

PETITION FOR RELIEF

**Chief, Claims Unit
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Tabarre, Haiti**

Cc: Office of the United Nations Secretary-General

I. INTRODUCTION

1. In October 2010, cholera broke out in the Artibonite region of Haiti. According to Haiti's *Ministère de la Santé Publique et de la Population*, the disease has infected over 457,582 people and claimed over 6,477 lives as of October 2011. This request for relief and reparations is filed on behalf of over 5,000 victims of cholera in Haiti, who are the petitioners in this matter (hereinafter "Petitioners"). The cholera outbreak is directly attributable to the negligence, gross negligence, recklessness and deliberate indifference for the health and lives of Haiti's citizens by the United Nations ("UN") and its subsidiary, the United Nations Stabilization Mission in Haiti ("MINUSTAH").

2. Numerous studies, including those of the UN itself; the United States-based Centers for Disease Control and Prevention; the Harvard Cholera Group; Dr. Renaud Piarroux, whose report the Haitian and French governments commissioned; the Wellcome Trust Sanger Institute in Cambridge, England; and the International Vaccine Institute in Seoul, Korea, have documented that the *Vibrio cholerae* virus was introduced to Haitian waters by MINUSTAH personnel

deployed to Haiti from Nepal. Until MINUSTAH's actions incited the cholera outbreak, Haiti had not reported a single case of cholera for over 50 years.

3. The sickness, death, and ongoing harm from cholera suffered by Haiti's citizens are a product of the UN's multiple failures. These failures constitute negligence, gross negligence, recklessness, and deliberate indifference for the lives of Haitians. First, the UN failed to screen troops for cholera infection prior to deployment from Nepal, a country where cholera is endemic and which had just reported a surge in infections. Second, it failed to maintain its sanitation facilities and waste disposal at the Mirebalais camp in Haiti, allowing contaminated human waste to run into the Meille River, a tributary of the Artibonite River. The Artibonite River is Haiti's longest and most important river; it is a critical source of water for tens of thousands of Haitians who rely on it for drinking, bathing, washing clothes, and irrigation. Third, it failed to conduct accurate water quality tests in the camp and allowed testing equipment to fall into disrepair, thereby maintaining unsanitary and highly infectious conditions. Fourth, it failed to take immediate corrective action to properly address the outbreak of disease, a product of the UN's own failures, willfully delaying investigation and obscuring discovery of the outbreak's source.

4. The UN has acted to deny Petitioners timely access to information about the source of the cholera outbreak and access to a means for remedy. On May 4, 2011, the UN-appointed Independent Panel of Experts released a report, which in conjunction with numerous other investigations, established that the actions of the UN and MINUSTAH caused the cholera outbreak. The Independent Panel's report documents that until publication, the source of cholera in Haiti was a "topic of debate" and that "a definitive determination of the source of the 2010 cholera outbreak in Haiti has been lacking." Prior to the UN report's release, the UN thus retained exclusive control of information that would have allowed the Petitioners and the public

to identify MINUSTAH as the source of the outbreak. In addition, the UN has failed to establish a standing claims commission as required by the Status of Forces Agreement (“SOFA”). Under the SOFA, the claims commission is the forum that has jurisdiction to hear civil claims of Haitians injured by MINUSTAH’s actions. The UN has yet to establish this commission, leaving victims without a clear route to seek accountability and relief.

5. The conduct of the UN and MINUSTAH has caused severe injury to and death of the country’s citizens. In this petition and others to follow, the victims seek effective remedy. They seek a fair and impartial hearing. They seek monetary compensation for their losses. They also seek redress in the form of the UN’s commitment to prevent the further spread of cholera in Haiti. To this end, the victims request that the UN, in partnership with the Government of Haiti, fund and establish a comprehensive sanitation, potable water, and medical treatment program to protect Haitians’ health and lives. Finally, they seek a public acknowledgement by the UN and MINUSTAH of responsibility for the cholera outbreak and its associated harms. Such recognition will signal to the Haitian people and the world that the UN honors accountability in principle and in practice.

6. The response of the UN to this request for relief is vital to the UN’s integrity in promoting human rights around the world. A failure to provide relief for the harm the UN’s failures have exacted on hundreds of thousands of Haitians struck by cholera would undermine the credibility of the MINUSTAH mission and the UN as a whole. UN accountability in the present case is imperative. The UN is a unique global leader. It leads in setting human rights standards, in reaffirming the dignity and worth of all people, and in ensuring justice. Today, Petitioners simply ask the UN to live up to the noble ideals it promotes. They ask the UN to be accountable to the Haitian people. In doing so, the UN will encourage other actors to hold

themselves accountable to those they have harmed, whether intentionally or accidentally. As the visionary for a just world, the UN must address the claims the Petitioners state herein.

II. STATEMENT OF FACTS

A. **Background**

7. The Republic of Haiti makes up the western third of the Caribbean island of Hispaniola and has a population of approximately ten million. Haiti is a founding member of the UN.

8. The UN is an international organization founded in 1945. Its stated aims are to keep peace throughout the world; develop friendly relations between nations; to work together to help people live better lives; eliminate poverty, disease and illiteracy in the world; stop environmental destruction; encourage respect for each other's rights and freedoms; and be a center for helping nations achieve these aims. In 1988, the UN peacekeeping force as a whole received the Nobel Peace Prize.

9. MINUSTAH is a UN peacekeeping mission that has been in Haiti since 2004.¹ The Mission's mandate includes the protection and promotion of human rights.

10. Following the 7.0 earthquake that struck Haiti on January 12, 2010, the UN Security Council increased the overall force levels of MINUSTAH to support the recovery, reconstruction, and stability efforts. In October 2011, the Security Council voted to extend

¹ MINUSTAH was originally authorized by Security Council resolution 1542 of 30 April 2004 to support the Transitional Government in ensuring a secure and stable environment; assist in monitoring, restructuring and reforming the Haitian National Police; help with comprehensive and sustainable Disarmament, Demobilization and Reintegration (DDR) programs; assist with the restoration and maintenance of the rule of law, public safety and public order in Haiti; protect United Nations personnel, facilities, installations and equipment and protect civilians under imminent threat of physical violence; support the constitutional and political processes; assist in organizing, monitoring, and carrying out free and fair municipal, parliamentary and presidential elections; support the Transitional Government as well as Haitian human rights institutions and groups in their efforts to promote and protect human rights; and monitor and report on the human rights situation in the country.

MINUSTAH's mandate until October 15, 2012. The Council decided that MINUSTAH would consist of up to 7,340 troops of all ranks and a police force of up to 3,241.

