

Abstract

Genocide by attrition occurs when a group is stripped of its human rights, political, civil and economic. This leads to deprivation of conditions essential for maintaining health, thereby producing mass death. Genocide by attrition is epitomized by the Warsaw Ghetto (1939–43), Democratic Kampuchea (1975–79), and Sudan (1983–93). Potentialities of response are considered, as well as state and international interests in overlooking genocide, and the inadequacy and misuses of humanitarian aid. Lastly, guidelines are offered for future policy to prevent genocide by attrition, involving governments, health professionals, and aid workers.

Un génocide par usure a lieu lorsqu' un groupe est privé de ses droits politiques, culturels, économiques et sociaux. Cela entraîne une perte des conditions nécessaires au maintien de la santé publique, et par conséquent mène à des morts en masse. Des exemples de génocide par usure sont incarnés par les cas du ghetto varsovien (1939–43), du Kampuchea démocratique (1975–79) et du Soudan (1983–93). Cet article examine les réponses potentielles dans de telles situations, ainsi que les intérêts qu'ont l'état et la communauté internationale à ignorer le génocide, et enfin la non-adéquation et l'abus de l'aide humanitaire. Finalement des directives sont énoncées pour la mise en place d'une politique future pour la prévention des génocides par usure, engageant les gouvernements et les professionnels de la santé publique et de l'humanitaire.

El genocidio por desgaste de población ocurre cuando se despoja a una población de sus derechos humanos, ya sean políticos, civiles, económicos o sociales. El resultado es la privación de ciertas condiciones esenciales para mantener la salud de un ser humano, produciendo como consecuencia una muerte en masa. El genocidio por desgaste de población se representa en el Ghetto de Varsovia (1939–43), en la Kampuchea Democrática (1975–79) y en el Sudán (1983–93). En este artículo, se consideran las posibilidades de reacción, al igual que los intereses estatales e internacionales en ignorar el genocidio, y la insuficiencia y el mal empleo de la ayuda humanitaria. Finalmente, se ofrecen pautas que corresponden a los gobiernos, los profesionales en el campo de la salud y aquellos que manejan la ayuda humanitaria, para formar, en el futuro, normas que prevengan el genocidio causado por desgaste.

GENOCIDE BY ATTRITION
1939–1993
THE WARSAW GHETTO,
CAMBODIA, AND SUDAN:
Links between human rights,
health, and mass death

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The concept of genocide propounded in 1944 by Raphael Lemkin included both the direct and indirect physical annihilation of national, religious, and ethnic groups. Lemkin noted that “genocide does not necessarily mean the immediate destruction of a nation...[but] is intended rather to signify a coordinated plan of different actions aiming at the destruction of essential foundations of the life of national groups, with the aim of annihilating the groups themselves.”¹ Lemkin’s conception was incorporated into the United Nations Convention on the Prevention and Punishment of Genocide (UNGC), which was adopted by the UN General Assembly in 1948 and entered into force in 1951. According to the UNGC Article 2, “genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

- a) killing members of the group;
- b) causing serious bodily or mental harm to members of the group;

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- c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- d) imposing measures intended to prevent births within the group; and
- e) forcibly transferring children of the group to another group.²

In the twentieth century, genocide and other state murders have claimed two to four times more deaths than wars during parts or all of this period.³

While the historiography of genocide often focuses on the numbers directly killed—by execution, gassing, or burning in mass graves outside cities and villages and in extermination camps, many victims die from starvation and disease induced by elevated vulnerability following deportation (usually under harsh conditions) and enforced concentration in overcrowded camps and ghettos. This is true even in genocide characterized by industrial killing in camps, like the Holocaust, where an estimated 700,000 Jews or 13.7 percent of the total number of those who perished, did so from hunger and diseases attributable to starvation and poor living conditions in ghettos.⁴ Such deaths can be considered as genocide by attrition.

In such genocides and other state massacres—an expanding set in the late twentieth century—the right to life, of which genocide is a violation on the largest scale possible, and the right to food and adequate shelter (indispensable requirements for public health) are indivisible.⁵ Denial of adequate food and shelter with intent to discriminate against the victim group in a situation without a free market is among the stipulated acts committed, in UNGC terminology, with “intent to destroy, in whole or *in part*, a national, ethnical, racial or religious group as such [emphasis added].” These acts are also violations of the nondiscrimination rule and objectives of all the international human rights treaties: International Covenant on Civil and Political Rights (ICCPR); International Covenant on Economic, Social, and Cultural Rights (ICESCR); United Nations International Convention on the Elimination of All Forms of Racial Discrimination (1969).⁶

I have differentiated life-integrity rights (the maximal violation of which is genocide) from political and civil rights, and from economic and social rights, including those related to health.⁷ In the three cases discussed below, violation of political and civil rights leads to violation of economic and health rights and life-integrity rights, jeopardizing the life of group members on the basis of their real or perceived membership in the group.

In addition, although hunger has been used as a weapon of war since ancient times (starvation was only categorically forbidden in the 1977 addenda to the Geneva Protocols), the examples following were not sieges against the resisting armies that surrounded themselves with civilians, but policies against the defenseless.⁸

One central question is what justifications were given for the policies that led to genocide by attrition? Paradoxically, several state interests—usually considered legitimate—were asserted by the perpetrators: autonomy, development, security, and public health. These interests themselves can be rationalized as governmental obligations, to protect citizens' rights. Were the deaths planned, predictable outcomes, or unintended consequences of other policies? One problem in detecting a genocidal outcome is distinguishing the processes leading to genocide by attrition from unintended consequences of a state's sovereign powers and rights to national self-determination, development and autonomy. One of the objectives of this article is to suggest standards and criteria for detecting genocide by attrition so as to be able to raise alarms at an early stage.

Selection of Cases and Method

The cases are based largely on extensive documentation and judgment consensus on state responsibility for genocide and include instances in which a substantial part of the victim group was killed by attrition. These cases exemplify the range of types of genocide, governmental policies and rationalizations, and the contexts in which such crimes occur in the late twentieth century.

The Warsaw Ghetto (1939–1943)

Viewed in the context of Hitler's "Final Solution of the Jewish Question," the death of five to six million Jews is predominantly regarded as a consequence of industrial production: concentration, gassing, and incineration in death camps. The Warsaw ghetto is best known in Holocaust historiography and collective remembrance for the ghetto revolt of April 1943—the first civilian revolt in occupied Europe. What is less well known is that approximately one of every five Jews in the ghetto (whose population was constantly increasing due to the influx of refugees between 1939 and 1942) had already died by July 1942, before mass deportation.⁹ They died from starvation, tuberculosis, typhus, and "undetermined" causes, impossible to classify with any reliability because the greatest number of dead were dumped on the streets, picked up by wagons, and buried in mass graves after a simple count.¹⁰

The underlying causes of their death were German policies: expulsion of Jews from territory incorporated into the Reich to the General-Government; segregation and concentration in a walled ghetto with extreme overcrowding (68,000 persons per square kilometer); deprivation of its inhabitants of customary livelihoods and subsequent pauperization; enforcement of arduous labor for males; and denial of food, fuel, and medicines.¹¹

Many Holocaust scholars view these policies and the resultant ghetto deaths as stemming from Hitler's intentions to annihilate the Jews of occupied Europe (and other states wherever possible). But both the Warsaw ghetto and mass deaths therein began before the Final Solution order was generally transmitted in January 1942.

