

WHY MARRIAGE SURVIVES.

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Section:

Dispatches

The institution has adapted, and is showing new signs of resilience.

DISPATCHES

OPENING ARGUMENT

"There is zero statistical advantage" to getting married if you are a man in America today, Andrew Tate argued in a viral 2022 video on "why modern men don't want marriage." Women, he believes, are worthless anchors—"They want you monogamous so that your testosterone level drops," he posted on X last fall—and your marriage is likely to end in ruin anyway. "If you use your mind, if you use your head instead of your heart, and you look at the advantages to getting married," there are none.

The loudest voice in the manosphere is infamous for many things, including criminal charges of human trafficking, rape, and assault. (Tate has denied these charges.) But he is also notorious for launching a new front in the culture wars over marriage, aimed mostly at teenage boys and young men.

Tate believes that men no longer receive the deference they deserve from women in marriage, and bear more risk in divorce. He argues that men should focus on getting strong, making lots of money, and using—but not investing themselves in—the opposite sex. His evident appeal—clips of Tate garner hundreds of millions of impressions on YouTube and TikTok—would seem to be yet one more sign that our oldest social institution is in trouble.

Critics on the left have been questioning the value of the institution for much longer, albeit from a different angle and with less venom than Tate. The realities of marriage in recent decades no doubt provide fuel for several varieties of criticism. Before divorce became widely permissible in the 1970s, difficult marriages—and even dangerous ones, for women—were by no means rare. Many women's career dreams were thwarted by the demands of marriage, and some still are today. Many men have been hit hard financially and sidelined from their children's lives by divorce. Innumerable children of divorce have had their faith in marriage

extinguished by their parents' inability to get along (a pattern that may help explain Tate's animus toward the institution; his parents divorced when he was a child).

Some of these dynamics are both a cause and a consequence of the great family revolution of the late 20th century—one in which divorce and single parent hood surged. The share of prime-age adults (25 to 55) who were married fell from 83 percent in 1960 to 57 percent in 2010, according to census data, and the share of children born to unmarried parents rose from 5 to 41 percent.

These trends have left Americans bearish about marriage. Until 2022, the share of prime-age adults who were married was still on a long, slow downward march. According to a 2023 Pew Research Center survey, a plurality of men and women were "pessimistic about the institution of marriage and the family."

But reports of marriage's demise are exaggerated. Rather quietly, the post-'60s family revolution appears to have ended. Divorce is down and the share of children in two-parent families is up. Marriage as a social institution is showing new strength—even among groups that drifted away from the institution in the 20th century, including Black and working-class Americans. And contrary to criticisms on the left and right, that's good news not only for America's kids, but also—on average, though not always—for married men and women today.

"IF THE ONGOING revolution in family and gender arrangements is largely irreversible," the progressive family historian Stephanie Coontz said in an address to the National Council on Family Relations in 2013, "then we have to recognize divorced families, single-parent families, and married-couple families are all here to stay."

At the time of her talk, the divorce rate was about twice as high as it had been in 1960, though it had come down somewhat from its 1981 peak. Nonmarital childbearing, meanwhile, had recently climbed to a record high. But even as Coontz spoke, two important shifts in family dynamics were under way.

First, the decline in the divorce rate was accelerating. Since the early 1980s, the divorce rate has now fallen by almost 40 percent—and about half of that decline has happened in just the past 15 years. (Unless otherwise noted, all figures in this article are the result of my analysis of national data.) The idea that marriage will end in failure half the time or more—well entrenched in many American minds—is out-of-date. The proportion of first marriages expected to end in divorce has fallen to about 40 percent in recent years.

Second, nonmarital childbearing, after almost half a century of increase, stalled out in 2009 at 41 percent, ticking down to about 40 percent a few years later, where it has remained. For children, less divorce and a small decline in child bearing outside wedlock mean more stability. After falling for more than 40 years beginning in the late 1960s, the share of children living in married families bottomed out at 64 percent in 2012 before rising to 66 percent in 2024, according to the Census Bureau's Current Population Survey. And the share of children raised in an intact married family for the duration of their childhood has climbed from a low point of 52 percent in 2014 to 54 percent in 2024.

A third shift may now be under way as well, although it is much less established than the first two. The rate of new marriages among prime-age adults, which hit a nadir during the pandemic, has risen in each of the three years of data since 2020. In 2023, the most recent year available, it was higher than in any year since 2008. At least some of this increase is a post-pandemic bounce, but the share of all prime-age adults who are married has also leveled off in the past few years, which suggests that the decades-long decline in the proportion of Americans who are married may have reached its low point.

Some of these shifts are modest. Coontz was surely right that couples and families in the U.S. will continue to live in a variety of arrangements. And particular caution is warranted as to the number of new marriages—it is quite possible that the longer trend toward fewer people marrying will re assert itself. But as a likely success story for those who do wed, and as an anchor for American family life, marriage looks like it's coming back. Stable marriage is a norm again, and the way that most people rear the rising generation.

THE HARVARD anthropologist Joseph Henrich has observed that "marriage represents the keystone institution for most—though not all—societies and may be the most primeval of human institutions." On every continent and in every era, in more patriarchal societies and more egalitarian ones, it has governed family relationships. As an institution, it seems to build on the "evolutionary psychology of both men and women," writes Nicholas Christakis, a sociologist at Yale, which "is to exchange love for support."

The institution's record contains no shortage of injustices. In many times and places, marriage has been bound up with the oppression of women. (This article focuses mostly on hetero sexual marriages, because marriage was not legal for same-sex couples until very recently.) Still, given the long history of marriage's persistence, its recent resilience in the U.S. should not be shocking. Nor should the reasons for that resilience. As it has before, marriage in the U.S. is adapting to changing circumstances and expectations. It is different now from the institution that looked so troubled in the late 1960s and the '70s.

One notable example is family care. Most marriages in the United States today are not throwbacks to the '50s when it comes to domestic responsibilities; husbands are more willing to lean in. The amount of time that American fathers spend on child care increased from 2.5 hours a week in 1965 to nine hours in 2024, according to Pew and the American Time Use Survey. Over this same period, the share of time spent on child care by dads rose from 25 to 62 percent of what moms provided.

Indeed, one reason the United States' birth rate may be higher than those of East Asian countries such as Japan and South Korea—where the fertility rate has fallen to 1.15 and 0.75 babies per woman, respectively, well below the U.S. rate of 1.6—is that men in those countries do much less child care and household labor than men in the U.S. Even as women around the world embrace the "egalitarian frontier," in the words of the social scientist Alice Evans, men in some cultures have maintained their old habits. "As a result," Evans writes, "the sexes drift apart." This may help explain why South Korea has seen marriages tank and its fertility rate fall to the lowest in the world.

There is no single model for a good marriage in the U.S. today, and most couples have their struggles. Men still do less child care and housework, and disagreements over the division of household labor are a source of tension for some couples. Many women still value some traditional traits in men, such as breadwinning, and some men's unreliability as bread winners is a source of strain for them and their wives. A 2016 study on divorce published in the American Sociological Review found that when a husband was not employed full-time, his risk of divorce shot up by 33 percent the following year; when a wife was unemployed, her odds of divorce did not change. Employment difficulties among less-educated men are a big reason marriage rates are lower among the working class than among college graduates.

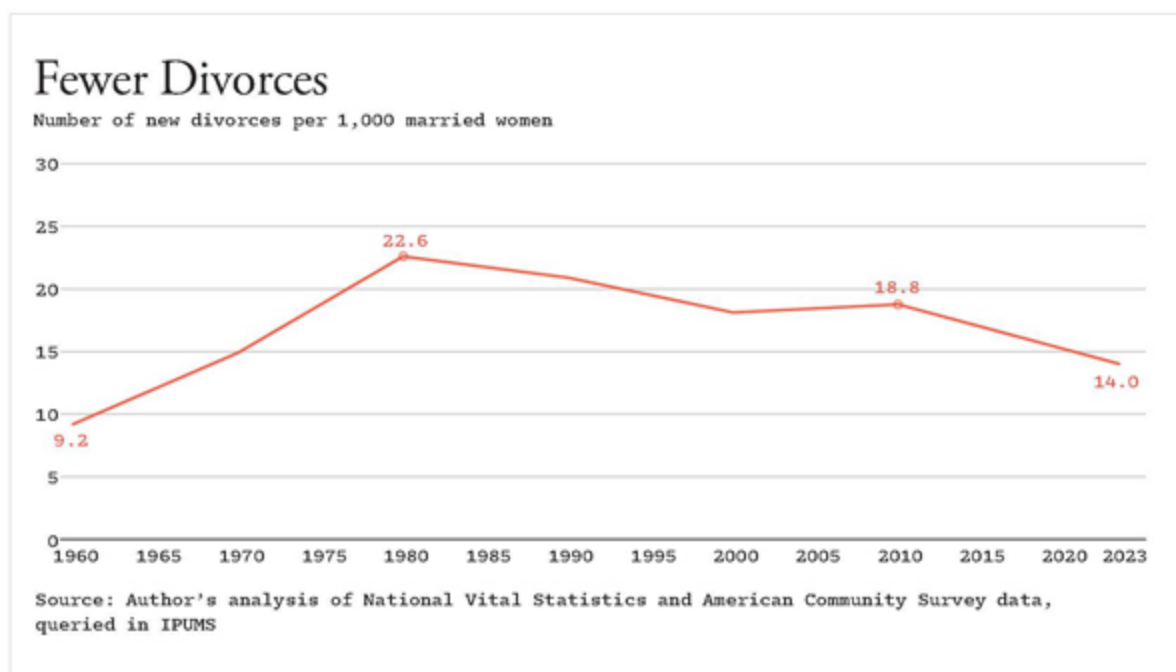
But on the whole, marriage confers benefits to women and men alike. According to the 2024 General Social Survey, married men and women ages 25 to 55 are more than twice as likely to be "very happy" with their life as their nonmarried peers. Married people—men and women both—live longer, are more financially secure, and build more wealth than single Americans.

In 2022, I worked with YouGov to survey some 2,000 married men and women, asking about their overall marital happiness and how they'd rate their spouse on a range of indicators. The happiest wives in the survey were those who gave their husbands good marks for fairness in the marriage, being attentive to them, providing, and being protective (that is, making them feel safe, physically and otherwise). Specifically, 81 percent of wives age 55 or younger who gave their husbands high marks on at least three of these qualities were very happily married, compared with just 25 percent of wives who gave them high marks on two or fewer.

And, in part because most wives were reasonably happy with the job their husband was doing on at least three out of four of these fronts, most wives were very happy with their husband, according to our survey. In fact, we found that more than two-thirds of wives in this age group—and husbands, too—were very happy with their marriage overall.

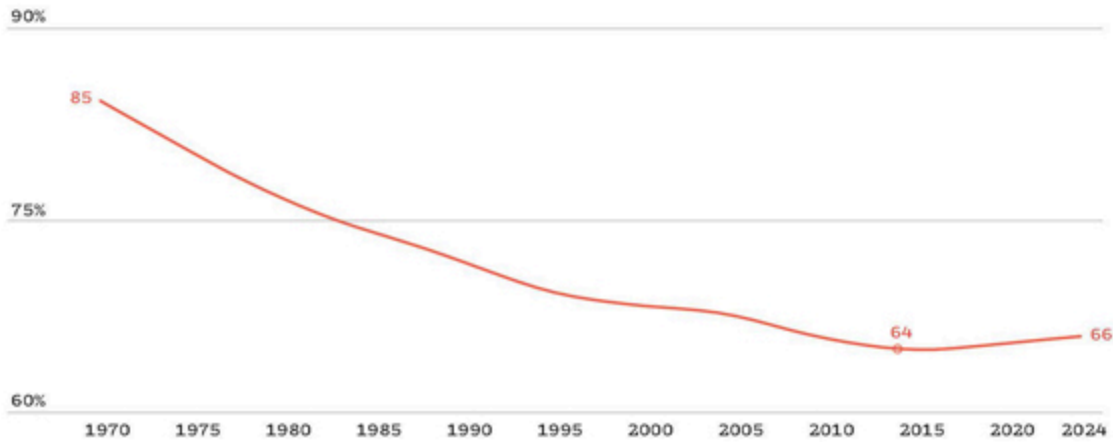
I believe it's important for teen boys and young men to hear the entirety of this message. Marriage changes men, but not in the nefarious ways Andrew Tate might think. Men work harder and find more success at work after they get married; they drink less as well. And marriage can channel noble characteristics and behaviors that have classically been identified with masculinity: protection, provision, ambition, stoicism. That's good for both men and women—and can help young men identify and work toward a model of pro social masculinity that diverges from the one being peddled by manosphere influencers such as Tate.

MARRIAGE'S comeback is good news for society: Children raised in two parent homes are much more likely to graduate from college than those raised in other families, and less likely to be incarcerated. Kids who don't live with both of their married parents are far more likely to be depressed than those raised in intact families. After surveying the research on child well-being, the economist Melissa Kearney concluded that the "evidence is clear, even if the punchline is uncomfortable: children are more likely to thrive—behaviorally and academically, and ultimately in the labor market and adult life—if they grow up with the advantages of a two-parent home." Her view reflects the mainstream academic consensus on family structure and children today.



Kids Growing Up in Married, Two-Parent Homes

Percentage of children under 18 living with married parents



Source: Author's analysis of Current Population Survey, queried in IPUMS

: WHY MARRIAGE SURVIVES

But marriage's comeback is, of course, incomplete. Although the trend may be starting to reverse, the share of all Americans who get married has fallen significantly since the '60s, and there is abundant evidence that many young adults today are reluctant to marry, or are having trouble finding partners they want to marry. In particular, marriage has become more selective over time socioeconomically. A majority of college-educated Americans ages 25 to 55 (62 percent) are married, versus a minority of less-educated Americans (49 percent), according to the 2023 American Community Survey. This bifurcation did not exist half a century ago and is one reason marriages are more durable today: Money makes everything easier.

The plight of working-class men in the labor force is worth underlining here. Among prime-age men, the less educated are nearly twice as likely not to be employed full-time as those with a college degree. And as working-class men's connection to the labor force has frayed, so too has their connection to the ties that bind. If, as a society, we want more adults to see their way into a lasting and happy marriage, then we would do well to focus on helping these men find their way to good jobs first.

But the idea that successful marriages are attainable only by certain groups today is misguided. Since 2012, divorce rates have been falling for working-class Americans and Black Americans, too—and the share of kids being raised in married families for these two groups has stabilized. (In fact, the proportion of Black children being raised in a married-parent family rose from 33 percent in 2012 to 39 percent in 2024.) And across both class and racial

lines, marriage is linked to greater happiness, household earnings, and wealth for women and men.

In the past, American society has readily advocated for behaviors that can improve lives and reduce social problems—campaigns against smoking and teen pregnancy are two examples. We should at a minimum strive to ensure that young people have an accurate understanding of marriage today, not one that's outdated—and certainly not one supplied by cranks and zealots.

Marriage is not for everyone—of course it isn't. But men and women who are flying solo—without a spouse—typically report their lives to be less meaningful and more lonely. The share of unmarried men ages 25 to 55 who say they are unhappy in the General Social Survey more than doubled from the late 1990s to the 2020s. That fact alone highlights just how wrong Andrew Tate is about men and marriage.

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# GOING BACK.

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## Section:

Dispatches

### What home meant before, and after, Hurricane Katrina

The scene before me appeared and disappeared and reappeared again with every breath I took, the hot air from my lungs fogging the gas mask that fit snugly over my face. My mother, father, and little sister stood in front of me wearing hazmat suits. It was October 2005, and we'd been among the first in Gentilly, our New Orleans neighborhood, to receive permission to return to our home after Hurricane Katrina. I was nervous. Gentilly had sat beneath up to eight feet of water for weeks. I didn't know what I would see, or how I would feel.

Our neighborhood had never been this quiet before. There had always been kids riding bikes, or someone playing music from their car or their front porch or their shoulder with a bass line that made the street vibrate. There had always been the sound of a basketball colliding with concrete as boys went in search of a court and a hoop and a game. Squirrels had always scurried through trees, where birds sang. Now there were no birds, no balls, no squirrels, no bikes. Only an eerie silence.

A silver car with clouded windows had crashed into the trunk of the old oak tree in front of our home, its hood bent into a crooked crescent. Branches from that old oak—some as thick as bodies—were scattered across the street and the yard. On the boarded-up window next to our door was a spray-painted orange X, a symbol used by search-and-rescue teams that could be seen throughout New Orleans in the days and weeks after the storm. Each quadrant of the X had a different number. The top quadrant showed the time and date the house had been searched; the left one identified which team had conducted the search; the right indicated any hazards found inside; and the bottom was for the number of people, dead or alive, found there. Our bottom quadrant read "0," but I am still haunted by the orange spray paint on homes we passed that said something else.

The search-and-rescue team had smashed the glass next to our door in order to open it. It remained ajar. As we entered the house, the smell bombarded us, in different to our masks. I

had never encountered anything so pungent in my life; it physically knocked me back beyond the doorframe.