11. The World Health Organization ("WHO") assessed the public health risks in Haiti shortly after the earthquake. Prior to the earthquake, Haiti was one of the most water insecure nations in the world. The earthquake exacerbated the already poor conditions. The earthquake severely damaged water, sanitation and health infrastructure. Within days of the earthquake, members of the humanitarian community emphasized Haiti's heightened risk of outbreaks of illness, including the risk of cholera.

12. Cholera is a waterborne illness that causes acute, profuse diarrhea and vomiting. Cholera is the result of an infection with a pathogenic strain of the *Vibrio cholerae* bacteria. Unless treated immediately, cholera can kill adults and children in a matter of hours. According to the WHO, up to 80% of cases can be successfully treated with oral rehydration salts.

13. Prior to October 2010, Haiti had not documented a single case of cholera in over half a century.

B. Nepal's Peacekeeping Forces in Haiti

14. After Brazil and Uruguay, Nepal has the greatest number of military personnel serving in the MINUSTAH force. Kathmandu, Nepal's capital, is nearly 8,000 nautical miles from Haiti's capital, Port-au-Prince.

15. The Nepalese battalion of MINUSTAH has a camp in Meille (also spelled Meye), a small village approximately 1.6 kilometers south of Mirebalais. Meille is upstream of the Meille Tributary, which flows into the Artibonite River.

16. The Artibonite River is the longest and most important river in Haiti. It is a critical water source — tens of thousands of Haitians rely on it for drinking, bathing, washing clothes, and irrigation.

17. Cholera is endemic in Nepal. In August and September of 2010, Nepal reported a surge in cholera cases. This surge was concentrated in the Kathmandu valley.

18. Nepal deploys a new group of peacekeepers to Haiti every six months. A new contingent arrived at the Mirebalais camp on October 9, 12, and 16, 2010. Prior to their arrival, the troops spent three months training in the Kathmandu valley.

19. UN protocol requires that troops pass a basic health screening. Symptomatic individuals undergo laboratory tests of stools for infectious diseases such as cholera. The UN does not conduct such tests for individuals who do not exhibit active symptoms. Approximately 75% of individuals who are carriers of cholera do not exhibit active symptoms. The Nepalese Army's Chief Medical Officer, Brig. Gen. Dr. Kishore Rana, stated that no Nepalese soldiers deployed as a part of the MINUSTAH mission in Haiti were tested for cholera prior to entering Haiti.

20. After the health screening, the Nepalese troops spent ten days visiting their families. No additional medical exam was completed before they traveled to Haiti.

21. The incubation period for cholera—the time between contraction of the illness and the onset of symptoms—is anywhere from two hours to five days.

C. The Cholera Outbreak in Haiti

22. On October 21, 2010, cholera exploded in Haiti. People watched family members and friends suffer severe diarrhea and die within hours of the onset of symptoms. Cholera can cause

such rapid dehydration that a woman who weighs 54 kgs will, hours later, have lost over 4.5 kgs of her bodyweight.

23. Haiti's Ministry of Public Health, *Ministère de la Santé Publique et de la Population* ("MSPP"), recorded over 1,000 cases of cholera-like illness and 135 associated deaths on October 21, 2010.

24. The cases of cholera were concentrated in the lower Artibonite region (communes of Grande Saline, St. Marc, Desdunes, Petite-Riviere-de-l'Artibonite, Dessalines, and Verrettes).

25. Within the first thirty days, Haitian authorities recorded almost 2,000 deaths from cholera. Dr. Renaud Piarroux, a French epidemiologist who has spent his career studying cholera, observed that the epidemic spread faster in Haiti than anywhere he had seen.

26. In July of 2011, the epidemic infected at a pace of one person every minute. As of October 2011, the MSPP reported that over 457,582 people have fallen ill with cholera. Over 6,477 people have died.

27. At the request of the Haitian and French governments, Dr. Piarroux conducted an investigation of cholera in Haiti. Piarroux shared the results of the investigation with the Ambassador of France, Haitian authorities, and UN officials. Piarroux published his report in the July 2011 volume of The Lancet.

D. The UN's Response to Questions over its Role in Bringing Cholera to Haiti

28. On January 7, 2011, over two months after the cholera epidemic broke, UN Secretary-General Ban Ki Moon appointed an independent panel of four international experts (the "Independent Panel"), to investigate and determine the source of cholera in Haiti. He directed

the Independent Panel to present the findings of the investigation in a written report and submit it to the Secretary General and the Government of Haiti.

29. On May 4, 2011, the Independent Panel released its report, the Final Report of the Independent Panel of Experts on the Cholera Outbreak in Haiti (“UN Final Report”). At the date of publication over 4,500 Haitians had died from cholera.

30. The Independent Panel concluded: “[T]he evidence overwhelmingly supports the conclusion that the source of the Haiti cholera outbreak was due to contamination of the Meille Tributary of the Artibonite River with a pathogen strain of current South Asian type *Vibrio cholerae* as a result of human activity.”

E. Findings of the Independent Panel

31. The Independent Panel found a geographic concentration of the outbreak of cholera. It found that the epidemic began in the upstream region of the Artibonite River Delta and, within three days, led to an “explosive” outbreak in the entire Artibonite River Delta region.

32. The Independent Panel found that the first cases of cholera came from Meille, 150 meters downstream from the MINUSTAH camp. This finding was confirmed by Piarroux’s July report.

33. By midday October 22, 2010, 4,470 cholera cases and 195 deaths had been reported in 21 different communes. The geographic concentration of the epidemic had a radius of about 50 kilometers around the delta of the Artibonite River.

34. The Independent Panel concluded that sanitation conditions at the MINUSTAH camp were not sufficient “to prevent fecal contamination of the Meille Tributary System of the Artibonite River.” The Independent Panel wrote:

It is clear that: 1) there was potential for feces to enter into and flow from the drainage canal running through the camp directly into the southwestern branch of the Meille Tributary System; and, 2) there was potential for waste from the open septic disposal pit to contaminate the southeastern branch of the Meille Tributary System either by overflow during rainfall or contamination via animal transport.

35. The Independent Panel also concluded that construction of piping from the toilets and showers was “haphazard, with significant potential for cross-contamination through leakage of broken pipes and poor pipe connections.” The Independent Panel noted a particularly high risk of cross contamination from pipes that run over an open drainage ditch extending throughout the camp that flows directly into the Meille Tributary System.

36. The Independent Panel concluded that human feces could enter into and flow from the drainage canal that runs through the Mirebalais MINUSTAH camp and dumps into the Meille River. The Panel further found that the waste from the open septic disposal pit could contaminate the river either by overflowing due to rainfall or contamination via animal transport.

