

## DARFUR MORTALITY UPDATE: April 30, 2005

Current data for total mortality from violence, malnutrition, and disease

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Attention to Darfur's staggering death toll---which has grown to approximately 400,000 over the course of more than two years of genocidal conflict---has increased dramatically in the past several months. Once an afterthought or simply an ignored issue, global mortality in Darfur is now widely recognized as a terrible prognosticator: what we have seen in the way of past human destruction portends all too well what we may expect in the coming months and years.

For even with urgent humanitarian intervention, many tens of thousands of innocent civilians will eventually fall victim to this engineered catastrophe. Badly weakened by malnutrition and disease, caught amidst a collapsed agricultural economy, facing acute water shortages in often appalling camp conditions, and threatened at every turn by the consequences of ongoing insecurity, too many people in Darfur simply do not have the means to sustain themselves.

Superb coping and foraging skills that might sustain lives in a famine without genocidal animus cannot be deployed because the Khartoum regime refuses to disarm or control its brutal Janjaweed proxies. At the same time, humanitarian capacity is not nearly adequate to present needs, and will be overwhelmed by the 3.5 to 4 million people needing food and medical assistance at the height of the impending rainy season. Most threatening is the possibility that insecurity will force the suspension of humanitarian operations: if this occurs, UN Undersecretary for Humanitarian Affairs Jan Egeland has estimated that Darfur's mortality rate may increase to 100,000 per month. Increasingly acute water shortages are also an extensive problem and are likely to remain chronic, given the extent of deliberate destruction of wells and irrigation systems by the Janjaweed (maintenance of water resources has also been severely curtailed by insecurity). And violent mortality continues to take a terrible, if presently diminished toll.

News that the African Union has very belatedly sought logistical help from NATO for its small and under-equipped mission in Darfur is only modestly encouraging. Both the time-frame and nature of the help sought suggest that nothing approaching the required humanitarian intervention is in the offing (see below). This reflects a lack of urgency that must be the point of departure for this current mortality assessment.

**BUSH ADMINISTRATION RE-DEFINITION OF THE DARFUR CRISIS**

During a recent trip to Khartoum and a brief excursion into Darfur, US Deputy Secretary of State Robert Zoellick pointedly refused to confirm the Bush administration's previous genocide determination. This determination was made unequivocally in Senate testimony by former Bush administration Secretary of State Colin Powell: "genocide has been committed in Darfur, and that the government of Sudan and the Janjaweed bear responsibility" (testimony before the Senate Foreign Relations Committee, September 9, 2004).

This decisive conclusion has degenerated into politically guarded word-mincing: Zoellick, when specifically asked about Powell's determination, declared it a "former Secretary of State" simply "making a point" to Congress (Financial Times, April 15, 2005). "I don't want to get into a debate over terminology," [Zoellick] said, when asked if the US believed that genocide was still being committed in Darfur against the mostly African villagers by Arab militias and their government backers" (Financial Times, April 15, 2005). This is part of a larger effort by the Bush administration to re-define the Darfur catastrophe in ways that make it less urgent, and thus less compelling of an appropriate US response.

No doubt Zoellick was also well aware that the Bush administration would soon be flying to Washington one of Khartoum's most notorious genocidaires, Major General Saleh 'Gosh,' head of security and intelligence for the National Islamic Front regime. The Los Angeles Times reports in an exclusive dispatch (April 29, 2005) that "last week [April 18-22], the CIA sent an executive jet [to Khartoum] to ferry the chief of Sudan's intelligence agency to Washington for secret meetings sealing Khartoum's sensitive and previously veiled partnership with the [Bush] administration." Of particular note is that Saleh 'Gosh' is certainly on the list of 51 names referred by UN Security Council Resolution 1593 under sealed indictment to the International Criminal Court for massive "crimes against humanity" in Darfur. He is also a central participant in what the Bush administration and the US Congress have declared to be genocide.

In his role as longstanding head of security and intelligence, Saleh 'Gosh' is directly responsible for tens of thousands of extra-judicial executions, killings, "disappearances," as well as countless instances of torture, illegal imprisonment, and other violations of international law. But it is his central role in the Darfur genocide---where both Khartoum's intelligence and security services (finally indistinguishable) have been key elements in directing the Janjaweed---that must have given pause to Zoellick when he was asked to confirm Colin Powell's genocide determination. Perhaps the Bush

administration thought it just too jarring to be offering such a public reconfirmation while inviting a known genocidaire to Washington on an executive jet, even if for the purpose of gathering intelligence on international terrorism.