When I stepped inside again, I saw that the walls were covered with mold. Blue-green spores were everywhere. The floorboards were warped; some had come loose. The refrigerator door hung open, rotten food spilling out. The television in the living room was face down on the floor. My mother's wedding dress, which had been designed and sewed by a local seamstress who had made dresses for generations of Black New Orleans women, lay ruined on the floor beneath the stairwell. A kitchen stool hung by one of its legs from the chandelier in our dining room, but the dining- room table was no longer there. The rising water had lifted it up and carried it into our living room.

We found the mahogany table misshapen, but upright. Sitting on top of it was a glass-domed cake stand with part of a birthday cake still inside, a time capsule unaltered by the destruction around it. Twenty years later, the cake is the thing I remember most clearly.

I HAVE NEVER been much of a cake person. I don't have a sweet tooth, and I hate chocolate. But I made an exception for the vanilla-almond cake with pineapple filling from Adrian's, the bakery just down the street. I loved the sweetness of the frosting; the soft, slight crumb of the cake; and the candied viscosity of the filling. My parents got it for my birthday every year, and even now, the taste of it makes me feel like a child again.



*Above: When Clint Smith and his family returned to their New Orleans home in October 2005, they found a house, and a neighborhood, destroyed by flooding.*



*Below: For Smith (pictured here on his 15th birthday, in 2003), eating vanilla-almond cake from a local bakery was an annual tradition.*

On August 25, 2005, I celebrated my 17th birthday by eating a substantial slice (or two) of this cake with my family before heading out with my friends to see a movie. When my mother placed the leftover cake inside the dome, we didn't know that it would stay there for weeks.

Evacuating was not new for us. It was practically a routine: The meteorologists would warn residents about a storm. We would pack some duffel bags with a few days' worth of clothes, board up our windows, put gas in our car, and drive to Jackson or Baton Rouge or Houston until the storm passed. Then we would come home, pick up a few branches, remove the boards from our windows, and continue on with life as it was before. In 2004, my family had evacuated to Houston ahead of Hurricane Ivan, sitting in 20 hours of traffic for what was typically a five-to-six-hour trip. We'd stayed with my aunt and uncle until the storm passed.

The relative normalcy of hurricanes made many in New Orleans feel as if evacuating wasn't worth it. Some would decide to stay home and ride out the storm; some didn't have the ability or means to leave even if they wanted to. We had been told so many times that this storm would be different, only for it not to be. But this time it was.

On August 28, just before 9:30 a.m., Mayor Ray Nagin issued a mandatory evacuation order for every resident of New Orleans, the first in the city's history. By then, my family and I were already gone. My father recalls waking up at 2 a.m. the morning of August 27 with a feeling of unease. He'd turned on the TV and seen that meteorologists were predicting that Katrina

would develop into a Category 5 hurricane—the highest category possible for a storm. And so we packed the bags, secured the windows, and filled the car with gas. My father told me to grab our photo albums off the shelf and put them in thick garbage bags. This, we had not done before. We did the same with pieces of art from our walls, paintings by local Black artists that my parents had collected over the decades. We left the bags in my parents' second-floor bedroom.

Finally, we got into our car. That night, we arrived at my aunt and uncle's home outside Houston. For the next several days, I watched nonstop coverage on CNN. I saw people begging for help from rooftops. I saw people wading through shoulder-deep sewer water to reach higher ground, pushing their children in ice chests. I saw footage of floating bodies. I saw homes just a few blocks from mine that were completely submerged. I knew then what had happened to mine.

After a few days of sitting on the couch in a catatonic state, I got a call from the soccer coach at Davidson College, in North Carolina. I was being recruited by a few different Division I schools, and Davidson's coach asked if I'd like to make my official recruiting visit to the school now, as a distraction. I said I would, and my father and I boarded a plane.

At Davidson, I watched the soccer team's thrilling overtime victory against a local rival, the University of North Carolina at Charlotte. I attended a political-science class on the history of the presidency, went to my first college party, and experienced the specific joy of getting late-night wings and quesadillas from the student union. At the end of my visit, I told my dad that I knew where I wanted to go. I committed to Davidson the same day. I realize now, looking back, that I decided on Davidson so quickly because I needed an anchor. I didn't know where I would be going to high school the next week, but at least I knew where I would be going to college next year.



*An old clock above the kitchen doorframe at Smith's childhood home*

My sister and I ended up staying in Texas for the entire school year, living with my aunt and uncle after my parents returned to New Orleans in January for their jobs, bringing my younger brother with them. They lived with my grandfather in one of the few areas that had not flooded. That fall, I went to Davidson and my family moved into a new house, one that I was grateful for, but one that never felt quite like mine.

ONE OF THE WALLS in our old family room was covered with mirrors, and as kids, every time my brother, my sister, and I stepped into the room, it felt as if that mirror-lined wall was beckoning us to dance. So dance we did, as numerous home videos attest—bobbing gleefully in our striped hand-me-down Hanna Andersson pajamas to the sound of my dad's records and CDs. As the trumpets from Earth, Wind & Fire's "Let's Groove" blared from the speakers, we would start jumping like the floor was covered in lava, and we would spin like a band of small, graceless tornadoes while my father laughed behind the camcorder.

My father had been collecting records since he was in high school, in the '70s. He had hundreds—artists such as Chaka Khan, Stevie Wonder, Funkadelic, Grover Washington Jr., Miles Davis, and John Coltrane—stored in the family room's floor-level cabinets. But amid the haste and chaos of our departure from New Orleans, we hadn't had time to move them, and when we returned in October, we found the collection destroyed.

The songs we danced to are still available, of course; these days, we can stream them anytime we want. But the albums themselves were artifacts, a tactile manifestation of all those happy memories—and they were irreplaceable.

This year, I went home to New Orleans at the end of June, as I do every summer. I bring my children, because I want them to feel a connection to the city that shaped who I am. Recently, each time I've arrived at my parents' house, I've been struck by the fact that they have now lived there for longer than we lived in the home I grew up in. The realization defies my sense of time and language; I've referred to this place as "the new house" for the past 20 years.

One rainy afternoon, while my kids were out with their grandparents, I drove down my old street and stopped in front of my childhood home. A new family had eventually moved in, after the house was gutted. There were new windows, new fences, new walls. The red brick facade had been painted white. The old oak tree was still there on the front lawn, its branches extending farther over the street, its trunk having grown darker and thicker with time. The birds had returned, as had the squirrels. People walked their dogs. Two girls threw a softball back and forth.



*As the house flooded, rising water carried the dining-room table into the living room.*

Although most of the homes in our neighborhood had been torn down and rebuilt, the house across the street from ours looked largely the same as it had when I was a child—except for the two canoes and the kayak conspicuously tied to its roof, as if its inhabitants were preparing for the next disaster.

I then drove to Adrian's, which had also moved after the storm. There, I was met by the smell of glazed doughnuts and fresh cinnamon rolls. White cakes gleamed from within glass display cases. Sitting on top of the glass were individual slices of cake wrapped in plastic. I

walked closer and saw golden pineapple filling seeping out from between layers of sponge. I bought three pieces.

Back at my parents' house, I opened a cabinet and took out our family photographs.

I've always felt thankful that the photo albums and art survived the storm. I tried to imagine what it might be like to no longer have access to these images: the birthdays, the graduations, the baptisms. The beach days, the camping trips, the lazy Sunday afternoons. My father and me flying a kite on a windy day at the lake, his hat turned backwards and his sunglasses glimmering; my mother and me on Easter morning when I was 3 years old, she in a beautiful blue dress and me in a red bow tie and brown brimmed hat; my sixth-birthday party, my face painted like a tiger, looking down at the thick slice of vanilla-almond cake on the table in front of me.

Alongside the albums sat a ziplock bag of other images—photos we took of our home when we returned to examine the damage after the storm. As I spread them out across the dining-room table, I was brought back to that day—the wretched smell, the buckled floorboards, the fungus-laden walls.

I removed the Saran Wrap covering one slice of cake and sank my fork into it, attempting to capture the sponge, the frosting, and the filling in a single bite. It was as good as I remembered it being, and I ate with such abandon that I dropped some frosting onto the photos in front of me. When I moved an album to clean it off, I noticed an image in the Katrina pile that I hadn't seen before: an old clock that hung above the doorframe in our kitchen, its hands frozen in place. It looked as though it had spores spilling out of it.

When you talk with people in, or from, New Orleans, Hurricane Katrina is often the way by which we demarcate time. When attempting to recall an event, a moment, or an experience, someone will ask "Was it before or after the storm?" For many of us, that demarcation also reflects our physical relationship to the city—it is a question that often means Was that before or after I was forced to leave my home? Because I was a senior in high school when Katrina made landfall and because I finished school in another state, I never lived in New Orleans again. When I came back home for the holidays, I would stay on a pullout couch in the guest room.

Sometimes I think of what that year could have been had Katrina never happened. What it would have been like to be the captain of my soccer team during my final high-school season. What it would have been like to attend home coming and prom with friends who had

known me since I was a toddler. And what it would be like now to bring my children back to the house that I grew up in.

But I still have my memories of growing up in a city unlike any other in the world—a city that some said should not have been rebuilt. Twenty years later, New Orleans is still here. I'm able to make new memories with my own children: taking them to Saints games in the Superdome, as my father took me. Playing with them on the trees in City Park, the way my mother did with me. Eating the cake I loved from Adrian's at my parents' dining-room table—even when their taste buds don't match up with my nostalgia. My daughter said she wished the cake were chocolate. My son prefers ice cream.

COURTESY OF CLINT SMITH

"WAS IT BEFORE OR AFTER THE STORM?"

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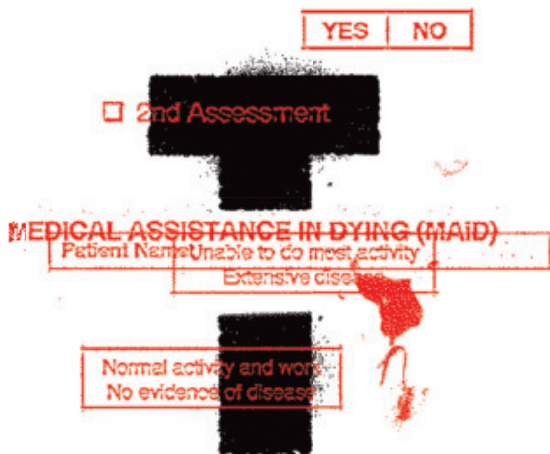
Clint Smith is a staff writer at The Atlantic and the author of *How the Word Is Passed: A Reckoning With the History of Slavery Across America*.

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The euthanasia conference was held at a Sheraton. Some 300 Canadian professionals, most of them clinicians, had arrived for the annual event. There were lunch buffets and complimentary tote bags; attendees could look forward to a Friday-night social outing, with a DJ, at an event space above Par-Tee Putt in downtown Vancouver. “The most important thing,” one doctor told me, “is the networking.”

Which is to say that it might have been any other convention in Canada. Over the past decade, practitioners of euthanasia have become as familiar as orthodontists or plastic surgeons are with the mundane rituals of lanyards and drink tickets and *It’s been so long* outside the ballroom of a four-star hotel. The difference is that, 10 years ago, what many of the attendees here do for work would have been considered homicide.

When Canada’s Parliament in 2016 legalized the practice of euthanasia—Medical Assistance in Dying, or MAID, as it’s formally called—it launched an open-ended medical experiment. One day, administering a lethal injection to a patient was against the law; the next, it was as legitimate as a tonsillectomy, but often with less of a wait. MAID now accounts for about one in 20 deaths in Canada—more than Alzheimer’s and diabetes combined—surpassing countries where assisted dying has been legal for far longer.

It is too soon to call euthanasia a lifestyle option in Canada, but from the outset it has proved a case study in momentum. MAID began as a practice limited to gravely ill patients who were already at the end of life. The law was then expanded to include people who were suffering from serious medical conditions but not facing imminent death. In two years, MAID will be made available to those suffering only from mental illness. Parliament has also recommended granting access to minors.

At the center of the world’s fastest-growing euthanasia regime is the concept of patient autonomy. Honoring a patient’s wishes is of course a core value in medicine. But here it has become paramount, allowing Canada’s MAID advocates to push for expansion in terms

that brook no argument, refracted through the language of equality, access, and compassion. As Canada contends with ever-evolving claims on the right to die, the demand for euthanasia has begun to outstrip the capacity of clinicians to provide it.

There have been unintended consequences: Some Canadians who cannot afford to manage their illness have sought doctors to end their life. In certain situations, clinicians have faced impossible ethical dilemmas. At the same time, medical professionals who decided early on to reorient their career toward assisted death no longer feel compelled to tiptoe around the full, energetic extent of their devotion to MAID. Some clinicians in Canada have euthanized hundreds of patients.

The two-day conference in Vancouver was sponsored by a professional group called the Canadian Association of MAiD Assessors and Providers. Stefanie Green, a physician on Vancouver Island and one of the organization’s founders, told me how her decades as a maternity doctor had helped equip her for this new chapter in her career. In both fields, she explained, she was guiding a patient through an “essentially natural event”—the emotional and medical choreography “of the most important days in their life.” She continued the analogy: “I thought, *Well, one is like delivering life into the world, and the other feels like transitioning and delivering life out.*” And so Green does not refer to her MAID deaths only as “provisions”—the term for euthanasia that most clinicians have adopted. She also calls them “deliveries.”

Gord Gubitz, a neurologist from Nova Scotia, told me that people often ask him about the “stress” and “trauma” and “strife” of his work as a MAID provider. *Isn’t it so emotionally draining?* In fact, for him it is just the opposite. He finds euthanasia to be “energizing”—the “most meaningful work” of his career. “It’s a happy sad, right?” he explained. “It’s really sad that you were in so much pain. It is sad that your family is racked with grief. But we’re so happy you got what you wanted.”

Has Canada itself gotten what it wanted? Nine years after the legalization of assisted death, Canada’s leaders seem to regard MAID from a strange, almost anthropological remove: as if the future of euthanasia is no more within their control than the laws of physics; as if continued expansion is not a reality the government is choosing so much as conceding. This is the story of an ideology in motion, of what happens when a nation enshrines a right before reckoning with the totality of its logic. If autonomy in death is sacrosanct, is there anyone who shouldn’t be helped to die?

RISHAD USMANI REMEMBERS the first patient he killed. She was 77 years old and a former Ice Capades skater, and she had severe spinal stenosis. Usmani, the woman’s family physician on Vancouver Island, had tried to talk her out of the decision to die. He would always do that, he told me, when patients first asked about medically assisted death, because often what he found was that people simply wanted to be comfortable, to have their pain controlled; that when they reckoned, really reckoned, with the finality of it all, they realized they didn’t actually want euthanasia. But this patient was sure: She was suffering, not just from the pain but from the pain medication too. She wanted to die.

On December 13, 2018, Usmani arrived at the woman's home in the town of Comox, British Columbia. He was joined by a more senior physician, who would supervise the procedure, and a nurse, who would start the intravenous line. The patient lay in a hospital bed, her sister next to her, holding her hand. Usmani asked her a final time if she was sure; she said she was. He administered 10 milligrams of midazolam, a fast-acting sedative, then 40 milligrams of lidocaine to numb the vein in preparation for the 1,000 milligrams of propofol, which would induce a deep coma. Finally he injected 200 milligrams of a paralytic agent called rocuronium, which would bring an end to breathing, ultimately causing the heart to stop.