The ghetto deaths were "a deliberate consequence of German policy [which] allowed Jews rations of 'less than 10 percent of the minimum calorie requirements necessary to sustain human life' and produced an average of 7.2 persons per room within the ghetto, thus fostering the spread of disease."¹² However, a case has been made that the policy of ghettoization and starvation was an outcome of plans by mid-level bureaucrats with varied intentions, including protection of public health, rather than as steps in a master plan to kill Jews.¹³ According to this view, starvation and disease following ghettoization were unintended consequences of a strat-

egy, originally assumed to be short term, by physicians rather than Nazi ideologists.¹⁴

There is no evidence in 1941 of an ordered and consistent policy of general extermination by means of starvation and disease. On the contrary, there is proof that influential circles in the General-Government [occupied Poland] wanted to bolster the work and production capability of the Jews and demanded that the food ration in the ghetto be enlarged.¹⁵

German doctors played a decisive role in promoting a closed ghetto in Warsaw; their recommendations for a closed ghetto preceded the building and sealing of its walls in November 1940.¹⁶ Dr. Jost Waldbaum, German head of the Division of Public Health in the General-Government, assembled a collection of papers in 1941 that sum up the belief of German doctors that the Jews were carriers of exanthematic typhus, spread by lice, and had developed resistance to it.¹⁷

As a result, the German doctors in the General-Government became the most insistent and persistent advocates of ghettoization. In German self-interest the Poles were to be protected from epidemics, but in contrast the Jews were to be locked up with the diseases they allegedly carried. It was because of his culture and nature, not his poverty, that the Jew lived in the filthy conditions so conducive to infestation by disease-carrying lice. The persistent medieval anti-Semitic stereotype of the Jew as the plague-carrier thus called forth as a modern medical response the revival of a medieval invention—the sealed ghetto.¹⁸

Even before a walled ghetto was created, overcrowding and shortage of food and heating fuel during the winter of 1939–40 helped bring about a typhus epidemic among Jews. By summer 1940 it began to decline, but in 1941 in the closed ghetto it escalated sharply.

Indeed, there were two to eleven times more cases of typhus in the ghetto than in Aryan Warsaw at different times in 1940–41 although the population in the ghetto constituted less than half that on the Aryan side.¹⁹ In 1941, ghetto dwellers' death rate increased from 2.9 times to 6.3 times the death rate in Aryan Warsaw.²⁰ Both disease and dehumanization diminished the Jews, who were equated with disease in Ger-

man propaganda of the period: "Posters appeared on the streets of Warsaw bearing a Nazi caricature of a Jew and the heading: Jew-Louse-Typhus."²¹

The gravest threat to survival in the ghetto came from hunger and cold. German economic authorities refused to supply food from December 1940 to April 1941, claiming that this would press Jews to use up their hoarded wealth.²² Supporters of this policy, "attritionists," were contrasted with "productionists," who aimed to bring in German private capital to make the ghettos self-sufficient and enable the Jews to support themselves. The latter made their case successfully in April 1941 after a high-level debate convened by Hans Frank, the German governor of unincorporated Poland.²³ Heinz Auerswald, a productionist, became economic czar of the Warsaw ghetto in May 1941. Official production figures of ghetto export rose, but the monthly death rate produced by six months of starvation soared and only began to decline in May 1942.²⁴

Neither the legal system of food distribution—a discriminatory ration system together with inadequate rations—nor the organized soup kitchens (the Jewish Self-Help sustained by a cooperative network and external aid mostly from the American Jewish Joint Distribution Committee) could support the ghetto dwellers.²⁵ Therefore, a vigorous informal economy developed based on smuggling as well as illicit production and trade with Aryan Warsaw. Czerniakow, Chairman of the *Judenrat*, estimated that "80 percent of the food entering the ghetto came by means of smuggling."²⁶

Selection of who would live and who would die (rewarding criminals, connections, and workers over professionals) followed the new class order. "There was an elite of 20,000-30,000 people [5 percent]," a middle stratum of "about 200,000 'average people' [42 percent] who make do, more or less, but are considered 'personalities,' still surviving, decently dressed, their bodies not swollen by hunger," and at the bottom, "a quarter of a million beggars and totally destitute [53 percent] who struggle just to postpone the hour of death from starvation."²⁷

The German doctors' plan for a sealed ghetto was foiled by Jews' constant illicit traffic to Warsaw to get food. Further, ghetto dwellers "were extremely reluctant to comply

with the public health measures decreed, including delousing baths and quarantine," for such measures often left them naked and freezing, with ruined clothing and looted apartments. The Jews' resistance and infiltration out of the ghetto provoked German doctors to support shooting persons going out of the ghetto without permission, and other repressive measures to reinforce sanitary inspections.²⁸

German doctors understood the linkage between starvation, smuggling, the spread of typhus, and death in the ghetto. One hundred "public health, military, and SS doctors from all over the General-Government" considered this at a meeting in October 1941.²⁹ The chair, Waldbaum, concluded that:

Naturally it would be best and simplest to give the people sufficient provisions, but that cannot be done. That is connected to the food situation and the war situation in general. Thus shooting will be employed when one comes across a Jew outside the ghetto without special permission. One must, I can say it quite openly in this circle, be clear about it. There are only two ways. We sentence the Jews in the ghetto to death by hunger or we shoot them. Even if the end result is the same, the latter is more intimidating. We cannot do otherwise, even if we want to. We have one and only one responsibility, that the German people are not infected and not endangered by these parasites. For that any means must be right.³⁰

According to the record, Waldbaum was received with applause. Only one German public health doctor present, Hagen, a Warsaw public health official who was a longtime socialist, insisted on the need for "bread, coal, and soap" for the Jews to stop the epidemic. He resigned in January 1943 in a letter to Hitler protesting plans to kill Poles in the same manner in which Jews had been killed.³¹

Thus, ghettoization could be viewed as producing "a self-fulfilling prophecy"; feared spread of typhus led to sealing the ghetto, which, given "insufficient supply of food and fuel, combined with terrible overcrowding and the influx of impoverished refugees, led to dire hardship, a dramatic rise in fatalities, and ultimately the massive outbreak of the very spotted fever epidemic that the German doctors feared."³²

However, this interpretation confuses underlying with intermediate causes. The underlying cause of the ghetto deaths by attrition was the assumption of virtually all Ger-

man officials (including doctors) that Jews were outside their community (*volksgemeinde*) or “universe of obligation”; this preceded the Final Solution.³³ The doctors, as a profession, were highly involved in the Nazi Party, and medical ideology, based on racial eugenics, reinforced their belief that Jews were non-human.³⁴

Both the doctors and economic planners had an underlying assumption, that despite the difference between policies advocated by the “productionists” and “attritionists,” survival of the Jews was not an end in itself. The Nazi racial science that ranked Aryans, *untermenschen* (inferior peoples, such as Poles), and subhumans (Jews and Gypsies) underpinned the German doctors’ ranking of moral obligations and consequent indifference to the effect of their policies on non-Aryans. Their understanding of famine in the Warsaw ghetto is marked for the great majority by acceptance that the Jews were to die; they were outside their universe of obligation.

Democratic Kampuchea (1975–1979): Revolutionary Genocide

The 1975 victory of Cambodia’s Khmer Rouge (KR) is generally attributed to internal destabilization resulting from the expansion of the Indochina war—the Vietnamese incursion and US intervention and secret bombings—rather than to an indigenous revolutionary process.³⁵ The KR surprised the exhausted Khmer people by instituting totalitarian rule and enacting a radical communist program. This drove urban dwellers out of Pnomh Penh, destroying the market and the independent economy.³⁶ When Vietnam vanquished the KR and instituted indirect rule over Cambodia, Western observers, aid, and development agencies as well as international refugee workers became aware of the extent of hunger and the number of deaths attributable to the KR régime. This was documented as genocide, with evidence of targeting of minorities, religious leaders (Buddhist monks), and people in the Eastern Zone (allegedly influenced by the Vietnamese) and their murder by execution, massacre, or torture. Further, government policies produced mass deaths among the Khmer—part of the drive to “purify” the Khmer nation—and were responsible for “causing serious bodily or mental harm to members of the group” and “deliberate infliction of condi-

tions of life calculated to bring about the destruction of the group in whole or in part"—proscribed acts under the Genocide Convention.³⁷ A 1980 survey of Cambodian refugees in Thailand concluded that 50 percent of the 1.5 million to 2 million Cambodian dead between 1975–1979 were killed by execution, 25 percent by starvation and 25 percent by disease. Thus, about 885,000 Khmer died from starvation and disease, consequences of KR economic, industrial, and agricultural policies based on the assumption that large classes of the population had no rights.³⁸

However, mortality varied among different groups. All the ethnic Vietnamese were slain. Other ethnic minorities were subject to massacres, and discriminatory persecution was intended to eliminate specific cultural practices and group dispersal: 50 percent of Chinese, 40 percent of Laotians, and 36 percent of Cham in Cambodia died. Among the Khmer, 25 percent of urban Khmer forced to migrate to the countryside died, as compared to 15 percent of peasants.³⁹ When groups of people were transferred to be executed, the KR sometimes used physical signs—such as blue and green scarves to identify the victims—in the same way the Germans had used the yellow star to identify Jews.⁴⁰

The ideology of the KR was derived from Marxism (Pol Pot and his colleagues had studied in Paris), racism, and xenophobia. Despite—or because of—their urban origins and Parisian education, the KR rejected foreign influence in food, clothing, hairstyles, and music and sought purification from foreign contamination.⁴¹ Like the Nazis, the KR reiterated blood themes in song and speech, an emphasis that has been related psychoanalytically to fear of extinction.⁴²

Not only were minorities, foreigners and the educated (believed to be foreign influenced) targeted: all Khmer were suspect.

