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Disease and aid:  
100 yeas of US (de)construction of health citizenship in Haiti

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**Abstract**

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This dissertation examines the transnationalization of health citizenship in Haiti through health and development interventions conducted or orchestrated by institutions of the United States at two ends of a single century. My work builds on theories related to citizenship, geopolitics, securitization, and global health to unpack the imaginative geographies of Haiti, as constructed from within the United States, that have both discursively and materially impacted Haitian health citizenship. I begin by reexamining the first US occupation of Haiti (1915-1934) and the often-celebrated humanitarian work of the US Navy, US Marines, and the Rockefeller Foundation in building both public health and sanitation in Haiti. I unpack what is an often taken-for-granted history of humanitarianism to point to the gaps, lapses, and incompleteness of these projects. I then turn to the post-earthquake (2010) humanitarian interventions, paying particular attention to the ways in which the operations closely resembled the military intervention nearly 100 years previously. The earthquake, devastating and deadly as it was, unveiled the striking legacy of colonial and imperial histories and their destructive effects on Haiti. I argue that the discursive construction of Haiti and Haitians, built on

imaginative geographies informed by a racialized pathologization of the country, has undergirded and legitimated 100 years US and international humanitarian interventions. These interventions, I further argue, have led to the uneven geography of health citizenship made so plain in the wreckage following the earthquake. In this dissertation, I seek to trouble what are the taken-for-granted discourses of Haiti, making plain the deep impacts that they have on the lived experiences of Haitians, particularly through the lens of citizenship.

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## Chapter 1. Introduction

*In overthrowing me, you have cut down in San Domingo only the trunk of the tree of black liberty. It will spring up again by the roots for they are numerous and deep.* Toussaint Louverture, 1801

*Toussaint, the most unhappy Man of Men!  
Whether the all-cheering sun be free to shed  
His beams around thee, or thou rest thy head  
Pillowed in some dark dungeon's noisome den,  
O miserable Chieftain! where and when  
Wilt thou find patience? Yet die not; do thou  
Wear rather in thy bonds a cheerful brow:  
Though fallen Thyself, never to rise again,  
Live, and take comfort. Thou hast left behind  
Powers that will work for thee; air, earth, and skies;  
There's not a breathing of the common wind  
That will forget thee; thou hast great allies;  
Thy friends are exultations, agonies,  
And love, and Man's unconquerable mind.*

William Wordsworth, 'To Toussaint Louverture', 1802

On January 12, 2010, Haiti experienced a 7.0 magnitude earthquake just 25 km west of Port-au-Prince in Léogâne. Over the next 12 days approximately 52 aftershocks measuring at least 4.5 magnitude shook the island nation. An already fragile infrastructure was shattered. Nearly 80% of Port-au-Prince and Léogâne were leveled. Approximately 250,000 homes and 35,000 commercial, industrial, and administrative buildings were flattened. Between 230,000 and 315,000 people were killed and another 300,000 injured or maimed. Between 1.5 and 1.8 million people were made homeless.

The earthquake, devastating and deadly as it was, unveiled the striking legacy of colonial and imperial histories and their destructive effects on Haiti. More particularly, it laid bare international geopolitical processes that have impacted Haitian citizenship since 1804, the year of independence. Haiti was the first free black republic, a distinction that led to international questions about legitimacy and sovereignty from the outset as it forced new questions of black personhood, and more particularly citizenship, onto the global stage (C. L. R. James 1963; Chomsky 2004; Sansay and Drexler 2007). These questions materialized as a refusal of formal recognition by the US until 1862, after the Southern states seceded, and the French government until 1825 – a recognition that was dependent upon a 150 million franc “indemnity debt”<sup>1</sup> and reduced import and export taxes for French goods, under threat of French invasion from Charles X (Farmer 2004a; Bellegarde-Smith 1990; Dayan 2004). The great debt burden, managed through loans from the US, France, and Germany, had a destabilizing impact on the economy of the country that was further marshaled through internal power struggles leading to military occupations and diverse humanitarian and development interventions (which are not necessarily exclusive of the occupations) (Dupuy 2014; P. Girard 2005). All of these interventions (economic, social, and military) have led to an overall destabilization of Haitian sovereignty.