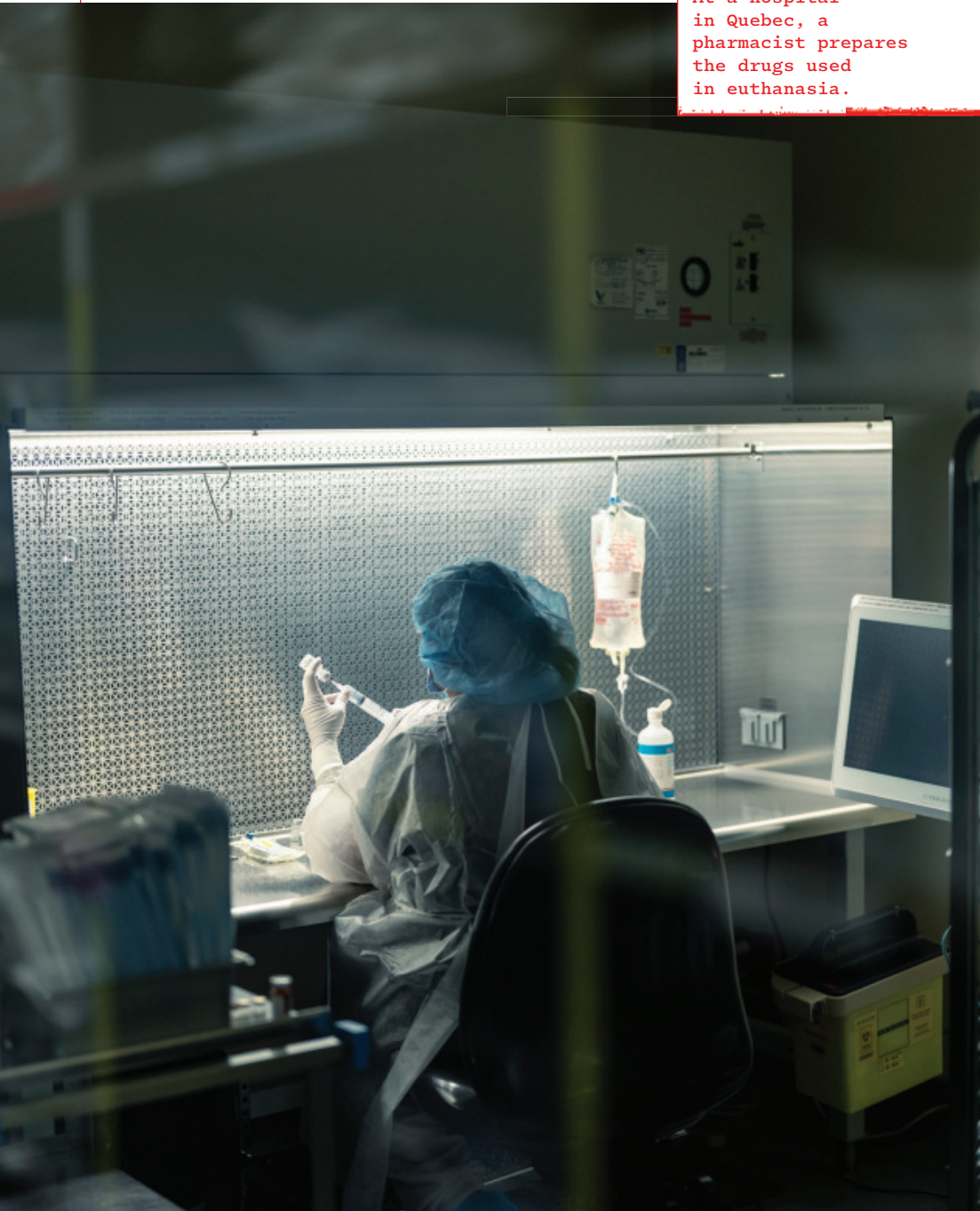
Usmani drew his stethoscope to the woman's chest and listened. To his quiet alarm, he could hear the heart still beating. In fact, as the seconds passed, it seemed to be quickening. He glanced at his supervisor. Where had he messed up? But as soon as they locked eyes, he understood: He was listening to his own heartbeat.

Many clinicians in Canada who have provided medical assistance in dying have a story like this, about the tangle of nerves and uncertainties that attended their first case. Death itself is something every clinician knows intimately, the grief and pallor and paperwork of it. To work in medicine is to step each day into the worst days of other people's lives. But approaching death as a procedure, as something to be scheduled over Outlook, took some getting used to. In Canada, it is no longer a novel and remarkable event. As of 2023, the last year for which data are available, some 60,300 Canadians had been legally helped to their death by clinicians. In Quebec, more than 7 percent of all deaths are by euthanasia—the highest rate of any jurisdiction in the

world. "I have two or three provisions every week now, and it's continuing to go up every year," Claude Rivard, a family doctor in suburban Montreal, told me.

Rivard has thus far provided for more than 600 patients and helps train clinicians new to MAID. This spring, I watched from the back of a small classroom in a Vancouver hospital as Rivard led a workshop on intraosseous infusion—administering drugs directly into the bone marrow, a useful skill for MAID clinicians, Rivard explained, in the event of IV failure. Arranged on absorbent pads across the back row of tables were eight pig knuckles, bulbous and pink. After a PowerPoint presentation, the dozen or so attendees took turns with different injection devices, from the primitive (manual needles) to the modern (bone-injection guns). Hands cramped around hollow steel needles as the workshop attendees struggled to twist and drive the tools home. This was the last thing, the clinicians later agreed, that patients would want to see as they lay trying to die. Practitioners needed to learn. "Every detail matters," Rivard told the class; he preferred the bone-injection gun himself.

At a hospital in Quebec, a pharmacist prepares the drugs used in euthanasia.





Above: Claude Rivard at his home near Montreal. Opposite page: Ready-to-use MAID kits in a hospital vault.

The details of the assisted-death experience have become a preoccupation of Canadian life. Patients meticulously orchestrate their final moments, planning celebrations around them: weekend house parties before a Sunday-night euthanasia in the garden; a Catholic priest to deliver last rites; extended-family renditions of “Auld Lang Syne” at the bedside. For \$10.99, you can design your MAID experience with the help of the Be Ceremonial app; suggested rituals include a story altar, a forgiveness ceremony, and the collecting of tears from witnesses. On the *Disrupting Death* podcast, hosted by an educator and a social worker in Ontario, guests share ideas on subjects such as normalizing the MAID process for children facing the death of an adult in their life—a pajama party at a funeral home; painting a coffin in a schoolyard.

AUTONOMY, CHOICE, CONTROL: These are the values that found purchase with the great majority of Canadians in February 2015, when, in a case spearheaded by the British Columbia Civil Liberties Association, the supreme court of Canada unanimously overturned the country’s criminal ban on medically assisted death. For advocates, the victory had been decades in the making—the culmination of a campaign that had grown in fervor since the 1990s, when Canada’s high court narrowly ruled against physician-assisted death in a case brought by a patient with amyotrophic lateral sclerosis, or ALS. “We’re talking about a competent person making a choice about their death,” one long-time right-to-die activist said while celebrating the new ruling.

“Don’t access this choice if you don’t want—but stay away from my death bed.” A year later, in June 2016, Parliament passed the first legislation officially permitting medical assistance in dying for eligible adults, placing Canada among the handful of countries (including Belgium, Switzerland, and the Netherlands) and U.S. states (Oregon, Vermont, and California, among others) that already allowed some version of the practice.

The new law approved medical assistance in dying for adults who had a “grievous and irremediable medical condition” causing them “intolerable suffering,” and who faced a “reasonably foreseeable” natural death. To qualify, patients needed two clinicians to sign off on their application, and the law required a 10-day “reflection period” before the procedure could take place. Patients could choose to die either by euthanasia—having a clinician administer the drugs directly—or, alternatively, by assisted suicide, in which a patient self-administers a lethal prescription orally. (Virtually all MAID deaths in Canada have been by euthanasia.) When the procedure was set to begin, patients were required to give final consent.

The law, in other words, was premised on the concept of patient autonomy, but within narrow boundaries. Rather than force someone with, say, late-stage cancer to suffer to the very end, MAID would allow patients to depart on their own terms: to experience a “dignified death,” as proponents called it. That the threshold of eligibility for MAID would be high—and stringent—was presented to the public as self-evident, although the criteria themselves were vague when you looked closely. For instance, what constituted “reasonably foreseeable”? Two months? Two years? Canada’s Department of Justice suggested only “a period of time that is not too remote.”

Provincial health authorities were left to fill in the blanks. Following the law’s passage, doctors, nurse practitioners, pharmacists, and lawyers scrambled to draw up the regulatory fine print for a procedure that until then had been legally classified as culpable homicide. How should the assessment process work? What drugs should be used? Particularly vexing was the question of whether it should be clinicians or patients who initiated conversations about assisted death. Some argued that doctors and nurses had a professional obligation to broach the subject of MAID with potentially eligible patients, just as they would any other “treatment option.” Others feared that patients could interpret this as a recommendation—indeed, feared that talking about assisted death as a medical treatment, like Lasik surgery or a hip replacement, was dangerous in itself.

Early on, a number of health-care professionals refused to engage in any way with MAID—some because of religious beliefs, and others because, in their view, it violated a medical duty to “do no harm.” For many clinicians, the ethical and logistical challenges of MAID only compounded the stress of working within Canada’s public-health-care system, beset by years of funding cuts and staffing shortages. The median wait time for general surgery is about 22 weeks. For orthopedic surgery, it’s more than a year. For some kinds of mental-health services, the wait time can be longer.

As the first assessment requests trickled in, even many clinicians who believed strongly in the right to an assisted death were reluctant to do the actual assisting. Some told me they agreed to take on

patients only after realizing that no one else—in their hospital or even their region—was willing to go first. Matt Kutcher, a physician on Prince Edward Island, was more open to MAID than others, but acknowledged the challenge of building the practice of assisted death virtually from scratch. “The reality,” he said, “is that we were all just kind of making it up as we went along, very cautiously.”

ON A RAINY spring evening in 2017, Kutcher drove to a farmhouse by the sea to administer the first state-sanctioned act of euthanasia in his province. The patient, Paul Couvrette, had learned about MAID from his wife, Liana Brittain, in 2015, soon after the supreme-court decision. He had just been diagnosed with lung cancer, and while processing this fact in the parking lot of the clinic had turned to his wife and announced: “I’m not going to have cancer. I’m going to kill myself.” Brittain told her husband this was a bit dramatic. “You know, dear, you don’t have to do that,” she recalls responding. “The government will do it for you, and they’ll do it for free.” Couvrette had marveled at the news, because although he was open to surgery, he had no interest in chemotherapy or radiation. MAID, Brittain told me, gave her husband the relief of a “back door.” By early 2017, the cancer had spread to Couvrette’s brain; the 72-year-old became largely bedridden. He set his MAID procedure for May 10—the couple’s wedding anniversary.

Kutcher and a nurse had agreed to come early and join the extended family—children, a granddaughter—for Couvrette’s final dinner: seafood chowder and gluten-free biscuits. Only Brittain would eventually join Couvrette in the downstairs bedroom; the rest of the family and the couple’s two dogs would wait outside on the beach. There was a shared understanding, Kutcher recalled, that “this was something none of us had experienced before, and we didn’t really know what we were in for.” What followed was a “beautiful death”—that was what the local newspaper called it, Brittain told me. Couvrette’s last words to his wife came from their wedding vows: *I’ll love you forever, plus three days.*

Kutcher wrestled at first with the sheer strangeness of the experience—how quickly it was over, packing up his equipment at the side of a dead man who just 10 minutes earlier had been talking with him, very much alive. But he went home believing he had done the right thing for his patient.

For proponents, Couvrette epitomized the ideal MAID candidate, motivated not by an impulsive death wish but by a considered desire to reclaim control of his fate

from a terminal disease. The lobbying group Dying With Dignity Canada celebrated Couvrette’s “empowering choice and journey” as part of a showcase on its website of “good deaths” made possible by the new law. There was also the surgeon in Nova Scotia with Parkinson’s who “died the same way he lived—on his own terms.” And there were the Toronto couple in their 90s who, in a “dream ending to their storybook romance,” underwent MAID together.

Such heartfelt accounts tended to center on the white, educated, financially stable patients who represented the typical MAID recipient. The stories did not precisely capture what many clinicians were discovering also to be true: that if dying by MAID was dying with dignity, some deaths felt considerably more dignified than others. Not everyone has coastal homes or children and grandchildren who can gather in love and solidarity. This was made clear to Sandy Buchman, a palliative-care physician in Toronto, during one of his early MAID cases, when a patient, “all alone,” gave final consent from a mattress on the floor of a rental apartment. Buchman recalls having to kneel next to the mattress in the otherwise empty space





Madeline Li at her
office in Toronto

to administer the drugs. “It was horrible,” he told me. “You can see how challenging, how awful, things can be.”

In 2018, Buchman co-founded a nonprofit organization called MAiDHouse. The aim was to create a “third place” of sorts for people who want to die somewhere other than a hospital or at home. Finding a location proved difficult; many landlords were resistant. But by 2022, MAiDHouse had leased the space in Toronto from which it operates today. (For security reasons, the location is not public.) Tekla Hendrickson, the executive director of MAiDHouse, told me the space was designed to feel warm and familiar but also adaptable to the wishes of the person using it: furniture light enough to rearrange, bare surfaces for flowers or photos or any other personal items. “Sometimes they have champagne, sometimes they come in limos, sometimes they wear ball gowns,” Hendrickson said. The act of euthanasia itself takes place in a La-Z-Boy-like recliner, with adjacent rooms available for family and friends who may prefer not to witness the procedure. According to the MAiDHouse website, the body is then transferred to a funeral home by attendants who arrive in unmarked cars and depart “discreetly.”

Since its founding, MAiDHouse has provided space and support for more than 100 deaths. The group’s homepage displays a photograph of dandelion seeds scattering in a gentle wind. A second MAiDHouse location recently opened in Victoria, British Columbia. In the organization’s 2023 annual report, the chair of the board noted that MAiDHouse’s followers on LinkedIn had increased by 85 percent; its new Instagram profile was gaining followers too. More to the point, the number of provisions performed at MAiDHouse had doubled over the previous year—“astounding progress for such a young organization.”

IN THE EARLY DAYS of MAiD, some clinicians found themselves at once surprised and conflicted by the fulfillment they experienced in helping people die. A few months after the law’s passage, Stefanie Green, whom I’d met at the conference in Vancouver, acknowledged to herself how “upbeat” she’d felt following a recent provision—“a little hyped up on adrenaline,” as she later put it in a memoir about her first year providing medical assistance in death. Green realized it was *gratification* she was feeling: A patient had come to her in immense pain, and she had been in a position to offer relief. In the end, she believed, she had “given a gift to a dying man.”

Green had at first been reluctant to reveal her feelings to anyone, afraid that she might be viewed, she recalled, as a “psychopath.” But she did eventually confide in a small group of fellow MAiD practitioners. Green and several colleagues realized that there was a need for a formal community of professionals. In 2017, they officially launched the group whose meeting I attended.

There was a time when Madeline Li would have felt perfectly at home among the other clinicians who convened that weekend at the Sheraton. In the early years of MAiD, few physicians exerted more influence over the new regime than Li. The Toronto-based cancer psychiatrist led the development of the MAiD program at the University Health Network, the largest teaching-hospital system in Canada, and in 2017 saw her framework published in *The New England Journal of Medicine*.

It was not long into her practice, however, that Li’s confidence in the direction of her country’s MAiD program began to falter. For all of her expertise, not even Li was sure what to do about a patient in his 30s whom she encountered in 2018.

The man had gone to the emergency room complaining of excruciating pain and was eventually diagnosed with cancer. The prognosis was good, a surgeon assured him, with a 65 percent chance of a cure. But the man said he didn’t want treatment; he wanted MAiD. Startled, the surgeon referred him to a medical oncologist to discuss chemo; perhaps the man just didn’t want surgery. The patient proceeded to tell the medical oncologist that he didn’t want treatment of any kind; he wanted MAiD. He said the same thing to a radiation oncologist, a palliative-care physician, and a psychiatrist, before finally complaining to the patient-relations department that the hospital was barring his access to MAiD. Li arranged to meet with him.

Canada’s MAiD law defines a “grievous and irremediable medical condition” in part as a “serious and incurable illness, disease,

or disability.” As for what constitutes incurability, however, the law says nothing—and of the various textual ambiguities that caused anxiety for clinicians early on, this one ranked near the top. Did “incurable” mean a lack of any available treatment? Did it mean the likelihood of an available treatment not working? Prominent MAID advocates put forth what soon became the predominant interpretation: A medical condition was incurable if it could not be cured by means acceptable to the patient.

This had made sense to Li. If an elderly woman with chronic myelogenous leukemia had no wish to endure a highly toxic course of chemo and radiation, why should she be compelled to? But here was a young man with a likely curable cancer who nevertheless was adamant about dying. “I mean, he was so, so clear,” Li told me. “I talked to him about *What if you had a 100 percent chance? Would you want treatment?* And he said no.” He didn’t want to suffer through the treatment or the side effects, he explained; just having a colonoscopy had traumatized him. When Li assured the man that they could treat the side effects, he said she wasn’t understanding him: Yes, they could give him medication for the pain, but then he would have to first experience the pain. He didn’t want to experience the pain.

What was Li left with? According to prevailing standards, the man’s refusal to attempt treatment rendered his disease incurable and his natural death was reasonably foreseeable. He met the eligibility criteria as Li understood them. But the whole thing seemed wrong to her. Seeking advice, she described the basics of the case in a private email group for MAID practitioners under the heading “Eligible, but Reasonable?” “And what was very clear to me from the replies I got,” Li told me, “is that many people have no ethical or clinical qualms about this—that it’s all about a patient’s autonomy, and if a patient wants this, it’s not up to us to judge. We should provide.”

And so she did. She regretted her decision almost as soon as the man’s heart stopped beating. “What I’ve learned since is: Eligible doesn’t mean you should provide MAID,” Li told me. “You can be eligible because the law is so full of holes, but that doesn’t mean it clinically makes sense.” Li no longer interprets “incurable” as at the sole discretion of the patient. The problem, she feels, is that the law permits such a wide spectrum of interpretations to begin with. Many decisions about life and death turn on the personal values of practitioners and patients rather than on any objective medical criteria.

