

**Dr. Les Robert's Iraq Mortality Study
Trumansburg N.Y. on November 17, 2006.
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Segment No. 1 - Introduction: Dr. Les Roberts, co-author of the study on civilian mortality in Iraq since the invasion, is introduced by Allen Carstenson at the monthly meeting of 'Back to Democracy' in Trumansburg, N.Y. on November 17, 2006.

Transcript: (Allen Carstenson speaking) Tonight, we're honored to Les Roberts back to Trumansburg. Les has worked for the Center for Disease Control after he got his PhD from Johns Hopkins, and now he is a lecturer and researcher at Johns Hopkins, and he has also accepted a teaching position at Columbia. Les is a [sic] epidemiologist. I looked it up. An epidemiologist studies the incidents, distribution, and possibly the control of diseases which affect health--and diseases and other factors that affect health. The main factor affecting health in Iraq is violence that can be directly attributed to George Bush and indirectly attributed to the American people, who elected him and fund his wars. In August and September of '04, Les risked his life by traveling to Iraq to collect data for a study on Iraqi mortality pre-invasion versus post-invasion. More recently, he arranged for a collection of data to do an update to that study, and that updated study was published by The Lancet in October 11 of this year. Imagine if in our lifetime we could reach a point where it wouldn't be necessary to send epidemiologists all over the world to study the effects of American imperialism. (2:10) I brought this chart--can everybody see my chart? There's a big bar and a little bar, and the big bar is represents 770 violent deaths per 100,000 per year in Iraq, and the smaller bar represents 34 violent deaths per 100,000 per year in Washington. I brought this so that to illustrate how important it is to have the Johns Hopkins study because this larger bar, the data is derived from the Johns Hopkins study. The smaller bar, the deaths in Washington D.C., is derived from FBI data. And the reason I bring this up is because there is a recently re-elected Republican congressman from Iowa, and he was quoted on the House floor saying, "My wife lives with me here, and I can tell you, Mr. Speaker, she's a far greater risk being a civilian in Washington D.C. than an average civilian in Iraq." This guy gets a lot of press. This is from Newsmax: "Despite media coverage purporting to show that escalating violence in Iraq has the country spiraling out of control, civilian death statistics compiled by Representative Steve King indicate that Iraq actually has a lower civilian violent death rate than Washington D.C. Using Pentagon statistics cross-checked with independent research, King said that he came up with an annualized Iraqi civilian death rate of 27 per 100,000. He's right that living in Washington D.C. is dangerous. Washington and Detroit and New Orleans are the most dangerous cities in the United States. You'd be right to be nervous walking alone at night after dark on the streets of Washington D.C.--but you'd have to be insane to do it in Baghdad. A tsunami washed over the country on November 7, a week and a half ago. It's too bad that Les wasn't quite able to ride that wave into Washington. Better luck next time. Please welcome Dr. Les Roberts. (Applause) (4:55) (Dr. Roberts speaking) Hi guys, nice to see so many old acquaintances.

Segment No. 2 - Talk: Dr. Les Roberts speaks about the Johns Hopkins Iraq Mortality Study which he co-authored, and the contrast between the media coverage of their recent study estimating 650,000 deaths in Iraq due to the war with the coverage of a similar study in 2004.

00:00 reception of '04 study
02:01 describing '06 study
06:50 impact of study on public awareness

09:50 Bush's obscene reaction

11:40 first question - why has the '06 study been better received?

Transcript: (Dr. Roberts speaking) I actually want to talk for a little while not so much about our study--I'll talk about that in a little bit--but more about the media reception of the study in 2004 versus the study six or seven weeks ago. When our study came out in 2004 that Allen just mentioned, by that time we thought about 100,000 civilians had died. It was downright bizarre how it was on the front page of every European newspaper, every Middle Eastern newspaper, every Asian newspaper, and it made something like B12 on the New York Times, and it was in the Washington Post on page 16. And the Washington Post actually interviewed us, and they said, "Oh, this study is bound to be controversial," and then they interviewed a guy from Human Rights Watch, a weapons analyst, and said, "Oh, what do you think about this study from Johns Hopkins saying 100,000 civilians have died," and he said, "I don't know, I haven't seen the study, but 100,000 seems way too high to me." They quoted him as saying, "100,000 sounds way too high to me." And because he was the first sort of liberal to discredit our study, he was on CNN, he was on NBC, he was on NPR, and none of the authors were asked to be on. It was bizarre. It was just bizarre. And he got to his office, he got a hold of the paper, he started talking to his colleagues, and he realized that he had probably misspoken, and he never said it again. Brooke Gladstone on the media had him on, and on a portion of the interview that didn't get played, she was just prodding him to say, you know, admit it, this is wrong, you think this is wrong, don't you. He wouldn't say that again. He thought it was just bizarre. Turns out that Brooke Gladstone's husband wrote a spin piece in Slate Magazine talking about how imprecise this study was, and he was being quite widely attacked for that, and she was clearly trying to support her husband behind the scenes. (2:08) I contrast this with this recent study that came out a little while ago, and we repeated the study last summer in June and July. The guys who I had trained and done the survey with the first time, they didn't need me. In fact they said, "If any of you guys come back, it just put us at risk. We know how to do it; give us some cash, and we'll make it happen," and so we did. And it was run by a great scholar. He's dean of the best medical school in Iraq--he was the dean of the best medical school; he's actually gone into hiding, and he hasn't been home in many weeks out of concern for the interior police. And we repeated it and by that time 650,000, we believe, have died, above the rate that they died in the last year of Saddam's reign. And this time, the study was handled a little more wisely by us. The first time around, all I thought about was in 2004 getting this out before the election so that my Iraqi colleagues wouldn't have done a study in August and September that didn't come out until late November and have everyone in Iraq think that they had made a cover-up for the Americans so that it wouldn't come out until after the elections. That was all I was focused on, so I didn't share it with anyone, we didn't let anyone in the press know it was coming, it just came out through The Lancet, no one knew it was coming, and it was received with a lot of skepticism, in part because Dan Rather, just a couple weeks before, had gotten in hot water for saying that George Bush had gone AWOL, based probably on a forged document, so people were a little cautious about stuff like this just before an election. This time around, we handed it out to several members of the press in advance so that they could check the sources, talk to experts before it came out. I gave a couple talks at conferences so that a lot of the scientific community had seen the data and was able to grill me now--"Why do you think this?"--and I'd be able to give them technical answers back. We emailed it to maybe the twenty most famous people that do this sort of work, war epidemiology, in the world so that if any news shows called them up, they would be able to talk about it intelligently. And it worked really, really well. It came out a little earlier than expected. The Wall Street Journal--well, let me back up. Medical journals often have this embargo, and they say, "Hey, newspaper, we'll let you see this, but you can't print it until Thursday." The Wall Street Journal decided, you know, how often do we care about what comes out in The Lancet. I mean, The Lancet, you know, it's a medical journal, we don't care about them. So if we print it today, before the