What is sociologically significant about the genocide of the Khmer by the KR is how the KR divided the Khmer into classes by labelling, discriminating who might live and who could be destroyed: people with 'full rights,' 'candidates' for full rights, 'depositees' (without rights); old people (with the KR before 1975) and new people; the people and enemies of the people. Those who were to be eliminated

were stigmatized as subhuman, excluding them from the perpetrator's universe of obligation as effectively as any pre-existing division of religion or race.⁴³

When the KR came to power, they summarily expelled the urban population of Pnomh Penh, including the sick, crippled, and hospitalized, leading to many deaths en route to rural destinations. Throughout these rural areas, the KR imposed a secret government. In the new villages, forced collectivization (destroying the techniques and incentives that had led to consistent surpluses and exports of rice from Cambodia in pre-war years), forced labor, criminalization of foraging, and the export of food led to chronic hunger which, along with the draconian discipline of what was called "the Organization," led to mass death.⁴⁴

People were terrorized and atomized; families, neighborhood groups, villages, and associations were subject to sociological dissolution or *Khchatkhchay os roling* ("scatter them out of sight," or "scatter them to the last one").⁴⁵ The KR broke down the family by separating spouses, not permitting marriage without permission, and encouraging children to inform on their parents. By destroying the independent economy, eliminating the marketplace and currency system, and by preventing new groups from forming, the KR destroyed any basis for opposition. It spoke of the ruling elite as Angkar (the Organization), invoking the ultimate parental authority: "Since Angkar is the 'dad-mom' of the people, it has the responsibility to determine who is part of the family and who is not."⁴⁶

Several analysts have compared the ruthlessness and economic strategy of the KR to the period of early communism in both the Soviet Union and China.⁴⁷ Democratic Kampuchea, by choice of the KR leadership, disconnected itself from the world economy, world communications, and reliance on foreign patrons. It rejected both humanitarian assistance from nongovernmental organizations and foreign aid, with an exception made for about 20,000 advisors from China providing technical assistance.⁴⁸

Although Democratic Kampuchea was closed off from the outside world after the expulsion from Pnomh Penh in 1975—no mail, telephone, or free travel was permitted—re-

ports were published by refugees who had fled to neighboring countries, telling of terror, arbitrary executions, forced labor, and hunger.⁴⁹ Often they were discounted or denied by mainstream and progressive opinion arbiters who believed “that the CIA was cooking up a blood bath to say, ‘We told you so.’”⁵⁰

Human rights organizations neither focused on the scale, scope, and immediacy of peril in Democratic Kampuchea nor demanded sanctions or intervention. Amnesty International cast doubt on early reports of extrajudicial execution and did not note deaths other than those by execution for which the government was responsible: deaths from forced marches, collectivization, criminalized foraging, or lack of medical care resulting from closed hospitals, murdered doctors, and refused foreign aid.⁵¹ In the United Nations, the Commission on Human Rights launched an inquiry in March 1978. A 1979 report prepared by the Sub-Commission on Prevention of Discrimination and Protection of Minorities (including submissions by Canada, Norway, the United Kingdom, the United States, and Australia) that “concluded that the situation constituted nothing less than autogenocide.” This was not debated but tabled, despite the fact that representatives of opposing camps—Canada and the Soviet Union—called what was occurring in Democratic Kampuchea genocide.⁵²

No state had the will to impose sanctions against the KR. China was responsible for brokering the KR alliance with Prince Sihanouk and loyally supporting the KR until 1991, using Cambodia as a counter to Vietnam. The two communist superpowers acted out their enmity by proxy, with China supporting Pol Pot, and the USSR supporting Vietnam, which backed a faction of the KR that had been mislabelled by the leadership as pro-Vietnamese. Although China had the most influence, there is no evidence that it tried to stop the KR’s genocidal policies.⁵³ Indeed, China collaborated in the third Indochina war between Democratic Kampuchea and Vietnam. Ironically, the genocide was concluded by the 1979 Vietnamese victory which led to retreat of the KR into the jungle. Had the Pol Pot régime not both attacked Vietnam and begun a purge within the KR for suspects with pro-Vietnam sympathies, creating a self-fulfilling prophecy as the suspects turned to Vietnam for assistance to escape slaughter by the

KR leadership, it might have prevented the Vietnamese invasion and the régime might still be in place today. For despite widespread agreement by 1978 that genocide was occurring, the international community sanctioned no means to intervene to stop it or to feed the Cambodians, who only received food aid (through a massive international drive) after the Vietnamese victory in 1979–80.⁵⁴

Sudan (1983–1993)

Decimation of the southern Sudanese by war and genocide—primarily by starvation and its consequences—has taken an estimated toll of 1.3 million lives or at least one in five southerners in the decade between May 1983 and May 1993.⁵⁵ Yet, unlike the Holocaust and the Cambodian genocide, little international attention has focused on genocide in Sudan and no attempt has been made to bring its government to account. Although three governments held office during this period, with different goals and degrees of authoritarianism, policies that led to the death of the Dinka (the most numerous group of southerners), other southerners, and the Nuba, were the result of government practices involving gross violation of human rights, thereby diminishing these people's life-chances and leading to genocide.

There are historical, political-economic, and cultural roots for the Sudanese government's denial and indifference to the interests of the south. Demographically, the north is largely Arab and Islamic, whereas the south is African with mixed religious adherence—Christian, traditional religions, and Islamic. Although the conflict in Sudan is often attributed to racial and religious polarization—Islam vs. Christianity, Arabs vs. Black Africans, descendants of slave-traders vs. slaves—it can not be reduced solely to these oppositions, for strategic choices, alliances, and opportunities determined the possibility of war or peacemaking.

During the British occupation, the new rulers incorporated the south in Sudan, attempted to eliminate slavery (often this was nominal), and established native administration, which helped the Dinka and competing groups in the south, such as the Baggara, to mediate borderland and grazing disputes. Independence in 1956 led to breakdown of mediating relations and a struggle for power and resources.⁵⁶ The

southerners wanted a federal government to prevent northern domination; the northerners did not. This dispute and the government's failure to relieve famine in the south in 1959 were the roots of the first civil war, ending in 1972 with the Addis Ababa agreement, which granted the south local autonomy and control over its resources. But to retain power, the government resorted to policies and alliances that aggrandized certain groups and undermined the existence of others.

Discovery of oil in the south in 1980 led the Nimeiri government to invent new legislative ways to divide the south, thereby maximizing government control. A 1983 mutiny of troops in the south led indirectly to formation of the Sudan Peoples Liberation Army (SPLA) by Col. John Garang, sent by the government to mediate the dispute. The SPLA's goal was a secular, socialist, and united Sudan. Although the SPLA had a national goal, its roots were seen to belong to the Dinka.

In 1983 the Nimeiri government instituted Islamic punishments ("the September laws"), in response to the growth of Islamic fundamentalism. By early 1989, a string of SPLA victories, inflation, and war-weariness led to mass protests; the government appeared ready to open a peace conference with the SPLA and accede to its demand to freeze enforcement of Islamic law.