By 2020, Li had overseen hundreds of MAID cases, about 95 percent of which were “very straightforward,” she said. They involved people who had terminal conditions and wanted the same control in death as they’d enjoyed in life. It was the 5 percent that worried her—not just the young man, but vulnerable people more generally, whom the safeguards had possibly failed. Patients whose only “terminal condition,” really, was age. Li recalled an especially divisive early case for her team involving an elderly woman who’d fractured her hip. She understood that the rest of her life would mean becoming only weaker and enduring more falls, and she “just wasn’t going to have it.” The woman was approved for MAID on the basis of frailty.

Li had tried to understand the assessor’s reasoning. According to an actuarial table, the woman, given her age and medical circumstances, had a life expectancy of five or six more years. But what if the woman had been slightly younger and the number was closer to eight years—would the clinician have approved her then? “And they said, well, they weren’t sure, and that’s my point,” Li explained. “There’s no standard here; it’s just kind of up to you.” The concept of a “completed life, or being tired of life,” as sufficient for MAID is “controversial in Europe and theoretically not legal in Canada,” Li said. “But the truth is, it *is* legal in Canada. It always has been, and it’s happening in these frailty cases.”

Li supports medical assistance in dying when appropriate. What troubles her is the federal government’s deferring of responsibility in managing it—establishing principles, setting standards, enforcing boundaries. She believes most physicians in Canada share her “muddy middle” position. But that position, she said, is also “the most silent.”

IN 2014, when the question of medically assisted death had come before Canada’s supreme court, Etienne Montero, a civil-law professor and at the time the president of the European Institute of Bioethics, warned in testimony that the practice of euthanasia, once legal, was impossible to control. Montero had been retained by the attorney general of Canada to discuss the experience of assisted death in Belgium—how a regime that had begun with “extremely strict” criteria had steadily evolved, through loose interpretations and lax enforcement, to accommodate many of the very patients it had once pledged to protect. When a patient’s autonomy is paramount, Montero argued, expansion is inevitable: “Sooner or later, a patient’s repeated wish will take precedence over strict statutory conditions.” In the end, the Canadian justices were unmoved; Belgium’s “permissive” system, they contended, was the “product of a very different medico-legal culture” and therefore offered “little insight into how a Canadian regime might operate.” In a sense, this was correct: It took Belgium more than 20 years to reach an assisted-death rate of 3 percent. Canada needed only five.

In retrospect, the expansion of MAID would seem to have been inevitable; Justin Trudeau, then Canada’s prime minister, said as much back in 2016, when he called his country’s newly passed MAID law “a big first step” in what would be an “evolution.” Five years later, in March 2021, the government enacted a new two-track system of eligibility, relaxing existing safeguards and extending MAID to a broader swath of Canadians. Patients approved for an assisted death under Track 1, as it was now called—meaning the original end-of-life context—were no longer required to wait 10 days before receiving MAID; they could die on the day of approval. Track 2, meanwhile, legalized MAID for adults whose deaths were not reasonably foreseeable—people suffering from chronic pain, for example, or from certain neurological disorders. Although cost savings have never been mentioned as an explicit rationale for expansion, the parliamentary budget office anticipated annual savings in health-care costs of nearly \$150 million as a result of the expanded MAID regime.

The 2021 law did provide for additional safeguards unique to Track 2. Assessors had to ensure that applicants gave “serious consideration”—a phrase left undefined—to “reasonable and available means” to alleviate their suffering. In addition, they had to affirm that the patients had been directed toward such options. Track 2 assessments were also required to span at least 90 days. For any MAID assessment, clinicians must be satisfied not only that a patient’s suffering is enduring and intolerable, but that it is a function of a physical medical condition rather than mental illness, say, or financial instability. Suffering is never perfectly reducible, of course—a crisp study in cause and effect. But when a patient is already dying, the role of physical disease isn’t usually a mystery, either.

Track 2 introduced a web of moral complexities and clinical demands. For many practitioners, one major new factor was the sheer amount of time required to understand why the person before them—not terminally ill—was asking, at that particular moment, to die. Clinicians would have to untangle the physical experience of chronic illness and disability from the structural inequities and mental-health struggles that often attend it. In a system where access to social supports and medical services varies so widely, this was no small challenge, and many clinicians ultimately chose not to expand their practice to include Track 2 patients.

There is no clear official data on how many clinicians are willing to take on Track 2 cases. The government’s most recent information indicates that, in 2023, out of 2,200 MAID practitioners overall, a mere 89 were responsible for about 30 percent of all Track 2 provisions. Jonathan Reggler, a family physician on Vancouver Island, is among that small group. He openly acknowledges the challenges involved in assessing Track 2 patients, as well as the basic “discomfort” that comes with ending the life of someone who is not in fact dying. “I can think of cases that I’ve dealt with where you’re really asking yourself, *Why?*” he told me. “*Why now? Why is it that this cluster of problems is causing you such distress where another person wouldn’t be distressed?*”

Yet Reggler feels duty bound to move beyond his personal discomfort. As he explained it, “Once you accept that people ought to have autonomy—once you accept that life is not sacred and something that can only be taken by God, a being I don’t believe in—then, if you’re in that work, some of us have to go forward and say, ‘We’ll do it.’”

For some MAID practitioners, however, it took encountering an eligible patient for them to realize the true extent of their unease with Track 2. One physician, who requested anonymity because he was not authorized by his hospital to speak publicly, recalled assessing a patient in their 30s with nerve damage. The pain was such that they couldn’t go outside; even the touch of a breeze would inflame it. “They had seen every kind of specialist,” he said. The patient had tried nontraditional therapies too—acupuncture, Reiki, “everything.” As the physician saw it, the patient’s condition was serious and incurable, it was causing intolerable suffering, and the suffering could not seem to be relieved. “I went through all of the tick boxes, and by the letter of the law, they clearly met the criteria for all of these things, right?

That said, I felt a little bit queasy.” The patient was young, with a condition that is not terminal and is usually treatable. But “I didn’t feel it was my place to tell them no.”

He was not comfortable doing the procedure himself, however. He recalled telling the MAID office in his region, “Look, I did the assessment. The patient meets the criteria. But I just can’t—I can’t do this.” Another clinician stepped in.

In 2023, Track 2 accounted for 622 MAID deaths in Canada—just over 4 percent of cases, up from 3.5 percent in 2022. Whether the proportion continues to rise is anyone’s guess. Some argue that primary-care providers are best positioned to negotiate the complexities of Track 2 cases, given their familiarity with the patient making the request—their family situation, medical history, social circumstances. This is how assisted death is typically approached in other countries, including Belgium and the Netherlands. But in Canada, the system largely developed around the MAID coordination centers assembled in the provinces, complete with 1-800 numbers for self-referrals. The result is that MAID assessors generally have no preexisting relationship with the patients they’re assessing.

How do you navigate, then, the hidden corridors of a stranger’s suffering? Claude Rivard told me about a Track 2 patient who had called to cancel his scheduled euthanasia. As a result of a motorcycle accident, the man could not walk; now blind, he was living in a long-term-care facility and rarely had visitors; he had been persistent in his request for MAID. But when his family learned that he’d applied and been approved, they started visiting him again. “And it changed everything,” Rivard said. He was in contact with his children again. He was in contact with his ex-wife again. “He decided, ‘No, I still have pleasure in life, because the family, the kids are coming; even if I can’t see them, I can touch them, and I can talk to them, so I’m changing my mind.’”

I asked Rivard whether this turn of events—the apparent plasticity of the man’s desire to die—had given him pause about approving the patient for MAID in the first place. Not at all, he said. “I had no control on what the family was going to do.”

SOME OF THE OPPOSITION to MAID in Canada is religious in character. The Catholic Church condemns euthanasia, though Church influence in Canada, as elsewhere, has waned dramatically, particularly where it was once strongest, in Quebec. But from the outset there were other concerns, chief among them the worry that assisted death, originally authorized for one class of patient, would eventually become legal for a great many others too. National disability-rights groups warned that Canadians with physical and intellectual disabilities—people whose lives were already undervalued in society, and of whom 17 percent live in poverty—would be at particular risk. As assisted death became “sanitized,” one group argued, “more and more will be encouraged to choose this option, further entrenching the ‘better off dead’ message in public consciousness.”

For these critics, the “reasonably foreseeable” death requirement had been the solitary consolation in an otherwise lost constitutional battle. The elimination of that protection with the creation



Depleted syringes
after a MAID provision

of Track 2 reinforced their conviction that MAID would result in Canada's most marginalized citizens being subtly coerced into premature death. Canadian officials acknowledged these concerns—"We know that in some places in our country, it's easier to access MAID than it is to get a wheelchair," Carla Qualtrough, the disability-inclusion minister, admitted in 2020—but reiterated that socioeconomic suffering was not a legal basis for MAID. Justin Trudeau took pains to assure the public that patients were not being backed into assisted death because of their inability to afford proper housing, say, or get timely access to medical care. It "simply isn't something that ends up happening," he said.

Sathya Dhara Kovac, of Winnipeg, knew otherwise. Before dying by MAID in 2022, at the age of 44, Kovac wrote her own obituary. She explained that life with ALS had "not been easy"; it was, as far as illnesses went, a "shitty" one. But the illness itself was not the reason she wanted to die. Kovac told the local press prior to being euthanized that she had fought unsuccessfully to get adequate home-care services; she needed more than the 55 hours a week covered by the province, couldn't afford the cost of a private agency to take care of the balance, and didn't want to be relegated to a long-term-care facility. "Ultimately it was not a genetic disease that took me out, it was a system," Kovac wrote. "I could have had more time if I had more help."

Earlier this spring, I met in Vancouver with Marcia Doherty; she was approved for Track 2 MAID shortly after it was legalized, four years ago. The 57-year-old has suffered for most of her life from complex chronic illnesses, including myalgic encephalomyelitis, fibromyalgia, and Epstein-Barr virus. Her daily experience of pain is so total that it is best captured in terms of what doesn't hurt (the tips of her ears; sometimes the tip of her nose) as opposed to all the places that do. Yet at the core of her suffering is not only the pain itself, Doherty told me; it's that, as the years go by, she can't afford the cost of managing it. Only a fraction of the treatments she relies on are covered by her province's health-care plan, and with monthly disability assistance her only consistent income, she is overwhelmed with medical debt. Doherty understands that someday, the pressure may simply become too much. "I didn't apply for MAID because I want to be dead," she told me. "I applied for MAID on ruthless practicality."

It is difficult to understand MAID in such circumstances as a triumphant act of autonomy—as if the state, by facilitating death where it has failed to provide adequate resources to live, has somehow given its most vulnerable citizens the dignity of choice. In January 2024, a quadriplegic man named Normand Meunier entered a Quebec hospital with a respiratory infection; after four days confined to an emergency-room stretcher, unable to secure a proper mattress despite his partner's pleas, he developed a painful bedsore that led him to apply for MAID. "I don't want to be a burden," he told Radio-Canada the day before he was euthanized, that March.

Nearly half of all Canadians who have died by MAID viewed themselves as a burden on family and friends. For some disabled citizens, the availability of assisted death has sowed doubt about how the medical establishment itself sees them—about whether their lives are in fact considered worthy of saving. In the fall of 2022, a 49-year-old Nova Scotia woman who is physically disabled and had recently been diagnosed with breast cancer was readying for a lifesaving mastectomy when a member of her surgical team began working through a list of pre-op questions about her medications and the last time she ate—and was she familiar with medical assistance in dying? The woman told me she felt suddenly and acutely aware of her body, the tissue-thin gown that wouldn't close. "It left me feeling like maybe I should be second-guessing my decision," she recalled. "It was the thing I was thinking about as I went under; when I woke up, it was the first thought in my head." Fifteen months later, when the woman returned for a second mastectomy, she was again asked if she was aware of MAID. Today she still wonders if, were she not disabled, the question would even have been asked. Gus Grant, the registrar and CEO of the College of Physicians and Surgeons of Nova Scotia, has said that the timing of the queries to this woman was "clearly inappropriate and insensitive," but he also emphasized that "there's a difference between raising the topic of discussing awareness about MAID, and possible eligibility, from offering MAID."

And yet there is also a reason why, in some countries, clinicians are either expressly prohibited or generally discouraged from initiating conversations about assisted death. However sensitively the

subject is broached, death never presents itself neutrally; to regard the line between an “offer” and a simple recitation of information as somehow self-evident is to ignore this fact, as well as the power imbalance that freights a health professional’s every gesture with profound meaning. Perhaps the now-suspended Veterans Affairs caseworker who, in 2022, was found by the department to have “inappropriately raised” MAID with several service members had meant no harm. But according to testimony, one combat veteran was so shaken by the exchange—he had called seeking support for his ailments and was not suicidal, but was told that MAID was preferable to “blowing your brains out”—that he left the country.

In 2023, Kathrin Mentler, who lives with concurrent mental and physical disabilities, including rheumatoid arthritis and other forms of chronic pain, arrived at Vancouver General Hospital asking for help amid a suicidal crisis. Mentler has stated in a sworn affidavit that the hospital clinician who performed the intake told her that although they could contact the on-call psychiatrist, no beds were available in the unit. The clinician then asked if Mentler had ever considered MAID, describing it as a “peaceful” process compared with her recent suicide attempt via overdose, for which she’d been hospitalized. Mentler said that she left the hospital in a “panic,” and that the encounter had validated many of her worst fears: that she was a “burden” on an overtaxed system and that it would be “reasonable” for her to want to die. (In response to press reports about Mentler’s

experience, the regional health authority said that the conversation was part of a “clinical evaluation” to assess suicide risk and that staff are required to “explore all available care options” with patients.)

MAID advocates dispute the charge that disabled Canadians are being quietly or overtly pressured to consider assisted death, calling it a myth generated by what they view as sensationalized accounts in the press; in parliamentary hearings, lawmakers, citing federal data, have emphasized that “only a small number” of MAID recipients are unable to access the medical services

and social supports they require. Even so, this past March, the United Nations Committee on the Rights of Persons With Disabilities formally called for the repeal of Track 2 MAID in Canada—arguing that the federal government had “fundamentally changed” the premise of assisted dying on the basis of “negative, ableist perceptions of the quality and value” of disabled lives, without addressing the systemic inequalities that amplify their perceived suffering.

Marcia Doherty agrees that it should never have come to this: her country resolving to assist her and other disabled citizens more in death than in life. She is furious that she has been “allowed to deteriorate,” despite advocating for herself before every agency

and official capable of effecting change. But she is adamantly opposed to any repeal of Track 2. She expressed a sentiment I heard from others in my reporting: that the “relief” of knowing an assisted death is available to her, should the despair become unbearable, has empowered her in the fight to live.

Doherty may someday decide to access MAID. But she doesn’t want anyone ever to say she “chose” it.

ELLEN WIEBE NEVER had reservations about taking on Track 2 cases—indeed, unlike most clinicians, she never had reservations about providing MAID at all. The Vancouver-based family physician had long been comfortable with controversy, having spent the bulk of her four decades in medicine as an abortion provider. As Wiebe

saw it, MAID was perfectly in keeping with her “human-rights-focused” career. Over the past nine years, she has euthanized more than 430 patients and become one of the world’s most outspoken champions of MAID. Today, while virtually all of her colleagues rely on referrals from MAID coordination centers, Wiebe regularly receives requests directly from patients. Coordinators also call her when they have a patient whose previous MAID requests were rejected. (There is no limit to how many times a person can apply for MAID.) “Because I’m me, you know, they send those



Ellen Wiebe at her office in Vancouver

down to Ellen Wiebe,” she told me. I asked her what she meant by that. “My reputation,” she replied.

In the summer of 2024, Wiebe heard from a 53-year-old woman in Alberta who was experiencing acute psychiatric distress—“the horrors,” the patient called them—compounded by her reaction to, and then withdrawal from, an antipsychotic drug she was prescribed for sleep. None of the woman’s doctors would facilitate her desire to die. This was when, according to the version of events the woman’s common-law husband would later submit to British Columbia’s supreme court, she searched online for alternatives and came across Wiebe. At the end of their first meeting, a Zoom call, Wiebe said she would approve the woman for the procedure. On her formal application, the woman gave “akathisia”—a movement disorder characterized by intense feelings of inner restlessness and an inability to sit still, commonly caused by withdrawal from antipsychotic medication—as her reason for requesting an assisted death. According to court filings, no one the woman knew was willing to witness her sign the application form, as the law requires, so Wiebe had a volunteer at her clinic do so over Zoom. And because the woman still needed another physician or nurse practitioner to declare her eligible, Wiebe arranged for Elizabeth Whynot, a fellow family physician in Vancouver, to provide the second assessment. The patient was approved for MAID after a video call, and the procedure was set for October 27, 2024, in Wiebe’s clinic.

