Libyan slits daughters' throats in 'honour killings' after raped by Gaddafi's troops

ANI | Aug 31, 2011, 10:10AM IST

Tags: Physicians for Human Rights group | libyan rebels

TRIPOLI: A Libyan father slit the throats of his three teenage daughters in an 'honour killing' after they were raped by Colonel Muammar Gaddafi's loyalists during the siege of the port city of Misrata.

The shocking incidents have been mentioned in a report by the respected Physicians for Human Rights group into war crimes and atrocities in the embattled city, which faced two months of being cut off from the rest of Libya.

The report has suggested that the father carried out the 'honour killings' after facing humiliation and shame over the rape of his 15, 17 and 18 year-old daughters in Tomina, on the outskirts of Misrata. The victims were not named, the Daily Mail reports.

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This incident is just one among series crimes carried out on civilians by Gaddafi's troops.

The human rights group, which is based in Boston has concluded that there was widespread evidence of war crimes during the siege.

"Four eyewitnesses reported that (Gaddafi) troops forcibly detained 107 civilians and used them as human shields to guard military munitions from Nato attacks south of Misrata," the report said.

A huge controversy emerged earlier this year after a woman named Al-Obeidi claimed that she was raped by Gaddafi's men. She had later moved to the US.

Reports had also emerged that Gaddafi troops and loyalists were issued Viagra-type drugs to sustain their systematic rape campaign.
It's Over, Debbie

The call came in the middle of the night. As a gynecology resident rotating through a large, private hospital, I had come to detest telephone calls, because invariably I would be up for several hours and would not feel good the next day. However, duty called, so I answered the phone. A nurse informed me that a patient was having difficulty getting rest, could I please see her. She was on 3 North. That was the gynecologic-oncology unit, not my usual duty station. As I trudged along, bumping sleepily against walls and corners and not believing I was up again, I tried to imagine what I might find at the end of my walk. Maybe an elderly woman with an anxiety reaction, or perhaps something particularly horrible.

I grabbed the chart from the nurses station on my way to the patient's room, and the nurse gave me some hurried details: a 20-year-old girl named Debbie was dying of ovarian cancer. She was having unrelenting vomiting apparently as the result of an alcohol drip administered for sedation. Hmmm, I thought. Very sad. As I approached the room I could hear loud, labored breathing. I entered and saw an emaciated, dark-haired woman who appeared much older than 20. She was receiving nasal oxygen, had an IV, and was sitting in bed suffering from what was obviously severe air hunger. The chart noted her weight at 80 pounds. A second woman, also dark-haired but of middle age, stood at her right, holding her hand. Both looked up as I entered. The room seemed filled with the patient's desperate effort to survive. Her eyes were hollow; and she had suprasternal and intercostal retractions with her rapid inspirations. She had not eaten or slept in two days. She had not responded to chemotherapy and was being given supportive care only. It was a gallows scene, a cruel mockery of her youth and unfulfilled potential. Her only words to me were, "Let's get this over with."

I retreated with my thoughts to the nurses station. The patient was tired and needed rest. I could not give her health, but I could give her rest. I asked the nurse to draw 20 mg of morphine sulfate into a syringe. Enough, I thought, to do the job. I took the syringe into the room and told the two women I was going to give Debbie something that would let her rest and to say good-bye. Debbie looked at the syringe, then laid her head on the pillow with her eyes open, watching what was left of the world. I injected the morphine intravenously and watched to see if my calculations on its effects would be correct. Within seconds her breathing slowed to a normal rate, her eyes closed, and her features softened as she seemed restful at last. The older woman stroked the hair of the now-sleeping patient. I waited for the inevitable next effect of depressing the respiratory drive. With clocklike certainty, within four minutes the breathing rate slowed even more, then became irregular, then ceased. The dark-haired woman stood erect and seemed relieved.

It's over, Debbie.
FRIDAY'S FOREST SUMMIT: WHAT'S AT STAKE

4,600 OWLS vs. 32,100 JOBS

'There's no home for salmon... spotted owl... old growth forests.'

— Billy Frank Jr.

FRIDAY'S FOREST SUMMIT: WHAT'S AT STAKE

2A - THURSDAY, APRIL 1, 1993 - USA TODAY

BEHIND THE SPOTTED OWL CONTROVERSY

The Clinton administration is convening a summit Friday to search for a compromise in the contentious battle over protection of the endangered northern spotted owl. When pressed for a deal,

What environmentalists want

All old growth forests on federal land and limits to further logging on national forests. Environmentalists calculate three million acres of old growth forest are left.

What the industry wants

It would agree to protect some old forest but says the environmentalists' demands would cripple the timber industry unless protections are tightened. Industry also says there are 3 million acres of old growth remaining.

