

Against A Tide of Evil: the Responsibility to Protect

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In discussing the protection of populations under grave threat, I shall focus, in particular, on mass atrocities. The death rate from mass atrocities has exceeded, by far those from other emergencies. Over historic time, and in broad aggregate terms, mass atrocities have killed many more people than the other traditional scourges of humanity (Table 1)

Table 1. Mortality over history from the “scourges of humanity” (estimated; in millions of people) (Aggregated from various historical sources. (Source: M Kapila. work in progress. unpublished,2013)	
Famines	100
Wars	200
Acute pestilences	300
Mass atrocities	400

Some mass atrocities, when they happen as emergency catastrophic events can completely distort the normal mortality patterns generated, for example, as in sub-Saharan Africa (Table 2).

Table 2		
Source: RN Adler, J Smith, P Fishman et EB Larson. To prevent, react, and rebuild. Health Services Research 2004, 39 (6Pt): 2027-2051		
Year	Cause	Mortality rate (per 100,000, per year)
1994	Genocide	12,100
1999	HIV/AIDS	553
1997	Malaria	165

¹ M. Kapila. “Against A Tide of Evil”. Mainstream Books, 2013. 272 p.

The term “mass atrocity” is applied here to violent and other coercive acts that are intentionally perpetrated on a large number of people to kill or cause terror, pain and suffering or to do the same to a group of people of any size targeted specifically because of an aspect of identity. Over time, the term has come to encompass the following categories of crimes: genocide and ethnic cleansing, crimes against humanity, and war crimes as legally defined in the Rome statutes of the International Criminal Court. As such, mass atrocities are not to be conflated with general violence or conflict or war, though of course, mass atrocities often occur in these circumstances. But most atrocities occur outside war situations.

Over the ages, man has become ever more inventive in terms of inflicting cruelty. Thus, mass atrocities include, but are not limited to, murder, extermination, enslavement, deportation, imprisonment under rigorous conditions, torture in varied physical and psychological forms, pillage, rape, sexual slavery, forced pregnancy or forced sterilization, forcible transfer of children from one to another group, deliberately inflicting physical conditions such as starvation and destruction of livelihoods calculated to bring about the destruction or removal of a group, and many other forms of degrading or inhumane treatment. Of course, with such an array of means and methods available to commit atrocities, its impact is seen not just in terms of death rates. Of even greater importance is the whole-scale destructive impact on the wellbeing, mental equilibrium, and way of life of people, communities, and society as a whole. The sequel of mass atrocities include chronic, difficult to treat effects. Apart from malnutrition and infectious diseases, numerous studies have shown cognitive impairment, neurological and psychological dysfunctions, depression, chronic pain, and post-traumatic stress disorder.

The burden of disease can be increased for decades to come. For example, the attributable risk among the Hiroshima and Nagasaki atomic bomb survivors of 1945 has been 46% for leukemia and over 10% for solid cancers. In the last genocide of the 20th century, in 1994 in Rwanda, up to 500,000 women were raped in 100 days, two-thirds of whom got infected with HIV. In the case of Sudan which spawned the first genocide of the 21st century, starting in Darfur in 2003 and extending to the Nuba Mountains and Blue Nile now, some 4 million people are directly affected as refugees and Internally displaced populations (IDPs), suffering starvation, sexual and physical violence, social degradation, torture, imprisonment, and many other brutalities. In Syria, the latest estimate is that by the end of 2013, some 10 million people (half the population) are destitute and traumatised to varying but worsening extent.

Beyond the obvious physical and health impacts lie the even more worrisome trans-generational effects on minds and hearts that generate repeated cycles of hatred,

violence, and atrocity, as memories of insult and injury are passed on to inflame the passions and grievances of the survivors and children of victims.

Finally, what are the broad global trends (Table 3)? We can say that, by and large, as time has gone by, the struggle against hunger and disease has made progress but you might want to ponder on why human beings have become more quarrelsome and cruel.

Table 3		
<i>Adapted by M Kapila (2013), from RJ Rummel. Statistics of democide: genocide, and mass murder since 1900, London, Transaction Books, 1999</i>		
	<u>More Quarrelsome?</u>	<u>More Cruel?</u>
	War deaths	Genocide deaths
5000BC - AD1900	40 million <i>290 /100,000/year</i>	133 million <i>970/100,000/year</i>
20 th Century	War deaths: 111m <i>4,440 /100,000/year</i>	Genocide deaths: 192m <i>7,700 /100,000/year</i>
	X15	X8

I will focus now on the ultimate malign or evil form of trauma i.e. “genocide” but a lot of what I have to say may also be applied to other forms of mass atrocity.

