Physician Participation in Human Rights Abuses in Southern Iraq

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Context Physicians are known to have participated in human rights abuses in Iraq during Saddam Hussein's Baathist regime, but the nature and extent of that participation are not well documented.

Objectives To characterize the nature of physician participation in human rights abuses, identify structural factors that facilitated physician participation, and assess approaches for accountability and for prevention of future physician participation in abuses.

Design, Setting, and Participants A self-administered survey in June and July, 2003, of a convenience sample of 98 physicians and semistructured interviews of hospital directors and physicians in 3 major hospitals with general surgical units in 2 cities in southern Iraq.

Main Outcome Measure Respondent reports of peer and self-participation in human rights abuses in Iraq since 1988.

Results The majority of participants were male (88% [86/98]) and Shi'a Muslims (97% [95/98]). Respondents reported a mean of 6.8 years in practice. A total of 71% of respondents (65/91) reported that torture was a problem to an extreme extent in Iraq since 1988. The proportion of respondents indicating that, since 1988, their physician peers as a group were extremely or quite a bit involved in human rights abuses included 50% (42/83) for nontherapeutic amputation of ears as a form of punishment, 49% (39/79) for falsification of medical-legal reports of torture, and 32% (25/78) for falsification of death certificates. Fewer numbers of respondents (range, n=2 to 6) reported participation in abuses themselves. More than half (52% [48/92]) indicated that physicians did not willingly participate in these abuses; 93% (52/71) reported that the Iraqi paramilitary force Fedayeen Saddam was responsible for initiating physician complicity. Fear of harm to oneself or family members was a common explanation for complicity. Respondents reported that physicians who refused to participate in abuses faced consequences including loss of job, imprisonment, torture, and disappearance. Respondents reported on preventive measures that should be undertaken to prevent physician involvement in future abuses, including increasing human rights and ethics education of physicians (99% [79/80]), legal provisions to ensure effective monitoring (97% [73/75]), punitive sanctions for physicians who commit abuses (96% [77/80]), and ensuring the independence of physicians from state authorities (95% [76/80]).

Conclusions Although not generalizable beyond the study participants, the findings of this study suggest that among those surveyed, physician participation in human rights abuses included falsification of medical-legal reports of alleged torture, physical mutilation as a form of punishment, and falsification of death certificates. As Iraq rebuilds, it is essential that the country address these violations and enact measures to prevent physicians from future complicity in human rights abuses.

JAMA. 2004;291:1480-1486 www.jama.com

During the 1979-2003 Saddam Hussein regime in Iraq, violations of human rights have been reported to be widespread and systematic.[1] These reports are supported by the findings of a study of the prevalence of human rights abuses in 3 cities in southern Iraq, reported elsewhere in this issue of The Journal.[2] In that study, 47% of households surveyed reported human rights abuses occurring among household members since 1991. Although the participation of physicians in human rights abuses in Iraq during the Baath regime has been documented,[3-7] Iraqi physicians have not, to our knowledge, been surveyed about their own experiences and views on physician involvement.

A prerequisite of the successful reconstruction of Iraq is the identification and addressing of past problems to prevent their recurrence. Accordingly, Physicians for Human Rights (PHR) conducted a self-administered survey of physicians in 2 cities in southern Iraq to assess patterns and practices of physician participation in human rights abuses, to identify structural factors that facilitated physician participation in human rights abuses, and to assess physician attitudes about human rights abuses and measures to prevent physician involvement.

See also pp 1471 and 1505.

METHODS

Sampling

The survey was conducted during a 2-week period in June and July 2003

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in 2 major cities in southern Iraq: An Najaf city in An Najaf governorate (population 931 600) and Nasyriyah city in Dhi Qar governorate (population 1 454 200).[8] Civilian hospitals were selected on the basis of having surgical capacity because many of the alleged abuses involved surgical procedures and because hospital administrators and other key informants indicated that evaluations of detainees were most often conducted in these facilities. Eligible participants were physicians and surgeons practicing in these hospitals at the time of the survey. Physicians practicing exclusively in outpatient clinics, maternal or pediatric hospitals, and rural hospitals who were unlikely to have been faced with opportunities or forced to participate in abuses were excluded, as were medical students and residents.

All surveys were hand-distributed by a PHR researcher and/or the hospital director or the director's representative to physicians working at each of the 3 hospitals in the 2 cities based on the director's verbal indication of the number of physicians and surgeons practicing at the facility. All questionnaires were self-administered, and physicians returned completed surveys either to the office of the hospital director or to the PHR researcher. Reasons for not responding to the survey were not available because the survey was self-administered and conducted anonymously.

