

Sanctions in Haiti: Crisis in Humanitarian Action

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Table of Contents

Executive Summary	i
List of Abbreviations	iv
Sections	
I. <i>Introduction</i>	1
The Exploratory Mission	
The Crisis	
II. <i>Health and Nutritional Impact of the Crisis</i>	5
Baseline Child Health and Nutrition	
Maissade Experience	
Women's Health	
National and Other Data	
Summary	
III. <i>Health Services</i>	12
Primary Health Care Systems	
Essential Drugs	
Immunizations	
IV. <i>Livelihood Strategies</i>	15
Economic and Agricultural Disruptions	
Changing Social Relations	
Changing Markets	
Household Food Consumption	
V. <i>Sanctions: Instrumentality and Impact</i>	19
Background	
Sanctions in Haiti	
Impact of Sanctions	
VI. <i>Humanitarian Action</i>	21
Development Assistance	
Humanitarian Aid	
Ethics and Humanitarian Action	
VII. <i>Lessons</i>	25
Politics and Sanctions	
Monitoring, Definition, Implementation	
Multilateral Humanitarian Action	
VIII. <i>Recommendations</i>	27
Haiti	
Future Action	
Appendices	29
Data Sources and Bibliography	42

Figures and Tables

<i>Table I-1</i>	Selected Demographic, Health and Socio-Economic Indicators: Haiti, 1983	2
<i>Table I-2</i>	Time Line of Political and Humanitarian Action	3
<i>Table I-3</i>	Trends in Major Economic Indicators (1980–1992)	4
<i>Figure II-1</i>	National Trends of Infant, Child, and Neonatal Mortality (1960–1991)	5
<i>Figure II-2</i>	Trends in Period Mortality in Deschappelles (1957–61 and 1987–91)	5
<i>Table II-3</i>	National Anthropometry of Children under Five: Prevalence of Moderate (M ₂) and Severe (M ₃) Malnutrition, 1978 and 1990, North and South ..	5
<i>Figure II-4</i>	Specific Causes of Death among Children under Five (National Survey, 1987 and Maisade, 1992)	6
<i>Table II-5</i>	Infant and Child Mortality in Maissade, Central Plateau (1989–1992)	6
<i>Figure II-6</i>	Trends in Classification of Children Weighed in Growth Monitoring in Maissade, June 1990– June 1993	7
<i>Figure II-7</i>	Measles Cases, Jan. 1991–Sept. 1993, Outpatient Department, Albert Schweitzer Hospital	7
<i>Figure II-8</i>	Contraceptive Method Mix in Haiti	8
<i>Table II-9</i>	Anthropometry – Summary of Data Sources	9
<i>Figure II-10</i>	Location of Health and Nutrition Data Sets	9
<i>Figure II-11</i>	Prevalence of Moderate (M ₂) and Severe (M ₃) Malnutrition Among Children 0 to 59 Months Weighed at Facilities by Region (1991–1993)	9
<i>Figure II-12</i>	Percent Children Under 5 Malnourished (Moderate, Severe and Kwashiorkor) Weighed at AOPS Facilities by Quarters in 1992	10
<i>Table III-1</i>	Distribution of Health Facilities in Haiti	12
<i>Table III-2</i>	Immunization Coverage in Haiti (1990–1992)	14
<i>Table IV-1</i>	Summary of Livelihood Strategies	16
<i>Table IV-2</i>	Average Prices of Selected Commodities in Port-au-Prince, September 1991–June 1993	17
<i>Figure VI-1</i>	Official Development Assistance: Disbursements to Haiti, 1960–1989	21
<i>Table VI-2</i>	Estimated Donor Expenditures, 1992–1993	21

Executive Summary

Introduction

Since September 1991, when Haiti's first democratically elected government was overthrown by a military coup d'état and the international community imposed an economic embargo on the island republic, the political repression, physical violence, and human rights abuses in Haiti have been widely reported. Yet information on the human condition in the country, with the worst indices of social deprivation in the Western Hemisphere, has been comparatively neglected. What has happened to the health and nutrition of Haiti's people? What may happen as the crisis extends beyond collapse of the Governors Island accord? What lessons from the Haiti experience might inform and improve humanitarian action in future sanctions-related crises?

