MÈT KÒ VEYE KÒ:

Foreign responsibility in the failure to protect against cholera and other man-made disasters

January 22, 2011

Mark Schuller, Ph. D
York College (CUNY) / Faculté d'Ethnologie (UEH)

EXECUTIVE SUMMARY

This study is a follow up to the report, “Unstable Foundations,” results of six weeks of research during the summer of 2010, which argued that despite the billions in aid pledged to Haiti, most of Haiti’s estimated 1.5 million IDPs lived in substandard conditions. For example, seven months following the earthquake, 40.5 percent of IDP camps did not have access to water, and 30.3 percent did not have toilets of any kind. This lack of sanitation services became the prime breeding grounds for illnesses just like cholera, which struck Haiti with great force. As of the end of the year, there were an estimated 170,000 cases of the illness and 3600 deaths.

Despite this outbreak, and the millions in new pledged aid to Haiti to combat the disease, very little progress has been made two and a half months following the outbreak. Still using the random sample of 108 IDP camps from this summer, a team of three State University of Haiti students investigated 45 camps that lacked either water or toilets from the summer. The results show a minimum of progress: 37.6 percent instead of 40.5 percent still do not have water, and 25.8 instead of 30.3 percent of camps still do not have a toilet.

The cholera outbreak – combined with the continued lack of services – is a key factor in the rapid depopulation of the IDP camps. According to the IOM only 810,000 remain as of January 7. One in four camps researchers visited disappeared since the last visit, eight because of IDPs’ fear of cholera, and three because of landowner pressure.

The previous study highlighted several gaps within the services. Given little progress since the outbreak, most of the patterns hold true. Camps with NGO management agencies are still far more likely to have needed services; this is increasingly evident. Municipality is still a factor in services, however there is some progress in Cité Soleil IDP camps because of a concerted effort led by the Haitian government. There is a slight difference in camps on private and public land.

All of this is to say that much more progress needs to be made, not only in the aid delivery but the coordination. NGOs need to be more transparent and accountable, and the ongoing political crisis stoked anew by the entrance of former dictator Jean-Claude Duvalier should not be an excuse to prevent aid from being delivered or life-saving water contracts renewed. As long as people are living under tents, especially during the outbreak of cholera, water and sanitation services are absolutely essential.

People are still dying of cholera that has not yet reached its peak. That things are not moving ahead is not debatable. However, actors such as the U.N., bilateral donors, and international NGOs continue to point the blame elsewhere, particularly the Haitian government and even the Haitian people. This blaming the victim has to stop, if the ongoing humanitarian crisis is to be ended. The Haitian proverb explains, *se mèt kò ki veye kò l:* people look after their own bodies.

We in the international community need to keep this in mind, owning up to our responsibility in this man-made disaster and doing what we can to end it.

Specific policy recommendations include:

1. **Donors must make good on their pledges, fully funding Haitian relief efforts.**
2. **Donors need to be flexible with their contracts for emergency water and sanitation services.**
3. **NGOs need to be more open and transparent with their aid collected, and prioritize water, sanitation, and health services.**
4. **NGOs need to assume roles as camp management agencies in all camps, including and especially those currently without them.**
5. **Life-saving water and sanitation services need to be provided in the neighborhoods surrounding the camps in addition to within the camps.**
6. **IOM should continue to track registered IDPs.**
7. **Plans for housing need to include renters in addition to homeowners.**
8. **The successful state-led public-private partnership needs to be scaled up.**
9. **The political crisis should not be an excuse for delay in aid.**

For correspondence regarding this report, please contact:

Mark Schuller, Assistant Professor
African American Studies and Anthropology
Department of Social Sciences
York College, the City University of New York
94-20 Guy R. Brewer Boulevard
Jamaica, NY 11451
(718) 262-2611
mschuller@york.cuny.edu

TABLE OF CONTENTS

	Acknowledgements	1
I.	Introduction	2
II.	Background	3
III.	Methodology	7
IV.	Changes since Cholera.	8
V.	Patterns in the Gaps in Services	11
VI.	Forced Closures and Losing Track of IDPs.	13
VII.	Foreign Responsibility	15
VIII.	Recommendations	20
IX.	Works Cited	22
X.	Appendices	23

Photos, front cover and this page: Robenson Jean Julien. Ti Kajou (Bato) camp, Carrefour, piles of trash where camp residents defecate, 20 meters from the housing structures.

LIST OF ACRONYMS

BAI	Bureaux des Avocats Internationaux
CCCM	Cluster for Camp Coordination and Management
CDC	Center for Disease Control
CIRH	Interim Haiti Reconstruction Commission
DINEPA	Direction Nationale d'Eau Potable et d'Assainissement
DTM	Displacement Tracking Matrix
FRAKKA	Reflection and Action Force on Housing
IDB	Inter-American Development Bank
IDP	Internally displaced person
IOM	International Organization of Migration
MINUSTAH	UN Mission for the Stabilization of Haiti
NGO	Non-governmental organization
WASH	Water, Sanitation, and Hygiene

ACKNOWLEDGMENTS

Thanks first go to the Université d'État d'Haïti, where the author has a formal affiliation, particularly the Faculté d'Ethnologie, where he has taught since 2004. Three students conducted the surveys: Mackenzy Dor, Robenson Jean Julien, and Rose Mercie Saintilmont. The author would also like to acknowledge the support of many individuals working for NGOs, the United Nations, and the Haitian government who provided useful information.

Several institutions and individuals provided invaluable guidance and support in the research phase, including the Bureau des Avocats Internationaux (BAI), Fòs Refleksyon ak Aksyon sou Koze Kay (FRAKKA), International Action Ties, and several members of the U.N. clusters, especially the WASH cluster.

I. INTRODUCTION

On January 12, 2010, a 7.0 earthquake struck Haiti, killing at least 230,000 people and rendering one in six people homeless. The International Organization for Migration (IOM) reported that the number of internally-displaced people (IDPs) peaked at 1.7 million living in 1300 camps across the country, with over 800 in the Port-au-Prince metropolitan area. The international community responded with a generous outpouring of aid. According to the Chronicle of Philanthropy (2010), $1.3 billion was contributed by private U.S. citizens to non-governmental organizations (NGOs) within six months, $1 billion by March 1. Furthermore, at a March 31 U.N. conference, donors pledged $5.3 billion for the following 18 months. Former U.S. President Bill Clinton, named U.N. Special Envoy in 2009, marshaled foreign aid, co-chairing Haiti's reconstruction.

Despite the enormous infusion of post-quake aid to Haiti, most channeled through NGOs, why was Haiti totally unprepared for a deadly epidemic of cholera?

While a discourse critical of the humanitarian response has proliferated following this exposure, particularly among aid workers and journalists (including the former in new media), they are mostly "functional" instead of "foundational" critiques (Ferguson 1990). They either focus on governments – donors' failures to deliver aid or Haitian government corruption – or individual aid workers' moral failings, particularly if they are Haitian. It has become increasingly common to point fingers at other groups, particularly the Haitian government following such obviously flawed elections.

Pointing fingers elsewhere, particularly the Haitian government, does not solve the problem: as of last week, the estimates of cholera are grim: 170,000 cases, and 3,600 deaths.

Simply put, we have to do better. A major element in this solution is for the international actors – foreign governments, the United Nations clusters and troops (MINUSTAH), and NGOs – to take responsibility for our role in this man-made disaster, and respond with quick and appropriate solutions.

As the Haitian proverb says, *se mèt kò ki veye kò l.* Literally translated this means, the person who has this body is the one who looks after it. In other words, I will focus on my responsibility, and others will do the same.

Despite some individual success stories, as a whole, the international community has failed Haiti in many ways. Cholera is a good example of some specific, system-wide failures.

II. BACKGROUND

The original report details how Haiti's vulnerability to disasters such as the earthquake exponentially increased the death toll. For example, an earthquake of the same strength and proximity to the city center struck Canterbury, New Zealand, last September, with no earthquake-related deaths.

Before the Earthquake

Most significant is a rapid and anarchic urbanization triggered by the push-and-pull factors of neoliberal development policies: killing off the Haitian pig population, destroying the protective tariffs and invading the Haitian market with subsidized U.S. rice, and pulling people into shantytowns near the industrial park with the promised apparel jobs. These shantytowns were absent public services, in part because of individual people's poverty but also in part because of the diminished role and capacity of the government entailed by structural adjustment measures and a steady increase in NGOs. U.N. Special Envoy Clinton made two public statements critical of both currents of neoliberalism, pledging to "build back better."

