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UN PEACEKEEPERS IMPUNITY

Perspective Piece

The Price of Peace? Peacekeeping with Impunity Harms Public Health in Haiti

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In April, 2017, the United Nations (UN) announced that it will withdraw peacekeeping soldiers from Haiti after 13 years there.¹ Known by its French acronym MINUSTAH, the mission has been controversial in security terms, but in terms of public health, it is not controversial to state that peacekeepers will be leaving a heavy mark on the health of Haitians. The UN has acknowledged that peacekeeping soldiers were responsible for both the introduction of cholera (which sparked a nationwide epidemic) and the sexual abuse and exploitation of Haitians, including minors. Despite these acknowledgments, there has been insufficient action to result in justice for either the victims of cholera or the victims of sexual abuse. On July 13, 2017, the UN General Assembly passed a resolution asking the UN member states to consider contributing \$40 million in leftover funds from MINUSTAH to the control of cholera in the country, and the member states have 60 days to act.

The UN plans to replace MINUSTAH with a smaller peacekeeping operation; the U.N. Mission for Justice Support in Haiti (MINUJUSTH) mandated to strengthen the rule of law and to engage in human rights monitoring, reporting, and analysis. This new justice mission can have little legitimacy in Haiti given the current legacy of the UN Department of Peacekeeping Operations there, but there is still time to act.

As advocates for health and social justice in Haiti, we have seen MINUSTAH's harm on health up close. October 2017 (the planned departure of the current mission) will mark almost 7 years since cholera was inadvertently introduced by the UN soldiers and spread rapidly throughout the country. In 2010, faulty sanitation practices at the UN peacekeeping base resulted in feces entering a major river system in Haiti.² That fact, combined with the arrival of international peacekeeping soldiers from a city with an ongoing cholera outbreak, and the devastating lack of access to safe water and sanitation for a majority of Haitians, resulted in one of the largest cholera epidemics of recent times. As is often the case, this has disproportionately affected the poorest people. Haiti's public health system, weakened by decades of minimal direct investment—humanitarian support to the health sector routinely bypasses the government—and

a massive earthquake earlier in the same year, was profoundly stressed by the need to treat so many patients—each of which must be carefully isolated from nondiarrhea patients and cared for by trained health workers, with strict infection control practices. Public health reactions slowed but did not stop the epidemic from exploding. 800,000 Haitians have had medically-attended cholera, and almost 10,000 have since died of the disease.³

After 6 years of increasing pressure to acknowledge the mistake, then Secretary General Ban Ki Moon apologized to the Haitian people in 2016, and he unveiled a new plan to address the problem. It is now left to his successor, António Guterres, to raise money for a Multi-Partner Trust Fund created to make good on the promise to help control cholera and redress victims. Yet, despite the fact that the Haitian government and the UN's operational humanitarian agencies themselves desperately lack funds to implement actions that we know will work, the UN is struggling to secure the funding from member states.

Of \$400 million solicited as voluntary contributions from the member states for the fund, only \$2.6 million has been collected.⁴ The US, along with several other governments, has declined to contribute to the plan, and recently claimed that it is “not in a position” to allow its share of \$40 million in leftover MINUSTAH operations to be transferred to the cholera fund.⁵ The Secretary General could seek contributions by mandatory assessment of dues from member states, but so far this approach has not been used.

Although the US has made significant contributions to the cholera response in Haiti, its unwillingness to engage on the issue of the UN's culpability for the epidemic is disappointing. As a permanent member of the UN Security Council that authorizes peacekeeping operations, the US provides by far the largest share (28.5%) of the nearly \$8 billion peacekeeping budget and is influential on the Council. It shares, with other member states, the responsibility for making amends and seeking justice for the Haitian people. However beneficial the direct contributions are, by abstaining from the cholera fund, the US is ignoring the opportunity to set moral precedent on righting the wrong that has already been acknowledged.

