

**Health, War and Terrorism through the Lens of Human Rights
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1. OVERVIEW

In the last 25 years, there has been a growing realization that there are strong connections between health and human rights. In this seminar, we focus on one of those connections—the health consequences of human rights violations—while examining questions related to war and terrorism. The course has three goals: 1) to introduce students to the perspective of viewing health issues through the prism of rights; 2) to explore the health effects and health system responses to war and terrorism; 3) to give students an opportunity to consider careers in humanitarian assistance or human rights advocacy. In the seminar, we will address some of the following questions (among others): What are human rights? Do civilian populations experience different responses to war and terrorism? What circumstances contribute to physicians becoming perpetrators of human rights violations? Why (and how) do some physicians put themselves at risk to protect and defend human rights? Does humanitarian intervention prolong conflict? Can physician documentation of human rights violations affect policies? What is the connection between justice and health? Can societal attempts to achieve justice promote societal “healing”?

While this course does not shy away from issues raised by current events, it does not focus exclusively on them. In addition, this is not a course in politics or whether any particular war is right or wrong.

2. COURSE STRUCTURE

The course is composed of 12 sessions. Most of the sessions are seminars. Reading the required readings is essential to master the course material.

Each session is 1 hour and 50 minutes. We will take a 10 minute break in the middle of the seminar. The class meets on Tuesdays from 1:00 PM to 2:50 PM, in MacNider 18.

3. OBJECTIVES

- (1) To introduce students to the perspective of viewing health issues through the prism of rights;
- (2) To explore the health effects and health system responses to war and terrorism;
- (3) To give students an opportunity to consider careers in humanitarian assistance or human rights advocacy.

4. STUDENT ASSESSMENT

A. Honor Code

The Honor Code is, as always, in effect in this course. The following sections explain what is expected from each student in terms of meeting these standards. If students have any questions at all about these matters, please do not hesitate to ask.

Pledge: *The Instrument of Student Judicial Governance* requires that students sign a pledge on all written work. (“On my honor, I have neither given nor received unauthorized aid on this assignment.”) This includes all papers and exams. Students are expected to write out the pledge in full.

Paper: Students are encouraged to discuss their paper with classmates and anyone else, for that matter. The crucial thing to remember is that students must give citations for ideas that are not their own, whether or not those ideas have been written down somewhere. If a roommate comes up with a brilliant example and it is used in your paper, then the roommate must be cited in a footnote. The paper must be the student's own work only.

B. Student Absences

Seminar attendance is required, though each student will be permitted one absence without penalty. The reason I require attendance is that learning in this course is dependent on seminar participation by all students. Absence from seminar will be excused for the following conditions, only:

1. Illness
2. Serious illness in the family or death in the family
3. Autopsy scheduled by Pathology
4. Oral presentation at a scientific meeting or formally scheduled conference. The student must actually be the person giving the oral presentation, not simply listed as a co-author. Attendance at a scientific meeting or conference without giving an oral presentation will not be considered an excused absence.

We recognize that students have many important activities in their lives other than school. However, we cannot make exceptions to this policy for individual students. This is consistent with the policy on excused absences from the Office of Student Affairs.

As noted above, students may miss one seminar, without penalty. However, this does not apply to the session at which students each give their oral presentations. You will be penalized 3% of your overall grade for each unexcused absence.

C. Course Grade

All of the seminars being taught as part of the Humanities and Social Sciences course for MS2s use the following grading scheme:

Honors = 98
High Pass = 92
Pass = 87
Low Pass = 80
Failure = 79 and below

Honors will be awarded to approximately the top 15% of the class. Although the grade of 92 should be thought of as a High Pass (HP) and 80 Low Pass, neither High Pass nor Loss Pass are part of the official grading scheme allowed by the Medical School for second-year students. Thus, if your course score is between 80 and 92, it will appear on your official transcript as a Pass.

D. Grading

Students' grades are based on the following:

1. Seminar contribution (25% of grade)
2. Leading seminar (15% of grade)
3. Oral presentation (5% of grade)
4. Paper (55% of grade)

Each component will be graded according to the numerical scores shown in Section C, above, i.e., 79, 80, 87, 92, 98. The component will be weighted as shown above. The final score will then be the weighted sum, rounded to one of the five numerical grades allowable for this course. The hypothetical example shown below should help explain this:

Component	Score	Weight	Weighted Score
Seminar contribution	98	0.25	24.50
Leading seminar	87	0.15	13.05
Oral presentation	87	0.05	4.35
Paper	97	0.55	53.90
TOTAL			95.80

Since 95.8 is closer to 98 than it is to 92, the final grade reported to the Registrar for the course would be 98. If the student's seminar contribution score had been 87, rather than 98, the total weighted score would have been 93.05 and the final grade reported to the Registrar for the course would have been 92.

