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International Social Work 2007; 50; 295
DOI: 10.1177/0020872807076041

The online version of this article can be found at:
http://isw.sagepub.com/cgi/content/abstract/50/3/295
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Scott Harding

The idea of disaster is usually associated with human suffering caused by natural events: tsunamis, hurricanes, earthquakes, floods. However, human-created disasters stemming from war, the conduct of repressive regimes, the use of sanctions, and economic and social policies represent an equally important dimension of disaster. These practices have political goals and produce a range of negative social and economic conditions beyond their stated aims. They cause human suffering, especially among vulnerable groups, disproportionately women, children, older people and poor people.

In this article I explore the concept of disaster and examine US-led policy towards Iraq as a case study of a human-made disaster. I argue that the current war, following years of economic sanctions, US military intervention in 1990–1, the Iran–Iraq war and decades of government repression has crippled Iraq’s economic and social development. I consider the ongoing violence and social disintegration in Iraq to suggest that social work has a key global role to play in responding to policies that create such disaster.

Social work is predicated on the values of social justice and elimination of all forms of oppression, discrimination and inequality. To advance this perspective and confront human-made disaster, the profession should promote social development strategies and human rights principles through political practice and within social work education. This would give social work a central role

Key words: human-made disaster • Iraq • social development • social work
in preventing human-made disaster and in reconstruction and development following disaster.

Defining human-made disasters

The concept of disaster in both social work and general literature is associated with devastation caused by natural events. Social work research suggests an important, if narrow, conception of the professional response to disaster: helping victims to deal with trauma induced by disaster (Farquhar and Dobson, 2004); providing mental health and social services to victims of disaster (Banerjee and Gillespie, 1994; Weist et al., 2002); and planning and implementing responses to natural and technological disasters (Soliman and Rogge, 2002). Overall, the literature highlights the role of social work in micro-level responses to the individual impact of natural disasters (Yanay and Benjamin, 2005).

The meaning of disaster has expanded recently to include human-created processes. Stevens and Capitman (2005) suggest a 'social disaster paradigm' to illustrate the epidemic of drug infiltration into African-American communities. Lohokare and Davar (2000) propose that the concept include poverty, dislocation and violence against women, since the consequences of these structural phenomena are similar to the effects of natural disaster. A broader definition of disaster helps highlight its social and economic roots and the social disorder often caused by human actions (Health Disaster, 2002).

This article defines human-made disasters as conditions that result from a range of policies and deliberate state actions. They produce adverse impacts on the economy and infrastructure of a country and facilitate the breakdown of social networks and community. Examples include war, actions of repressive regimes, failure to halt the spread of preventable disease and epidemics, economic sanctions and neo-liberal economic strategies. These practices are carried out for political aims benefiting a minority of a domestic population and/or are imposed externally by other state actors or transnational corporations in their own interests. They generate a range of adverse conditions that threaten civilian well-being. Many of these actions produce immediate adverse outcomes; others may over time lead to social disruption.

War and political violence create both direct and indirect negative effects (Oakes and Lucas, 2001). Aside from immediate death and
destruction, they divert needed resources to military means, displace populations, disrupt economic networks and contribute to environmental degradation, which in turn jeopardizes food production, water quality and living conditions. Violent conflict, by disrupting public health and other basic infrastructure services, creates famine and disease, often killing more people indirectly than those who die from combat (Krause and Mutimer, 2005). Sen (1984) argues that famine occurs only in weak states, reflecting failures in the distribution of food via existing networks. Gupta et al. (2002) found that increased infant mortality caused by conflict continues after armed hostilities end. UNICEF (2004: 40–1) notes that civil war ‘typically triggers a prolonged reversal of economic and social development that often results in poverty continuing from one generation to the next’.

Human-made disasters provoke a serious disruption of the economy, agriculture and health-care sectors of a society, typically producing long-lasting effects that perpetuate underdevelopment. Rather than being seen as tragic events producing pitiful victims, human-created disasters should instead be seen as the inevitable outcomes of global inequality and exclusionary policies promoted by key power agencies. Those most affected by such disaster have little input into reconstruction or development efforts. Thus, human-made disasters deeply undermine processes of social development predicated on participatory, community-driven practices.