What Clinton administration would do

Preserve much of the old growth forest but open some areas for logging. The administration also may offer funding to help retrain displaced timber workers.

4,600 OWLS VS. 32,100 JOBS

The plan would take about 6.4 million acres of federal land, an area about the size of Massachusetts, out of production in some 6,300 logging areas. In addition, 3.1 million acres of national forestland would be off-limits. An estimated 32,000 jobs would be lost, according to the Forest Service, although the timber industry job loss may be much higher.

HOW MANY OWLS ARE THERE NOW?

In Oregon, 2,070

In California, 1,309

In Washington, 619

10,000 MILES AROUND AN OWL'S RANGE

One mile west of logging area. Enough to build 4,100 homes

ECONOMIC SITUATION IN THE NORTHWEST

LOWERS Lumber on the rise

In Oregon, 7.5%

In California, 3.6%

In Washington, 0.6%

FALL TIMBER INDUSTRY JOBS

In Oregon, 9,570

In California, 11,380

In Washington, 11,500

ECONOMIC IMPACT OF SPOTTED OWL

- 12,000 jobs lost

- $1 billion in income

- $30 billion in economic activity

- 14,000 businesses affected

12 MILLION PACIFICA ENS

- 12 million Pacifica eons

- 10 million gallons of water

- 200,000 tons of air pollution

- 1,000 tons of forest floor

- 200,000 acres of old growth

- 100,000 acres of young growth

- 10,000 acres of old growth

- 1,000 acres of young growth

- 100 acres of old growth

- 10 acres of young growth

- 1 acre of old growth

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200 infants fed radiation in '50s, '60s

By Rae Tyson
USA TODAY

More than 200 babies in five states were intentionally injected with radioactive iodine during government experiments in the 1950s and 1960s, medical documents show.

The fate of the infants given the radiation in Tennessee, Michigan, Nebraska, Arkansas and Iowa is unknown. Researchers apparently never contacted the test subjects again to see if they had suffered ill effects.

"I have to be concerned," says Lester Van Middlesworth, a University of Tennessee researcher who experimented on seven infants in 1953. "I had full intentions of following them but was unable to do so."

"Considered safe at the time, radioactive iodine can cause cancer, researchers now know.

Details of the experiments — intended to find a quick test for thyroid problems — are the latest disclosures on unclear research on civilians during the Cold War.

Energy Secretary Hazel O'Leary this month ordered the release of thousands of previously secret documents.

"What we have seen is just the tip of the iceberg," says Alexander Capron, a law and medical professor at the University of Southern California.

The tests at university-affiliated hospitals eventually proved an unreliable predictor of thyroid problems, which can lead to mental retardation.

Ethicists say similar tests wouldn't be allowed today. Doctors since have developed a simple blood test.

The babies apparently were tested with consent of their parents.

The experiments were funded by the Atomic Energy Commission. Experiments were done in:

- Memphis. Seven newborns were injected at now-closed John Gaston Hospital, which drew mostly from low-income, minority patients.
- Six babies were African-American, though Van Middlesworth says neither race nor income were factors in their selection.
- "It was the only facility available to me," he says.
- Detroit. At least 70 newborns were injected at Harper Hospital, affiliated with Wayne State University, in 1954.
- Only one of five doctors involved is still on the hospital roster, and Allen Sosin doesn't remember the research, spokeswoman Julie Niemeth says.
- Omaha. At least 12 newborns were injected at the University of Nebraska Medical Center in 1959. Of the three doctors involved, only one — Eugene VanHove — could be located Wednesday.
- VanHove, now living in Indianapolis, could not recall details, university spokesman Tom O'Connor says.
- Little Rock. At least 89 infants were injected at the University Hospital of Arkansas in 1960. None of the researchers is still with the university.

"We've had some difficulty reconstructing activities of 30 years ago," spokesman Mark Cartwright says.

Nevertheless, Cartwright says experts are convinced the infants — who were between 3 and 7 days old — "did not suffer ill effects."

- Iowa City, Iowa. Twenty-five infants were injected at the University of Iowa hospital in 1963. None of the four doctors involved is now with the school.
- Research rules are stricter today.
- "This research would not be done today," says David Thomasson of the Loyola University Medical Center.

Other experts say the researchers — and the universities — could be held liable if any of the infants developed medical problems related to the exposure.
Tiger Woods scandal cost shareholders up to $12 billion

Tue, Dec 29 2009

MIAMI (Reuters) - The sex scandal that engulfed Tiger Woods may have cost shareholders of companies endorsed by the world's No. 1 golfer up to $12 billion in losses, according to a study by two economics professors from the University of California, Davis.