New York Times and everyone else, then we'll have the scoop and we'll get all the blog hits and we'll be famous and our circulation will go up and it'll be good for money and dadada. So a day before the embargo was to end, the Wall Street Journal sprung the story. They print before the New York Times, so the New York Times scrambled and that day they let the story go out, CNN put it on their website, and so all these groups sort of in a cascading manner broke the embargo. That wasn't a big deal, but all of those pieces were quite neutral. They had had time to go ask a few experts, and there's a tendency in the press now to do what the Congress does, to say, "I want to have a scientific debate," so they find someone who's in support of it, and they find someone who's against it, and they have them both give their opinions, and they write it down. It might be that it's something like global warming, and the person in favor of saying the globe is warming is the head of the National Academy of Sciences, and he says every study ever done shows... the person against might be an employee of the oil industry and there might not be anyone else who thinks that way, but there's this tendency to want to give balanced stories. But nonetheless, all of those first stories were very fair. And for about a four-hour window, it was the only thing talked about on all of the news programs and on all the talk radio, and then an airplane hit a building in Manhattan, and the story was gone. That was it. That was the life cycle of the story. (6:47) But unlike the first time around, now, when you read an article, especially in a magazine that was written slowly and with a lot of thought, they'll give a range of how many people they thought died in Iraq, and the range is suddenly a lot higher than it ever was before. The first study didn't sort of enter into the public--pardon me, the press psyche in this country. There was this number that was out there before, 15,000, based on how many deaths had been recorded in newspaper reports, there was our number 100,000, and the New York Times, the Wall Street Journal, Daniel Schorr always cited that 15,000 because it was safer and because the Pentagon said that's a reasonable number, and the president had cited that number as the most likely number. That has stopped, I think, and it doesn't bother me so much that people aren't convinced that this is the right number because it's not the right number. It's a crude estimate, and we're only 95% sure that it's between 400,000 and 950,000, somewhere up there. But now, I think in the public's imagination, the range was, until a couple weeks ago, from maybe 50,000 to 650,000, that's what people were thinking was possible, which is great because when they hear bad news, suddenly they're capable of hearing it with a little more negative and broad-minded lens than they had before. That's great. But then, the week after our study came out, the Minister of Health said, "This Lancet study, no no no, this cannot be true, no no no, it can't be 650,000. I think probably it's more 150,000." So he suddenly tripled his number from the week before, and, you know, a couple people have pointed out in the press that if he can suddenly triple his number and if he can be saying a number three times higher than the Brookings Institute [sic] and Iraqi Body Count and the president, well maybe none of them really know, and maybe this scientific study of 2,000 households picked at random might be a little more credible. I'm struck that in the last election, and in the reception of these two articles, that public opinion has led foreign policy, not the other way around, I think. It's my perception that the American public is just fed up with the war in Iraq, and so now, when Slate Magazine writes a negative critique of our study, unlike the last time, when I write a retort, they're going to print it, so actually they accepted it today. And the Wall Street Journal did the same, and the science magazine who wrote a shocking article with just a ton of made-up things, they're going to print our response. We tried this the first time around, and they didn't accept our responses, so within the media, the willingness to have debates, the willingness to accept the possibility that maybe two and a half percent of the country has died, has sort of expanded, and this is just all good. It's all good. (10:00) I suppose, on some level, I think it's just a little bit obscene that our president is trying to be downplaying by a factor of ten how many people have died, and my guess is that if, you know, if Hugo Chavez said, "You know, I think that in the 9/11 attacks, maybe more or less two hundred people died," I think there'd be a lot of people sort of ticked off. And essentially when George Bush said a few months ago, "Well I think more or less 30,000

have died," and when in a press conference a couple weeks ago, he said, "No, I don't believe it, it's much, much lower, maybe forty or fifty," he's doing the same thing for everyone in the Middle East. He's certainly fanning the flames. And it's quite ironic to be upset with the president of Iran for saying that the Holocaust probably was only a tenth as big as people really claim and to have our president essentially doing just the opposite thing in a smaller scale crisis but nonetheless in terms of fanning international anger, it is an unfortunate thing that we're not showing any contrition. So that makes me sad. But nonetheless, the incredible change in the press--right wing talk shows calling me up and wanting to interview is so different than just two years ago. Two years ago, I probably got fifty threatening emails when this happened. I got a few nasty pseudo-scientists here, a joke, a few of those, but no threats this time around. And it's all for the good. And now let's move to the more interesting portion. I'm just--I'm here to talk about whatever you want to talk about. Having been to Iraq, having visited a couple hundred houses maybe I have a unique perspective compared to some, but I'm happy to talk about whatever you'd like to discuss. Please.

(11:50) (Audience member speaking) Before you leave that subject behind, could you say a little about why you think that is, why you think that change is happening?

