

## Commentary

# Globalised Violence, Community Psychology and the Bombing and Occupation of Afghanistan and Iraq<sup>†</sup>

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### ABSTRACT

In this article, I first set out a conceptualisation of globalised violence. I then reflect upon how psychology networks in general and community psychology networks in particular appear to have positioned themselves publicly in relation to the violence of the recent bombing and occupation of Afghanistan and Iraq. I ask whether networks of Community Psychologists are able/willing to publicly position themselves in regards to these specific events and the levels of globalised violence in general. Copyright © 2005 John Wiley & Sons, Ltd.

*Key words:* violence; war; Afghanistan; Iraq; community psychologists

### CONCEPTUALISING GLOBAL VIOLENCE

The Global Burden of Disease (GBD) project<sup>1</sup> has published a series of reports on the global causes of death, disease and impairment, and makes projections for their future causes under a measure referred to as the ‘disease burden’. The GBD report, edited by Murray and Lopez (1996), stated that in 1990 the three leading causes of disease burden were pneumonia, diarrhoeal disease and perinatal conditions. The report stated that by 2020 the leading causes of death and impairment were expected to be ischaemic heart disease, depression and traffic accidents. The report further predicted that by 2020 war would

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<sup>1</sup>GBD is a project based at the Harvard School of Public Health and sponsored by the World Bank and World Health Organization.

occupy the eighth and violence the twelfth positions in the leading causes of 'disease burden', and that the incidence of disease burden caused by violence and accidents may rival that caused by infectious disease.

### Violence

Violence is patterned structurally across such social categories as gender, race, sexuality, ethnicity, impairment, age and so on. Thus, for example, we know violence against women is widespread. In May 2000, UNICEF reported that between 20–50% of all women and girls had experienced physical domestic violence, and 60 million females had been killed by their own families whilst only 44 countries had adopted specific legislation to address domestic violence (UNICEF, 2000). Violence disproportionately affects the members of culturally, economically and politically non-dominant groups. It is a powerful expression of globalised exploitative and oppressive social practices.

The concept of violence can be extended (though the GBD project does not do this) to consider the ill effects of an exponential growth of agriculture, industry and urbanisation. Indeed, many causes of 'disease burden' identified by the GBD project such as cancer, cardio-vascular disease and other degenerative diseases can be directly linked to the violence created by such socio-economic processes. The pollution from agriculture and industry is leading to people's greater exposure to fertilisers, pesticides and heavy metals through the contamination of their air, food, soil and water. Pollutants released by automobiles and aeroplanes (particularly the latter) are pouring considerable quantities of toxins into the atmosphere. Air-borne chemical agents are believed to cause asthma, bronchitis, tuberculosis, cancers and heart disease. In the home, people are subjected to such toxins as sulphur, nitric oxides and arsenic compounds (from the burning of biomass, coal or wood fuels) and volatile organic compounds (the off-gassing of chemicals from soft furnishings and cleansing products).

### Accidents

The term 'accident' could be thought of as a political slight of hand in the same way as the toxic effects of many prescribed drugs are referred to as 'side effects' (drugs do not have 'side-effects', they only have main effects), thus removing any suggestion of the intentionality behind their least desired effects. The notion of 'accidents' is opened to critical reflection when we consider the socio-economic and political context in which they occur.

In relation to 'traffic accidents' (GBD's predicted third leading cause of 'disease burden' for 2020), the term 'accident' may be useful at the level of individual culpability, but less so at the level of political analysis. In many parts of the world there has been a massive growth in car use as a direct result of the processes of industrialisation and urbanisation where labour and goods are required to be mobile (rapidly so) such that workers commute and goods are transported *en masse* to satisfy industrial and commercial needs. In 2000, there were 320 283 road accident casualties in the UK, 3409 of which were fatalities and 38 065 resulted in serious injury (Royal Society for the Prevention of Accidents, 2002). Indeed, traffic accidents were the second lead cause of 'accidental' death in England and Wales in the year 2000 (figures based on government released Mortality Statistics for England and Wales, 2000).

