Exploration of the social, political and environmental determinants of the Conflict in Darfur

Introduction

Conflict and violence is, arguably, an inherent part of human life; the annals of history are littered with numerous examples of this, and its consequences on every aspect of life and society are widely documented, particularly on the effect conflict has on the development and growth of a society.

Darfur is in western Sudan and has a population of 9.24 million as of 2017[1]. The demographic of Sudan is made up of various ethnic and social groups, but with a predominantly Arab ruling government, the needs of all were not being met and resulting conflicts ensued.[2]

Tensions between rebel groups from indigenous tribes, and the government of Sudan lead to a damaging loss of life in 2003. This mass genocide of black Darfuris instigated a conflict that is still ongoing despite the fall of a 30-year dictatorship. The flagrant use of war crimes by the government and the private militia caused over 1 million Darfuris to become displaced, 300,000 killed and thousands raped and mutilated[3]. This conflict is a significant humanitarian crisis and warrants a deep understanding of the politics behind the conflict and the resulting effects that this has had.

This paper aims to isolate several determinants that may have been part of the causes of the conflict and will also attempt to understand the impact that this has had on healthcare in Sudan before providing recommendations for prevention and control.

Background

The Darfur region of Sudan is home to over 80 different tribes and ethnic groups, ranging from nomads to sedentary communities. Most of these tribes are the non-Arab Darfuris, which are made up of Fur and Zaghawa (the largest), as well asMassalit, Meidob, Dajo, Berti, Kanein, Mima, Bargo, Barno, Gimir, Tama, Mararit, Fellata, Jebel, Sambat and Tunju[4]. The Darfur region of Sudan remained relatively independent from the rest of Sudan until British subjugation in 1916. Although the region had accepted Islam, Darfuris were reluctant to claim an Arab heritage and tensions between the national government and indigenous non-Arab tribes were apparent[4]. After Darfur became part of western Sudan, the indigenous tribes of Darfur and the Arabs generally coexisted peacefully, until persistent droughts and unequal distribution of resources lead to systematic eroding of the coping capabilities of non- Arab populations[5].

Darfur's determination to remain independent of Sudan, paired with the structural inequality faced by indigenous tribes, instigated increased ethnic polarisation between Arabs and non- Arabs leading to detrimental levels of conflict. The low intensity, small scale outbreaks divulged into to high intensity war in 2003[5,6]. The continued civil war between black southerners and the Arab dominated government instigated the formation of two main rebel groups: Sudan Liberation Movement (SLM) and The Justice and Equality Movement (JEM). The exploitative government and unequal distribution of money and wealth dictated the demands of the rebel groups. In April 2003, the SLM and JEM demanded equal power sharing with their Arab ruled state, and government action to end the abuse from Arab pastoralists driven south by drought and desertification[7]. The government of Sudan retaliated by sending armed militia to eliminate the rebellion – this resulted in the ethnic cleansing of over 300,000 Darfur citizens.

These crimes against humanity, are widely acknowledged by international organisations as genocide, the Human Rights Watch released a 77-page report after spending 25 days in the region. The report detailed how the government of Sudan responded to these cases of political threat by systematically targeting civilian populations of which these rebel groups where drawn[8]. The government organised a political partnership with some Arab nomads and created 'the Janjaweed', an army trained and armed by the government, which received effective impunity for crimes. The government of Sudan, the army and the Janjaweed were backed by the Sudanese Air Force, this meant that their attacks were extremely violent and caused significant destruction to the environment. Those who were not directly affected by violence were displaced, with 110,000 migrating to Chad. Many civilians are forced into camps and settlements outside large towns, these individuals are still ostracised and are often killed, raped and their relief items pillaged[3].