(11:58) (Dr. Roberts speaking) Because the American public has become appalled with the war in Iraq, so suddenly writing things that sound appalling about the war in Iraq is acceptable and isn't seen as being attacking and negative of our troops. I have this friend, his name is Karl Vick, he's the writer for the Washington Post, he was stationed in Iraq for about the first eighteen months of the occupation. And while he was there, he told me in an email, "You know, all the time I go into hospitals, and they're full of people shot up by high-strung American kids who shot these cars up when they came up to checkpoints too quickly." I think that was a bigger problem in 2004 than it is today. "And," he said, "I can't ever get my editors to run stories about that because they say, you know, that's just not the fight we want to pick right now and it's going to piss off all our readers to hear bad things about our troops when they're feeling nothing but guilt and love for them." And, you know, the public becoming dismayed can trump concerns on that sort of lower level, I think. Yes, please.

Segment No. 3 - Q&A:

Q1 (00:00): Many died during the sanctions not from bombs, but from starvation, contaminated water, lack of medicine, etc... How does that figure in the study?

Q2 (01:28): Please give a brief summary of how the study was conducted

Q3 (07:24): Isn't this the same method that the U.S. uses in many different places?

Q4 (08:09): Does Paul Bremer have a pollster?

Q5 (08:44): When you deal with the press, do the words 'peer reviewed' have any magic?

Q6 (11:27): Have things gotten (that much) worse since the first study? Should we get (our troops) out right now?

Q7 (15:04): A lot of people say it is impossible to keep Iraq together. Should the country be divided?

Q8 (16:29): What has been the effect of the war on Fallujah?

Q9 (21:38): Will you have the opportunity to testify in any investigations that take place?

Q10 (23:20): (In regard to any upcoming hearings) will there be any government people (scientists) talking about the methodology? There seems little hope that we can extricate ourselves and allow that region to be ruled by its people peacefully.

Transcript: (Audience member speaking) Yes, when the study came out, I remember people saying, "Oh we're surprised it's so many people," and my experience was that I was surprised that it was so few because I am remembering all of the people that died during

the sanctions, not from bombs but from starvation, contaminated water, no medicine, and so I'm wondering where that situation has got to be worse when there's constant bombardment and shooting and chaos, so how does that figure into the study?

(0:36) (Dr. Roberts speaking) Much to my surprise in both studies, the Iraqi people have proven to be extremely resilient. I've worked in eight hot war zones and a few other places like Afghanistan after wars, and I don't think I've ever seen a place where social fabric is so strong. Engineers and nurses and doctors are all really well trained compared to Asian and African countries where I've worked, and everyone knows how to get those technical resources in their communities. Even if your hospital shut down, people know how to get a hold of the doctor if they really have an emergence, so there actually hasn't been that much of a rise and I'm surprised... I'll just leave it at that--I'm surprised. Why don't I take the person in the back, and then I'll come up here next.

(1:28) (Audience member speaking) I was just going to suggest, you might give us a brief summary of how the study was conducted just so that people that weren't there before, you know, we have an idea of the credibility and the, you know, [inaudible] how the study actually was done.

(1:50) (Dr. Roberts speaking) There's a problem in a lot of developing countries in that there's no functioning birth registration and death registration system. So it turns out that for about half of the countries in the world, the way we know how many people die is to try to pick clumps at random and go out and interview thirty households or fifty households. And it turns out that if you went to let's say thirty households in say thirty locations across America and asked how many children have been born and how many people have died, and then someone else went to 900 individually randomly picked places, the people who went to 900 places would only have about twice the statistical power of the people that went to thirty places with thirty houses each. That is, the clumping of people reduces your strength of knowing things, but not by a lot. So what we did was we first assigned clusters so that if we had something like Tompkins County, and Trumansburg is a twentieth as big as Ithaca, we would pick some random numbers such that the chance of coming to Trumansburg would be a twentieth as big as the chance of going to Ithaca. And then, once we got to Trumansburg, we would, in a town this small, actually just count all the houses and pick one at random, visit that house, and when we got there we'd say, "Who lived here on the first of January 2002, who lives here today," and so they'd write, "male, two years old," "female, four years old," and we'd write it all down, the gender and age of everyone. And then we'd say, "Has anyone moved in or out for more than three months in that window of time, has anyone been born, has anyone died. And when they give all the births and deaths and people moving away, we can look and see, did the people who were in 2002 add up to the people that are here now, if I think about the births and deaths and people moving. And then we can look at the deaths in that family before the invasion, March 19, 2003, the deaths in that family after the invasion, and, in essence, we can measure the death rate for that family before versus after. And then this family and then this family and this family. Turns out most families don't have any deaths, but you repeat this process 2,000 times, you come out with a statistically meaningful sample. So we had a death rate before the invasion and a death rate after the invasion and that increase we're attributing to the disruption that you mentioned associated with war. It happens virtually all that increase in Iraq is from violent deaths. Before the invasion, about two percent of deaths were from violence; after the invasion, the vast majority of deaths are from violence, so that increase is almost all from violence. And this--it's called cluster sample--is the way we measure mortality in most developing countries. It's the way the U.S. government did it in Kosovo at the end of the wars, it is the way the U.S. government did it in Somalia, the data that inspired the first President Bush, the real President Bush, to go into Somalia. It's the way we measured recently the death rate in Afghanistan, the way the U.S. government did it, so