37. This conclusion confirmed previous accounts of negligently maintained waste management facilities at the MINUSTAH camp.

38. The Associated Press (“AP”) reported that the dump site for the human waste at the MINUSTAH camp was a few hundred meters away in a shallow pit. Residents in the area told the AP that the pits often overflowed causing waste to run to the river.

39. Shortly after cholera broke out in the Artibonite region, community members reported that they had seen a septic tank in the MINUSTAH camp pouring a dark liquid into the river.

40. Dr. Piarroux and his research team surveyed residents of Meille. The residents reported that a “nauseating liquid poured from the pipes at the base at the time the outbreak occurred.” The residents further reported that the MINUSTAH troops removed the pipes shortly after the cholera epidemic was declared.

41. A medical team that contributed to Piarroux’s study passed by the MINUSTAH camp and confirmed the presence of a septic tank that poured a dark liquid into the Meille River. In his report, Piarroux suggests the possibility that a cholera epidemic was underway in the MINUSTAH camp at the time that cholera broke out in the Artibonite region. He further notes, “It cannot be ruled out that steps were taken to remove feces and erase traces of an epidemic of cholera among the soldiers.”

42. The Independent Panel also found that the testing mechanisms employed by the MINUSTAH camp to ensure cleanliness of water were malfunctioning at the time of the outbreak or were improperly used. The Panel noted errors in the testing procedures: 1) while the test kit used is capable of an accuracy up to the 0.1 mg/L range, all results were recorded as either 0.5 or 1.0 mg/L and 2) the testing tube was improperly stored with the last sample still in the tube, which stains the tube and compromises future readings. Two results of water quality testing were made available to the Independent Panel, one from 2009 and one from 2010; both showed positive results for microbiological indicators (total coliform, fecal coliform, and *E. Coli*), and zero total chlorine, indicating that the camp had failed to adequately treat its water in the past.

43. The Independent Panel found that cholera strains from Nepal and from Haiti were a “perfect match.” The Panel had access to strains of cholera isolated in Nepal between 2007 and

2010. The Panel used MLVA, a genetic method, to compare the Nepalese strains with the Haitian strains and other south Asian strains. The Panel concluded:

A careful analysis of the MLVA results and the *ctxB* gene indicated that the strains isolated in Haiti and Nepal during 2009 were a perfect match. The strains isolated in Haiti also perfectly matched the MLVA and *ctxB* gene mutations with South Asian strains isolated between or since the late 1990's.

44. In its report, the Independent Panel cited the epidemiological work of a number of scientific research groups.

45. Scientists from the U.S. Centers for Disease Control and Prevention ("CDC") concluded that cholera came from one single source and was similar to strains recently isolated in South Asia. The CDC compared the genetic material (genome sequence) of 15 strains of cholera (*Vibrio cholera*), including three sequences of the Haitian strain. The CDC found that the Haitian strains were different from strains of cholera found in the United States and those from the 1991 outbreak in Peru and that it was "tightly clustered" with those in South Asia. The CDC further concluded that the Haitian strains were identical to one another, suggesting a common source.

46. The Harvard Cholera Group, a team of scientific researchers, found that the cholera strain in Haiti was a near identical match to that in South Asia. The Harvard team developed a method to compare the entire genome sequences of the Haitian strain of cholera with two strains from Bangladesh, one isolated in South America, and 23 strains available in the online public domain. The group found a "nearly identical relationship" between the Haitian isolates and the predominant strains in South Asia.

47. The Wellcome Trust Sanger Institute in Cambridge, England, found that the Haitian strains were all identical and closely related to strains from the Indian subcontinent.

48. The International Vaccine Institute in Seoul, Korea, found that the Haitian strains were all identical—indicating one source—and that the Haitian strains were similar to strains from the Indian subcontinent.

49. Epidemiologist Renaud Piarroux published the results of his November mission to Haiti in the July, 2011 volume of The Lancet. In his article, *Understanding the Cholera Epidemic*, Piarroux provided additional arguments that confirmed that cholera was imported from Nepal to Haiti. In summary, he wrote:

Our epidemiologic study provides several additional arguments confirming an importation of cholera in Haiti. There was an exact correlation in time and places between the arrival of a Nepalese battalion from an area experiencing a cholera outbreak and the appearance of the first cases in Meille a few days after. The remoteness of Meille in central Haiti and the absence of report of other incomers make it unlikely that a cholera strain might have been brought there another way. DNA fingerprinting of *V. cholerae* isolates in Haiti and genotyping corroborate our findings because the fingerprinting and genotyping suggest an introduction from a distant source in a single event.

50. The Independent Panel stated: “the evidence overwhelmingly supports the conclusion that the source of the Haiti cholera outbreak was due to contamination of the Meille Tributary of the Artibonite River with a pathogen strain of current South Asian type *Vibrio cholerae* as a result of human activity.”

F. Recommendations of the Independent Panel

51. The Independent Panel focused its recommendations on the precautions that MINUSTAH troops should take in the future. The first recommendation states that the Haiti cholera outbreak:

“...highlights the risk of transmitting cholera during mobilization of population for emergency response. To prevent introduction of cholera into non-endemic countries, United Nations personnel and emergency responders traveling from cholera endemic areas should either receive a prophylactic dose of appropriate antibiotics before departure or be screened with a sensitive method to confirm absence of asymptomatic carriage of *Vibrio cholerae*, or both.”

52. The second recommendation reiterates the first, urging that all UN personnel and emergency responders receive prophylactic antibiotics or are immunized against cholera.

53. The third recommendation states:

“To prevent introduction of contamination into the local environment, United Nations Installations worldwide should treat fecal waste using on-site systems that inactivate pathogens before disposal. These systems should be operated and maintained by trained, qualified United Nations staff or by local providers with adequate United Nations oversight.”

G. Conclusion

54. For over half a century, Haiti did not report one case of cholera.

55. In the past year, over 450,000 people have fallen ill with cholera. Over 6,000 people have died.

56. Studies conducted by the CDC; Dr. Renaud Piarroux, commissioned by the Haitian and French governments; an Independent Panel of Experts appointed by the United Nations; the Harvard Cholera Group; the Wellcome Trust Sanger Institute in Cambridge, England; and the International Vaccine Institute in Seoul, Korea, all concluded that the Haitian strain of cholera was very similar, if not identical, to the strains of cholera in Nepal or on the South Asian continent. These studies also concluded that there was only one source of cholera in Haiti.