D.1. Seminar Contribution

Seminar contribution makes up 30% of the final grade. Seminar contribution grading is based on: 1) participation and preparation; 2) understanding; 3) quality of questions asked. Quality of participation is more important than quantity, though it is difficult for students who speak infrequently to demonstrate their understanding of and engagement with the material.

D. 2. Leading Seminar

Each student will lead one or co-lead two of the seminars. Seminar leaders are expected to: 1) start the discussion; 2) pose key questions, based on the readings; 3) pursue new lines of thought generated during the discussion, if appropriate; 4) clarify and re-state ideas, if necessary; 5) steer the discussion back to the main issues if it veers off-course; 6) stimulate discussion if it falters; 7) summarize ideas and key controversies. Students will have an opportunity to sign up to lead a seminar during the first meeting of the course.

For most of the seminars, there are multiple readings. The number of articles that we cover in each seminar is too great for any one student to read. I've included multiple articles because I believe it is important for multiple points of view to be presented on each topic. The way that we make this manageable for each student is by having all students read a few articles in common and then splitting up the remainder of the assigned readings among everyone. This poses a problem, though, because not everyone has read all of the same articles. It is easy for the seminar discussion to become disjointed if a strong effort is not made to tie everything together. Accordingly, one of the key tasks for leading a seminar is identifying the important themes for the assigned readings and bringing out those themes during the discussion. The best way to bring out the key themes and issues is by asking questions and encouraging discussion. Students who read a particular article that was not read by everyone can explain it to others, but the seminar discussion will suffer if it becomes a series of "book reports". If you are leading a seminar, ask yourself the following questions: What ties all of these articles together? What viewpoint does this article bring out that the other articles don't?

D.3. Oral Presentation

Each student will give an eight-minute oral presentation on the topic of their paper on the last day of class.

D.4. Paper

Each student will be required to write a 12 to 20 page paper on any of the topics covered in the course, or stimulated by topics covered in the course. The paper must have: 1) 11-point or 12-point Arial or Times font; 2) at least one-inch top and side margins; 3) double-spacing. While personal feelings or opinions may be included in the paper, if appropriate, the paper must be more than just opinions. The paper should be a scholarly reflection or critique of a topic in the course and should cite at least five references.

Papers that simply report on a health and human rights catastrophe in a particular country or region, based on data collected by someone else, will not be considered a satisfactory completion of this assignment. For example, if you simply describe the health and human rights situation in, say, Darfur, based on readings on that issue, your paper will not be successful. On the other hand, if you wrote a paper on the ethical conflict that individual physicians working in Darfur face between the imperative to protect individual patients who are victims of human rights violations, such as rape, and the desire to publicize those violations (thus putting individual patients at risk), your paper is much more likely to be successful.

Some examples of paper topics are shown, below, just to stimulate your thinking:

1. Rights-based approaches to bioethics: how do they differ from standard approaches?
2. Physician participation in torture: how and why
3. Is water-boarding torture?
4. Do humanitarian organizations help or hurt?

5. What inner strengths on the part of physicians foster resistance to evil?
6. Are treatments for war-related PTSD similar to or different from treatments for PTSD that are not related to exposure to war?
7. What is the best way to measure reconciliation?
8. Can truth commissions or tribunals promote societal "healing"?
9. How can physicians avoid dual loyalty conflicts in pro bono asylum examinations?
- 10.

Students must submit *both* a paper copy and an electronic copy of the paper to Ms. Ida Ballard (ida_ballard@med.unc.edu), Room 342 MacNider, on the last day of the course.

Late Submissions

Students are expected to submit the course paper on the scheduled date. Late submissions of the paper must be excused by the Assistant Dean of Student Affairs to avoid penalty. The paper will be marked off 10 points (out of a total of 100) for each day late.

5. SMALL GROUP CONDUCT

All participants are expected to adhere to class beginning times. Coming late to seminar is disruptive to everyone.

Seminar leaders are expected to adhere to class ending times so students will not be late for their next class. Seminars should end by 2:50 PM.