Survey Instrument

The 31-question survey (available on request from the authors) included questions on respondent demographics, medical training and practice, and experience and knowledge of physician participation in human rights abuses since 1988, a date cited by physicians as the start of a government campaign to involve physicians in human rights abuses. Human rights abuses were listed in the survey and torture was described as "torture and ill treatment" as defined by the United Nations Convention Against Torture.[9] Respondents were asked both about their own involvement in abuses and about involvement by peers. Other survey domains included consequences of physician refusal to participate in abuses, knowledge of and attitudes toward medical ethics, and recommendations for reform. Several items were adapted from previously field-tested PHR surveys of physician participation in human rights abuses in Turkey[10] and Mexico.[11] Questions regarding torture were based on the definition of torture in the United Nations Convention Against Torture[9] and on key informant and other reports of abuses in Iraq. Questions regarding restriction of work or educational opportunities and abuse experiences used dichotomous "yes" or "no" responses. All other questions used Likert-type scales for responses.

The questionnaire was written in English and translated into Arabic. Eight regional, human rights, and medical experts reviewed the questionnaire for content validity. The survey was pilot tested by 4 Iraqi physicians and suggestions regarding clarity and cultural appropriateness were incorporated.

Interviews

In addition, semistructured interviews were conducted with 3 hospital directors and more than 60 physicians in the 3 civilian hospitals. Due to the sensitive nature of the information sought in these interviews, physicians were recruited by chain or snowball sampling[12] using hospital directors as initial key informants. Interviews were conducted in English or in Arabic, with the use of a translator, based on participant preference. Detailed notes were taken of all interviews.

Human Subjects' Protections

The survey and sampling strategy were based on prior studies of physician participation in human rights abuses.[10,11] The research was conducted in accord with the Declaration of Helsinki.[13] All data were kept anonymous. A cover letter attached to the survey instrument described PHR and the purpose and subject matter of the survey. This letter stated that participation was voluntary and anonymous, that no individual's information would be reported in an identifiable way, and that no compensation would be given to individual participants. This information also was provided to all physicians who agreed to be interviewed. A small donation was made after the surveys were conducted to hospitals where respondents practiced in recognition of their time and as an incentive to increase participation.

Statistical Analysis

The data were analyzed using STATA 7.0.[14] Analysis consisted of descriptive analysis of means and proportions only.

RESULTS

According to the 3 facility directors, the physicians practicing in the surveyed facilities included 105 of 195 physicians practicing in An Najaf and 56 of 113 physicians practicing in Dhi Qar governorates. No written records were available. Of the 116 completed surveys from physicians and surgeons returned to PHR, 98 were eligible. The remaining 18 were not eligible because they were completed by residents or medical students.

Sociodemographic Characteristics

Of the 98 physician respondents, 88% (n=86) were male. Ninety-seven percent of respondents (n=95) identified themselves as Shi'a Muslim, a percentage consistent with the ethnic composition of the area where interviews were conducted.[2] Respondents reported a mean (SD) of 6.8 (6.9) years in practice, and most (81%) were specialists. When asked which best describes their practice experiences between 1988 to the present, 62% indicated practicing in a civilian institution and 35% in a military setting.

Physician Participation in Human Rights Abuses

Seventy-one percent (65/91) of respondents reported that torture was a problem to an extreme extent in Iraq since 1988. Sixty-five percent (56/86) stated that ethnicity/religious affiliation was

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Table 1. Human Rights Abuses in Iraq and Physician Participation

Opinion (No. of Respondents)	No. (%)
To what extent was torture or ill treatment a problem in Iraq since 1988? (n = 91)	
Minimal	4 (4)
Moderate	8 (9)
Extreme	65 (71)
Do not know	14 (15)
How important a factor was ethnicity/religious affiliation in whether a person experienced torture or ill treatment? (n = 86)	
Not important	6 (7)
Minimal importance	4 (5)
Moderate importance	10 (12)
Extreme importance	56 (65)
Do not know	10 (12)
Who was responsible for initiating abuses in which physicians participated? (n = 71)*	
Fedayeen Saddam	52 (73)
Other Iraqi paramilitary forces	27 (38)
Republican guard	24 (34)
Police	24 (34)
Security/intelligence forces	19 (27)
Ministry of health personnel	13 (18)
Local medical/health administrators	11 (15)
Iraq army soldiers	10 (14)
Baath party members	8 (11)
Badr brigade	1 (1)
To what extent did physicians participate willingly in the abuses? (n = 92)	
Not at all	48 (52)
Minimal extent	17 (18)
Moderate extent	1 (1)
Extreme extent	2 (2)
Do not know	24 (46)
Consequences for peer physicians who failed to participate in abuses (n = 87)*	
Lost job	44 (51)
Imprisoned	43 (49)
Tortured	39 (45)
Disappeared	32 (37)
Forced to flee	25 (29)
None	8 (9)

*May list more than 1 answer.