On 30 June 1989, a military coup by officers who were proxy for the extremist National Islamic Front set the stage for repression of all democratic opposition, disappearance of opponents in "ghost houses," an end to the pre-peace process, and further institutionalization of Islamic law—eliminating rights of women and purging dissidents from the military and the university. The government turned to Libya, Iraq, and Iran for rearmament. A split in the SPLA in August 1991, with a faction emerging for separation of the south, led to more ethnic massacres within southern ranks and extended the civil war.

Politics of Famine

Aid organizations have often attributed starvation and attendant disease deaths in the Sudan to natural disasters such as drought. However, famine resulted from processes that excluded the Dinka from the polity, depriving them of rights,

and leading to their pauperization before starvation.⁵⁷ They had been effectively excluded from the universe of obligation of the governing elite in Khartoum.

The most obvious of strategies in this process was the government's arming of militias of nearby groups (generally Arab) that had been enemies of the Dinka, such as the Baggara, which enabled them to loot and strip the Dinka of their assets, including an estimated half a million to a million cattle.

The loss of cattle, followed by the drought, made the Dinka vulnerable to kidnapping and slavery. In some cases, parents sold children in order to survive. They fled to the cities to the north, to become displaced persons living in shantytowns, rightless and economically marginalized. Sudan had become another "theme park for the Four Horsemen of the Apocalypse [representing war, famine, plague and death]," as *Newsweek* put it.⁵⁸

Although famine was common in southern Sudan in the nineteenth century as Turkish and Egyptian overlords exploited the land mercilessly, "human-made famines" diminished during the British period because of processes they put into place that prevented exploitation, such as mediating land disputes. Famine re-emerged as a political tool during the post-colonial period, particularly after discovery of oil in the south:

It was precisely the resources of the Dinka that—in the context of political powerlessness and the proximity of relatively powerful northern groups—made them vulnerable to exploitative processes that threatened to destroy their way of life and removed their assets. In this sense, it was not the poverty of the Dinka, but their wealth, that exposed them to famine.⁵⁹

War and the weather interacted to create drought. The war displaced farmers, who left the land untilled, providing conditions that caused locusts to multiply. While diminished harvests were predictable and predicted, this did not inevitably have to lead to famine. For example, in 1983, Western donors were successful (with government cooperation) in staving off starvation in West Sudan. However, in subsequent years such cooperation was withheld in the south.

In fact, there was no lack of food in Sudan. The country was exporting large quantities of sorghum to Europe and Saudi

Arabia and received abundant quantities of U.S. wheat in 1987–1988.⁶⁰ Proportionately far more wheat was distributed to people in the north and east although the need was more pressing in the south. Within the south, distribution priority went to potential government allies rather than being distributed according to need.⁶¹

Several major international donors pressed food aid on Sudan in the late 1980s: the United Nations, the United States, and the European Community. Besides these, there were numerous private voluntary organizations (PVOs). These were coordinated by the Combined Action Relief Team in 1985 and Operation Lifeline Sudan beginning in 1989.

Despite resistance by the government of Sudan, these governmental and nongovernmental organizations persisted for different reasons. For the United States, the geopolitical importance of Sudan, fear of communism (the SPLA had links to Ethiopia), and Islamic extremism impelled the United States to continue offering Sudan food in the late 1980s.

The donors' strategic interests provided critical context for their actions in relation to the famine. Donors' actions were unhelpful in three main ways: the donors allowed the Sudanese government to define the relief problem, they failed adequately to monitor the delivery of relief or to ensure it reached the intended beneficiaries, and they avoided addressing the underlying conflict.⁶²

Government tactics to deny food to the south included initial denial of need, restricting use of the railway and denial of governmental transport, looting of food by government troops, reselling of food at black market prices by merchants working with the army, official requests for food aid for districts aligned with the government having no shortfall of grain versus no such request on behalf of those in the south experiencing a shortfall, harassment and expulsion of foreign-aid workers—in some cases firing on transport used by PVOs—and banning relief flights. In the end, much of the donors' grain was stolen and spoiled.⁶³

The government's dicta succeeded in keeping major donors and PVOs from supplying aid to SPLA-held areas until late 1988. Its practice of mixing train cargos both with military supplies and aid further provoked the SPLA to attack trains.

Despite evidence that the government's aim was to let the southerners perish, the donors did not expose the game. Western official silence was broken only after September 1988, when teams of donors, journalists, congressional staffers, and PVOs visited the south.⁶⁴ Six months earlier, reporters and members of the U.S. Congress had criticized American policies and reported horrendous scenes reminiscent of survivors of the Nazi extermination camps.⁶⁵

The political pressure this generated—from outside and within the U.S. administration—was sufficient in 1989 to create Operation Lifeline Sudan (OLS), a cooperative venture among major donors and PVOs that used cross-border operations to feed the hungry, monitor distribution, and assure that grain and supplies went to the south's most needy. Internal and external pressures on the government of Sudan for a settlement with SPLA, together with threats of aid cuts, impelled Sudan to accept OLS, reduce leakage of grain, and to diminish gross violations of human rights in the south.⁶⁶

Effectiveness of OLS was severely limited after late 1989, when the new extremist-Islamic military dictatorship restricted access of foreign aid workers, fired Sudanese officials who had worked with the foreign donors, and decreed that all aid go through Islamic charities. Many of the latter distributed food to Muslims preferentially, and sponsored conversions. The new régime labelled foreign-aid workers "Neo-Crusaders" and decreed that food aid administered and monitored by them was an intolerable intrusion into Sudanese sovereignty.

Displacement and Public Health

During the pre-OLS period, the impact of diseases and signs of epidemics among displaced southerners prompted contradictory responses by the government. For example, in 1987 an extensive outbreak of kala-azar (visceral leishmaniasis), a potentially fatal disease, began in the upper Nile and spread to Khartoum. This was exacerbated by an outbreak of meningitis, leading to anxiety in the capital and demands for immediate vaccination. Muslim fundamentalists exploited public panic to demand that southerners be forbidden to settle in Khartoum. The government, in this instance, began load-

ing food swiftly on barges going south, in contrast to previous delays.⁶⁷

Meningitis was epidemic in the displaced-persons camps in 1988.⁶⁸ Medical supplies were very scarce in Sudan in 1987–1988. James Grant, then Director of UNICEF, proposed to the Sudanese government a program of vaccination of all Sudanese children against all preventable diseases. This plan was part of a larger package that was not approved (Operation Lifeline II) but Médecins Sans Frontières (MSF)–France did manage to vaccinate 57,000 persons in Aweil between 1988–1989.⁶⁹

Other infectious diseases resulted from conditions in camps and settlements that were remediable and could have been prevented by public health measures and vaccination. “De Waal has emphasized the critical role in causing excess mortality that was played by the health crises accompanying drought, notably by unusual concentrations of people in areas with inadequate sanitation and water.”⁷⁰ The displaced Dinka, lacking money to buy locally pumped water, had to rely on water from stagnant pools contaminated with human feces. “Indeed, water contaminated in this way had previously been used in suicide attempts among the Dinka.”⁷¹

Certain non-infectious diseases accompanying malnutrition included pellagra, scurvy, and anemia, which were prevalent in displaced-persons camps. Further, “many Dinka, accustomed to a diet high in animal fat and protein, became ill from a regimen dominated entirely by cereals and vegetables.”⁷²

The new extremist-Islamic government severely restricted donors’ and PVOs efforts to improve public health. Government forces shot down an MSF-France plane on 21 December 1989, killing all aboard, and delivered the bodily remains in coffins that exploded en route to the church. This provoked withdrawal of many branches of MSF and the decrease of other PVO and major donor activities.⁷³

In 1992, conditions worsened as refugees fled following a new offensive by the government armed with some of the \$300 million in new weapons financed by Iran.⁷⁴ Hunger raged and an estimated one million cases of malaria occurred. Four million doses of meningitis vaccine were needed but not recorded as having been supplied.⁷⁵

Slavery, Sexual Abuse, and Coercive Assimilation of Children

Sexual abuse of the captives—women raped and men castrated—was common.⁷⁶ While the marketplace price of child slaves dropped to 10 pounds sterling from 60 pounds sterling between February and April 1988, prices yielded for the sale of young women could be as much as 50 times that of old men and women.⁷⁷