there's nothing controversial about this. And it is fascinating to see these people coming out of the woodwork to say this is invalid. There was an article written in the Wall Street Journal--not the original one, the original one is quite neutral--about a week later, there was an op-ed written. This guy called me up, his name is Stephen Moore, he said, "I'm writing an article just to put this Lancet study into perspective for the Wall Street Journal," and so we talked for forty minutes, and I talked about the lack of need to go to many more than fifty places, and actually it might be unethical to do so because you put your workers at risk for not that much more statistical strength, and I talked about our distribution being normal, meaning that we can't really have a skewed picture because if only going to fifty places missed something important, it can only be something really high, meaning our estimate would have to be too low. So then we had this forty-minute conversation, and he picked out two or three sentences that I said that sounded the worst, that I hadn't seen the census from 1997, that I hadn't seen a ten-year-old census. And he wrote this scathing thing mocking us essentially for not collecting any demographic data, which just isn't true, he just made that up. And he happens to have been Paul Bremer's pollster in Iraq. By the way, he's working for Paul Bremer right now in California. And it was just stunning, and it's really disturbing to me how all the comments and criticisms about the study so far have been like this nitpicking stuff--"Well, fifty places might not be enough"--and it's not about, "Wow, you know, even if this study is really badly skewed, even if it's got a bias of twenty percent up or down, this is really bad. We should be saying I'm sorry, Iraq." This is none of that, so. There was a question here.

(7:25) (Audience member speaking) That was my question, that this is the method the United States has used in many, many different places, and now--

(7:31) (Dr. Roberts speaking) To make matters worse, the United States funds a training program to get U.N. and NGO workers to employ this exact method to measure mortality in natural crises and wars.

(7:44) (Audience member speaking) And then Bush was asked about your study a few days after, and he said, "Oh, I don't think that's credible."

(7:50) (Dr. Roberts speaking) He said the methods have been shown to be uncredible [sic].

(7:53) (Audience member speaking) He hadn't examined it yet, he said. That was really interesting.

(7:57) (Dr. Roberts speaking) There are few things that can raise one's capital among your scientific peers than to have the president say that you're not credible. That was a great gift for my career, I think. Go ahead.

(8:09) (Audience member speaking) Does Paul Bremer have a pollster? You said this guy was a pollster for Paul Bremer, but why does he have someone [inaudible] run polls?

(8:25) (Dr. Roberts speaking) Well while he was there, he wanted to be able to test how messages would work among the public and essentially do propaganda, and why he's working for a consulting firm headed by Paul Bremer now, I can't answer. Other than that they must have gotten along OK. Yes, please, sir.

(8:43) (Audience member speaking) When you deal with the ladies and gentlemen of the press, do the magic words "peer-reviewed" have any magic, or is that only in certain circles?

(8:54) (Dr. Roberts speaking) No understanding of that at all. And the notion that maybe

the chairman of bio-statistics at the London School of Hygiene was one of the critiquers [sic] and that he didn't think fifty places was too few, that has never come up in an interview. I've brought it up, but it's never--

(9:11) (Audience member speaking) That's bizarre! I used to be a gentleman of the press and when I do an interview...

(9:23) (Dr. Roberts speaking) Yes, and... there's a group in England, Iraqi Body Count, who's been monitoring events in the press, and their number is less than a tenth of our number, it's the number our president likes to cite on those rare occasions that he cites any number. We know this--in Tompkins county, if we culled through the press or even the police reports to get an estimate of the number of rapes that cured in the last five years, we'd get a number. But if we went out and did a sample of women and could get them in a comfortable place with someone they trusted and it was confidential, we would come up with another number that would probably be many, many times higher. And this is always the case. We've searched and searched and searched, and we can't find anywhere where half of the deaths were recorded in a time of war. The best we can find is Bosnia, where thirty to forty percent of the deaths were captured by the government and press, while the war was going on. And most of the time, it's five percent or seven percent or ten percent, so this is natural for us. But when our first study came out, Iraqi Body Count's funding just dried up, and they were really upset. And now that our study is bigger and can't be critiqued for being too imprecise, they clearly are very threatened, and most of the criticisms in the European press and scientific literature are coming from two or three people that are good buddies with the guy that runs Iraqi Body Count and are desperate to discredit our study so that their friend's project doesn't fall apart. What a funny little world. And back to the peer-review issue. I keep talking to these journals from Science Magazine and from whoever, and I say, "There are a couple hundred epidemiologists and public health workers that have done this kind of work. Why don't you go talk to one of them?" And they'll come back they've talked to some psychiatrist at King's College who thinks, "You can't possibly do forty interviews in one day," and that "this isn't possible. They must have made up the data." There was another hand, please.

(11:30) (Audience member speaking) Actually, I have three kind of related questions. The first one is approximately what is the population of Iraq?

(11:35) (Dr. Roberts speaking) About twenty-seven million today, we think, but there's a problem. Estimates are a million people have fled, estimates are that a million people have moved around inside, that's crude. Could be as low as twenty-five million.

(11:47) (Audience member speaking) So 650,000 is a significant population--

(11:50) (Dr. Roberts speaking) Two and a half percent. One in forty people.

(11:55) (Audience member speaking) This study versus your first study is like four times worse. Is that because of things have gotten worse, or just more time has passed--

(12:01) (Dr. Roberts speaking) Things have gotten, no, that's a rate, things have gotten a lot worse. A lot worse. And there is some ancillary evidence in support of this. If you look at the Brookings Institution's records of how often our troops get shot at, they're now shot at every fifteen minutes there is an attack on our troops, whereas in 2004, it would have been a couple of events per day. So there's other evidence to that effect.

(12:26) (Audience member speaking) My last question was, when you were here last year, you said that you would get the troops out of there right now. Do you still feel that way?

(12:31) (Dr. Roberts) I don't think I said it quite that way. I said I believe the John Murtha line that we are fundamentally the fuel on the fire. I believe that. I don't believe that we should get out tomorrow, but I believe that we should state publicly that this is not working, we need to get out. We should have a really aggressive time table. I think that the generals on the ground should have some say. We should be aiming for six months and be willing to give people some latitude in case twelve months is needed. But it needs to be a heck of a lot more aggressive than all but a few Democrats are talking about now, I believe. Before I go back there, let me go to some people who haven't spoken. Hi, how are you.