But just as important and revealing as Zoellick's pointed refusal to stand by Powell's genocide finding is his tendentious, finally viciously preposterous estimate of global mortality for Darfur: 60,000-160,000.

#### US STATE DEPARTMENT DARFUR MORTALITY "ASSESSMENT": PROPAGANDA, NOT EPIDEMIOLOGY

The State Department document from which these figures are derived had been classified prior to a Washington Post editorial that appropriately excoriated Zoellick's mortality estimate ("Darfur's Real Death Toll," The Washington Post, April 24, 2005; <http://www.washingtonpost.com/wp-dyn/articles/A12485-2005Apr23.html>). The State Department decision to de-classify the document was evidently intended to indicate that serious analysis lay behind Zoellick's numbers. In fact, the effect of de-classification was just the opposite: the document (now available at <http://www.state.gov/s/inr/rls/fs/2005/45105.htm>) is an obvious tissue of unsubstantiated assertion, intellectual and methodological confusion, factual error, and deliberate misrepresentation. Its failings are so many and conspicuous that one must assume political motives animated its composition and promulgation. It is a disgrace to reason and justice.

Most notably, no sources are given in the entire course of the document, only vague references to uncited "studies." There is not a single bibliographic reference; there is not a single statistic that is more than simply bald assertion, appearing without derivation or explanation or context; there is not a single website or URL reference.

Moreover, no analysis is offered of extant mortality assessments (including twelve by this writer over the past year). Nothing is said of the extraordinarily important assessment by Jan Coebergh, MD: "Sudan: genocide has killed more than the tsunami," Parliamentary Brief, February 2005 (Volume 9, No. 7). No specific reference is made to such important studies as the mortality analysis that appeared in Britain's premier medical journal last fall (The Lancet, October 1, 2004, "Violence and mortality in West Darfur, Sudan [2003-04]: Epidemiological evidence from four surveys"). Indeed, there is no effort to analyze even the critical data on violent mortality produced by the Coalition for International Justice, whose report served as the basis for the State Department genocide determination in September

2004.

Over a full page of the meager four pages of this "report" ("Sudan: Death Toll in Darfur," US State Department, March 25, 2005) is taken up by graphs that---incredibly---have no sources or independent data. The document simply refers to them as "drawing on available information," but without any specification of what the sources of this "information" are or how the document supposedly "draws" upon them. A third graph is simply a replication of a dated UN graph (January 2005) of "conflict-affected" persons, offered with no explanation of relevance..

At the same time, the State Department document appears to be aware that serious mortality assessments have been conducted, and thus attempts peremptorily to dismiss them. The reasoning in these dismissals is revealing.

For example, the document refers to "wildly divergent death toll statistics, ranging from 70,000 to 400,000." But this is deeply disingenuous comparison of incommensurate estimates, at least if the author(s) are not wholly ignorant. "400,000" represents a global mortality assessment offered by this writer and more recently by scholars assessing data from the Coalition for International Justice (see below); "70,000" clearly represents the UN World Health Organization (WHO) figure of October 2004, estimating mortality only in camps to which the UN had access for the several months represented by the study (see WHO study announcement [September 13, 2004] supplemented by October 15, 2004 update and press release, at <http://www.who.int/mediacentre/news/briefings/2004/mb5/en/>).

This WHO figure, based on careful epidemiological work, is not a global mortality assessment, as the State Department "report" misleadingly suggests: it is rather a very partial glimpse of human destruction in a very limited context. The WHO study does not include deaths prior to April 2004 or deaths subsequent to October 2004; it does not include violent mortality (still the largest overall element in global mortality), or mortality in rural areas of Darfur or in Chad.

And yet strikingly, the WHO study (which receives no analytic attention or citation in the "report") still estimates that in the limited period in question---and in camps to which there was humanitarian access---70,000 people died of war-related disease and malnutrition. 70,000 exceeds by 10,000 the low-end figure (60,000) that the State Department document invites us to believe may represent all mortality, from all causes, in Darfur over 26 months of extremely violent and disruptive warfare. This is not epidemiology: this is propaganda.