The mass rural exodus that saw Port-au-Prince quadruple in size the two decades following neoliberalism implanted with the fall of Duvalier (Dupuy 2010) also went hand-in-hand with an underdevelopment of Haiti's rural economy and infrastructure. Particularly relevant for cholera was the lack of water, sanitation, and public health. A report by NYU, Partners in Health, and the RFK Memorial Center details the lack of investment in clean water; 70 percent of Haitian people did not have regular access to water, and this number was higher outside of Port-au-Prince and on the rise overall (NYU School of Law Center for Human Rights and Global Justice 2008). Overall, Haiti ranked lowest, 147th, on a "Water Poverty Index" (Walton and Ivers 2010).

One factor in this was that despite pledges to rebuild rural Haiti's water and sanitation, desperately-needed loans were being blocked by the international community, ostensibly because of an electoral crisis (ibid.). Most troubling was a set of Inter-American Development Bank (IDB) loans totaling $535 million that were collecting interest but successfully blocked by the United States during Aristide's second term in office. Funds were finally released after Aristide was forced out of office, four years later.

Structural Problems

The author has been studying NGOs in Haiti since 2001, editing a book manuscript. Meanwhile, anthropologist Tim Schwartz published an insider critique of NGOs and orphanages, detailing often scandalous misuse of funds (Schwartz 2008). Anthropologist Erica James also published an account of how NGOs traffic in victim's testimony and how bureaucratic blockages and rewards contort the system for justice (James 2010).

The book highlights several structural problems before the earthquake. People associated with NGOs are human, trying to make the best of a situation they were handed. Good people, very well educated at that, work for NGOs. Why is it, then, that many continue to fail? Similar processes that cut off local participation also silence front-line staff with experience in the field and erode organizational autonomy.

The NGO system in Haiti itself has failed the aid recipients. The roots of the problems are structural. Intermediaries hold the keys to change. These inequalities and exclusions start at the top, by donor policies and practices, and trickle down the system.

As many scholars noted, NGOs as a structure began as private, voluntary associations tied to faith-based communities that raised the majority of funds for their work (e.g., Bornstein 2003; Fisher 1997; Hefferan 2007; Mathurin et. al. 1989). Many practitioners recall that these

nonprofit associations were close-knit, self-sacrificing, and focused on a shared mission. It is arguably still true for *grassroots* organizations that raise most of their money from members.

The system was remade following shifts in donor discourses, policies, and practices. Following the end of the Cold War, donors like USAID and the World Bank did not need strong centralized states to compete against the Soviet Bloc. In fact they discovered that States were too strong, centralized, corrupt, and removed from the people. So they began directly financing NGOs instead: the 1990s saw a tenfold increase in NGOs, from 6,000 worldwide in 1990 to an estimated 60,000 by 1998 (*Economist*, cited in Regan 2003:3). Currently, there are so many NGOs that we can't even guess at their number (Riddell 2007:53). This rise in the number of NGOs is matched with an increase in funding through them. Globally, in 2005, NGOs channeled anywhere from 3.7 to 7.8 billion U.S. dollars of humanitarian assistance (Development Initiatives 2006:47), and 24 billion in overall development funding (Riddell 2007:259).

This distrust of States reflects the ascendency of neoliberalism, the belief that private initiatives need to be completely unfettered from state interference. In addition to the general economic model favoring NGOs, foreign aid is often caught up in geopolitical struggles, such as Haiti in 1995. Republicans who just took over Congress were looking to expose President Clinton's inexperience in foreign policy. Haiti was his only "success" story to date, unlike Rwanda and Somalia. So Congress forbade USAID, within the Executive Branch linked to the State Department, to fund Aristide. Haiti is often a "laboratory" for new donor policies, from killing the Haitian pig and structural adjustment in the 1980s to the CCI and the "performance" monitoring in the first decade of this century.

As the in-progress book argues, there are several structural failures of the NGO system. Donor policies and the huge infusion of cash have corrupted NGOs. Policies like "results" or "performance" based management have centralized decision-making authority and closing off avenues for meaningful local participation. Rather than an open, participative, democratic process, NGOs are increasingly rewarded for a "bean counting" approach that reduces people to statistics. Corrections and changes made from on-the-ground experience are increasingly difficult.

These Byzantine reporting requirements also cut off intra-NGO communication. Staff who work "in the field" and who are the direct points of contact with aid recipients are increasingly removed from decision-making authority. Local needs deliberation has become increasingly irrelevant, as NGOs have to follow the "project" cycle and do exactly as they're told, implementing donor priorities, or risk their funding being pulled. The reporting requirements create top-heavy NGOs with bloated administrations, with at least one full-time accountant versed in USAID reporting requirements and software. Job ads – often in English – explicitly ask for these competencies.

The reward structure actively discourages local participation, open lines of communication with aid recipients and within the office, and collaboration and coordination with the State or other NGOs. The reporting and other requirements imposed by donors re-orient NGOs to be more concerned with accountability from above, not from below. If an NGO fails a community, the community has no recourse. They have no direct contact with the donors or even NGO directors. If a state-sponsored development project failed or lined the pockets of insiders, citizens would be in the streets protesting, because there is at least in theory some accountability, some responsibility, to the citizenry. But at the base, NGOs cannot be compelled to work better, or work in under-serviced areas, because they are first and foremost *private* initiatives, funded and usually headquartered abroad. "Haitian" NGOs may have Haitian decision-making structures but foreign funders still wield powerful influences, recalling the old saying "one who pays the piper calls the tune."

Since donors' relationships with NGOs trump others through ever-powerful reporting and management regimes, there is little incentive to work together. NGOs are in fact structurally speaking competitors with one another and even the Haitian government itself. Why share information or coordinate amongst one another with an entity that is competing for the same resources? Often these relationships erupt in hostilities, but is it any surprise that given this, and donors' systematic undermining of the State's oversight/ coordination capacity, only a fraction of NGOs in Haiti even bother to submit the bare minimum, annual reports, to the Haitian government? According to a staff at the Minister of Planning and Foreign Cooperation, only 10-20 percent gave their reports to the government. In many cases, donors' policies actually encourage NGOs to disregard the authority of the State. NGOs often pay employees three times as much as the equivalent government ministry, what World Bank researcher Alice Morton termed "raiding" (1997:25).

Therefore, far from representing individual moral failures, a "Haitian mentality," as Schwartz's narrative would suggest, actors within the system are in fact behaving in a quite understandable fashion responding to the power structure, inequality, and the rewards system. Donors' reward structure works against collaboration, coordination, communication, and participation. In particular, the NGO system before the earthquake has failed aid recipients in the following ways:

- They can undermine the capacity of the state
- As private actors NGOs have no structural accountability to the people served
- NGOs do not always submit to state authority to work in under-served areas
- Lack of coordination and collaboration between NGOs, local entities, and the state
- Direct communication, both internal and external, is often blocked or strained
- Participation and autonomy is constrained
- NGOs tend to be top-down and top-heavy

Donors' infusion of much more funding to this privatized system did not solve these particular *structural* problems. As the experience with cholera shows, if anything, it only got worse.

After the Earthquake

The Haitian government, already weakened by decades of neoliberal structural adjustment measures and NGOization, was further crippled following the earthquake. Many government ministries were destroyed in the quake, which killed an estimated 17 percent of the workforce.

With the infusion of cash to Haiti, only a tiny fraction went to the Haitian government. Early on the figure was one percent (Edmonds 2010; Katz 2010a).

To combat this problem of a lack of coordination, the U.N. put in place a "cluster" system following the model used in post-tsunami reconstruction. There are twelve clusters organized by sector, each led by a branch of the U.N. or its affiliates such as IOM. As of August, when the author was last in Haiti studying, nearly all meetings of the clusters were held in "Log Base" – the U.N. military logistics base within the international airport. To attend meetings requires people to stand in line for upwards of an hour with passport and NGO identity card in hand. As reported by several journalists and aid workers, some government employees were denied entry to the U.N. base on several occasions. Many meetings were held in English, some in French. None were held in Haitian Creole, the language of the IDPs, camp committees, and NGO field staff who had daily contact in the camps. These people were not invited to these meetings.

There was one exception, not coincidentally the cluster co-chaired by a Haitian government agency. The WASH cluster was co-chaired by DINEPA, the new government agency to coordinate water and sanitation. They had a hands-on approach, meeting in the city halls instead of Log Base, to invite the city governments and local NGO contacts (the people who are 'on the ground'). Meetings were focused on how to plug the leaks within the system, how to get coverage where there weren't already camps with WASH services. Based on the author's experience with referrals, this agency also responded most quickly and effectively to IDP concerns.