It is acceptable to express your opinion, but opinions should be grounded in reason. Please try to understand what an author is saying before deciding whether you like or dislike what they're saying.

Students and seminar leaders should use appropriate ways to disagree in class discussions. It is fine to express a different opinion from others; it is not fine to belittle another person in any form.

Students are expected to *turn off* pagers, cell phones, PDAs, digital watches that beep, and any other electronic gadgets that make noise prior to class. If a student has a truly crucial message that s/he is expecting, the student is expected to turn the electronic gadget to the vibration mode prior to class to minimize disruption to the rest of the class.

6. COMMUNICATION

The listserv for this seminar group is: xx Please use this listserv for any information that you need to communicate with all members of the seminar.

The course syllabus and links to all of the readings is on Blackboard: <http://blackboard.unc.edu> .

7. READINGS

There is no textbook for the class. Links to all readings for the course are on the course web site on Blackboard. Please download all readings prior to each seminar.

I have included a large number of readings for some seminars to make sure that a variety of important viewpoints were represented. Not all of those readings will be required for each student, though each reading will be read by at least some students. We will divvy up readings one or more weeks prior to each seminar.

Optional

Optional readings are listed for some seminars. These readings are designed to enhance and extend your understanding of the material covered in the seminar, but they are not required.

8. SESSION SCHEDULE

Session 1

Introduction

Introduction and objectives of course, expectations.
Introduction to human rights: what are human rights?
Health and human rights: what's the connection?

Readings

11. Twenty-five Questions on Health and Human Rights from World Health Organization Available at http://www.who.int/hhr/information/25_questions_hhr.pdf "Questions"
2. Gruskin S, Tarantola D, Health and human rights, in Gruskin S, Grodin M, Annas G, Marks S, eds. *Perspectives on Health and Human Rights*, New York: Routledge, 2005, pp. 3 – 57.
3. The Universal Declaration of Human Rights. Available at: <http://www1.umn.edu/humanrts/instree/ainstls1.htm>
4. Mann JM, Gostin L, Gruskin S, Brennan T, et al. Health and human rights, in Mann JM, Gruskin S, Grodin MA, Annas GJ, eds. *Health and human rights: a reader*. Routledge: New York, 1999, pp 7 – 20.
5. International Federation of Red Cross and Red Crescent Societies et al., Human rights: an introduction, in Mann JM, Gruskin S, Grodin MA, Annas GJ, eds. *Health and human rights: a reader*. Routledge: New York, 1999, pp 21– 28.
6. Donnelly J. The relative universality of human rights. *Human rights quarterly* 2007; 281 – 306.

Session 2

Epidemiology and health aspects of war and terrorism: civilians and combatants

Readings

1. Hedges C. What every person should know about war, Free Press: New York, 2003, pp: 1- 9, 41-55, 99-109.
2. MIPT Terrorism Knowledge Base web site: www.tkb.org/Home.jsp "The MIPT Terrorism Knowledge Base® (TKB®) is the one-stop resource for comprehensive research and analysis on global terrorist incidents, terrorism-related court cases, and terrorist groups and leaders. TKB covers the history, affiliations, locations, and tactics of terrorist groups operating across the world, with over 35 years of terrorism incident data and hundreds of group and leader profiles and trials. TKB also features interactive maps, statistical summaries, and analytical tools that can create custom graphs and tables." For this session, go to the web site and use some of the analytical tools to try to understand the epidemiology of terrorism. Be prepared to discuss your findings in class.

3. Garfield R. The epidemiology of war, in: Levy BS, Sidel VW, eds., War and public health, Oxford University Press: New York, 2007: pp.23-36.
4. Moline J, Herbert R, Nguyen N. Health consequences of the September 11 World Trade Center attacks: a review. *Cancer Invest* 2006; 24(3): 294-301. (SKIM)
5. Friedman MJ. Posttraumatic stress disorder among military returnees: from Afghanistan to Iraq. *Am J Psychiatry* 2006; 163:586-593.
6. Breckenridge JN, Zimbardo PG, The strategy of terrorism and the psychology of mass-mediated fear, in Bongar B, Brown LM, Beutler LE, Breckenridge JN, Zimbardo PG, eds., *Psychology of terrorism*, Oxford University Press: New York, 2007. pp. 116 – 133.
7. Roberts L, Lafta R, Garfield R, Khudhairi J, Burnham G. Mortality before and after the 2003 invasion of Iraq: cluster sample survey, *Lancet* 2004; 1857-1864 (SKIM)
8. Kanter E. The impact of war on mental health, in: Levy BS, Sidel VW, eds., War and public health, Oxford University Press: New York, 2007: pp.51-68.
9. Engdahl B. International findings on the impact of terrorism, in Danieli Y, Brom D, Sills J, eds, *The trauma of terrorism: sharing knowledge and shared care, an international handbook*, Haworth Press: Binghamton, New York, 2005. pp.265 – 276.