The study, released on Monday by researchers Victor Stango and Christopher Knittel, gave an estimate for damage to the market value of Woods' main sponsors caused by revelations of alleged extramarital affairs that surfaced after he was involved in a minor car accident outside his Florida home on November 27.

"We estimate that shareholders of Tiger Woods' sponsors lost $5-12 billion after his car accident, relative to shareholders of firms that Mr. Woods does not endorse," the researchers wrote, adding that millions of shareholders were affected.

"Our analysis makes clear that while having a celebrity of Tiger Woods' stature as an endorser has undeniable upside, the downside risk is substantial, too," Stango, a professor at the UC Davis Graduate School of Management, said in a statement released along with the study.

Woods, believed to be the world's wealthiest athlete who was estimated to earn about $100 million a year in endorsement deals before his troubles, confessed on December 11 to "infidelity" to his Swedish wife Elin Nordegren. He announced he would take an indefinite break from golf to save his marriage.

Some of the star golfer's main commercial sponsors have backed away from him as a result of the scandal. Others, while standing by him, have said they are evaluating their future relationship.

STOCK MARKET RETURNS

In their study, the two professors said they looked at stock market returns for the 13 trading days after November 27, the date of the car incident that ignited the Woods scandal.

They compared returns for Woods' sponsors during this period to those of both the total stock market and of each sponsor's closest competitor. They also reviewed returns for four years before the car accident to build up a comparative picture of the sponsors' market performance.

The study looked at sponsors of Tiger Woods for which stock prices were available, in several cases through quoted prices for the parent companies. Sponsors included: Accenture; AT&T; Tiger Woods PGA Tour Golf (Electronic Arts); Gillette (Proctor and Gamble); Nike; Gatorade (PepsiCo); TLC Laser Eye Centers.

The report carried a caution that this kind of statistical study might have a "particularly large" margin of error because many sponsors were subsidiaries of larger quoted companies.

Overall, Knittel and Stango concluded that the scandal reduced shareholder value in the sponsor companies by 2.3 percent, or about $12 billion.

They called the results statistically significant and said the overall pattern of losses at the parent companies was unlikely to stem from ordinary day-to-day variation in their stock prices."

"Our findings speak to a larger question of general interest in the business and academic communities: Does celebrity sponsorship have any impact on a firm's bottom line?" Stango and Knittel said in presenting the report.

The scandal saw a parade of more than a dozen women -- from cocktail waitresses to porn stars -- come forward to say they had affairs with the married father of two. Since the start of the scandal, Woods has kept out of sight of the media.

The full study can be found on the Internet at faculty.gsm.ucdavis.edu/~vstango/tiger003.pdf.

http://www.reuters.com/assets/print?aid=USTRES8538/20091229
Hospitals use cadavers for teaching, without consent

Social good vs. individual autonomy debated

Should hospital ethics committees develop guidelines requiring informed consent before using patient cadavers for teaching resuscitation procedures such as intubation? When does a perceived good for society trump the rights of an individual? This classical ethical dilemma is being played out in hospital emergency departments and neonatal intensive care units across the United States.

A new study has brought the issue to the public’s attention and has sharply divided medical ethicists on both sides of the debate. The debate pits the need to teach physicians and emergency medical technicians (EMTs) life-saving resuscitation techniques against the rights of individual patients and families.

Published in December 1994, the survey of 353 hospital teaching programs nationwide in 1992 showed that 39% (136) used newly deceased patients to teach resuscitation procedures, without consent of the patient or surviving family members.¹

Medical experts disagree on whether mannequins can be used clinically to teach these skills, because mannequins lack the physical qualities of human beings. Also, there are no accepted animal models for these procedures.

Forty percent of the programs using cadavers for this purpose reported doing so 10 or more times per year. The highest proportion of usage was in the emergency department (63%) and in the neonatal intensive care unit (58%).

Only 13 of the 136 programs (10%) reported that their hospital required either verbal or written consent.

“This practice has been widely debated, but there has been no empirical data to show widespread use and to guide hospital ethics committees in making policy,” says Jeffrey P. Burns, MD, ethics committee member and associate director of the division of pediatric critical care at New England Medical Center in Boston.

Burns co-authored the study with Robert D. Truog, MD, ethics committee member and director of the multidisciplinary intensive care unit at Children’s Hospital in Boston.

“This is a divisive issue,” says Truog. “Our survey showed that few hospitals have a policy, although [using the cadavers for] training procedures is widely done. This is something hospital ethics committees need to address.”

Under the guidance of its ethics committee, Children’s Hospital has instituted a policy on using recently deceased cadavers to teach resuscitation procedures. The policy requires that permission be obtained either verbally or in writing from family members. The discussion between the physician and family is then summarized in the medical record. (See Children’s Hospital’s policy, p. 22.)