The "report" alludes to (without citing) the work of this writer, and by implication the recent academic study commissioned by the Coalition for International Justice (CIJ)---an analysis which uses the WHO study and the CIJ data from refugee camps along the Chad/Darfur border to find that approximately 390,000 have died to date in the conflict. (A critique of this new mortality assessment appears here as Appendix 1.) The "report" declares that "wildly divergent death toll statistics [including the figure of 400,000] result from applying partial data to larger, nonrepresentative populations over incompatible time periods." The phrase "applying partial data to larger, nonrepresentative populations" is semantically incoherent; for of course "larger populations" are ipso facto more "representative" statistically than smaller populations represented by "partial data."

If we are charitable, we may construe the author(s) of the State Department document as ineptly attempting to say that a problem exists in "applying partial and insufficiently representative data to larger populations." But this is not what is said; instead, in the lead (and italicized) paragraph to the study, the authors say what makes no sense at all. What editorial supervision attended publication and promulgation of this "report"? How many authors signed off on such nonsense? What does it say that the incoherence of the sentence cited here did not register?

The "report" proceeds to speak of "incompatible time periods" and offers what purports to be a crude time-line for human mortality in Darfur: "violent deaths were widespread in the early stages of this conflict, but a successful, albeit delayed, humanitarian response and a moderate 2004 rainy season combined to suppress mortality rates by curtailing disease outbreaks and substantial disruption of aid deliveries." It is difficult to imagine more distortion and subversion of the truth in a single sentence.

While it is certainly true that mortality, from both violence as well as disease and malnutrition, has fluctuated over the course of 26 months, the suggestion here that "violent deaths were widespread in the early stages of the conflict," but somehow not in more recent months, is simply false. Though there has been a diminishment in violent mortality---in part because genocidal warfare has destroyed or displaced such a large percentage of the non-Arab or African tribal populations of the region---violence remained (according to the overwhelming consensus of operational humanitarian organizations) the largest cause of death in Darfur through mid-summer 2004. And very substantial violent mortality continues, as evidenced by numerous attacks reported by the UN and AU in December, January, and February, and continuing through April.

Moreover, the claimed success of the "delayed" humanitarian response did not forestall the terrible toll from malnutrition and disease in the camps that the WHO report details: 70,000 from April to October 2004 in accessible camp areas alone. Though mortality has slowed in many of the camps, insecurity threatens to accelerate mortality rates in the coming months of the rainy season, and insecurity is currently creating precisely the "substantial disruption of aid deliveries" that the State Department document claims have been avoided. Monthly mortality is still in the range of 10,000 to 15,000 deaths per month (see below).

The overall view of the Darfur crisis presented by the "report" comports with neither the history of the conflict, with recent assessments coming from humanitarian organizations and the UN, nor with the clear prospect of rapidly accelerating mortality during the impending rainy season. The "report" takes no cognizance of extremely acute and rapidly expanding water shortages in many camps. Nor does the "report" assess the implications of a continuing lack of sanitary facilities for large percentages of camp populations, and the consequent threat of immensely destructive outbreaks of cholera, dysentery, and other water-borne diseases.

All that permits these serial distortions of human destruction in Darfur is the "report's" relentless refusal to cite sources. It declares without apparent intellectual shame that "the following analysis draws on available information---epidemiological surveys, displacement trends, and patterns of village destruction to estimate the progression of the conflict and associated mortality rates throughout [Darfur]." But then not a single epidemiological survey is cited, let alone analyzed; "displacement trends" are similarly undocumented in any fashion; and we learn nothing whatsoever of the "patterns of village destruction" referred to.

The "report" declares of itself that "separate [mortality] rates were applied to displaced and otherwise affected populations with different levels of vulnerability." But these in fact are mere phrases, without statistical or evidentiary substance. The "report" offers no assessment of "trends," "levels," or "separate mortality rates." There is not a single source for any of this purported analysis---not one statistical derivation is offered. When actual mortality numbers are rendered, they are merely asserted: "Figures on displaced populations and mortality are scant, but 4,100-8,800 excess deaths are estimated to have occurred primary in North and West Darfur [during the period March-September 2003]." Nothing further is provided: no source for these "excess deaths," no statistical evidence or calculation of any kind.