Optional

1. Clauw DJ, Engel CC Jr, Aronowitz R, Jones E, Kipen HM, Kroenke K, Ratzan S, Sharpe M, Wessely S. Unexplained symptoms after terrorism and war: an expert consensus statement. *J Occup Environ Med.* 2003; 45(10):1040-8.
2. Pizzaro J, Silver RC, Prause J. Physical and mental health costs of traumatic war experiences among Civil War veterans, *Arch Gen Psychiatry* 2006; 63(2): 193-200.
3. Galea S, Ahern J, Resnick H, Kilpatrick, Bucuvalas M, Gold J, Vlahov D. Psychological sequelae of the September 11 terrorist attacks in New York City. *N Engl J Med* 2002; 346(13): 982-987.
4. Pine DS, Costello J, Masten A. Trauma, proximity, and developmental psychopathology: the effects of war and terrorism on children, *Neuropsychopharmacology* 2005; 30(10): 1781-1792.
5. Schlenger WE. Psychological impact of the September 11, 2001 terrorist attacks: summary of empirical findings in adults, in Danieli Y, Brom D, Sills J, eds, *The trauma of terrorism: sharing knowledge and shared care, an international handbook*, Haworth Press: Binghamton, New York, 2005. pp. 97 – 108.
6. DSM-IV TR Criteria for PTSD. Available at: http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_dsm_iv_tr.html
7. Letters to the editor re: Mortality in Iraq, *Lancet* 2007; 369:101-103.
8. Authors' reply re: Mortality in Iraq, *Lancet* 2007; 369: 101- 103.
9. Iraq Family Health Survey Study Group, Violence-related mortality in Iraq from 2002 to 2006, *N Engl J Med* 2008; 358: 484- 493.

Session 3

War and terrorism: just war, crimes of war

Readings

1. Orend B. The ethics of war and peace. *Stanford Encyclopedia of Philosophy*, 1 – 17.
2. Annas GJ, Geiger HJ. War and human rights, in: Levy BS, Sidel VW, eds., War and public health, Oxford University Press: New York, 2007: pp.37-50.
3. The Geneva Conventions: the core of international humanitarian law, available at: <http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/genevaconventions>
Please read:

- a. The essential rules.
 - b. International humanitarian law: answers to question. Read items 1-8, 14, 16, 17, 19.
- Please skim:
- a. The Geneva Conventions of 1949
 - b. The additional protocols of 1977
4. Neier A. War crimes: brutality, genocide, terror and the struggle for justice. Times Books: New York, 1998, Chapter 2, The laws of war, pp. 12-20.
 5. Laws of war. Available at: http://en.wikipedia.org/wiki/Laws_of_war
 6. War crime. Available at: http://en.wikipedia.org/wiki/War_crime
 7. Staub E. Understanding and responding to group violence: genocide, mass killing and terrorism, in Moghaddam FM, Marsella AJ. Understanding terrorism: psychosocial roots, consequences, and interventions. American Psychological Association: Washington, D.C. 2004. pp. 151-168.
 8. Walzer M. Terrorism: a critique of excuses, in Walzer M. *Arguing about war*. Yale University Press: New Haven, 2004, pp. 51 – 66.

Optional

1. Bory F. Origin and development of international humanitarian law. ICRC Publications: Geneva, Switzerland, 1982.

Session 4

Role of physicians and other health professionals in protecting human rights in the context of war and terrorism

1. Geiger HJ, and Cook-Deegan, RM. The role of physicians in conflicts and humanitarian crises: case studies from the field missions of Physicians For Human Rights," 1988-1993. *JAMA* 1993;270:616-620.
2. Armowitz LL, Reis, C, Iacopino V. Maternal mortality in Herat Province, Afghanistan, in 2002: an indicator of women's human rights. *JAMA* 2002; 288:1284-1291.
3. Orbinski J, Beyrer C, Singh S. Violations of human rights: health practitioners as witnesses. *Lancet* 2007; 370: 698-704.
4. Gruen RL, Campbell EG, Blumenthal D. Public roles of US physicians: community participation, political involvement and collective advocacy. *JAMA* 2006; 296: 2467-2475.
5. Sonis J, Crane T. Family physicians and human rights: a case example from Former Yugoslavia. *Fam Med* 1995; 27:242-248.