While the frequency and severity of natural disasters must be acknowledged, human-made disasters are broader in scope and consequences. Millions of people were displaced or made refugees from 1990 to 2003 during 59 armed conflicts in 48 separate locations. More than 1.5 million children were killed in these conflicts (UNICEF, 2004). By 2003, the unchecked global spread of HIV/AIDS caused 20 million deaths and created an estimated 15 million orphans, 80 percent of whom live in sub-Saharan Africa (UNAIDS/WHO, 2004; UNICEF, 2004). Pervasive poverty in developing countries is responsible for the estimated 200 million child laborers aged 5–14 (ILO, 2002). Nearly one-fifth of disease in developing countries is linked to environmental risks, where unsafe water, poor sanitation and hygiene are ‘leading risk factors, causing 1.7 million premature deaths per year’ (World Bank, 2005). The disruption of normal community functioning through human-made disaster should be recognized for its broad-based, long-term impact.
Not all disasters are created equal

A comparison between natural and human-made disaster suggests differences in how these events are often viewed. The sudden calamity of natural disasters, arriving with little or no warning, invokes media images of a blameless populace victimized by unforeseen events. Recent examples include the 2004 Asian tsunami and Hurricane Katrina (Stirrat, 2006; Vaux, 2006). In these cases, the damage was highlighted by intensive media coverage of the devastation and its shocking human impact. Typically, the world community rallies to provide material and other support to victims of natural catastrophe, when the media highlights the events. This can be contrasted with the protracted, gradual and predictable destruction resulting from human-made disasters (Vaux, 2006). I suggest that a form of apathy occurs during global crises caused by human-made disasters. Media coverage and the public and political reaction to these events vary widely, from the outraged to the non-existent, depending upon where and when the disaster happens. As Price (2005: 16) notes, numerous ‘humanitarian crises continue to blight the African continent’, yet negative stereotypes of Africans result in ‘sympathy fatigue’ or ‘compassion apathy’.

Little research has examined why some forms of disaster provoke a greater outpouring of public support. One report suggests that a consensus exists among relief groups: natural disasters garner significantly more attention than human-made disaster (Salmon, 2005). Askeland (2006) argues that the number of Western tourists affected by the Asian tsunami generated more interest from the media and Western donors. While a sense of urgency motivates donors in natural disasters, ‘plodding disasters, such as the decades-long devastation of the AIDS crisis or the methodical lethality of a famine, often don’t trigger such an outpouring’ (Salmon, 2005: F1). Undeniably, interventions have been made, via food aid, military operations or political pressure by the global community, to alleviate the conditions (and sometimes the cause) of human-made disasters. The power of the media to shape perceptions of disasters remains a key variable (Price, 2005), as instanced in media and celebrity figures mobilizing public and political support to address famine in Ethiopia and Sudan in the 1980s and 1990s. Social movement activism responding to government inaction in these cases was also significant. The ongoing response to the situation in Darfur and HIV/AIDS pandemic, however, remains anomalous. Another explanation for this discrepancy is that the developed
world expects the developing world to regularly experience human-made disasters.

The two forms of disaster produce different responses from the West, with two types of victims: worthy, when natural disaster strikes; and unworthy, in the case of human-made disasters. Stevens and Capitman (2005: 280) claim the latter ‘generally invoke collective blame and guilt and warranted retribution. In such situations, disaster victims are thought to be responsible in part, because victims can exercise some control over the calamitous event.’

Of importance here is the premise that human-made disasters serve the interests of the global powers and elite actors. Thus, in both its origins and resolution, which stem partly from the response of the West, human-made disaster is a distinctly political process.

The case of Iraq

American and global policy towards Iraq offers a useful case of a human-made disaster. Destabilization stemming from the continuing US-led war in Iraq, an already weakened state, has been further compromised: child deaths are rising; the health-care system is broken; economic reconstruction remains untenable in many regions; and high levels of political instability and violence exist (MedAct, 2004; Roberts et al., 2004; UNDP, 2005; UN World Food Programme, 2004). Iraq’s crisis did not start with the 2003 US-led invasion and overthrow of Saddam Hussein. A range of actions, partly reflecting external influence on Iraq’s political and social development, helped produce the current conditions (Harding, 2004). Iraq’s development was also hindered by massive human rights violations and repression under the Ba’ath Party regime (Amowitz et al., 2004). Below, I highlight recent events, and argue that the legacy of Western imperialism is central to Iraq’s current social and political divisions.