Furthermore, some commentators believe that the increased use of the car and the resulting over-reliance upon oil to fuel them has increased tension between those countries that are the major oil producers and those that are the major oil consumers (this is given by

critical commentators such as Noam Chomsky as one of the reasons why the USA, UK and others went to war with Iraq).

'Accident' is the term used to describe the causes of death and disease incurred by the processes of industry—the 'industrial accident'. For example, the gas leaks from the Union Carbide (now called Dow Chemicals) factory at Bhopal, India in 1984 killed thousands and left more than a hundred thousand chronically ill. Union Carbide then left Bhopal without cleaning up its factory site, resulting in toxic chemical leakage into local water supplies. More recently in China (23 December 2003) 234 people died, over 10 000 were injured and 40 000 forced to evacuate their homes as a result of the leak of toxic chemicals from the Chuandongbei Gas Well owned by the China National Petroleum Corporation. There are many more such incidents to recall in one short article (e.g. Chernobyl, Minamata, Times Beach, Three Mile Island), incidents that kill, maim and/or displace whole communities. Though such incidents are not desired by industry, they are a direct product of industry. Whether the disease burden of such 'industrial accidents' is intentional, unintentioned or just negligent, the effects on whole communities are truly devastating.

Though our attention is quite properly grabbed by such major industrial incidents, industrialisation causes casualties on a much more regular, indeed daily, basis. Employees sustain daily attacks on their muscular-skeletal (e.g. beat knee, carpal tunnel syndrome, arthritis), epidermal (e.g. infective dermatitis) respiratory and pulmonary (e.g. asbestosis, chronic bronchitis, emphysema) and sensory systems (e.g. occupational deafness, tinnitus, cataracts) among others.<sup>2</sup> Large numbers of UK workers every year experience injury, a third of which result in permanent damage (Pearson Report, 1978). In the USA it is estimated that each year 10 000 people die from industrial accidents, 100 000 die from occupational diseases and 30 000 die and 20 000 000 are seriously injured by unsafe consumer products (Draffan, 2001). These figures do not include the 90% of cancers believed to be environmentally induced by the products and by-products of agriculture and industry (National Cancer Institute, 2004). This, combined with the corrosive effects on psychosocial well being of growing levels of underemployment, poorly paying, non-unionised, insecure, poorly satisfying, temporary forms of employment (Fryer & Fagan, 2003) is adding considerably to the number of people who are the victims of systemic violence of the processes of industrialisation and urbanisation.

Further, acute and chronic respiratory disease, diarrhoeal disease, malaria and other vector born diseases, injuries and poisonings, poor mental health, cardiovascular disease and cancer are spreading fast through rapid and unplanned urbanisation that creates inadequate housing, poor sanitary and drainage systems and poor management of clean water supplies. It is estimated that the world has 1.1 billion people who live without clean water and 2.4 billion who live without proper sanitation. The earthquake in Bam on 26 December 2003 tragically illustrated the problem of poor quality housing (an estimated 50 000 dead, 100 000 homeless and tens of thousands injured). Many cities are expanding too fast through the thirst of industrialisation for cheap, disposable labour. Urbanisation and industrialisation is growing faster than the development of basic life-sustaining infrastructures and adequate, protective shelter from the environment, to support residents of these sprawling cities. These things are not happening 'accidentally', they are happening systemically. Such violence risks becoming de-politicised by being referred to as 'industrial accidents', 'natural disasters' (earthquakes do not kill people,

<sup>2</sup>See <http://www.iiac.org.uk/papers/injurie.pdf> for a full list of industrial injuries recognized in the UK.

buildings do) or further disguised through becoming individualised under medical nomenclature or individual pathology. This is particularly so for the psychological effects of violence. Also, depression being the second lead cause, the GBD report predicts that 'psychiatric conditions' will occupy five of the top ten leading causes of 'disease burden' by 2020. It would be incredulous to suggest that the link between this particular 'disease burden' and the violent onslaught of agriculture, industrialisation and urbanisation, was not there and not strong. Moreover, a vast majority of the 'disease burden' we are facing this century is socially, economically and politically constituted.