State of Services Pre-Cholera

The original report highlighted a lack of services within Haiti's IDP camps. Some highlights from the study are the following:

- 40.5 percent of camps lacked access to water
- 30.3 percent lacked a toilet
- On average, each toilet in the camp was shared by 273 people
- 20% of IDP camps had a clinic; mean walking distance to nearest camp was 27 minutes

There are other conditions that were striking even seven months following the earthquake, especially the number and condition of tents. But the above are the most directly related to the spread of cholera.

The original report listed several recommendations. Again, focusing on those related to the spread of cholera, they include:

1. Donors should focus more funds and rebuilding efforts at rebuilding the capacity of the elected Haitian government, and not simply NGOs.
2. *All* NGOs working in Haiti need to work with the Haitian government and respect the local authorities.
3. Provide services in the neighborhoods as well as the camps.
4. All parties: the Haitian government, NGOs, and donors, need to make the expedient construction of high-quality permanent housing its first priority.
5. Fully fund Haitian relief efforts.

By the end of September, six months after the U.N. conference where pledges were made, only 15 percent of funds for the following year and a half were disbursed (Katz 2010b).

Re-Urbanization: a Lost Opportunity

Cholera struck first near the Artibonite River in the impoverished Plateau Central department. Noted above, the lack of rural infrastructure, particularly in sanitation and water, was a serious factor in the vulnerability to cholera. Also cited above, a major reason the situation was blockage of promised loans to rebuild said infrastructure.

After the earthquake, according to IOM information specialists with information provided by cellular phone companies tracking usage, an estimated 600,000 people left Port-au-Prince following the earthquake, including 182,000 people to the Central Plateau (Walton and Ivers 2010). Port-au-Prince was noticeably less populated, which provided an opportunity to undo the mistakes of the past, particularly failed neoliberal development policies that created the swelled shantytowns of the capital. Had the international community, the Haitian government, and NGOs seized the moment and initiated job creation activities to rebuild rural Haiti's dilapidated infrastructure, it is possible that this crisis may have been avoided.

Instead, all the food-for-work and cash-for-work, not to mention aid distribution, was centered in Port-au-Prince. Predictably as a result, people returned beginning in April. The camps swelled to an estimated 1.7 million at its peak, making aid response more difficult.

III. METHODOLOGY

Sampling

The original study was a random sample of 108 camps from the OIM's "Displaced Tracking Matrix" (DTM). Every eighth camp was selected for inclusion into this research.

As a purely random sample, it bears significant resemblance to the overall list. Of the overall database, 138 camps were in Port-au-Prince (16%), 206 in Delmas (24%), 148 in Carrefour (18%), 98 in Petionville (12%), 55 in Cité Soleil (6.5%), 97 in Tabarre (12%), and 99 in Croix des Bouquets (12%). Of the sample, 18 were in Port-au-Prince (17%), 25 in Delmas (24%), 18 in Carrefour (17%), 12 in Petionville (11%), 7 in Cité Soleil (6.7%), 12 in Tabarre (11%), and 13 in Croix-des-Bouquets (12%).

On the theory that if a camp had both water and toilets before the cholera outbreak, I just focused on the camps that did not have either water, toilets, or both, or information that needed clarification. There were 64 such camps, including those without access to water because the camp is situated near a public water source. These were counted as having water in both the original and the present study. Given the incorrect contact information for the camp committees, several camps were unable to be reached. Research assistants were able to visit and verify 45 camps.

It is important to keep in mind that *all* the camps in both the original and the present study came from the list of official camps within the DTM. Camps that are "unofficial" or off the grid would not appear here. These unofficial camps are even less likely to have WASH services because they are not within the cluster system and its follow up mechanisms.

Methods

Assistants went to the field with a survey focusing on water and toilets, since these are the primary services in cholera prevention. The survey also verified current camp population and landowner. Assistants were given information about SSID, camp location – address and a map – and committee contact information from the "Yellow Pages."

Research assistants also wrote a paragraph explaining the situation, specifically regarding cholera indicators. If the camp no longer existed, assistants were directed to find out exactly when and why in their interviews with committee leaders.

The author also obtained official databases, both the DTM and from the WASH cluster from an extensive internet search and from meeting several cluster officials.

Analysis

The Excel spreadsheet from the original study was used for this analysis, which was updated with the new information. The descriptive / explanatory paragraph was typed up in Microsoft Word.

In the data analysis, to explore patterns in the gaps within services and to verify several hypotheses several variables were designated as independent. In addition to the simple frequency, data were cross-tabulated with the following independent variables that were significant in the original study: land ownership, municipality, and the presence of an NGO camp management agency.

IV. CHANGES SINCE CHOLERA

Sanitation

As a fecal-borne disease, cholera is primarily spread by unsanitary toilet and other sanitation facilities.

As of August 2010, of the random sample of one in eight camps in the Port-au-Prince metropolitan area, 30.3 percent of camps lacked even a single toilet; overall, on average, each toilet was shared by 273 people. The Sphere Standard is 20 persons per toilet (see appendix).

According to a WASH Cluster database dated November 1, of 1199 camps officially recognized nationwide, only 383, or 31.9%, *had* an NGO "actor" responsible for the toilets. The lower number than the random sample is cause for concern, but it might be because this is a nation-wide, not metro-wide database. Using the same methodology, of the 891 camps officially listed in the metropolitan area (defined by the communes listed above) only 287, or 32.2 percent, had a WASH actor identified. In the Port-au-Prince metropolitan area as well as the country overall, fewer than a third of camps had a WASH service provider identified before the outbreak.

A consistent refrain from humanitarian agencies is to point out that smaller camps have fewer services, so looking at the number of total population receiving services are a better standard to judge the overall coverage rather than by camp. Given that the WASH database includes an official population statistic, it is possible to calculate this. Of the 1,058,853 people officially registered in these camps, 434,901 people lived in camps where an NGO offered toilet services, or 41.07%. Again, the percentage was slightly higher in the Port-au-Prince metropolitan area. 406,430 of 961,913 residents lived in camps with an NGO responsible for toilets, or 42.25%. This is the highest statistic for all the WASH services, yet still half the IDP population did not have this necessary service.

Therefore the camp population was very vulnerable to fecal-borne diseases like cholera when it struck in late October.

Three months and millions of new pledged aid later, how much progress has been made?

Very little, based on the re-evaluation of the camps the first week of January.

Like the last report, about one camp in four has toilets that haven't yet been cleaned. Actually the statistic is slightly higher in January. More importantly, it is now a year since the earthquake. Sant Toussaint Louverture in Delmas has a toilet that is very old that has never ever been cleaned. No NGO has ever installed one or done anything to maintain it. So people don't use it anymore. The same can be said of several other camps, which would bring down the effective number of toilets since they are unusable. These camps are likely those without an NGO offering services.

Overall, only a few camps that lacked toilets in August added these services as of January. Instead of 30.3 percent, now 26.5 percent of camps do not have a toilet. Comité Fraternel Galèt Gwo in Tabarre was one of them. Construction was underway but not complete in two other camps – Diquini in Carrefour and Centre de Refuge des Enfants Oleminus in Cité Soleil – by the time researchers visited the camp the first week of January.

The situation is dire; in one Carrefour camp, Ti Kajou or "Bato," people need to go to the bathroom in the open air, on a pile of refuse that is never cleaned, 20 meters away from the shelters. Not surprisingly, of 350 people in the camp, 33 had already contracted cholera as of January. The photos on the cover are of this camp.

In the camp on the Carrefour City Hall campus in Diquini, people throw their feces wrapped in

plastic bags on top of a rubbish pile that is between the camp and the newly-created Center for Cholera Treatment, only meters away from either (see photo below).

Given the lack of progress, some camp residents have taken matters in their own hands. In a camp called OSCRAH in Carrefour, residents have installed five latrine toilets on their own, and their own committee members clean it up every day, so they are in good condition.

The more common response to the lack of sanitation services following the cholera outbreak was to leave. One camp in Tabarre, Levi, is a shell of its former self: only 30 of 486 people remain following the cholera outbreak. The camp never had a toilet, so people went to a neighbor's house. Neighbors' generosity has limits, especially after the outbreak of the fecal-borne disease. The same is also true of the camp at CAJIT in the Paloma neighborhood of Carrefour. Neighbors are increasingly less willing to share their toilets, so the 1600 residents still there have no recourse but to use plastic bags and throw them to the abandoned convent next door.

Photo: Robenson Jean Julien. Photo of trash recepticle where residents throw their excrement, outside the camp and center for cholera treatment.

Water

While transmitted in the feces of infected people, cholera is spread when the bacteria enters the water supply. Thus clean drinking water – or rather, the lack of it – is a key indicator for the rapid spread of the disease.

