

D5 | CHOLERA EPIDEMIC IN HAITI

Popular consciousness of the Haitian cholera epidemic in donor countries has been based on a fabricated narrative which has centred on the plight of the refugees affected by the January 2010 earthquake. According to this narrative, these internally displaced persons (IDPs), having lost everything in the earthquake, were reduced to living in such miserable conditions that the spread of disease became inevitable. With news coverage conflating these issues and NGO appeals for donations often using phrases like ‘Since the outbreak in October 2010 in the aftermath of the devastating earthquake that shook the country’ or prominently featuring pictures of IDP tent cities in appeals for donations (UN 2013), it is understandable that this narrative should continue to dominate the conceptual landscape. This narrative has also been the base of the international health interventions rolled out after the outbreak. This narrative is not only misleading, it misses out on the political context in which the epidemic took place. This chapter will examine the roots of the epidemic and examine the international response in this light.

Haiti: a history of occupation

In 1804 the Haitian slaves of the French colony of Saint-Domingue did the impossible: they decimated Napoleon’s army and created the first state founded by ex-slaves. However, the price to be paid would be an initial political isolation and a debt to France, to compensate former slave owners for their loss of property, including loss of their slaves, that was fully paid off only in 1947 (Gebauer 2010).

After a century and a half of troubled history, in the 1970s Jean-Claude Duvalier (Baby Doc), son of brutal dictator François Duvalier, moved in to reorient the Haitian economy. What came to be popularly known as *the American plan*, owing to the role the USA played in its design, was a World Bank and International Monetary Fund (IMF) programme that involved moving Haitian agriculture away from subsistence farming and towards the production of export crops, along with developing an assembly industry in Port-au-Prince that would absorb the ‘excess’ rural population (Schwartz 2008). It was presented in optimistic tones – Haiti would become the ‘Taiwan of the Caribbean’ (Farnsworth 1984).

In the early 1980s, using the excuse of recent droughts and famines in the Northwest province, the USA sent massive amounts of food aid (most of which arrived months after the disaster). This dumping of unneeded food



Image D5.1 Children at a relief camp in Haiti after the earthquake (Pijuano)

proved catastrophic for local subsistence farmers. It is argued that malnutrition increased after the arrival of foreign food. As part of the American plan, protective tariffs on imported rice were reduced in 1985 and again in 1995, and soon Haiti was importing large amounts of (subsidized) ‘Miami rice’ from the USA (Bell and Field 2010). Within a few years, Haiti went from being a net rice producer to becoming a net rice importer (Schwartz 2008).

In the face of their livelihood being lost, Haitian peasants had few options: move to increasingly crowded Port-au-Prince, cross the border to cut cane in the Dominican Republic under conditions that amounted to slavery (Lemoine 1985), or risk their lives as boat people in an attempt to reach the promised land of Miami. This social context sets the background for the disaster that followed the 2010 earthquake.

Structural adjustment programmes and UN presence

Jean-Claude Duvalier was overthrown by a popular uprising in February 1986. Over the next four years various military-led governments were formed and failed as Haitians demanded real democracy. In December 1990, Father Jean-Bertrand Aristide, a Haitian priest schooled in the Liberation Theology tradition, was elected with nearly 70 per cent of the vote. It was a time of great hope and people spoke of Haiti’s ‘second independence’.

In January 1991, a first coup attempt against Aristide, before he was even sworn in, was foiled by a massive outpouring of people in Port-au-Prince. In September, the coup staged by the army was successful and Aristide was sent into exile after less than seven months in office. While the Bush administration publicly denounced the coup, it is believed that they provided support for the plotters (Chossudovsky 2004). The USA was also involved in forming and supplying FRAPH (Front révolutionnaire pour l’avancement et le progrès en

Box D5.1 Haiti's adjustment policy

The Paris plan, in many ways a new American plan, was then described by journalist Allan Nairn as follows.