(13:18) (Audience member speaking) Hi, how are you doing. Can we talk about like getting out. Is a way of dividing up the country into three sects a possible thing that a lot of people are talking about today?

(13:32) (Dr. Roberts speaking) Yeah, so now we're getting into judgment calls where I think the truth is nobody knows what is the right thing. There are two terrible dilemmas for President Bush. What was that Clash song? "Should I stay, or should I go? If I stay there will be trouble, if I go there will be double..." The most effective way to keep Iraq together as a nation would be for us to hightail it out of there, looking like we lost badly. that would create national unity, that would create a sense of pride and self-purpose. That would be the most important thing we could do to keep Iraq together.

(14:15) (Audience member speaking) Can they live together?

(14:20) (Dr. Roberts speaking) They could have two years ago. They could have before the Golden Mosque was bombed, I think. On the other hand, the more we appear to lose, the more likely we'll have a war in the region involving Iran and possibly Turkey in the years to come. And if we're not fighting, the Europeans are going to be. And so there's this terrible trade-off of do we want to seem strong and pretend we're still a force for some limitations on activity in the region, or do we really want that country to stay together in as prideful and peaceful a way as possible? So--

(15:06) (Audience member speaking) A lot of people say that it's impossible to keep the country together in the end.

(15:09) (Dr. Roberts speaking) But I think that that's not our choice. I think in the end that can only be determined by Iraqis, and I don't even want to have an opinion on that. I wouldn't want Iraqis having an opinion as to whether or not we should secede from the nation as New York state. I mean, that's not their business and--

(15:25) (Audience member speaking) [inaudible] we have to get out.

(15:26) (Dr. Roberts speaking) We have to get out. We have to get out. I think there is great room for a people of good hearts and open minds to debate should we get out, leaving a protective force in Kurdistan, an area that is essentially almost autonomous at the moment, that is extremely pleased with us, that in an area that has extremely little violence, and use that as a tool to force the Shiite Sunni in the south to try to keep the country together because the Kurdish north have a lot of the oil, and thus trying to have a stable enough government to make them feel welcome would have some appeal, versus just leaving either in a John Murtha move to other countries, or move all out, a Eugene McCarthy type of approach. I can't, I'm not smart enough to sort of make a choice between those, and I'd rather we set it up so we're going out in a really clear timeline and the Iraqis are forced to make those choices for themselves. Yeah, in the hat.

(16:29) (Audience member speaking) Fallujah was one of the places that your study went to at this time also, and it's had a very special role in the war in Iraq. [inaudible] literally takes weeks and months. I wonder from your experience if you could just give broadly your reaction to what the effect of war has been on... [inaudible]

(17:00) (Dr. Roberts speaking) So in the first study, we only went to thirty-three randomly picked places. We had a list of the entire country by governate, we assigned the clusters by governates, for most of the governates we had then broken it down, the population by essentially county--most counties are just a city--and so we knew right in the beginning we had randomly picked to go to Fallujah. And we saved it for last. I've done about thirty-five mortality surveys in war zones since 1990, and when you do this sort of study and you know somewhere is the most dangerous place, you always save it for last. You save it for last for a couple of reasons. Your interviewers will be a lot more skilled and savvy by that time, and most importantly, if someone's going to get killed, you're going to get killed or your interviewer's going to get killed, heck of a lot better if you're ninety percent or ninety-five percent done. And you know, this isn't a joke, and so at least for your effort you have this record of what you tried to achieve to show for it, rather than have someone get killed on day one and have nothing to show for what it is you're trying to document. So we saved it for last, and when it came time to go, I tried to talk my, the dean of the medical school, and I said to him, "We have been to thirty-two of the other places. Nothing has happened, thanks be to Allah. Fallujah's getting shelled every day, it's surrounded by American troops right now, we've got a terrible story to tell, your going won't add anything to that story." And he said, "No, no, I have to go." I said "No, no, no, just think about the benefits, there's just not much to be gained from one more place. We already know mortality is up sixty-ish percent almost all from violence," and he said, "God has picked these random numbers, and I am doing God's work, and I must go." And just we had this sort of not heated debate but intense debate, and we just couldn't talk to each other about this because this was all an issue of faith. And he went and it was just a shocking experience for him. We went to thirty houses but we also found something near twenty that had been abandoned either because everyone there had died in shelling, or because people had left. So the city at that point had lost from our one little grab we would get something in the order of forty percent of its population. I was struck in the months that followed--remember the day after the election, our troops went in and took Fallujah--then about six months after, they were very proud of how they had stabilized it, the population had come back, and it was great, and they said how they think that maybe eight percent of the population of 200,000 is back in Fallujah now. Well, when I got the numbers of people in Fallujah in 2002, it was up over 300,000. And so the U.S. spokespeople had upped, artificially just pretended the original population was a third less than it really was. So that makes me think a lot of people have gone. That's part one of your answer. Part two of your answer is this time, because Fallujah was such an extreme outlier last time, when the guys went to Fallujah--this wasn't published in the paper--they actually went to two extra clusters just to see in that extreme place if the one they had picked by chance was typical across the city. And the three clusters were almost identical and had a much smaller death rate and a smaller fraction of people dead and missing. So it is strongly my perception that Fallujah has essentially been erased. A fraction of people, maybe two-thirds, have come back. We will never know how many people died exactly. And our method now of going and knocking on a door of who's living there now has almost no meaning when a third of the original families are gone. And those third are the ones that had the most mortality. That was a really long answer to your question. I think the city's been thumped, I think a third of the people are missing, I think we'll never know how many died. Yes, please.

(21:40) (Audience member speaking) I want to know if you feel as though you will have the opportunity to testify pending any of the investigations that might take place.

