

## Viewpoint

## Unjust embargo of aid for Haiti

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Many analyses suggest that social and economic inequalities have deepened most quickly between rich and poor countries over the past three decades.<sup>1</sup> Adverse health effects of social inequalities are obvious in wealthy countries,<sup>2</sup> and are matters of life and death for vulnerable populations in many least developed countries, where life expectancy has dropped in these same decades.<sup>3</sup> Some negative health trends are caused by HIV/AIDS and other emerging threats; war and social disruption can be to blame. Indeed, many of the growing health problems of the world's destitute sick are now regarded as humanitarian crises, and to address these, large international aid bureaucracies have emerged over the past half century.

Although most public health and disaster relief experts have argued against the politicisation of aid, most bilateral, and much multilateral, aid remains tied to the political aims of wealthy countries. Such linkage can be subtle (eg, aid will be disbursed only if specific economic policies or political systems are adopted).<sup>4</sup> Here, we consider the health consequences of less subtle forms of the politicisation of humanitarian and development aid—ie, embargoes and blockades.

In the minds of Haitians, modern-day embargoes against their country are linked to the long string of those in their nation's history (panel). However, we believe that the present freeze of humanitarian aid is especially unjust. For the past 18 years, we have delivered health services in Haiti's central plateau. Social conditions in this region are deteriorating, mostly because resources and medical personnel are scarce, and because there is a growing burden of disease. There are many reasons for worsening conditions, but it is important to assess the connection between unnecessary suffering, increased mortality, and an aid embargo which has greatly diminished the ability of the public-health system to respond to the needs of the Haitian people.

Although the Haitian government mismanaged foreign aid during the Duvalier family dictatorship, generous aid continued to flow during much of that time, mainly from the USA.<sup>5-7</sup> During the early 1990s, with Haiti under military control after a violent coup d'état, the UN imposed a trade embargo on Haiti to push forward the restoration of the nation's first democratically elected president, Jean-Bertrand Aristide. However, US political commitment to this embargo was, at best, tenuous. The US National Labor

Committee was later able to report that, "In 1992, despite the OAS [Organization of American States] international embargo, U.S. apparel firms and retailers—'under a loophole benefiting US-owned exporters'—imported \$67,629,000 worth of clothing sewn in Haiti".<sup>8</sup> An embargo on petroleum was openly flouted, with a tanker from Texas delivering oil in full view of the international bodies charged with enforcing the embargo against the military regime.

On Aristide's return to office in 1994, the USA, other "donor nations", and multilateral organisations promised US\$500 million dollars over 2–3 years in development aid to rebuild Haiti's battered health, education, and sanitation infrastructure, and to stimulate what had become one of the weakest economies in the world. Most of this aid has been withheld, thus further crippling Haiti's new democracy.

For example, three loans totalling US\$146 million—intended for health sector improvement, education reform, potable water enhancement, and road rehabilitation—were approved through the Inter-American Development Bank (IDB) and by the Haitian government. But these loans have been blocked by a US veto in response to alleged irregularities during national parliamentary elections held in May, 2000.

According to the OAS, seven legislators elected should have gone to run-off elections. 6 months after this election, presidential elections were held and Aristide, again elected with a landslide, was inaugurated in February, 2001. Despite the fact that the legislators in question have stepped down, the USA continues to block the IDB loan on the grounds that Haiti has not shown adequate commitment to democratic governance.

What are the public-health implications of withholding \$500 million in development assistance and blocking \$146 million in loans for water, health, and education? Clearly, Haiti is highly vulnerable to external economic determinants, especially those coming from the USA. During the military rule in the early 1990s, Haiti's public health situation deteriorated greatly. Causality is hard to establish because the noxious effects of a leaky embargo and the consequences of military rule cannot be disentangled. The effect of the military coup was severe in the short term, with thousands of people killed and hundreds of thousands displaced. In view of a striking, yet unsurprising, absence of commitment to public health on the part of the Haitian army, and also severe repression of the population, there was a sharp fall in the quality and coverage of services for Haiti's poor. For example, child mortality doubled in a population-based sample in the central plateau (Mâïssade area) from 1991 to 1992.<sup>9</sup> This rise was related to a measles outbreak—itsself a consequence of the deterioration of the public health infrastructure during that time—as well as to shortages of food, medicine, and other supplies. Furthermore, many

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### Haiti and embargoes: a brief history