The US relationship with Iraq before its 1990 invasion of Kuwait is instructive. The USA tolerated Saddam Hussein’s brutality during the 1980s when it re-established diplomatic relations. This was an era of widespread domestic human rights violations and external regional aggression by Iraq. Yet, through both trade agreements and military support, the Reagan administration promoted close ties (Shane, 2003). The USA practiced an enabling foreign policy that facilitated and condoned internal repression in the name of meeting US strategic interests. The USA was not alone in tolerating dictatorship and repression in Iraq. For example, France and the
Soviet Union let economic and strategic needs trump concerns for the well-being of Iraqi citizens. While Iraq’s own policies fostered repression and limited social development, Western powers played a central role in creating human-made disaster by ignoring Iraq’s authoritarian rule through the 1980s.

The use of UN economic sanctions against Iraq for its 1990 invasion of Kuwait caused massive harm to the civilian population. This followed the destruction of Iraq’s infrastructure from US bombing in the 1991 Gulf war (Ascherio et al., 1992) and devastation from the Iran–Iraq war (1980–8). Sanctions, enforced from 1990 to 2003, degraded Iraq’s health-care system, formerly among the most developed in the region (Popal, 2000; von Sponeck, 2002). As Iraq’s oil-dependent economy withered, child malnutrition, disease, and infant and child mortality increased sharply in the 1990s, and food self-sufficiency declined (Dobson, 2000; Garfield, 1999; UNICEF, 1998). Al-Nouri (1997) found that the UN trade embargo created profound effects on Iraqi family life by distorting social mobility, weakening social norms, altering long-standing social networks, and producing emotional strain and psychological distress. Sanctions were chiefly responsible for the excess deaths of 300,000–500,000 infants and children during the 1990s (Garfield and Leu, 2000). On the eve of the 2003 US invasion of Iraq, the United Nations reported that more than one-fifth of Iraq’s population in the heavily populated regions was ‘chronically poor’, unable to meet basic needs over long periods of time (UN World Food Programme, 2003). Devastation from sanctions, imposed for more than a decade largely at the behest of the USA and the UK, was recognized by international observers. The social work profession’s response to these developments was muted within the USA and internationally, and little attention was given to this human-made disaster through its publications or organizations (Harding, 2004).

The USA has 140,000 troops in Iraq and is promoting policies that jeopardize national reconciliation and inclusive social development. The American occupation has been marked by overt political pressure on Iraqi leaders to achieve a quick transition to constitutional democracy through a number of forced, truncated political processes. Given the instability and long-standing tribal, religious and ethnic divisions that existed in Iraq, this is a dubious policy (Baram, 1997; Sirkeci, 2005). While the US government has emphasized its desire to promote democracy and a pluralistic society, it has failed to ensure that all sectors in Iraq are equally involved in these
efforts. The lack of security and stability, the inability to foster social development through reconstruction, and the perceived bias towards key Sunni and Shia factions in Iraq have been crucial shortcomings of US policy. By late 2006, much of Iraq was engulfed in kidnappings, retaliatory killings and forms of sectarian strife that bore all the hallmarks of a civil war. At least 100 civilians were being killed daily (UNAMI, 2006) and there were more than 3 million refugees and internally displaced persons (UNHCR, 2006). The Iraqi government claimed about 150,000 civilians had been killed since 2004 (Oppel, 2006).

Despite some economic and social progress in Iraq, the US-led war has created a deepening disaster for much of the civilian population, especially for social development, public health, security and economic progress. A food security assessment from late 2004 found that one-fourth of Iraqis were highly dependent on food rations, with 2.6 million people so poor they were forced to sell rations to meet other basic needs (UN World Food Programme, 2004). A comprehensive survey of living conditions in 2004 found deteriorating physical and social conditions. Throughout the country, electricity, water and sewer systems are deeply compromised and unreliable, further endangering health. Unemployment among youth exceeds 33 percent and is nearly 40 percent for young men with a secondary higher education (UNDP, 2005). Nearly one-fourth of children under age 5 suffer from chronic malnutrition. A lack of medicines, equipment and personnel has imperiled an already fragile health service system.