While children were sometimes sold (“pawned”) by their starving parents to enable them and other members of the family to survive, the greatest number of Dinka children were seized when villages were raided by hostile ethnic militia. “Southerners had been assiduous in gathering names, and calculated that at least 75,000 Dinka children had been sold into slavery in the north.”⁷⁸

Children from the south who had reached Khartoum were subject to being snatched and coercively assimilated. Beginning in 1992, the government seized children from the street—sometimes children who were living with their families but were out on an errand—and sending them to closed street children’s camps. In the case of boys, this happened whether they had families in Khartoum or had a job and were self-supporting. In these camps children were given new Arabic names and had to practice Islamic prayer at prescribed times, regardless of their religious beliefs. Sometimes, parents managed to track their sons down and with persistent legal measures get them back. Parents of girls picked up for the first time were notified and could take their daughters home.⁷⁹

Genocide among the Nuba

The Nuba, a diverse group of people in the hills of the Nuba mountains in the center of Sudan, had also become targets of state policy in 1989. The extremist Islamic government pursued a divide-and-rule strategy in the Nuba hills as in the south, again relying on the Baggara. Between 1989 and 1991, battles in the Nuba mountains provoked mass reprisals—indiscriminate killings by government and by the SPLA. Villages were burned by the government forces and the Nuba abandoned their farms, resulting in mass hunger.

The war against the Nuba was intensified in 1992 after the Governor of Kordofan authorized a *jihād* against the Nuba, rewarding Arab tribal leaders with new titles, guns and Landcruisers. The call for *jihād* was fortified by an official *fatwa* pronounced by pro-government Imans on 27 April 1992 which called for the imposition of Islam on all non-Muslims and isolation and intimidation of Christian Nuba.

The means of destroying the Nuba included stripping them of land, cattle, and all resources in “combing” operations; selective killings of village leaders and the educated; creating famine; and putting displaced Nuba, fleeing destruction and starvation in “peace camps” (with reported denial of medical treatment). The Nuba were systematically segregated by gender. Gender-based crimes reported include systematic rape of women and girls, mass serial rape, and individual coercive pairing, veiled by soldiers as “temporary marriage.”⁸⁰

In the peace camps, Islamic worship is compulsory and children are enticed to convert (by better food rations in the Islamic schools) and sometimes sent away for special education without their parents’ consent.⁸¹

Genocide by Attrition

Charges of genocide have been made against the government of Sudan by Sudanese church hierarchs, human rights professionals, and members of the U.S. Congress.⁸² Although it is not possible to prove that the government planned to eliminate the Dinka, the 1988 debate on a Sudanese Parliament bill to legalize the tribal militia evoked admission that “use of the militia...was the most efficient means of extirpating the Dinka and replacing them in northern Bahr al-Ghazal with Baggara Arabs. The bill was shelved temporarily, but not before it had become evident to most Sudanese that a civil war fought by southerners to effect political and economic parity among all regions had become a war to the death, a war that verged on the planned extermination of a culture.”⁸³ At minimum, a *prima facie* case can be made against the government of Sudan for malign neglect; allowing action and inaction which foreseeably led to the death of the Dinka; and, in the case of the Nuba, authorizing and executing their genocide.

Unlike genocide executed primarily by murder, genocide by attrition decimates group members by several methods, including creating conditions undermining physical and mental health that regularly result in death of part of the group and demoralization and atomization of the remainder. Yet all means used by government forces (including ethnic forces instigated and paid by the government) in Sudan are violations of the UNGC, which stipulates in Article 2 that “genocide means any of the following acts committed with intent to destroy in whole, or in part, a national, ethnical, racial or religious group, ...” The massacres of the Dinka and indiscriminate killing and calculated executions of the Nuba certainly pertains to the “(a) killing members of a group....(b) causing serious bodily or mental harm to members of the group....” Government policies that exemplify “(c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part” include depriving the group of livestock, land, and home; producing and aggravating famine through denial of relief; concentrating displaced people without water and sanitation, leading to disease; and segregating people by gender.

Preventing marriage and family formation obviously prevents group reproduction and violates UNGC Article 2 (d). Systematic rape of Nuba women by Sudanese soldiers—it was reported that every woman in a “peace camp” has been subject to rape or the threat of rape—also destroys family continuity as well as causes serious mental and physical harm to the girls and women themselves.⁸⁴

The physical transfer of children is also proscribed by UNGC Article 2 (e) and was evident in officials’ seizure of street children of southern Sudanese in northern cities and the transfer of Nuba children.

International Response and Donor Complicity

To date, Western donors and PVOs (including food aid and development groups) have generally evaded exposing the Sudanese government’s responsibility. The United States repeatedly deferred recognizing that the government had defaulted on its loans, which would have disallowed further aid, did not enforce provisions of military aid legislation forbidding assistance to gross violators of human rights.

Western donors and the United Nations pressed aid on Sudan in anticipation of the drought and grain shortfall in the south in the 1980s. But both domestic and military policies in the south contributed to institutionalizing famine and dependency. By not settling with the SPLA, nor making any attempt to rehouse and rehabilitate the Dinka, they made clear that those who survived would become permanently marginalized, liable to genocide by attrition.

Clearly, neither the donors nor the PVOs were successful in the long run, despite their accommodation to the government, and there is a question about how successful they were in the short run. Overlooking signs of genocide in Sudan undermined their manifest objective, for it was not possible to preserve individual lives while ignoring signs of group death.

The Genocidal Process and Public Health

In defining the functional stages of victimization during the Holocaust, five functionally necessary (and usually sequential) phases have been distinguished: definition (identifying and discriminating victims), stripping (of rights, roles, offices, claims), segregation (enforced by compulsory wearing of the yellow star), isolation, and concentration preceded the Final Solution (in most cases, killing in extermination camps).⁸⁵

One of the deadly endings infrequently noted is genocide by attrition: by starvation, denial of heating fuel and clean water, overcrowding, overwork and exhaustion, and the consequent epidemics and diseases induced by these conditions. Mass death in the Warsaw Ghetto began after the first four phases (definition through concentration) were enforced but before the decision for the Final Solution was communicated. Mass death in the southern Sudan and the Nuba mountains occurred in communities already defined and isolated, then stripped of resources (principally cattle), and later concentrated by government action. In Democratic Kampuchea, the whole population was redefined (new people vs. old people), stripped of all rights, and isolated in new concentrations, rural base camps controlled by the Khmer Rouge in which family members were separated from each other. Minorities were

segregated from the Khmer people and selected for genocide in whole or in part.

Testimony or operational records indicate an authoritative decision to target a group for destruction: the Jews of Europe, Vietnamese Khmers, and the Nuba. Yet genocide by attrition began in the Warsaw Ghetto, in Democratic Kampuchea, and in the southern Sudan against groups who had not yet been officially targeted for destruction. This suggests ideological understanding (which precedes and parallels official decision-making) that certain people were not to be saved—indeed, they could readily be eliminated, for they were outside the universe of obligation.⁸⁶

What first made these groups vulnerable to genocide by attrition was denial of political and civil rights (*de jure and de facto*) and the stripping of resources: land, cattle, property and jobs. Despite radical differences in government and ideology, structural similarities existed in the political economies which the perpetrators created or modified. The free market was forbidden or manipulated for political reasons and individual mobility with free choice of employment and housing was denied. Victims were stripped of “entitlements,” as Sen puts it, in the marketplace and to allocations of food, fuel, and medicine from supplementary distribution programs.⁸⁷

The immediate result in all three cases was a public health crisis threatening the lives of members as well as their ability to procreate. This outcome was a consequence of policies that we infer were “committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group as such,” as Article 2 of the Genocide Convention puts it, also “causing serious bodily or mental harm to members of the group” and “deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part.”

