


Darfur and the Completion of the Naivasha Negotiating Process: Part 2, January 14, 2005

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IN THE ABSENCE OF INTERVENTION: CURRENT HUMANITARIAN ISSUES IN DARFUR

Beyond the violent destruction of civilian life in Darfur, what humanitarian issues are currently defining of the larger crisis? UN IRIN reports recently on an outbreak of an especially virulent form of the highly contagious disease meningitis in several overcrowded Darfuri refugee camps in eastern Chad:

"[Doctor Gregoire Batakao, the head of WHO emergency operations in eastern Chad] warned that the high concentration of refugees in the overcrowded camps and precarious health conditions in the arid region where water is always scarce, made for a dangerous situation. He also noted that a particularly virulent strain of meningitis had been detected, which had not previously been recorded in Chad. The 'A' strain of meningitis is the most common in Africa, but Batakao said the new cases were of the 'W135' variety which is much more virulent." (UN IRIN, January 12, 2005)

And of course Darfuri civilians continue to stream into the already overburdened camps in Chad, despite Khartoum's claims that people are repatriating themselves. Claire Bourgeois, the head of the UN High Commission for Refugees (UNHCR) in the eastern (Chadian) town of Abeche, "said that on the contrary, new arrivals were continuing to trickle into the semi-desert of eastern Chad to join the 200,000 who have sought sanctuary there already. Many of the new arrivals had fled to the mountains following fighting inside Darfur, but were now crossing the border to camps near Iriba and Bahai because they had run out of food, she added." (UN IRIN, January 13, 2005)

Moreover, the 200,000 refugees registered by the UNHCR reflects only those who have indeed been located, accessed, and registered. The true number of refugees may already be 250,000 and is poised, according to UNHCR projections, to increase by between 100,000 and 200,000 civilians in the coming year. The Darfur catastrophe is genuinely international. And of course internal displacement in the region is again accelerating with intensifying violence; Oxfam International, for example very recently reported that:

"In late December, over 5,000 people arrived at Kalma camp in South Darfur and another 5,000 at Mellit in North Darfur after their villages were attacked and burned. Security remains precarious and tensions are high; civilians throughout Darfur continue to be targeted." (Oxfam-UK press release, January 12, 2005)

These are some of the people that Khartoum's Foreign Minister Ismail claims to be protecting with the use of aerial military assets.

Polio also remains an extremely potent disease threat in Darfur and elsewhere in Sudan. Though an effort was made this past week to immunize millions of children for polio, the results are likely to be far from fully successful, even with a brief military stand-down. The claim made by the UN's World Health Organization---that the three-day vaccination campaign reached "more than 95 percent of the targeted [population]" (Associate Press, January 13, 2005)---is nothing but UN propaganda. As humanitarian physicians with extensive experience during these rapid vaccination campaigns will attest, there are often in such difficult circumstances more "phantom" than real vaccinations, and this would certainly be true in rural Darfur.

Many child populations are simply unknown and unlocatable in Darfur. Moreover, Khartoum's highly

successful hindrances of vaccination campaigns is now notorious. For example, Doctors Without Borders/Medecins Sans Frontieres-Holland (MSF) reported in October 2004 on Khartoum's hindrance of measles vaccinations (the same MSF report notes that 33.7% of deaths among children under 5 in the huge Kalma camp for the displaced were due to measles):

"Measles has been a major killer of malnourished children in the past months. UNICEF supported the [Khartoum regime's] Ministry of Health to vaccinate---but coverage was so low that the epidemics continued with disastrous effect. MSF has repeatedly asked to carry out its own measles vaccination campaigns but the Ministry would not allow [international humanitarian organizations] to vaccinate, as they claimed they had already done the job." ("Persecution, Intimidation, and Failure of Assistance in Darfur," MSF-Holland, October 2004)

Khartoum's Ministry of Health would have been involved in calculating the percentages of vaccinated children in this most recent polio vaccination campaign.

In addition to preventing humanitarian organizations from carrying out critical vaccination tasks, Khartoum is increasingly using its local authorities to intimidate, harass, and even arrest humanitarian workers:

"The senior United Nations envoy for Sudan today voiced concern that local authorities [directly under Khartoum's control] in the country's war-torn region of Darfur are increasingly harassing staff working for non-governmental organization (NGOs)."

"Jan Pronk, the Secretary-General's Special Representative for Sudan, told a meeting of the Joint Implementation Mechanism (JIM), the body set up last year by the UN and Khartoum to deal with the crisis in Darfur, that Sudanese nationals working for NGOs were particularly likely to be harassed. In the latest example, three Sudanese nationals (two men and one woman) working for a 12-member CARE food distribution team in the West Darfur town of Zaleingi were arrested while returning from the market to their office on Monday. The three staff members were charged with adultery and jailed overnight, where the men were assaulted and the woman was verbally abused before they were released." (UN News Service (New York), January 7, 2005)

Sudanese nationals are of course far and away the largest part of the humanitarian effort in Darfur. Indeed, according to the UN's most recent Darfur Humanitarian Profile [No. 9, December 1, 2004 page 9, Chart 5], Sudanese nationals make up 7,556 of the 8,447 aid workers in Darfur. Intimidation, harassment, and arrest of these essential workers has the potential to cripple some operations and severely deter future recruitment.

