Republic of Haiti

Submission for the
112th Session of the United Nations Human Rights Committee, October 8 & 9, 2014
Review of Haiti’s Report under the International Covenant on Civil and Political Rights

ICCPR Violations in the Context of the Cholera Epidemic in Haiti

Submitted By:
Boston College Law School
Bureau des Avocats Internationaux
Human Rights Advocates
Institute for Justice & Democracy in Haiti
Mennonite Central Committee - U.N. Office
Université de la Fondation Dr. Aristide
University of Miami School of Law Human Rights Clinic

Date Submitted: September 12, 2014
I. INTRODUCTION

1. This report considers the current status of civil and political rights in Haiti in the context of the ongoing cholera epidemic. The report is not exhaustive, but rather seeks to highlight concerns regarding violations of the International Covenant on Civil and Political Rights (ICCPR)’s guarantee of the right to life and the right to a legal remedy. Haiti acceded to the ICCPR on February 6, 1991, and submitted its first report on November 29, 2012.\(^1\)

2. The cholera epidemic in Haiti constitutes a challenge to rights guaranteed by the ICCPR. Gross negligence or recklessness on the part of the United Nations (UN) caused the epidemic, and has subsequently resulted in violations of the right to life under ICCPR Article 6, and the right to a legal remedy under ICCPR Article 2. Under Article 2, Haitian victims of cholera must be allowed to request restitution and reparation for violations of their rights to life, health, and safe drinking water.

3. Cholera has claimed the lives of more than 8,500 Haitians and infected more than 700,000.\(^2\) Although the UN claims immunity from domestic courts, under both the Convention on the Privileges and Immunities of the United Nations (CPIUN) and the Status of Forces Agreement (SOFA) signed by the UN and the Government of Haiti, the UN has a legal obligation to provide an alternative settlement mechanism to victims of harm caused by UN operations. Despite this clear obligation and numerous promises to provide access to a remedy, the UN has failed to establish the standing claims commission mandated by the SOFA, thereby violating the right to a legal remedy guaranteed by ICCPR Article 2.

4. The Haitian government must use all available means to pursue access to legal remedies for victims of the cholera epidemic. Its failure to do so compounds the violation of the right to a legal remedy guaranteed by ICCPR Article 2, and results in further violations of the right to life guaranteed by ICCPR Article 6.

II. BACKGROUND

5. Cholera appeared in Haiti for the first time in October 2010, within days of the arrival of a contingent of UN peacekeeping troops from Nepal rotated into Mirebalais under the auspices of the UN Mission for Stabilization in Haiti (MINUSTAH). The outbreak has since developed into “one of the largest cholera epidemics in modern history” according to the Pan-American Health Organization (PAHO).\(^3\) Prior to the outbreak, Haiti had never recorded a case of cholera.

6. The epidemic in Haiti was one of the fastest growing in recent history. Despite Haiti’s population of only slightly over 10 million, Haitians accounted for approximately half of cholera cases and deaths reported to the World Health Organization (WHO) in 2010 and 2011.\(^4\) The
epidemic remains ongoing. According to Haitian government figures, 9,202 people have been sickened with cholera so far in 2014 (as of August 19), and 50 people have died.\(^5\)

7. Reports from various genetic and epidemiological studies, including one commissioned by the UN, demonstrate that the Nepalese soldiers introduced the illness into Haiti and that the UN is responsible for the epidemic. Cholera is endemic in Nepal, and Nepal was experiencing a surge in infections when the soldiers were deployed as UN peacekeepers. Despite its awareness of the prevalence of cholera in Nepal, the UN failed to test or treat the peacekeepers for cholera prior to their deployment.

8. The majority of these soldiers were stationed on a UN base in Mirebalais located on the banks of a tributary to Haiti’s largest river, the Artibonite. The UN failed to maintain the sewage and sanitation facilities at the base, which regularly discharged and leaked untreated human waste into the river system on which tens of thousands of Haitians rely as their primary source of water.