The conflict and violence in Darfur are a significant global health problem today for a variety of reasons. This conflict has been going on for decades, the region has been at war for years longer than it has been at peace. Further, the conflict has had – and continues to have - a detrimental impact on the development and prosperity of Darfur. Civilians have been deprived of a basic standard of life, they are living in constant fear, they face a recurring lack of food, medication, water and sanitation[9]. International organisations have an ethical obligation to understand why this is the case and attempt to provide interventions or solutions. Another reason this conflict requires significant attention is the use of violent regimes against civilians. The government and the Janjaweed have both been known to use genocidal rape as a tool, the militia was known to carry out 3 types of attacks: 1) the militia surround a village, then attack the women and children who leave to collect food and water 2) the militia would attack houses rounding everyone up, then kill the men and boys before raping the women and girls and 3) they would invade displacement camps to rape women and children and prevent migration to Chad[3]. Thousands of women and

children were raped, infants were beaten to death and victims were sexually mutilated. The effects of these actions are unmeasurable, the victims face physical pain and may suffer from mental disorders as a result of the horrific abuse[9].

To summarise, the conflict in Darfur has a disproportionate effect on a particularly vulnerable, low income and inaccessible population. The marginalisation and ostracization of non-Arab Darfur population along with the horrific use of genocide, rape and chemical weaponry warrants the classification as a humanitarian crisis and as such is a global health problem that needs international attention and co-operation.

There are a wide range of factors that come into play when attempting to understand the reasons behind the conflict in Darfur, some briefly mentioned above, the next section of this paper will discuss a number of determinants that played a key part in the start of the war in Darfur.

Determinants of the Darfur conflict

Political marginalisation

The political exclusion of Darfuris in the discourse and decisions of the Sudanese government is a major determinant of the ongoing conflict in Darfur. The discrimination has been observed both prior to, during and after the British colonial rule. As stated above, Darfur was an independent state until British subjugation forced the state to be a part of western Sudan. Prior to this, black Darfuris were also being enslaved in Egypt[6]. With both Sudan and Egypt under British rule, civilians and soldiers alike were unhappy with their treatment, this lead to a mutiny of Egyptian soldiers in Khartoum. The participation of black Darfuris in this rebellion lead to an abrupt change in British policy and as such the policies of the colonial government were all detrimental to Darfuris, they promoted the political empowerment of the Arab elite[10].

The British adopted a divide and rule policy, which funnelled money for development into north Sudan, neglecting areas where predominantly black Sudanese resided. One clear example of this underdevelopment is the colonial education policy. With Phillip Ingelson, the minister of Darfur in 1953 stating, ‘we have been able to limit education to the sons of Chiefs and native administration personnel and we can confidently look forward to keeping the ruling classes at the top of the educational tree for many years to come.’ [11]The lack of education caused a lot of implications in terms for political development. After Sudan’s independence in 1956, the north showed clear benefits of the divide and rule policy, which lead to the depravation of education, health and other development projects to Darfur. The indirect rule from the British colony continued to be implemented by tyrants who ignored the needs of

Darfuris and fulfilled government interests[11]. Furthermore, the lack of political representation within government only perpetuates further political marginalisation, Darfur's political representatives are not from the region and have little concern for the citizens of Darfur. The political exclusion and lack of representation has meant that the basic human rights of Darfuris are not being met, this instigates conflict between impoverished and frustrated citizens (black Darfuris) and the Government[12].

Economic deprivation

The continued political marginalisation and lack of development lead to severe economic deprivation to an area historically known as an economic hub in the 13th century[12]. In this time, Darfur was key in Sudan's trading route along the Mediterranean, following subjugation in 1916, the policies and colonial rule severely limited their trading capabilities. The colonial rule implemented biased policies that were specifically aimed at ensuring the economic deprivation of Darfuris, these policies enhanced the businesses interest of a few influential families along the Nile. This came in the form of bank loans, business contracts and preferential allocation of land[13]. This inequality frustrated many Darfuris, who prior to subjugation were thriving off the agriculture and trade businesses that they had established.

To further the economic deprivation of Darfuris, the colonial rule ensured a substantial lack of industrialisation within Darfur. Industries that would have otherwise tapped into the lands rich revisor of raw materials were neglected, and the region repeatedly received minimal funds and development opportunities[14]. Although it is difficult to produce an accurate figure, it is estimated that in 1958 only 2% of funds for development were allocated to Darfur, as opposed to 45% in Khartoum[14]. These economic factors exacerbated the already impoverished state that many Darfuris were living in, and further contributed to the rising tensions within the region.

