the urgent need to implement practices to minimise civilian casualty rates from aerial attack, in order to comply with Geneva Conventions. It was argued at the meeting too that aerial warfare had never been as concerned with civilian protection as ground warfare, suggesting that the very fact of distance from a particular target dilutes the kind of moral identification with the humanity of (in particular) non-combatants, necessary to restrain the use of force in relation to civilians and civilian targets.

It was noted that the reaction of the UK Government had been more defensive, but more engaged, than in the USA. The Foreign Secretary had issued a comprehensive critique of the survey and a detailed statement of the UK’s position, compared to a relatively brief denial of the survey’s credibility issued by the USA Government (although the American public had responded in diverse ways, both supportive and...

² It is worth bearing in mind here three of the basic principles that underpin the Geneva Conventions. One is the principle of *distinction* between civilians or protected objects on the one hand, and legitimate military targets on the other. The second is the principle of *precaution* in attack - that every effort must be made not to cause damage to protected persons or objects. The third is the principle of *proportionality* – that only such force as is necessary should be used to achieve military goals. Fulfilling these present a particular challenge when conducting a counter-insurgency campaign of the type being waged in Iraq.
critical). One reason put forward for this difference in approach was that the UK Government’s justifications for war prior to invasion had included arguments based on (anticipated) improvements in public health outcomes for Iraqi citizens if Saddam Hussein were removed from power.

In response to the arguments put forward by the UK Government criticising the methodology of the survey, Professor Garfield argued that it had misrepresented (intentionally or not) the nature of the sampling used. Whereas the UK Government had claimed that it was invalid to extrapolate from a small sample to a national population, Professor Garfield argued that while the sampling was small, the randomised cluster sampling method adopted was such that the populations chosen was representative of the population as a whole. It was, therefore, legitimate to generalise from the results — this was not ‘extrapolation’. Professor Garfield also responded to another of the UK government’s implied criticisms that the apparently enormous range of likely excess deaths (between 8,000 and 194,000) given by the survey team begged incredulity. Professor Garfield pointed out that kind of statistical analysis used meant that it was far more likely to be a result in the middle of the range given (i.e. about 100,000 as estimated) than it was either 8,000 or 194,000. Furthermore it was acknowledged that while conditions in war zones may never permit surveys that would satisfy the strictest demographic standards, the study showed that useful data collection is possible even during periods of extreme violence, and that the results can be powerfully indicative if not always conclusive.

The 15 or so cluster surveys conducted in war zones prior to the Iraq survey had each led to significant policy re-assessment. The small sample survey conducted in Somalia in 1992, for instance, showed a vastly increased rate of mortality and generated the Bush administration’s humanitarian intervention; in Kosovo, the results of a similar survey showed that deaths were particularly concentrated in middle-aged males from a political opposition group, countering President Milosevic’s argument that NATO aerial campaigns were the main cause of Kosovar deaths. Again, the mortality survey led by Les Roberts (who also worked on this latest Iraq survey) in the Democratic Republic of Congo in 2002 demonstrated that the indirect effects of conflict (displacement, lack of access to goods and services) were more deadly than the direct effects of violence. At least three million excess deaths were estimated to have occurred in the war period since 1998.

Discussion of Professor Garfield’s presentation ranged from the differing reactions in tone and substance to the findings from the governments and public of the US and UK; methodological challenges to data collation and analysis in conflict zones; the need for the humanitarian community to agree basic indicators of violence, going beyond body-counts to measure the indirect effects of violence and distinguishing civilian and combatant casualties; and the desirability of more flexible policies in

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3 See http://www.publications.parliament.uk/pa/cm200304/cmhansrd/cm041117/wmstext/41117m02.htm#41117m02.html_shd1
4 See Roberts et. al., op.cit
5 A statistically standard 95% Confidence Interval was used.
Defence Ministries surrounding the classification and sharing of conflict-related mortality and injury data.

Questions were raised over the military’s policy of restricting information, particularly regarding military casualties. The US was particularly sensitive, in light of the Vietnam War, to restrict pictorial and written coverage of military body bags. And yet this war, even in the ‘post-conflict’ phase, had seen a greater rate of deaths than any war the US had been involved in since the two World Wars. The discussion acknowledged that it was extremely difficult in highly insecure environments to verify the attribution of reported violent deaths to particular causes (e.g. tank fire or aerial bombs). This begged the question of whether the military could release in more timely fashion information regarding the targeting and force used in particular areas to assist in humanitarian analysis.

To build on the Iraq survey, hope was expressed that the humanitarian community and the military could work constructively and consistently to improve data collection to monitor and evaluate the military against its humanitarian obligations to protect civilians. Given the time limitations it was not possible to explore all the issues raised by the study and these discussions (such as exploring whether security classifications of casualty and ex-post facto targeting information might be modified to aid humanitarian analysis, or how to increase sample sizes).

Overall, it was argued that it is important for the humanitarian community to use robust data, and present evidence-based arguments of the ill-effects of particular policies, rather than cry wolf and extrapolate from one context to another. It was suggested that improvements could be made to the survey methodology, and the usefulness of the resulting data; for example, by increasing the sample size, and providing easily-absorbed statistical analysis to aid interpretation of the results.

End

Readers of this meeting summary may also be interested in the following HPG reports, available for download on the ODI/HPG website:

According to Need? Needs assessment and decision-making in the humanitarian sector, Darcy J. and Hoffman C-A. HPG Report 15

Measuring the impact of humanitarian aid: a review of current practice, Hofmann, Roberts, Shoham and Harvey, HPG Report 17