The term “genocide” was invented by Raphael Lemkin in 1944² born out of the Nazi experience and the Holocaust that went on to be enshrined in the *Convention on the Prevention and Punishment of the Crime of Genocide* adopted at the United Nations in 1948³.

Genocide refers to actions with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, through:

- Killing members of the group;
- Causing them serious bodily/mental harm
- Deliberately inflicting conditions of life calculated to bring about its

² R Lemkin. Axis rule in Occupied Europe. Carnegie Endowment for International Peace, 1944, p 29-95

³ United Nations Treaty Collection, UN (1948)

physical destruction in whole or in part

- Imposing measures to prevent births within the group
- Forcibly transferring children of the group to another group.

Genocide is the most heinous mass crime known to humanity. That is why it is labeled as an “extraordinary” or “special” evil. A public health model approach can help us to understand why genocides happen and to reduce their impact and prevent their recurrence. This calls for an analysis of the symptoms and signs of the condition from which we may deduce an understanding of risk factors and vulnerabilities that may then go on to provide insight on points for intervention.

The starting point is realizing that such evil has happened in every continent, culture, and epoch. Thus, this is an indelible part of our shared human condition. Evolutionary psychologists have theorized that natural selection has left design traces in our mind that make us evolutionarily primed with the capacity for evil that can be triggered by various cultural, psychological, and social factors. Incidentally, there is a crucial gender dimension in that the key perpetrators that conceptualise, design, plan, and direct genocide are almost always, men. Thus, the propensity to commit evil is part of the normal human condition i.e. genocidal killing is done by ordinary people who may be “bad” but cannot be considered “mad”. Reflecting, for example, on the experience of the Nazi machine or in Rwanda, shows that massive killing on a systematic and efficient basis cannot rely on unreliable psychopaths but on the organised efforts of a large number of ordinary people working from and within formal institutions.

The second key insight is that the conduct of genocide is a huge organised and bureaucratic activity because of the systematic sequence of actions needed for its success. A random mob cannot do this. Thus genocide, throughout history, has been executed by State authorities i.e. governments, because only they have the means and capacities to organise on the scale necessary to achieve the design in practice.

Genocide Risk Factors

But why do governments turn to preying on their citizens and why do ordinary citizens agree to be co-opted into becoming extraordinary killers? Political scientists have even calculated relative risk ratios for the key risk factors, (Table 4).

<i>Table 4</i>	
<i>Source: B Harff: Prevention of Genocide: Threats and Responsibilities. "Option Papers Drafted for Stockholm International Forum (2004) pp. 9–12.</i>	
Risk factor	Relative risk
History of prior genocide	3.1
Autocratic regime	3.0
Openness (measured by trade exports/imports)	2.5
Elite represents a minority in a multi-ethnic society	2.3
Elite rulers promote exclusionary doctrines	2.3
High magnitude of internal war and regime crises	1.6

This confirms empirical experience: genocide does not happen out of the blue. It is preceded by the warning signs of pernicious supremacist ideologies that may be racist, ethnocentric, nationally chauvinistic or religiously intolerant. These create deep exclusions within society – of “insiders” and “outsiders” with the former being deliberately trained and supported to turn on the latter. Often this is promoted as a patriotic duty, sanctioned by the legitimacy and power of the State. Furthermore, the “final solution” is often preceded by “little practice genocides” as in Rwanda in the 1950s, 1960, 1970s, and 1980s. The Darfur genocide of 2004 was preceded by the Nuban atrocities of the 1990s and succeeded by the current Nuba and Blue Nile atrocities that started in 2011. These practice runs at committing mass murder allow both the testing and refinement of ideologies and tools and pushing the boundaries of impunity (“what you can get away with”) both domestically and internationally.

The genocidal pathogenesis mechanism

But even if evil-minded leaders or governments do this, why do their public have to follow so easily? In short, on the public health model, what are the vulnerabilities on which the risk factors act to convert them into the full-blown disaster of genocide? Are there specific forces at play that build on the evolutionary weakness of all humans mentioned above i.e. the inherent capacity in all of us to become evil?