## WAR

As stated earlier, war is predicted to become the eighth leading cause of disease burden by 2020. At this point our attention cannot fail but focus upon the recent military action taken against Afghanistan and Iraq, though there are a myriad of military conflicts around the globe that should also gain our attention. In 2004, the first scientific survey of civilian deaths in Iraq since the beginning of the military action by coalition forces in March 2003 was published in *The Lancet* (Roberts, Lafta, Garfield, Khudhairi, & Burnham, 2004). The survey reported that 100 000 excess deaths or more had occurred since the 2003 invasion of Iraq with violence accounting for a majority of those deaths and with over half of those who had died being women and children. An author of the study, Dr Les Roberts of Johns Hopkins Bloomberg School of Public Health in Baltimore, stated this to be a rather conservative figure and that the death toll could be considerably higher. Unsurprisingly, the Pentagon in the USA and Downing Street in the UK were quick in their attempts to discredit the survey and it appears they have largely been successful—the results of the survey have largely failed to gain purchase in the continuing public debates on the conflict in Iraq. However, previously the total death toll (civilians and combatants) of the 'war on Iraq' between 20 March and 20 October in 2003 was estimated to be between 21 700 and 55 000 (MEDACT, 2003). Thus, such death toll figures are not without precedent. The physical violence of military conflict is grotesque.

War also has a massive psychologically damaging effect on individuals, families and whole communities. Many people who have experienced war (either as civilian or soldier) experience severe mental health difficulties that are long-lived and change resistant. It is estimated that between 150 000 and 200 000 Vietnam veterans have committed suicide (three times as many soldiers than were killed in the war against Vietnam). During the Falklands/Malvinas war, 236 British troops were killed and an estimated 260 have since committed suicide. In Iraq it was as early as October 2003 that the international press began reporting on high suicide rates among soldiers—calculated at three times the expected rate for army personnel (see Goldenberg, 2004). Similarly a report commissioned by the USA Army Surgeon General in December 2003 also reported higher than expected suicide rates among army personnel involved in 'Operation Iraqi Freedom' (MHAT, 2003). The suicides began once the initial major military offensives stopped. These psychological consequences for army personnel are not uncommon during warfare and are the felt effects of the horrors of engaging in the act of killing, witnessing killings and living with the constant threat of being killed.

The mental health consequences of war for civilians are so vast that they may be incalculable. War is certain to result in increased incidence of such behavioural and emotional problems as drug and alcohol abuse, increased violence (both through trauma and through

shifts in cultural norms around violence), suicide, self-harm and so on, as civilians learn new ways to cope with the 'shock and awe' that has brutalised their lives.

War results in substantial degradation of the environment (such as the pollution of the soil and water from the use of depleted uranium) and increased hazards for civilians caused by discarded live munitions and explosives. War also results in the fracturing of the infrastructure of: roads; water supplies and sanitation; food production, distribution and security; electricity; social, educational and health services; law and order; housing and environmental services; and broader social support structures. All of these effects of war can lead to joblessness, poverty, ill health and premature death.

In asking the question as to how psychology positions itself towards such issues and events, I will tighten the focus of my reflections first on psychology and then on to community psychology. I have chosen to focus more generally on community psychology rather than on applied social psychology as I am a community psychologist and this is the area of psychology that I am most deeply embedded and experienced in. For the same reason I concentrate largely on networks of academics rather than practitioners. Though this gives me room to explore some issues in more depth, it does sacrifice breadth. I would, therefore, welcome future discussions by psychologists on these issues, if they occur at all, to extend beyond my focus on academic psychology and academic community psychology networks.

## **POSITIONS TAKEN BY ACADEMIC NETWORKS ON THE BOMBING AND OCCUPATION OF AFGHANISTAN AND IRAQ**

### *Psychology networks*

The bombing and occupation of Afghanistan and Iraq have figured prominently in some academic psychology conferences, though it appears to have been confined to politically and critically framed disciplines within psychology. For example the annual conference of the International Society of Political Psychology (Sweden, July 2004) made explicit reference to the wars in Afghanistan and Iraq in the description of its conference theme of hegemony and resistance:

The events of September 11, the wars in Afghanistan and Iraq and their aftermath continue to affect the political situation in the world. The role of the US[A] as a hegemonic power brings into sharp focus the political psychology of hegemony through the exercise of power over politics, media and discourse. At the same time we are seeing increasing contestation of such hegemony among both Western and non-Western societies, as witnessed through terrorist activities, popular resistance, nationalist/religious politics, cultural diversity and through the growing importance of the politics of recognition. Submissions that address any aspect of these themes, as well as those which address the full range of theory and research in political psychology, are welcomed. (ISPP, 2004)

Less specifically academic, though largely populated and organised by academics, other networks of psychologists and stakeholders in psychological services have been focusing on these global events. For example, discussions on the Radical Psychology Network's<sup>3</sup> e-mail list server have been regularly focusing on such issues. Further, Psychologists Acting with Conscience Together (PsyAct),<sup>4</sup> a recently established psychology

<sup>3</sup>[www.radpsynet.org](http://www.radpsynet.org)

<sup>4</sup>[www.vanderbilt.edu/community/psyact](http://www.vanderbilt.edu/community/psyact)

network coordinated from Vanderbilt University in the USA, has opened up explicit discussion of the financial costs of the Iraq war to USA taxpayers. Psychologists for Social Responsibility (PSR)<sup>5</sup> figure anti-war themes prominently on their website and in their conference proceedings. The PSR conference in 2003 was based on the theme 'rethinking gender, war and peace', and the network makes regular public anti-war positioning statements and has been calling for an end to the USA military occupation of Iraq for some time now. Again, not wholly constituted by academics, but also comprising of practitioners, Counselors for Social Justice<sup>6</sup> have adopted an anti-war stance more generally and staged anti-war marches and vigils during the network's convention in April 2004 in Kansas City, USA.

### *Community psychology networks*

The bombing and occupation of Afghanistan and Iraq became a prominent topic at the 9th Biennial conference of the Society for Community Research and Action (SCRA)<sup>7</sup> in June 2003, though not because it was on the conference programme, but for the fact that it was not. A group of community psychologists from Waikato University, Aotearoa/New Zealand<sup>8</sup> decided they could not visit the USA for the SCRA conference because of the military actions of the USA against Iraq. They wished to explain their boycott to conference delegates and sent a letter to the SCRA listserver on the 30 May 2003 and asked for it to be read out to the conference. Their statement read, in part:

We do not support the war and the subsequent occupation of Iraq by the invading forces. We believe these actions to be both illegal and inhuman. . . . The vast majority of other nations across our planet are strongly opposed to a war and see it as unjustified. As citizens of a small nation, we are particularly conscious of the need to insure the rule of international law to protect the small and relatively powerless peoples of the world. (quoted in Mulvey, Guzman, & Ayala-Alacantar, 2003, p. 33)

In spite of a number of attempts, their statement was not read out to the whole conference, though it was read to a small group in a conference 'parallel session'. Indeed, more generally it appeared that SCRA was, wittingly or otherwise, structurally preventing plenary discussion of the bombing and occupation of Afghanistan and Iraq (Duckett, 2004). Gridley (2003) has written on how delegates found it difficult to get these issues on the conference agenda. The wars against Afghanistan and Iraq figured in several articles in the post-conference SCRA newsletter—*The Community Psychologist* (e.g. Degirmencioglu, 2003; Gridley, 2003; Mulvey, Guzman, & Ayala-Alacantar, 2003; Lykes, 2003). Two of these articles (Gridley, 2003; Mulvey, Guzman, & Ayala-Alacantar, 2003) directly addressed handling of the statement from the Waikato group by SCRA, and the lack of discussion on the wars against Afghanistan and Iraq during the conference.

However, the Waikato group's stance towards travelling to the USA was not on behalf of all community psychologists from Aotearoa/New Zealand. It was confined to five community psychologists based at Waikato University in Hamilton and Tauranga. It was not a collective decision among community psychologists in Aotearoa/New Zealand. Indeed, the 9th Aotearoa and Australia Community Psychology (AACP) biennial conference held in Tauranga, Aotearoa in July 2004 (the first AACP conference since the bombing and

<sup>5</sup>www.psrsr.org

<sup>6</sup>www.counselorsforsocialjustice.org/

<sup>7</sup>The community psychology division of the American Psychological Association.