57. UN actions and the UN's failures to act—malfeasance and nonfeasance—are the direct and proximate cause of the cholera-related deaths and serious illnesses in Haiti to date, and of those certain to come. The UN did not adequately screen and treat personnel coming to Haiti from cholera-stricken regions. It did not adequately maintain its sanitation facilities or safely manage waste disposal. It did not properly conduct water quality testing or maintain testing equipment. It did not take immediate corrective action in response to the cholera outbreak.

58. Once cholera is introduced, it is extremely difficult to eradicate. The cholera epidemic is expected to persist in Haiti for at least several years. The UN Deputy Special Envoy to Haiti, Dr. Paul Farmer, has expressed concern that given the persistently high rates of infection, cholera may become endemic to Haiti.

III. PETITIONERS

59. The Petitioners are over 5,000 Haitian victims of cholera. They are individuals who are filing a claim (a) for their own injuries from cholera; (b) as parents on behalf of their minor children who contracted cholera; or (c) as next-of-kin on behalf of family members who died

from cholera. Most Petitioners are from the Mirebalais, St. Marc, Hinche, and Port-au-Prince regions of Haiti. Their injuries and deaths occurred beginning October 21, 2010.

60. Over the past year, cholera has infected about one in twenty Haitian men, women and children. It has disproportionately impacted the poor and the vulnerable. Petitioners are a small segment of those impacted. They include farmers, teachers, and caretakers whose injuries or death have left families without means to meet their basic needs.

61. The Petitioners' accounts of the disease and its impact on their families include descriptions of violent onset of sickness, rapid death, psychological trauma, and total loss of livelihood.

62. The Petitioners include one of the first victims of cholera. This Petitioner died on October 22, 2010 at St. Nicholas Hospital in St. Marc, leaving his wife and twelve children. Petitioner was working in the rice field, as he did each day. He drank from the canal that irrigates the field. Soon thereafter, he described to his family a sensation in his stomach "like boiling water." He began to vomit and spent the night at home in excruciating pain. The next morning, he went to the hospital. In the afternoon, he died.

63. The Petitioners include the daughter of a man who was the sole provider for her family. The father fell sick in the middle of the night with continuous diarrhea. His family rushed him to the Cholera Treatment Center in Mirebalais. After three days, his condition worsened and he was transferred to the hospital. There, the daughter watched as her father lay still for hours until he died. The daughter and her family are now struggling to survive without any financial support.

64. The petitioners include people who spent their life savings on a proper burial. Petitioners describe the Cholera Treatment Center staff having to bury bodies in pits. One Petitioner took out loans to pay to retrieve her father's body for proper burial. She has been unable to repay this debt.

65. These are only a few accounts of the suffering and harm to the Petitioners herein.

IV. JURISDICTION

A. The SOFA mandates that the United Nations settle Petitioners' third-party claim for their cholera-related illnesses and deaths.

66. The SOFA establishes the UN's jurisdiction over Petitioners' claim. Art. VII, ¶ 54, art. VIII, ¶55. The SOFA requires that the UN establish a standing claims commission to settle all third-party claims for personal injury, illness or death arising from or attributable directly to MINUSTAH. This mandate ensures that the civil and criminal immunity from Haitian courts that SOFA affords to MINUSTAH and its members does not preclude the Petitioners' right to a remedy for harms resulting from MINUSTAH's conduct.

67. As confirmed by [REDACTED] MINUSTAH, no standing claims commission has been set up in Haiti. In accordance with [REDACTED] instruction, the Petitioners file this Petition with the Chief of the Claims Unit of MINUSTAH. Copies of the Petition have been submitted to the UN Office of the Secretary General.

68. The Petitioners file this claim in accordance with the procedures set out in the SOFA.

B. This Petition is filed within the statute of limitations.

69. The SOFA requires that Petitioners submit claims before the standing claims commission “within six months following the occurrence of the loss or injury, or, if the claimant did not know or could not have reasonably known of such loss or injury, within six months from the time he or she had discovered the loss or injury.” SOFA art. VII, ¶54. As elaborated by the Secretary-General, “if the claimant did not know and could not have reasonably known of the injury or loss or of the identity of the party who inflicted it,” the six-month statute of limitations will toll until such time as the claimant is made aware of the specific source of the injury. U.N. Secretary-General, Administrative and budgetary aspects of the financing of the United Nations peacekeeping operations: financing of the United Nations peacekeeping operations: Rep. of the Secretary-General, ¶17, U.N. Doc. A/51/903 (May 21, 1997).

70. It is not clear that the statute of limitations applies in this case. First, as stated above, there is currently no standing claims commission to hear petitions. Second, procedures for filing petitions with the Claims Unit are not publicly available.

71. Nonetheless, Petitioners file this Petition within the statute of limitations that SOFA art. VII, ¶54 sets forth. Many Petitioners who are party to this claim fell ill or died within six months of this Petition’s filing. All Petitioners file within six months of the release of the UN Final Report. May 4, 2011 marked the first time dependable information regarding the source of Petitioners’ injuries became publicly available. The UN Final Report clearly states that prior to its release on May 4, 2011, the source of cholera in Haiti was a “topic of debate” and that, until its publication, “a definitive determination of the source of the 2010 cholera outbreak in Haiti has been lacking.” The UN Final Report states that previous investigations came to different conclusions and that they failed to provide sufficient evidence to confirm the source of the

outbreak. The Petitioners therefore did not and could not have reasonably known the identity of this source until information regarding the outbreak's circumstances and source became publicly available in the UN Final Report.

V. GENERAL ALLEGATIONS

A. The UN is liable for negligence, gross negligence, recklessness, and deliberate indifference for the health and lives of Haitian people resulting in petitioners' injuries and deaths from cholera.

72. The UN and MINUSTAH acted negligently, recklessly and with deliberate indifference for the Petitioners' health and lives. The UN and MINUSTAH caused sickness, death, and grievous, ongoing harm in Haiti. The facts and law dictate that the UN retain institutional liability for all conduct alleged herein. The harm herein to Petitioners and the people of Haiti is the result of gross institutional failures. Under the SOFA, the UN is responsible for the acts of MINUSTAH, a subsidiary organ of the UN.

73. First, the UN breached its duty to adequately screen troops for cholera prior to deployment from Nepal, a country where cholera is endemic. The UN protocol ignored the risk of transmission associated with asymptomatic carriage, a risk that has been well known for decades. It only required testing of stools for infectious diseases such as cholera for troops who present active symptoms. Yet the vast majority of cholera carriers are asymptomatic. Moreover, the screening was administered ten days before the troops' departure from Nepal. The incubation period for cholera is two hours to five days. In the time between screening and departure for Haiti, the Nepalese troops remained exposed in cholera-endemic areas; yet the UN did not administer prophylaxis prior to their departure.