Following the approval, detailed in the court filings, the Alberta woman had another Zoom call with Wiebe; this time, her husband joined the conversation. He had concerns, specifically as to how akathisia qualified as “irremediable.” Specialists had assured the woman that if she committed to the gradual tapering protocol they’d prescribed, she could very likely expect relief within months. The husband also worried that Wiebe hadn’t sufficiently considered his wife’s unresolved mental-health issues, and whether she was capable, in her present state, of giving truly informed consent. The day before his wife was scheduled to die, he petitioned a Vancouver judge to halt the procedure, arguing that Wiebe had negligently approved the woman on the basis of a condition that did not qualify for MAID. In a widely publicized decision, the next morning the judge issued a last-minute injunction blocking Wiebe or any other clinician from carrying out the woman’s death as scheduled. “I can only imagine the pain she has been experiencing, and I recognize that this injunction will likely only make that worse,” the judge wrote. But there was an “arguable case,” he concluded, as to whether the criteria for MAID had been “properly applied in the circumstances.” The husband did not seek a new injunction after the temporary order expired, and in January, he withdrew the lawsuit altogether. Wiebe would not comment on the case other than to say she has never violated MAID laws and does not know of any provider who has. The lawyer who had represented the husband said she could not comment on whether the woman is still alive.

A number of similar lawsuits have been filed in recent years as Canadians come to terms with the hollow oversight of MAID. Because no formal procedure exists for challenging an approval in advance of a provision, many concerned family members see little

choice but to take a loved one to court to try to halt a scheduled death. What oversight does exist takes place at the provincial or territorial level, and only after the fact. Protocols differ significantly across jurisdictions. In Ontario, the chief coroner’s office oversees a system in which all Track 2 cases are automatically referred to a multidisciplinary committee for postmortem scrutiny. Since 2018, the coroner’s office has identified more than 480 compliance issues involving federal and provincial MAID policies, including clinicians failing to consult with an expert in their patient’s condition prior to approval—a key Track 2 safeguard—and using the wrong drugs in a provision. The office’s death-review committee periodically publishes summaries of particular cases, for both Track 1 and Track 2, to “generate discussion” for “practical improvement.”

There was, for example, the case of Mr. C, a man in his 70s who, in 2024, requested MAID while receiving in-hospital palliative care for metastatic cancer. It should have been a straightforward Track 1 case. But two days after his request, according to the committee’s report, the man experienced sharp cognitive decline and lost the ability to communicate, his eyes opening only in response to painful stimuli. His palliative-care team deemed him incapable of consenting to health-care decisions, including final permission for MAID. Despite that conclusion, a MAID clinician proceeded with the assessment, “vigorously” rousing the man to ask if he still wanted euthanasia (to which the man mouthed “yes”), and then withholding the man’s pain medication until he appeared “more alert.” After confirming the man’s wishes via “short verbal statements” and “head nods and blinking,” the assessor approved him for MAID; with sign-off from a second clinician, and a final consent from Mr. C mouthing “yes,” he was euthanized.

Had this patient clearly consented to his death? Finding no documentation of a “rigorous evaluation of capacity,” the death-review committee expressed “concerns” about the process. The implication would seem startling—in a regime animated at its core by patient autonomy, a man was not credibly found to have exercised his own. Yet Mr. C’s death was reduced essentially to a matter of academic inquiry, an opportunity for “lessons learned.” Of the hundreds of irregularities flagged over the years by the coroner’s office, almost all have been dealt with through an “Informal Conversation,” an “Educational Email,” or a “Notice Email,” depending on their severity. Specific sanctions are not made public. No case has ever been referred to law enforcement for investigation.

Wiebe acknowledged that several complaints have been filed against her over the years but noted that she has never been found guilty of wrongdoing. “And if a lawyer says, ‘Oh—I disagreed with some of those things,’ I’d say, ‘Well, they didn’t put lawyers in charge of this.’” She laughed. “We were the ones trusted with the safeguards.” And the law was clear, Wiebe said: “If the assessor”—meaning herself—“believes that they qualify, then I’m not guilty of a crime.”

DESPITE ALL OF the questions surrounding Track 2, Canada is proceeding with the expansion of MAID to additional categories of patients while gauging public interest in even more. As early

as 2016, the federal government had agreed to launch exploratory investigations into the possible future provision of MAID for people whose sole underlying medical condition is a mental disorder, as well as to “mature minors,” people younger than 18 who are “deemed to have requisite decision-making capacity.” The government also pledged to consider “advance requests”—that is, allowing people to consent now to receive MAID at some specified future point when their illness renders them incapable of making or affirming the decision to die. Meanwhile, the Quebec College of Physicians has raised the possibility of legalizing euthanasia for infants born with “severe malformations,” a rare practice currently legal only in the Netherlands, the first country to adopt it since Nazi Germany did so in 1939.

As part of Track 2 legislation in 2021, lawmakers extended eligibility—to take effect at some point in the future—to Canadians suffering from mental illness alone. This, despite the submissions of many of the nation’s top psychiatric and mental-health organizations that no evidence-based standard exists for determining whether a psychiatric condition is irremediable. A number of experts also shared concerns about whether it was possible to credibly distinguish between suicidal ideation and a desire for MAID.

After several contentious delays, MAID for mental illness is now set to take effect in 2027; authorities have been tasked in the meantime with figuring out how MAID should actually be applied in such cases. The debate has produced thousands of pages of special reports and parliamentary testimony. What all sides do agree on is that, in practice, mental disorders are already a regular feature of Canada’s MAID regime. At one hearing, Mona Gupta, a psychiatrist and the chair of an expert panel charged with recommending protocols and safeguards for psychiatric MAID, noted pointedly that “people with mental disorders are requesting and accessing MAID now.” They include patients whose requests are “largely motivated by their mental disorder but who happen to have another qualifying condition,” as well as those with “long histories of suicidality” or questionable decision-making capacity. They may also be poor and homeless and have little interaction with the health-care system. But whatever the case, Gupta said, when it comes to navigating the complex intersection of MAID and mental illness, “assessors and health-care providers already do this.”

The argument was meant to assuage concerns about clinical readiness. For critics, however, it only reinforced a belief that, in some cases, physical conditions are simply being used to bear the legal weight of a different, ineligible basis for MAID, including mental disorders. In one of Canada’s more controversial cases, a 61-year-old man named Alan Nichols, who had a history of depression and other conditions, applied for MAID in 2019 while on suicide watch at a British Columbia hospital. A few weeks later, he was euthanized on the basis of “hearing loss.”

As Canadians await the rollout of psychiatric MAID, Parliament’s Special Joint Committee on Medical Assistance in Dying has formally recommended expanding MAID access to mature minors. In the committee’s 2023 report, following a series of hearings, lawmakers acknowledged the various factors that could

affect young people’s capacity to evaluate their circumstances—for one, the adolescent brain’s far from fully developed faculties for “risk assessment and decision-making.” But they noted that, according to several parliamentary witnesses, children with serious medical conditions “tend to possess an uncommon level of maturity.” The committee advised that MAID be limited (“at this stage”) to minors with reasonably foreseeable natural deaths, and endorsed a requirement for “parental consultation,” but not parental consent. As a lawyer with the College of Physicians and Surgeons of Saskatchewan told the committee, “Parents may be reluctant to consent to the death of their child.”

Whether Canadian officials will eventually add mature minors to the eligibility list remains unclear. At the moment, their attention is largely focused on a different category of expansion. Last year, the province of Quebec took the next step in what some regard as the “natural evolution” of MAID: the honoring of advance requests to be euthanized. Under the Quebec law, patients in the province with cognitive conditions such as Alzheimer’s can define a threshold they don’t wish to cross. Some people might request to die when they no longer recognize their children, for example; others might indicate incontinence as a benchmark. When the threshold seems to have been reached, perhaps after an alert from a “trusted third party,” a MAID practitioner determines whether the patient is indeed suffering intolerably according to the terms of the advance request. Since 2016, public demand for this expansion has been steady, fueled by the testimonies of those who have watched loved ones endure the full course of dementia and do not want to suffer the same fate.

In parliamentary hearings, Quebec officials have discussed the potential problem of “pleasant dementia,” acknowledging that it might be difficult for a provider to euthanize someone who “seems happy” and “absolutely doesn’t remember” consenting to an assisted death earlier in their illness. Quebec officials have also discussed the issue of resistance. The Netherlands, the only other jurisdiction where euthanizing an incapable but conscious person as a result of an advance request is legal, offers an example of what MAID in such a circumstance could look like.

In 2016, a geriatrician in the Netherlands euthanized an elderly woman with Alzheimer’s who, four years earlier, shortly after being diagnosed, had advised that she wanted to die when she was “no longer able to live at home.” Eventually, the woman was admitted to a nursing home, and her husband duly asked the facility’s geriatrician to initiate MAID. The geriatrician, along with two other doctors, agreed that the woman was “suffering hopelessly and intolerably.” On the day of the euthanasia, the geriatrician decided to add a sedative surreptitiously to the woman’s coffee; it was given to “prevent a struggle,” the doctor would later explain, and surreptitiously because the woman would have “asked questions” and “refused to take it.” But as the injections began, the woman reacted and tried to sit up. Her family helped hold her down until the procedure was over and she was dead. The case prompted the first criminal investigation under the country’s euthanasia law. The physician was acquitted by a district court in 2019, and that decision was upheld by the Dutch supreme court the following year.

In Quebec, more than 100 advance requests have been filed; according to several sources, at least one has been carried out. The law currently states that any sign of refusal “must be respected”; at the same time, if the clinician determines that expressions of resistance are “behavioural symptoms” of a patient’s illness, and not necessarily an actual objection to receiving MAiD, the euthanasia can continue anyway. The Canadian Association of MAiD Assessors and Providers has stated that “pre-sedating the person with medications such as benzodiazepines may be warranted to avoid potential behaviours that may result from misunderstanding.”

Laurent Boisvert, an emergency physician in Montreal who has euthanized some 600 people since 2015, told me that he has thus far helped seven patients, recently diagnosed with Alzheimer’s, to file advance requests, and that they included clear instructions on what he is to do in the event of resistance. He is not concerned about potentially encountering happy dementia. “It doesn’t exist,” he said.

THE CANADIAN GOVERNMENT had tried, in the early years of MAiD, to forecast the country’s demand for assisted death. The first projection, in 2018, was that Canada’s MAiD rate would achieve a “steady state” of 2 percent of total deaths; then, in 2022, federal officials estimated that the rate would stabilize at 4 percent by 2033. After Canada blew past both numbers—the latter, 11 years ahead of schedule—officials simply stopped publishing predictions.

And yet it was never clear how Canadians were meant to understand their country’s assisted-death rate: whether, in the government’s view, there is such a thing as too much MAiD. In parliamentary hearings, federal officials have indicated that a national rate of 7 percent—the rate already reached in Quebec—might be potentially “concerning” and “wise and prudent to look into,” but did not elaborate further. If Canadian leaders feel viscerally troubled by a certain prevalence of euthanasia, they seem reluctant to explain why.

The original assumption was that euthanasia in Canada would follow roughly the same trajectory that euthanasia had followed in Belgium and the Netherlands. But even under those permissive regimes, the law requires that

patients exhaust all available treatment options before seeking euthanasia. In Canada, where ensuring access has always been paramount, such a requirement was thought to be too much of an infringement on patient autonomy. Although Track 2 requires that patients be informed of possible alternative means of alleviating their suffering, it does not require that those options actually be made available. Last year, the Quebec government announced plans to spend nearly \$1 million on a study of why so many people in the province are choosing to die by euthanasia. The announcement came shortly after Michel Bureau, who heads Quebec’s MAiD-oversight committee, expressed concern that assisted death is no longer viewed as an option of last resort. But had it ever been?

The homemade roll-up pouch that Lori Verigin uses for MAiD provisions



It doesn't feel quite right to say that Canada slid down a slippery slope, because keeping off the slope never seems to have been the priority. But on one point Etienne Montero, the former head of the European Institute of Bioethics, was correct: When autonomy is entrenched as the guiding principle, exclusions and safeguards eventually begin to seem arbitrary and even cruel. This is the tension inherent in the euthanasia debate, the reason why the practice, once set in motion, becomes exceedingly difficult to restrain. As Canada's former Liberal Senate leader, James Cowan, once put it: "How can we turn away and ignore the pleas of suffering Canadians?"

In the end, the most meaningful guardrails on MAID may well turn out to be the providers themselves. Legislative will has generally been fixed in the direction of more; public opinion flickers in response to specific issues, but so far remains largely settled. If MAID reaches a limit in Canada, it will happen only when practitioners decide what they can tolerate—morally or, in a system with a shrinking supply of providers, logistically. "You cannot ask us to provide at the rate we're providing right now," Claude Rivard, who has decided not to accept advance requests, told me. "The limit will always be the evaluation and the provider. It will rest with them. They will have to do the evaluation, and they will have to say, 'No, it's not acceptable.'"

Lori Verigin, a nurse practitioner who provides euthanasia in rural British Columbia, understands that people are concerned about their "rights"—about "not being heard." Yet she is the person on the line when it comes to ensuring those rights. This is what is often lost in Canada's conversation about assisted dying—about the push for expansion in the academic papers or in the rarefied halls of Parliament. It is not the lawmaker or lawyer or pundit who must administer an injection and stop a heart.

On a Thursday morning in June, I joined Verigin in her white Volkswagen as she drove to a MAID appointment near the town of Trail. I had not come to witness the provision, to be a stranger in the room. I was with Verigin because I wanted to understand the before-and-after of MAID, the clinical and emotional labor involved in helping someone die. After eight years, Verigin had developed a familiar set of rhythms. She had her preferred pharmacy, the Shoppers Drug Mart close to her home, in Castlegar. This morning she had arrived as the doors opened, prescription in hand; the pharmacist greeted her by name before placing on the counter a medium-size case resembling a tackle box. Verigin unsnapped the lid and confirmed that everything was in place: the vials of midazolam, lidocaine, propofol, and rocuronium.

Verigin had known the patient she was about to visit for some time, she told me. Roughly a year ago, the patient, suffering from metastatic cancer, had first asked about MAID; two weeks earlier, the patient had looked at her and said: "I'm just done." Verigin sipped from a to-go cup of coffee, decaf, as she drove. "I try not to have too much caffeine before," she said.

En route to the patient's home, we stopped by the hospital to pick up Beth, an oncology nurse who often assists Verigin. Beth has a gift for assessing the energy of the room, Verigin told me, knowing when someone suddenly needed a hand held or a Kleenex, thus allowing Verigin to fully focus on the injections.

Beth's mother, Ruth, had also helped solve a problem Verigin had experienced early in her MAID practice—how obtrusive it felt rolling a clattering tray of syringes into the already fragile atmosphere of a patient's home. A quilter, Ruth had designed a soft pouch with syringe inserts that rolled up like a towel. The fabric was tie-dyed and the soft bundle was secured with a Velcro strap.

We parked outside the patient's ranch-style home, the white sun glaring in a clear sky. At exactly 10 a.m., the two clinicians walked to the door, where moments later they were greeted by one of the patient's grown children. The door clicked faintly behind them.

I remained in the car, and for the next while watched the slow turn of other Thursdays: the neighbors across the street chatting in their sunroom, a dog lazing in front of a box fan. Then, at 11:39 a.m., a text message from Verigin: "We're done."

THE CLINICIANS WERE QUIET as they slid into the car. "Things weren't as predictable today," Verigin said finally. Finding a vein had been unusually hard, and they worried momentarily that they might not succeed, at one point leaving the room to discuss their options. "It's always been a challenge," the patient had reassured Beth. "You're very gentle. It's not hurting." The patient had remained calm, unfazed. "I'm sure they were doing that for the kids, to be honest," Beth said. "And probably me too."

Once the IV was in place, the provision had unfolded as planned: midazolam, lidocaine, propofol, rocuronium, death. Afterward, the family had thanked and hugged the clinicians. "I think the end outcome was good," Verigin said. "I probably would be feeling different if we couldn't fulfill the patient's wish, because it's also that big buildup and the anticipation."

Verigin described a checklist of follow-up tasks, including the paperwork that has to be submitted within 72 hours. But for the rest of the day, her duties as a nurse practitioner would take priority. Only later that night, she said, would she finally have the space to reflect on the events of the morning. When the syringes and vials have been packed up, and the goodbyes to the survivors have been said, it is Lori Verigin who sits in her garden alone. "We are not just robots out there—we're human beings," she said. "And there has to be some respect and acknowledgment for that." Verigin told me she never wants to feel "comfortable" providing assistance in dying. The day she did, she said, would be the day she knew to step back.

For Verigin, providing MAID to Track 1 patients and even to some Track 2 patients has "felt sensible." She explained: "Yes, I may be nervous. Yes, I may be sad. Yes, I may have a lot of, you know, emotions around it, but I feel like it's the right thing." But when it comes to minors, or patients solely with mental disorders, or patients making advance requests, "I don't know if I'll feel that way."

After dropping Beth off at the hospital in Trail, Verigin headed to the Shoppers Drug Mart in Castlegar to return the tackle box. Verigin told the pharmacist she would be back on June 18—the date of her next provision. The pharmacist was grateful for the notice. She would go ahead and order the propofol. *A*

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THIS IS WHAT THE END OF THE LIBERAL WORLD ORDER LOOKS LIKE.

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Features

In a post-American world, greed and nihilism are destroying Sudan.