Moreover, in conceiving of violent mortality in Darfur, the "report" suggests an egregious misunderstanding of the very subject. Speaking of the period between April-June 2004, the "report" declares that, "major battles, resulting in large loss of combatants on either side, sharply declined," and that from this point on "mortality reflects almost entirely civilian rather than combatant losses." But this reveals the grossest misconception: violent mortality in Darfur has from the beginning been overwhelmingly among the civilian populations, not among combatants (whether those of the insurgents, the Janjaweed, or Khartoum's regular and paramilitary forces). Not to recognize this basic fact suggests the author(s) of the "report" have failed fundamentally in understanding the dynamic of violent human destruction in Darfur.

As to mortality from disease and malnutrition, the "report" is equally unconvincing and uncomprehending: "The highest rates of mortality were already subsiding [ ] when the international community realized the scope of crisis in Darfur in the spring of 2004." There is simply no evidence to support this claim, and much that directly contradicts it. And yet the author(s) of the "report" again offer no sources, no explanation, no studies or data---simply bald assertion.

A final example of poor prose and illogical thinking may be found under the entirely unjustified heading, "Why are deaths lower than expected?": "The fact that many prognosticators overemphasize the degree to which violent deaths contribute to large-scale mortality in a region as big and diffuse as Darfur continues to result in grossly overestimated projections of overall deaths." The size and diffuse nature of Darfur of course make violent death more difficult to assess---but certainly no more less likely to occur. The logic by which the authors move from a reasonable characterization of Darfur geographically to a key conclusion about "grossly overestimated" mortality projections is utterly incoherent. What constitutes an "overemphasis on violent deaths"? What is the statistical or epidemiological evidence of such "overemphasis"? The author(s) offer no answer.

The incoherent and tendentious prose, the gross failures of logic, and the complete lack of sources and evidence wholly vitiate the State Department "report," calling into question not only the motives of those who have compiled it, but the moral and intellectual integrity of those such as Deputy Secretary of State Robert Zoellick who would cite it. Even as propaganda it fails.

## THE AFRICAN UNION INVITES NATO TO HELP IN DARFUR

A credible assessment of human mortality in Darfur provides the urgent

context in which to assess the recent AU acknowledgment that it is incapable of protecting civilian populations and humanitarian operations in Darfur. This acknowledgment, while welcome, is terribly belated. The AU request for substantial logistical help from NATO is similarly welcome, but equally belated. Those paying the grim price for this inexcusable belatedness are innocent civilians and aid workers in Darfur. While it is important to assess what this AU commitment means going forward (the subject of the next analysis by this writer, May 6, 2005), it is also important that we see how trammled by politics this refusal to speak honestly of AU incapacity has been. An appropriate snapshot comes from the observer for Human Rights Watch (Belgium) at a discussion of Darfur in Berlin in early March 2005:

"Lotte Leicht, director of the Brussels office of Human Rights Watch, argued at the [Darfur] panel discussion [in Berlin] that the AU had failed to protect the people in Darfur. The AU should accept help from the EU, she said. 'I have never seen that 25 foreign ministers are almost down on their knees, begging the AU to take more help from the EU.'" (Inter Press Service [dateline: Berlin], March 3, 2005)

And yet only now, two months later, has the truth been spoken by the AU. NATO has been well aware of AU limitations but for its part has refused to declare this publicly, instead issuing noncommittal statements:

"NATO Secretary-General Jaap de Hoop Scheffer on Thursday suggested the alliance could play a supporting role in the Sudanese region of Darfur, but stressed that neither the AU nor the UN had asked it to do so." (Associated Press, February 4, 2005)

Preliminary reports indicate that the AU will seek to increase its present force of 2,300 to 7,700 by the end of September 2005, and possibly to 12,300 by spring 2006 (Reuters [UN, New York], April 29, 2005). But given the painfully slow deployment of the present force (still only two-thirds of what the AU has been seeking to deploy since September), and the lack of required equipment, these projections must be regarded with extreme skepticism. So too the declaration by AU officials that the force deployed will be given a stronger mandate to protect civilians. The Khartoum regime has immediately and pointedly refused to countenance a stronger AU mandate, and no doubt relies on the hopelessly slow past deployment of AU forces as a guide to what can be expected in coming months, even with NATO logistical support.

