Report on the Iraq War

CASUALTIES: NARRATIVE AND IMAGES OF THE WAR ON IRAQ

Seiji Yamada, Mary C. Smith Fawzi, Gregory G. Maskarinec, and Paul E. Farmer

The Iraqi people have endured an excess burden of morbidity and mortality during the past 15 years due to war and sanctions, with the March 2003 Anglo-American assault on and subsequent occupation of Iraq representing the most recent chapter. Children have been disproportionately affected; many have died from infectious disease, malnutrition, and lack of access to health care. There have been significant differences in the availability of narrative accounts and images of this suffering, reflective of the need of those who wage wars and impose sanctions to keep the public uninformed. This article suggests that public health and medical practitioners have a responsibility to seek out such accounts and images. The authors explore possible responses to narrative and images of this suffering, and outline the sorts of responses engendered by three perspectives—charity, development, and social justice. The suffering of the people of Iraq should spur a response from the health community to alleviate the situation and prevent unnecessary suffering.

Individual experiences of pain and suffering are made irrevocably public when they are portrayed in the mass media. Arthur and Joan Kleinman call this phenomenon the cultural appropriation of suffering (1). Much of this suffering is inflicted on humans by other humans, war being a prime example. Public health and medical practitioners should approach such suffering from a health perspective. If public health and medicine are dedicated to the alleviation of pain and suffering then war should be considered a public health problem (2, 3) and practitioners of public health and medicine need to respond accordingly.

The ongoing war in Iraq has produced reportage and images that convey the suffering of its victims. Some of these images are already iconic: those of the

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victims of torture at Abu Ghraib prison, the burned bodies of Blackwater contract workers in Falluja, and the beheadings of hostages.

We focus here, however, upon narrative accounts and images of the assault on Iraq in March–April 2003. There were significant differences in the public availability in different countries of images of civilian casualties that occurred during this assault. Thus, television viewers and newspaper readers in the United States observed a very different war from people in other countries. What were the reasons for this? What was the intended effect of such portrayals? What was the effect on the consumers of mass media, and did the effect vary for different viewers and readers? These questions are explored below.

The Associated Press reported 3,240 Iraqi deaths between March 20 and April 20, 2003, noting that the actual numbers were most likely significantly higher (4). Others have estimated that between 5,000 and 10,000 Iraqi civilians and between 4,000 and 7,000 Iraqi military personnel were killed during the period of the initial assault in 2003 (5). In a tallying of eyewitness reports and media accounts, by July 2005, Iraq Body Count estimated the number of Iraqi civilians killed as between 22,787 and 25,814 (6). Using a cluster sampling method and extrapolating to Iraq as a whole, Roberts and colleagues (7) estimate that there were 98,000 excess Iraqi deaths in the 17.8 months after the March 2003 invasion in comparison to the 14.6 months preceding it. Violence was the leading cause of excess deaths, and the majority of the violent deaths were attributed to U.S. aerial weaponry such as helicopter gunships and rockets. Of note, figures from Falluja were excluded, and deaths of those who may have been combatants were not necessarily excluded from the analysis. The Iraq Living Conditions Survey (ILCS; 8) interviewed 21,668 households in April and May of 2004 and estimates 24,000 (95% confidence interval 18,000–29,000) civilian and military deaths during the invasion and the year afterward. The ILCS may have underestimated the number of war-related deaths given that (*a*) households in which all members died were excluded and (*b*) the estimates for child mortality were much lower than other recently published studies from Iraq. Only 12 percent of the deaths due to warfare were among children under the age of 18 years in their sample (2,880 children). Meanwhile, 138 American military personnel were killed before May 1, 2003, with the number surpassing 2000 by October 2005 (9).