Visibility and Public Health Responsibility

What was the responsibility, in law and fact, of local and international public health doctors, governments, and aid organizations in these three cases? In Warsaw, German public health doctors had responsibility for closing the ghetto, and they were complicit in policies of starvation, overcrowd-

ing, and extrajudicial execution. The Germans at times justified their policies and approach by citing Allied disinterest in saving the Jews. For the Allies showed continuing reluctance and evasion of opportunities to prevent and diminish mass murder of the Jews either through rescue, diplomatic warning and threat, or physical intervention. Reports on the plight of the Jews were suppressed and denied as long as possible. The International Committee for the Red Cross did not monitor or attempt to protect the lives of Jews in ghettos and camps as they did Allied war prisoners.⁸⁸

In Cambodia, the majority of local physicians were killed by the KR. Since international and foreign aid organizations were excluded, there was no direct external oversight of health conditions. Yet refugee testimonies of widespread hunger, were denied or disbelieved by Western observers. The latter were eager to discredit reports that appeared to confirm the bloodbath thesis that justified U.S. intervention in Indochina, while supporters of the revolution hailed the innovations in agriculture that were among the causes of hunger.⁸⁹

By contrast to the two previous cases, in Sudan there was extensive information and foreign involvement. International responsibility for preventing starvation was assumed in the 1980s. In Sudan, little data exists on the role of local physicians. The U.S. government had the opportunity, ability, and resources to bring in medical observers but seldom did.

There was ample oversight of the signs of genocide by attrition by U.S., European, and other international organizations as well as private voluntary organizations, but there was little will to label and publicize the causes, for a variety of reasons. For example, the U.S. State Department wanted to purchase and retain the good will of the government before the coup and hence, it overlooked and rationalized Sudanese diversion of aid until press exposure and congressional investigations raised pressure favoring governmental reorganization of aid.⁹⁰ Charges of genocide by U.S. Congressman Gary Ackerman and the former director of Human Rights Watch, Aryeh Neier, were among the provocations instigating the United States to authorize Operation Lifeline Sudan I. However, the United States did not put enough pressure on Sudan to rectify its genocidal policies and to make peace, over-

looking the consequences of these policies because of Sudan's value as an ally, even when it had ceased to be one. In 1990, the United States offered the new régime "a new \$20 million wheat deal on very favorable terms," knowing that wheat enabled the government to lower bread prices and sustain popular support.⁹¹

Sudan is an example in which brief high visibility did not lead to the organizational or political will to change policies. For different reasons, neither governments nor aid organizations would expose and publicize the cause of genocide by attrition. Voluntary agencies could justify not criticizing the government from fear of expulsion, rendering them ineffective, given the prevalent doctrine of national sovereignty. However, in many cases their primary objective may have been to stay in business, regardless of their effectiveness. Because the voluntary organizations survived by raising donations from the public, they usually ascribed famine to natural conditions—such as drought in the case of Ethiopia and the Sudan—which would spur public generosity. Most refused to recognize or publicize the fact that such famines were directly and indirectly a result of willful political action by Third World dominant classes and elites, or consider how misuse of food aid served to prop up the government of Sudan as it had done in communist Ethiopia.⁹²

Indeed, control of visibility has in many instances now become a resource for the perpetrators by enabling them to attract food aid from abroad which can feed their armies, allowing them to sell produce abroad, and extract related fees, and thus to earn hard currency, which can be traded for arms.⁹³

Approaches to Prevention

A long-range vision is imperative for prevention, diagnosis and response. In the three cases surveyed, vulnerability of people to genocide by attrition began not with a food shortage but with the denial of political and civil rights and withdrawal of resources, including land, cattle, property, and jobs.

Primary prevention of genocide by attrition would involve immediately seeking to redress such discrimination and stripping of resources.

The case for invoking different conventions in this context depends not only on their specificity or on the means of

enforcement (usually nil), but on the phase of the process one seeks to block or change. Denial of most civil and political rights, and discrimination in the case of civil, political, economic, and social rights (worded much more vaguely) is forbidden by both the ICCPR and the ICESCR. The Geneva Convention addenda of 1977 prohibit starvation of civilian populations but do not apply to states' own nationals not in rebellion within their borders. The UNGC applies in time of peace and war, and has generated some litigation to deter and punish genocide in the International Court of Justice and the International Criminal Tribunals on former Yugoslavia and Rwanda in recent years. Further, violations of the right to life (for groups covered under the Genocide Convention) are much more explicated than a universal right to food, still regarded as "soft" rather than "hard" law, yet to be fully explicated by the international community.⁹⁴

Major problems using the Genocide Convention may be overcome if the current movement to establish an International Criminal Court succeeds and cases could be argued there, building precedents.⁹⁵

Although the international community has failed to enforce the Genocide Convention to deter genocide, the Convention allows contracting parties to "call upon the competent organs of the United Nations to take such actions under the Charter of the United Nations as they consider appropriate for the prevention and suppression of acts of genocide..."⁹⁶ This could be used to authorize a monitoring system of minority and other groups in high-risk situations around the globe, integrating indices of political and economic discrimination and differential signs of malnutrition and public health in early warning systems for genocide and humanitarian emergencies.⁹⁷

The rationale for developing such a system does not depend on predictions of or labeling of such groups as victims of genocide, but on deterrence. Developing such indicators demands differentiation (below the level of national data) in order to compile group-specific measures of public health and social conditions. These could be used to trace the decline of health in particular regions in which vulnerable groups reside, such as administered and unfree communities (refugee camps, protected hamlets, detention centers, enforced ghet-

toes and jails). Government and voluntary development organizations could require their staff to monitor such declines. In addition, they would report on gross violations of human rights—such as ethnic massacres—and hate media in order to stop actions that may lead to genocide as occurred in Rwanda.⁹⁸ The defense of state sovereignty can not be allowed to serve as a cover for signs of instigated escalation of mortality and morbidity and the mobilization of genocide. Further, there is emerging consensus that mass threats to the right to life, such as genocide, which often lead to mass refugee flows across borders, themselves threaten international security and can no longer be considered an internal affair.

Secondary prevention implies direct intervention to halt ongoing cases of genocide by attrition. Approaches depend to a great extent on context and role of the intervenor. In times of war, one nonviolent option not often considered is to relabel targeted civilian groups as prisoners of war (POWs), invoking oversight by the International Committee for the Red Cross. This was not done during World War II, but relabeling Jews at risk as citizens of another state served to save many in Hungary, and a few in Warsaw.⁹⁹ Classifying Jews as POWs would have given Germany a reciprocal interest in saving them in order to protect German POWs in allied hands.

It may appear surprising that the Germans respected international law when it was invoked during The Final Solution. For even when states are at war, there are still sanctions and mutual interests that may inhibit the perpetrator's genocidal plans. Conflict theory stresses the role of third parties, patrons, and influentials. For example, had they protested or invoked the threat of sanctions, there are reasons to believe that the Pope could have had an effect on cooperation with German extermination and that the Chinese government might have had an effect on Democratic Kampuchea.¹⁰⁰ Yet failure of the Allies to take in Jews prior to World War II (when forced emigration was the German objective), and to make saving the Jews an objective during the war, told the Germans that the Jews could be eliminated without Germany being held accountable.

Another option in peace and war is physical intervention to deter, protect, or rescue victims of genocide, state slavery, and starvation resulting from purposeful state actions

or state collapse. However inadequate United Nations response has been to genocide in the 1990s, nominal recognition of responsibility—leading to charges of hypocrisy, as resources are not allocated to implement resolutions—marks a change from the previous decade when Leo Kuper wrote that:

...the sovereign territorial state claims, as an integral part of its sovereignty, the right to commit genocide, or engage in genocidal massacres, against peoples under its rule, and...the United Nations, for all practical purposes, defends this right.¹⁰¹

Although the UN no longer defends that right, it has not effectively challenged it, despite then Secretary-General, Boutros-Ghali's avowed interest in "preventive diplomacy." Yet there has been a revival of uses of multilateral humanitarian intervention, coincident with fissures in respect for the doctrine of absolute state sovereignty in internal affairs. This has been evident in international interventions in Somalia, Iraq (on behalf of sanctuary for the Kurds), and Bosnia to mitigate or stop threats of mass hunger and loss of life. Much debate focuses on ends and means, which are often not considered together. Use of armed humanitarian intervention in Somalia aroused controversy over its efficacy and over whether Americans erred in concluding prematurely that the object, rather than the strategy, of intervention was wrong, imposing on the intervenor unacceptable human and political costs.¹⁰²

Recent evidence that the use of genocide is expanding has stirred widespread interest in prevention. This interest can be used to arouse support for prevention of genocide by attrition as well as genocide by execution.