Climate change

A variety of environmental factors have also played a key role in the conflict. The region of Darfur is accustomed to periods of droughts that ultimately lead to a lack of food security, but the most severe famines are caused by droughts that are associated with war or conflict[15]. Many scholars agree that the present conflict in Darfur is a direct result of the recurring droughts within the region that lead to famine and detrimental loss of civilian life[12]. Reduced levels of rainfall have forced Arab pastoralists to migrate south to graze their livestock, this causes the destruction of black Darfuri agriculture, ultimately leading to conflict and disagreement.

Another environmental factor that causes rising tensions is the increasing rate of desertification of the land. Desert land is not arable, and livestock cannot graze in

these environments, which forced the Arab pastoralists to move south, invading the land of Darfuris[15]. These circumstances further perpetuate the economic deprivation that Darfuris face; if their agriculture gets damaged, they cannot trade resources or feed their families. This tension was further exacerbated when Arab pastoralists joined the government funded the Janjaweed, and carried out horrific attacks on the civilians of Darfur. Many recognise that Darfur is a key example of how climate change can trigger conflict in vulnerable regions, a combination of drought, famine and desertification have led to the past and on-going conflict in Darfur[16].

Ethnic and racial inequalities

Sudan is a region of high ethnic diversity with both Arab and black African settlers, Darfur itself has an affinity of both, although the majority are black Africans attributable to several central African tribes. Sudan is a clear example of a divided nation; the norther Arab Sudanese claim an Arab ancestry and are heavily influenced by middle eastern and Mediterranean culture[13]. As opposed to the southern black Sudanese, who claim an African decent and relate to other counties in East Africa. These ethnic differences are embodied in the everyday lives of these citizens with clear differences in cultural behaviours[17]. The Arab dominated government continues to encourage these two divided groups to grow apart, often treating black Sudanese's (Darfuris) as a minority group because of racial and cultural classifications. Those who considered themselves Africans were singled out by the government and were discriminated against in all aspects of society[18,19]. There is a clear systematic oppression of Darfuris and other black Sudanese citizens by the government, one example already mentioned is the 2003 genocide in which the Arab Janjaweed were instructed to carry out an ethnic cleansing of black Darfuris.

The racial discrimination of black Sudanese, and the use of the government funded private militia are both instrumental in the escalation of the conflict in Darfur[19]. The use of violence displayed by these 'soldiers' is documented by several human rights organisations and is internationally recognised as a gross violation of human rights law.

Conflict and war lead to a variety of social, cultural, economic and developmental difficulties, the paper will now attempt to analyse the impact that this conflict has had on the health of Darfur's citizens.

Health impact

It is widely acknowledged that health systems are fundamental pillars of human life in modern society[20]. The government of Sudan's political marginalisation, economic deprivation and ethnic discrimination of Darfur's citizens, has led to an underdeveloped and inadequate health system within the region. Climate change and conflict now further exacerbate an already failing system and the state of Darfur

has only five hospitals and with a current population of over 9 million, this is far from adequate for being able to meet the basic needs of the population. In the whole of the Darfur region, there are 88 hospital beds and 4.2 doctors per 100,000 individuals[21]. This is because, after the conflict ensued, the government halted the little development that was occurring in Darfur so citizens were left helpless and unable to receive basic medical care[21]. The lack of adequate vaccination programmes paired with high incidences of communicable diseases perpetuated the rise of mortality rates and the general decline in health of Darfuris. A further health impact of conflict is the rise of maternal and infant mortality[21]. In instances of war like the conflict in Darfur, access to health services is extremely limited with access to some reproductive services being completely unavailable. Women and girls within the region reported high rates of syphilis, AIDS and herpes as a result of rape. With limited reproductive treatment, there were also reports of young girls dying during labour or with complications during childbirth.