HISTORICAL ANTECEDENTS: LESSONS FROM VIETNAM

To put media coverage of the current Iraq war in historical perspective, consider the Vietnam War. Differences between Iraq and Vietnam include the geopolitical context. In Vietnam, by taking over from the French in 1954, the United States entered a long-standing war of national liberation; in Iraq, the United States easily effected regime change, only to have an insurgency arise afterward. Eventually, the U.S. invasion and occupation of Vietnam was characterized by a greater intensity of warfare and numbers of casualties. For the United States to engage in

a full-scale assault on Vietnam, it had to rely on conscription, which fueled domestic opposition.

Similarities between Vietnam and the current Iraq war include great disparities in armaments between U.S. forces and its opponents, who find guerrilla tactics most effective. As in Vietnam, the U.S. occupation of Iraq is unpopular among its people, in no small part because of clear examples of racist dehumanization (10), of which Abu Ghraib is just one.

The control of images of civilian casualties was not as well developed in the Vietnam era. The Vietnam War was the first to be widely televised and broadcast into the homes of Americans. Photographs of the My Lai Massacre and of a girl, Kim Phuc, running from her village with her clothes burned off her body by napalm, are renowned. In no small measure, the graphic depictions of the nature of the U.S. assault on Vietnamese society were instrumental in turning the U.S. populace against the war, not because the war could not be won, but rather because its immorality became widely recognized. Government policy-makers called this reluctance of the populace for the U.S. government to engage in violent assaults on Third World peoples the "Vietnam Syndrome."

HISTORICAL ANTECEDENTS: LESSONS FROM THE FIRST GULF WAR

As part of the attempt to "kick" the Vietnam Syndrome during the first Gulf War (11), the media were denied access to the battlefield, and the public was largely presented U.S. military videos of "smart" weapons hitting their targets. Such portrayals by the media fed triumphalism in the United States. Further, the war was also only six weeks in duration. Military tactics such as attaching plows to tanks in order to bury Iraqi soldiers alive in their trenches in the first days of the ground war were not revealed until months afterward (12). Of course, many such soldiers were Shiite and Kurdish conscripts. As reported by Seymour Hersh in 2000, on March 2, 1991, two days after President Bush had declared a cease-fire, General Barry McCaffrey's 24th Division destroyed a retreating tank division, killing soldiers, civilians, and children (13). Thus, few scenes of what happened on the ground were shown in the United States during or immediately after the war. A search will produce a few images, however. One photograph, of an Iraqi soldier who had been incinerated in his vehicle by U.S. ordnance while retreating, was taken by Ken Jarecke and published in the *Observer* (London) (14). Years later, Richard Horton, the editor of the *Lancet,* discoursed on the prosection-like, exposed anatomy of this man. "Once seen, the picture is hard to forget" (15).

If such narrative or images had been widely available in the United States during or immediately after the war, the populace might have questioned the war's morality. That such narratives and images were not widely disseminated,

and that popular resistance to the war was slight, indicates the lessons of Vietnam had been learned well by the planners of the first Gulf War.

THE AFTERMATH OF THE FIRST GULF WAR

Given the censorship during the first Gulf War, little media coverage was dedicated to civilian casualties. However, the medical and public health literature has reported a tremendous burden of suffering that occurred during and after the first Gulf War. A U.N. report estimated 5,000 to 15,000 civilian deaths during the first Gulf War (16, 17), but these estimates represent only a small proportion of the civilian deaths that occurred. An estimated 20,000 died in the civil war that followed, and an additional 15,000 to 30,000 Kurds and other refugees died while fleeing for their safety. A tremendous excess burden of mortality among the Kurdish refugees was experienced by children, with nearly 1,000 infants dying daily at the height of their displacement (16). International relief efforts were not mobilized quickly enough to rescue these children, who mostly died from respiratory infections and diarrheal disease. Seventy-four percent of these deaths were associated with diarrhea, dehydration, or malnutrition (18).