Given this fact, an alarming statistic within the previous study was that 40.5 percent of camps lacked any access to water. In an additional three camps, residents had access to CAMEP, public water. And for many residents, this was not treated water suitable for drinking or cooking but wash water. For example at Thor 65, in Carrefour, while residents have access to public water they do were not given Aquatabs. Four people contracted cholera as a result.

The database from the WASH cluster identified even fewer NGO service providers as of the November 1 database than toilets. 187 camps across the country, 15.6 percent, were covered. Given that services are concentrated in larger camps, this represented just under a quarter (24.73%) of the population. Within the Port-au-Prince metropolitan area, this statistic is again slightly higher: 18.5 percent of camps and 26.74 percent of the IDP population.

It is possible that NGOs were offering services to camps without the OIM or WASH Cluster being aware of this fact, which could explain this lower number. But official statistics from aid agencies outlined that over forty percent of the IDP population did not have access to clean drinking water. Said one agency, "We contracted with a local provider to get water into the camps, not promise that it is drinkable." Said exasperated residents of Grace Village, a very large camp in Carrefour to a research assistant, "MSF always asks us to put Clorox in the water but they never give us Clorox."

"What good is it to know that we have to wash our hands with clean water if they don't give us clean water, huh?" said a resident in Delmas, one of the cities with the most services. "Same with Aquatabs. Why tell us how to save ourselves but not give us the means? Do they want us to die? Or are they just making money?"

Similar to the story of toilets, there was a frustratingly slow response following the cholera outbreak. Months after the initial report and the cholera epidemic, a full year following the earthquake, 37.6 percent of the sample did not have water, only a slight improvement upon the August results of 40.5 percent. When assistants visited the Ti Sous camp in Pétion-Ville, water was just installed. Rassauvid63, technically in Cité Soleil but by the Damien campus for the State University, had water installed this summer. And following the cholera outbreak, DINEPA had made Cité Soleil a focus for 100% coverage, working with their U.N., international agency, and NGO partners.

However, for most people living in the IDP camps who lacked water, very little changed. At a camp in Croix-des-Bouquets called OJHA, the 473 people (down from 1961) get water from a little canal. They first capture it, putting it in buckets, basins, pots, or jugs, and then they treat it. According to DINEPA, who came by to test it, the water is undrinkable even if treated. The canal is full of garbage and mud. People shouldn't even bathe in it. DINEPA left and never came back. People defecate in bags or on the ground. They have asked NGOs to give toilets, a cholera treatment center, and water. They have received no support from any NGO except Mission Chretienne du Monde Nouveau who gave them tarps. But that distribution stopped.

More serious, for tens of thousands of IDPs, the end of the year also meant the end of the water delivery. Donors have cut off emergency water rations at the end of 2010 in at least four camps studied. The last water distribution for Cité Soleil camps Tapis Vert (20,000 people) and Camp Nielo (763 people) was December 31. The end is near for other camps as well. In Parc Acra near the busy thoroughfare of Delmas, the water contract with ACF is finished, and DINEPA said that they won't be around very much longer. The toilets were supposed to have been cleaned every day but it's been a while since for-profit service company JEDCO's contract finished.

This cutoff of life-saving water is a direct result of donors' policies, ostensibly because 2011 is supposed to commence the reconstruction phase, and water trucks are emblematic of the humanitarian phase, which to many contributes to dependency. While on paper, and in the abstract, this is understandable. However, this decision to end the contracts in 2010 was made before cholera. Whatever the official statistic of current camp population, as long as people do not have safe housing to return to, hundreds of thousands have no choice other than to remain under tents, tarps, or bed sheets. "This doesn't make sense. We're in a crisis!" said a WASH cluster employee. "To turn the spigot off while we're in the middle of a cholera epidemic is tantamount to genocide."

Other Conditions

Other health and sanitary conditions are worsening. For example, the tents and tarps donated are definitely showing their age. "It's incredible," said a resident in a camp within the industrial park by the international airport. "Imagine! One year under a tent! We hear that other people are getting temporary shelters. But that is not happening here. Just look at these tents. Not one can withstand the elements."

Also signs of disinvestment, clinic services – except for the emergency cholera clinic – are declining. In several camps, tents that used to host mobile clinics are ripped beyond repair. Residents said that except for the training community leaders received about cholera, they have no medical aid anymore. "It's good to get help for cholera. But what about other illnesses?"

V. PATTERNS IN THE GAPS IN SERVICES

Like the previous report, which analyzed the difference in the camp conditions based on several factors, the present study offers a similar analysis. Using SPSS, the author and CUNY colleague Tania Levey discovered levels of statistical significance – or lack thereof – for four independent variables: the presence of an NGO camp management agency, municipality, public or private landowner, and size of camp. The first three had significance levels of .1 or better; the fourth variable was not found to be significant. In addition, the population of the IDP camps has always ebbed and flowed due to a near constant migration. Research assistants only visited camps that did not have one or another WASH service, not the entire sample. For these reasons, camp size was not analyzed.

Given that there was little change in the services since August, there are similar patterns in the gaps in services within the two studies.

NGO Camp Managers

This was the most statistically significant variable, which is as it should be. The job of camp management agencies is to ensure service delivery. However, the percentage of camps that do not have an NGO management agency is still very small: 29 camps in the sample.

The existence of a camp management agency significantly impacts water; 26 of the 29 camps had regular access to water, at least until December 31, or 90%. Less than half – 46 percent – of camps without an NGO camp management agency have access to water.

This significant difference holds true for toilets as well. Only two camps with NGO managers did not have toilets (6%), whereas 22 camps without NGO managers lacked this basic necessity (37%). Interestingly, ALL camps that had since closed since August do not have an NGO camp management agency.

Municipality

The initial study found that services varied significantly by municipality, for example, 83 percent of IDP camps in Delmas had water whereas 25 percent in Carrefour did. The explanation was that Carrefour and Croix-des-Bouquets are farther from the city center, hence farther from NGO offices. Also, camps in Cité Soleil were less serviced because it was labeled a "Red Zone," where some NGOs were prevented from going.

The distance from the city center still prevents cholera-preventing services such as water and toilets in January. The same low percentage of camps in Carrefour (25) and Croix-des-Bouquets (29) had water, whereas the central city had an average of 75 percent. All IDP camps in Port-au-Prince now have toilets, with 42 percent in Carrefour.

It should be noted that Carrefour was an area with significant public water investment before the earthquake; much of the city had regular access to CAMEP water. This said, while CAMEP water is treated it is still not drinkable. The camp at Thor 65 was situated close to a regular CAMEP source but residents were not given Aquatabs.

The primary difference is in Cité Soleil; in camps with verified information, all had water. This is probably a result of the coordinated effort to achieve 100% coverage by the WASH cluster, led by Haitian government agency DINEPA in collaboration with the local government and the NGO partners. If there is one ray of hope in this situation it is this; with coordination, and with the Haitian government – a public entity with the responsibility to cover all its citizens – in the lead, some forward momentum is possible. Unfortunately according to some staff it is still under-resourced despite the billions in aid. So still lacking capacity, the government has a slow response, and cholera treatment materials are sometimes bottlenecked.

Land Owner

In August, camps on private land were less likely to have services than those on public land. For example, 75 of camps on public land had water whereas only 52% on private land did. This was likely because of many landowners' unwillingness to have people living there. A clear pattern emerged wherein the first step for pushing people off the land was cutting off life-saving aid: first food aid and then water. Such was the case at the St. Louis de Gonzague camp in Delmas and the Immaculée camp in Cité Soleil.

While the U.N. and the Haitian government had an official policy of calling for a moratorium on forced evictions, by effectively letting the landowner prevent life-saving aid from coming in, despite the Guiding Principles for Internal Displacement and the other conventions relating to social rights, the international community effectively tacitly supported forced evictions.

The changes since the cholera outbreak are mixed. On the one hand, the gap between public and private land in service provision seems to have narrowed. For example, 72 percent of camps on public land and 58 percent on private land have regular water access. There was no difference in toilet provision; 72 to 71 percent. This is a sign of a little progress within camps on private land, but also a regression in camps on public land. The photo of the garbage collection between the Carrefour City Hall and the Cholera Treatment Center is indeed alarming.

On the other hand, ***all*** of the 11 camps in the sample of 45 camps re-studied that had closed were on private land.

Overall

It is encouraging to see that intentional coordination led by the Haitian government can achieve results. The unfortunate reality is that cholera is a nationwide disease and certainly not contained within the camps.

