

New study estimates more than 150,000 violent deaths in Iraq over three years

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A new study by the World Health Organization (WHO) and the Iraqi government estimates that more than 150,000 Iraqis died from violence during the three years after US invasion in 2003. The findings, published online January 9 in the *New England Journal of Medicine*, are based on household data collected by health workers employed by the Iraq Health Ministry. They underscore the devastating toll on Iraqi civilians and Iraqi society from the US invasion and occupation, while presenting a substantially lower estimate of the death toll than other studies.

The estimates in the WHO study are far higher than those cited at various times by the US government, which does not bother to make its own count of Iraqis killed as a result of its actions, and are also higher than Iraqi death counts based on media reports.

In August and September 2006, the Iraq Family Health Survey (IFHS) study group interviewed 9,345 households in 971 neighborhoods, or “clusters,” throughout Iraq. The researchers estimate that as many as half of all violent deaths may have gone unreported to those conducting the interviews.

Of the estimated 151,000 violent deaths, 9 in 10 were the consequence of the US occupation and sectarian strife.

Violence was the leading cause of death for Iraqi adults following the March 2003 invasion, and remained the main cause of death for males aged 15-59 years throughout the period. Deaths from all causes tripled for this group, and the violent death rate rose 11 times over.

IFHS data suggest that from March 2003 through April 2004, 128 people died from violence every day. From May 2004 through May 2005, 115 violent deaths occurred each day. For the period ending June 2006, the violent death toll averaged 126 per day.

These rates are several times higher than those recorded by the British group Iraq Body Count (IBC), whose estimates are based upon media reports. These estimates do not include the deaths of combatants or those characterized by the US military as suspected militants, terrorists, or insurgents, nor can they reflect other so-called “excess” deaths—deaths from accidents or disease that would not likely have occurred if the US had not invaded.

Over the same years as those encompassed in the IFHS data,

IBC figures suggest average daily death rates between 32 and 55, totaling between 44,000 and 49,000 civilian deaths. In 2006, President Bush claimed, without attribution, that 30,000 Iraqis had been killed.

Significantly, the new study also found a 60 percent increase in nonviolent deaths, the result of horrendous living conditions and the breakdown of Iraqi society.

Although nonviolent deaths were not examined in more detail in the study, it estimated mortality from nonviolent causes at an average of 372 deaths per day. Over the three-year period, this would amount to more than 407,000 deaths. Including violent deaths, the total mortality figure would then rise to roughly 558,000—much closer to the results of previous studies.

In 2006, a similar household survey was conducted by Iraqi physicians under the direction of epidemiologists at Johns Hopkins University’s Bloomberg School of Public Health and subsequently published in the British medical journal the *Lancet*. In the same time frame, that study found the US invasion and occupation were responsible for 655,000 Iraqi deaths.

Most media reports have concentrated on the difference between the Johns Hopkins study and the findings of the IFHS. In a report January 10, the *Washington Post* related the comments of US military officials, who “pointed to the great disparity between the two estimates, noting privately that it underscores the potential for inaccuracies in such surveys.”

However, as Dr. Les Roberts, a clinical professor of population and family health at Columbia University and one of the lead authors of the Johns Hopkins study told this reporter, “There is far more in common in the results [between the two studies] than appears at first glance.”

The WHO study, Roberts said, “found a doubling of mortality after the invasion; we found a 2.4-fold increase. They found a CMR [crude mortality rate—the number of deaths in a population over a given time] of 3 per 1,000 per year before and 6 after, but thought they were missing almost half the deaths. We found a CMR of 5 before and 13 after,” he said.

“The big difference,” he continued, “is that we found almost all the increase from violence; they found one-third the increase from violence.” Findings for deaths from infectious diseases, car accidents, and other data in the two surveys, Roberts said,

were “strikingly similar.”