To begin addressing these questions, a six-member Harvard exploratory mission visited Haiti from July 26 to August 7, 1993. The team's objective was to assess the health and nutritional situation of women and children. The exploration was intended to be the first step towards an independent assessment of the Haitian experience that could guide humanitarian action in future sanctions-exacerbated crises. The Harvard team consulted Haitians, non-governmental organizations (NGOs), and international agencies; visited selected field sites; and collected and analyzed available data. No new quantitative data were generated, but qualitative information from focus-group interviews and observations was collected.

This preliminary report presents our observations and initial conclusions about an extremely complex and rapidly changing situation.

Human Impact of Crisis

Haiti, a country of 6.7 million people, occupies the Western third of the island of Hispaniola. One of the poorest countries in the Western hemisphere, human conditions in Haiti had been fragile even before the recent disturbances. In 1990, the infant mortality was 94 per 1,000 livebirths, and approximately 18 percent of under-5 children were moderately or severely malnourished. Despite the stagnant economy and persistent poverty, child survival and nutritional trends over the past several decades have shown consistent improvement. The most likely explanation was the steadily expanding access to and utilization of modern health services. If the crisis had not occurred, child health and nutritional status should have continued to improve.

We were able to identify only one high quality population-based, longitudinal data set on child mortality and nu-

tritional status in Haiti over the crisis period. The data came from an ongoing registration system of births and deaths among a rural population of 44,900 served by a Save the Children project based in Maissade in the Central Plateau. The Maissade data showed that 1-4 child mortality and under-5 mortality deteriorated significantly, increasing 64 and 32 percent respectively, from calendar year 1991 to 1992. The increase in child mortality paralleled increases in the proportion of severely and moderately malnourished children weighed in Maissade's community-based growth monitoring programs in the successive years, June 1990 through June 1993.

In addition to these Save the Children data, the US Agency for International Development (USAID) and the Association des Oeuvres Privées de Santé (AOPS) maintained nutritional surveillance systems that consisted of child weighings at health facilities. Malnutrition estimates from these fixed-site systems, however, suffered from sampling limitations that could easily miss hunger in the community. Geographically-focused nutritional data from growth monitoring programs by other non-governmental organizations (NGOs) in Leger and Deschapelles in the North and in Grand Anse and Jeremie in the South show a mixed pattern, with some demonstrating nutritional deterioration. Two separate and still unpublished nutritional surveys in the Northwest, carried out by CARE and the US Centers for Disease Control, reportedly showed high prevalence of malnutrition, great variability between communities, but no significant changes of anthropometry from previous surveys.

Field interviews suggested that the worsening child mortality and malnutrition, likely in Maissade and probably elsewhere, could be attributed at least in part to breakdowns in primary health services. Service delivery was compromised by shortages of drugs, supplies, and electrical power, and service access was reduced by the loss of purchasing power and transportation bottlenecks. A well-documented decline of immunization coverage, for example, contributed to the vulnerability of children to deadly measles epidemics.

The full impact of the crisis was partially blunted by family coping strategies. Resource sharing among kin and community networks, search for alternative income sources, distress migration, and sale or disposal of assets to meet immediate consumption needs — all helped to buffer the human impact of the crisis. Shifts from customary diets to cheaper "famine" foods, from rice to breadfruit for example, offered some protection from acute hunger and starvation.

Although Maissade may not be typical of Haiti, it may nevertheless be useful to estimate the magnitude of impact if the Maissade experience were extrapolated to the national level. By projecting the Maissade experience to the national level for 1992 and 1993, we have reason to fear that the crisis could have resulted in about 20,000 excess child deaths (about 1,000 extra child deaths per month) and about 100,000 excess cases of moderate and severe malnutrition among under-5 children throughout the island republic. There is reason to assume that this pace of human damage has continued since the collapse of the Governors Island accord in October 1993.

Role of Sanctions

Some have argued that Haiti's human suffering over the past two years can be attributed to internationally imposed sanctions, while others maintain that the coup, political insecurity, and economic mismanagement, not the sanctions, were responsible. Which position is supported by the evidence?