Agence France-Presse reported (January 6, 2005) that "five aid workers have been arrested in the troubled Darfur region," suspected by the Khartoum regime of "having shot a documentary inside rebel camps to back up allegations of genocide and rape in the west Sudanese province." AFP continued:

"Sources in Sudan said their controversial equipment comprised a computer, a digital camera and 11 CD-Roms. The allegedly recorded testimony by women who said they had been raped and pictures of a mass grave." (AFP [Oslo], January 7, 2005)

We may be sure that Khartoum will act similarly in the event that it discovers any other such documentaries: the regime has made painfully clear for months its determination to suppress or obliterate evidence of genocide.

Meanwhile, security continues to attenuate severely the reach of humanitarian operations. A recent headline from the UN News Service gives the essential story-line from a number of dispatches:

"UN Mission Reports Fresh Round of Attacks By Armed Militias in Darfur Region of Sudan" (UN News Center, New York, January 13, 2005)

This more than anything accounts for the grim figures and percentages in the most recent UN Darfur Humanitarian Profile (No. 9, December 1, 2004; available at <http://www.google.com/search?hl=en&ned=us&q=%22darfur+humanitarian+profile+no.+9%22&btnme ta%3Dsearch%3Dsearch=Search+the+Web>).

While acknowledging that 2.19 million people are now "conflict-affected" (page 2), this figure still does not include the more than 200,000 refugees in Chad or the huge numbers of people trapped in inaccessible rural areas of Darfur. In a recent interview, John Prendergast of the International Crisis Group, one of the most knowledgeable observers of Sudan, was asked what most surprised him during his trips to Darfur (he has now made three such trips). His answer tells us much about what does not appear in the UN Darfur Humanitarian Profiles:

"In the context of Darfur, we didn't realize how many people were actually trapped in rebel-held areas. The assumption by all the agencies, and the U.N., was that all the Darfurian population had largely been displaced, either into the refugee camps or the internally displaced camps. We found that there were lots of individuals and families still living in the rebel-held areas of Darfur. It was shocking, actually." (Mother Jones [on-line], January 4, 2004)

If we make the assumption that this "shockingly" large population is in the range of 500,000 (and many estimates are higher), then the overall conflict-affected population is in the range of 3 million. This is the context in which to understand the World Food Program's claim to have reached 61% of those in need in Darfur during November (page 12): in fact the 1.3 million who received at least partial food rations in the month represent less than half the population in need. Given the collapse of Darfurian agricultural economy, and the consequently dire prospective food assessments from the International Committee of the Red Cross and the US Agency for International Development, a genocidal famine is clearly in the making. The parallels with Khartoum's engineered famine in Bahr el-Ghazal in Southern Sudan (1998) grow more disturbing by the day.

Within the camps for persons displaced by Khartoum's orchestrated violence and ongoing deployment of the Janjaweed, there continue to be large sectoral gaps that will make the outbreak of disease all the more likely (see page 12 of Darfur Humanitarian Profile No. 9). 54% still lack access to clean water; 42% lack sanitary facilities; 32% still lack any shelter (and what shelter exists is often terribly inadequate to current conditions in Darfur); and 36% lack any access to primary health care.

Huge numbers of surviving Darfuri civilians have been pushed to the breaking point, even as humanitarian access continues to diminish because of insecurity that is overwhelming the responsibility of the Khartoum regime. There is in prospect nothing that will slow the increasing violence and insecurity, and humanitarian operations will continue to be confined to camp areas, with overland transport between camps (as well as humanitarian transport corridors) subject to ever greater shutdowns. The consequences of current international hesitation, disingenuousness, and expediency will continue to produce ever greater monthly mortality. The figure will almost certainly exceed 40,000 per month by the end of January, and may soon reach to the level of 100,000 per month predicted by the UN's chief humanitarian officer, Jan Egeland.

GENOCIDE

Contrary to the claims made by Human Rights Watch---that "debating the definition of atrocities in Darfur has detracted from a key issue: action by the international community" in halting the violence and bringing the culpable to justice---what is fundamental is international failure to marshal the moral and intellectual resources, the necessary courage, and the military means to halt what is clearly genocide by attrition. This leaves us with the disgraceful spectacle of a world wringing its hands, mooting politically

impossible UN responses, and failing to protect civilians and humanitarian operations in Darfur. As the catastrophe continues to deepen, responsibility widens commensurately.

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