Table 2. Frequency With Which Respondents Reported That Physicians in General, Including Peers, Were Forced to Participate in Abuses

	Response of Forced Physician Involvement, No. (%)			
Reported Abuse (No. of Respondents)	Extremely	Quite a Bit	A Little	Not at All
Nontherapeutic amputation of ears as a form of punishment (n = 83)	21 (25)	21 (25)	19 (23)	22 (27)
Falsification of medical-legal reports of alleged torture (n = 79)	12 (15)	27 (34)	15 (19)	25 (32)
Falsification of death certificates (n = 78)	6 (8)	19 (24)	21 (27)	32 (41)
Release of medical records to state officials without patients' consent (n = 67)	5 (7)	17 (25)	15 (22)	30 (45)
Removal of a (dead or alive) patient's organs without the patient's consent (n = 73)	5 (7)	7 (10)	13 (18)	48 (66)
Participation in torture (n = 73)	2 (3)	4 (5)	13 (18)	54 (74)
Administration of "mercy" bullets to survivors of torture or ill treatment (n = 75)	1 (1)	2 (3)	14 (19)	58 (77)

extremely important as a factor in whether a person experienced torture or ill treatment since 1988.

A majority of respondents (73% [52/71]) reported that the Fedayeen Saddam,[15] a paramilitary force that reported directly to Uday Hussein, was responsible for initiating abuses in which physicians participated. Other Baath regime–affiliated groups[16] identified as initiating abuses included other Iraqi paramilitary forces (39%), the Republican Guard (34%), and the police (34%). When asked to what extent physicians participated willingly in abuses, 52% (48/92) of respondents stated that physicians did not participate willingly at all. Fifty-one percent (44/87) indicated that physicians who did not comply with abuses lost their job. Other commonly cited consequences of refusing to participate in abuses included imprisonment, torture, disappearance, and being forced to flee (TABLE 1).

When asked about the frequency with which Iraqi physicians in general were forced to be involved in abuses since 1988, respondents indicated that they understood that physicians were "extremely" or "quite a bit" involved in a variety of abuses, including nontherapeutic ear amputations (50% [42/83]), falsification of medical-legal reports of torture (49% [39/79]), falsification of death certificates (32% [25/78]), release of medical records to state officials without patient's consent (32% [22/67]), removal of a (dead or alive) patient's organs without the patient's consent (17% [12/73]), participation in torture (8% [6/73]), and administration of "mercy" bullets to kill survivors of torture or ill treatment (4% [3/75]) (TABLE 2). Fewer physician respondents reported participating in these abuses themselves, with responses indicating such participation ranging from 2% to 7% (TABLE 3).

Respondent Awareness of Professional Ethics

Ninety percent of respondents stated that there is a code of ethics for Iraqi physicians published by the Iraqi Medi-

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cal Association. Respondents indicated that the code includes specific obligations for physicians to honor a wide range of basic human rights (TABLE 4). Two thirds (66%) of respondents stated that according to the code, even when threatened the physician may not use his/her knowledge in a way that is contrary to respect for human life.

Seventy percent of respondents reported receiving some training in medical ethics and 56% indicated that their training in ethics has been useful. Ninety percent of respondents thought physicians should receive formal training in ethics. When asked about the ability of physicians in Iraq to abide by their ethical duties since 1988, 39% reported that physicians were able to do so poorly or not at all. Seventy-nine percent agreed that it is extremely important to improve medical ethics and respect for human rights in the health sector, and 95% reported being extremely interested in learning more about medical ethics and human rights (Table 4).

According to Iraqi physicians contacted after the survey, the Iraqi medical code of professional ethics included provisions on physician respect for patients, confidentiality of patient information, physicians' duty to treat their patients to the best of their ability, and their duty not to harm patients intentionally. These physicians indicated that these are recited as an oath by graduating medical students.