The sanctions as applied against the *de facto* government of Haiti consisted of three inter-related components: political, economic, and aid-related. Each of the components had the objective of pressuring the Haitian military and the *de facto* government officials toward restoration of democracy and protection of human rights. However, each component also had human consequences. Political sanctions sought to isolate and de-legitimize the *de facto* government, mostly through diplomatic ostracism. The economic embargo aimed to cripple the economy by freezing overseas financial assets and blocking international trade. The withholding of foreign aid or the shift from development to strictly humanitarian aid also had the purpose of punishing the *de facto* government.

The sanctions instrumentalities applied in Haiti had differing human impact. Some instruments were blunt and generalized, while others were sharp and targeted. For example, political ostracism of the *de facto* government led to broken contact and withdrawal of foreign aid from the "public sector", which affected social services such as immunization and food distribution. The economic embargo may be presumed to have hurt the poor more than the elite, who continued to command their wants from the black market and who were only inconvenienced by fuel shortages. In contrast, freezing overseas bank accounts and denying visas to military and *de facto* government leaders had a sharper, more targeted effect upon those whom the sanctions were attempting to influence. The reduction of foreign aid and its shift to purely humanitarian purposes through NGOs had a deep effect on socioeconomic development in a heavily donor-dependent country.

Over the course of the crisis, the sanctions instruments were deployed with fluctuating intensity. Indeed, sanctions enforcement was weak and fluctuating until the June 1993 oil embargo, and the subsequent reimposition of the embargo plus naval blockade in October 1993.

The internationally-imposed sanctions can be described as contributing to a multidimensional "crisis syndrome." As such, it becomes very difficult to disaggregate any single element of the syndrome as being responsible for any particular humanitarian insult. In other words, given the complexity of the crisis, the multiple sanctions instruments that were employed, and the fluctuating strictness in their implementation, it is difficult to attribute changes in human conditions to sanctions alone. Certainly, the coup d'état was the primary triggering event of the crisis. However, the international political interventions were an exacerbating factor in the crisis.

Lessons

We identified several fundamental policy issues and practical operating bottlenecks that undermined effective humanitarian action in sanctions-exacerbated political crises. More detailed analyses would be required to confirm these preliminary findings.

- The September 1991 Coup was the triggering event of the crisis.
- Long-term humanitarianism in Haiti is compatible with democracy and human rights; thus the political objectives pursued through sanctions were not necessarily in conflict or competitive with humanitarian goals.
- There were, however, at least short-term human costs to sanctions which were paid mostly by ordinary people, especially the poor and children.
- The human impact (magnitude, distribution, and character) of sanctions depended upon the instruments selected and the manner in which they were applied.
- The data monitoring systems instituted by the international community were not sufficiently solid to provide early warning of human distress due to the sanctions-exacerbated crisis.
- International humanitarian action in Haiti was delayed by the lack of a workable definition of "humanitarian assistance", weak donor performance, and the intrusion of political considerations into humanitarian aid policies.
- Even if definitions had been clear and political interference minimal, humanitarian action would still have confronted many complexities in operational implementation in Haiti.

- The OAS and UN did not have a satisfactory policy framework, organizational modalities, or operational guidelines that efficiently and effectively pursued humanitarian goals along with competing political objectives.
- External intervention in Haiti's political affairs was adopted by the international community without corresponding assumption of responsibility to undertake the utmost effort to mitigate the humanitarian consequences of the international action.

Recommendations

■ Humanitarian Corridor

The breakdown of the Governors Island accord, the reimposition of sanctions, the naval blockade, and the partial evacuation of UN personnel in October 1993 have extended the Haitian crisis. Sanctions are likely to be continued, perhaps even tightened, with no clear and definitive resolution in sight.

The human toll over this crisis period (possibly as high as 1,000 extra child deaths per month) has resulted from a myriad of factors including government mismanagement, economic and agricultural disruptions, population movements, economic sanctions and humanitarian neglect. Yet, the extension of the crisis has not been accompanied by the articulation of a policy or plan by the United States or the international community to mitigate the suffering and to protect the lives of innocent civilians. A "humanitarian corridor" should be opened by the international community to proactively ensure basic provisions for the Haitian people, especially the poor. The "corridor" should have the simple but critical goal of meeting the people's requirements for water, food, medicines and other essentials. Meeting such goals would require mobilizing NGO, UN, and key non-governmental and public sector operations in Haiti, for childhood immunization, food distribution, and other critical public functions.