But the most significant reality is that even a successful deployment of 12,300 AU forces by the spring of 2006 will do nothing to stop genocide in Darfur now. The required intervention is not represented by



this new, all too nebulous, and distant commitment; people presently requiring urgent assistance cannot be protected or sustained by possible deployment a year from now. Aid workers require a much more substantial force---in the very near term---if they are to accomplish their vital missions without enduring intolerable levels of insecurity. Recent announcements from Addis Ababa, Brussels, and New York can do nothing to change these grim and all too present realities.

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APPENDIX 1: Data assembled by the Coalition for International Justice (comprising 1,134 interviews with Darfuri refugees along the Chad/Darfur border, August 2004) offers what remains the most important means of understanding violent mortality in Darfur, and a new independent assessment of this data must be welcome. Previous assessments of the CIJ data have been undertaken by this writer and by Jan Coebergh (see above). Nonetheless, the new academic review of CIJ data, undertaken by John Hagan (Northwestern University) and Patricia Parker (University of Toronto), is marked by significant methodological problems and a clearly untenable figure for total displacement at the defining moment for the two studies reviewed (the August CIJ report and the September/October 2004 WHO assessment). The results of these shortcomings are a significant understatement of violent mortality and a significant overstatement of mortality from disease and malnutrition. (Relevant documents for the Kagan/Parker study are available at <http://www.cij.org/index.cfm?fuseaction=homepage>).

## VIOLENT MORTALITY

The key weakness in the assessment offered by Hagan and Parker is the figure of 1.5 million for total displaced Darfuris in refugee camps in Chad and camps for displaced persons in Darfur. This represents not only a significant factual error (i.e., failure simply to add the extant figures available from the UN High Commission for Refugees and the UN Office for the Coordination of Humanitarian Affairs), but ignores what was clear at the time: huge numbers of displaced persons were not counted, either because they had not been registered by the UN World Food Program (WFP) or were inaccessible to humanitarian relief and registration.

What is a credible number for total displacement at the end of August 2004, the point of reference for the CIJ study by Hagan and Parker? OCHA indicated in Darfur Humanitarian Profile No. 6 (September 1, 2004) that over 1.45 million were internally displaced, even as UNHCR indicated that there were over 200,000 were refugees in Chad. OCHA would report 1.6 million internally displaced persons in Darfur Humanitarian Profile No. 7 (October 1, 2004). It is clear, then, that 1.7 million is the appropriate figure for Hagan and Parker to use in representing the total UN census for September 1, 2004, and yet they deploy as their denominator for the study the figure of 1.5 million. This is a serious, finally indefensible understatement.

Just as significant is the failure to attempt to account for human displacement that did not figure directly in the UN census, though was known to exist on a very substantial scale. For example, Darfur Humanitarian Profile No. 6 "estimates that an additional 500,000 conflict-affected persons are in need of assistance based on preliminary reports" from insurgency-held territory to which there was no humanitarian access. Other estimates range as high as 1 million, given the pre-war population estimates for Darfur (6 to 6.5 million). It is certainly the case that if preliminary estimates indicated "500,000 conflict-affected persons in need of assistance," the majority of them had been displaced. Between under-counting/under-registration in the camps and this large, inaccessible population of "conflict-affected persons" in rural Darfur, an additional 300,000 displaced persons should be added to the formal UN census.

Thus a total figure of (at least) 2 million internally displaced persons and refugees is required to represent the actual situation on the ground at the end of August 2004. This in turn strongly suggests that the Hagan/Parker derivation (from CIJ data and a denominator of 1.5 million displaced persons) of approximately 143,000 violent deaths understates by 33%. Using the more fully justified denominator of 2 million, their study yields a total for violent mortality of 190,000, well within the range established by Coebergh's study ("between 172,542-232,269 violent deaths," Parliamentary Brief, February 2005), and generally consonant with the current figure offered by this writer (200,000-240,000 violent deaths; see March 11, 2005 mortality assessment, Appendix 1 at:

<http://www.sudanreeves.org/modules.php?op=modload&name=Sections&file=index&req=viewarticle&artid=497&page=1>).