Beyond the toll of cholera, a shocking number of MINUSTAH personnel have been linked to allegations of human rights abuses including the unlawful deaths of innocent women and children,⁶ and the sexual exploitation and abuse of vulnerable individuals. Allegations have often gone without investigation, and where allegations have been “substantiated” (the UN term for allegations that have been proven true), little and insufficient action has been taken to serve justice for victims.

An anecdote serves to illustrate the impact: in 2011, one author was asked to assist in the case of a young Haitian girl living in an internally displaced persons' camp. The girl alleged that the UN peacekeepers had forced her to undress in an empty dwelling while they watched. A local grassroots organization supported her through the process of filing a formal complaint. However, despite the soldiers' continued circulation in the camp, no report of an investigation or resolution or response was ever provided to the family before the camp dispersed a year later. Her experience was not isolated—it reflects a broader pattern of inaction on such allegations across the UN peacekeeping missions that were acknowledged by the UN's own watchdog, the Office of Internal Oversight Services (OIOS). In fact, an evaluation of four major peacekeeping missions (including MINUSTAH) by OIOS found the delaying of investigation common, and the reporting of disciplinary action against peacekeepers unclear.⁷ The incident also echoes concerns of a more systematic type of abuse, as evidenced by 150 such allegations brought against

MINUSTAH personnel in the past 12 years, and the report in 2017 of the sexual abuse of nine Haitian children by 134 peacekeepers.⁸

Lacking the legal jurisdiction to prosecute peacekeeping soldiers, the UN can only send them back to their native countries for disciplinary action. But under this arrangement, most repatriated soldiers are not held accountable for their crimes. In the sex ring case, 114 peacekeepers were repatriated, but none were ever prosecuted. The U.N. data from 2010 to May 2017 show that of 34 substantiated allegations against MINUSTAH, only 11 led to imprisonment, and prison terms are largely a mystery.⁹ A similarly low imprisonment rate for substantiated allegations (32%) is found across other UN peacekeeping missions, with sentences of usually a year or less. The UN's track record on assistance to victims of sexual abuse and exploitation is also poor. Of 98 MINUSTAH victims entitled to receive assistance with medical, psychological, or legal services or emergency material aid, only six were referred for such assistance, and OIOS reported knowing little about what was actually provided.

The UN has also been weak on implementing its own policy to facilitate paternity claims associated with allegations. Since 2010, 29 of 88 allegations against MINUSTAH peacekeepers included such claims.⁸ Paternity has been established in seven, whereas 18 remain pending. Even when women manage to prove their claim, child support payments have rarely followed. In the meantime, poor women whose precarious living conditions undoubtedly place them in a power differential with armed soldiers—abuse of differential power or of a position of vulnerability for sexual purposes is considered sexual exploitation—are further burdened with the costs of caring for their infants alone in a country with the worst under-five mortality rate in the region.¹⁰ The Security Council acknowledges this problem and, in the April resolution on peacekeeping in Haiti, requested the Secretary General to take the necessary steps to ensure full compliance with the UN's zero tolerance policy on sexual exploitation and abuse and urged troop-contributing countries to redouble their efforts to prevent, investigate, and punish such cases.

Without a strong financial commitment to stop the transmission of cholera, without a transparent plan to address sexual exploitation and violations of human rights by MINUSTAH personnel, and without means to make amends to those who have been harmed by these misdeeds already acknowledged by its own experts and review panels, the new UN peacekeeping mission in Haiti cannot have real legitimacy as a moral authority on justice and human rights as is proposed.

The UN must lead by example and abide in its actions by the same ethical principles that it seeks to promote across the globe with its words. We call on the UN member states to translate those words into action in the next 60 days for Haiti—to support the transfer of MINUSTAH residual funds to the Multi-Partner Trust Fund, to further contribute the needed resources to control cholera, and to ensure justice to those who have been harmed by the peacekeeping mission's mistakes. After all, allowing the misconduct of a minority to tarnish the UN's reputation in Haiti is a disservice to all those who serve honorably under the UN blue flag.

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