In opening such a corridor, four basic humanitarian objectives should be advanced.

- 1) Non-interference or exemption in the free movement of life-saving supplies, including food and medicines;
- 2) Protection of human security by ensuring access of the most essential human needs (water, food, shelter, clothing, and physical security) by the most vulnerable populations, especially women and children;
- 3) Assessment and monitoring of the "human situation" with impartiality and independence using early warning indicators on human survival, the quality of life, and the

satisfactory nature of policy and program interventions; and

- 4) Maintenance of the purity of the humanitarian engagement, guarding against misuse, abuse, diversion or other illegitimate uses of humanitarian assistance.

■ Accelerated Human Recovery Program

Upon the restoration of democracy and constitutional rule, the international community should launch an "accelerated human recovery" program in Haiti. Parallel to an emergency economic recovery program proposed by the UN, urgent humanitarian actions should be launched. Action priorities should include: programs in food and nutrition, basic immunizations, clean water and sanitation, credit, and employment generation. The aim of the human recovery program should be to ensure household security in food, water, primary health and educational services, thereby helping to replenish the depleted reserves of Haiti's families.

■ Future Actions

The most important aspect of future sanctions-exacerbated crises, is the assumption of humanitarian responsibility by the international community to undertake the utmost effort to mitigate the human damage caused by the external political intervention. Without political will and responsibility, humanitarian action will be treated as palliative and secondary to other considerations. Acceptance of international responsibility would be expressed through:

- (1) Selecting more appropriate and effective sanctions-instruments that target political leaders while minimizing damage upon innocent civilians, especially women and children.
- (2) Monitoring the human condition through independent and timely surveillance systems for early warning of humanitarian distress and for guiding and prioritizing humanitarian action.
- (3) Developing humanitarian plans of action that are based upon clear objectives, a workable definition of "humanitarian aid" and feasible operations.
- (4) Introducing organizational reforms to permit regional and multilateral organizations like the OAS and UN to address multiple political and humanitarian objectives effectively and simultaneously.
- (5) Formulating operational guidelines for effective implementation of humanitarian action in complex and rapidly changing situations.
- (6) Improving donor effectiveness by expanding the pool of core resources available for humanitarian action followed by a regular post-crisis audit of performance.

List of Abbreviations

ADIH	Association des Industries d'Haiti
ADRA	Adventist Development and Relief Agency
ANDAH	Association Nationale des Agro-Professionels Haitiens
AOPS	Association des Oeuvres Privées de Santé
BRH	Banque de la République d'Haiti (The Central Bank)
CAPS	Center for Health Policy Analysis
CHI	Child Health Institute
CRS	Catholic Relief Services
EEC	European Economic Community
EMMUS	Enquête Mortalité Morbidité et Utilisation des Services
EERP	Emergency Economic Recovery Programme
FAO	Food and Agriculture Organization of the U.N.
FFW	Food For Work
FY	Fiscal Year
GDP	Gross Domestic Product
GOH	Government of Haiti
HAVA	Haitian Association of Voluntary Agencies
HECS	Household Expenditures and Consumption Survey
IHSI	Institut Haitien de Statistique et d'Informatique
IICA	Inter-American Institute for Cooperation on Agriculture
IL	International Lifeline
MCH	Maternal Child Health
MSPP	Ministère de la Santé Publique et de la Population
NGO	Non-Governmental Organization
OAS	Organization of American States
PAHO/WHO	Pan-American Health Organization/World Health Organization
PAP	Port-au-Prince
PISP	Projet Intégré de Santé des Populations
PL 480	Public Law 480, the Agricultural Trade Development and Assistance Act of 1954, as amended
PROMESS	Programme des Medicaments Essentiels
PVO	Private Voluntary Organization
RICHEs	Resources in Community Health Education Support Project
SCF	Save the Children Federation
UN/DHA	United Nations/Department of Humanitarian Assistance.
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
VACS	Voluntary Agency for Child Survival
WFP	World Food Programme