

By Tom Hayden

From [Tom Hayden](#) | Original Article

“Thus, there is a significant possibility that UNAMA is under-reporting civilian casualties.” – United Nations Human Rights Report, July 2009

One of the great scandals of the Long War in Iraq, Afghanistan and Pakistan is the often-deliberate fog of confusion smothering public knowledge of civilian casualties.

Obtaining an accurate body count in a war zone is a difficult task in itself. It is far worse when the numbers are being manipulated to minimize their impact on Western opinion.

For now at least, peace advocates can safely say that hundreds of thousands of civilians have died in Iraq and tens of thousands in Afghanistan so far.

And the peace movement can demand that Congress debate and define civilian casualties, then fund an independent monitoring and reporting system.

Today there is no official, reliable independent monitor of the civilian body count.

- The UN Mission has a conflict of interest as a party to the military occupation of Afghanistan. The UNAMA 2009 footnote acknowledging the likelihood of under-reporting civilian casualties has not been followed up by a serious investigation.

- The often-quoted Iraq Body Count [IBC] also admits its work is [an undercount](#), perhaps by half. The cumulative IBC estimate for Iraq is a total of 98,380-107,369 “documented civilian deaths from violence.”

- President Bush infamously declared that there were “more or less 30,000 civilian casualties” in Iraq in December 2005 when the numbers were far higher.

The Pentagon consistently minimizes civilian casualty numbers as part of its information-war. According to the [Associated Press](#) the US Central Command “quietly posted” its official numbers for Iraq: 77,000 civilians and “security officials” killed from 2004 through mid-2008. During the same period, the Iraqi Human Rights Ministry released a figure of 85,694. [
AP
, Oct. 14]

The highest estimate for Iraq was by researchers from Johns Hopkins, MIT and an Iraqi medical institute, which projected over 600,000 Iraqi deaths [“excess mortality rates”] as a consequence of war from 2002 through 2006. [Burnham, Doocy, Dzung, Lafta, Roberts, “The Human Cost of the War in Iraq”, Bloomberg School of Public Health, Johns Hopkins]

The confusion over civilian casualties has continued during the Afghanistan conflict. A current Wikipedia chart based on multiple sources concludes the following, from 2001 to the present:

- Civilians killed as a result of insurgent actions: direct deaths, **4,949-6,499**
- Civilians killed as a result of US-led military actions: direct and indirect, **8,991-28,583**
- Civilians killed as a result of the war: direct and indirect, **11,443- 34,240**

That would be a high figure of 69,322 civilian deaths in Afghanistan so far.

As for Iraq, an example of the results from studies conducted since the invasion began:

- *Iraq Family Health Survey*: **151,000** [June 2006]
- *Lancet*: **654,965** excess deaths [June 2006]
- *Opinion Research Business (ORB)*: **1,033,000** [January 2008]
- *Associated Press*: **110,600** deaths [April 2009]
- *Iraq Body Count*: **98,170 - 107,152** [October 2010]

AFGHANISTAN

The issue of civilian casualties has become a heated one in Afghanistan where President Hamid Karzai regularly denounces the civilian deaths and Gen. Stanley McChrystal’s Aug. 30, 2009 internal assessment spent four pages on trying to limit those impacts [issuing a new Tactical Directive on “CIVCAS”, the code for civilian casualties].

Despite the McChrystal directive, which has been criticized by US troops in the field, the real results are unknown since, as the *LA Times* reported April 9 of this year, “Special Forces account for a disproportionate share of civilian casualties caused by western troops, military officials and human rights groups say, though there are no precise figures because many of their missions are deemed secret.”

PAKISTAN

An even greater secrecy surrounds Pakistan, where the disputes over civilian casualties from the 185 report drone strikes, including 89 in 2010, have killed between 1,210 and 1,863 people, with a conservative 311 to 535 of those confirmed non-military fatalities.

WHY THE CONFUSION?

What accounts for the paralyzing confusion over civilian casualties? Essentially civilians have become collateral damage not only on the battlefields but in the war for public opinion.

Numbers are not neutral and objective. Numbers are chosen for a purpose. The existence of massive confusion over civilian casualties serves the proponents of the status quo, defusing protest at home or in NATO countries.

In choosing a numerical approach, the media and Congress must evaluate two broad, morbidly-named methods, known to researchers as passive surveillance and active surveillance.

The “passive” technique relies heavily on body counts by the media, numbers of corpses in morgues, or death certificates issued by authorities. The “active” technique relies on “cluster sampling” of households across the country, the method used previously in such conflict zones as the Congo, the first Gulf War, Kosovo, Darfur and Angola. The cluster method found an “excess mortality rate” in Iraq of 640,000 over the pre-invasion mortality rates [13.3 per 1000 versus 5.5 per 1000 in the years before the 2003 invasion].

No system is perfect. As Les Roberts points out, our FBI statistics “probably miss 25-40 percent of all the murders in the US.”

Roberts says that “a Congressional inquiry into the covering up of this issue in Iraq, and the likelihood that the intelligence community did not support President Bush’s ‘more or less 30,000’ statement from December 2005, would be the most effective means to protect Afghans and prevent this from happening in the next generation’s war.”

John Tirman agrees. “A more accurate survey of Afghanistan needs a larger sample [than 2006 in Iraq]. A 100-cluster survey would likely cost \$50,000 or more, and entails considerable risks of course...I certainly think it’s worth doing.”

In preparing this analysis, the Bulletin relied on email interviews with specialists in the field including John Tirman at MIT and Leslie Roberts at Columbia University. Both were involved with the [2006 Lancet study](#) .