Proximate means of checking genocide by attrition include both imposing food aid—whether through armed intervention or cross-border operations, as in Sudan—and imposing conditions on development aid and transfer of resources propping up perpetrators. Since aid is such a powerful resource for many governments (as it was in Sudan), conditionality based on human rights criteria could be as effective in inducing conformity to human rights norms as conditionality based on structural adjustment criteria of the World Bank has been in imposing conformity to economic rules.

Development aid should be made contingent upon observance of human rights norms, nondiscrimination, and moral integration of all groups in society. In the United States, law already proscribes economic and military aid to gross violators of human rights except where economic aid directly assists the needy; it is but a question of enforcing the law.

According to the United Nations Development Program, "Human development is development of the people for the people by the people."¹⁰³ This implies a mutual moral obligation of donor and recipient to include all the people and to respect their civil and political rights and right to life. This needs to be restated in negotiating development aid and services by voluntary as well as government agencies. Donors should make clear their understanding that intentional starvation and malign neglect are criminal and are grounds for stopping aid. Accusations by Third World governments that Western interpretations and values are arbitrary imperialistic interventions can be countered by citing the United Nations' categorical condemnation of the use of food as a weapon.¹⁰⁴ Such a contractual understanding needs to be accompanied by systematic monitoring of violations of health and food rights (as well as gross violations of human rights including massacres) by aid workers. The right to investigate must be secured by negotiation prior to granting of aid.

This will require a considerable change in the organizational culture of voluntary aid and development organizations, used to pleading with governments for access, and often covering up the cause of hunger or abstracting it so no one is held responsible. Rebels and refugees as well as governments must also be held to account. Some organizations have taken a critical view of the misuses of aid and understand there are occasions when aid promotes threats to the right to life, as did Médecins Sans Frontières which withdrew from Rwanda rather than continue serving the unrepentant perpetrators of genocide planning a comeback.¹⁰⁵ Other groups also now understand the manifold linkage between human rights and hunger better.¹⁰⁶

Prevention will require independent communication networks among voluntary aid, development, and medical organizations as well as human rights nongovernmental organizations in order to alert governments, international or-

ganizations, and the media to signs of destructive escalation. Public health professionals and physicians who observe signs of malnutrition, epidemics, torture, as well as trauma resulting from rape and violence should be integrated in such networks. Where physicians are on the side of the perpetrators (like the German physicians in Warsaw), international organizations should strengthen the norm against violations and consider sanctioning them publicly, naming names.

The argument must be repeated to governments that the case for prevention of genocide and gross human rights violations is not only a moral one, it is also an economic one. Economic aid given to régimes that are gross violators of human rights is a waste of money; it will not only impede real development and prop up such governments, but also will lead to war, genocide, and massive and costly refugee flows.¹⁰⁷ States that discriminate and oppress a segment of their people not only do not exploit their human capital or create social capital, but they also may destabilize their neighbors (from the influx of refugees) and impede their development.¹⁰⁸

This is but a beginning in considering means of prevention. There are many ways to devise proactive development, health, and foreign policies to prevent genocide. This does not depend solely on governments but will require the initiative of the many health, aid, and development professionals across the globe who recognize and are willing to respond to the early signs of genocide by attrition.

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2. United Nations Convention on the Prevention and Punishment of the Crime of Genocide (UNGC), UNGA Res. 26A (III), December 9, 1948, entered into force January 12, 1951.
3. My calculation of relative numbers of victims is based on recompilation of estimates cited in a survey by B. Harff and T.R. Gurr, "Genocides and Politicides Since 1945: Evidence and Anticipation" in *Internet on the*

Holocaust and Genocide, Issue 13 (December 1987):1-7 and a survey of "democide" or state mass murders in the twentieth century by R.J. Rummel, "Power Kills: Absolutely Power Kills Absolutely," *Internet on the Holocaust and Genocide* issue 38 (June 1992):1-12.

4. R. Hilberg, *The Destruction of European Jewry* (Chicago: Quadrangle, 1961) estimates that 500,000 to 600,000 Jews in occupied Poland died directly or indirectly from starvation or one-fifth of the Polish Jews (pp. 173-174); in all, 700,000 or 13.7 percent of his estimated 5.1 million Jewish dead died in "Ghetto and aggravated deaths" (Appendix 3, p. 767).

5. "The use of genocide in conflicts within the state in the regions surveyed (Asia, Africa, and the MidEast) tripled between 1968-88 compared to the preceding score of years (10:3 cases). Genocide and genocidal massacres occur so often that they may be considered normal in these regions." H. Fein, "Accounting for genocide after 1945: Theories and some findings," *International Journal on Group Rights* I (1993):79.

6. Although regulation of the right to food and related rights in the International Covenant on Economic, Social and Cultural Rights are contingent and contextual—"to take steps...to the maximum of its available resources, with a view to achieving progressively the full realization of these rights..." (Art. 2,1), the next clause (Art. 2,2) expressly forbids discrimination of any kind.

7. Life-integrity violations (include genocide, state extra-judicial executions, "disappearances," torture, and slavery) are forbidden in international law categorically—indeed, the Conventions criminalizing these range from 1927 to 1987. See H. Fein, *Lives at Risk* (New York: Institute for the Study of Genocide, March 1990), pp. 5-6. I have differentiated the dimensions of life-integrity rights from 1) rights (other than the security of the person) subsumed under "civil and political rights" and 2) "economic, social, and cultural rights"—both of the latter internationalized in two United Nations covenants: the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social, and Cultural Rights. My classification schema is similar to the differentiation of others of the dimensions of basic rights. For example, Shue differentiates security, liberty and subsistence implying the right to food—as the core dimensions of basic rights. See H. Shue, *Basic Rights: Subsistence, Affluence, and U.S. Foreign Policy* (Princeton, NJ: Princeton University Press, 1980). For other conceptions of basic rights, see J. Donnelly, *Universal Human Rights in Theory & Practice* (London/Ithaca: Cornell University Press, 1987), p. 39.

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11. H. Fein, *Accounting for Genocide: National Responses and Jewish Victimization During the Holocaust* (New York: Free Press, 1979), p. 210.

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 14. Ibid.
 15. Gutman, see note 12 p. 64.
 16. Browning, see note 13, pp. 149-152.
 17. Ibid., p. 148.
 18. Ibid., p. 149.
 19. My estimate is based on recalculating the ratio of reported cases cited by Trunk and reported by Roland, see note 9, p. 222. Trunk's reported ratios in Roland (Table 12.2, p. 222) are incorrect.
 20. Roland, see note 9, p. 225.
 21. Gutman, see note 12, p. 55.
 22. Ibid., p. 77.
 23. Browning, see note 13, pp. 154-5.
 24. Browning, "Nazi Ghettoization Policy in Poland, 1939–1941," op. cit., pp. 37-39.
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 26. Gutman, see note 12, p. 77. AUTHORS NOTE: *Judenrat* is a Jewish council responsible to the German authorities.
 27. Browning, p. 51; Roland, p. 224.
 28. Browning, see note 13, pp. 156-159.
 29. Ibid., p. 157.
 30. Ibid., p. 158.
 31. Ibid, pp. 162-165. No sanctions were taken against him, confirming evidence and arguments of others that it was possible to decline participating in the death machine—ultimately, compliance of Germans was voluntary, not coerced.
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49. See J. Barron and A. Paul, *Murder in a Gentle Land* (New York: Reader's Digest Press, 1977) and F. Ponchaud, *Cambodia: Year Zero* translated from the French (New York: Holt, Rinehart & Winston, 1978).
50. W. Shawcross, "The Quality of Mercy: Cambodia, Holocaust and Modern Conscience" (New York: Simon and Schuster, 1984), p. 68. See also N. Chomsky and E. Herman, *After the Cataclysm: Postwar Indochina and the Reconstruction of Imperial Ideology* (Boston: South End Press, 1979); G. Hildebrand and G. Porter, *Cambodia: Starvation and Revolution* (New York: Monthly Review Press, 1976); and Hawk's comments on the above, see note 45, pp. 151-152.
51. H. Fein, "Discriminating States of Horror Through Life Integrity Violation Analysis," a paper presented at the Annual Meeting of the American Sociological Association, August 24-28, 1988, Atlanta, Ga., pp. 10-11; this is based (for Cambodia) on Amnesty International Reports 1975–79.
52. L. Kuper, *Genocide: Its Political Use in the Twentieth Century* (New Haven: Yale University Press, 1981), pp. 154-58; 170-73; 176-78).
53. Becker, see note 36, p. 313.
54. Shawcross, see note 50, p. 68.
55. M. Burr, *A Working Document: Quantifying Genocide In the Southern Sudan* (Washington, DC: United States Committee for Refugees, October 1993).