Table 3. Respondent Reports of Self-participation in Human Rights Abuses

Experience (No. of Respondents)	No. (%) No	No. (%) Yes
Falsification of death certificates (n = 90)	84 (93)	6 (7)
Nontherapeutic amputation of ears as a form of punishment (n = 91)	86 (95)	5 (5)
Falsification of medical-legal reports of alleged torture (n = 94)	90 (96)	4 (4)
Administration of "mercy bullets" to survivors of torture or ill treatment (n = 92)	88 (96)	4 (4)
Release of medical records to state officials without patient consent (n = 93)	90 (97)	3 (3)
Removal of a patient's organs without the patient's consent (n = 91)	88 (97)	3 (3)
Participation in torture (n = 92)	90 (98)	2 (2)

Opinions on Responses to Abuses by Physicians

Of 85 respondents, the majority (93%) thought that physicians who participated in human rights abuses should be punished or reprimanded; 7% stated that physicians who participated in such abuses should not receive any sanctions (TABLE 5). A total of 99% (79/80) of respondents indicated that increased human rights and ethics education of physicians should be implemented to prevent physician involvement in future abuses. Other measures that were supported are listed in Table 5.

Semistructured Interviews With Iraqi Physicians

Most of the physicians interviewed reported that physician participation in human rights abuses was common under the past regime. According to them, the government took deliberate steps to create a culture of fear and mistrust. The government "wanted the physicians' faces to be visible . . . [They] wanted the patients to take revenge on the physicians," reported one surgeon.

Among the structural factors that contributed to physician participation in human rights abuses in Iraq, interviewed physicians cited physicians' fear of harm to themselves and their families if they refused to participate in abuses. Physicians who refused to comply with the requests of state agents faced physical harm including imprisonment and torture or corporal punishment of themselves or their family members. According to one respondent, "the doctors had no choice" and "were threatened with execution." Another physician expressed the dilemma faced by these physicians: "What would you have done if you were in the position of these physicians [who amputated ears]? What would you have done, if you knew that if you refused, your ear would be cut, or you or your family might be killed? Tell me honestly, what would you do?"

Respondents also cited the absence of national medical institutions with power and independence to speak for, support, and protect individual physicians and reported that under the repressive rule of the Baath party in Iraq, medical institutions were either silent in the face of or complicit in physician involvement in human rights abuses. Many physicians echoed the words of one who said: "The Iraqi Medical Association . . . could not protect the physicians from the government—it was part of the government." Physicians said they felt they had no collective voice and thus virtually no political power to exert in preventing human right abuses or in punishing those physicians who participated willingly in abuses.

Most of the physicians interviewed had well-developed justifications for physicians' involvement in abuses. Displacement of responsibility was commonly expressed. Physicians argued that security officers, hospital directors, and the United States, through its support of Saddam Hussein through 1991, shared responsibility for human rights abuses. Some physicians explained their involvement as mitigating the suffering of those abused. For example, one surgeon, speaking of the forced nontherapeutic ear amputations of army deserters that took place between 1994 and 1996, stated, "I couldn't refuse the decision, it came from Saddam Hussein, but I refused the way it was being done in public." Others accepted the bureaucratization of their role and denied any moral dimension to their work as physicians. In the words of one, "At that time I only did my job. I didn't ask [the cause of trauma of prisoners referred for treatment], to protect myself. "

COMMENT

Our findings suggest that among those surveyed, participation in human rights abuses involved a wide range of practices including nontherapeutic partial or complete amputation of ears as a

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form of punishment, falsification of medical-legal reports of alleged torture, and falsification of death certificates. Self-reports of participation were much less common perhaps due to respondents' psychological dissociation from their actions to preserve their sense of moral integrity.[17]

Throughout the world, physicians have fought against human rights abuses.[18-20] Our interviews with physicians in Iraq, however, suggest that the absence of independent national medical institutions with power to speak for, support, and protect individual physicians and the harm faced by Iraqi physicians who spoke out and their families were powerful disincentives to physicians to resist participation in human rights abuses. The participation of Iraqi physicians in abuses must be understood in the context of the absolute control exerted by the Baath regime. Fear of abuse may have been substantial, given the findings of another PHR survey of randomly selected households in 3 cities in southern Iraq in which 47% of households had at least 1 member who experienced a human rights abuse since 1991.[2]

