Why is it that after all the years of talk and small initiatives by outsiders, the tragedy in the Darfur region of Sudan only grows worse?

Four years ago, the Sudanese government directed or permitted militia groups to attack Darfurians (in Western Sudan) whom it claimed had started a rebellion. The killing and displacement of peoples mounted, with human rights groups soon claiming that genocide was on the march. Estimates are that 450,000 people have been killed or died of disease and that over two million have been dislocated, many now in temporary relief camps in Darfur and neighboring Chad. Outside powers have been unable to convince or compel the Sudanese government to halt the slaughter. Eventually, a small force of 7,000 African Union peacekeepers was deployed in the region, but it could not stop the violence. Now, the United Nations has negotiated an agreement with the Sudanese government to deploy a force of 26,000 peacekeepers to work with the African Union to try to ease the conflict. The new effort may become operational this October.

All such efforts are probably too little, too late, according to Alex de Waal and Julie Flint, who wrote in The Washington Post (8/28/07) that the crisis has now moved from genocide to anarchy. The conflict is not abstractly racial or ideological but is related to competition for resources and different ways of life in a region that is in resource decline. Something unusually evil did not suddenly spring from out of nowhere in 2003. “It’s been a regular sequence in Sudan’s recurrent wars over the past 25 years,” according to de Waal and Flint. “Episodes of intense brutality and mass displacement are followed by longer periods of anarchic internecine fighting, ably exploited by the government.”

“For the past three years, Darfur has been descending into this murky world of tribes-in-arms and warlords who serve the highest bidder, with some community
leaders of integrity trying to carve out localities of tranquility.” Now, say de Waal and Flint, anarchy is the reality. “The [Sudanese] government is a dictatorship, but its writ doesn’t run beyond the first checkpoints outside the towns.” In other words, we might well expect that the UN-Sudanese agreement permitting an outside peacekeeping force to begin operations in Darfur will be of little consequence. Without adequate governance and economic development, the cycles of violence may continue as before.

“What’s keeping Darfurians alive in this dismal war of all against all,” de Waal and Flint write, “is their own skill at survival and, in the camps for the displaced, an immense relief effort.”

In such dire circumstances, one might wonder what those skills of survival are. How does anyone in Darfur survive drought, disease, deadly attacks, rape, plunder, and displacement?

That is a question that greatly interests Dr. Glenn Geelhoed, a remarkable surgeon, tropical disease expert, oncologist, and medical educator at George Washington University Medical Center in Washington, D.C. This past May I had the privilege of interviewing Dr. Geelhoed just before he and a small band of his medical students left for a two-month venture in Ethiopia, Sudan, and Chad.

When Geelhoed takes students to some of the most remote and underdeveloped regions of the world, he does so not first of all to let them offer their magnanimous service to the poor and underserving wretches of the earth. Rather, his aim is to educate his students through confrontation with a reality they know nothing about in order that they might learn how people cope and survive in a culture and an environment devoid of the technologies and “stuff” that American medical students take for granted.

“When I am standing next to my surgeon friend in Mozambique,” says Geelhoed, “I have just doubled the number of surgeons in a nation of 28 million souls.” “Never in human history,” Geelhoed says of the West, “have we been able to do so much for so few who are totally dissatisfied with their care. I want to do the opposite.” So he takes students to Sudan not in order to give, but rather to receive ‘gifts from the poor.’ Completely unlike a typical Westerner, a poor mother in a remote region of Africa may walk miles with her sick child to see me, and the first thing she will ask is, ‘What can I do for you?’ Moreover, she isn’t expecting me to succeed, but only to try to help.”

What does Geelhoed see in Darfur, the Congo, and many such places where war, poverty, and disease define the cycles of life and death?

“Everywhere I go,” he says, “I see failed states.” There are no governments of nations, as we think of them. “The last thing the people I visit want to see are the plunderers and marauders of what we call their state. One of my friends in the Congo says, ‘If you in the United States are in trouble, you go to a person with a uniform and a
gun and ask for help. In the Congo that is the last person we would approach if we faced trouble. That would be like dragging a broken leg in front of a leopard.”

The real problem in Africa, including Sudan, is tribalism and nepotism, says Geelhoed. Where the tribe is everything, no government can rise above tribal identities and win the loyalty of the people in order to build a larger common good. Trans-tribal commerce, public infrastructure, common education, and a wider, balanced distribution of resources are not possible. And those who control the government undoubtedly represent one tribal group or one region, thus leading to additional advantages or disadvantages for those living within the territory of what we identify as a state, such as that of Sudan.

The ameliorating side of nepotism, however, is that millions of AIDS victims, for example, are absorbed every day in a way that would never occur in the United States. How do Africans do this? “If you speak the same language and you have a kinship claim on me,” says Geelhoud, “then I have to feed you.”

The mention of AIDS brings us back to part of Geelhoud’s intentions for his students. While it is true that AIDS is ravaging Africa and that by 2020 there are expected to be 15 million AIDS orphans, the fact is that people are not dying of AIDS but of diarrhea, acute respiratory diseases, malaria, malnutrition, and measles. These are the big five causes of death on the planet, yet they are not even on the list of causes of death in our part of the world. Geelhoud wants his students to enter into the experience of these people, to learn from them, to understand how they cope, how they live and how they die.

We can’t be of help to Africans unless we first understand their world of experience, he says. Big organizations like the UN and the World Bank have had as their priorities the building of infrastructure such as roads and bringing in Western technologies. But what existed before such aid came in? When Geelhoud asks his friend, Mr. Timbo, in Malawi, what his priorities are, he says education, health, and infrastructure, but education first. Yet in order for any of this to become sustainable, just governance among and above the tribes must be built, and that, too, cannot be done by Western imposition. For Westerners to be of help, whether in medical service, economic development, or state building, they must first get help. And that help must come from the people in Darfur, Congo, and Chad. How do the people there cope? How do they care for their own? How do they deliver babies? How do they govern themselves? What are their means of economic survival? Why do they respond as they do when confronted by threats from others? Western medical and political training do not answer these questions.

Dr. Geelhoed has, for more than 40 years, led teams of students to almost every part of the world—almost always to the most remote, poorest, and medically needy regions. He was recently inducted into the University of Toledo’s Medical Mission Hall of Fame. A graduate of
Calvin College with majors in philosophy and English literature as well as biology and chemistry, he received his medical degree from the University of Michigan and later completed two other doctorates and three masters degrees in a wide variety of specialties. He is the author of hundreds of articles and two books: Out of Assa: Heart of the Congo, and Surgery and Healing in the Developing World.