

## **Darfur Mortality: Shoddy Journalism at *The New York Times***

<http://www.sudanreeves.org/Article180.html>

Eric Reeves

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A recent op/ed on human mortality in Darfur, which appeared in the New York Times (“An Atrocity That Needs No Exaggeration,” Sunday, August 12, 2007), has garnered considerable attention, indeed notoriety. The piece is by Sam Dealey, Time Magazine’s Africa correspondent--someone who gives no evidence of previous engagement with the complex issues attending any assessment of human mortality in Darfur. Nor does he demonstrate real familiarity with the relevant research and reports, or with whole reams of relevant data.

I will be writing at length about this truly disgraceful and destructive piece of shoddy work, which includes some of the most egregious errors I’ve seen in almost nine years of assessing journalists reporting on Sudan. But since Dealey has, apparently effortlessly and without qualms, produced what is to date demonstrably the most inaccurate and misleading account of Darfur mortality, some preliminary reckoning is called for.

In the most spectacular example of ignorance on display, Dealey reveals that he is unaware of the September 2006 article on Darfur mortality that appeared in the distinguished journal *Science* (“Death in Darfur,” *Science*, 15 September 2006, Vol. 313, no. 5793, pp. 1578 - 1579). As any close historical reading of Darfur news reporting will reveal, this article is the true basis for the common news estimate of 200,000 deaths in Darfur. Astonishingly, Dealey declares that June 2005 was the last time a credible new report on mortality was published (“[no] responsible outlet has released a tabulation of the death toll after June 2005”; *New York Times*, August 12, 2007). Such a claim makes of *Science*---one of the most distinguished journals in the world, and certainly one of the most carefully fact-checked---something other than a “responsible outlet.” There could not be a more egregious or revealing error on Dealey’s part.

In my own view, there are immense problems with the exclusion of key data concerning violent mortality in the *Science* study by John Hagan and his colleague, Alberto Palloni, a demographer at the University of Wisconsin (data that Hagan had used in a previous study with another co-author; see below). These will be reviewed in a later analysis. Even so, here is what Hagan said--ironically, to the *New York Times*---on the occasion of the publication of his article in *Science*:

“two researchers [Hagan and Palloni] based in the United States estimated that as many as 255,000 people have died, though they believe the actual number may be much higher.”

“‘We could easily be talking about 400,000 deaths,’ said John Hagan, a sociologist at Northwestern University and an author of the article, along with Alberto Palloni, a demographer

at the University of Wisconsin.” (New York Times, September 15, 2006)

This key assertion---“We could easily be talking about 400,000 deaths”---of course appears nowhere in Dealey’s scandalously ill-informed op/ed, which is bent on ridiculing and excoriating the commonly cited figure of 400,000 deaths in Darfur and eastern Chad---from all causes, since the outbreak of major insurgency warfare in February 2003. Perversely, Dealey presumes to establish, on the basis of a couple of sentences of data assessment, a figure of 200,000 by a new method of calculation. This is astonishing, the more so since as I note above Hagan and Palloni’s publication in *Science* (September 2006) is the real provenance for what over the past eleven months has been the commonly cited figure of 200,000 human deaths in Darfur.

Instead of doing the research that would have revealed this, Dealey presumes to compute his own figure of 200,000 using a completely unsubstantiated mortality rate. He simply asserts that humanitarian efficacy has improved so much since the “last half of 2006, [that] civilian deaths [have] averaged 200 per month.” But of course there has been no global mortality data-gathering or global excess Crude Mortality Rate promulgated since 2005, by the UN or any other organization. The data have been analyzed more recently, but have not been accumulated in globally relevant fashion. This mortality figure of “200 per month” is sheer contrivance.