In the weeks before they surrendered control of Khartoum, the Rapid Support Forces sometimes took revenge on civilians. If their soldiers lost territory to the Sudanese Armed Forces during the day, the militia's commanders would turn their artillery on residential neighborhoods at night. On several consecutive evenings in March, we heard these attacks from Omdurman, on the other side of the Nile from the Sudanese capital.



Opening pages: Soldiers with the Sudanese Armed Forces return from the front line in Khartoum.

From an apartment that would in better times have been home to a middleclass Sudanese family, we would hear one explosion. Then two more. Sometimes a response, shells or gunfire from the other side. Each loud noise meant that a child had been wounded, a grandmother killed, a house destroyed.

Just a few steps away from us, grocery stores, busy in the evening because of Ramadan, were selling powdered milk, imported chocolate, bags of rice. Street vendors were frying falafel in large iron skillet, then scooping the balls into paper cones. One night someone brought out folding chairs for a street concert, and music flowed through crackly speakers. The shelling began again a few hours later, probably hitting similar streets and similar grocery stores, similar falafel stands and similar street musicians a couple dozen miles away. This wasn't merely the sound of artillery, but the sound of nihilism and anarchy, of lives disrupted, businesses ruined, universities closed, futures curtailed.

In the mornings, we drove down streets on the outskirts of Khartoum that had recently been battlegrounds, swerving to avoid remnants of furniture, chunks of concrete, potholes, bits of metal. As they retreated from Khartoum, the Rapid Support Forces—the paramilitary organization whose power struggle with the Sudanese Armed Forces has, since 2023, blossomed into a full-fledged civil war—had systematically looted apartments, offices, and shops. Sometimes we came across clusters of washing machines and furniture that the thieves had not had time to take with them. One day we followed a car carrying men from the Sudanese Red Crescent, dressed in white hazmat suits. We got out to watch, handkerchiefs covering our faces to block the smell, as the team pulled corpses from a well. Neighbors clustered alongside us, murmuring that they had suspected bodies might be down there. They had heard screams at night, during the two years of occupation by the RSF, and guessed what was happening.

Another day we went to a crossing point, where people escaping RSF-occupied areas were arriving in Sudanese-army- controlled areas. Riding on donkey carts piled high with furniture, clothes, and kitchen pans, they described a journey through a lawless inferno. Many had been deprived of food along the way, or robbed, or worse. In a house near the front line, one woman told me that she and her teenage daughter had both been stopped by an RSF convoy and raped. We were sitting in an empty room, devoid of decoration. The girl covered her face while her mother was talking, and did not speak at all.

At al-Nau Hospital, the largest still operating in the Khartoum region, we met some of the victims of the shelling, among them a small boy and a baby girl, Bashir and Mihad, a brother and sister dressed in blue and pink. The terror and screaming of the night before had subsided, and they were simply lying together, wrapped in bandages, on a cot in a crowded room. I spoke with their father, Ahmed Ali. The recording of our conversation is hard to understand because several people were gathered around us, because others were talking loudly nearby, and because Mihad had begun to cry. Ali told me that he and his family had

been trying to escape an area controlled by the RSF but had been caught in shelling at 2 a.m., the same explosions we had heard from our apartment in Omdurman. The children had been wounded by shrapnel. He had nowhere else to take them except this noisy ward, and no plans except to remain at the hospital and wait to see what would happen next.

Like a tsunami, the war has created wide swaths of physical wreckage. Farther out of town, at the Al-Jaili oil refinery, formerly the largest and most modern in the country—the focus of major Chinese investment—fires had burned so fiercely and for so long that giant pipelines and towering storage tanks, blackened by the inferno, lay mangled and twisted on the ground. At the studios of the Sudanese national broadcaster, the burned skeleton of what had been a television van, its satellite dish still on top, stood in a garage near an accounting office that had been used as a prison. Graffiti was scrawled on the wall of the office, the lyrics to a song; clothes, office supplies, and rubble lay strewn across the floor. We walked through radio studios, dusty and abandoned, the presenters' chairs covered in debris. In the television studios, recently refurbished with American assistance, old tapes belonging to the Sudanese national video archive had been used to build barricades.

Statistics are sometimes used to express the scale of the destruction in Sudan. About 14 million people have been displaced by years of fighting, more than in Ukraine and Gaza combined. Some 4 million of them have fled across borders, many to arid, impoverished places—Chad, Ethiopia, South Sudan—where there are few resources to support them. At least 150,000 people have died in the conflict, but that's likely a significant under counting. Half the population, nearly 25 million people, is expected to go hungry this year. Hundreds of thousands of people are directly threatened with starvation. More than 17 million children, out of 19 million, are not in school. A cholera epidemic rages. Malaria is endemic.

But no statistics can express the sense of pointlessness, of meaninglessness, that the war has left behind alongside the physical destruction. I felt this most strongly in the al-Ahamdda displaced-persons camp just outside Khartoum—although the word camp is misleading, giving a false impression of something organized, with a field kitchen and proper tents. None of those things was available at what was in fact a former school. Some 2,000 people were sleeping on the ground beneath makeshift shelters, or inside plain concrete rooms, using whatever blankets they had brought from wherever they used to call home. A young woman in a black headscarf told me she had just sat for her university exams when the civil war began but had already "forgot about education." An older woman with a baby told me her husband had disappeared three or four months earlier, but she didn't know where or why. No international charities or agencies were anywhere in evidence. Only a few local volunteers

from the Emergency Response Rooms, Sudan's mutual-aid movement, were there to organize a daily meal for people who seemed to have washed up by accident and found they couldn't leave.

As we were speaking with the volunteers, several boys ostentatiously carrying rifles stood guard a short distance away. One younger boy, dressed in a camouflage T-shirt and sandals—he told me he was 14 but seemed closer to 10—hung around watching the older boys. When one of them gave him a rifle to carry, just for a few minutes, he stood up straighter and solemnly posed for a photograph. He had surely seen people with guns, understood that those people had power, and wanted to be one of them.

What was the alternative? There was no school at the camp, and no work. There was nothing to do in the 100 -degree heat except wait. The artillery fire, the burned television station, the melted refinery, the rapes and the murders, the children in the hospital—all of that had led to nothing, built nothing, only this vacuum. No international laws, no international organizations, no diplomats, and certainly no Americans are coming to fill it.

The end of the liberal world order is a phrase that gets thrown around a lot in conference rooms and university lecture halls in places like Washington and Brussels. But in al-Ahamdda, this theoretical idea has become reality. The liberal world order has already ended in Sudan, and there isn't anything to replace it.



Below: In Tiné, a Chadian border town, Sudanese refugees scramble for food provided by a local

Emergency Response Room, part of a humanitarian network that has distributed medical aid and food to millions.

TO UNDERSTAND SUDAN, as the British Sudanese writer Jamal Mahjoub once wrote, you need a kind of atlas, one containing transparent cellophane maps that can be placed on top of one another, like the diagrams once used in encyclopedias to show the systems inside the human body. One layer might show languages; the next, ethnic groups; the third, ancient kingdoms and cities: Kush, Napata, Meroe, Funj. When the maps are viewed simultaneously, "it becomes clear," Mahjoub explained, that "the country is not really a country at all, but many." Deborah Scroggins, a foreign correspondent who once covered Africa for The Atlanta Journal-Constitution—a job that's hard now to imagine ever existed—wrote in 2002 that a version of Mahjoub's cellophane atlas could also help explain how Sudan's wars and rebellions are provoked not just by ethnic and tribal divisions but by economic, colonial, and racial divisions, each one layered onto the next so as to create a "violent ecosystem capable of generating endless new things to fight about without ever shedding any of the old ones."

On top of these older maps, new ones now must be overlaid. One might show the divisions created by a more recent war of ideas. On one side of that battle are the Sudanese professionals, lawyers, students, and grassroots activists who in December 2018 launched a broad, popular protest movement, one that called for the rule of law, basic rights, economic reform, and democratic institutions. Their slogan, chanted on streets and painted on walls, was "Freedom, peace, and justice." In April 2019, following years of organizing, several months of street demonstrations, and violent clashes between civic activists and the military and police, the military removed Sudan's long-standing dictator, Omar al- Bashir, along with his repressive Islamist regime, in an attempt to appease this mass civic movement. A civilian government then briefly ruled the country, backed by the military. The prime minister of that transitional government, Abdalla Hamdok, who now lives in Abu Dhabi, told me that the "hopes and aspirations of people that were coming together at that time were beyond imagination."

But even as the civilians took charge, the Sudanese military never relinquished an older set of ideas: that officers should control the government, restrict the national conversation, dominate resources. In 2021, acting on those beliefs, General Abdel Fattah al- Burhan, together with his deputy, Lieutenant General Mohamed Hamdan Dagalo, known as Hemedti, carried out a coup and removed Prime Minister Hamdok. Burhan leads the Sudanese Armed Forces, widely known as the SAF, the body that has ruled Sudan, under different leaders, for many decades. Hemedti controls the RSF, a mostly Darfurian militia created by Bashir to

control ethnic minorities and repress rebel groups. The RSF, whose first members were Arabic-speaking nomads, was originally known as the Janja weed, an Arabic word meaning "devils on horseback."

As many predicted, Burhan and Hemedti fell out. Although it is unclear who fired the first shot, on April 15, 2023, the RSF attacked the SAF headquarters, the Khartoum airport, and the presidential palace. Burhan, genuinely surprised by at least the timing of the attack, remained trapped for many weeks. According to one version of events, he was freed with the help of Ukrainian commandos; another says that he finally shot his way out. After that, Sudan fractured into a multilayered conflict that now involves not just the RSF and the SAF, but a bewildering array of smaller armies and militias that fight alongside and against them. The democracy movement split too, with some former members of the civilian government finding themselves on the side of the RSF, others with the SAF.

The chaos enabled the spread of what might be described as a third ruling idea, neither democratic nor statist, but rather anarchic, nihilistic, transactional. This ideology, if that is what it can be called, was unleashed in Khartoum in the spring of 2023, during an evacuation so violent and chaotic that people I spoke with wept while talking about it two years later. Embassies, international agencies, and United Nations food-storage sites were looted. Private apartments were ransacked, stripped of furniture and possessions. Three World Food Programme employees were killed during the chaos. The Sudanese army fled to Port Sudan, a small coastal city on the Red Sea that had neither the infrastructure nor the mindset to be the capital of a large country.

As the violence continued, civilians became not just accidental casualties of the fighting but its target. The RSF's coalition contains a wide collection of fighters from across Sudan whom it can't always control, as well as mercenaries from central and eastern Africa. At a SAF-controlled prison on the Omdurman army base, I was introduced to one of the mercenaries, a 17-year-old Chadian who said he had been duped into joining the RSF by a recruiter who came to his football club and offered everyone there the equivalent of \$2,000 just to sign up. He went right away, without telling his parents; got a week's training; fought for a few days; and then was captured, in February 2024. He never saw the money, which is a common story. Many RSF fighters aren't paid, which gives them extra incentive to rob civilians, loot property, and obey commanders who promise they will be rewarded for displacing villages or evicting people who occupy coveted land. The SAF, which is the only group with an air force, has carried out extensive bombing campaigns on civilian neighborhoods, taken lawless revenge on alleged collaborators in recaptured areas, and been accused of using chemical weapons,

which it denies. Both the RSF and the SAF have used food as a weapon, depriving their enemies of access to outside aid and creating obstacles for aid organizations operating inside the country.

The intensity of this violence is partly explained by gold, mined in Sudan since antiquity. Any Sudan atlas should contain a cellophane layer showing the location of gold mines, as well as those of the many people inside and outside the country who want access to them. Tiny artisanal gold mines, a misleadingly charming term, can be found all around the country. We stopped at one on the road from Khartoum to Port Sudan that was no more than a deep hole in the ground and a shack made of plastic sheets, wooden sticks, and bits of straw, housing a single miner. But there are also much larger mines, some connected to the broad seam of gold deposits running under the Sahara, discovered in 2012, that has sparked violence in Mali, Burkina Faso, and Niger, as well as in Chad and Sudan.

These larger mines shape Sudanese politics in both open and covert ways. Hemedti's control over a large gold deposit in Jebel Amir, in North Darfur, is part of what consolidated his command of the RSF. Burhan and Hemedti launched their coup in 2021 partly because they feared that civilian control of the military would restrict their access to gold and other resources. Both the SAF and the RSF fund their soldiers by exporting gold—mostly illegally, to get around sanctions, and often through the United Arab Emirates. Last year, The New York Times published a description of a plane at the airport in Juba, South Sudan, being loaded with \$25 million worth of Darfuri gold, bound for the UAE. The Russian Wagner Group, now reorganized and renamed the Africa Corps—a name accidentally or intentionally evoking Afrika Korps, the Nazi expeditionary force—has gold interests too, as do Egypt, Saudi Arabia, and Qatar.



Medical staff at al-Nau Hospital treat children injured in shelling by RSF forces in Omdurman.

Indeed, to fully explain not just the role of gold in the conflict, but also the role of these many outside forces, we need a final layer of cellophane: a map of foreign influence showing Sudan's place in an anarchic, post-American world, an era that does not yet have a name. Colonialism is long past, the Cold War has ended, and now the disappearance of any form of international order has left Sudan as the focus of intense competition among countries that are not superpowers but rather middle powers. The middle powers send money and weapons into Sudan, hoping to shape the outcome of the conflict. Some take part in the war of ideas. Some want gold. Some are there because their rivals are there, and Sudan is a good place to fight.

The middle powers include Turkey, which has historic links to Sudan as well as an interest—as one Turkish diplomat told me—in making sure Sudan is governed by someone. Both the Saudis, who are just across the Red Sea—Jeddah is an hour's flight from Port Sudan—and the Egyptians share this sympathy for hierarchy and control. Egypt has ties to the Sudanese military going back to the 19th century, and the Saudis have made major investments in Sudanese land and agriculture. All three countries either sell weapons to the SAF, or fund their purchase.

On the other side of the conflict, the Emiratis not only back the RSF; they do so with enough money and commitment to spark conspiracy theories. After an iftar meal in Port Sudan, a Sudanese military officer got out a map, swept his hand across the Sahel and the Horn of Africa, and told me that the Emiratis were transforming Arabic-speaking nomads into a force

designed to dominate the whole region, to create a new empire. I also heard more convoluted theories about alleged Israeli interests, or even American interests, hiding behind the Emirati support of the RSF, for which no evidence exists.

Plenty of evidence does connect the UAE to the RSF's gold-trading operations, as well as to the Sudanese army's gold interests, but Abu Dhabi has other ties of business and sympathy to the RSF too. Emirati leaders have in the past hired the RSF to fight on their behalf in Libya and Yemen (the Saudis have also hired the RSF to fight in Yemen). They have donated billions in aid to Sudan and Sudanese refugees, using some of it to build hospitals in Chad and South Sudan that are known (or believed) to treat RSF fighters. Above all, the Emiratis are repeatedly accused—by the Sudanese military, the United States, and the UN—of supplying the RSF with the money and weapons to fight the war, using their humanitarian aid as a cover, a charge they repeatedly deny. When asked, the Emiratis say that their primary interest in Sudan is to help re establish an independent civilian government, and to prevent the return of an Islamist regime that threatens maritime trade and regional security. "We'd like not to see Sudan become a global hub of terrorism again" is how Lana Nusseibeh, a senior UAE diplomat who has been involved in Sudan negotiations, put it to me.

The Iranians, by contrast, might be happy to see the return of an Islamist regime, or at least a government with some Islamist factions. The Iranians once enjoyed a close relationship with Bashir, the SAF re established direct relations with Iran in 2023, and Islamist militias are fighting alongside the SAF right now. Outside Khartoum, we saw one of them waving flags and rifles from a military truck heading to the front line. But Iran clearly sees Sudan as a market for weapons, too: Iranian military transit planes have been identified in Port Sudan, and Iranian drones have been seen on the battle field. Its motives might be not only ideological or economic. It may also be attracted by the vacuum: If the Turks, Saudis, and Emiratis are there, perhaps the Iranians simply feel that they need to be there too.

That same vacuum has drawn in the Russians as well, not on one side but on both. The Russians' attitude toward Sudan is entirely amoral, and completely transactional. They buy gold from both sides and sell weapons to both sides. Their mercenaries have worked with the RSF in the past; they have also wanted, for many years, to build a naval base on the Red Sea coast, and so now work with the SAF as well. Because they are there, the Ukrainians are there too. When I told a Ukrainian acquaintance that I would be traveling to Sudan, he turned pale and told me to stay well away from Russian mercenaries, because they might be targets for the Ukrainians. Their numbers are tiny and their interests are narrow, but their presence

reveals a lot about the war. The Ukrainians hunting Russians in Sudan are drawn not by any interest in the conflict, but by the anarchy itself.