The excess burden of mortality among children related to the first Gulf War was not limited, however, to war-affected and refugee populations. The country as a whole experienced an increase in child mortality. A nationwide survey conducted shortly after the war indicated that infant mortality had nearly doubled in Baghdad alone, not only in impoverished neighborhoods but also in middle- and upper-class neighborhoods. This study included more than 16,000 children from a random sample throughout the country and reported a three-fold increase in under-five child mortality from January through August 1991 compared with the period preceding the war (19). The excess mortality experienced by the most vulnerable, approximately 46,900 child deaths between January and August 1991, was largely related to the destruction of Iraq's infrastructure (19). In particular, the electrical system was targeted by Allied forces, and 13 of the 20 power stations in Iraq were inoperable within the first few days of the war (20). This disrupted water supplies and sanitation systems and the provision of essential medical care. One of us (M.C.S.F.) encountered a young woman in her twenties who related the following story during the 1991 survey in Baghdad:

> On January 17th, shortly after the bombing started, my three-year-old daughter, Fatima, became ill. She was suffering a great deal and I was very worried about her, so I took her to the clinic. The doctor there said that she needed kidney dialysis urgently. I was so worried about her, so I asked the doctor to please give her the dialysis right away. He said that he could not because the clinic did not have any electricity. He referred me to another clinic in Baghdad, but when I arrived they also did not have electricity. I traveled from clinic to clinic and then to the hospital in search of treatment for my daughter, but since none of them had electricity my daughter could not receive the dialysis that would have saved her life. Fatima died later that night.

Despite the war with Iran throughout the 1980s, by the end of that decade, Iraq had an educated population and a society based on the intensive use of energy and technology. Comprehensive economic sanctions were imposed on Iraq immediately after Iraq invaded Kuwait in August 1990. Maintained for more than 12 years, the period of sanctions was associated with scientific and cultural impoverishment and documented increases in mental illness, juvenile delinquency, begging (particularly by children), and prostitution (21). The under-five mortality rate in the south-center of Iraq rose from 56 deaths per 1,000 live births during the 1984–1989 period to 131 deaths per 1,000 live births during the 1994–1999 period, comparable to rates in sub-Saharan Africa (22). Let us recall Leslie Stahl's telling *60 Minutes* interview with Madeleine Albright, Clinton's ambassador to the United Nations. Stahl asked, "We have heard that a half million children have died. I mean, that's more children than died in Hiroshima. And—and you know, is the price worth it?" Albright replied, "I think this is a very hard choice, but the price—we think the price is worth it" (23).

In the face of the devastation of Iraqi society during the early 1990s, the Oil for Food program was instituted in 1996 as a means for the oil wealth of Iraq to provide for some of the needs of the Iraqi people. This program, by which the United Nations sold Iraq's oil and supplied food aid, distributed by the government of Iraq, meant the complete dependence of more than 60 percent of the population on handouts. As the United States and the United Kingdom vetoed the importation of any goods they chose to deem as possibly "dual-use"—that is, of potential military use—the Oil for Food program could not completely meet the nutritional or medical needs of the populace. Even the importation of vaccines was vetoed under these restrictions: it was argued that live vaccines might be used to create virulent strains for biological warfare purposes (24). Meanwhile, U.S. government representatives continued to maintain that the government of Iraq was responsible for the suffering of its people.

THE ASSAULT OF MARCH–APRIL 2003

Although the excess burden of mortality during the first Gulf War was very high, the second Gulf War has been even more deadly. The magnitude of bombings during the second Gulf War has been significantly greater. Water, electricity, and health services were not restored in much of Iraq for months after the end of formal hostilities (25). The number of Iraqis who have died and will die from indirect effects of the war—including social chaos, displacement, the interruption of food and water supplies, infectious diseases, and inadequate medical care, as in Fatima's case—will be much higher than the number of direct casualties. There are indications that child mortality in the period since March 2003 is increasing (26). Their stories untold, their suffering not caught by the camera, these indirect deaths are nearly invisible to the public, as well as the professional, eye.