74. Second, the UN breached its duty to properly manage its sanitation facilities and waste disposal at the Mirebalais MINUSTAH camp, despite the acute need for proper water management. The improperly maintained facilities allowed direct fecal contamination of the Artibonite River. They allowed cholera-infected fecal matter to enter and flow through the camp's main drainage canal and easily escape the open septic disposal pit, which routinely dumped dark liquid directly into the river. The UN maintained alarmingly inadequate disposal facilities and practices in gross disregard for the tens of thousands of Haitians reliant on the Artibonite water system.

75. Third, the UN breached its duty to conduct proper water quality testing and allowed equipment necessary to ensure water quality to fall into disrepair. The Independent Panel found long-standing problems with the camp's water processing systems. The water test kits produced inaccurate results and were improperly stored. The UN failed to address these problems despite the unsanitary and highly infectious conditions.

76. Fourth, the UN breached its duty to take immediate corrective action to properly address the outbreak of disease, a product of the UN's own failures, willfully delaying investigation and obscuring discovery of the outbreak's source. For months, the UN denied the possibility that its troops were the source of the disease. While it stated that all laboratory tests the organization performed of facilities in the camp returned negative, it has never made these tests public.

77. The SOFA provides an exemption from liability for damage resulting from operational necessity. SOFA art. VII, ¶54. In this case, operational necessity is not an applicable defense. The UN's conduct and aggregate failures did not serve a necessary operational need. As defined in UN Doc. A/51/389, ¶¶ 13-15, four elements determine whether an action qualifies as operational necessity:

- a. There must be a good-faith conviction on the part of the force commander that an operational necessity exists;
- b. The operational need that prompted the action must be strictly necessary and not a matter of mere convenience or expediency. It must also leave little or no time for the commander to pursue another, less destructive option;
- c. The act must be executed in pursuance of an operational plan and not the result of a rash individual action; and
- d. The damage caused should be proportional to what is strictly necessary in order to achieve the operational goal.

78. The operational necessity exemption for liability does not apply to the conduct alleged herein. No good-faith conviction could support the UN's institutional failures that caused the introduction and spread of cholera to Haiti—its failure to test and treat troops who came from an endemic area; its failure to maintain water and sanitation facilities at the MINUSTAH camp; its failure to maintain testing equipment critical to ensuring water quality and preventing the spread of infection; and its willful delay to investigate the epidemic's source—as operational necessity. The UN's negligence, gross negligence, recklessness, and deliberate indifference were not strictly necessary to advance its operational goals.

79. The injuries and death of Petitioners and the ongoing gravity of the harm to Haiti's people are grossly disproportional to any time or cost savings the UN's negligent conduct may have achieved: More than 6,477 individuals are dead; more than 457,582 individuals have become sick with cholera; and the Haitian Government and humanitarian communities have spent more than \$75 million dollars on cholera treatment and prevention.

B. The UN failed to respect Haitian civil, criminal, and constitutional law as mandated by the SOFA.

80. The UN's negligent and reckless conduct violated MINUSTAH's obligation under the SOFA to respect all local laws and regulations in Haiti. SOFA, art IV, ¶5. The acts and omissions alleged herein violate Haitian law:

- a. The Civil Code of Haiti creates a cause of action and remedy for injuries resulting from negligence, including negligent transmission of disease. The relevant articles unambiguously state that agreements absolving parties of responsibility for such injuries are contrary to public policy. They also provide for vicarious liability of employers for the negligent acts of employees. The relevant articles include:
 - i. Article 1168: "Every act of man that causes damage to another requires that the responsible party provide a remedy."
 - ii. Article 1169: "Each person is responsible for the damage that he causes, not only by his action, but also by his negligence and imprudence."
 1. Para. 2: "Any convention by which one is discharged of direct or indirect responsibility for one's faults is void as a matter of public policy."
 2. Para. 4: "The transmission of a contagious disease constitutes a tort for which the author is responsible even if the transmission was not made intentionally but rather resulted from the carelessness or negligence of the person who was ill; such an action cannot be declared non-actionable because of an immoral act by the complainant."

- iii. Article 1170: “One is responsible not only for the injury caused by one’s own act but also for that caused by people for whom one is responsible or by things under one’s care....”
 - 1. Para. 4: “The principals are responsible not only for the injury caused by their employees in the normal and regular course of their employment duties, but also for that injury resulting from abuse of these functions.”
- b. The Haitian Penal Code criminalizes involuntary homicide and injury resulting from negligence or a failure to follow regulations.
 - i. Article 264: “Whoever, by mistake, carelessness, inattention, negligence or failure to comply with regulations, commits involuntary homicide, or was involuntarily the cause of it, shall be punished by imprisonment for one month to one year, and by a fine of thirty-two gourdes to ninety six gourdes.”
 - ii. Article 265: “If the resulting harm from a failure to address or to take precautions is only wounds or contusions, imprisonment will be from six days to two months, and the fine will be from sixteen to twenty-four gourdes.”
- c. The Decree of January 26, 2006 on Management of the Environment defines national policy on environmental management and sustainable development.
 - i. Article 9 states that “[a]ll persons have the right to a healthy and pleasant environment. This right accompanies the constitutional obligation to protect the environment.”
 - ii. Article 11 attributes legal responsibility to the principal polluter: “Any act impacting the environment is the direct or indirect responsibility of the person who

committed or ordered the act. The principal polluter shall bear the expenses incurred due to the damage he caused, in conformance with the law.”

- iii. Article 155 creates a civil obligation of all principals, co-authors, and accomplices to pay damages and interest.
- d. Law No. XV on Rural Hygiene prohibits disposal of human excrement and bathing in, *inter alia*, streams, springs, ponds, and reservoirs. Articles 297, 298.
- e. The Haitian Constitution of 1987 states:
 - i. Article 253: “Since the environment is the natural framework of the life of the people, any practices that might disturb the ecological balance are strictly forbidden.”
 - ii. Article 258: “No one may introduce into the country wastes or residues of any kind from foreign sources.”
 - iii. Article 19: The State has “the absolute obligation to guarantee the right to life, health, and respect of the human person for all citizens without distinction, in conformity with the Universal Declaration of the Rights of Man.”

C. The UN failed to comply with international law and violated Petitioners’ fundamental rights under international human rights law.

