



Le guerre non finiscono mai

Il 10 settembre del 2004 è stata intrapresa presso la corte del dipartimento orientale di New York, un'azione legale avanzata dalle vittime vietnamite dell'*Agent Orange* contro i 34 produttori della sostanza (tra cui Monsanto e Dow Chemical) utilizzata come defogliante durante la guerra del Vietnam. Le aziende sono accusate di aver fornito all'esercito USA il defoliante nonostante fossero a conoscenza degli effetti teratogeni e cancerogeni che avrebbe avuto sulla popolazione esposta.¹

In un procedimento precedente durato 6 anni (dal 1978 al 1984), i veterani americani colpiti dagli effetti dell'*Agent Orange* hanno accettato l'offerta di 180 milioni di dollari da parte delle aziende. Non furono comunque mai risarciti i veterani non inclusi nella causa e nemmeno coloro che hanno sviluppato malattie dopo il 1994, anno in cui il fondo si è esaurito.²

Tra il 1961 ed il 1971 diverse miscele di sostanze erbicide, denominate secondo il colore della fascia identificativa fissata sui bidoni, furono utilizzate nel Sud-Vietnam per defogliare le foreste in cui si muovevano i combattenti del Fronte di liberazione nazionale (circa un terzo della sua intera superficie³) e per distruggere le coltivazioni dei contadini che fornivano gli alimenti al nemico.⁴

La miscela più celebre fu il cosiddetto *Agent Orange* contenente acido 2,4,5 triclorofenossiacetico (2,4,5-T), un composto teratogeno ed inoltre contaminato, come la maggior parte di tutte le miscele impiegate, con 2,3,7,8 tetraclorodibenzo-p-diossina (TCDD). Sulla quantità complessiva di erbicida impiegato, uno studio recente^{5,6} riporta una quantità quasi doppia rispetto alle stime ufficiali precedenti. Questo studio, rielaborando i dati di alcuni database militari, ha anche prodotto mappe molto precise sui siti inquinati e sulla popolazione esposta

(3.181 esposti direttamente e da 2,1 a 4,8 milioni di persone esposte indirettamente). Studi precedenti⁷⁻⁹ hanno documentato la persistenza di elevatissimi livelli di diossina sia nel terreno (fino a 1 milione di ppt) sia negli alimenti (anatra, pollo e pesce), che si riflettono in livelli ematici di TCDD fino a 413 ppt, ancora in tempi recenti, nella popolazione esposta negli anni 70 Settanta(, (mentre la concentrazione media nella popolazione vietnamita è di 2ppt.). Il governo vietnamita stima che cir-

ca 3 milioni di vietnamiti siano stati esposti durante la guerra e che circa 800.000 persone ne soffrono ancora oggi le conseguenze.

«Quando finisce una guerra?», si chiede l'inviato in Vietnam della *Süddeutsche Zeitung*,^{10,11} – quando le armi tacciono oppure quando si cessa di morire?». Scegliendo la seconda definizione, conclude, né la guerra del Vietnam, né l'*Agent Orange* fanno parte del passato.

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11. Henrik Bork, Zum Sterben geboren, *Süddeutsche Zeitung*, 30.11.2004, p. 3

Mentre la rivista sta per andare in stampa riceviamo la notizia che non si darà seguito al ricorso presentato dalle vittime vietnamite. Il giudice distrettuale Jack B. Weinstein ritiene che non ci sia nessun fondamento né nel diritto nazionale e nemmeno in quello internazionale per le richieste avanzate. La decisione del giudice è arrivata dopo pressioni esercitate da parte del Dipartimento di Giustizia secondo il quale l'apertura dei tribunali americani a cause avanzate da ex-nemici di questo genere potrebbe rappresentare una seria minaccia ai poteri presidenziali relativi alle decisioni di fare ricorso alla guerra. Gioiscono i portavoce delle aziende coinvolte. «Noi pensiamo che, proteggendo i soldati americani dalle imboscate nemiche, il defoliante abbia salvato delle vite umane e non abbia prodotto effetti indesiderati sulla salute» ha dichiarato Scot Wheeler, portavoce della Dow Chemical. «La decisione del giudice Weinstein è corretta» ha aggiunto Glynn Young, della Monsanto.

Fonti: BBC News <http://news.bbc.co.uk>, 10 marzo 2005; William Glaberson. Civil Lawsuit on Defoliant in Vietnam Is Dismissed. www.nytimes.com, 11 marzo 2005

Failure to count Iraqi casualties is irresponsible

The editorial board of *Epidemiologia&Prevenzione* (the journal of the Italian Association of Epidemiology) strongly supports the call for an independent inquiry into war-related casualties in the Iraqi population (*BMJ*, March 12 2005). Because of its support of the US policy, our government has deployed troops (3000 Italian soldiers) in Iraq over the last two years. Thus, Italians are expecting to be given a proper assessment of the effects of the war on the Iraqi population. This demand of our public opinion is particularly cogent after the loss of one of our top security agents who has been shot dead in the streets of Iraq by US soldiers. As editors of an epidemiological journal, we intend to convey a reliable information to our readers. Epidemiologic knowledge can help prevent future deaths.

**Benedetto Terracini MD, Scientific Editor
and the Editorial Board of *Epidemiologia&Prevenzione***

(tutti i testi sono disponibili sul sito <http://bmj.bmjournals.com/cgi/eletters/330/7491/550>)

Global public health experts say failure to count Iraqi casualties is irresponsible

We the undersigned experts in public health call on the US and UK Governments to commission immediately a comprehensive, independent inquiry into Iraqi war-related casualties.