Haiti commits to eliminate the jobs of half of its civil servants, massively privatize public services, 'drastic[ally]' slash tariffs and import restrictions, eschew price and foreign exchange controls, grant 'emergency' aid to the export sector, enforce an 'open foreign investment policy,' create special corporate business courts 'where the judges are more aware of the implications of their decisions for economic efficiency,' rewrite its corporate laws, 'limit the scope of state activity' and regulation, and diminish the power of President Aristide's executive branch in favor of the more conservative Parliament. In return, Haiti is to receive \$770 million in financing, \$80 million of which goes immediately to clear up debt owed to international financial institutions. Compliance with the plan is to be closely monitored by missions from the World Bank, the IMF and the Inter-American Development Bank. (Nairn 1994)

Haiti), an organization that functioned as a death squad targeting Aristide supporters (Hallward 2007).

In the face of ongoing and widespread resistance to the military government and ongoing human rights violations, the Clinton administration decided that returning a defanged Aristide to power was their best option (Chossudovsky 2004). In 1994, the 'Paris plan' was worked out to return Aristide to power in what would become a second US occupation, this time accompanied by draconian structural adjustment policies (see Box D5.1) and expensive political concessions. These included that Aristide would leave office approximately two years after his coming back.

While the return of Aristide to Haiti in September 1994 was accomplished primarily by the US military, security functions were handed over to a UN force in March 1995. That force remained in Haiti until June 1996 and UN-supported police training continued until 2000. The rationale for the deployment of the UN forces was legally dubious. The UN charter authorizes the Security Council to intervene in the internal affairs of countries only when there are 'threats to the peace, breaches of the peace and acts of aggression' (UN 1945). But none of these conditions applied to Haiti, which is not at war and does not pose a threat to its neighbours. Nor is there an internal armed conflict going on in Haiti. The only purpose of the UN forces was to control the civilian population, especially in the face of the draconian economic policies to be implemented.

In 2000, Aristide ran for president again and won 92 per cent of the votes in an election boycotted by the opposition. In a sign of opposition, the



Image D5.2 Camp in Jacmel, Haiti, for earthquake victims (Charles Eckert/ActionAid)

USA banned any aid to Haiti from going through the Haitian government. A ‘destabilization plan’ was complemented by military incursions from the Dominican Republic by ex-army members (Chossudovsky 2004). In February 2004 Aristide left Haiti as a US-supported military force entered the capital, perpetrating a second coup against the elected president (Hallward 2007). Once again the Marines were in Port-au-Prince. As had been the case in 1991, a violent campaign was unleashed against Aristide supporters (*ibid.*).

The Marines were just the prelude for another UN-sanctioned force now called MINUSTAH (United Nations Stabilization Mission in Haiti), which currently comprises 5,794 troops and 2,413 police (MINUSTAH 2014). The force was authorized for six months but has been in Haiti now nearly ten years. Since its arrival, MINUSTAH has been, in essence, a tool for US political control.

The earthquake and its aftermath

On 12 January 2012 an earthquake hit Port-au-Prince, causing extensive damage to the city and many thousands of deaths. As mentioned earlier, this natural disaster took place in a particular social context. The population of Port-au-Prince had swelled from around 700,000 in the mid-1980s to over two million, mostly living in precarious housing. It can be argued that the level of damage caused by the earthquake was a ‘the result of human action, social structure, and policy, together with the individual families making their way through the labyrinth of neo-liberal restructuring. As a product of human action, it could have been avoided’ (Schuller and Morales 2012: 5).

The international response (see Box D5.2) was best characterized by Canadian author Peter Hallward:

Box D5.2 The international community's response to the earthquake

The USA already had a policy that no aid should go through the Haitian government. This policy was confirmed by the 'international community' after the earthquake. On 31 March 2010 the Interim Haiti Recovery Commission was set up in New York City at the UN to handle international donations to Haiti. It was chaired initially by the Haitian prime minister, Jean-Max Bellerive, and UN Special Envoy former US president Clinton (Lessons from Haiti n.d.). This commission would approve all projects; the World Bank would then supervise their implementation. The commission was supposed to be 'Haitian-led' but was first made up of a majority of non-Haitian members. The representation was later brought to half Haitian and half non-Haitian. However, Haitians complained that they had no real power and their only role was to endorse the decisions made by the director and Executive Committee (Bernadel et al. 2010).