<b>1804</b>	Haiti is the first independent republic in Latin America after a slave revolt against the French. French enforce commercial embargo against Haiti. USA refuses to recognise Haitian independence
<b>1825</b>	USA blocks Haiti's invitation to the Western Hemisphere Panama Conference. Former slaves asked to pay FF150 million (equivalent to about US\$485 million in 2003) to French government to end embargo and diplomatic isolation
<b>1862</b>	USA recognises Haitian independence
<b>1900–15</b>	"Gunboat diplomacy"—US naval forces invade Haitian waters dozens of times
<b>1915–34</b>	US military occupation of Haiti; USA establishes and trains modern Haitian army
<b>1957–86</b>	Haiti under rule of Duvalier family dictatorship; USA is main source of foreign aid
<b>1986–90</b>	Military juntas rule Haiti; USA is main source of foreign aid
<b>1990</b>	First democratic elections in Haiti: Jean Bertrand Aristide elected president with 67% of vote
<b>1991</b>	Military oust Aristide in violent coup d'état. Thousands of civilians killed
<b>1993</b>	OAS declares commercial embargo as human rights deteriorate, but USA continues to ship oil to Haiti
<b>1994</b>	Aristide restored to power by USA-led UN forces; US\$500 million promised to rebuild Haiti. Aristide dissolves the military
<b>1995</b>	First democratic transition: Aristide hands reins to president-elect Préval, who is stymied by parliamentary gridlock (opposition refuses to ratify any of three prime ministers advanced by Préval). Much bilateral aid delayed or routed through non-governmental channels
<b>2000</b>	Parliamentary elections in Haiti, with 20 000 candidates fielded. Aristide's party wins majority of seats. Elections disputed by conservative Haitian opposition and, later, by US State Department, and OAS. New legislature seeks to have aid released. In November, Aristide re-elected with over 90% of vote
<b>2001</b>	Préval first president ever to serve out entire term and step down. Aristide inaugurated. US administration uses veto power on Inter-American Development Bank (IDB) board of directors to block release of already-approved loans for health care, education, and water
<b>2002</b>	US Congresswoman Barbara Lee introduces bills to end freezing of aid to government of Haiti

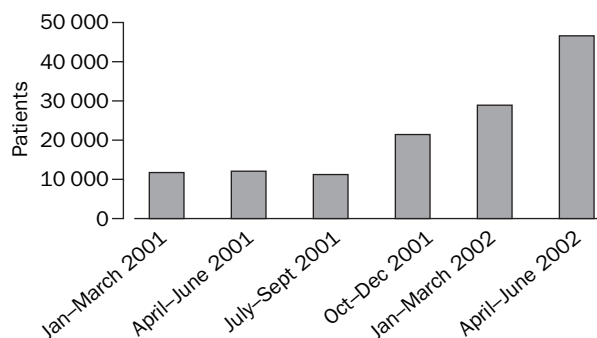


Figure 1: Number of outpatients at a central plateau clinic, 2001-02

parents, especially fathers, were in hiding during those years and in this time of great insecurity, crops were not planted. In 1992, some 22% of child deaths in Mäissade were associated with severe malnutrition or kwashiorkor, a higher death rate related to malnutrition than in the years before the military coup.<sup>9</sup> Other evidence exists of the deterioration of public health and healthcare infrastructures during the early 1990s.<sup>10,11</sup> For example, maternal mortality was estimated to be as high as 450 per 100 000 births in 1994, a rise of 29% from that reported in 1989.<sup>11</sup>

Elsewhere in central Haiti, we documented worsening social and economic conditions, and a paradoxical decline in the number of patients seen: our clinic was threatened during the military occupation of the country.<sup>12</sup> In our catchment area, the decline in health status during the 3 years after the coup was catastrophic: epidemics of measles and other vaccine-preventable diseases were reported, as were outbreaks of dengue fever.<sup>13,14</sup>

### Beyond Haiti: embargoes and healthcare

During the past 10 years, evidence has accumulated, showing that economic sanctions and embargoes are most harmful to the vulnerable populations within countries that are targeted.<sup>10</sup> Sanctions and economic embargoes have been associated with declines in health status in Cuba, Iraq, the former Yugoslavia, and Nicaragua.<sup>15</sup> For example, in southern and central Iraq, mortality in children aged less than 5 years rose after sanctions from 56 per 1000 live births to 131 per 1000 live births.<sup>16</sup> The long-term effects of the Gulf War might also be contributing to this increased mortality. Daponte and colleagues<sup>17</sup> investigated the effects of economic sanctions on Iraq and noted that even before the war, child mortality increased strikingly during 6 months of sanctions.

After UN sanctions were imposed on Yugoslavia, UN agencies, including the UN High Commissioner for Refugees and WHO, reported a rapid rise in tuberculosis rates, a tripling of mortality in mental institutions in less than a year, a drop in immunisations rates, and deaths because of a shortage of fuel to transport patients to hospital.<sup>18</sup> Cuba has a highly functional health-care system, but the US embargo has nevertheless exacerbated difficulties in importing medication. Several drugs became unavailable after the embargo was tightened in 1992 when the US government passed the Cuban Democracy Act. Since then, the cost of many medical supplies has increased because of restrictions placed on medical suppliers. In 1994 there was an outbreak of Guillain-Barré syndrome in Havana linked to water contaminated with *Campylobacter* spp, but chlorination chemicals were not available for water purification.<sup>19</sup>



UNICEF/Haiti/Daniel Morel

Figure 2: A woman with AIDS looks after her month-old daughter in Péligre, Haiti

### Health status and poverty

An important difference between Haiti and countries such as Iraq and Cuba is that severe poverty is pervasive in Haiti. The baseline economic situation should be taken into account if we are to understand the health effects of an economic or aid embargo on a specific country. The \$146 million in IDB loans that are blocked by the US administration are urgently needed. During the past 2 years, we have seen further deterioration in regional public health infrastructure and worsening health status of patients and people living within and beyond our catchment area.