(21:50) (Dr. Roberts speaking) That is a great question. Back to the contrast between 2004 and 2006: 2004 study comes out, a couple months later, December, Dennis Kucinich's staff member calls me up and says, "So do you guys really think this study is right, you think it's solid? That's great, thanks. Congressman Kucinich just wanted to know before he quoted it if you still stood by it. A couple weeks ago, he calls me up, he says, "Congressman Kucinich wants you to come provide a briefing,"--so it's not a hearing, the Democrats don't control yet, they can't call hearings, but "he wants you to come provide a briefing, it's now slated for December 10, and we'd like you guys to present your study and we'd like you to suggest someone who can come and talk about this study methodologically, and we'd like someone who can come talk about the social impact of war and what two and a half percent of the people dying means. This is a precursor for hearings in the new Congress. An answer to your question: just a lot of things changed two Tuesdays ago. A lot of things changed. Having a one-seat majority in Congress means the Democrats get to choose what hearings happen, and not the Republicans. Everything's different. Yeah, in the back, please.

(23:20) (Audience member speaking) Based on some other comments about studies done by governments, I hope that you'll have government people talk about that methodological process and show that it's the same as yours. And second is that it's incredibly depressing that you talked about what's next there, I'm very pressed that you don't have--and it's just because there isn't--that there's not much hope for a way to extricate ourselves and allow that region to be ruled again by its people peacefully, and that's incredibly disturbing, And I was intending to ask you, what's your best hope, where do you see the best plan for pulling us out to leave the region in good state? As you spoke, I didn't hear anything that could lead me to--

(24:15) (Dr. Roberts speaking) First of all, I don't want to give you hope because I think things are bad, and in the short term things are going to be bad, and I don't want to pretend I have something positive I can package for you in that regard. My friend had an office next to someone who was a Christian. He had worked next to them for 20 years. He never knew they were Christian until the Americans invaded in 2003. He said when the invasion happened, suddenly everyone started to pay attention to who was Shia, who was Sunni. He said it was just never known. He said, "I could have figured out that someone was a Shia or a Sunni because I would know what tribe they were from, what city they came from, and then I could sort of think it through," in the same way you and I might think, "Oh, that's an Irish name, I'll bet they're of Catholic background," or "Their name ends in -burg, I'll bet they're of Jewish background." So it just wasn't there, and he said that as soon--not as the invasion happened, but as soon as that anarchy and looting started, and it went on for some weeks and people started to get scared that society wasn't ever going to stabilize, people started only eating with their own like at the cafeteria, and they stopped talking so comfortably with their other friends, and family became a lot more important than it had before. A friend of mine from Ireland said that the ebb and flow of war in Ireland had the same effect, in her mind, there. I am very optimistic that if we leave, the fabric of being Iraqi is stronger than the fabric of being Shia or Sunni. I don't think it's stronger than the fabric of being Kurds. I think the Kurds would be happy not to be part of a greater realm. Remember they voted in the election in a non-binding way, something like ninety-six percent of the Kurdish population wanted to have a separate semi-autonomous state. So I am very hopeful if we leave, there's going to be a ton of violence, there's going to be a lot of ethnic partitioning within certain parts of Iraq, but that within months the violence will be able to calm down and an Iraqi government will to some extent be able to run the country. I bet violence will go up for some months right after we leave, but over the course of a year it probably will save lives, rest relieved, rather than dying. So that's the best I can do. Let me go first to the gal in the white sweater, and then I'll come here.

Segment No. 4 - Q&A:

Q11 (00:00): It is not our place to be telling Iraqis what to do. Most important point is that the Iraqi people are forgotten in all this.

Q12 (02:46): Wasn't there a similar study before the invasion?

Q13 (04:58): Other than Kucinich, have there been any other Congressmen who have taken up your position and gone with it?

Q14 (06:36): Clarification on previous question regarding government scientists testifying before Congress.

Q15 (09:32): How do you feel about the corporate occupation of Iraq; how deadly would a nuclear bomb make it in that region; how do you keep going?

Q16 (13:56): Many of us were supportive of your primary run and would like to know what happened; why didn't you get a shot at it?

Transcript:(Audience member speaking) Oh, thank you. I think that was a great statement just now. I've spent a lot of time in Iraq, and but also my time working with Iraqi people, and I'm on the call daily with them, and I love what you said about the society. It's incredibly strong, and I've never seen anything like it. I think that's what saved them twelve years of sanctions and what's holding them together as much as they're together right now. But right now, I mean, it's so bad right now. The terror, the daily terror, and the breakdown in, I mean, we never talk about mental health of people, there's never been any mental health care there to begin with and now the stress--almost everybody I've talked to, even 14-year-old girls, their hair's falling out, they've got horrible stomach cramps and pains all the time, not to mention the standard dysentery, everything from bad food and lack of electricity and clean water. And I agree with you that there's no hope if we stay in there militarily. I think we need to take all our money and all our big reconstruction companies and get out of there, and I--

(1:11) (Dr. Roberts speaking) I think we can slip out responsibly. Doesn't have to be precipitous, but yeah.

(1:16) (Audience member speaking) I think it does have to be quite quickly. And I think that militarily it does have to be quite quickly, and I think we need to relinquish the policing duties to the other neighboring friendly countries that are not the United States or its partners, such as there are. But going back to the media part, and the fact that the media haven't given you very much credence even with your incredible scientific credentials earlier, OK, so the 2004 study, and with your credentials and your remarkable expertise and your partnerships and your peer reviews and so forth. So just imagining how little, or seeing how little interest has been given to your work, or has been given historically up until now underscores the fact that the humanitarian stories, the people whose the people whose stories of the people who aren't around don't get- get much mention whatsoever. And we talk about statistics and numbers and policy and "can we fix it by pulling out now?" It's really, the Iraqi people are perfectly brilliant and capable and socially adept and educated and they can take control of their own country. It's really not our place to be telling them what to do and that I don't know, I could talk--there are many points I want to make but I guess that's the most important one, is the Iraqi people have been forgotten in all this, and-

(2:44) (Dr. Roberts speaking) Thanks for that. In the scarf, did you have a question?