81. The SOFA states that MINUSTAH and the Government “shall cooperate... and shall extend to each other the fullest cooperation in matters concerning health, particularly with respect to the control of communicable diseases, in accordance with international conventions.” SOFA, art. V, ¶23. The International Health Regulations (2005) set forth binding obligations with respect to the control of infectious diseases. The agreement requires member parties to communicate to the WHO “timely” and “sufficiently detailed public health information,” including the source of the risk. WHO, International Health Regulations, art. VI, ¶2. For several

months, the UN willfully refused to investigate the source of the epidemic, failing to communicate information as required under the International Health Regulations.

82. The UN's negligent and reckless introduction of cholera to Haiti failed to comply with international environmental principles. The UN General Assembly, expanding on principles in the Declaration of the UN Conference on the Human Environment, has stated that international organizations have the "responsibility to ensure that activities within their jurisdiction or control do not cause damage to the natural systems located within other States." U.N. Doc A/37/51. The UN's actions resulted in a contamination of Haiti's most important water system with a disease that has injured and killed thousands of Haitians. Such egregious damage violated international principles.

83. The UN and MINUSTAH acted in violation of petitioners' fundamental human rights. These rights include:

- a. The right to life, as articulated in Article 6 of the International Covenant on Civil and Political Rights ("ICCPR"), Article 4(1) the American Convention on Human Rights ("ACHR"), Article 2(1) of the European Convention on Human Rights and Fundamental Freedoms ("ECHR"), and Article 3 of the Universal Declaration on Human Rights ("UDHR"). The right to life is non-derogable and must be protected in a time of public emergency, such as after the earthquake. Human Rights Committee, *General Comment No. 6: The Right to Life*, art. 1.
- b. The right to health, as articulated in Article 12(1) of the International Covenant on Economic, Social and Cultural Rights ("ICESCR"), Article 25 of the UDHR, Article 24 of the Convention on the Rights of the Child ("CRC"), Article 5(d)(iv)

of the International Convention on the Elimination of All Forms of Racial Discrimination (“ICERD”).

- c. The right to an adequate standard of living, as articulated in Article 11 of the ICESCR and Article 25 of the UDHR.
- d. The right to clean water and sanitation, recognized as a separate right by the General Assembly, U.N. Doc. A/RES/64/292, and UN Human Rights Council, U.N. Doc A/HRC/15/L.14, and derived from the right to an adequate standard of living. The right to clean water and sanitation are inextricably related to the right to the highest attainable standard of physical and mental health, as well as to the rights to life and human dignity.

VI. THE UNITED NATIONS MUST ACT TO PROTECT VICTIMS’ RIGHT TO AN EFFECTIVE REMEDY UNDER INTERNATIONAL LAW

A. The UN is legally bound to respect victims’ right to an effective remedy as guaranteed under international human rights law.

84. The Petitioners’ right to an effective remedy demands that the UN hear this Petition and compensate victims for injuries, death and losses arising from the organization’s wrongful actions. The Convention on Privileges and Immunities of the United Nations (“CPIUN”) preserves an avenue of redress for victims within the UN’s immunity regime. Under Section 29, the UN must provide for “appropriate modes of settlement” in civil cases against the organization or in disputes involving officials who enjoy immunity. The CPIUN imposes this duty in recognition of the need to balance immunity with the right to remedy guaranteed by international human rights law. The commitment to providing a dispute settlement mechanism is further reflected in ¶55 of the SOFA, which calls for the establishment of an independent, tripartite standing claims commission to hear third-party claims.

85. International human rights law guarantees an individual's right to an effective remedy through an impartial hearing. The right is fundamental to the realization of human rights and dignity for all, two foundational principles of the UN. Article 8 of the UDHR provides: "Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law." The right is further codified in numerous binding human rights treaties, including Article 2 of the ICCPR; Article 6 of ICERD; Article 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; and Article 39 of the CRC. It is also a key component of international humanitarian law, as reflected in Article 3 of the Hague Convention respecting the Laws and Customs of War on Land of 18 October 1907; Article 91 of the Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts ("Protocol I") of 8 June 1977; and Articles 68 and 75 of the Rome Statute of the International Criminal Court. Regional instruments further protect the right to a remedy: it is provided for in Article 25 of the ACHR, Article 13 of the ECHR, and Article 7 of the African Charter on Human and Peoples' Rights. The Inter-American Court on Human Rights has repeatedly stated that the guarantee of an effective judicial remedy "constitutes one of the basic pillars, not only of the American Convention, but also the rule of law itself in a democratic society..." See e.g., *Case of the Constitutional Court (Aguirre Roca v. Peru)*, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 71, ¶ 90 (January 31, 2001).

86. While the UN as an international organization is not a party to the above-mentioned treaties, the right to a remedy is also a recognized norm under customary international law. As a subject of international law, the UN has the requisite legal personality to be obliged to comply with the international legal system, including human rights norms that rise to the level of

customary international law. *See* Case Concerning the Reparation for Injuries Suffered in the Service for the United Nations, Advisory Opinion, 1949 I.C.J. 174 (Apr. 11) (affirming the UN’s international legal personality).

87. Providing a remedy to victims whose illness or death is attributable to the UN is in line with the UN’s own constitutional obligations and the spirit of the organization’s purpose: Article 1(3) of the UN Charter specifies that the organization is “constitutionally mandated to promote the advancement of human rights.” Additionally, Article 55(c) of the UN Charter requires that “the United Nations shall promote ... universal respect for, and observance of, human rights and fundamental freedoms for all.” Denying the Petitioners access to a remedy in this case would conflict directly with the UN’s commitment to human rights.

88. Moreover, since its foundation, the UN has played a leadership role in the development and strengthening of human rights law generally, and the right to a remedy specifically. On March 16, 2006, the UN General Assembly affirmed the importance of ensuring that victims benefit from the right to a remedy by adopting the Basic Principles and Guidelines on the Right to a Remedy and Reparation (“Basic Principles and Guidelines”). The Basic Principles and Guidelines reaffirm that under international law, victims’ right to remedy includes: (a) Equal and effective access to justice; (b) adequate, effective and prompt reparation for harm suffered; and (c) access to relevant information concerning violations and reparation mechanisms.

B. Providing the Petitioners Access to an Effective Judicial Remedy is in the Interest of the United Nations

89. Despite robust protections for the right to an effective remedy under human rights law, the UN’s immunity regime threatens to obliterate Petitioners’ right to a judicial remedy. The SOFA attempts to grant near-absolute immunity to MINUSTAH and its members. The UN has

interpreted this agreement to strip Haitian courts of jurisdiction to hear civil or criminal claims against MINUSTAH and its members. Such a broad application of immunity is only consonant with international human rights law if the UN provides the Petitioners with an alternative adequate avenue for redress.