<sup>8</sup>Aotearoa is the most commonly used Maori name for New Zealand.

occupation of Iraq) seems to have taken a less than discernable stance towards the situation in Afghanistan and Iraq. There was no explicit mention of the issue on the conference programme.

In relation to community psychology networks in Australia, the Australian Psychological Society (APS) did issue media releases on 21 March and 9 April 2003 but these came from the 'Psychologists for the Promotion of World Peace' interest group rather than the APS College of Community Psychology. These media releases raised the interest group's concerns of the distress caused to Australians by their exposure to media images and debates on the war, and declared the need for full, open discussion on the war. These media releases engaged at the level of intra and interpersonal analysis and moved no further beyond the issues raised than that. However, on 4 October 2002, the APS did produce a media release that was engaged at a more political level and asked the Australian government to back a non-violent solution to the situation in Iraq. Again, this did not appear to come specifically from the APS College of Community Psychology. A search of the APS website for mention of the wars against Afghanistan and Iraq does not direct you to the APS College of Community Psychologists, in fact it does not direct you to anywhere much at all. On the APS College of Community Psychology website there is no mention of the wars (upon my last visit on 20 May 2005). In this regards, there is little apparent public positioning of community psychology networks in either Aotearoa/New Zealand or Australia on the situations in Afghanistan and Iraq. Neither, as far as I understand, has there been any sustained discussion of these issues on their respective e-mail listservers.

#### *An academic issue?*

Community Psychology networks are largely (but not wholly) populated by academics. For example, at the European Network of Community Psychology conferences in Bergen (2000) and Barcelona (2002), the marginalisation of practitioners in the network was an issue raised by delegates during plenary sessions. Community psychology conferences have largely been organised with the needs of academics in mind (with large proportions of conference time given to the oral delivery of academic papers and comparatively less time for workshops, discussion groups and so on—though this appears to be slowly changing). Until community psychology networks undergo a demographic change and include more practitioners and psychology service users, it may be useful to consider if the lack of a pronounced and public positioning of some national and international community psychology networks is threatened to the primarily academic constituency of these networks. If we do so in the case of SCRA, we find ourselves drawn to the political context that the USA academies are increasingly situated in.

In the USA, the 'war on terrorism' and debates on the bombing and occupation of Afghanistan and Iraq have generated renewed neo-conservative attacks on the perceived left-wing liberalism of academia (e.g. Sowell, 2003). The intolerance on the university campus of the use of sexist, racist and heterosexist language is becoming recast as an intolerance for free speech (Klein, 2000; Solow, 2004) and an example of the paralysis imposed by 'political correctness'. In this political and cultural context, seeking to create space for critical discussion of the 'war on terrorism' has been attacked for being part of the 'left-wing fanaticism' of the academy. Conspicuous to such trends is David Horowitz's 'Academic Bill of Rights' and the associated 'Student Bill of Rights' promoted by such organisations as 'Students for Academic Freedom' that emphasise the value of 'intellectual diversity' and the need to protect students from being indoctrinated by

political propaganda in the classroom. In 2003, Republican members of Congress called for a university assistant professor at Columbia University to be sacked because he publicly criticised Bush's policy towards Iraq. Early in 2004, Drake University was issued with a subpoena to hand over the names of staff and students who had attended an anti-war forum that had staged a non-violent anti-war protest. In light of the increasing power of well-organised, well-funded, neo-conservative organisations, it may be increasingly unsafe in USA higher education to express anti-war sentiments or to engage in critical reflection upon the 'war on terrorism'. This might explain why anti-war university protests in the USA have been described as muted, even in higher education institutes renowned for their anti-war activism such as the University of California, Berkeley. That is, however, not to say anti-war political activism is not happening in the USA, but where it is happening it is doing so in an increasingly hostile environment.

In the UK, it is not apparent that academics face the same degree of neo-conservative attack, though the rebukes of 'political correctness' are certainly pronounced and the global ambitions of American neo-conservatism are felt. The reaction from some parts of academia against the war on Iraq has been vociferous, though perhaps not sustained. In the UK, the academy organised an anti-war conference (*Thinking and Doing Conference*, Southampton University, February 2002). Several commentators have pointed to such anti-war activities serving to re-politicise the student and staff populations of higher education. See, for example, Universities Against the War<sup>9</sup> where university staff and students signed on-line petitions against the war. One of the university lecturers' unions (National Association for Teachers in Further and Higher Education) offered the UK 'Stop the War Coalition' the use of its headquarters during the coalition's preparations for the major anti-war rally in London. Of course, the staff and student population were not unanimously against the war and there were staff and students who were pro-war, but anti-war voices appeared to be shouting the loudest.