56. D. Keen, *The Benefits of Famine: A Political Economy of Famine and Relief in Southwestern Sudan, 1983–1989* (Princeton, NJ: Princeton University Press, 1994), pp. 31-75. The following relies on Keen's interpretation, except where otherwise noted.
57. *Ibid.*, pp. 3-17; 211-317.
58. J.M. Burr and R.O. Collins, *Requiem for the Sudan: War, Drought, and Disaster Relief on the Nile* (Boulder, Colorado: Westview, 1995), p. 227.
59. Keen, see note 56, p. 19.
60. Keen, see note 56, pp. 135-136.
61. Keen, see note 56, p. 138.
62. Keen, see note 56, p. 175.
63. Burr and Collins, see note 57.
64. *Ibid.*, pp. 129-130.
65. *Ibid.*, pp. 113-114, 120-122, 129-131, and 149-150.
66. *Ibid.*, pp. 173-204, Keen, see note 56, p. 202.
67. Burr and Collins, see note 58, p. 96.
68. *Ibid.*, pp. 114, 134.
69. *Ibid.*, p. 260.
70. Keen, see note 56, p. 8.
71. *Ibid.*, p. 134.
72. Burr and Collins, see note 58, p. 109.
73. *Ibid.*, pp. 260-263.
74. *Ibid.*, p. 306.
75. *Ibid.*, pp. 306-307.
76. Keen, see note 56, p. 102.
77. *Ibid.*, p. 101.
78. Burr and Collins, see note 58, pp. 95, 257.
79. Human Rights Watch/Africa and Human Rights Watch Children's Rights Project, *Children of Sudan: Slaves, Street Children and Child Soldiers* (New York: HRW, September 1995), pp. 11-30.
80. Hanna Papanek, "The Ideal Woman and the Ideal Society: Control and Autonomy in the Construction of Identity," in *Identity, Politics and Women*, ed. V.M. Morgan (Boulder: Westview, 1994), pp. 64-68, explains that "temporary marriage" is a corruption of a declining Shia practice revived in Iran by the Khomeini government.
81. A. de Waal, *Facing Genocide: The Nuba of Sudan* (London: African Rights, July 1995), pp. 257-258.
82. Burr 1993; Burr and Collins, see note 58, pp. 121, 149-150, 167; and de Waal, see note 81.
83. Burr and Collins, see note 58, p. 101.
84. de Waal, see note 81, p. 3.
85. Fein, see note 11, p. 60.
86. *Ibid.*, pp. 25-26; see also for Cambodia, F. Ponchaud, *Cambodia: Year Zero* transl. N. Amphoux (Hammondsworth, Eng.: Penguin, 1978), and Sudan, see Burr and Collins, see note 58.
87. A. Sen, *Poverty and Famines: An Essay on Entitlement and Deprivation* (Oxford: Clarendon Press, 1982).
88. Fein, see note 11, p. 388, n.29; J. Benthall, *Disasters, relief and the media* (London: I. B. Taurus, 1993) pp. 145-6.

89. See note 50.
90. Burr and Collins, see note 58, pp. 144-152.
91. Fein, see note 11, p. 279.
92. J.W. Clay and B.K. Holcomb, *Politics and the Ethiopian Famine 1984-1985* (Cambridge, MA.: Cultural Survival, 1986) and J.W. Clay, S. Steingraber and P. Niggli, *The Spoils of Famine: Ethiopian Famine Policy and Peasant Agriculture* (Cambridge, MA.: Cultural Survival, 1988).
93. J. Clay, "Food as a Weapon: State-Produced Deaths by Starvation," ISG [Institute for the Study of Genocide] Newsletter 1 (2) (Fall 1988):8-10.
94. P. Alston and K. Tomasevski, eds., *The Right to Food* (Boston: M. Nijhoff, 1984), pp. 215-221.
95. One problem is the fact the UNGC depends primarily on the state, usually the perpetrator of genocide, to prosecute it. Another problem is that the groups delimited under it exclude political and social groups. Further, there is disagreement over what constitutes intent to destroy a particular group (see discussion in text).
96. United Nations Convention on the Prevention and Punishment of the Crime of Genocide (UNGC), UNGA Res. 26A (III), December 9, 1948, entered into force January 12, 1951. Article 8.
97. B. Harff and T.R.Gurr, "Victims of the State: Genocides, Politicides and Group Repression from 1945 to 1995," in: Albert J. Jongman, ed., *Contemporary Genocides: Causes, Cases, Consequences* (Leiden: PIOOM, 1996); and Ted Robert Gurr, "Early Warning Systems: From Surveillance to Assessment to Action," *Preventive Diplomacy: The Therapeutics of Mediation*, K.M. Cahill, ed. (in preparation).
98. G. Prunier, *The Rwanda Crisis: History of a Genocide* (New York: Columbia University Press, 1995) and F. Chalk, "Radio Broadcasting in the Incitement and Interdiction of Gross Violations of Human Rights, Including Genocide," a paper presented at the conference of the Association of Genocide Scholars, College of William and Mary, June 14-16, 1995.
99. Fein, see note 11, pp. 174-5, 247-248.
100. *Ibid.*, pp. 93-120.
101. L. Kuper, *Genocide*, see note 52, p. 161.
102. A. de Waal, "Intervention unbound," *Index on Censorship* (1994):13-31; and T. Farer, "Intervention in Unnatural Humanitarian Emergencies: Lessons of the First Phase," *Human Rights Quarterly* 18 (1) (February 1996):1-22.
103. United Nations Development Program, *Human Development Report 1993* (New York/Oxford: Oxford University Press, 1993), p. 3.
104. "The proposition that food must never be used as a political tool...is contained in the International Conference on Nutrition World Declaration and Plan of Action for Nutrition (1992) and the Vienna Declaration on Human Rights (1993)," E. Messer, *The Hunger Report 1995* (Langhorne, PA.; Gordon and Breach, 1996) p. 27.
105. A. Destexhe, *Rwanda and Genocide in the Twentieth Century* (New York: New York University Press, 1995); see also Prunier, see note 98, pp. 313-314.
106. Messer reports that the World Alliance for Nutrition and Human Rights (WANHR, 1994) has provided a new framework, linking human rights, development, and nutrition advocates to "move human rights from the domain of international lawyers...to the field practitioners...to en-

hance coordination of humanitarian efforts along the lines of human rights...[and] to abandon agencies' ideas that human rights are exclusively an interstate concern between central governments and the UN and recognize that where states are weak, most obligations for protection and fulfillment of human rights fall on other agencies or level of social organization." See Messer, see note 103, pp. 30-31.

107. S. Schmeidl, "From Root Cause Assessment to Preventive Diplomacy: Possibilities and Limitations of the Early Warning of Forced Migration," Ph.D. dissertation, Ohio State University, 1995, pp. 244-248, shows that genocides and politicides are the strongest predictors of change in refugee flow.

108. H. Fein, see note 5, pp. 85, 96, describes the role of refugees. The concept of social capital is that of Robert Putnam, who uses it to identify the ways in which social cohesion promotes trust, reciprocity, and productive enterprises. See R.D. Putnam with R. Leonardi and R. Nanetti, *Making Democracies Work: Civic Traditions in Modern Italy* (Princeton: Princeton University Press, 1993).