Also, taken together, it can be said that the differences between the camps seem to be widening to a two-tier system: camps that have NGO managers and camps that do not. These second-tier camps seem to be either by official policy or by attrition allowed to deteriorate to the point where residents willingly leave. This is the next item for analysis.

Photo: Robenson Jean Julien. Toilet that had been abandoned by the community because it hadn't been cleaned.

VI. FORCED CLOSURES – LOSING TRACK OF IDPS

"Light at the End of the Tunnel"?

In a December press release, the IOM declared the decrease in the population living in the IDP camps by 31% the "light at the end of the tunnel."

This statement, out of context, appears to be reasonable. If people were leaving because there were sufficient safe homes for people to return to, and felt secure in their livelihood strategies to be able to begin the work of individual reconstruction, and there were sufficient public water and sanitation resources in urban neighborhoods outside the camps, this would indeed be a positive sign.

Unfortunately this is not the case. The view from the ground is less optimistic.

Many people in fact left because of the failure to provide basic water and sanitation services following cholera. "Cholera changed everything," said a government official.

Almost immediately the official population of the IDP camps plummeted. Said a sanitation expert, "Cholera most definitely played a role in individual families' migration decisions. People are, have been, and will continue to move around. Cholera tipped the balance in favor of leaving the camps."

In Carrefour, at an Adventist Church, there were still no toilets when the cholera outbreak began late October, ten months after the earthquake. Church leaders had been giving verbal warnings for people to leave. People stayed until one day, eight cases of cholera were recorded in the camp. The next day, all 546 people fled the camp. Where did they go? Some went to another camp. Others pitched what was left of their tent after ten months of tropical weather in front of a friend's house. Some may have squatted on an empty house. Some may have gone to unofficial camps like Kanaran. Others may have created a whole new camp recently "discovered" by aid officials.

In short, no one knows.

"The thing is, OIM (the International Organization for Migration) has responsibility to officially registered displaced people, not just people who live in camps. They have a responsibility to do some follow-up," decried a Haitian government mid-manager.

Many other examples can be cited about people abandoning their camp following the cholera outbreak, especially if the camp did not have essential water and sanitation services. One camp in Tabarre, Levi, is a shell of its former self: only 30 of 486 people remain following the cholera outbreak. The camp never had a toilet, so people went to a neighbor's house. Neighbors' generosity has limits, especially after the outbreak of the fecal-borne disease.

People in CAJIT also have found their neighbors' generosity ended following cholera. "Now we just throw our excrement over the wall. We are forced; we have no choice."

Silvès and Fon Brach in Carrefour, Eglise de Dieu de la Prophetie in Port-au-Prince, and Lakou Lape and Sant Ebejman Savan Blonde in Croix-des-Bouquets all closed following the outbreak because of residents' fear of the spread of disease and the complete lack of WASH services.

Despite 19,197 temporary shelters built since the earthquake, there is still a much greater unmet need. Half the housing stock evaluated – almost 200,000 – required repair or demolition.

Therefore, far from the light at the end of the tunnel, these camp closures are clear examples of the failure of the international aid system. Their closures aren't success stories but warnings if nothing more is done. According to a public health official, of the 3,600 cholera-

related deaths, the death toll is actually lower in the camps as opposed to the neighborhoods. This could be because of the ability, however strained or top-down, to communicate and provide emergency services quickly with the residents. So sending people out into the neighborhoods – where the IOM doesn't even keep track of where IDPs are going – is sending people into higher-risk areas.

Forced Eviction

Especially with the public will being directed towards fewer IDP camps, the IOM's press releases being a prime example – not to mention residents' fear of cholera – private landowners are increasingly emboldened to forcibly remove IDPs from their land.

In three of the camps studied in January, interestingly two of them Catholic churches, owners kicked out the residents. In another camp, Eglise St. Michel, residents told the researcher that the priest was making moves to evict the residents.

AJPADD on the border between Delmas and Pétion-Ville doesn't exist anymore because the landowner demanded the land back. Also the conditions in the camp weren't good at all.

The Soeurs Salessians Catholic School in Carrefour was also shut down by the priests and nuns who run the school.

Kan Soeur Gienne in Delmas 31 closed because the landowner forced people out. People scattered about: some went to their homes, others stayed in the high school, and others are camped out in front of other people's houses. Residents didn't get any support.

While residents of Legliz Adventis Blok 4 eventually fled because of cholera, the camp committee representative informed the researcher that the pastor in charge of the church had made increasingly threatening verbal warnings for the residents to get out.

Unfortunately the forced evictions aren't limited to private landowners anymore. 2011 is beginning with a rash of local governments forcing out the remaining IDPs who have nowhere else to go.

The city government of Pétion-Ville has negotiated with the 172 remaining families in the Place de Saint-Pierre, Pétion-Ville's main square abutting both City Hall and the main Catholic Church. Officials are using a privatized, "carrot" approach: according to *Le Nouvelliste,* residents were offered 20,000 gourdes (U.S. $500) once their tents were destroyed. The public official cited in the article predicted this will be a long process, as it requires individuals to find suitable arrangements in the mean time.

On Monday, January 10, the officials in Carrefour took a "stick" approach. According to eyewitnesses, Mayor Yvon Jerome went to the Mairie de Carrefour camp with a dozen private security guards. One activist, Badette St. Mura, was beaten on his skull, bleeding, and taken to the hospital for stitches.

While there has been some progress on the temporary shelter, and some residents of "green" (structurally sound) houses have begun to move back, the majority of the Port-au-Prince population – certainly the poorest and most vulnerable – were renters before the earthquake. Estimates range from 70-85 percent. While the Interim Haiti Reconstruction Commission (CIRH) has begun a plan for homeowner reconstruction, there is *no* plan for the majority of the earthquake-affected population.

Said one resident of a Delmas camp, "The Haitian Constitution says that everyone has the right to a house. But this right is only guaranteed for those who had a house before the earthquake. We who didn't have a house will never get one."

For all these reasons, the rapid disappearance of the IDP population touted by the IOM is not a sign of progress but of failure.

VII. FOREIGN RESPONSIBILITY

"If NGOs have more camps, they can do more work. If they have fewer camps, they have more money." – Resident of an IDP camp in Bel-Air, Port-au-Prince

The U.N. Origins of Cholera

Increasingly since the cholera epidemic, foreigners, particularly NGOs and the U.N. troops, are becoming an unwelcome presence in Haiti. Graffiti and slogans chanted or placed on placards at demonstrations declare that MINUSTAH equals cholera. Even partisans of Préval's ruling party of Inite, promoting the election of Jude Celestin in the flawed November elections, declare cholera to be a result of the U.N. troops.

This discourse is often dismissed as a "conspiracy theory." However, the thesis that U.N. troops from Nepal stationed in Mirebalais remains the best hypothesis to date to explain the following facts that have been collected:

1) Haiti has not had an outbreak of cholera in over 100 years, despite a recent outbreak in several Latin American countries.
2) The CDC established that the strain was not of Western Hemispheric origin, but compared to South Asian strains studied (Associated Press 2010).
3) Nepal had three outbreaks of cholera in the summer of 2010 (Chin, et al. 2010).
4) The Nepalese troops had just begun their tour of duty in October, just before the outbreak.
5) The sewage at the Mirebalais U.N. base was confirmed to be leaky (British Broadcasting Corporation 2010). There is speculation that the contractor to provide maintenance has ties to the Haitian first lady, ex-wife of Leslie Delatour, primary author of neoliberalism in Haiti.
6) The world's leading expert on cholera, French epidemiologist Renaud Piarroux, said clearly that the first cases of cholera were immediately downstream from the U.N. base in Mirebalais (Agence France-Presse 2010). According to an unnamed source in the December 7 AFP article, "The starting point has been very precisely localized," pointing to the UN base at Mirebalais on the Artibonite river in central Haiti. "There is no other possible explanation given that there was no cholera in the country, and tak-