Turkish, Egyptian, Saudi, Emirati, Qatari, Russian, Iranian, and Ukrainian interests intersect and overlap on this final layer of cellophane, helping make Sudan, like Yemen and Libya, a place where antagonists from around the planet fund violent proxy wars, at the expense of the people who live there. Sudan's neighbors, including Eritrea, Ethiopia, Kenya, South Sudan, Chad, Libya, and the Central African Republic, also get drawn into the conflict, either by the middle powers or through links of their own. The Chinese hover in the background, looking for business deals. Sudan's strategic location on the Red Sea, one of the world's most important shipping lanes, attracts everyone too. Meanwhile, the countries that might once have banded together to stop the fighting have lost interest or capacity. The institutions that might once have helped broker a cease-fire are too weak, and can't or won't help. "We live in a very interesting, many people call it, new world order," Hamdok, the former Sudanese prime minister, told me. "The world we got to know—the consensus, the Pax Americana, the post—Second World War consensus—is just no more."

I MADE TWO TRIPS to Sudan this year, to both sides of the front line. Both times I was escorted by people who wanted to present their view of the war, explain why it had started, and show me the atrocities committed by the other side. In Khartoum and Port Sudan, I traveled with a SAF information officer, as well as two other American women. Because there are hardly any foreigners in Sudan right now, let alone any American women, we attracted attention, hope, and some annoyance.

Several people stopped us on the street to tell us, with pride, that they had previously worked for the UN, the U.S., or a foreign embassy before they all vanished. One woman approached us, told us she was a Christian, and then drifted away, disappointed, when she learned we were not Christian aid workers. "I have a message for Washington," a man standing in the courtyard of al-Nau Hospital declared. I turned on my recorder, and he spoke into it: "Save Sudan; we are in need for the medicine."

Others already knew that medicine, like other forms of aid, might no longer be coming. At a communal kitchen in a Khartoum suburb, a local volunteer told us that his team had been serving a very simple bean stew five days a week. Because of American funding cuts—probably a few pennies' worth of funding cuts, piddling amounts of money that had once trickled down to this half-ruined side street—they were down to three days a week. He said they would be soliciting on social media for more funds, and he hoped to find enough for two more weekly meals soon. He was not alone: This spring, more than 1,700 of the communal

kitchens run by volunteers in Sudan closed down entirely, affecting nearly 3 million people, thanks either directly to USAID cuts or to the chaos created by mass U.S.-government layoffs and canceled contracts.

Still others wanted to make clear how grateful they were for the tiny amounts of help they had received, so much so that I felt ashamed. At another Omdurman medical facility, the Al-Buluk pediatric hospital, a young physician, Ahmed Khojali, told me that he still had some packages of Plumpy'Nut, a special nutritional supplement. The American government in theory still sends supplies of Plumpy' Nut to severely malnourished children around the world, but distribution has been interrupted. Khojali took us to see the hospital's malnutrition unit. About two dozen new patients were arriving every week this spring; we saw a ward full of them, emaciated children with closed faces, lying beside their exhausted mothers, most of whom did not want to be interviewed or photographed. When the children first arrive, Plumpy'Nut is one of the few things they can eat. Khojali knew that some Americans wanted to cut aid because it is wasteful. "We didn't waste it; we just use it," the doctor said.

But not all of the comments concerned American aid. In Khartoum, Darfur, and everywhere exiled Sudanese now gather—Abu Dhabi, London, N'Djamena, Washington—I spoke with ambassadors, experts, diplomats, and politicians who repeatedly asked not just about American humanitarians, but also about the Americans who would come from the White House to negotiate, knock heads together, and find a way to end the war. They wanted Americans who would galvanize the rest of the international community, rope in the UN, bring some peace keepers, make something happen: the Jimmy Carter—at—Camp David or the Richard Holbrooke—at-Dayton model of big-league, American- led, problem-solving diplomacy, which once played a role in Sudan too, during both Democratic and Republican administrations.

After the Roman empire stopped functioning, many people went on deferring to the distant emperor, acting as if he still mattered; in Sudan, I found similar nostalgia for the interest and engagement that once came from Washington. When I first met Colonel Hassan Ibrahim, the Sudanese army's media liaison in Khartoum, he introduced himself with an earnest speech, described his country's conflict as a "forgotten war," and spent several days helping us find ways around the army's strict rules so that Americans could learn the truth about Sudan, and so that the truth would inspire American action. Volker Perthes, a former UN official, assured me that Americans "do have clout if they want to use it." A Middle Eastern ambassador in Port Sudan thought I was joking when I suggested that the U.S. might no longer care that much about Africa. That was beyond his imagination, and beyond the imagination of many

other people who still believe that someday, somehow, American diplomats are going to come back and make a difference.

Admittedly, the speed of the shift is bewildering. Not that long ago, Sudan did inspire American compassion. Starting in the 1980s, the conflict between the mostly Muslim northern Sudan and the mostly Christian south provoked the interest and engagement of American evangelicals. Franklin Graham's charity, Samaritan's Purse, along with World Vision and other Christian charities, had strong links to Sudanese churches and, at different times, southern rebels. They still do: Samaritan's Purse maintains its own aircraft and its own aid-distribution network in Sudan.



In Tiné, a woman passes a child up to another woman in a truck of newly arrived Sudanese refugees. Every month, tens of thousands of people fleeing the civil war descend on the town.



Top left: Afra and Asila, her 3-year-old daughter, photographed near Omdurman, after they'd fled from RSF-controlled territory, where Afra says she was raped by two men



Bottom left: Civilians displaced from SAF-controlled areas of Sudan are now staying in an unfinished building in El Geneina.



Top right: RSF soldiers at a makeshift checkpoint in the desert outside El Geneina, in West Darfur



Bottom right: Manahi Ghasi Taghil, age 6, was injured by mortar fire in Omdurman.

In the 2000s, American churches, synagogues, and secular groups were also angered and engaged by the Bashir regime's use of the Janja weed, the precursors of the RSF, to ethnically cleanse the Darfur region of non-Arab tribes. The United States Holocaust Memorial Museum, in Washington, projected dramatic photographs from Darfur onto its exterior walls in 2006. A photography exhibition also traveled to several universities. At different times,

George Clooney, Angelina Jolie, Mia Farrow, Don Cheadle, and Keira Knightley visited Sudan, raising awareness and money.

These campaigns made an impact. George W. Bush had deep links to the faith-based charities that worked in Sudan, and arrived in office determined to help. The Obama administration believed in America's "responsibility to protect," to help vulnerable groups avoid slaughter and genocide. Both invested real diplomatic and political effort in Sudan, largely because Americans wanted them to. Melissa Zelikoff, who was part of Joe Biden's National Security Council, told me that when she began working on Sudan for the State Department, in the 2010s, "we had a 25-person special-envoy office. We had teams working on every region, on every issue, thinking through negotiating tactics and approaches." Alexander Laskaris, a former State Department diplomat who worked in Africa for decades, most recently as ambassador to Chad, calls this effort "a remarkable expression of the compassion of the American people acting through their civil-society organizations on government." I asked him what that effort had produced, given that violence has continued. "We saved a lot of lives," Laskaris told me. "A lot of lives."

Americans also helped end the north-south civil war, one of the longest-running in Africa. In 2011, more than 99 percent of South Sudanese voted for independence in a referendum that had international backing. A wave of American support for South Sudan—diplomatic, political, humanitarian—followed. Now, only 14 years later, the scale and ambition of that aid are almost inconceivable. Kate Almquist Knopf, a former U.S. official who spent nearly two decades as an Africa expert at USAID and then the Department of Defense, sounded almost nostalgic when she told me that South Sudan, which is again experiencing political violence, "squandered a moment that will never come again." Regardless of who is president, she said, "neither party is ever likely to be willing to do that again for a country in Africa."

Attention dwindled from the 2011 peak, slowly at first and then very fast. Independent South Sudan descended into internal ethnic conflict and failed to thrive. Backers became disillusioned. Few newspapers could pay for continued coverage—meaning hardly any reporters from places like The Atlanta Journal-Constitution—and the story slipped out of the headlines. Maybe photographs from foreign wars became too familiar. Maybe Americans became indifferent. Social media brought a deluge of misinformation, about Sudan and everywhere else, producing a culture of cynicism and sneering. Compassion became unfashionable.

American politics changed too. The first Trump administration dropped the "responsibility to protect" idea immediately—and when it did, so did everyone else. Nor was Donald Trump's

State Department especially interested in the Sudanese democratic revolution of 2019. Instead of promoting a government that offered the first real possibility for peace and reconciliation in decades, Trump's team was mostly interested in persuading Sudan to sign the Abraham Accords and recognize Israel, which the civilian government agreed to do, in January 2021, in exchange for the removal of Sudan from a list of countries that promote terrorism. As part of that deal, the administration did belatedly allocate funds to aid the transitional government, but the money was suspended again 10 months later, after the coup, mostly unspent.

Even after Biden took office, American popular and political attention focused first on Afghanistan and then on Ukraine and Gaza; it never returned to Sudan. After the 2021 coup, U.S. diplomats—working with the British, the Saudis, the Emiratis, and the UN—did try to bring back the 2019 power-sharing arrangement, a negotiation that certainly never got any high-level, Camp David—style attention and mostly excluded the civilians who had led the revolt against Bashir. The group left discussions of security-sector reform to the very end, and ignored reports of military movement around Khartoum. "No need to panic," one senior U.S. official told colleagues, only hours before the widely anticipated war broke out.



A soldier with the Sudanese Armed Forces surveys wreckage in Khartoum in May, 10 days before the army announced that it had seized the city back from the RSF.

No American diplomats have returned since then, with one exception. In February 2024, the Biden administration finally appointed an envoy to Sudan, former Representative Tom Perriello, who, without much internal support or presidential attention, did spend one day in

Port Sudan (the most that post- Benghazi security rules would allow) and launched a new format for weekly negotiations. Eight months after Trump's reelection, the Trump administration had not appointed a replacement envoy, nor indeed any senior officials with deep experience in Africa at all.

Until this year, the U.S. nevertheless remained the largest donor to Sudan, not only providing hundreds of millions of dollars in aid but also supporting the logistics for UN and other aid operations inside and outside the country, and for Sudanese refugees around the world. In Sudan, the U.S. still had the clout to insist on some aid getting to both sides of the conflict, even if that meant dealing with the RSF over the objections of the SAF. "The one thing that still remained of U.S. soft power was USAID," Perriello told me. "I do think we were mitigating the worst famine on Earth."

But that scale of support was made possible by the dedication of a previous generation, especially of older congressional members and staffers who still remembered the former U.S. role in Sudan, even if they rarely spoke to constituents about it. Now Washington is run by people who are in different, if not hostile, to aid policies that had bipartisan acceptance only a few years ago. In February of this year, I spoke with one USAID official who had been directly responsible for humanitarian aid to Sudanese refugees outside Sudan. She told me that although she had known that the Trump administration would make cuts, she had not anticipated the catastrophic impact of Elon Musk's assault on USAID and other aid programs, or the new administration's utter lack of interest in how these unplanned cuts would reverberate across Africa. At the time we talked, she had been cut off from her email and from the systems she needed to process payments, unable to communicate with people on the ground. Theoretically, emergency food supplies of the sort she managed were supposed to be preserved, but all of the support around the delivery of food and money—the contracts with trucking and security companies; the institutions that gather health statistics, anticipate famine, help farmers—had been cut, along with their personnel. This affected everybody: the UN, other charities, even grassroots groups like the Sudanese Emergency Response Rooms.

I asked her how much the American contribution mattered. She started to answer, and then she started to cry. "We do so much, and it's all being taken away, without a moment's notice," she said after she had recovered. "There is no transition planning. There is no handover of this assistance. The U.S. has been the largest donor to Sudan since forever, and to Sudanese refugees for so long. And it's just a disaster."

IN THE PAST DECADE, refugees have slowly disappeared from American public debate, except when they figure as un welcome immigrants, or as fodder for far-right memes. But they have

not disappeared from the world. On the contrary, their numbers are growing. The wars of the 1990s produced a steady population of about 40 million refugees and displaced people. But in 2011, the numbers began to rise. In 2024, the Office of the High Commissioner for Refugees, at the UN, counted 123 million people around the world who were refugees, displaced, or seeking asylum.

The larger numbers reflect a deeper problem. If there are more refugees because there are more conflicts, it is also the case that there are more conflicts because international consensus has weakened. In the 1990s and early 2000s, an era of multiple peacekeeping missions, the Chinese were inclined to neutrality and the Russians were interested in cooperation. Americans, together with their European allies, enjoyed a degree of power and influence over international relations that they utterly failed to appreciate at the time.

That era is now over. The United States used UN resolutions to justify the invasion of Iraq, which helped delegitimize the UN and its procedures in the eyes of the rest of the world. Russia and China grew richer and more assertive. Now both of those countries and their network of allies—from Cuba to Azerbaijan to Zimbabwe—mock or undermine the language of human rights altogether. So does the MAGA wing of the American Republican Party. Meanwhile the humanitarian agencies of the UN, never models of functionality, became so "bureaucratized," in the words of Alex Rondos, a former European Union special representative for the Horn of Africa, that officials "refused to take risks, even to prevent deaths."

The UN Security Council became contentious, then dysfunctional. Independent UN negotiators lost their backing and clout. Finally, the Russian invasion of Ukraine pitted one security-council member directly against three others for the first time since the Cold War, ending, perhaps forever, any role for the UN Security Council as a serious place to debate matters of war and peace.

Thanks to this shift, the UN has not launched a completely new peace keeping mission since 2014—and even that one, to the Central African Republic, was possible, as Jeremy Konyndyk of Refugees International put it to me, only because it concerned a country "no major power really cared that much about, strategically." The international negotiators and UN envoys who might have once persuaded all of the players to seek peace in Sudan have faded into the background. The UN was slow to react to the civilian revolution in 2019. Only after an unforgivably long time, in January 2021, did the UN secretary-general, António Guterres, appoint a diplomat, Volker Perthes, to head the grandly named UN Integrated Transition Assistance Mission in Sudan. But after the military coup overthrew that government, Perthes

told me, "we didn't have any transition to assist." He stayed involved, and tried to negotiate the return of the prime minister and to mediate between the two armies. But the Sudanese military accused him of partiality because he insisted on speaking to both sides, and finally declared him persona non grata.

The UN's relationship with Sudan never recovered. Guterres periodically issues declarations ("We must do more—and do more now—to help the people of Sudan out of this nightmare"), but he hasn't been to Sudan himself. His envoy to Sudan, a former Algerian foreign minister, is widely criticized for perceived bias, because the UN, in practice, treats the SAF as the legitimate government. UN staff in Sudan repeatedly point to the bureaucratic obstacles all combatants create to hamper the distribution of aid. In a briefing to the UN Security Council, Christopher Lockyear, the head of Doctors Without Borders, said that the "delivery of humanitarian assistance in Sudan remains exceedingly and, in some cases, deliberately complex." He also warned that both sides were using aid, and aid agencies, as a source of legitimacy. One former UN diplomat told me, more bluntly, that the Sudanese army was "using starvation as a weapon of war."

That kind of criticism comes from real frustration. But it doesn't build warm feelings. The Sudanese army's finance minister, Gibril Ibrahim, told me that the "international community" is largely irrelevant, and that "mainly Gulf countries" are providing help for victims of the conflict. Though this was untrue—as of last year, hundreds of millions of American dollars were still flowing to Sudan—the comment was revealing. In practice, Sudan's leaders, on all sides of the conflict, have already turned away from the U.S., the UN, and international aid and international law, because in their world, these things mean nothing.

WE CROSSED OVER the border into Sudan near the Chadian city of Adré, a place literally built on shifting sand. Devoid of trees, grass, and water, Adré now hosts more than 200,000 Sudanese refugees. I visited its main camp—a real one, not a converted school—which looks from the outside like a fortified prison. The border itself is now a noisy no-man'sland, crowded with transport trucks, tiny wagons, cars, pickup trucks, camels, and donkeys. If gold or weapons were wrapped in someone's blanket or hidden beneath the seats of a van, no one would know. I encountered no customs officials or formal border posts as I crossed into Sudan from Chad, because there isn't a proper government on the Sudanese side.

The RSF maintains order in West Darfur (or does for the moment). Men with machine guns patrol the markets. Pickup trucks carrying more soldiers park in front of the dilapidated local administration buildings. But the men who control the city can't provide much else. One

might call West Darfur a libertarian paradise: There is no income tax, no government, no regulations—but also not many roads, hospitals, or schools.

I traveled from Adré to El Geneina, a city in West Darfur, with an escort who had been assigned to us by the RSF. He was studying in Dubai and wore sneakers and neat khakis instead of a jalabiya and turban. But he got us through every one of the dozens of checkpoints we encountered by calling out greetings to the men with guns, offering an embrace, and sometimes stopping to chat, perhaps about relatives or mutual friends. On the last day of our trip, he told me that he hoped someday to go to California, to learn about California, and then to come home and make Darfur more like California.

Others also told us they aspired to the things that the liberal world used to stand for. Among them was Al Tigani Karshoum, the current governor of West Darfur, who had formerly served as the deputy to the previous governor, Khamis Abakar. The two men were appointed in the years following a government agreement to broker peace and share power. Abakar was a member of the Masalit tribe, which before the war was the largest ethnic group in El Geneina. Karshoum's links are to the Masalit's Arabic-speaking rivals, the tribes that comprised the bulk of the Janja weed and now the RSF.