During the initial assault of March–April 2003, American and British reporters were embedded with the U.S. and U.K. military and reported from the perspective of the invading forces. They assimilated the military perspective, adopting even its jargon. Thus, CNN "describe[d] the exploding of Iraqi soldiers in their bunkers as 'softening up'; it describe[d] slaughtered Iraqi units as being 'degraded'" (27). Civilian casualties figured little in their reportage. Meanwhile, media around the rest of the world have carried images of civilian casualties, some of them from Al Jazeera, the Arabic-language news network based in Qatar. More of these scenes appeared in the United Kingdom than in the United States, where the mainstream media suppressed such reportage and images. Nonetheless, they could be found with some effort. Images of injured and dead Iraqi people, many of them stills from Al Jazeera, continue to be available at www.informationclearinghouse.info/article2604.htm and www.robert-fisk.com/iraqwarvictims_mar2003.htm.

During the first two months of engagement, some of the best reportage was by Robert Fisk of the *Independent.* Stationed in Baghdad, he visited the sites of bombings of civilians (Abu Taleb Street and Shu'ale, Baghdad Shia Muslim neighborhoods hit by missiles from U.S. jets; Nadr Village near Babylon, hit by cluster bombs) as well as the hospitals (the Kindi Hospital, the Adnan Khairallah Martyr Hospital) where the injured were taken. His descriptions are graphic; here, he reports on the aftermath of the Abu Taleb Street bombing (28):

> The building's manager, Hishem Danoon, ran to the doorway as soon as he heard the massive explosion. "I found Ta'ar in pieces over there" he told me. His head was blown off. "That's his hand." A group of young men and a woman took me into the street and there, a scene from any horror film, was Ta'ar's hand, cut off at the wrist, his four fingers and thumb grasping a piece of iron roofing. His young colleague, Sermed, died the same instant. His brains lay piled a few feet away, a pale red and grey mess behind a burnt car.

From a visit to Kindi Hospital, Fisk reports (29):

> [Safa Karim] is 11 and she is dying. An American bomb fragment struck her in the stomach and she is bleeding internally, writhing on the bed with a massive bandage on her stomach and a tube down her nose and—somehow most terrible of all—a series of four dirty scarves that tie each of her wrists and ankles to the bed. She moans and thrashes on the bed, fighting pain and imprisonment at the same time. A relative said she is too ill to understand her fate. "She has been given 10 bottles of drugs and she has vomited them all up," he said.

And from a visit to the Adnan Khairallah Martyr Hospital, Fisk witnesses the despair of the valiant medical staff (30):

> Dr Khaldoun al-Baeri, the director and chief surgeon, a gently-spoken man who has slept an hour a day for six days . . . is trying to save the lives of more than a hundred souls a day with one generator and half his operating theatres out of use . . . Dr Baeri speaks like a sleepwalker, trying to describe how difficult it is to stop a wounded man or woman from suffocating when they have been wounded in the thorax, explaining that after four operations to extract metal from the brains of his patients, he is almost too tired to think, let alone in English. As I leave him, he tells me that he does not know where his family is.

The titles of Fisk's articles (e.g., 28–31) convey his attitude—outrage at what he terms the Anglo-American invasion and occupation (31). His intent is counter to the sanitized images disseminated by the embedded journalists, both American and British; Fisk demonstrates that war means suffering for people and thus registers his protest against the war.

What should our response be as consumers of such portrayals of suffering? Can we shrug our shoulders and declare that these events are too geographically remote from our daily lives for us to influence matters? And if so, why should we read such descriptions, view such images? Susan Sontag maintains that not to recognize at least that such suffering occurs is not to have reached moral and psychological adulthood (32). For those who are public health or medical practitioners, might we have some additional responsibility to react and act?