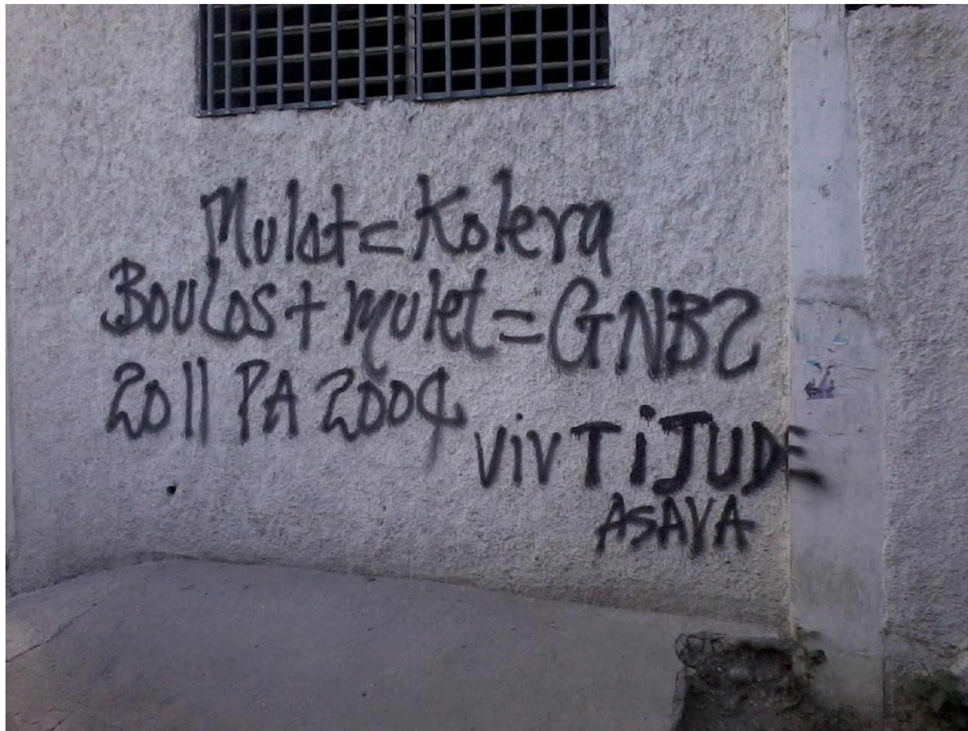

Photo: graffiti written by supporters of Jude Celestin on Port-au-Prince wall, reading, "[U.N. chief Edmond] Mulet equals cholera."

ing into account the intensity and the speed of the spread and the concentration of bacteria in the Artibonite delta." Mysteriously, the full report which would presumably share this conclusion, has not been publicly released to date.

7) While the U.N. claimed that the Nepalese troops were tested for cholera, and half of the countries comprising MINUSTAH have had recent outbreaks of cholera, and the tests are notoriously fallible with many false negatives, this claim was later found to be false (British Broadcasting Corporation 2010).

Why does it matter where the cholera outbreak first arose? First of all, the Haitian people have suffered many indignities and racist slants about their being the carriers of disease. Haitian people were one of the "Four H" high risk categories for HIV/AIDS according to the U.S. Center for Disease Control (CDC) in the 1980s. Even the defensive U.N. has conceded that the cholera epidemic was clearly caused by an outside element. In Haiti's post-earthquake context it can only mean people who are in Haiti ostensibly to help: U.N. troops or humanitarian actors, since the foreign tourist industry is negligible.

Secondly, coming clean about cholera would help to establish trust with the Haitian population, required by the U.N. mandate to cooperate with the population. With no trust, and increasing animosity, towards the occupying U.N. forces, an apology is long overdue and possibly the only way to be able to move forward.

Third, reactionary elements bolstered by the open evangelizing by U.S. based missionaries and charities that have had a near-monopoly on needed food aid have used the cholera outbreak as a pretext to murder the fewer remaining openly-practicing Vodou leaders. During the last week of 2010, evangelist vigilante groups killed 45 Vodou leaders, blaming them for the cholera outbreak.

Photo: National Palace. Defines cholera as "complicity between NGOs and the state to eliminate the rest of Haitians who didn't die on January 12."

Fourth, obviously, failure to investigate the outbreak's causes hampers the ability to stop it. Said Paul Farmer of the U.N.'s unwillingness to pinpoint the source of the disease, "that sounds like politics, not science" (quoted in Associated Press, 2010).

Finally, the denial of the U.N. despite the overwhelming evidence to the contrary, betrays the overall approach of denial which gets in the way of difficult self-reflection and correction of failures to adequately respond to the outbreak that this report clearly documents.

Failures to Protect

Whether or not the hypothesis that the U.N. troops caused the cholera outbreak remains the best explanation of the evidence collected to date, there is no doubt that the international response failed to protect IDPs and other Haitian people from the outbreak. Haiti's increased vulnerability to the disease was unfortunately predictable, given the U.S. blockage of needed IDB loans before the quake and given the gaps in services in the IDP camps and the surrounding neighborhoods, poor communities after.

Noted above, according to the WASH cluster's own database, not even a majority of residents had regular access to WASH services before the cholera outbreak. A third of the camps had access to water. See the appendix for specific statistics. Why, given this information, was more prevention work done?

Why, despite the figures put out by NGOs and the international community and dutifully reported in the media, about service delivery, are we not only not making progress but in many indicators failing? "In short, a lack of accountability" said one international aid worker.

As noted above, even before the earthquake, donors' reward structure works against collaboration, coordination, communication, and participation. The earthquake didn't solve these structural problems. By infusing the system with ever-increasing cash, it only got worse.

A solution proposed following the post-tsunami experience was a "cluster" system. There are twelve clusters, each responsible for a sector (for example, education, health care, water and sanitation, etc.). Despite the promises, the cluster meetings exclude local voices: all but the WASH cluster were held in a U.N. base and many were in English. They are also ritualistic, not deliberative space: instead of focusing on problem-solving the meetings tend to be spaces to communicate "messaging" or promote an NGO or for-profit service, for example. Again, the notable exception was the WASH cluster.

So in the end, no one individual agency has to take the blame for the collective failure. No individual agency can be compelled to provide needed services in the camps. The one agency that can, the Haitian government (national or local), is still under-resourced despite the billions in aid sent to Haiti.

To sum up, according to a Haitian government WASH official, "The bottom line is we have no carrots and sticks. NGOs are private agencies and pretty much can do what they want." Many in Haiti speculate that this is exactly the way the international community wants it: with foreign agencies in control, and the Haitian people and even the government on the sidelines.

Policy Shortcomings

A recommendation from the earlier report, echoed by public health officials, was to provide life-saving services like water, sanitation, and health clinics within the surrounding neighborhoods in addition to the IDP camps. "We are seeing public health and WASH consequences for problems that do not originate within the WASH cluster's activities, indeed, within the camps at all," said one WASH cluster official. The failure to deliver services within the poor neighborhoods surrounding the camps thus played a role in how quickly the cholera outbreak impacted non-IDP camps.

Donors also missed the opportunity to rebuild Haiti's crushed rural infrastructure and keep Port-au-Prince from swelling again. A cash-for-work program to specifically rebuild the road, communications, water, sanitation, and public health infrastructure would not only have prevented the return migration to Port-au-Prince, it might have stopped cholera before reaching the port city of Saint Marc, from where it spread to the rest of the country.

Donors also crucially miscalculated the timing of the cutoff of emergency water aid. Noted above, despite the clear evidence that the cholera outbreak is continuing to rise, donors' decision to cut contracts for emergency water provision was "tantamount to genocide." Given the severity of the public health emergency, especially considering the role that foreign agencies had in creating it and their paltry response in spreading it, the international community has a responsibility to ensure that needed prevention services like water were made available. "This is just plain stupid," said a Haitian NGO director. "As long as people are living in tents, the international community and the Haitian government have a responsibility to provide humanitarian aid. Clearly, people are still living under tents because there is nowhere for them to go."

Clearly donors' neoliberal ideologies and prejudices that favor private, voluntary, unaccountable NGOs have kept the one institution that has the responsibility and public accountability – the Haitian government, both national and local – from being able to respond to this crisis, both prevention and emergency aid. The progress made in Cité Soleil was in no small part due to the fact that the Haitian government led the effort, and that they used a collaborative approach with the IOM, the U.N., local governments, and NGOs. It is also because they began with identifying problems and demanded full coverage.

The policy – if only implicit – that the IOM's press releases indicate, that any camp closure, no matter what the conditions and no matter what the results, is a success is also problematic. The quote from the Bel-Air resident outlines a bureaucratic mentality: NGOs decide to spread their resources around fewer camps in order to save money, rather than get more work done. If the number of services remains constant, one way to show an increase in coverage is to lower the population of camps and of IDPs. While the IOM certainly did not cause the outbreak, and hence the rapid depopulation of the IDP camps, they claimed success for the reduction in IDPs. They (and the NGO community) could have, and should have, instead made sure that there was adequate coverage, increasing the numerator and not decreasing the denominator. To do so would have required effort, and more funds being released.

Failure to Deliver

Structuring much of the lack of progress is the slowness of aid delivery. Despite the 5.3 billion in pledged aid over the next 18 months, as of September 30, when the U.N. Special Envoy listed the disbursements, only 15 percent arrived. For the year of 2010, only 30 percent of pledges arrived then. Following the cholera epidemic, in December, the Special Envoy's updated information indicated that only 40 percent of funds for 2010 had materialized.