Monitoring casualties is a humanitarian imperative. Understanding the causes of death is a core public health responsibility, nationally and internationally. Yet neither the public, nor we as public health professionals, are able to obtain validated, reliable information about the extent of mortality and morbidity since the invasion of Iraq. We believe that the joint US/UK failure to make any effort to monitor Iraqi casualties is, from a public health perspective, wholly irresponsible. The UK policy of relying on extremely limited data available from the Iraqi Ministry of Health is unacceptable.

The Iraqi sources that the UK government prefers are likely seriously to underestimate casualties for several reasons: they do not take into account mortality during the first 12 months since the invasion; only violence-related deaths reported through the health system are included (very likely to lead to an underestimate, especially during periods of conflict); non-violent deaths

due to the destruction of war are not taken into account; and they do not allow for reliable attribution between different causes of death and injury.¹ The inadequacy of the current US/UK policy was highlighted after the publication in the *Lancet* of a representative household survey that estimated that there had been in the region of 98,000 excess deaths since the 2003 invasion.² The UK government has rejected this survey as unreliable; in part because of the authors' own admission that it lacked precision.³ But this recognized lack of precision in the *Lancet* study arises chiefly from practical limitations imposed upon the researchers, in particular the size of the sample that could be obtained by an unofficial study. The obvious answer to removing uncertainties that remain is to commission a larger study with full official support and assistance, but scientific independence.

This should draw on multiple sources of data and use proven epidemiological techniques that do not rely exclusively on incidental reports nor on hospital mortuary assessments. This must include first hand verbal autopsies - reliably obtained so that population extrapolation is possible. They also require some linkage with

data on military operations.⁴ Whilst active surveillance of this kind is difficult in a conflict situation, even limited, but systematic, household surveys are essential. These can then be combined with data from other, passive information sources to build up the most accurate possible assessment of the situation.

Counting casualties can help to save lives both now and in the future by helping us to understand the burden of death, and residual burden of injury, disease and trauma across the entire population. We have waited too long for this information.

Signed

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Prof. David Hunter, Chair UK Public Health Association

Prof. Martin McKee, European Centre on Health of Societies in Transition
London School of Hygiene and Tropical Medicine

Prof. Gill Walt, Prof of International Health Policy, London School of Hygiene and Tropical Medicine

Prof. Sheila Bird, Chair of Royal Statistical Society Working Party on Performance Monitoring in the Public Services, Cambridge
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Prof. Paul Dieppe, MRC Health Services Research Collaboration, Bristol

Prof. Sian Griffiths OBE, Immediate Past President, Faculty of Public Health, Royal College of Physicians.

United States

Victor W. Sidel, M.D. Distinguished Professor of Social Medicine, Montefiore Medical Center, Albert Einstein College of Medicine, New York
Founder and Former President of Physicians for Social Responsibility

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John Pastore MD, Director of the Echocardiography Laboratory at St. Elizabeth's Medical Center of Boston,

VITTIME

Numero di vittime dall'inizio della guerra in Iraq (19 marzo 2003).

Dati aggiornati alle 16 del 2 marzo 2005.

Iracheni 16.123-18.395

Americani 1.499

Altre vittime 173

Fonti: Internazionale 4 marzo 2005, p.14
iraqbodycount.net, lunaville.org

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We don't do body counts

The public health and military experts who signed letters^{1,2} to the UK and US government demanding a comprehensive inquiry into Iraqi war-related casualties have performed an important public service, as has the *BMJ*. McPherson³ says that «(T)he policy being assessed - the allied invasion of Iraq - was justified largely on grounds of democratic supremacy. Voters in the countries that initiated the war, and others - not least in Iraq itself - are denied a reliable evaluation of a key indicator of the success of that policy». This justification for pre-emptive war was only advanced as it was shown that there was no evidence whatsoever for the previous one, weapons of mass destruction. Failure to identify civilian casualties (who are the majority in any modern war) may constitute a war crime.² Whatever the legal situation, the medical perspective is clear. If we don't know the extent of the harm done in our name, we can't know that the war was justified.

It is not surprising that governments on both sides of the Atlantic attempt to ignore or underestimate the deaths and injuries of Iraqis, and indeed of their own servicemen and -women. This process of denial can take extreme forms. («We don't do body counts» is to Abu Ghraib as «Arbeit Macht Frei» was to Auschwitz.) But official attempts at denial are failing. A substantial majority of adults polled

by MORI supported the British Government ordering an independent commission to inquire into the total number of Iraqi casualties since the 2003 military action.⁴

When denial can not be sustained, a favoured remedy is to establish "independent" inquiries whose findings can be influenced, delayed, or suppressed. Given the history and reasonable public perceptions, it will be necessary for the government to demonstrate unequivocally the openness and honesty of any such inquiry. The public health experts are well equipped to establish whether reasonable rules of evidence are being observed.

What they may be less able to do without wider support is to withstand another tactic of governments defending the indefensible - misrepresenting, threatening or traducing sources of unwelcome evidence. Those who willed, planned and justify this war have gone to extraordinary lengths to obscure the consequences of their actions, including attacks on the competence, character, and motives of those who demand an accounting.⁵

The *Lancet* survey required seven Iraqi team members willing to risk their lives.⁶ At a lesser, but very real risk to themselves, US and UK paramedics have refused to participate in a war which they believe to be immoral. Their situations and those of army doctors are under-reported.

Solidarity with these colleagues and with the Iraqi, US and UK dead is important. It would be appropriate for the BMA to speedily debate and endorse calls for the inquiry, and for the BMJ to provide an online site to help add our voices to demands for it.

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Competing interests: FWA was invited to contribute to the death and mutilation of Vietnamese civilians during the US occupation (1961-74). Like many others of his generation including George Walker Bush, he declined.

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