Even for those who view the war as "justified," civilian casualties cannot be accepted as "collateral damage," as they are termed in military parlance. Fisk's reportage often focuses on women and children, non-combatants who can in no way be considered "enemy." Their plea is for our sympathy. Shame is also warranted, in some instances. As Sontag notes (32, pp. 102–103):

> Our sympathy proclaims our innocence as well as our impotence. To that extent, it can be (for all our good intentions) an impertinent—if not an inappropriate—response. To set aside the sympathy we extend to others beset by war and murderous politics for a reflection on how our privileges are located on the same map as their suffering, and may—in ways we might prefer not to imagine—be linked to their suffering, as the wealth of some may imply the destitution of others, is a task for which the painful, stirring images supply only an initial spark.

Great efforts were made to shield the U.S. public, the citizens whose privileges may be linked to the suffering of the Iraqis. However, for those in the Arab world, images of these events have stirred feelings of anger toward the leaders of the United States and the United Kingdom for killing Arab people and subjugating an Arab nation (33, 34). As Sontag points out, the images of dead civilians may engender widespread and long-standing hatred. What of the man who we see throwing up his arms in grief over the coffin that holds the bodies of three

children, presumably his (35)? Would it be surprising if he took up arms against those who had killed them? Or that he might throw away his own life in an act of vengeance?

For those who work in health, what responses should one have when one learns about the wounded, about the overburdened health services, about the health workers who carry on regardless? One hopes that all health workers feel dismay at the suffering of humans, outrage at the lack of adequate resources to alleviate such suffering, and admiration and sympathy for the workers who carry on in the face of such difficulties.

THE RESPONSIBILITIES OF HEALTH WORKERS: RESPONSES TO SUFFERING

From a public health perspective, the proximate and fundamental causes of morbidity and mortality must first be identified in order for them to be addressed. And so, when Sontag asks, "Who caused what the picture shows? Who is responsible?" (32, p. 117), the obvious response is, wounds are caused by weapons. Weapons are wielded by military forces. Military forces carry out the decisions of political leaders. Along with Fisk, we conclude that the casualties among Iraqi civilians have been caused by the Anglo-American invasion and occupation. When Sontag asks, "Is it excusable? Was it inevitable? Is there some state of affairs which we have accepted up to now that ought to be challenged?" (32, p. 117), the health worker can respond from one of three perspectives through which to approach the suffering of the poor and oppressed: charity, development, and social justice (36).

Charity

The U.S. authorities responsible for distributing aid to Iraq's health system cite how great their largesse is compared with what the government of Iraq spent on health (25)—a reflection of how they view their work as charity. Underlying the charity approach is a view of the sufferers as somehow inferior, as the victims of innate shortcomings rather than as the victims of structural or outright violence. Moreover, by not calling into question the social forces that cause suffering, the charity approach leaves those injustices intact and leaves the victims in situations where their suffering will continue.

Take the case of Ali Ismaeel Abbas, 12 years old. His parents and six siblings killed in the rocket attack, he quickly became the subject of public attention in Europe after being described on April 8, 2003, by Reuters (37). (His plight was described, but he was named only as "Ali," by Jon Lee Anderson in the *New Yorker*; 38.) By April 9, "One British artificial limbs clinic [had] offered to treat Ali while the Limbless Association charity set up 'Ali's Fund for the Limbless of

Iraq,' dedicated to helping him and other children who have suffered similar tragedies" (39). The following is from a story in the *Sunday Times* of Perth (40):

> A constellation of Tinseltown stars—including Arnold Schwarzenegger, Angelina Jolie, Mariah Carey, Ashanti and Justin Timberlake—have already signed on for the effort to bring 12-year-old Ali Ismail [*sic*] Abbas to Los Angeles. "We will bring him here where he can finally feel safe. A lot of these celebrities, including Arnold Schwarzenegger, will hang out with him."

Syndicated *Miami Herald* columnist Leonard Pitts Jr. was apologetic about disturbing the "festive air" of U.S. victory to mention Ali. "I've seen no definitive word on whose missile did the damage, but that's beside the point" (41):

> But there is an Ali, always an Ali. We can no more give him back his real arms than we can stop the storm raging overhead. But we can give him the best arms modern medicine can provide, we can pray for him and provide for him, make it up to him as best we are able . . . And maybe that is, in its way, a blessing, because it returns the thing to human scale.