(2:48) (Audience member speaking) I have a question. I believe that before the invasion, there was a similar epidemiological study about excess deaths in Iraq, and I was wondering about what that was, how it was similar, and how was it different.

(3:04) (Dr. Roberts speaking) So, there were a couple over the window of time that the

sanctions were going on. All of them just looked at deaths of children under five. Unfortunately, the one that got the most notoriety was headed by a Pakistani woman who was at Harvard at the time. She trained a bunch of college students in Jordan, and they went in, and she said half a million children have died because of sanctions. A couple of people were very skeptical about this, and someone went back and looked at the data, and there were, I think, about a dozen interviewers, and one accounted for most of the child deaths. And that put up a red flag, and so there was a demand at Harvard that the data be reviewed by the university. The data was reviewed, the committee said you must print a retraction--it had been published in *The Lancet*, also--they said, "You must print a retraction." The gal didn't have quite publish a retraction; she wrote this little letter saying, "It is so difficult to study these things, and great problems arise, imprecision, dadada." There were a couple of others, the best one probably being by UNICEF, that looked at a window of time, the last one I think was 1997, and said, "Well if it's been like this, probably a quarter million children have died of sanctions." That was a similar study, by a similar method, cluster survey, interviewing households, similar to the study we did, and it probably was reasonably well done. Did that answer your question?

(4:40) (Audience member speaking) So you were saying that almost all of your deaths were from violence, and so this study was before the actual fighting. There was practically all none--

(4:50) (Dr. Roberts speaking) It was all children with diarrhea, not getting enough food, the effects of sanctions on water supply. Yes, please.

(4:58) (Audience member speaking) You mentioned a hearing from Kucinich, but there are many members of congress who have even more stature than Kucinich has. And over this period of time, has [sic] there been any members of congress at all who have taken up your view and gone with it anywhere? If so, I haven't seen it. Or even in the campaign, it was hardly mentioned.

(5:24) (Dr. Roberts speaking) That's right. I have heard no political figure on the Democratic side cite our work. The first time around, I sort of looked at the players and thought, "Who is most likely to take this up and infuse it into a hearing so that I would get to speak?" And I decided that it was Patrick Leahy. And I went and met with his staff, and they said, "You know, we know about your study, we know that it's true, we have lots of ancillary sources telling us it's true, but we don't control anything. And, you know, you need, if you come to us with a really narrow proposal, like money to up surveillance in Iraq, we can probably get that worked in, but we can't have anything to openly discuss this issue." So that's where we were in 2004. I think everything's in flux, people haven't had time to think about their 2007 agenda. But it's coming. It's coming. I promise you. Actually, can I go to a related question that I never answered for you in the back in green. "I hope you," you said, "I hope you get the government scientists to come and- and verify this." The best person in the world at this process of measuring deaths in war is at the Centers for Disease Control, and after the first survey, a lot of reporters called up the CDC and said, "You are our national institute of epidemiology. Is there someone there that can talk about this *Lancet* study claiming 100,000 deaths?" The press office, which when I was there years ago, were these people who thought their job was to get anyone on the outside that was interested in any of the boring science that happened on the inside to get them together. I mean, these CDC people are folks who spend their whole lives trying to eradicate guinea worm, I mean, these people are so boring their families don't even talk to them when they come home for Thanksgiving. These are quirk- really quirky scientists, and so everything the press office did was about getting information out. When that call came to the CDC, the CDC press office, now run by Homeland Security, said, "Nope, nope, nope, no one here can talk about that. But there is a statistician from Harvard." So they gave him the guy's

number. He actually wasn't at Harvard; he was at the American Enterprise Institute, and he was a signatory on the Project for the New American Century. And that happened within hours of the first Lancet study coming over the wire circuits. I mean, they are so good at controlling the message compared to the CDC I knew compared just- just 15 years ago. And if that best person in the world methodologically came and spoke in front of Congress--he's got nineteen years in, he's due for retirement next year, he has a newborn child--the chances of him never getting his pension are really, really high. I wouldn't try to get him to talk. The things that happen to scientists within NASA about global warming, within the CDC about a couple of hot topics, I think are just a huge threat to their well-being, and so I don't agree. I think that if we get government scientists to speak, we can't get people at this moment in history to come forward and speak honestly. We're going to get two sully administrators who say, "This is crazy because they didn't wear pink carnations when they knocked on the doors," or whatever they're going to say. So you had your hand up, please. Yeah, in the pink pants.

(9:33) (Audience member speaking) I have this- I have three questions, actually. The first is, you said that you believe we should have an aggressive timetable so that we can withdraw militarily from Iraq, right? Wonder if you feel the same about our corporate occupation of Iraq. And the second is, if we didn't withdraw, you said that you thought the violence would continue and continue to get worse. I'm wondering how likely you think it would be that a nuclear bomb would make it in that region greater. And the third one is, you- I'm incredibly grateful for your work in the world. I'm so glad that you can share it with us. I guess I'm wondering, you see kind of the worst that humanity is capable of and maybe possibly therefore the best, and you also see the terrible kickbacks and actions and reprisals that maybe might come to you in your career, and I guess I'm just wondering how you keep going.