Violence has become normalized in Iraq, ranging from the threat of suicide bombings, Iraqi and US military assaults and sectarian militias, to violent street crime (Wong, 2005). Of particular concern is the long-term mental health impact of pervasive violence, especially on Iraqi children (Greene, 2005; MedAct, 2004). Fear of everyday violence is also acute for women and girls, limiting their freedom of movement and ability to go to work or school (Amnesty International, 2005).

One public health survey found that at least 100,000 excess civilian deaths occurred in Iraq from March 2003 to September 2004. Most of these were civilians, mainly women and children killed by US and coalition troops (Roberts et al., 2004). This report offers a useful comparison of how different forms of disaster are viewed and how international media coverage differs. Its findings and methods were contested by the Bush administration, the US media provided minimal coverage and there was little public outcry, a response that
effectively condoned this human-made disaster (Sachs, 2004). In contrast, two months later the Asian tsunami galvanized the global community (including social workers) to action.

The world community, but particularly the USA, has a moral obligation to stabilize and rebuild Iraq. This must occur in a manner that does not privilege US and global corporate interests by disenfranchising specific population groups or promoting one form of development. While the USA has made a commitment to reconstruct Iraq, this process has been marked by opportunism, exploitative relationships and paternalism (Dominelli, 2005; New Economics Foundation, 2005).

The continued destabilization in Iraq and adverse impacts on public health and economic growth put the process of social development at grave risk. Like the upheaval induced by natural disaster, the human-made disaster in Iraq has produced widespread trauma, negative health effects, powerlessness, a loss of dignity, material loss and physical destitution. These realities highlight both the opportunity and challenges facing social work in addressing human-created disaster.

**Social development and social work**

As with many social problems, social workers must assist the victims of human-made disaster. Greater attention to the policies producing these events is not only consistent with the profession’s focus on prevention, but also suggests a strategy for eliminating human-made disaster. Social work education, with its emphasis on grassroots development and the empowerment of oppressed groups, offers an antidote to neo-liberal ideologies and practices that foster social exclusion and create disaster. Yet most social work educators and practitioners have little experience or knowledge of international social welfare and development issues, a reality at odds with the profession’s dedication to global social justice.

In addition, social development research has minimized the special conditions involved in human-created, post-disaster environments. Debates over how best to resolve conflicts and address economic and social marginalization indicate a need to foster participation in decision making and inclusive economic growth. A literal interpretation of social work’s values and mission emphasizes community-driven development and reconciliation to address human-made disaster scenarios, where conflict, insecurity and violence dominate much of daily life. This is especially relevant for US
social workers when US foreign policy knowingly infringes on social work values, suggesting a need for a more direct role in political practice. This could occur through the National Association of Social Workers, which has chapters in every state and a network that already advocates on policy issues.

Despite a growing global consciousness, the social work profession has not adequately addressed human-made disaster as a professional duty. The lack of individual and institutional support for international social work organizations has hampered the profession’s ability to address key global ills, and failure to become more engaged on these issues risks making the profession irrelevant to the resolution of many human-created problems. A number of existing international social work organizations could play an essentially political role to have an effect on human-created disaster. Working in partnership with international non-governmental organizations, promoting a stronger role at the United Nations, or both, social work could play a major role in shaping policies to prevent and effectively respond to human-made disasters.

There is a need for all social work educators and professionals to make an explicit commitment to the principles of international social work as defined by Ahmadi (2003: 15). He proposes that ‘actors who are engaged in both social work theory and practice in their own country become actively engaged in the social services, education, and practice of social work in one or more other countries’. The primary goals of a global social work ethos, Ahmadi suggests, are the promotion of peace and the ideals of human rights and democracy.

This implies that a task of promoting international social work practice would be to support social development in general, like the UN Millennium Development Goals, but also in post-disaster environments. One challenge of this perspective is responding to human-made disaster not as citizens of nation states, but as global citizens informed and motivated by professional values and ethics. Doing this requires a rejection of nationalist rhetoric that dehumanizes select groups and populations and encourages a feeling of dependency on the state for action to address global problems. International social work requires viewing the world as a community, transcending nationalism and responding to global violence and other human-made problems with the belief that international organizations, some existing, some to be created, are well suited to the task of addressing human-made disaster.
Note

1. A similar response occurred in October 2006, when another study using comparable methodology suggested some 650,000 Iraqi civilians had been killed since the 2003 US invasion (Burnham et al., 2006).

References


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