

## Missing people and mass graves in Iraq

An estimated 300 000 Iraqis have gone missing in the past 25 years<sup>1</sup> in addition to the unknown number who died in the Iran-Iraq war, the Gulf war, and the recent conflict. The 300 000 went missing against a background of arbitrary arrest, imprisonment, and summary execution, and their bodies are buried in mass graves across Iraq (figure).<sup>1,2</sup>

*Lancet* readers will know of, but may not be able to comprehend, the enormity of these crimes, and the scale of the human catastrophe that has ensued. Together with most Iraqis, they may expect that some of the bodies will soon be exhumed and examined to bring perpetrators to justice. Both groups may also expect that the international community will find all the graves, identify all the remains, and return them to their families. However, this expectation is unreasonable.

Experiences in Bosnia are instructive. When peace came to Bosnia in 1995, 30 000 people were missing. By June, 2003, after 8 years' work by full-time forensic specialists, about 15 000 bodies had been exhumed and around 9000 (30%) identified. DNA analysis has so far contributed to about 3000 of these identifications (<http://www.ic-mp.org>). These figures give some idea of the enormous resources involved in excavating, exhuming, examining, and identifying the victims of mass killings. Importantly, the International Criminal Tribunal for the former Yugoslavia has been able to function without the identification of all victims, relying rather on demographic data and causes of death information. Many human remains were exhumed



**Human remains exhumed by community of Najaf, Iraq, June, 2003**

The figure shows some of the 200 sets of human remains exhumed before the community halted work in order to seek advice.

and examined for the tribunal's purposes, but were not individually identified because this was not legally necessary. Thus, unlike domestic forensic practice, a dichotomy exists in the international context between seeing justice done and identifying victims of violence.

In addressing issues surrounding missing people, the starting point for the International Committee of the Red Cross (ICRC) is the right accorded to families in international humanitarian law to know the fate of a missing relative. The experience of dealing with devastated families in the Balkans, and the lack of consistent and coherent policies in this area, spurred the ICRC to research the problems associated with people missing as a result of armed conflict or internal violence.<sup>3</sup> The project covered traditional ICRC activities: dissemination and strengthening of international humanitarian law; visits to detained people; general protection of civilians affected by conflict; restoring family links; and compilation and processing of tracing requests.

Also addressed, however, were forensic and other issues relating to managing human remains. Here, the main achievement of the project has been to create a widely accepted framework (panel) within which forensic professionals can transplant domestic expertise and practice into an

international context.<sup>3,4</sup>

However, for the ICRC, guarding its neutrality may be incompatible with the direct provision of forensic medical and scientific services. Participation in processes related to obtaining justice is easily perceived as taking sides, which in turn, could lead to loss of access to the

people the ICRC is mandated to serve: the victims of war or internal violence. This issue is important enough to allow the ICRC to withhold confidential information from the tribunal and the International Criminal Court, and is just one facet of the organisation's need to balance speaking out about what it sees with gaining access to victims. Therefore, the ICRC has aimed to elaborate standards of practice in, rather than to provide, forensic services.

None of the people involved in developing the ICRC framework expected that its integrity would be challenged by the magnitude of the findings in Iraq and the severity of the constraints in working there. It is clear that in Iraq the ideal of identifying all remains and returning them to their families is unobtainable. However, in the face of severe constraints, lowering standards of practice may be compatible with ethical practice.<sup>3,4</sup> What standard of practice can be recommended that is realistic but compatible with the ethical codes of practitioners?

This dilemma, which occurs in all humanitarian aid situations, is worsened by one overriding constraint: lack of security. If the international community has made plans to address the missing people in Iraq, their remains, and, most importantly, their families, these plans have surely been shelved in light of the desperate security situation. Before the intentional killing of one of its fieldstaff and the attacks on the UN, the recommendations of the ICRC were: to support community-led excavations and exhumations for past events while developing Iraqi forensic anthropology capacity; and to rehabilitate Iraqi forensic services to accommodate the existing workload, much of which is related to the recent conflict and current security situation. Now, even these modest objectives may not be achievable.

### Topics covered in the framework

- Roles and responsibilities, including ethical ones, of forensic specialists
- The need to work in accordance with best practice guidelines
- Forensic teams, the contracting agency, and the contracts
- The means to conclude identification
- Responsibility and accountability for examination and identification of human remains
- Working where the authorities may not be cooperative or competent
- Use of DNA
- Standard formats for recording ante-mortem data and post-mortem findings
- When it is not possible to do an autopsy
- Management of human remains without forensic specialists
- Involvement of communities and families in management, exhumation, and identification of human remains

The victims in Iraq are not just the dead or injured, but also the hundreds of thousands of people awaiting an end to uncertainty about the fate of their relatives. If the missing dead cannot be identified, a pessimistic conclusion is that a substantial part of Iraq's population will be unable to come to terms with the past.