As illustrated above, conflict and war increase morbidity and mortality of a population[20],and it create a clear gendered health effect, with women and men, as well as old and young experiencing the effects in a variety of ways. When a region is at war, men tend to die in conflict, as a result of assassination or forced conscripting. Women and children, however, are more likely to suffer with the long-lasting effects of war that is not directly created by direct fighting[22].

Physical violence and rape are just two forms of violence that were used by the government of Sudan and, more notably, the Janjaweed forces. The government of Sudan used these systematic weapons to harm women and children, whilst also breaking down the fabric of Darfur's society. As mentioned above, genocidal rape was common in Darfur: women and children were often raped and sexually mutilated in front of their family and neighbours [3, 22]. Focus group discussion with women and children within Darfur highlighted the frequency of these attacks, most of the women questioned had reported incidences of rape, some of which were particularly violent. Men reported cases of militia tearing pregnant women's stomachs open and killing male foetuses[3]. The physical violence is often followed by sexually transmitted disease and intense psychological trauma. When assessing the impact of the conflict on Darfur refugees in Cairo, researchers identified a common theme of severe depression and post-traumatic stress disorder. This is common within ethnic conflict, for example after the start of the war in Afghanistan, 42% of those surveyed reported symptoms post-traumatic stress, and a larger 67% reported depression[23]. An accurate figure for the rates of mental illness in Darfur citizens is difficult to achieve due to poor data collection and the mass of displacement that occurred within the region.

Interventions for prevention and control

The international response to the humanitarian crisis in Darfur is much debated, the lack of effectiveness of interventions is frustrating to both resident and international organisations. No real interventions came into play in Darfur until the formation of ' The African Union - United Nations Mission In Darfur' (UNAMID)[24]. The delay in international intervention was fuelled by a variety of geopolitical concerns of members of the international security council. Algeria and Pakistan had strong ties to the Arab countries and therefore delayed any international response, China who was Sudan's main extractor of oil, also chose to delay the international response[25]. The western governments interests did not align with those of Darfuris, so they did not work effectively to produce rapid interventions for prevention and control[26]. Although it is important to note that the International Criminal Court accused Omar Al- Bashir (the president of Sudan at the time) of genocide and crime against war in 2008.[27]

UNAMID is the first significant international response in Darfur, it currently has 6511 personnel deployed, 4000 of which are contingent troops who are there for the purpose of protection against Janjaweed[28]. Protection of civilian is the primary goal of UNAMID, troops are used to guard villages, health services and displacement camps. Along with other international non-government organisation, UNAMID provides humanitarian assistance by monitoring and ensuring implementation of agreements, assisting internal political processes and contributing to the promotion of human rights[29]. The impact that UNAMID has had on the local community is undeniable, but this intervention is not comprehensive enough to tackle the internal issues that cause the conflict. Until the systematic discrimination and inequality of ethnic minorities id Darfur is addressed, the conflict will continue and there will be an even more detrimental loss of life[30]. In March, the UN security council released a resolution ending UNAMID's mission in Darfur, with the primary mandate 'protect civilians' will be transferred to the interim government, this itself is not promising as the Janjaweed are a government funded militia. A new organisation titled 'United Nations Political and Peacebuilding Integrated Mission in Sudan' would be set up for 1 year in its place, although this has half the troop deployment that UNAMID had[31].

Conclusions

To conclude, the conflict in Darfur has been ongoing and persistent since British subjugation of Darfur into western Sudan. The ethnic and cultural differences have perpetuated a cycle of discrimination and marginalisation of Darfuris. A range of factors influenced the escalation of conflict in Darfur. The political marginalisation, economic deprivation, climate change and ethnic discrimination have led to a suffering impoverished region with an inadequate health system. International intervention in Darfur was delayed as a result of international politics and conflicting interests, and the eventual response can be argued as ineffective. To create effective

interventions for the ongoing conflict in Darfur, further published research into the social and health impact of the war is required[30]. International funding into the African union is required to protect citizen and prosecute those who carry out attacks.

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