90. International law and jurisprudence recognize that immunity cannot be so absolute as to foreclose all avenues for redress. To preserve the essential function of UN immunity, victims must have access to a remedy through an adequate accountability mechanism. In *Case Concerning the Arrest Warrant of 11 April 2000*, the International Court of Justice evaluated the applicability of jurisdictional immunity from war crime prosecution under customary international law, and cautioned that immunities cannot be so broad so as to constitute impunity. The availability of an alternative forum where prosecution could proceed was integral to the court's reasoning in holding that immunity would attach under the circumstances in the case. *Arrest Warrant at* ¶¶60-61. The European Court of Human Rights (ECtHR) has also held that “a reasonable alternative means” of protecting a right is a “material factor” in determining the permissibility of immunity of international organizations. *Waite v. Germany*, 1999-I Eur. Ct. H.R. 393, 411; *Beer v. Germany* para. 68, App. No. 28934/95 (Eur. Ct. H.R. Feb 18, 1999). The preservation of immunity under international law is thus conditioned on the availability of a reasonable alternative means to obtaining a remedy.

91. Domestic courts are following suit and conditioning immunity on the availability and adequacy of alternative dispute mechanisms. The ECtHR's decision in *Waite v. Germany* has led national courts to apply a human rights impact assessment when determining the application of immunity. Courts have refused to uphold immunity in cases where alternative avenues for redress are unavailable or insufficient. For example, an appellate court in Belgium disregarded

the treaty-based immunity of an international organization in *Siedler v. Western European Union*, finding that the internal dispute settlement procedure set forth in the treaty did not meet the fair trial guarantees under Article 6.1 of the European Convention on Human Rights. Specifically, the court found the mechanism to be inadequate because it lacked a public hearing and independent commissioners to hear the claim.

92. The Petitioners' right to a remedy must be substantiated through adjudication of their claims within a reasonable time by a body that is independent, impartial and competent to hear a human rights violation. *See e.g.*, Case 11.335, IACHR Report 78/02 Guy Malary (Haiti) Annual Report of the IACHR 2002, para.82, Annex 6. As the Secretary General notes in his report on the Financing of UN Peacekeeping Operations, justice requires that the UN not act as a judge in its own case. UN Doc. A/51/903, ¶ 10. Adjudication by an internal UN claims unit such as a local review board fails to meet the requirement of independence and impartiality, and claims must instead be assigned to a neutral third party. *Id.* The Petitioners therefore assert that the establishment of an independent commission is necessary to hear this claim in accordance with the victims' right to a remedy. A failure to provide access to an effective remedy could expose the UN to liability in judicial courts.

93. Providing a remedy is also in the interest of promoting MINUSTAH'S operational efficiency in Haiti. The Mission's current operations in Haiti cost US \$2.5 million per day. To retain local and donor support, the work of peacekeepers needs moral force, which depends on accountability. The UN Special Rapporteur on Violence Against Women, Radhika Coomaraswamy, has stated that the organization will lose "its moral force if it fails to respond when those within the United Nations system violate human rights." A lack of accountability for human rights violations in Haiti has not only impacted MINUSTAH, but has undermined the

reputation of the UN as a whole and has led to extensive negative scrutiny of the organization and its operations in Haiti.

C. The United Nations must make reparations available to the Petitioners

94. The Petitioners seek reparations from the UN for the harm and injustices they suffered as a result of the UN's misconduct. The UN has an established practice of compensating victims of injury, illness, or death attributable to the organization. This is reflected in the SOFA, which provides that the UN shall pay compensation to third parties who are victims of illness or death arising from or attributable to MINUSTAH. SOFA art. VII, ¶54. The UN Secretary General, in studying the financial limitations on UN liability, reiterated that it is a general principle that compensation should be paid with a view to redressing the situation and restoring it to what it had been prior to the occurrence of the damage when tortious liability is engaged. UN Doc. A/51/903, ¶37. The UN has also long recognized its international responsibility for the activities of its forces, and has an established tradition of assuming liability for damage or injury caused by its members during the course of their duties. *See e.g.*, UN Doc. A/51/389. According to the Model Memorandum of Understanding signed by the UN and troop-contributing countries, the UN is responsible for "any claims by third parties where the loss of or damage to their property, or death or personal injury, was caused by the personnel or equipment provided by the [troop-contributing] Government in the performance of services or any other activity or operation under this MOU." Model MOU art. 9. While the injuries suffered by the Petitioners may be the result of the personnel and/or equipment provided by Nepal, the UN is responsible for compensating the Petitioners.

95. The right of victims of human rights violations to adequate, effective and prompt reparation is an important corollary to the right to a judicial remedy. International tribunals

applying international law and regional treaties have an established practice of granting reparations to victims. The Inter-American Court of Human Rights observed that “it is a principle of International Law that any violation of an international obligation that has caused damages triggers the duty to make adequate amends.” *Case of the Miguel Castro Castro Prison, Merits, Reparations, and Costs, Judgment, Int-Am. Ct. Hum Rts. (ser. C) No. 160, ¶ 335* (Nov. 25, 2006). The importance of financial compensation is also recognized by the Rome Statute for the International Criminal Court, which established a Trust Fund in order to meet the ICC’s goal of restoring peace by dispensing retributive justice to criminals and restorative justice to victims. Rome Statute of the International Criminal Court art. 79, July 17, 1998, 2187 UNT.S. 90, 136. The Draft Articles on the International Responsibility of International Organizations reiterate that “the responsible international organization is under an obligation to make full reparation for the injury caused by the internationally wrongful act. Injury includes any damage, whether material or moral, caused by the internationally wrongful act of an international organization.”

96. Under international law, full and effective reparations for victims of grave human rights violations are expansive. They include not only compensation, but also restitution, rehabilitation, satisfaction and guarantees of non-repetition. Basic Principles and Guidelines, ¶18. The Human Rights Committee has echoed the need to interpret reparations broadly, holding that violations of the ICCPR require “appropriate compensation” and that reparation can involve “restitution, rehabilitation and measures of satisfaction.”

97. As expounded in the Basic Principles and Guidelines, *restitution* includes the restoration of enjoyment of human rights, including, in this case, the right to clean water and sanitation, the right to health, and the right to an adequate standard of living. *Id.*, ¶19.