There is a reason for this dearth of data and new global mortality assessments. Following the UN mortality rate survey and report of 2005, a senior UN official declared to this writer, in emphatic terms, that there would be no further global mortality studies done because of insecurity and severe harassment by Khartoum. The regime had determined upon a policy of making global mortality assessments impossible. And even the 2005 UN data and excess mortality-rate study excluded most of South Darfur state because of insecurity; South Darfur has approximately half the population of Darfur as a whole. There is simply no way to establish, beyond extrapolation from past global data, what the current global excess mortality rate might be.

To gain a sense of what Dealey so confidently excludes from any possible estimation, consider the implications of monthly excess mortality simply among the population within Darfur that has no access to humanitarian aid. This number has fluctuated, but over the past year and more has been between 500,000 and 1 million---and many more if we include eastern Chad. But if, for a month, a population of 1 million people beyond humanitarian access experiences a minimal rise in the excess Crude Mortality Rate (0.1), 300 excess deaths can be expected, a figure that by itself---representing only inaccessible populations and a minimal rise in CMR---is 50% greater than Dealey’s absurd suggestion of 200 deaths per month (for calculation and brief explanation of terms, see below; for a full explanation, see my extended mortality assessment of April/May 2006, cited below).

Of course in the absence of humanitarian access to vulnerable populations, the excess Crude

Mortality Rate (CMR) is extremely likely to rise by much more than 0.1, especially in children under five (see Appendix below).

There may be another issue worth noting, since Dealey seems so intent on defining various mortality assessments as not “responsible.” While Dealey fastens hard on the expertise of a panel assembled last year by the General Accounting Office (GAO) (whose report mentions the September 2006 Science article by Hagan and Palloni more than once), he might have looked more widely at what one member of this panel of experts has publicly asserted of my own mortality assessments, the most recent of which (in two parts) appeared in April/May 2006 (at

<http://www.sudanreeves.org/Article102.html>  
<http://www.sudanreeves.org/Article104.html>)

In this lengthy account, I synthesized the results of my 15 previous mortality assessments, ranging back to January 2004, when the official UN figure for total mortality in Darfur was 3,000 human beings---almost a year into the most violent phase of the genocide. My conclusion in April 2006 was that,

“Currently extant data, in aggregate, strongly suggest that total excess mortality in Darfur, over the course of more than three years of deadly conflict, now significantly exceeds 450,000.”

What to make of this claim, which has been cited by the Washington Post and other news organizations as a legitimate high-end figure?

Francesco Checchi (London School of Hygiene and Tropical Medicine) was one of the epidemiologists included by the GAO on its panel of experts. Checchi has the most extensive experience working in Darfur of anyone on this panel, including involvement with humanitarian efforts in the region. Significantly, Checchi is also author of a compelling and important primer on mortality data/assessments. The report, co-authored with Les Roberts, is entitled “Interpreting and using mortality data in humanitarian emergencies: A primer for non-epidemiologists” (Humanitarian Practice Network, Network Paper No. 52, September 2005).

Checchi and his co-author believe, quite rightly as we have seen in Darfur, that in the midst of a conflict, professional methods and appropriate statistical sampling by epidemiology experts may not be fully possible for a variety of reasons. In light of this reality, Checchi encourages responsible efforts by non-professionals to assess mortality in places like Darfur. He and his co-author have as their “focus” in this study,

“enabling readers to critically interpret mortality study reports, and to understand how these are used (or misused) to formulate policy. The intended audience therefore is all humanitarian actors,

policy-makers, the media, and members of affected communities who may be called upon to comment or make use of mortality studies, regardless of their technical background.” (From the Introduction, “Interpreting and using mortality data in humanitarian emergencies: A primer for non-epidemiologists,” Francesco Checchi and Les Roberts, Humanitarian Practice Network, Network Paper No. 52, September 2005)

This is the context in which to understand what Checchi has said about my own mortality work in an article from the Christian Science Monitor, August 31, 2006, after my most recent full-dress mortality assessment (April/May 2006):

“Controversy remains over the issue [of mortality studies]: Many humanitarian groups (fellow travelers of Reeves's) dispute both his math and genocide assertions, worried that this will harden the stance of the Sudanese government. But Francesco Checchi, a London epidemiologist who has worked in Sudan for humanitarian groups, says that Reeves has an activist agenda but ‘he knows Darfur well.’ What he's done is ‘mathematically correct’ and ‘sufficiently legitimate’ to establish a high-end count.”