In spite of such protestations against the war coming out of the academy, in the UK I am not familiar with any network of psychologists (academic or otherwise) that has taken a public position in relation to the bombing and occupation of Afghanistan and Iraq. It does not appear that these issues are being addressed, for example, by the British Psychological Society (based on a sweep of the BPS website using the search terms 'Iraq' and 'war' in its search engine). In the UK there are web spaces that relate to community psychology that make explicit reference to the war on Iraq. However, these tend to be individually rather than institutionally initiated and maintained websites. For example, the website of Dai Williams<sup>10</sup> and of David Smail.<sup>11</sup> On the UK Community Psychology website,<sup>12</sup> community psychologists (myself included) have yet to ask for material that makes explicit reference to Iraq or Afghanistan to be placed on its main webpage.

## POSITIONING COMMUNITY PSYCHOLOGY NETWORKS ON GLOBALISED VIOLENCE

As system-level thinkers community psychologists should, perhaps, be as focused as anyone else on the recent military actions taken in Afghanistan and Iraq, and on their social,

<sup>9</sup>[www.universitiesagainstawar.org.uk/](http://www.universitiesagainstawar.org.uk/)

<sup>10</sup><http://www.eoslifework.co.uk/>

<sup>11</sup>[www.davidsmail.freeuk.com/](http://www.davidsmail.freeuk.com/)

<sup>12</sup>[www.compsy.org.uk](http://www.compsy.org.uk)

economic, cultural and political causes, effects and human costs. However, I am not arguing that the impact of the bombing and occupation of Afghanistan and Iraq should be a prime focus for community psychology. Rather, I seek to raise the question as to whether we are surprised at how apparently muted the public positioning of international networks of community psychologists appears to have been on these global issues, and to consider whether it is true that where community psychologists have been raising these issues this has largely been at the level of individual/small group activity, activities external to community psychology networks and/or through the auspices of organisations that do not identify themselves as specifically community psychological. I am not fully aware of the extent to which discussions have or have not been happening (I have not, for example, looked at the activities of networks in Asia or Central and South America, and am only a member of a limited number of community psychology listservers). All I know is that I have had difficulty in finding records or more general indicators that such discussions have happened and are happening in community psychology networks.

More generally, how do community psychologists orient themselves towards the concept of globalised violence? Do community psychologists fully recognise and publicise the manifestations of violence beyond the level of the intra and interpersonal? How successful have community psychologists been at conceptualising violence to include its intra- and inter-national aspects, and to include the corporate and the political in such a conceptualisation by permitting the political and economic antecedents of violence to be made fully transparent? To what extent have the euphemisms 'accidents', 'natural disasters', 'side effects' and so on, masked corporate, political and economic acts of violence, and to what extent have community psychologists been complicit in or complacent of such linguistic trickery? To what extent has community psychology at best allowed corporations off the hook and at worst promoted corporate interests through a less than full analysis of the violence caused by corporate greed? For me, the wars against and occupations of Afghanistan and Iraq provide the hooks upon which to lash community psychological concerns onto widespread and systemic patterns of violence and in doing so to point to what is perhaps, at present, a dearth of politicised action in networks of psychologists and community psychologists. Of course, the globalised 'war on terrorism' is likely to provide many more such hooks in the future where the inequalities within and between nation states become expressed in calculated, caustic acts of violence perpetrated under the rhetoric of 'spreading democracy'. However, I would not see Afghanistan and Iraq nor the generic 'war on terrorism' as setting the limits to such concerns. I would extend such concerns towards the evidence of widespread, globalised, systemic patterns of violence (such as that suggested, by my reading at least, in the reports published by the Global Burden of Disease project) so as to render more visible the plight of the victim, the culpability of the perpetrating system and to engage critically with the public positioning of psychology that appears to have been adopted in relation to both.

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