98. *Compensation* includes, but is not limited to:

- a) Physical or mental harm;
- b) Lost opportunities, including employment, education and social benefits;
- c) Material damages and loss of earnings, including loss of earning potential;
- d) Moral damage;
- e) Costs required for legal or expert assistance, medicine and medical services, and psychological and social services. *Id.*, ¶20.

99. *Rehabilitation* includes medical care as well as legal and social services. *Id.*, ¶21.

100. *Satisfaction* includes:

- a) Effective measures aimed at the cessation of continuing violations, which here include the providing medical treatment, ensuring clean water supplies, and providing sanitation systems;
- b) An official declaration restoring the dignity and rights of the victims;
- c) A public apology, including acknowledgement of the facts and acceptance of responsibility. *Id.*, ¶22

101. Granting victims due reparations in this case will demonstrate responsibility and concern at the highest organizational levels. Accountability in the form of reparations would benefit the credibility of UN missions in Haiti by signaling to the Haitian people that the UN respects human rights in Haiti. Reparations would also contribute to a more favorable relationship between the Mission and the local population and make sending countries' investments into MINUSTAH more fruitful.

VII. REQUEST FOR RELIEF

A. **Fair and Impartial Adjudication of the Claim**

102. The Petitioners request that the UN establish a standing claims commission pursuant to the SOFA to hear this and future claims in a fair, impartial, and transparent manner. The Petitioners request that the commission include at least one member who is appointed by the Petitioners.

103. The Petitioners request that the UN assign the necessary administrative and financial resources, as well as legal personnel to process the claim in a prompt and effective manner.

104. The Petitioners request that the claims process be transparent, and that the commission regularly inform the Petitioners of the progress of the review and the decisions made that affect this case.

B. **Compensation to the Petitioners**

105. In accordance with ¶ 54 of the SOFA, the Petitioners request that the UN pay compensation for the Petitioners' injuries and the deaths of their next-of kin in a volume and fashion sufficient to repair both the material and the nonmaterial harm inflicted upon them.

106. The Petitioners request that the UN establish a committee consisting in equal parts of representatives from the UN and representatives of the Petitioners to oversee the distribution of the settlement to the Petitioners. The committee should cooperate with the Petitioners' representatives or designated agents, who shall decide whether to accept the proposed settlement, and shall determine the nature and extent of the compensation and reparations due to each Petitioner.

107. The Petitioners request that the UN pay due compensation for the entirety of the Petitioners' damages, including, but not limited to: pain, suffering and affliction caused to the direct victims and to their next-of-kin; emotional distress resulting from contracting an illness with a high risk of death; lost wages and lost potential earnings resulting from illness or death; lost financial support; medical and rehabilitation expenses; transportation expenses associated with the illness and medical care; legal and burial expenses, and changes in the living conditions of victims or their next-of-kin resulting from the illness or death

108. For individuals who lost their next-of-kin to cholera, the Petitioners request that the Secretary-General lift the per-case compensation cap of \$50,000, as set forth in UN General Assembly Resolution 52/247 of 26 June 1998. MINUSTAH has been in Haiti for seven years and is intimately familiar with Haiti's weak health and sanitation infrastructure. The gross negligence and willful misconduct by MINUSTAH in this environment resulted in an extreme number of fatalities and constitute a gross violation of human rights. The compensation cap of USD 50,000 should therefore be lifted.

109. The Petitioners request a minimum of USD 100,000 to compensate each victim who died from cholera, plus reasonable attorney's fees and legal costs and expenses.

110. The Petitioners request a minimum of USD 50,000 to compensate each victim who suffered illness and injury from cholera, plus reasonable attorney's fees and legal costs and expenses.

C. Reparations to victims of cholera at large

111. The Petitioners remind the UN that they represent only a small fraction of the individuals injured or yet-to-be injured by the cholera epidemic in Haiti if it continues to spread at the

present rate. The Petitioners stress that the harm from cholera is ongoing, and that unless active measures are taken to control the epidemic, cholera will continue to injure and kill hundreds of thousands of Haitians. The UN has a duty to mitigate the continuing damages resulting from its negligent introduction of cholera.

112. In light of these facts, the Petitioners request that the UN enter into an agreement with the Government of Haiti to establish and fund a countrywide program for clean water, adequate sanitation and appropriate medical treatment, to prevent the further spread of cholera. The funds in this settlement should be furnished by the UN and allocated for measures that will end the cholera epidemic, including measures that improve (i) water quality and access; (ii) sanitation conditions; and (iii) access to medical services. Funding these measures is a critical component of full and effective reparations, and will ensure that the cholera epidemic does not continue to spread and cause injury in Haiti. Such measures will also limit the long-term liability of the UN for claims associated with cholera.

113. In addition to a financial settlement, the Petitioners request that the UN issue a public apology, including an acknowledgement of the facts presented herein and an acceptance of responsibility for introducing cholera to Haiti.

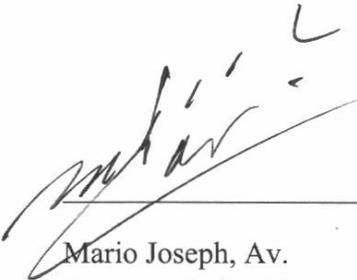
114. The Petitioners urge the UN to consider the benefits of providing the relief that the Petitioners request now. First, the harm from cholera is ongoing. If the UN fails to respond now to aggressively combat the epidemic, cholera is likely to continue to rapidly spread, infecting thousands more Haitians. The number of claimants will continue to rise, as will the perceived distrust of the UN. The Petitioners' request for relief creates an opportunity for the UN to prevent further victimization of Haitians, thereby reducing its future liability. Second, complying with the Petitioners' request will allow the UN to reaffirm the credibility of its

mission in Haiti. The UN should seize this opportunity to publicly redress its wrongs in genuine response to Haitian victims. This is an opportunity for the UN to counter the persistent negative press on the UN's lack of accountability and to lead as history has showed the UN is capable of leading.

VIII. SUBMISSION OF PETITION

115. This petition is submitted in conjunction with signed and notarized copies of the Consolidated Claim Form for Third-Party Personal Injury or Death and/or Property Damage or Loss (Annex to U.N. Doc. A/51/903) for over 5,000 individual claimants who died or were injured from cholera. Copies of official documents establishing proof of identity are included when they were available. In the interest of providing accurate and complete information, details of the injury or death, including the date and circumstances, will be provided by medical records and other evidence. The Petitioners and their attorneys are currently working with hospitals, cholera treatment centers, and government authorities to collect this documentation, which it will submit to the UN on an ongoing basis. Petitioners' attorneys will also continue to submit complaints as they become available.

Respectfully submitted on November 3, 2011:



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