Genocide requires categorical murder and to do that the killers need to be

presented with a cause to kill that is more important than that of preserving life. Noting that humans are the only creatures that are self-aware that they are going to die, the fear of death is a source of existential terror that can only be managed by allegiance to a group's own worldview or culture including their own set of values and the self-esteem that comes from belonging to the group. Terror management theory suggests that the power of a group over its members is the extent to which the group answers the human problem of mortality. So, membership of a golf club offers no promise of immortality. But a race, an ethnic group, a nation, a religion invite belonging within a group that is seen to have a long past and an unlimited future. That is immortality! Thus getting a share of that group immortality is a cause for which one can easily justify killing other groups especially if you have been indoctrinated to believe that your own group is more deserving, superior, but under threat. Indeed, under those circumstances, it is a sacred duty of all good ordinary people to eliminate other groups, because your loyal duty demands it. In this way, ordinary good people become really bad people through a shockingly easy transformation. To reiterate: genocidaires are bad but they are not mad! Put in another way, genocides are committed by ordinary people – just like you and me – but who have been traumatically influenced.

But what is the mechanism by which these risk factors and the vulnerabilities interact to generate the actual pathology of genocide? After all, very few risky environments become genocidal settings and not all susceptible hosts become genocidal killers. We must answer this practical question because we know from long observation that ordinary people don't actually like committing the advanced brutalities that are necessary to get the job done.

In summary, the pathogenesis is mediated through three routes⁴:

(i) First comes dehumanisation: Transported Jews became just “goods” during the Holocaust, the Tutsis of Rwanda were insects to be crushed, and the citizens of Blue Nile State are black plastic bags to be swept away on instruction of Sudan's President Bashir, who has been indicted for acts of genocide by the International Criminal Court.

(ii) Second, is the creation of distancing. Research has shown that the further away you are from your victims, the more efficient you are at brutalising or killing them. In genocidal history, we saw this distancing through the creation of a specific genocide-minded bureaucratic system in which many ordinary individuals played small –

⁴ J. Waller. *Becoming Evil: How ordinary people commit genocide and mass killing*. Oxford University Press, Etats-Unis, mars 2007. 351p.

often-banal - roles, each of whom could say “not me... I didn’t do it. I was just doing my ordinary job”.

(iii) Third, is progressive desensitisation: having killed one person, killing another gets easier, and killing lots is then just about meeting targets. As has been said, to kill one person is a tragedy; to kill millions is just a statistic! Once the process has started, the logic of mass killing is so compelling and self-perpetuating that it is almost impossible to stop the “genocidal machine”.

Can we do something about the genocidal mindset?

So we now have some insight into the aetiology of the genocidal mindset. The public health lens of primary, secondary, and tertiary prevention may allow us to examine if we can do something about it.

Primary prevention

To start with primary prevention: if the hypothesis is correct that all ordinary people have the propensity to commit evil, and that vulnerability to this is evolutionary, then absolute primary prevention is probably impossible as the special evil can arise at any time, in any place. There is no vaccine or genetic engineering possibility against genocide. And although poverty reduction and development – including, particularly education - are worthy investments to make for other good reasons, there is scant evidence that economically better-off and educated societies are automatically more resistant to the siren calls of hatred. In fact, some of the most evil masterminds of genocide have also been among our most smart fellows for it needs a sharp, well-read mind to construct the complex ideology and manufacture the persuasive advocacy needed to design and run the genocide machine. However, even if prevention is probably not fully possible, can we do something about genocide risk reduction, analogous to the notion of disaster or health risk reduction? So, if we go back to the risk factors in Table 4, probably the key measure worth adopting, and that is closest to tackling the root causes of genocide, is broad-based democratic governance. This is, of course, a long-term, multi-sector and complex business. And even then democracy is no guarantee of immunity. For example, even Nazism arose out of the manipulation and subversion of the German democracy of that time.

Secondary prevention

Turning to secondary prevention, which is concerned with the diagnosis and early treatment of a morbid condition at its earliest stages, this may be translated into the conventional humanitarian language of “early warning and early action”. By and large the track record here is largely that of failure. Not a single genocide in history has ever been prevented even though, at least in modern times, we have generally had plenty of early warning. My own personal experiences as a representative of the

United Kingdom Government during the last genocides of the 20th century (Rwanda and Srebrenica) and then as the Head of the United Nations in Sudan witnessing the first genocide of the 21st century in Darfur, brought home to me the reasons for failure. For example, here are eight reasons (Table 5) why the Darfur genocide happened, and why, if we generalise from this, mass atrocities will happen again and again:

Table 5

Sources: M.Kapila. Why the international community failed Darfur. Chapter in: "Darfur: the responsibility to protect", eds D Mephram, A Ramsbotham, London, Institute for Public Policy Research, 2006

Why "never again" becomes "ever again": the Darfur case
1. Denial
2. Cynicism
3. Ambiguity/ search for "purity"
4. Prevarication and risk aversion
5. Distraction
6. Buck passing.
7. Calculated naivety
8. Empathy deficit

The doctrine of Responsibility to Protect (R2P) adopted by the United Nations with much fanfare in 2005 has generally proved a disappointment. So R2P may be more accurately called the Responsibility to Prevaricate. Put simply, these excuses for failure are diagnostic of international institutional failure on a system-wide basis. At the root core of this is the failure or cowardice of leadership. We said earlier that genocide is the act of ordinary men. To that we may add in the words of Edmund Burke: "*All that is necessary for the triumph of evil is that good men do nothing*"⁵.

So what would be the prescription for such failure in the spirit of the secondary prevention track? At the core of this is the issue of the accountability of decision makers. Though complex geopolitical and institutional excuses have been postulated, at the heart of the issue is the fact that most seemingly good people stand by and do nothing when they see cruelty being visited on others. Why? My own personal experience suggests that the answer lies in the final reason on the list at Table 5: empathy deficit.

⁵ I.Kramnick, The portable Edmund Burke, Penguin Group, Etats Unis, 1999. 624p.

Tertiary prevention

Finally, on tertiary prevention. This is concerned with reducing the consequences of genocide and there is probably a lot more that can be done here. This is important, because we know already that the most important risk for future genocide is a history of past genocide. As the philosopher George Santayana wrote, "*Those who cannot learn from history are doomed to repeat it*". (J McCormick. George Santayana: a biography. Knopp, 1987) This is the reason why in post genocidal societies and post mass atrocity situations, there is so much emphasis placed on commemorations and memorials as permanent visible reminders of traumatic events. Rwanda, for example, is a land of memorials with one in almost each street corner. To accompany that there has to be an honest and accurate narrative that is told in schools and wherever collective memory is shaped. To bring about accountability and justice is a necessary part of this, and though there is a debate on the trade-off between justice and peace, the acknowledgment of wrong doing and the hurts caused are vital to healing the collective trauma. The memories and experiences of the genocide survivors themselves are the primary resource for the healing journey. We see this, for example, In Rwanda, still traumatised two decades on from the 1994 genocide, in the Aegis Trust's innovative peace education programme that is a central part of the process of national reconciliation and recovery.

Cruelty start in the minds and hearts of men and that is where it must be stopped. In the case of the world's most evil traumas, this is even more important because we know from empirical evidence that this is transmitted across generations. In fact, to reiterate, a history of previous atrocity is the best predictor of future atrocity generation. Thus, what we call "tertiary prevention" is also possibly the most important contribution to "primary prevention".

In conclusion, where are we now?

The 20th century can truly be called the century of mass atrocities - it has been the bloodiest and most brutal in all human history. The 21st century has not started well either. But on the other side we have also made much more progress in understanding more deeply and honestly the truth about our shared human condition and that is a good base from where to look to the future. We have also developed new advantages: globalisation and communication. No longer can evil things happen in the darkness - and we are interconnected. Interconnectedness generates innovation, develops further and better social norms - such as less tolerance of the abuses that have historically plagued us - and generates a shared will to act and ensure justice and accountability. This is helped by our better understanding of how our minds work and what shapes our behaviours – good and bad.

Although evil is the product of perfectly ordinary men and that all of us are capable of this, we also know from many examples that ordinary people can demonstrate incredible courage in the face of the most dire challenges and ultimately the human spirit is quite resilient. It seems that the evil propensity in us is matched by propensity to do good. But in ending I am left with a somewhat disturbing thought. I wonder if there would have been a Genocide Convention without Hitler? Would there have been a Gandhi without the indignity of colonisation? A Martin Luther King without civil rights abuses, or a Mandela if there had not been any odious apartheid? The theologian and philosopher Eliezer Berkovits said it: *“Without evil, goodness would not be possible either... Without the forever-lurking inclination to selfishness and discord, there can be no ethical ideal and practice”*⁶.

So is it necessary for evil to first flourish – for good to eventually happen?

⁶ E.Berkovits. Faith after the Holocaust. Ktav Publishing House, 1977. 180p.