Session 5

Torture

11. United Nations 1984. Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment. Available at: <http://www.hrweb.org/legal/cat.html>
22. World Medical Association, 1975. Declaration of Tokyo. Available at: <http://www.cirp.org/library/ethics/tokyo/>
33. Goldfeld AE, Mollica RF, Pesavento BH, Faraone SV. The physical and psychological sequelae of torture: symptomatology and diagnosis. *JAMA* 1988;259(18):2725-2729.
44. Vogel H, Schmitz-Engels F, Grillo C. Radiology of torture. *Eur J Radiol* 2007; 63:187-204.

5. Mollica RF. Surviving torture. *N Engl J Med* 2004;351(1):5-7. (Skim)
6. Torture worldwide. Human Rights Watch. Available at: <http://hrw.org/english/docs/2005/04/27/china10549.htm>
7. Mayer J, Whatever it takes, *The New Yorker*, Feb 19, 2007: pp. 66-82.
8. Ignatieff M. Moral prohibition at a price, in Roth K, Worden K, Bernstein AD, eds., *Torture: Does it make us safer? Is it ever OK?* The New Press: New York, 2005.
9. Dershowitz A, Tortured reasoning, in Levinson S, ed., *Torture: a collection*. Oxford University Press: New York, 2004, pp. 257-280.

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Session 6

Examinations of survivors of torture

1. Rasmussen OV, Amris S, Blaauw M, Danielsen L. Medical physical examination in connection with torture. *Torture*. 2006;16(1):48-55.
2. Mandel L, Worm L. Documentation of torture victims. Implementation of medico-legal protocols. *Torture* 2007; 17:18-26.
3. The Bellevue/NYU Program for Survivors of Torture. Available at: <http://survivorsoftorture.org>
4. Examining asylum seekers: a health professionals guide to medical and psychological evaluations of torture. Physicians for Human Rights: Boston, 2001. (Skim)
5. Asylum applicants - medical reports: guidelines for examining doctors. Available at: <http://www.bma.org.uk/ap.nsf/Content/asylumexamin>
6. Bay L, Hess J. Physical exam in survivors of torture (power point slide show).
7. Kovar R. Medical evaluation of the asylum seeker (power point slide show).

Session 7

Physician participation in torture and other human rights abuses

11. British Medical Association. *Medicine betrayed*. Zed Books: London, 1992. Chapter 4, Medical involvement in torture, pp. 33 – 62.
22. Lifton RJ, *The Nazi Doctors: medical killing and the psychology of genocide*. Basic Books, Inc.: New York, 1986:
 - pp. 3 – 6 (up to “The Interviews”);
 - Chapter 2 (“Euthanasia”: Direct medical killing, pp. 45 – 79)
 - Chapter 6 (Bringing “euthanasia” to the camps: Action Special Treatment, pp. 134 – 144) (Skim)
 - Chapter 10 (Socialization to killing, pp.193 – 213)
 - Chapter 20 (The Auschwitz self: psychological themes in doubling, pp. 430 – 465) (Skim)
33. Lifton RJ. Doctors and torture. *N Engl J Med* 2004; 351(5):415-416.
44. Miles SH. Abu Ghraib: its legacy for military medicine. *Lancet* 2004;364:725-729.
55. Editorial. How complicit are doctors in abuses of detainees? *Lancet* 2004;364:637-8.
66. Clark PA. Medical ethics at Guantanamo Bay and Abu Ghraib: the problem of dual loyalty. *J Law Med Ethics*. 2006 Fall;34(3):570-80,
77. Haney C, Banks C, Zimbardo P. Interpersonal dynamics in a simulated prison. *Int J Criminology and Penology* 1973; 1:69-97.

88. Milgram S. Behavioral study of obedience. *J Abnormal and Social Psychology* 1963; 67:371-378.
99. Zimbardo PG. A situationist perspective on the psychology of evil: understanding how good people are transformed into perpetrators, in ed., Miller AG. *The psychology of good and evil*, Guilford Press: New York: 2004.: pp. 21 – 50.