“To those who think his focus on counting every last death may be diplomatically deleterious, Reeves says, with a tremble of anger in his voice: ‘If we want to understand how many people are going to die, [we] better understand how many people have already died.’” (Christian Science Monitor, August 31, 2006)

Dealey completely dismisses my work, as well as the work of Dutch physician/epidemiologist Jan Coebergh---whose mortality work roughly corroborates my own---and that of Professor John Hagan (Northwestern University) in his first co-authored study (with Patricia Parker of the University of Toronto), which found (in spring 2005) that 400,000 people had died from all causes in Darfur.

[Peculiarly, Dealey gives some slight evidence of understanding that Hagan is author of two reports on Darfur mortality, but alludes only in the most oblique fashion to the Science study published in September 2006, speaking parenthetically of “Hagan revis[ing] his estimate sharply downward.” But again, the (differently co-authored) Science study was published in September 2006, and was of an entirely different nature from Hagan’s first study, excluding crucial data on violent mortality that he had previously included in his work; and again, Dealey baldly declares in his New York Times piece that “[no] responsible outlet has released a tabulation of the death toll after June 2005.” This is crucially and revealingly false.]

In this cheap and poorly researched polemic on the critical question of human mortality in Darfur, Dealey is a disgrace to journalism, and to the New York Times opinion pages in particular. That this is put in service of an attack on Darfur advocacy, and Dealey’s own preposterous assessment

of the genocidal Khartoum regime, only adds to the disgrace.

#### APPENDIX:

##### Key terms:

Crude Mortality Rate (CMR), deaths per day per 10,000 of population; this is the primary figure in mortality assessments;

Excess Crude Mortality Rate: the rate of mortality in excess of what would normally be found within a population---in Darfur, this is the rate of mortality due to violence, as well as mortality from disease and malnutrition caused by violence or the threat of violence;

Crude Mortality Rate for Darfur (the “normal” Darfur CMR): 0.3, according to UNICEF;

Current “conflict-affected population” in the greater humanitarian theater of Darfur and eastern Chad, according to the most recent figures from UN agencies: 4.7 million;

Calculation of hypothetical monthly mortality rate for a conflict-affected population of 1 million in Darfur beyond humanitarian reach and (necessarily) assessment:

$0.1 \text{ (excess CMR)} \times 1,000,000 \text{ divided by } 10,000 \times 30 \text{ days} = 300 \text{ excess deaths per month within this population}$

A large spike in excess CMR within these acutely vulnerable and inaccessible populations---for example, to 1.0---would yield a figure of 3,000 excess deaths per month. We have seen many such spikes in the past. For example, the UN reported in its June 2005 (World Health Organization-overseen) mortality study that in camps for displaced persons in South Darfur the CMR for children under five was 2.6---well above the “crisis level.”

Doctors Without Borders/Medecins Sans Frontieres (MSF) recently reported from eastern Chad, which continues to suffer from a drastic under-reporting, despite being a clear and massive extension of Darfur’s ethnic violence:

“[MSF’s] survey revealed that one child in five was suffering from acute malnutrition and that the mortality rates from March 30 to May 20, 2007, were catastrophic.” (Doctors Without Borders/Medecins Sans Frontieres (MSF), “While attention is focused on Darfur, an emergency situation is unfolding in eastern Chad,” June 8, 2007)

Needless to say, there is no discussion of “catastrophic mortality rates” by Dealey, even as these have been reported at various times by MSF and other humanitarian organizations going back to 2004, and continuing to the present. Dealey has read little and understood less.