(11:07) (Dr. Roberts speaking) Let me answer the first quest- second question first. You know, I don't know about a nuclear weapon. I- I just don't know. It only takes a few people in circumstances, and how would I know? In terms of the last question, there's sort of an implication in there that there's something noble about this occupation as compared to pumping gas or- or something else. I went to St. Lawrence University as an undergrad, I was 17, I was an awkward nerd like most male 17-year-olds are. And I had taken AP Calculus in high school, and so I thought that meant I get to skip the first year when I went to college, so I did, and I went right into second-year calculus, and I did really badly. I got a 1.5 first semester, I dropped out second semester, and in that calculus class, there was this young woman, and she was just kind of quiet and a little bit plain and really lovely eyes and a really gentle manner, and we had meals a lot together, and she kept on offering to help me. You know, I was like so embarrassed that I'm failing calculus, and she was so cool, she was a little bit overweight, but you know, in a quiet, gentle way, she was much cooler than I was. And she probably asked me twenty times over the course of the year, I just was so embarrassed that I didn't ever really accept. And at the end of the school year, she went home to her house in Rochester and blew her brains out in a swimming pool. And she wasn't wanting to help me, she was wanting me to help her. I think all of us are cowards. I think all of us have- have moments when there's something we have an inner capacity to do but don't have enough self-confidence in us to do. And I am much more worried about having another moment like that than I am about dying. There's a lot of things worse than dying in my mind. And I've had unbelievable luck. I don't think of what I do as service at all. I get to be a mechanism of compassion in that conveyance system of humanitarian aid from the world's wealthiest to the world's least lucky. What a cool thing. There- nine out of ten kids in high schools, if they knew you could do that for a living, would think, "Oh, that's great," and would- would gladly do that. I- yeah- so- um- yeah- that's the answer.
(Applause)

(13:57) (Audience member speaking) You mentioned at the beginning that we needed, you know, to sort of leave and say, "I'm sorry Iraq."

(14:04) (Dr. Roberts speaking) No, that's two separate things. I think at this moment in history it's incredibly important we express contrition when we clearly made a mistake, separate from the- even if you're going to send more troops, saying contri- expressing contrition is really important. And, separate from that, I think we need to get out.

(14:18) (Audience member speaking) All right. I wanted to focus on the contrition. And a lot of here were really very supportive of your primary run, and we felt that it was- it moved in that direction, and I think a lot of us would like to understand a little bit about what happened in terms of the primary and why it was that you didn't have a shot at it.

(14:43) - (22:34) *Les Roberts discusses his primary run*

Segment No. 5 - Q&A:

Q17 (00:20): Were the people of Baghdad surprised at the study results?

Q18 (04:34): Everybody talks about physically getting out of Iraq. Would you help us to understand how?

Q19 (06:24): The people whom I talked to about your first study who found it credible were without fail the people who had heard about it on 'This American Life'. Did you approach them or did they approach you? I am happy you still have faith in the Democratic Party. I was devastated by what happened to you. Is there anything else that we can do (other than writing letters)?

Q20 (11:49): Might the clean money, clean elections campaign be a way to get third party candidates in?

Q21 (12:10): Going back to an earlier comment, what might precipitate a conflict between Iraq and Turkey?

Q22 (15:57): How might I encourage my students to start thinking critically on all this?

(28:08) Les Roberts: recounts a story of contrast between the absolute most beautiful and brutal aspects of American civilization.

Q23 (24:08): Is it unrealistic to consider that Iran and Syria might be approached to help in some multinational (solution)?

Q24 (25:37): You talk about having an aggressive timetable for military withdrawal. Could you speak about corporate withdrawal?

Transcript: (00:20) (Audience member speaking) Were the people of Baghdad surprised at your study results?

(0:26) (Dr. Roberts speaking) No.

(0:30) (Audience member speaking) You know, do they understand the magnitude of the - the (unintelligible) you know, in the US government? And then the other one is, I mean, I'm not naive, but what - can you give me a little blip of what violent deaths are in Iraq? Because most of what we hear are about the IEDs that are blowing up Humvees that are armored, and we know a little bit about (unintelligible). But you know -

(1:13) (Dr. Roberts speaking) I'm sorry I forgot to bring paper copies of our Lancet article. If any of you really want one give me your email at the end and I'll email you the article later on if you want to read the original. In answer to your first question, every reporter that's called me in the past two or three weeks I've said that I'm really puzzled because this is the easiest study, scientific study, labeled as controversial to verify that there's ever

been. Whether Dolly the sheep was cloned or whether the University of Utah did cold fusion; it's not like some reporter from AP could just call up a couple of people and figure that out. There are natural deaths from people growing old, from birth defects, and if Iraq is one of the healthiest countries in the world, there have to still be about a 150,000, 140,000, maybe 130,000 deaths per year. There have to be; it's just from natural causes. 25 million people. That means since the invasion it must have been about half a million deaths from natural causes, and so what I've been saying is if what we're saying is true there have been even more violent deaths. So if you go to a morgue or you go to a graveyard and five, six out of 10 deaths in the last three years should have been from violence if we're right. Most of them should have been from violence. If George Bush and Iraq Body Count are right, 50,000 deaths, it should be one in 10 has been from violence. Every Iraqi knows that the morgues are full of mostly violent deaths. Every Iraqi knows a family member who's died. And so to say one in 40 have died, several people - many people said to my friend Riyadh, "No, no, no, no - it must be much more than that." It's more than one in 40 of my friends. So it was accepted just carte blanche. The vast majority of deaths over the last three years, even more so in the last year, are Iraqis shooting Iraqis. that's 58 percent of the violent deaths. And - I'm sorry - gun deaths are 58 percent and the - the bulk of them we believe are Iraqis killing Iraqis. There's a big portion in there, almost a third, we don't know who did the killing, but we think most of them probably also were Iraqis killing Iraqis because the Coalition clashes are a little more transparent and more publicly known than the single killing events that happen at night - and someone's told in the morning, "You're husband's body is two blocks over." So gunshots, Iraqis killing Iraqis, we cannot distinguish between criminal deaths and sectarian violence and political assassinations. And our interviewers , you know, once we asked, "How did they die? Can you describe the circumstances?" We didn't want our interviewers to probe because then people might get suspicious and get angry. It might have ended up our interviewers getting killed.

(4:32) - (27:35) *Les Roberts discusses how he was approached by 'This American Life', politics, and his thoughts on assorted current events*