

LETTERS

edited by Jennifer Sills

Iraq Study Failed Replication Test

J. BOHANNON, IN HIS NEWS OF THE WEEK STORY "AUTHOR OF IRAQI DEATHS STUDY SANCTIONED" (6 March, p. 1278), quotes Les Roberts, a coauthor of the controversial *Lancet* survey (1) that estimated 601,000 violent deaths during the first 3.3 years of the Iraq war. Roberts emphasizes that the key to verifying the study's findings lies in replication.

The *Lancet* survey has already failed a replication test (2): The World Health Organization (WHO) published the results of its Iraq Family Health Survey (IFHS) in 2008 (3). This was a rigorous, well-supervised, and much larger survey than the *Lancet* study, and it estimated 151,000 violent deaths, compared with 601,000 violent deaths estimated by the *Lancet* survey for almost precisely the same time period. The IFHS ground activities are documented on the IFHS Web site (4), which provides the questionnaire in English and Arabic, along with extensive information on the sample design and the field work. In contrast, the lead author of the *Lancet* survey has just been censured by the American Association for Public Opinion Research for repeatedly refusing to disclose the corresponding information for his survey (5). In fact, the rigor of the ground activities for the *Lancet* survey was so lax

Civilian casualties. A U.S. medic holds an injured Iraqi boy in the 28th Combat Support hospital in Baghdad. Controversy continues over a 2006 report recording the number of Iraq war violent deaths.



that the U.S.-based authors, who never entered Iraq at any stage of the study, only discovered that the field workers had implemented an incorrect and unethical data entry form after the field work had been completely finished (6).

MICHAEL SPAGAT

Department of Economics, Royal Holloway College, University of London, Egham, Surrey TW20 0EX, UK. E-mail: M.Spagat@rhul.ac.uk

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2. J. Bohannon, *Science* **319**, 5861 (2008).
3. Iraq Family Health Survey Study Group, *New Engl. J. Med.* **358**, 5 (2008).
4. WHO Country Office in Iraq, Iraq Family Health Survey (www.emro.who.int/iraq/ifhs.htm).
5. Executive Council, American Association for Public Opinion Research (www.aapor.org/uploads/AAPOR_Press_Releases/BurnhamDetailWebsite.pdf).
6. Johns Hopkins School of Public Health, Public Health News Center, "Review completed of 2006 Iraq mortality study" (www.jhsph.edu/publichealthnews/press_releases/2009/iraq_review.html).

Iraq Study Response Lacks Objectivity

IF THE OBJECT OF GILBERT BURNHAM *ET AL.*'S study (1) had been a risk factor for cardiovascular disease instead of the health effects of the Iraq war, scientists might have objectively and systematically reviewed the strengths and weaknesses of each study and, if warranted, attempted to obtain stronger evidence. Instead, the tone and content of scientific discourse and

media reporting around Iraq mortality has achieved little beyond casting a shadow of irrational suspicion over Burnham *et al.*'s estimates ("Author of Iraqi deaths study sanctioned," J. Bohannon, News of the Week, 6 March, p. 1278), which may be subject to important biases, but are far from implausible. This is a disservice to the Iraqi people, all the more given the scarcity of data on population health in Iraq. Indeed, the main aim of some critics seems to have been to disprove Burnham *et al.*'s alarmingly high estimates at all costs (2–4), rather than to generate better data.

Accurate estimation of Iraqi civilian deaths following the 2003 invasion is of utmost importance. Aside from an undisciplined, unconstructive dispute over one study, science and civil society have done shockingly little to achieve this aim.

FRANCESCO CHECCHI

Department of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London WC1 E7HT, UK. E-mail: francesco.checchi@lshtm.ac.uk

References and Notes

1. G. Burnham *et al.*, *Lancet* **368**, 9545 (2006).
2. H. Dardagan, J. Sloboda, "Reality checks: Some responses to the latest *Lancet* estimates" (Iraq Body Count, 2006); www.iraqbodycount.org/analysis/beyond/reality-checks/.
3. N. F. Johnson, M. Spagat, S. Gourley, J.-P. Onnela, G. Reinert, *J. Peace Res.* **45**, 653 (2008).
4. D. Kane, "Lancet on Iraqi Mortality" (2009); <http://lancetiraq.blogspot.com/>.
5. Conflict of interest: I was advised by Gilbert Burnham during my Master's studies at the Johns Hopkins University School of Hygiene and Public Health, and have previously collaborated with Les Roberts (a co-author of the study in question).

Confronting Racism

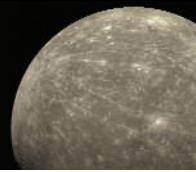
IN THEIR REPORT ("MISPREDICTING AFFECTIVE and behavioral responses to racism," 9 January, p. 276), K. Kawakami *et al.* showed that non-black research participants (termed "experiencers") did not respond particularly negatively when they heard a white person make a racist comment about a black person. In contrast, other participants required to

Letters to the Editor

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Hello Mercury

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Glacier dynamics

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forecast what their responses would be in this situation (“forecasters”) predicted relatively more emotional distress and social rejection in response to the racist comment. I would like to offer my interpretation of their findings.