After the shelling of a residential area near Khartoum by RSF forces, injured Sudanese civilians are treated by medical staff at al-Nau Hospital, in Omdurman.



Pages 78–79: Sudanese refugees are relocated from a camp outside Al-Fashir, in Darfur, to the camp in Tiné, Chad, in early May, after the RSF attacked Al-Fashir. The RSF killed dozens of civilians and set homes and humanitarian offices on fire, forcing more than 400,000 people to flee the camp.

The competition between the Masalit and the Arabs is old, although it wasn't always lethal. The Masalit, along with other tribes, were farmers; the Arabs were nomads, camel herders. Although they think of themselves as ethnically different, they co existed and even inter married in Darfur for decades, until climate change dried up the land and made the arable parts scarce. Following a major drought and famine in 1984–85, everyone began to buy weapons. "A herd of a thousand camels represents more than a million dollars on the hoof," the historian Alex de Waal wrote in 2004. "Only the most naive herd-owner would not buy automatic rifles." This conflict was then accelerated by the Bashir government in Khartoum, which gave the nomads more weapons and empowered them, as the Janja weed, to repress their neighbors.

The current civil war has reignited and amplified this old rivalry, along with many other Sudanese rivalries, as it enabled both sides to acquire sophisticated weapons from around the world. Governor Abakar and the Masalit sided with the Sudanese Armed Forces, which had tanks and airplanes. The RSF and the nomadic Arabs brought in drones, howitzers, multiple-rocket launchers, and other weapons from abroad. They used their arsenal to unleash a wave of violence on the Masalit neighbor hoods of El Geneina, according to a UN report, killing 10,000 to 15,000 people. Abakar himself was kidnapped and then murdered.

Under a tent outside the sprawling refugee camp in Adré, Darassalam, a teacher and head mistress of a school, told me that Arab soldiers had come to her neighborhood in El Geneina and ordered her to go to Chad. They told her they wanted to "clean the town of black skins." The RSF, which she called the Janja weed, killed people in front of her. "I saw raped women and men in front of me, beaten people in front of me." In 2023, other Masalit exiles told Reuters they had seen Karshoum himself riding in pickup trucks, giving orders to sack houses. As a result of these and other accounts, which he denies, Karshoum is under EU sanctions.

Karshoum told me a different story. He claimed, as did several others, that the Masalit and the SAF began the conflict. He expressed anguish about what had happened in El Geneina. After the murder of Abakar, he had been too distraught to continue his duties, he told me. Abakar, he said, was "my friend." A council of elders, including several dozen tribal and religious leaders, came to his house and asked him to stay on. At first, he told me, he refused. Finally he agreed.

I don't know whether what Karshoum told me was true. But he wanted me to understand that he had real civil-society support, that he himself was a civilian, and that he wanted to build a civilian government, one that represented all the ethnic groups in the region. He told me that there should be an independent investigation into the events that unfolded in the spring of 2023 (although the UN has already conducted one). He assured me that the Masalit were returning home to Sudan, and encouraged me to come and witness a local meeting of Masalit and other tribes, due to take place in another town a few hours' drive away.

The event didn't happen, or maybe I wasn't wanted; the reason for the canceled invitation was never clear. But I did meet the reconciliation committee that supported Karshoum. About a dozen of the committee members gathered in a single bare room and introduced themselves, each one naming his tribe or clan, including a man who introduced himself as a Masalit. We also met Abdulbaqi Ali Hussein Ahmed, a lawyer and the chairman of the local constituent assembly. Solemnly, he showed me the old council chamber, with its worn tiles, watermarked walls, and shuttered windows, and promised it would someday be used again, by all of the ethnic groups in the region.

Outside Sudan, the RSF also wants to be seen as a force for democracy, not as a rapacious militia engaged in ethnic cleansing. This past spring, together with allied militias, a group of RSF leaders announced plans to form a Government of Peace and Unity, and to issue passports and currency. All of these efforts evoke a lot of scorn. In Adré, Asaad Bahr Al-Din, the brother of the sultan of the Masalit, told us that although some Masalit might return to El

Geneina to trade or collect belongings, few were returning for good. "There is discrimination," he told us. "No freedom." Perceived enemies of the RSF were still intimidated, sometimes beaten, even just for looking insufficiently sad upon hearing the news of RSF battlefield defeats. In Port Sudan, I asked the finance minister, a Darfuri himself, what he thought of the RSF's Government of Peace and Unity, and he dismissed it immediately. "They know nothing about democracy. Actually, they have been used by others to talk about democracy."

I heard the use of the word democracy differently. Think back, again, to the decades that followed the sack of Rome. Long after the empire was too weak to exert real power, Latin remained the language of scholarship, of the Church, of universal communication. In much of the world, the terms democracy and civil society now function in the same way: They signify that the user aspires to something better—to legitimacy, to statehood. Warlords can rule by brute force for a time, but eventually they want recognition, acceptance, maybe statehood and UN membership.

The path to all of those things still runs through international law, even in a world where international law is scorned, dismissed, and ignored by the countries that invented it.

ONE DAY TOWARD the end of our stay in El Geneina, we planned to leave early to travel to Zalingei, another town about 100 miles to the east, and to return the same day. The desert road between the two cities is one of the best in Darfur, which simply means that most of it is paved. Even so, the route requires a detour across a dried riverbed to avoid a bombed-out bridge, passes through more than a dozen RSF checkpoints, and runs through a region without cellphone connection and only loose RSF control. A daytime drive was said to be safe, but everyone advised us to get home before dark: Not only are there no taxes and no government regulations in Darfur, but there are also no highway police, no rescue services. No one will come help you if anything goes wrong.

The day went badly. We lost time in the morning, waiting for permission from the RSF to leave the city by car. We arrived very late for an appointment at a hospital, and the physicians we had planned to meet had left for lunch. We were even later for our next meeting, and squeezed the one after that into just a few minutes. Then, right after we finally got back into the car and prepared to head out of the city, our driver, who had come with us from Chad and wasn't very communicative, abruptly announced that he was out of gas. There are no gas stations in Zalingei, so we went to a street market and filled the tank out of big plastic containers. By the time this tedious operation was concluded, it was late afternoon.

We headed out of town. Then, just as the sun was setting, the day devolved into a scene from a bad movie. The car started shaking, then slowed down. We had a flat tire. We got out of the car to change it. The spare tire was broken. Our guide, who had been relaxed and chatty throughout the previous difficulties, suddenly changed his tone. He barked orders at the driver, telling him to keep moving, despite the flat tire: We had to get to a checkpoint. It wasn't safe to be stuck in the middle of the desert in the dark.

Just then, we saw a car approaching in the distance—unusual for this time of day. Our driver, our translator, and our guide stayed tense and silent, waiting to see who it would be. The car was a pickup truck; the passengers were men in flowing robes and turbans, carrying AK-47s, some riding in the cabin, some standing in the back.

The truck slowed down. Our guide smiled widely and held out his arms. He called out a name. One of the passengers, wearing a robin's-egg-blue jalabiya and a camouflage turban, jumped off the truck and rushed to embrace him. It was his brother-in-law.

We were rescued. The brother-in-law and his comrades had a Starlink dish mounted on the hood of their pickup truck, so we had Wi-Fi. They gave us their functional spare tire, and escorted us back to El Geneina in the dark. In a lawless world—in a place run by militias, clans, and families—you are perfectly safe as long as your relatives are the ones in charge.



At the Iriba district hospital in northeastern Chad, Taiba Adnan Suliman holds Hussein, one of her five-month-old twins, who is severely malnourished. Taiba and her seven children walked for 20 days from Al-Fashir.

A COUPLE OF DAYS after we left Khartoum, the Sudanese army recaptured the presidential palace, the symbolic seat of power in the capital. Soldiers filmed themselves shouting triumphant slogans and waving rifles in front of broken windows. Sudanese military officials posted reams of praise on social media. In Port Sudan, several people predicted confidently that the war would soon end, perhaps as early as April, because the Sudanese army would now quickly reconquer the rest of the country.

That same day, Colonel Ibrahim, the earnest military-liaison officer who'd helped us because he didn't want Sudan to become a "forgotten war," was killed in a drone strike, together with a team of Sudanese television journalists. The RSF must have targeted them, to spoil what would have been newsworthy film and photographs. Over tea that evening in the garden of our hotel in Port Sudan, a senior Sudanese-military officer, the scion of a family with a long tradition in the government and army, told us in confidence that he disagreed with the official optimism. The war would not end soon. His own family, whose members found themselves on different sides of the conflict, bitterly divided, were still "electing by their legs" to leave the country, traveling to Egypt, or Abu Dhabi, or beyond.

Some weeks later, the RSF began using drones to hit Port Sudan, including the hotel with the garden where we'd had tea. The Sudanese-military leaders accused the Emiratis of coordinating the strike, and finally cut all ties with Abu Dhabi. The UN suspended flights into Port Sudan. Some of the diplomats who remained in Port Sudan also, I was told, began to contemplate leaving.

But not everyone will leave. Nor will everyone succumb to the nihilism and greed that drive the war, or to the despair that has followed so much destruction.

On one of my visits to al-Nau Hospital, in Omdurman, I met Momen wd Zaineab. We had arranged to meet in the hospital courtyard, but conversation proved almost impossible. Wd Zaineab was surrounded by a large crowd of mostly elderly people, all waving small bits of paper. These were prescriptions for medications that aren't available at al- Nau, which has a dedicated staff of emergency doctors and a free pharmacy but limited supplies, especially of medications for chronic diseases. Wd Zaineab raises money on Facebook to pay for the medications, periodically asking his 125,000 followers to donate. Social media has also helped make his long, curly black hair and wire-rimmed glasses into a kind of trademark. When he is at the hospital, he is deluged by people who recognize him, people who want to be cured.

Wd Zaineb's local prominence also has deeper roots, in the revolutionary movement that led to the end of the Bashir regime, and in the community of Sudanese who use the language of transparency, democracy, and power-sharing not to appeal to some foreign ideal or to win outside recognition, but because they believe this is the only way to achieve peace in Sudan. "We have abundant resources," he told me. "But we suffer from massive mismanagement and even greater corruption; that's why our people live in these tragic conditions. Our country is a paradise, but there are those who want to live in that paradise alone, to rule it, and to own all its wealth."

As a result of these beliefs, wd Zaineb has spent a lot of his life in hiding. He hid first from the Bashir regime. After the coup, he hid from the military dictatorship. On the first day of the war, he nevertheless went immediately to al- Nau, which was then in the middle of the conflict zone, to see what he could do to help injured civilians. Together with dozens and eventually hundreds of other activists across the country, on both sides of the conflict, wd Zaineb helped build the Emergency Response Rooms, raising money, at first from diaspora Sudanese, to provide people with the communal kitchens I saw all over the country, along with medical care and other help. The Emergency Response Rooms, known as the ERR movement—sooner or later, every Sudanese group becomes known by its acronym—eventually built shared fundraising platforms that are capable of raising money around the world and distributing aid around the country. "We did all of this on our own," wd Zaineb told me, "as revolutionaries, without any support from the government." That kind of independence generates hostility from both the RSF and the Sudanese military, who have repressed ERR volunteers. Alsanosi Adam, a member of the ERR communications team, based in Kenya, advised me to be careful meeting volunteers on the ground, because the interaction might attract unwanted attention from the authorities.

But wd Zaineb wanted to meet, and eventually we arranged to do so a second time, this time behind a water tank where petitioners couldn't immediately find him. I asked him to explain the connection between this volunteer work and his political activism, and he told me that they are the same thing. The war, he said, is run by people who want to destroy, so he tries to do the opposite: to build. He pointed at the huddle of people who were already gathering a few feet away, waiting for him. "Him, he's like my father. Her, she's like my mother. All these people need help, so I came to help. I stay here sometimes for 10 hours a day." There aren't enough ambulances, so he and his network of volunteers also help people get to the hospital after a bombing raid, assist the families of the injured, even bury the dead.

The hospital authorities are wary of wd Zaineab—he's not a physician; medications can interact badly with one another. Their doctors and nurses also do heroic work, providing emergency help to victims of the war. Maybe his politics make them nervous too. Still, they tolerate wd Zaineab standing in the courtyard. Without him, the small mob of sick people would not have access to any medication at all.

Many others share his views. During that rushed, truncated day in Zalingei, we did have one memorable meeting, with a group of students and professionals—among them a physician, a teacher, and an environmental engineer—who had, during the two years of war, collectively created 45 Emergency Response Rooms in Central Darfur, staffed by more than 800 volunteers. Many had lost their job when universities, hospitals, and government offices were shelled or shut down, but they still thought it important to "give something to the community," as one of them told me. Like wd Zaineab, they wanted to build, they told me, not destroy.

Asked about motivations, one used the term nafeer, which refers to "communal labor" or "communal work." Another mentioned takiya, when "people collect their food together and to eat together, to share it, if somebody doesn't have food for supper or dinner." While traveling in Sudan during Ramadan, I saw many instances of men far from home—drivers, workers, or indeed our translators—joining the communal prayers and meals served on the street when the fast is broken at sundown.

It's easy, from a great distance, to be cynical about or dismissive of the prospects for good government in Sudan, but these are the same kinds of traditions that have become the foundation for more democratic, less violent political systems in other places. Nafeer reminded me of toloka, an old Slavic word I heard used to explain the roots of the volunteer movement in Ukraine. Takiya sounds like the community barn-raising of 19th-century rural America. The communal activists who draw on these old ideas do so not because of a foreign influence campaign, or because they have read John Locke or James Madison, or because, like the inhabitants of medieval Europe, they want to turn the clock back to a different era. They do so because their experience with autocracy, violence, and nihilism pushes them to want democracy, civilian government, and a system of power-sharing that would include all the people and all the tribes of Sudan.



After breaking their fast in the evening during Ramadan, Sudanese men pray on a median strip in Omdurman.

On both of my trips to Sudan, I traveled out via Dubai, and each time it felt like a scene from a children's book, where one of the characters walks through a mirror or a wardrobe and emerges in a completely different universe. In Sudan, some people have nothing except a bowl of bean soup once a day. In the Dubai airport, the Chanel store is open all night, AirPods can be purchased for the flight home, and multiple juice bars serve crushed tropical fruits.

But despite the illusion of separation, those universes are connected, and the same forces that have destroyed Sudan are coming for other countries too. Violence inspired and fueled by multiple outsiders has already destroyed Syria, Libya, and Yemen, and is spreading in Chad, Ethiopia, South Sudan, and beyond. Greed, nihilism, and transactionalism are reshaping the politics of the rich world too. As old rules and norms fall away, they are not replaced by a new structure. They are replaced by nothing.

LYNSEY ADDARIO FOR THE ATLANTIC

THE GENERALS AND THE POLITICIANS

Omar al-Bashir ran Sudan as a repressive Islamist regime for nearly 30 years, until April 2019, when—after a mass democratic uprising led to several months of demonstrations and violent clashes in the streets—he was removed by the military.

Prime Minister Abdalla Hamdok ran the short-lived civilian government, backed by the military, which was meant to be a transition to Sudan's democratic future.

General Abdel Fattah al-Burhan, the leader of the Sudanese Armed Forces, or SAF. In 2021, he and his deputy, Lieutenant General Mohamed Hamdan Dagalo (see below), carried out a military coup that removed Prime Minister Hamdok. Burhan's falling-out with Dagalo precipitated the current civil war.

Lieutenant General Mohamed Hamdan Dagalo, known as Hemedti. Hemedti controls the Rapid Support Forces, or RSF, a mostly Darfurian militia whose first members were Arabic-speaking nomads known as the Janjaweed. On April 15, 2023, at the start of the civil war, the RSF attacked the SAF head quarters, the Khartoum airport, and the presidential palace.

Khamis Abakar, the former governor of West Darfur. A member of the Masalit, the largest ethnic group in that area before the war, Abakar tried to broker peace between Masalit farmers and Arab nomads. When the civil war broke out, Abakar and the Masalit sided with the SAF. In June 2023, Abakar was kidnapped and murdered by RSF forces, though they deny responsibility.

Al Tigani Karshoum, the former deputy to Abakar, who became governor of West Darfur after Abakar's murder. Karshoum has ties to the Masalit's Arabic-speaking rivals, the tribes that made up the bulk of the Janjaweed and now the RSF. He is reported to have ordered the sacking of Masalit houses after the civil war broke out, and is under EU sanctions as a result.

BURHAN OZBILICI/AP; ROMUALD MEIGNEUX/SIPA/AP; IBRAHIM MOHAMMED ISHAK/REUTERS; MOHAMED NURELDIN ABDALLAH/REUTERS; PETER MARTELL/AFP/GETTY; RSF ACCOUNT ON X

PREVIOUS PAGES AND OPPOSITE PAGE: LYNSEY ADDARIO FOR THE ATLANTIC

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