An estimate made in 2012 found that the Haitian government had received only 1 per cent of the humanitarian aid given for the earthquake and 15–21 per cent of longer-term assistance (Ramachandran and Walz 2011). The reconstruction funds that bypassed the Haitian state went to various corporations and NGOs specializing in what has been called 'disaster capitalism'. This process was described in a Wiki-leaked cable from US Ambassador Merton entitled 'The gold rush is on' (Herz and Ives 2011).

One of the Clinton Foundation's first projects is emblematic of what happened. A community was promised 'hurricane-proof' schools that turned out to be poorly constructed mobile homes without ventilation, water or latrines. They had been purchased from Clayton Homes, the same company that had provided the notorious formaldehyde-contaminated trailers after Hurricane Katrina hit New Orleans. Clayton Homes is owned by one of Warren Buffett's holding companies. Buffett is a large donor to the Clinton Foundation (Macdonald and Doucet 2011).

Nine days after the devastating earthquake that struck Haiti on January 12, 2010, it's now clear that the initial phase of the U.S.-led relief operation has conformed to the three fundamental tendencies that have shaped the more general course of the island's recent history. It has adopted military priorities and strategies. It has sidelined Haiti's own leaders and government, and ignored the needs of the majority of its people. And it has proceeded in ways that reinforce the already harrowing gap between rich and poor. (Hallward 2010)

It is in this context that the cholera epidemic surged.

Two tales and an epidemic

The source of the cholera epidemic can be traced to the small city of Meille, host city of a MINUSTAH base staffed with soldiers from several countries, including Nepal (Piarroux et al. 2011). Negligence on the part of a contractor and the UN troops led to untreated sewage contaminating the Artibonite river, causing the first epidemic in the cities downstream of the country's largest river (Cravioto et al. 2011). None of these cities experienced significant damage from the earthquake and this first epidemic phase was not affected by hurricanes or seasonal rains (Gaudart, Rebaudet et al. 2013). A second, explosive epidemic phase fuelled by Hurricane Thomas soon followed in the Artibonite and Centre departments, still outside the earthquake disaster zone (ibid.). Finally a succession of epidemic waves carried the disease to every corner of the country. Despite these facts, even some esteemed cholera epidemiologists have been influenced by the popular narrative, claiming that the outbreak could be due to earthquake damage to water and sanitation infrastructure and unhygienic living conditions in IDP camps. This conjecture was strongly rejected by the consortium which first investigated the outbreak (Gaudart, Moore and Piarroux 2013).

As of December 2013, there had been an estimated 694,842 cases and 8,494 deaths attributable to cholera, although these are probably underestimates due to underreporting and sub-clinical infection (Jackson et al. 2013). The attack rates experienced in some areas are of orders of magnitude larger than those experienced in the 1991 Latin American epidemic as well as more recent African epidemics. However, IDP camp residents have consistently been found to have lower rates of cholera than surrounding communities (IASC 2013). What became clear from the manner in which this epidemic spread is that its cause was the long-standing lack of access to safe water and sanitation.

Remittances from migration are estimated to account for 25 per cent of GDP (Maldonado et al. 2012); however, migration also means a continual loss to the country of the majority of the skilled and educated population. Data shows that whereas only 5.7 per cent of the low-skill labour has emigrated, 83.4 per cent of highly skilled labour has left the country (Docquier and Rapoport 2009). The number of migrating physicians ranged from 34.9 to 66.6 per cent annually from 1991 to 2004 (Bhargava et al. 2011). It is in this context that a complex health intervention against the cholera epidemic had to be launched.