More reprehensible, several journalists have noted that overall, the NGOs have only spent 38% of the funds they collected following the earthquake. Obviously, some NGOs are doing better than others in spending their resources and attaining results. According to the Disaster Accountability Project, most of the largest NGOs have failed to share the information about their strategies and aid spent. This lack of transparency may be preventing further criticism, but it is certainly hampering the coordination and further action that is required to stem this outbreak.

Despite the fact that donors have not sent the aid and NGOs have not spent it, the U.N. issued a flash appeal to raise emergency cholera funds, over $170 million in additional funds. On a live Al Jazeera broadcast, a representative of one NGO that had spent less than 40% of their aid said they needed more aid to stop cholera. When cross-examined, the NGO staff ignored the question and begged for funds.

Too many examples like these can be cited.

It is not far from the truth, certainly from the experience of Haiti's poor majority, to claim

that NGOs are more interested in money than solving the problem.

Taken Together

Pointing fingers at the Haitian government, or to the Haitian people, is not a solution. It is completely inexcusable given the context. Whether the share of foreign responsibility in bringing cholera and its rapid spread is a majority or only a minority, the responsible, ethical, moral, and compassionate response of the international community is to focus on our role, and to do our part.

Still, the best hypothesis to date is that the cholera outbreak came from U.N. troops. It spread quickly because of failure to seize the opportunity to keep people in the provinces and rebuild provincial infrastructure. It quickly invaded Port-au-Prince's IDP camps and low-income neighborhoods because of misguided aid policies and failure to actually deliver promised aid to Haiti.

For all these reasons, rather than point fingers at the Haitian government or wait until the political crisis that was in no small extent created by donors' blind acceptance of whatever condition for the elections, the international community needs to send a clear, adequate signal that we are taking our responsibility seriously. *Mèt kò ap veye kò.*

Photo: Champs-des-Mars camp, across from National Palace. Graffiti reads "NGOs equal misery"

VIII. RECOMMENDATIONS

Physicians with Partners in Health published a five-point plan to respond to the cholera outbreak (Ivers, et al. 2010). As an analysis that is both medically and socially grounded in Haiti's realities, it provides a clear road map for this public health crisis. The author endorses the report and its recommendations. The first is to identify and treat all those who exhibit cholera symptoms. Secondly, a concerted effort is needed to provide oral vaccines. Third, water and sanitation needs to be improved. Fourth, all vertical efforts need to include plans to rebuild Haiti's health system. Finally, global goals need to be harmonized and standards raised.

In addition to these public health remedies, this report and the information contained within it demands attention to other solutions as well.

1. Donors must make good on their pledges, fully funding Haitian relief efforts.

The clearest step, which is both entirely within foreign agencies' ability and essential to providing life-saving aid, is to quickly disburse the aid pledged. Donors pledged 5.3 billion until the end of September, 2011. Official disbursement data show that we are still lagging behind in respecting our promises and fulfilling our responsibility.

2. Donors need to be flexible with their contracts for emergency water and sanitation services.

Contracts that have expired should be renewed at least until every Haitian has a vaccine and / or access to clean drinking water. While people are still living under tents, tarps, or bedsheets, this is a bare minimum.

3. NGOs need to be more open and transparent with their aid collected, and prioritize water, sanitation, and health services.

NGOs have been roundly criticized within the media and online communities for their failure to release the aid. In their defense, some have argued that they needed to keep some of the aid as emergency reserves. Some have even adopted the language of sustainability, arguing that the funding they collected from individual citizens was to rebuild Haiti.

As individual journalists and groups like the Disaster Accountability Project, Ayiti Kale Je, and Haiti Aid Watchdog Project have all demonstrated, this defensive posture cannot be verified because of a basic lack of transparency.

Cholera is just the kind of "emergency" NGOs' reserves are meant for. Furthermore, citizens and groups did not contribute to "sustainable" or reconstruction phase but emergency disaster response overall. If the critiques are discouraging private citizens from contributing more aid to Haiti, the response should be greater effectiveness and accountability – attaining better results – not attacking the messengers or cover-up attempts or attempts to use the media as a PR tool by publicizing individual statistics.

People are still dying. The system is broken and needs to be fixed.

4. NGOs need to assume roles as camp management agencies in all camps, including and especially those currently without them.

As in the previous study, the most statistically significant difference in service outcomes is the presence of an NGO management agency. NGOs still manage only a small minority of camps, even considering the mass exodus.

The disparity between the camps with and without NGO managers is only increasing; a two-tier system seems to be evident.

5. Life-saving water and sanitation services need to be provided in the neighborhoods surrounding the

camps in addition to within the camps.

This was a recommendation arising from the original study. The situation has only gotten more dire. According to public health officials, cholera is taking a greater toll outside officially-recognized camps.

6. **IOM should continue to track registered IDPs.**

It is possible that some have moved out into a better situation. But the basic fact remains that we do not know. It is likely as bad or worse for many of the IDPs, since the stock of safe housing has not increased to accommodate all families and individuals who have quit the camps because of the cholera epidemic.

7. **Plans for housing need to include renters in addition to homeowners.**

The majority of the population, certainly those still remaining despite the terror of the hurricane season followed by the cholera outbreak, do not have their own home to return to. U.N. staff declared that rents for safe houses shot up as much as 300 percent.

8. **The successful state-led public-private partnership needs to be scaled up.**

The failed elections – which the international community pushed, despite clear warning signs and concerns that the country was not ready – should not be an excuse to withhold aid to Haiti, nor to its functioning institutions. The progress, however small, in Cité Soleil is an example of what clear priority-setting, coordination, and resources can do. DINEPA was able to not only work with the NGOs and local government partners but also the health cluster. This is not coincidentally the only state-led effort, with an agency that has some resources. With a nation-wide emergency this needs to be scaled up, immediately and effectively.

9. **The political crisis should not be an excuse for delay in aid.**

It is clear that the conditions for free, democratic, transparent elections were not ready. The international community rushed the process because of an unstated policy of withholding aid until a democratic transition of government. As Bill Clinton said, "it makes my job easier." Repeated warning signs, including the challenges to print voter cards to all the IDPs, setting up logistics, communicating with the electoral public, and exclusion of political parties such as Fanmi Lavalas, were ignored by the international community that continued to press for a quick election. The international community got what they had pushed for: rushed, flawed, elections. Absolutely the Préval government shares responsibility in the failure. But the policies of withholding aid and endorsing a clearly flawed process have foreign roots.

The exclusion of the Haitian government was also clearly seen in the November IHRC meeting, held in Santo Domingo ostensibly because of the cholera outbreak. Haitian government officials were unable to attend, and the conference call set up did not work. This was to many Haitian people a clear indication of where foreigners think Haitian people belong in the reconstruction of their own country.

The political crisis is only being compounded by the entrance of former "President for Life" Jean-Claude Duvalier, who apparently faces charges for the many abuses of his power, including the murder of pro-democracy and civil rights activists and the theft of public funds.

The ethical, just, and compassionate response is to keep focused on making good on our promises and improve the lives of the people still living in the camps under constant fear of cholera, and helping end the disease and the need to live under these tents.

We can – and must – do our part: *mèt kò veye kò.*

IX. WORKS CITED

Agence France-Presse
2010 Haiti Cholera Outbreak 'Came from UN Camp'. Agence France-Presse, December 7.
Associated Press
2010 Cholera in Haiti Matches Strains Seen in South Asia, U.S. Says. New York Times, November 1.
British Broadcasting Corporation
2010 Haiti cholera outbreak: Nepal troops not tested. British Broadcasting Corporation, December 8.
Chin, Chen-Shan, et al.
2010 The Origin of the Haitian Cholera Outbreak Strain. New England Journal of Medecine 364:33-42.
Chronicle of Philanthropy
2010 How Charities Are Helping Haiti: How Much They Raised and Spent. Chronicle on Philanthropy.
Development Initiatives
2006 Global Humanitarian Assistance 2006. Development Initiatives.
Dupuy, Alex
2010 Disaster Capitalism to the Rescue: The International Community and Haiti After the Earthquake. NACLA Report on the Americas 43(5):14-19.
Edmonds, Kevin
2010 NGOs and the Business of Poverty in Haiti. North American Congress on Latin America, April 5.
Ferguson, James
1990 The Anti-Politics Machine: "Development," Depoliticization, and Bureaucratic Power in Lesotho. New York: Cambridge University Press.
Ivers, Louise E., et al.
2010 Five complementary interventions to slow cholera: Haiti. The Lancet.
James, Erica Caple
2010 Democratic Insecurities: Violence, Trauma, and Intervention in Haiti. Berkeley: University of California Press.
Katz, Jonathan
2010a Billions for Haiti, A Criticism for Every Dollar. Associated Press, March 6.
2010b Haiti Still Waiting for Pledged US Uid. Associated Press, September 28.
NYU School of Law Center for Human Rights and Global Justice, ; Partners in Health, ; RFK Memorial Center for Human Rights,; Zanmi Lasante
2008 Wòch Nan Soley: the Denial of the Right to Water in Haiti Center for Human Rights and Global Justice, NYU School of Law.
Regan, Jane, and Institute Culturel Karl Lévèque (ICKL)
2003 ONG "altènatif" - zanmi oswa ennmi lit radikal? Institute Culturel Karl Leveque.
Riddell, Roger
2007 Does Foreign Aid Really Work? Oxford: Oxford University Press.
Schwartz, Timothy
2008 Travesty in Haiti: A True Account of Christian Missions, Orphanages, Fraud, Food Aid and Drug Trafficking. Charleston, S.C.: Book Surge Publishing.
Walton, David, and Louise E. Ivers
2010 Responding to Cholera in Post-Earthquake Haiti. New England Journal of Medecine:3.