9. The result of the UN’s gross negligence and reckless behavior was predictable. Cholera is a water-borne disease. Genetic testing of the strain of cholera in Haiti determined it to be a “perfect match” to the strain active in Nepal at the time.\(^6\) The evidence is uncontroverted that the Nepalese peacekeepers brought this strain of cholera to the UN basecamp where defective sanitation facilities allowed the cholera to spread, resulting in the tragic loss of life and injury that Haiti has since experienced.\(^7\) In fact, the UN-appointed panel of independent experts tasked with studying the source of the cholera outbreak concluded that “the preponderance of the evidence and the weight of the circumstantial evidence does lead to the conclusion that personnel associated with the Mirebalais MINUSTAH facility were the most likely source of introduction of cholera into Haiti.”\(^8\)

III. ICCPR VIOLATIONS BY ARTICLE

A. Article 2.3: Right to an Effective Remedy

10. ICCPR Article 2.3 guarantees the right to an effective remedy for rights violations regardless of the status of the actor who has committed the violation, and makes it incumbent on States parties to ensure that this right is upheld.

11. General Comment No. 3 emphasizes that States parties’ obligation under the ICCPR “is not confined to the respect of human rights, but . . . States parties have also undertaken to ensure the enjoyment of these rights to all individuals under their jurisdiction. This aspect calls for specific activities by the States parties to enable individuals to enjoy their rights.”\(^9\)
12. Cholera victims have been denied the enjoyment of their rights, including their right to legal remedies.

1. **UN denial of access to a remedy**

13. The UN has well-established commitments documented in international treaties, UN General Assembly resolutions, official UN statements, and elsewhere to provide justice to people harmed by negligence in the course of its operations. The CPIUN, which has been ratified by the majority of UN member states, mandates that the UN “shall provide for appropriate modes of settlement” of private law claims against it.\(^\text{10}\)

14. The UN’s legal office has affirmed that, “[a]s a matter of international law, it is clear that the Organization can incur liabilities of a private law nature and is obligated to pay in regard to such liabilities.”\(^\text{11}\) Moreover, the UN recognizes its responsibility to “assum[e] its liability for damage caused by members of its forces in its performances of their duties” by creating accountability mechanisms to address such wrongs.\(^\text{12}\)

15. In an effort to improve accountability in UN peacekeeping missions,\(^\text{13}\) the UN required Haiti to sign a standard SOFA,\(^\text{14}\) which, among other things, establishes a legal framework for victims to seek redress from harms committed in the course of peacekeeping.\(^\text{15}\) The SOFA signed by the UN and the Haitian government provides that harms arising out of MINUSTAH’s operations in Haiti, and which cannot be resolved informally, are to be heard and settled through a standing claims commission.\(^\text{16}\)

16. In practice, however, the UN has failed to honor its obligation to provide an alternative dispute resolution mechanism. It has never established a standing claims commission or other claims settlement mechanism in Haiti. In fact, the UN has never established a standing claims commission in any country that has hosted a peacekeeping operation, despite signing 32 agreements promising to do so.\(^\text{17}\)

17. In November 2011, 5,000 cholera victims filed claims in accordance with the CPIUN and SOFA, seeking access to a standing claims commission and remedies in the form of:

   a) Investments in water and sanitation infrastructure to combat the epidemic;
   b) Just compensation; and
   c) A public acceptance of responsibility by the UN and an apology.\(^\text{18}\)

18. After fifteen months, the UN dismissively responded that the claims were “not receivable pursuant to Section 29 [of the CPIUN]” because “consideration of these claims would necessarily include a review of political and policy matters.”\(^\text{19}\) The UN has subsequently refused the victims’ request for further clarification of the dismissal as well as mediation or a meeting to discuss out-of-court resolution of the claims.
19. In October 2013, cholera victims filed a class action lawsuit against the UN in United States District Court for the Southern District of New York. The lawsuit seeks just compensation for the cholera victims and elimination of cholera. In 2014, two other groups of cholera victims filed subsequent lawsuits in U.S. federal court. The three legal cases are pending.