\*Stephen Corder, Robin Coupland

\*Consultant in Forensic Pathology, Assistance Division ICRC, 19 Avenue de la Paix, 1202 Geneva, Switzerland (SC); Legal Division, ICRC, Geneva (RC) (e-mail: scorder@icrc.org)

1 Bouckaert P. The mass graves of Al-Mahawil: the truth uncovered. New York: Human Rights Watch, 2003.

- 2 Stover E, Haglund WD, Samuels M. Exhumation of mass graves in Iraq: considerations for forensic investigations, humanitarian needs, and the demands of justice. *JAMA* 2003; 5: 663–66.
- 3 ICRC. The missing. [http://www.icrc.org/web/eng/siteeng0.nsf/iwplList2/Focus:Missing\\_persons](http://www.icrc.org/web/eng/siteeng0.nsf/iwplList2/Focus:Missing_persons) (accessed October, 2003).
- 4 Coupland R, Corder S. People missing as a result of armed conflict. *BMJ* 2003; 326: 943–44.

## Medical education and training in Iraq

With the inauguration of the first post-Saddam Hussein cabinet of ministers in Iraq, the country's health professionals are looking forward to radical improvement in medical education and training, and to re-establishing international communication channels. In the past two decades, wars, corruption, and lack of strategic planning have damaged Iraq's system of medical education. Furthermore, persecution of doctors and abuses of human rights caused many to leave the country. Throughout the 1990s, Iraq's medical schools and health-care professionals became isolated, and a generation of doctors graduated with inadequate training and poor motivation.

Except in Kurdish-controlled northern Iraq, which was removed from Saddam's control by the creation of the safe haven in 1991, Iraqis were almost cut off from the outside world. Internet access was restricted and heavily censored, travel was not affordable, and education was not a top priority for the regime. The Kurdish region, home for more than 5 million people, was neglected by successive Iraqi governments. Until 1992, it had only one university and a small medical college, but now has three universities and three medical schools. Despite the UN and Iraqi regime's double sanctions imposed on the Kurdish Regional Government, health professionals remained in touch with the outside world via the internet (widespread in our region), access to satellites, travel, and exchange visits with international colleagues. The Kurdish government and health professionals are now actively supporting the development of health care and educational institutions in the newly liberated parts of Iraq.

Under Saddam's government, medical education and training was not well integrated with, and evolved independently of, the health-care system. Furthermore, the standard of undergraduate and postgraduate training varied greatly across Iraq: the major hospitals in Baghdad had far more staff,

and funding than other teaching or district general hospitals. Medical graduates spent 2 years, as resident training doctors, in the main branches of medicine and surgery, before being recruited to national military service for an uncertain length of time—normally 2 years, but up to 10 years during wars. After national service, doctors would spend a compulsory period of at least 1 year in rural areas without support, supervision, or modern facilities. Doctors could then apply to specialise, which entailed spending up to 4 years in secondary and tertiary hospitals in major Iraqi cities.

**“As in most autocratic systems, Iraqi graduates had very little say in the time, place, and subject of their further training”**

We think that training in rural areas under appropriate supervision must be included in the curriculum of medical schools, but once qualified, working in the army and in rural areas must be voluntary and based on incentives.

Whereas it used to be the rule for doctors to travel abroad, mostly to the UK on state scholarships, this became extremely rare in the past two decades. Instead, doctors underwent a training scheme characterised by harsh, authoritarian discipline. During sanctions, training became grossly inadequate and out of date. As in most autocratic systems, Iraqi graduates had very little say in the time, place, and subject of their further training, which was poorly planned and centrally managed by the ministry of health; there was little room for competition between candidates and no transparency about the ministry's decisions. Invariably, the main determining factor of the quality of specialist training was the candidate's connection to the ruling elite, and in parallel, there were few incentives for candidates to choose disciplines such as primary health care. The new cabinet should consider

schemes to provide health insurance and improve living conditions in the rural areas to encourage newly qualified doctors to pursue careers in the less popular regions and specialties.

In the Kurdish region, doctors and health workers are involved in planning the future of the health-care system via democratically elected unions and syndicates; similar organisations would benefit the rest of Iraq. Additionally, a free press would guarantee that the ideas of intellectuals in the community would be heard. Finally, priorities must be identified for the best use of the current scarce resources, but not at the neglect of necessary long-term planning.

Since the establishment of the Iraqi Governing Council and the inauguration of the cabinet, communication and collaboration has begun between Iraqi health professionals, academics, and their professional organisations and their counterparts abroad. Hopefully, a new democratic Iraq will bring back many intellectuals who left during Saddam's rule. But Iraqi health professionals and authorities will require all the help they can get from the outside world. Assistance could be in the form of establishing an active process of dialogue, exchanges of visits, and accommodating Iraqi health-care professionals in western countries for brief periods to help them catch up with the latest developments in medicine. The US-led Coalition Provisional Authority has expressed keen interest in supporting such efforts during the next couple of years while the Governing Council is focused on preparing for fair elections and a solid democratic constitution. It will be up to the Iraqis, supported by willing partners abroad, to establish a modern, democratic, and ethical system of modern medical education and training in Iraq.

\*Nazar M Mohammad Amin, Mohammad Qadir Khoshnaw

\*Vice President, The University of Sulaimani, Sulaimani, Kurdistan Region, Iraq (NMMA); Minister of Health, Kurdistan Regional Government, Sulaimani (MQK) (e-mail: nazarmh@hotmail.com)