Experiencers may have reported not their initial reaction, but an emotional state resulting from their efforts to cope with a stressful situation. Especially in unfocused interpersonal situations (e.g., in a waiting room or elevator), tolerant or egalitarian people attempt to cope with their automatic responses to others perceived as deviant by controlling and concealing these responses. This process tends to result in heightened self-consciousness, tension, and awkwardness, which may not be visible in self-reported emotions (1). Hearing the racist remark could considerably add to the experi-

enced stress and perhaps the resulting regulatory efforts. Hence, experiencers may not be as indifferent to the racist comment as they seemed, and forecasters may not have been as inaccurate as suggested by Kawakami *et al.*

Furthermore, experiencers may not have confronted the person who made the remark because they feared retaliation or the return of the victim. Kawakami *et al.* found that reported distress in relation to the racist comment was positively related with seeking contact with the black victim, evidence that experiencers may have been motivated by protective tendencies.

In modern Western society, tolerant and generally caring individuals are trained to look the other way when confronted with deviance, and hence may feel overwhelmed when confronted with racist or other hurtful

acts. To combat this, we should work to provide people with effective coping strategies rather than making them more aware of their apparent failure to predict their own emotional reactions.

ANTON J. M. DIJKER

Faculty of Health, Medicine, and Life Sciences, Maastricht University, Post Office Box 616, 6200 MD Maastricht, Netherlands. E-mail: a.dijker@gvo.unimaas.nl

Reference

1. A. J. M. Dijker, W. Koomen, *Stigmatization, Tolerance, and Repair: An Integrative Psychological Analysis of Responses to Deviance* (Cambridge Univ. Press, Cambridge, 2007).

Response

DIJKER PROPOSES THAT AFTER BEING EXPOSED to a racist comment, people may feel uncertain and overwhelmed, spurring emotion regulation processes that lead them to report feeling unperturbed. Recent findings on implicit prejudice, however, suggest that because the majority of people hold negative nonconscious attitudes toward blacks (1, 2), they would not be upset by a negative racist act. Nonetheless, it is difficult to rule out the possibility in our studies that witnessing racism provoked a brief flash of intense distress that was subsequently inhibited. Even so, any initial distress (if it

existed) had disappeared without a trace by the time participants reported their feelings, just moments after they heard the comment, and whatever initial distress was experienced did not deter participants from choosing to work with the person who made the racist comment (compared to a “no comment” control condition). Indeed, research on affective forecasting suggests that people are often able to come to terms with an upsetting situation within seconds of the event in a largely automatic fashion (3). Although it is important to test the possibility that people regulate their initial emotional responses upon hearing a racist comment (4), in the absence of such evidence, it is more parsimonious to assume that little distress was experienced than to posit that distress appeared and then disappeared.

Dijker also notes that people sometimes fail to confront racism because of potential costs, such as a fear of retaliation. Although

we agree that such costs can reduce willingness to confront racism in daily life, for methodological reasons this explanation does not readily apply to our context, which allowed participants to express their disapproval indirectly. In our procedure, privately reporting distress on an anonymous emotion survey did not carry obvious costs and thus should not be influenced by fear of retaliation. Furthermore, the fact that lower levels of reported distress accounted for participants’ tendency to select the white over the black partner is inconsistent with the notion that this choice was driven by a fear of retaliation. If fear of retaliation led participants to select the white partner, higher levels of upset would be expected to predict selection of the white over the black partner, but we found just the opposite.

We wholeheartedly agree with Dijker about the importance of discovering new interventions to ease the burden of prejudice.

However, we do not agree with his assumption that making people aware of their tacit acceptance of racism may hurt—not help—these efforts. Indeed, many current models of prejudice reduction propose that awareness of one’s biases is a critical first step to addressing the problem (5, 6).

KERRY KAWAKAMI,¹ ELIZABETH DUNN,²
FRANCINE KARMALI,¹ JOHN F. DOVIDIO³

¹Department of Psychology, York University, Toronto, ON M3J 1P3, Canada. ²Department of Psychology, University of British Columbia, Vancouver, BC V6T 1Z4, Canada. ³Department of Psychology, Yale University, New Haven, CT 06520–8205, USA.

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CORRECTIONS AND CLARIFICATIONS

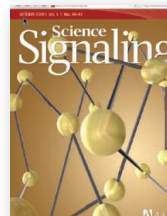
Editors’ Choice: “One shell fits all” (23 January, p. 438). The image accompanying the text was mislabeled. The image shows voids in the cancellous interior of the turtle shell that contain hematopoietic cells.

Perspectives: “Ex uno plura” by S. Feau and S. P. Schoenberger (23 January, p. 466). Emma Teixeira’s name was misspelled both in the first paragraph and in reference 2.

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Confronting Racism—Response

Kerry Kawakami, Elizabeth Dunn, Francine Karmali and John F. Dovidio

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