20. Despite the UN’s legal and moral responsibility to remedy the situation, the organization has consistently denied responsibility and refused compensation to victims. This response has been criticized by several individuals within and affiliated with the UN:

   a. In October 2013, at the Martin Ennals Human Rights Awards Ceremony honoring human rights attorney Mario Joseph of the Bureau des Avocats Internationaux (BAI), who has led advocacy for cholera victims since 2011, the then UN High Commissioner for Human Rights, Navanethem Pillay, announced that she “stand[s] by the call that . . . those who suffered as a result of that cholera be provided with compensation.”

   b. In his recent report, the current UN Independent Expert on the Situation of Human Rights in Haiti Gustavo Gallón, emphasized the need to “assure the Haitian people that the epidemic will be halted as soon as possible and that full reparation for damages will be provided.” He further stated that “if necessary, those responsible for the tragedy should be punished, in accordance with the Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Violations of International Human Rights and Humanitarian Law.”

   c. In a previous report to the UN Human Rights Commission, Gallón’s predecessor, Michel Forst, criticized the UN for its refusal to acknowledge responsibility for the epidemic. Suggesting that this response has a negative impact on the organization’s legitimacy, he wrote “silence is the worst response.”

   d. In her June 2014 report to the Human Rights Council, Special Rapporteur on the human rights to safe drinking water and sanitation Catarina de Albuquerque, urged the UN to investigate the allegations of the UN’s responsibility for cholera in Haiti and “to ensure the alleged victims’ right to a remedy, including compensation, if warranted.”

   e. In a radio interview in November 2013, Former UN Special Envoy for HIV/AIDS in Africa Stephen Lewis said, “I don’t think [liability] would compromise the UN. In fact, I think it would do the UN a lot of good to be seen as principled in the face of having caused so much devastation.”
f. Jean-Marie Guéhenno, former UN Under-Secretary-General for Peacekeeping, has stressed that the UN “must come clean on cholera.”

28

g. Former US President and UN Special Envoy to Haiti Bill Clinton acknowledged that MINUSTAH introduced the cholera bacterium “into the waterways of Haiti, into the bodies of Haitians” and, as such, were the “proximate cause” of the epidemic.

29

21. UN Secretary-General Ban Ki-moon said in July 2014, that he believed “the international community, including the United Nations, has a moral responsibility to help the Haitian people stem the further spread of this cholera epidemic.” Yet the UN has yet to provide access to an independent hearing on the victims’ claims or just compensation, and has not taken adequate action to provide water and sanitation and other remedial measures.

2. The Government of Haiti’s Responsibility to Facilitate Access to Legal Remedies

22. Because victims of the cholera epidemic have been unable to directly access remedies against the UN, it is critical that the Government of Haiti use all available means to pursue access to legal remedies on their behalf, as prescribed under Article 2 of the ICCPR.

23. The state has a responsibility under Article 2 to hold wrongdoers accountable under domestic law and offer a judicial remedy. The ICCPR was ratified and published in the official gazette, Le Moniteur, in Haiti on January 7, 1991, giving the Covenant precedence over domestic law according to article 276-2 of the Haitian Constitution. The Haitian Constitution also refers to the enjoyment of some of the rights detailed in the Covenant, such as the rights to life, security, property, freedom of expression, freedom of conscience and freedom of assembly and association.

24. Additionally, the Haitian Government has agreed to MINUSTAH’s mandate in Haiti every year since 2004, and signed the SOFA with the UN that grants the UN broad immunity in Haitian courts for crimes committed in Haiti. The SOFA provides that the standing claims commission shall be established to hear private law claims against MINUSTAH when the SOFA denies the Haitian judiciary jurisdiction. The SOFA specifies that both the Government of Haiti and the UN are to play a role in the establishment of the claims commission, which is to be comprised of three members - one appointed by the UN Secretary-General, one appointed by the Haitian government, and a chairman jointly appointed by both parties.