Optional

1. Iacopino, V, Heisler, M et al. "Physician Complicity in Misrepresentation and Omission of Medical Evidence in Post-detention Medical Examinations in Turkey." *JAMA*, 1996;276:396-402.
102. The Stanford prison experiment: a simulation of the psychology of imprisonment conducted at Stanford University. Slide Show. Available at: <http://www.prisonexp.org/>
113. Rubenstein LS. First, do no harm: health professionals and Guantanamo. *Seton Hall Law Rev.* 2007;37(3):733-48.

Session 8

Refugee health

1. Feldman R. Primary health care for refugees and asylum seekers: a review of the literature and a framework for services. *Public Health.* 2006; 120(9):809-16.
2. World Refugee Survey, Statistics. US Committee for Refugees. Available at: <http://www.refugees.org/article.aspx?id=1942>
3. Burkle, Jr., FM. Lessons Learnt and Future Expectations of Complex Emergencies. *BMJ* 1999; 319:422-426.
4. Brusin, S. The Communicable Disease Surveillance System in the Kosovar Refugee Camps in the Former Yugoslav Republic of Macedonia April-August 1999. *J. Epidemiol Community Health* 2000;54:52-57. (Skim)
5. Van Damme, Wim. Do Refugees Belong in Camps? Experiences from Goma and Guinea. *Lancet* 1995; 346: 360-362.
6. Hoffman, Michael H., JD. Physicians and International Humanitarian Law in Complex Emergencies: Controversies and Future Opportunities. *Prehospital and Disaster Medicine*, October-December 2001; 16(4):239-43.
7. Falk R. The failures of "Intervention from Above"-Is there an alternative model for humanitarian intervention? *Medicine Global Survival* 1994; 1:229-233.

Session 9

Nongovernmental organizations providing direct aid

1. Brauman R. The Medics sans Frontieres experience. In: ed., Cahill KM. *A framework for survival: health, human rights, and humanitarian assistance in conflicts and disasters.* Basic Books: New York, 1993.: pp. 202 – 220.
2. Minear L. Making the humanitarian system work better. In: ed., Cahill KM. *A framework for survival: health, human rights, and humanitarian assistance in conflicts and disasters.* Basic Books: New York, 1993. : pp. 234 – 256.
3. DeWaal A, Omaar R. Doing harm by doing good? The international relief effort in Somalia. *Current History* 1993; 198-202.
4. Web site: Medics sans Frontieres. Available at: <http://www.msf.org/>
5. Web site: Medics du Monde: Available at: <http://www.medecinsdumonde.org/gb/>

6. Web site : International Committee of the Red Cross. Available at: <http://www.icrc.org/eng>
7. American Refugee Committee. Available at: <http://www.arcrelief.org/site/PageServer>
8. Fox R, Medical humanitarianism and human rights: reflections on Doctors Without Borders and Doctors of the World, in Mann JM, Gruskin S, Grodin MA, Annas GJ, eds. *Health and human rights: a reader*. Routledge: New York, 1999, pp 417 – 435.
9. Walzer M. The politics of rescue, in Walzer M. *Arguing about war*. Yale University Press: New Haven, 2004, pp. 67 – 81.
10. Transcript of Conversation between David Reiff and Joanne Myers, on “A Bed for Night: humanitarianism in crisis.” Carnegie Council, October 2, 2002. Available at: <http://www.cceia.org/resources/transcripts/169.html>

Session 10

Can societal mechanisms to promote justice foster social “healing”?

- 1: Pham PN, Weinstein HM, Longman T. Trauma and PTSD symptoms in Rwanda: implications for attitudes toward justice and reconciliation. *JAMA*. 2004; ;292(5):602-12.
2. Basoglu M, Livanou M, Crnobaric C, Franciskovic T, Suljic E, Duric D, Vranesic M. psychiatric and cognitive effects of war in former yugoslavia: association of lack of redress for trauma and posttraumatic stress reactions. *JAMA*. 2005; 294(5):580-90.
3. Gibson, James L. 2004. "Does Truth Lead to Reconciliation? Testing the Causal Assumptions of the South African Truth and Reconciliation Process." *American Journal of Political Science* 48 (#2, April): 201-217.
4. Sonis J, Gibson J, de Jong, JTVM, Field NP, Hean S, Meerkerk D, Komproe I. PTSD and disability in Cambodia: associations with desire for revenge, perceived justice and attitudes toward the Khmer Rouge Trials. *JAMA* 2009; 302: 527-536.

Session 11

Student presentations

Session 12

Student presentations