The response from the international community

The first two years of interventions against the disease were characterized by extreme fragmentation of organizations and activities and a dependency on the charity of donors. This in turn partially explains the paradoxical linking of IDPs with the cholera epidemic in popular media, despite there being no connection between the introduction or even the propagation of the disease with IDPs. The charity model of humanitarian aid had led most groups to

focus on the most visible suffering to maximize donations, which would keep them operating in the country. Furthermore, a significant proportion of their resources was expended on IDP camps because humanitarian groups were already operating in these areas and rightly feared that, without action, cholera would run rampant in the crowded living conditions (UN 2013). While the sparing of these IDPs from the brunt of the epidemic can be pointed to as a success, the weakness of the response would soon become apparent.

Two years later, donations to NGOs slowed dramatically, resulting in a drop from 120 humanitarian organizations in 2011 to 43 in 2013 and a concurrent drop in cholera treatment centres from 250 in 2011 to 150 in 2013 (UN 2014). The international funds had not been invested in building the Haitian health system. Further, the underlying mode of transmission of disease remained largely unchanged with only 64 per cent of the population having access to safe drinking water and 26 per cent having access to improved sanitation (*ibid.*). Even the hitherto protected IDP camps, although now fewer in number, may be transitioning to higher risk with fewer NGOs and resources engaged every year (*ibid.*; UN 2013). In view of this deceleration of progress, a Haitian government-led unified approach to cholera elimination has been proposed.

The National Plan for the Elimination of Cholera in Haiti (MSPP 2013) marks a shift from the earlier strategy. The ten-year plan lays out a series of goals for the control and eventual elimination of the disease. The plan refers to the challenges of ‘institutional fragmentation’ and loss of national staff to NGOs and funding providers. While developed in conjunction with major bilateral and multilateral partners, the plan proposes a lead role for the Haitian government. The National Directorate for Water Supply and Sanitation (DINEPA) aims to increase potable water access to 85 per cent and sanitation coverage to 90 per cent of the population by 2022. It is planned to deploy one community health worker for 500 to 1,000 persons. The total budget for the plan is approximately US\$2.2 billion for ten years.

With a total government expenditure of approximately US\$3 billion per annum, of which over half comes from foreign grants and loans, it is clear that financing will depend on external donor funding (MEF 2012). A shortfall in funding is already apparent, and less than 50 per cent of funds for the first two years of the plan have been committed (UN 2014). Further, large NGOs and major funders such as USAID are reluctant to channel resources through the national fund as they fear loss of control over disbursement of their resources (CEPR 2013). A truly unified national plan to eliminate cholera may never come to fruition owing to the reliance on a charity funding model, which perversely depends on conditions worsening to spur sufficient funding pledges.

Conclusion

Several models which would allow for reliable and sufficient levels of aid to flow to programmes such as the cholera elimination plan have been

proposed. One such proposal is a tax on highly skilled migrants lost to higher-income countries (see also Chapter B9) imposed on the host country as compensation for lost education and opportunity costs. Indeed, it has been calculated that there are more Haitian doctors in New York City than in all of Haiti, and Haitian medical schools continue to train doctors who will practise overseas.

But the first, necessary step for any progress is an end to foreign government intervention in Haitian internal affairs. The very presence of MINUSTAH is a reminder that Haitians continue to organize themselves politically to fight the occupation. MINUSTAH, which has admitted responsibility for the introduction of cholera into Haiti in their own report (Cravioto et al. 2011), has received US\$5.98 billion over the last ten years from the United Nations (CERFAS 2013), i.e. two and a half times the funds required for the cholera elimination plan!

Each year there is an international day of solidarity with Haiti on 1 June calling for the withdrawal of foreign troops. Uruguayan movements, organized under the Coordinadora Uruguaya por el Retiro de las Tropas de Haití, have persuaded the Uruguayan government to pull its troops out of Haiti. Citizens of other countries that support MINUSTAH have a clear example to follow, in demanding an end to the occupation of Haiti.

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