“This approach achieves the best balance between the need for permission and respect for the emotions of the grieving family,” says Truog.

The survey was conducted in response to a request from the two authors’ institutional ethics committee (both physicians were at Children’s Hospital at the time), to develop a policy on using newly deceased patients to teach resuscitation skills. (See related story on legal considerations, p. 23.)

In one incident after the policy was instituted in 1993, the baby had been in the neonatal intensive care unit for two days, so the staff physician had the opportunity to meet with the mother previous to the death, explains Burns.

The physician informed the mother of the baby’s death and allowed her some time to discuss the arrangements for burial and accept the death. After a short time period, he told the mother that there was a life-saving technique that senior physicians would like to demonstrate to medical students, using the baby’s body. Burns explains, “He told the mother, ‘This is exactly what we will do. We will be very respectful of the baby’s body, and it will take about 10 minutes.’ The attending physician also told the mother that allowing the doctors to use her baby in this way might help another child in the future.”

The mother consented to the procedure and according to the hospital policy, the discussion was summarized in the medical record, says Burns.

More harm than good?

Ethicists who are opposed to policies that require consent say that instituting a policy that requires informed consent will seriously curtail the important teaching of life-saving intubation techniques and will have the effect of creating greater harm to a larger number of patients.
Tissue ban lifted

• Clinton ends five-year freeze on government-funded research using aborted fetuses; move hailed by scientists and patients, but foes say abortions will rise

BY CHRISTOPHER SCANLAN
Knight-Ridder Newspapers

WASHINGTON: With a stroke of a pen, President Clinton lifted a five-year Republican ban on funding medical research that uses tissue from aborted fetuses and gave hope Friday to millions of Americans with incurable diseases.

"It may make the difference whether my life is saved or not," said Joan Samuelson, a 42-year-old lawyer from Santa Rosa, Calif., with Parkinson's disease. She founded a network of patients to lobby against the ban imposed by presidents Reagan and Bush, who had argued that paying for fetal tissue research would encourage women to have abortions.

"We must free science and medicine from the grasp of politics," Clinton said as he ended federal funding restrictions for research that abortion foes had likened to "baby harvesting for spare parts."

"The federal government is no longer standing in the way," transplant pioneer Dr. Eugene Redmond of Yale cheered from a car phone as he sped to catch a plane for the 3 p.m. signing ceremony in the Oval Office. Using private money, Redmond and another transplant team in Denver have reported significant improvement in Parkinson's patients who received fetal nerve cells.

Anticipating Clinton's decision to lift the ban, transplant teams are already scrambling to complete applications to meet a Feb. 1 deadline for funding from the National Institutes of Health. When the ban was in effect, they had to rely on private money or wealthy patients. Others abandoned plans to pursue research.

Patient advocates and scientific organizations said they would push the institute to make money available immediately. One source: an estimated $21 million that President Bush set aside last year to set up storage banks for fetal tissue obtained from miscarriages or tubal pregnancies. Bush called the banks "pro-research, pro-life." To critics, they were unworkable and unsafe.

Raymond Scalettar, a doctor and spokesman for the American Medical Association, hailed Clinton's action. "It would be tragic not to explore the science since a breakthrough could affect tens of thousands of lives," he said.

Researchers said lifting the ban could lead to effective treatment for Parkinson's disease, Alzheimer's, diabetes, leukemia and epilepsy, incurable ailments that afflict more than 10 million Americans. Still, they cautioned patients not to expect overnight cures or even an immediate increase in the number of experimental transplant operations.

Wanda Franz, president of the National Right to Life Committee, predicted that lifting the ban will increase the number of abortions, now 1.6 million a year.

How fetal tissue transplants may help

<table>
<thead>
<tr>
<th>Disease</th>
<th>Number afflicted</th>
<th>No. possibly helped</th>
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<tbody>
<tr>
<td>Alzheimer's disease</td>
<td>4 million</td>
<td>1.2 million to 2 million</td>
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<tr>
<td>Diabetes</td>
<td>7 million</td>
<td>700,000</td>
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<tr>
<td>Epilepsy</td>
<td>2.5 million</td>
<td>500,000 do not have condition under control; could help this group</td>
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<td>Multiple sclerosis</td>
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<tr>
<td>Parkinson's disease</td>
<td>700,000 to 1.5 million</td>
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<tr>
<td>Spinal cord injury</td>
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SOURCE: Centers for Disease Control, Alzheimer's Association; Epilepsy Foundation of America; National Multiple Sclerosis Society; National Spinal Cord Injury Association; Parkinson's Disease Foundation

Knight-Ridder Tribune/JUDY TREIBLE