Whereas the Johns Hopkins researchers found most of the increase in deaths was directly attributable to violence, the Iraq Health Ministry attributed the increase largely to the breakdown of the national health system.

“Both studies suggest things are far worse than our leaders have reported,” Roberts noted.

There are problems with the IFHS study that its authors readily admit. Because of danger, surveyors did not collect data from 11 percent of the clusters, mostly in the explosive Anbar, Baghdad and Ninevah areas, where huge numbers of casualties were inflicted on the populations. Instead, researchers extrapolated Iraq Body Count death counts for those regions.

Because IBC figures do not include combatant deaths that would have been captured in household surveys, these clusters are likely substantially underestimated. Furthermore, because the IBC tally is revised upward as deaths become “verified,” the IBC death count for the period ending June 2006 is now significantly higher than it was at the time. In June 2006, the IBC estimated between 38,475 and 42,889 civilians had suffered violent deaths.

According to a nationwide survey conducted in Iraq last fall by British polling firm ORB (Opinion Research Business), the war has resulted in approximately 1.2 million violent deaths. Of 1,461 adults surveyed throughout Iraq, 16 percent reported their households had suffered the loss of one or more members because of violence over four years. In Baghdad, nearly half of all respondents reported at least one violent death in their household.

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In addition to the potentially large underreporting of deaths and absence of data, the IFHS study notes that “Household migration affects not only the reporting of deaths but also the accuracy of sampling and computation of national rates of death.” The two factors are interrelated. The population distribution in Iraq has been changed drastically by sectarian violence, mass refugee migration and displacement.

In the study period, more than 2 million Iraqis fled to Syria and Jordan and 1.2 million were internally displaced after a Shiite shrine in Samarra was bombed, sparking a wave of sectarian killings throughout 2006. Because the sampling frame was based on 2004 government data, the study states, some of the households included in the cluster samples were abandoned “due to the dissolution of some households after a death.... [N]o one remains to tell the former inhabitants’ story.”

The IFHS surveyors collected information on deaths during interviews with heads of households. Data on age, sex, time and place of death, whether medical attention was sought, and the main cause of death were collected as reported by respondents, then the surveyors assigned one of 23 probable causes to the deaths.

Unlike the Johns Hopkins team, Iraq Health Ministry

surveyors did not confirm reported deaths with death certificates. Les Roberts told the WSWS, “As the [IFHS] study’s interviewers worked for one side in this conflict, it is likely that people would be unwilling to admit violent deaths to the study workers.

“They roughly found a steady rate of violence from 2003 to 2006. Baghdad morgue data, Najaf burial data, Pentagon attack data, and our data all show a dramatic increase over 2005 and 2006.”

Mohamed Ali, a health agency statistician and co-author of the IFHS report, told this reporter that every attempt was made by researchers to correct for instability, migrations, and missing data. “We didn’t ask for death certificates,” he said. “There’s no point in asking for them when not everyone has them.”

It should be noted that in mid-2006, within the time frame of both surveys, the Iraq Health Ministry was controlled by the Sadrist faction of the government, and thousands of Shiite militiamen were being inserted into the health system.

According to witnesses and media reports, Baghdad morgues and hospitals were being operated as virtual control centers for the Mahdi Army’s sectarian killing of Sunnis, and the Sunni population avoided Health Ministry contact as much as possible for fear of being murdered. Therefore, it is a real possibility that respondents, particularly in Sunni households, may not have told Health Ministry interviewers of violent deaths due to fear that the survey was actually intended to identify Sunni resistance.

Even with this possible bias, the IFHS findings represent a staggering indictment of US imperialism. That the study can be presented by US officials and in media headlines as anything less than the documentation of a vast war crime—“only” 151,000 people have been slaughtered in order to secure strategic control over the Middle East—is an indictment in itself.

The Iraq Family Health Survey study, “Violence-Related Mortality in Iraq from 2002 to 2006,” is available on the New England Journal of Medicine website.



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