Again, there is an enormous difference between seeing people as the victims of innate shortcomings and seeing them as the victims of violence—violence in which individuals in the United States and the United Kingdom are complicit. In Ali's case, the tendency is to view the care that he receives at the hands of his Iraqi doctors and nurses as inferior—thus, offers to fly him out, so that he can receive real medical care. Moreover, by not calling into question the reasons for the suffering, the charity approach leaves those injustices intact. Thus war is a "storm raging overhead," as if it were a caprice of nature, rather than the result of human agency, the result of actions taken by our elected leaders. This is not to deny Ali artificial limbs. But if military adventurism of the sort that killed Ali's family is not curbed, we will continue to create more Alis on whom to bestow our charity.

Development

The development approach views the recipient nation as in need of technocratic expertise. Iraq is well on its way to becoming yet another country run in the interests of transnational corporations—by its elites in concert with international financial institutions. As the U.S. consul in Iraq, Paul Bremer laid off close to 500,000 government workers, greatly contributing to the ranks of the unemployed (42). The Coalition Provisional Authority then contracted with U.S. corporations such as Bechtel and Halliburton to rebuild Iraq's infrastructure (43, 44). In November 2004, the Paris Club of 19 lender nations agreed to forgive 80 percent of Iraq's international debt (the odious debt of the Saddam Hussein regime) in return for adherence to an International Monetary Fund (IMF) austerity program

that involves further privatization of state industry, further cuts in the government workforce, and elimination of the food assistance program (42).

Typically, international financial institutions encourage developing nations to integrate their economies with the global marketplace. "Globalization" can be read as a process that implies specific forms of international integration, those that privilege private capital. Elites in the developing nations, eager to get in on the ground floor, adopt the underlying neoliberal philosophy of development. State corporations are privatized. Public sector employment and social spending are cut back. Markets are opened to transnational corporations. Repatriation of the profits made by such corporations is facilitated. The overall intent is an enabling environment for domestic and foreign investment.

As long as the integration of the world economy toward a market model proceeds apace, the imperial center need not resort to force. When the elites encounter resistance to economic domination, however, violence is employed. To the extent that Third World armies or proxy forces can be utilized to carry out the violence, the domestic political costs of mobilizing the United States' own armed forces are minimized. Indeed, the Vietnam and Iraq wars cannot be seen as exceptions in U.S. history. Rather, they represent important moments in the recent historical development of imperialism. Even in the mainstream media, it is no longer impolite to refer to the American Empire (45).

Even before the war, the sanctions regime had given the United States de facto control over Iraq's economy in a manner similar to but more drastic than what could be achieved through a structural adjustment program. Revenues from oil sales were kept in foreign bank accounts. These revenues could not be used for government salaries or to purchase domestically produced food. All food had to be purchased internationally (46).

In the aftermath of the assault of March–April 2003, in a remarkable reversal of their 12-year intransigence about ending sanctions, the United States and the United Kingdom quickly brought the sanctions to a close in order to gain more direct control over oil revenues, without the involvement of the United Nations. This amounts to a contravention of obligations under the Geneva Conventions that occupying powers provide for humanitarian assistance and reconstruction. Rather, the plans are to pay for assistance and reconstruction with oil revenues (46). The long-term plans are for the privatization of Iraq's national oil company (47). The predictable consequence will be funds flowing into private bank accounts and out of the country, even if ownership is transferred to Iraqi interests. But the importance of control over Iraqi oil is not simply a matter of corporate profit. Oil is a strategic asset that figures into the United States' gaining control over oil fields outside the Organization of the Petroleum Exporting Countries (OPEC) and denying control to rivals such as the European nations or China (46).

Underlying the development approach is the assumption that backward populations need to be encouraged to join the modern world. To work from such assumptions in the case of Iraq reflects a particularly disingenuous

disregard for the outright and structural violence perpetrated on its people. Before the first Gulf War, Iraq was among the most developed of Arab nations. Destruction of its infrastructure and sanctions are the main causes for its impoverishment today.