The decline in health status has had an effect on the 80-bed hospital we direct in the lower central plateau. With a staff of ten Haitian physicians and a large body of community health workers, Zanmi Lasante is one of the largest community-based charity hospitals in Haiti. Our financial support comes largely from private donors and foundations rather than bilateral or multilateral aid from institutions such as the IDB.

In our clinic we have enough staff to receive 35 000 visits per year, but in 2002, we saw almost 200 000 ambulatory patients—a more than three-fold increase from the previous year (figures 1, 2, 3, and 4). Meanwhile, other nearby private and state-run facilities have very few patients; although they remain open, they sell or prescribe medications at prices that are too high for most people in Haiti, over 80% of whom live in poverty.<sup>20</sup>

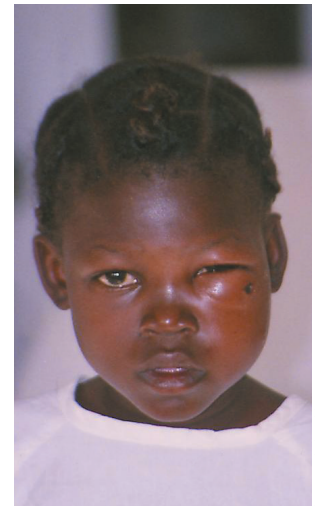


Partners In Health

Figure 3: A community health worker delivers antiretrovirals to a patient in central Haiti

We have noted a rise in the number of trauma cases attributable in large part to road accidents. The sequelae of accidents are more serious than they would be in other settings because patients have to travel long distances to receive care, and many need but do not receive the care of orthopaedic and trauma surgeons. Malaria also remains a major contributor to anaemia, and is the most frequent sole diagnosis during the rainy season from May to October. Deaths from this disease continue, even though Haiti has not yet registered chloroquine-resistant cases. Access to care has deteriorated during the present embargo and remains the main obstacle in delivery of health-care. Poliomyelitis, which was thought to have been eradicated from the western hemisphere, has resurfaced on the island.<sup>21</sup> Whether a wild-type or vaccine-related strain, poliovirus will continue to spread if national vaccination efforts are not supported through ministry programmes, since national coverage is imperative. We have also noted outbreaks of other infectious diseases such as anthrax, meningitis, and drug-resistant tuberculosis.<sup>22</sup> The degree to which these pathogens can be contained will depend largely on the capacity of the public health system to respond.

Outside our hospital's expanding catchment area, there has been an overall decline in the population's health during the past 2 years. There has also been a notable reduction in availability of potable water, especially in Port-au-Prince (\$54 million of the blocked IADB loan was intended for improvement of water treatment). This situation is similar to that seen after the military coup in the early 1990s when, in that city, 53% of the population had access to potable water in 1990, but this rate fell to 35% in 1994.<sup>10</sup>



Partners In Health

Figure 4: A 6-year-old girl with anthrax

### Embargoes and collateral damage

During the past several years, average life expectancy has dropped in Haiti to 49.6 years at birth.<sup>23</sup> Although the fall cannot be attributed directly to the embargo, humanitarian assistance is being withheld while the country's health profile is deteriorating. Furthermore, aggressive humanitarian aid could have an immediate and beneficial effect if it were channelled through institutions with national reach—namely, the public health system. Increasingly, however, aid has been reduced or directed to non-governmental organisations that make only local contributions.

Even when embargoes are judged to be legitimate, provision of humanitarian aid is necessary and consistent with the implementation of sanctions and embargoes in other settings. For example, the UN Security Council implemented the oil-for-food programme in Iraq to address humanitarian needs of the population, irrespective of changes in the political situation. This programme resulted in a slight improvement in child mortality in northern Iraq.<sup>15</sup> UN agencies and other multilateral organisations, therefore, need to

provide humanitarian assistance to vulnerable populations in Haiti to mitigate the effects of the US-advocated aid embargo. Better yet, promised aid should be released to Haiti, for these sanctions are in many ways worse than those in other countries. In most embargoes (eg, Haiti 1991–94, and Iraq), the suffering of ordinary citizens is termed collateral damage, an undesired result justified by the greater good of removing the target, an unpopular dictatorship. However, when sanctions are levelled against an elected government, there is no collateral damage; ordinary citizens, who made the “wrong” choice at the polls, are the targets. Their suffering and the social discord that necessarily ensues seem to be the intended result.

We have seen US aid flow smoothly and generously during the Duvalier dictatorship and military juntas that followed. As health care providers, we believe that the present embargo enforced during the tenure of a democratically elected government is immoral. Such policies are both unjust and a cause of great harm to the Haitian population, especially to those living in poverty.

*Conflict of interest statement*  
None declared.

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