25. To date, there is no evidence indicating that the Haitian government has taken any steps towards the establishment of the SOFA-mandated commission, or taken any steps to ensure that the cholera victims are afforded a legal remedy. In remarks to the UN General Assembly in September 2013, Haitian Prime Minister, Laurent Lamothe alluded to questions regarding UN culpability and mentioned that the UN is supporting government efforts to combat cholera.
However, he also indicated that these efforts remain insufficient. He emphasized the necessity of the establishment of a joint high-level committee by the Government of Haiti and the UN. This recently established body, the High-Level Committee for the Elimination of Cholera in Haiti, met for the first time in Port-au-Prince on May 27, 2014, and discussed strategies for fighting the disease. However, the committee has operated without transparency. It has not publicly released its mandate or announced any concrete initiatives since its establishment.

26. By renewing the SOFA, which lacks any real accountability for civil or criminal human rights violations by MINUSTAH members, and by failing to take steps to establish a standing claims commission, the Haitian government is violating its obligations to ensure access to a legal remedy and equal protection under the law. The government had discretion in negotiating terms of SOFA with the UN and is responsible for any unlawful terms or any terms that may violate the human rights of Haitians every year that it renews MINUSTAH’s mandate.

27. The Haitian government has also blocked cholera victims’ attempt to pursue legal remedies by refusing to provide them with medical records from public hospitals. In the wake of the outbreak, many cholera victims sought treatment at Haitian public hospitals. Interviews with victims indicate that despite receiving treatment, these hospitals refused to provide medical records certifying that they had been infected by the disease. Based on private conversations with victims, lawyers and public health officials in Haiti, it appears that this refusal was the result of orders from the Haitian government. The medical records are critical evidence for victims’ claims for legal remedy.

B. Article 6.1: Right to Life

28. ICCPR Article 6 states that “[e]very human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.” In General Comment No. 6, the Committee decries the fact that the right to life is “too often narrowly interpreted” and emphasizes State parties’ responsibilities to actively protect this “supreme” right by taking the necessary measures to eliminate epidemics, among other responsibilities. Failure to adequately respond to the epidemic in Haiti constitutes a grave violation of the right to life, as does the failure to provide access to clean water and sanitation. The rights to water and sanitation derive from the right to an adequate standard of living, the right to life and human dignity, and are inextricably linked to the highest attainable standard of physical and mental health.

29. The Haitian government’s failure to provide access to clean water and sanitation poses continuing serious problems in Haiti. Chronic and systemic violations of the right to water in Haiti have made the country vulnerable to water-borne disease outbreaks and multiplied the impact of such outbreaks on enjoyment of human rights. The World Health Organization (WHO)-UN Children’s Fund Joint Monitoring Program identified that in 2010, only 69 percent of the Haitian population had regularized access to an improved water source that “by nature of
its construction or through active intervention, is protected from outside contamination, in particular from contamination with fecal matter."\textsuperscript{43} Although the government carried out reform of the water and sanitation sectors in 2009, both sectors remain severely underfunded.\textsuperscript{44}

30. Other nations and international institutions have compounded the Government’s failure to provide clean water and sanitation.\textsuperscript{45} Substantial foreign debt service crippled the Government’s ability to improve and expand the subpar water infrastructure.\textsuperscript{46} Also, following the earthquake on January 12, 2010, many international actors such as foreign governments and non-governmental organizations (NGOs) failed to take a rights-based approach to provide access to health services, water, and other needs. Instead they provided top-down assistance that bypassed the government, along with a prioritization of distributions over investments in long-term infrastructure.\textsuperscript{47} Transparency tended to be lacking, as the government and various actors failed to provide essential information about critical aspects of the reconstruction process.\textsuperscript{48}

31. While it is important to recognize these obstacles, which inhibited Haitian participation in reconstruction decision-making and hindered sustainable measures to realize the rights to water and sanitation, the Haitian government is ultimately responsible for providing basic services and coordinating international organizations to support development and the post-earthquake recovery process.\textsuperscript{49}