## MORTALITY FROM DISEASE AND MALNUTRITION

The CIJ-commissioned study by Hagan and Parker analyzes only one other

study bearing on Darfur's global mortality, the WHO study of deaths from disease and malnutrition in accessible camps in Darfur from April through September 2004. Though the study is of very considerable importance if understood not to be a global mortality figure, it must still be deployed with caution, and Hagan and Parker are surprisingly incautious. In relying exclusively upon the WHO study to calculate mortality from disease and malnutrition over 26 months, they homogenize humanitarian conditions that have varied quite widely. Initially in the conflict, disease and malnutrition were not nearly as consequential for the affected population, though deaths from health-related causes certainly quickly appeared. The food and medical crisis accelerated over the first year of conflict, but did not emerge full-blown in February 2003.

And yet the statistical methods used by Hagan and Parker create precisely such a scenario, one in which a high-point in food- and health-related mortality is assumed to be equally relevant for the beginning months of the humanitarian crisis as well as for the past few months. This mechanical deployment of the WHO study is inappropriate, and the figure of 253,619 deaths from health causes is unjustifiably high, given the single study analyzed.

APPENDIX 2: This writer has offered a 2004 year-end global mortality figure of 340,000 (see Darfur Humanitarian Update, February 10, 2005 at <http://www.sudanreeves.org/modules.php?op=modload&name=Sections&file=index&req=viewarticle&artid=490&page=1>), and suggested that the primary task in ongoing mortality assessment is establishing the most credible monthly mortality rate. The previous mortality assessment (March 11, 2005) argues that monthly excess mortality, for all populations in the humanitarian theater, is approximately 15,000.

The UN figure promulgated by Jan Egeland is currently 10,000 excess deaths per month, though it must be said that Egeland's Office for the Coordination of Humanitarian Affairs has proved inconsistent in speaking about mortality estimates. Some of this is apparently frustration with broader UN failure to offer credible mortality figures: shortly before promulgating the current UN figure (which may or may not include violent mortality: accounts vary), Egeland declared that "the old figure of 70,000 dead from last March [2004] to late summer [2004] was unhelpful. 'Is [the global figure for mortality in Darfur] three times that [70,000]? Is it five times [i.e., 350,000 dead]? I don't know, but it's several times the number of 70,000 that have died altogether,' [Egeland told reporters]" (Reuters, March 9, 2005).

The Hagan/Parker figure for a monthly mortality rate is 15,000, but the

authority of this figure is again compromised by the study's implausibly homogeneous picture of health-related deaths over the past 26 months.

In the absence of more compelling and fuller data, a calculation of monthly mortality must consider the following:

Evidence from a variety of sources suggests that mortality rates have in recent months come down significantly in camps for the displaced in Darfur. The WHO estimate of excess mortality up to 10,000 per month in the camps (September/October 2004) is no longer relevant for the larger, (relatively) more secure camps.

But if mortality rates have dropped in the camps, the number of conflict-affected persons in Darfur has grown dramatically: from 1.84 million in (Darfur Humanitarian Profile No. 6; September 1, 2004) to over 2.6 million currently (US Agency for International Development Darfur "fact sheet," April 22, 2005, citing UN OCHA figures). To this must be added the 200,000 refugees in Chad, and hundreds of thousands who remain in inaccessible rural areas of Darfur. There are currently many more than 3 million conflict-affected persons in the greater Darfur humanitarian theater, and this number is rising relentlessly and very rapidly. UN estimates for the impending rainy season are between 3.5 and 4 million persons in need of aid; Egeland has suggested the number may exceed 4 million.

If we take these figures seriously, and if we accept that there are very large and extremely vulnerable rural populations not presently captured in UN estimates, then even a Crude Mortality Rate significantly lower than that obtaining in September/October 2004 indicates a very high monthly mortality rate (the Crude Mortality Rate [CMR] indicates deaths per day per 10,000 of population). Darfur Humanitarian Profile No. 7 (October 1, 2004), in addition to recording high Global Acute Malnutrition (22%) and Severe Acute Malnutrition (4%), reported a CMR of 1.5 for North Darfur and 2.9 for West Darfur (South Darfur, where violence was then and now greatest, was too insecure for assessment, though there are strong indications that the CMR was in excess of 3.0).

An ongoing average CMR of even 1.5 for a conflict-affected population of 3 million (including the most vulnerable rural populations) would indicate a monthly excess mortality rate of over 13,000 human beings. Continuing violent mortality (including the consequences of violent displacement) in Darfur almost certainly brings total monthly mortality to over 15,000, or 60,000 for the current year. Total mortality is thus approximately 400,000.