In general, repressive regimes' promotion of physician involvement in abuses may create a fiction of power,[21] sow fear among the general population and/or specific groups,[22] enable officials to deny culpability,[10] and serve as a mechanism of moral disengagement for perpetrators.[17] By making medical professionals part of the machinery of repression, repressive governments create an incentive for physicians to support the regime and undermine trust among physicians and between physicians and the people for whom they care.[23,24]

Participation of physicians in human rights violations contravenes international standards of medical ethics[25] and internationally accepted statements by the World Medical Association, including the Declaration of Geneva[26] and the Declaration of Tokyo.[27] While these standards represent the ethical ideal, it seems unlikely that most physicians who participated in abuses had a choice given the context in Iraq of governmental control, widespread abuses, and the lack of protections of human rights under the Baath regime. In fact, physicians who were forced to participate in abuses in Iraq may themselves be viewed as survivors of an abusive regime and should not be considered to have the

Table 4. Medical Ethics

Characteristic/Opinion (No. of Respondents)	No. (%)
Is there a code of physician professional ethics in Iraq? (n = 94)	
Yes	85 (90)
No	3 (3)
Do not know	6 (6)
What is included in the Iraqi medical professional code of ethics? (n = 83)*	
The physician must deal honestly with patients	79 (95)
The physician must work for the benefit of his/her patients	76 (92)
The physician must avoid harm to his/her patients	74 (89)
The physician's primary duty is to his/her patients	74 (89)
The physician has an obligation to preserve human life	74 (89)
The physician must protect the confidentiality of patient information	74 (89)
The physician must deal honestly with colleagues	73 (88)
The physician must respect the rights of patients and colleagues	72 (87)
A physician may not permit religion, nationality, race, party politics, or social standing to affect his/her duty to a patient	72 (87)
The motive of financial profit may not influence a physician's professional judgment about his/her patient	60 (74)
Patients must be fully informed about and given the opportunity to consent to any treatment or procedure	56 (69)
Even when threatened, the physician may not use his/her knowledge in a way that is contrary to respect for human life	50 (66)
Has your medical training regarding ethical principles been useful? (n = 97)	
Yes	54 (56)
No ethical training	29 (30)
No	6 (6)
Do not know	8 (8)
Do you think physicians should receive formal training in ethics? (n = 93)	
Yes	84 (90)
No	7 (8)
Do not know	2 (2)
How well have physicians in Iraq been able to comply with their ethical duties since 1988? (n = 83)	
Extremely well	18 (22)
Reasonably well	16 (19)
Satisfactorily	17 (20)
Poorly	8 (10)
Not at all	24 (29)
How important is it to improve medical ethics and respect for human rights in the health sector in Iraq? (n = 96)	
Not at all	4 (4)
Minimal importance	7 (7)
Moderate importance	5 (5)
Extreme importance	76 (79)
Do not know	4 (4)
Level of interest in learning more about medical ethics and human rights (n = 96)	
None at all	1 (1)
Minimal	1 (1)
Moderate	2 (2)
Extreme	91 (95)
Do not know	1 (1)

*May list more than 1 answer.

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same degree of culpability as their willingly complicit peers.

Health and human rights are inextricably linked and the protection of human rights is an essential duty of physicians to prevent and alleviate human suffering and promote health.[28] Furthermore, violations of human rights may have devastating health consequences, and, as such, are of concern to physicians. Iraq is a party to The International Covenant on Civil and Political Rights, which prohibits torture.[29] Although Iraq is not a party to the UN Convention Against Torture, the prohibition of torture is considered *jus cogens*, a peremptory norm of international law to which all states are bound and from which no derogation is permitted.[30-33] While participation of physicians in human rights abuses was mandated by edicts promulgated by the Baath regime,[6] these acts also violated Iraq's Interim Constitution of 1990[34] and the Iraqi Penal Code.[35]

As Iraq rebuilds, it is essential that the country address these violations and take measures to prevent their recurrence. Legal reform, the strengthening and reformation of medical institutions and associations, and implementation of measures to ensure the independence of physicians from state authorities are important. Increased human rights and ethics education for medical professionals is necessary to address physician participation in abuses as is effective monitoring of compliance with ethics and human rights standards. These measures may help prevent some participation in abuses in the future. Finally, strategies for remedies to address situations in which physicians find themselves under threat if they do not comply with regime abuses may have a more direct impact, including the formation and use of networks equipped for rapid mobilization to support these physicians through exertion of international (governmental) pressure on the abusive regime.