32. The UN also has a responsibility to protect and preserve the right to life under ICCPR Article 6. Pursuant to Article 55(c) of the UN Charter, the organization has an obligation to promote “universal respect for, and observance of, human rights and fundamental freedoms for all.”\textsuperscript{50} As noted by Special Rapporteur on the human right to safe drinking water and sanitation, Catarina de Albuquerque, “[i]t would go against the very object and purpose of the Charter if the United Nations itself were not required to respect the human rights law it promotes.”\textsuperscript{51} The UN’s negligent acts and omissions in causing the ongoing cholera epidemic that has killed thousands constitute a violation of Article 6. Moreover, the UN’s failure to invest adequately in basic infrastructure to supply clean water and sanitation,\textsuperscript{52} thereby allowing the epidemic to persist and continue to claim lives, comprises a further violation of the right to life.

IV. RECOMMENDATIONS

The Government of Haiti should:

a) Take all necessary measures to ensure that the UN to establish a standing claims commission, or some equivalent body, that will ensure access to fair, impartial, and transparent adjudication of cholera victims’ claims;

b) Call on the UN to provide just compensation to victims of cholera, and ensure transparency and participation of victims at all stages of the compensation process;
c) Renegotiate the SOFA with the UN to allow for accountability of MINUSTAH members to Haitian people for human rights violations;

d) Raise objections before the UN to the renewal of MINUSHAH’s mandate until a standing claims commission or some equivalent body is established to provide access to justice for all Haitian citizens, including cholera victims;

e) Ensure that public hospitals provide medical certificates to cholera victims certifying that they were treated for cholera;

f) Strengthen the water and sanitation sectors through the allocation of increased technical and financial resources;

g) Take appropriate measures to ensure coordination of international organizations providing health care, access to water, and other services; and

h) Enable the full participation of Haitian stakeholders in project design and policy development to respond to cholera, and ensure that all projects are implemented using a human-rights based approach.

ANNEX I: ENDNOTES


5 MINISTERE DE LA SANTE PUBLIQUE ET DE LA POPULATION, supra note 2, at 1.


7 Daniele Lantagne et al., The Cholera Epidemic in Haiti: Where and How Did It Begin? 379 Current Topics in Microbiology and Immunology 145–64, 152 (May 22, 2013).

8 Id. at 162.


12 U.N. Secretary-General, Administrative and Budgetary Aspects of the Financing of the United

13 UNIVERSITY OF ESSEX UNITED NATIONS PEACEKEEPING LAW REFORM PROJECT, UN PEACEKEEPING AND THE MODEL STATUS OF FORCES AGREEMENT, ¶ 58 (Aug. 2010) [hereinafter UN PEACEKEEPING].


15 UN PEACEKEEPING, supra note 12, ¶¶ 60–61.


17 PEACEKEEPING WITHOUT ACCOUNTABILITY, supra note 4, at 3.


21 Id. at *2–3.


24 Id.


32 Human Rights Committee, supra note 1, at 8.

33 Id.


35 Id. ¶ 55.

37 Id.
39 1987 CONST. OF HAITI, arts. 19, 24.5, 27, 36.2, 40, 276; International Covenant on Civil and Political Rights, *supra* note 30, art. 2(1) & 14(1)
40 International Covenant on Civil and Political Rights, *supra* note 31, art. 6.1
41 International Human Rights Instruments, *supra* note 9, at 28.
44 *Peacekeeping Without Accountability,* *supra* note 4, at 13.
47 ABHIJIT BHATTACHARJEE & ROBERTA LOSSIO, *Evaluation of OCHA Response to Haiti Earthquake* 32 (Jan. 2011) (This was demonstrated in the OCHA evaluation, where one staff member admitted that “[w]e do not interact with local NGOs or government, forget about interacting with communities.”).
50 U.N. Charter, art. 55(c).