APPENDICES

APPENDIX 1: SPHERE PROJECT MINIMUM STANDARDS

Common Standard 1: Participation

The disaster-affected population actively participates in the assessment, design, implementation, monitoring and evaluation of the assistance program

- Women and men of all ages from the disaster-affected and wider local populations, including vulnerable groups, receive information about the assistance program, and are given the opportunity to comment to the assistance agency during all stages of the project cycle.
- Written assistance program objectives and plans should reflect the needs, concerns, and values of the disaster-affected people, particularly those belonging to vulnerable groups, and contribute to their protection
- Programming is designed to maximize the use of local skills and capacity.

Water supply standard 1: access and water quantity

All people have safe and equitable access to a sufficient quantity of water for drinking, cooking, and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement.

- Average water use for drinking, cooking and personal hygiene in any household is at least 15 liters per person per day
- Maximum distance from any household to the nearest water point is 500 meters
- Queuing time at a water source is no more than 15 minutes
- Water sources and system are maintained such that appropriate quantities of water are available consistently or on a regular basis

Excreta disposal standard 1: access to, and numbers of, toilets

People have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe, and acceptable access at all times of the day and night

- A maximum of 20 people use each toilet
- Use of toilets is arranged by households and/or segregated by sex
- Separate toilets for women and men are available in public places
- Shared or public toilets are cleaned and maintained in such a way that they are used by all intended users
- Toilets are no more than 50 meters from dwellings

Solid waste management standard 1: collection and disposal

People have an environment that is acceptably uncontaminated by solid waste, including medical waste, and have the means to dispose of their domestic waste conveniently and effectively.

- People from the affected population are involved the design and implementation of the program
- All households have access to a refuse container and/or are no more than 100 meters from a communal refuse pit
- At least one 100-liter refuse container is available per 10 families, where domestic refuse is not buried on site

APPENDIX 2: OTHER RIGHTS FRAMEWORKS FOR IDPS

The Haitian Constitution of 1987, Article 22

The State recognizes the right of every citizen to decent housing, education, food, and social security.[1]

U.N. Guiding Principles for Internal Displacement

- Principle 7: (2) rights to "satisfactory conditions of safety, nutrition, health and hygiene"
- Principle 11: (2)(a) protection from "rape… gender-specific violence, forced prostitution and any form of indecent assault"
- Principle 18: right to an adequate standard of living, including; (a) Essential food and potable water; (b) Basic shelter and housing; (c) Appropriate clothing; and (d) Essential medical services and sanitation

Other International Treaties / Conventions Relating to Social Rights

1. *International Convention Relating to the Status of Refugees* (1951), Article 21;
2. *Universal Declaration of Human Rights* (1948), Article 25;
3. *The Convention on the Rights of the Child* states that all children have the "right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation;"
4. *Charter of the Organization of American States,* Article 31, especially sections (i), (k), and (l);
5. *American Convention on Human Rights,* Articles 22 and 26;
6. *the Right to Adequate Housing* (Article 11 (1) of the International Covenant on Economic, Social and Cultural Rights), CECSR[2] General Comment 4, 12 December 1991;
7. *the Right to Water* (article 11 and 12 of the International Covenant on Economic, Social and Cultural Rights), CESCR General Comment 15, 26 November 2002, U.N. Doc. E/C.12/2002/11, Committee on Economic, Social and Cultural Rights: http://www.who.int/water_sanitation_health/Documents/righttowater/righttowater.htm

[1] L'Etat reconnaît le droit de tout citoyen à un logement décent, à l'éducation, à l'alimentation et à la sécurité sociale
[2] Haiti is not a signatory to this CECSR.

APPENDIX 3: SURVEY

Kan an / sit la:

Kote li twouve l — Mèt tè a
Konbyen fanmi — Konbyen moun
Gen dlo? WI / NON
Sistèm pou dlo
- Kapasite — Konbyen galon nap jwenn pa jou
- Chak kilè li ranpli
- Pa kiyès
- Pou bwe? — Sinon, li trete?
- Kijan li jere
- Pa kiyès

Gen twalèt? WI / NON
\# twalèt — mobil — latrin — ijenik
- Eta latrin
- Chak kilè li netwaye
- Pa kiyès

ENGLISH TRANSLATION:

Camp name:

Where is it — Landowner
Number of families — Number of people
Is there water? YES/ NO
System for water
- Capacity — Daily ration of water - # gallons
- How often is it filled?
- By whom?
- Drinkable? — If not, is it treated?
- How is it managed?
- By whom?

Are there toilets? YES / NO
\# toilets — portable — latrine — flush
- The state of the toilets
- How often are they cleaned
- By whom?

APPENDIX 4: WASH SERVICES IN HAITI

Nationwide	Water	toilet	shower	HP
# of camps	1199	1199	1199	1199
# with WASH agency identified	187	383	300	293
% of coverage	15.6%	31.9%	25.0%	24.4%
total camp population	1,058,853	1,058,853	1,058,853	1,058,853
population with WASH agency	261,877	434,901	337,214	312,418
population without WASH agency	796,976	623,952	721,639	746,435
% of population with WASH agency	24.73%	41.07%	31.85%	29.51%

Metro Area	Water	toilet	shower	HP
# of camps	891	891	891	891
# with WASH agency identified	165	287	229	220
% coverage	18.5%	32.2%	25.7%	24.7%
Population	961,913	961,913	961,913	961,913
Population with WASH agency	257,171	406,430	316,829	297,235
Population without WASH agency	704,742	555,483	645,084	664,678
% of population with WASH agency	26.74%	42.25%	32.94%	30.90%

Source: WASH cluster database, dated November 1, 2010

APPENDIX 5: RESEARCH TEAM

Research Director:

Mark Schuller, Assistant Professor, York College, City University of New York
Affiliated Researcher and Professor, Faculté d'Ethnologie, Université d'État d'Haïti

Researchers:

Mackenzy Dor, Finissant, Faculté d'Ethnologie, Université d'État d'Haïti
Robenson Jean Julien, Finissant, Faculté d'Ethnologie, Université d'État d'Haïti
Rose Mercie Saintilmont, Finissant, Faculté d'Ethnologie, Université d'État d'Haïti

Analysis:

Mark Schuller

About the Author:

Mark Schuller is Assistant Professor of African American Studies and Anthropology at York College (CUNY). In addition to understanding contemporary Haiti, Schuller's research contributes to globalization, NGOs, civil society, and development. Schuller has published several peer-reviewed articles and book chapters about Haiti in addition to articles in public media including *Counterpunch, Common Dreams,* and the *Center for International Policy* and media interviews, including *Democracy Now!* He co-edited *Capitalizing on Catastrophe: Neoliberal Strategies in Disaster Reconstruction* (2008, Alta Mira) and *Homing Devices: the Poor as Targets of Public Housing Policy and Practice* (2006, Lexington). Schuller is also co-producer and co-director of documentary *Poto Mitan: Haitian Women, Pillars of the Global Economy* (2009, Documentary Educational Resources). He chairs the Society for Applied Anthropology's Human Rights and Social Justice Committee and is active in a range of grassroots efforts, including earthquake relief.

SPONSORING ORGANIZATIONS

York College / City University of New York
94-40 Guy R. Brewer Boulevard
Jamaica, NY 11451
http://www.york.cuny.edu

Faculté d'Ethnologie
Université d'État d'Haïti
10, Avenue Magloire Ambroise
Port-au-Prince
Haiti