Social Justice

The social justice approach entails pragmatic solidarity with the poor and the oppressed. The tasks ahead for those in solidarity with the Iraqi people are starting to become evident. Let us consider the financial resources for humanitarian assistance. As Noam Chomsky notes, it would be more appropriate for the United States to "provide massive reparations for what it has done to Iraq for 20 years (by supporting Saddam Hussein, by wars, by brutal sanctions which probably caused a great deal more damage and deaths than the wars); and if that is too much honesty to expect, then at least massive aid, to be used by Iraqis, as they decide" (48).

Setting aside the question of whether free elections can be held under an occupying power during a violent insurgency (49), when Iraqis went to the polls in January 2005, they voted for the United Iraqi Alliance, which demanded a timetable for U.S. withdrawal and called for full employment via the public sector—in contradistinction to the IMF austerity program. However, the government's hands are tied by agreements signed by the previous, unelected government (42).

The stated reasons for going to war have long been shown to be false. It is by this time obvious that the insurgency will continue as long as the United States continues to occupy Iraq. As we have shown, the real reasons for the occupation means that U.S. elites will not likely quit Iraq soon. However, the desires of the Iraqi people to be free of both military and corporate occupation, as well as the violence of the insurgency, are clear. Pragmatic solidarity with the Iraqi people implies supporting them in their desire for real democracy (42). As a first step, the United States must withdraw its armed forces from Iraq.

Even the nature of public spending in the United States and the United Kingdom has its effects on Iraqi people, who have had expensive ordnance, paid for by American and British taxpayers, dropped on them. At more than $400 billion per year, the U.S. military budget is larger than the combined military budgets of the next 20 ranking countries (50). The political decisions that lead to such allocations of resources and the decisions to wage war are mutually reinforcing. When billions of dollars are spent on the military and over a trillion dollars in tax cuts are given to the rich, the poor around the world will be denied the care that they need (51). Before the invasion of Iraq, Jeffrey Sachs noted that such a war would cost $100 billion, and that $100 billion could instead be used to prevent 30 million premature deaths from disease (52). As of May 2005, with the approval of a war supplemental, the cost of the Iraq war reached $221 billion (53).

Finally, from a social justice perspective, there remains the struggle against the plans to carry on the “war without end.” With regard to other nations, Richard Perle, chairman of the Defense Policy Board, told an audience that with victory in Iraq, “we could deliver a short message, a two-word message: ‘You’re next’” (54). While a worldwide social movement was unable to prevent the U.S. and U.K. governments from assaulting the people of Iraq with cruise missiles, cluster bombs, and incendiary agents similar to napalm (55), the movement to stop the current war and prevent the next must gain stronger support from the health sector. If health workers rightly come to view war as a public health problem, we must be active in the efforts to end as well as prevent war.

CONCLUSION

We have examined the narratives and images of the suffering of the people of Iraq during the recent conflict. It is possible to categorize responses to that suffering in terms of charity, development, and social justice. We suggest that the suffering of the people of Iraq should spur a social justice response from the international community of health workers. If Iraq is not to become yet another country run in the interests of transnational corporations, public health advocacy for the Iraqi people must now join forces with the movement against a corporate-style globalization that is currently unaccountable to the large majority of the world’s poor. We must put a stop to the war without end—a war that goes beyond Iraq’s borders and is reflected in the structural violence of poverty that is inflicted on an increasingly vast number of people, especially children. If the great mass of people in the world, particularly those most vulnerable, are to have a future worth calling a future, these are the tasks that lie ahead.

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Direct reprint requests to:

Seiji Yamada, M.D., M.P.H.
University of Hawaii John A. Burns School of Medicine
651 Ilalo Street, MEB 401G
Honolulu, HI 96813-5534

e-mail: seiji@hawaii.edu