The experience of other countries that underwent or are undergoing periods of transition may be instructive as to the range of possible approaches to achieve accountability for and address past violations. Truth-telling by representatives of health professional institutions about the role of the profession in abuses in Iraq, when linked to institutional reform of medical associations,[36-38] may be an important aspect of reformation of the medical profession in Iraq. The majority of Iraqi physicians in this study supported punitive sanctions for those who commit torture and/or ill treatment in the future. Trying those physicians in positions of power who willingly aided and abetted the regime and who may have been responsible for forcing other physicians to be complicit may deter future abuses and help rebuild trust among physicians and between physicians and patients.

Table 5. Opinions on Responses to Human Rights Abuses by Physicians

Opinions (No. of Respondents)	No. (%) No	No. (%) Yes
Measures that should be taken to prevent physician involvement in future abuses		
Increased human rights and ethics education of physicians (n = 80)	1 (1)	79 (99)
Legal provisions to ensure effective monitoring practices (n = 75)	2 (3)	73 (97)
Legal provisions to ensure investigation and documentation of abusive practices (n = 79)	2 (3)	77 (97)
Punitive sanctions for those who commit torture and/or ill treatment (n = 80)	3 (4)	77 (96)
Ensure the independence of physicians from state authorities (n = 80)	4 (5)	76 (95)
Prohibit the presence of security forces during medical-legal examinations of detainees (n = 80)	5 (6)	75 (94)
Additional training for physicians in the effective documentation of torture and ill treatment (n = 69)	4 (8)	65 (94)
Improve physicians' capabilities to document medical evidence of torture and ill treatment (n = 67)	5 (7)	62 (93)
What should happen to physicians who misrepresent, omit, and falsify information about torture killing or ill treatment in medical records? (n = 85)*		
Administrative sanction	36 (42)	
Discharge from employment	34 (40)	
Criminal sanction	25 (29)	
Nothing	6 (7)	
Be given a warning	5 (6)	

*May list more than 1 answer.

Limitations

Our findings cannot be generalized beyond the study population who were primarily Shi'a Muslims, a group that was treated particularly harshly by the Baath regime, from 3 civilian hospitals in 2 cities in southern Iraq. Also, the data may not have captured fully the experiences of physicians who resisted participation in abuses, because such physicians may have been killed or forced to flee or leave medical practice. It is possible that many of those who engaged in abuses opted not to complete the survey, not respond to abuse-related questions, or to misrepresent their experiences to avoid recrimination or job loss. The small proportion of self-reports of participation is not consistent with the reports of high rates of participation among physician peers, suggesting that responses may have either exaggerated or downplayed the true situation, or both. Reasons for such distortions may include fear of job loss, shame, guilt, denial, peer and other social pressures, and personal political views. Additionally, the reports of colleague involvement do not include details such as numbers involved or dates of abuses, so these higher figures may represent multiple reports about the same individual or incident.

Conclusion

Despite the methodological limitations of this study, our data provide critical insight into the nature of physician participation in a wide range of human rights abuses in Iraq during the Baathist regime and the problems ex-

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perienced by these physicians. As Iraq rebuilds, it is essential that the country, and other nations, address these violations and take a variety of measures to prevent their recurrence.

Author Contributions: Ms Reis had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.
Study concept and design: Ahmed, Kushner, Iacopino.
Acquisition of data: Ahmed, Amowitz, Elahi, Iacopino.
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Statistical expertise: Reis, Iacopino.
Obtained funding: Iacopino.
Administrative, technical, or material support: Amowitz, Kushner, Elahi, Iacopino.
Supervision: Amowitz, Iacopino.
Funding/Support: This research was supported by a grant from the John D. and Catherine T. MacArthur Foundation.
Role of the Sponsor: As the implementing organization for the study, Physicians for Human Rights and its staff were responsible for the design and conduct of the study; the data collection; management, analysis, and interpretation of the data; and the preparation, review, and approval of the manuscript. The MacArthur Foundation played no role in any of these tasks.
Acknowledgment: We are grateful to the following people for their assistance in reviewing the manuscript: Frank Davidoff, MD, Institute for Healthcare Improvement; Ron Waldman, MD, Columbia University Mailman School of Public Health; Michele Heisler, MD, University of Michigan; and Leonard Rubenstein, JD, Barbara Ayotte, and John Heffernan, Physicians for Human Rights. We also thank Saleem Meechi and Omar Chaikouni who served as translators for the research and Mohamad Bydon who translated the survey instrument. Finally, we are especially grateful to the physicians who participated in the study.

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