The continued tentativeness of Haiti’s sovereignty has meant that the social citizenship rights of Haitians have failed to materialize in an even and consistent way. The arrival of military troops, donor countries, and the many international organizations that have come to the aid of Haiti over the past 100 years, despite their multiple intentions, have often remade and reimagined political relations between the government of Haiti and its people leading to a *transnationalization* of the sovereignty of the nation-state. By this I mean that while sovereignty is viewed as the final and

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<sup>1</sup> President Jean Pierre Boyer managed to negotiate with France to lower the indemnity debt to 60 million francs (plus the already-paid 30 million francs, for a total of 90 million) in 1838 (Dupuy 2014; Heintz and Heintz 1978).

ultimate authority of the nation-state over its own territory and people (Flint 2009; James D Sidaway 2002; J. Agnew 2005), this relationship has come to be interceded upon and then reformed via international and supranational organizations and agreements. This “unbundling” of national sovereignty and territory (J. A. Agnew and Corbridge 1995; Sassen 2000; A. Hudson 2000) is not merely a project of diplomatic relations, but also impacts broader socio-spatial relations including social identity and citizenship (Paasi 2003; Ong 2006).

While economic globalization has given rise to a new transnational capitalist class of business elites (Sklair 2001; Sparke 2006a; Mitchell 2004; Ong 1999), within countries subject to overseas rule, there has emerged a systematic weakening of citizenship. Citizenship, first understood as a relationship between the nation-state and its people, has been reformulated through strategies of humanitarianism, development, and social service provision. No longer simply the purview of the state, citizenship has become newly-articulated and exercised through the patchwork of institutions which seek to provide the ground upon which political subjectivity may be regarded, thereby transnationalizing the citizenship project, itself. In Haiti, this transnationalization of citizenship through multiple intervention programs is most evident in the conferral of health citizenship.

While the earthquake made manifest the direness of the patchwork of Haiti’s state infrastructures, it has also laid bare the ways in which Haitians’ health citizenship has become a project of multiple NGOs, international organizations, and humanitarian programs. The proliferation of international health and development agencies providing health care draws new questions of the relationship of health to notions of citizenship. I argue further that many of these institutions are often imperial in nature and have, at times, been connected to military operations. It is these moments and their historical legacy that is important to uncover. Haiti, in particular, offers a salient insight into these processes through the last 100 years of US foreign policy and interventions in health. Haiti was occupied from 1915 to 1934 by US military forces, during which time the health

and sanitation programs were overseen by the US Navy Medical Corps. It was during the second decade of the 20<sup>th</sup> century, too, that the US government first turned to the private sector for expertise in social and health reforms in occupied territories. This important turn from US military “modernization missions”<sup>2</sup> to philanthropic health and development projects is nowhere more clearly illustrated than in Haiti.

What makes this history of health intervention in Haiti even more important is that many similar (although differently informed and executed) processes unfolded after the earthquake of 2010. Again, US military forces landed and took control of the ports; philanthropic (among other) organizations whose relationships with the US government were already firmly cemented moved in to provide relief services; and, the US government took control of the Haitian government, this time via the Haiti Interim Reconstruction Commission (HIRC). And while the circumstances and the processes were unique to their times, the overarching similarities and impacts should not be overlooked. At the root of these processes has been a destabilization of Haiti’s sovereignty, more generally, and of the Haitian people’s citizenship more particularly, in a pattern that is repeating through time. The repetitions are not only material, but reflect the ongoing discursive construction of Haiti that is dependent upon imaginative geographies of difference. This difference-making should not be disjoined from the multiple interventions that have shaped the political and social landscape of Haiti both in the past and in the present. With this in mind, this dissertation works at two points in the history of the US and Haiti – the beginning of the 20<sup>th</sup> century and the beginning of the 21<sup>st</sup> century – to expose these patterns.

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<sup>2</sup> Walter D. Mignolo (2001, 36) makes a useful distinction between Christianization of the Spanish Empire, Civilizing Missions of the British Empire and French colonization, and Development / Modernization missions of US imperialism that I will employ throughout this dissertation.



### *Citizenship and the nation-state*

Modern citizenship, at its most fundamental, is the set of rights and responsibilities related to a person's membership in a particular community, notably, that of the nation-state. These rights and responsibilities were temporally and structurally laid out by T.H. Marshall (1950) through three distinct phases. The eighteenth century saw the emergence of *civil* citizenship which encompassed both civil and legal rights (including land ownership), which developed more fully into freedom of speech, rights to thought, and to choose one's own religion. It is during this time that "freedom" and "citizenship" became transposable terms representing a new national identity and protection of adult men. The nineteenth century saw the expansion of *political* citizenship, or a broader inclusion of who had the right to vote and to partake in government. It is at the end of the nineteenth and into the twentieth century, that *social* citizenship, or the stretching of rights to encompass economic welfare and security through education and social services, emerges. The responsibility of the state to provide for the fundamental vitality of its citizens arose not out of a benevolent frame, according to Marshall, but rather through a purposeful exercise in the production of appropriate citizens both physically and mentally prepared to engage in and support the work of the state – economically as well as politically. Thus, for Marshall, citizenship represented a widening of inclusion of different populations of society, growing the basis of active citizenship over time and with political mobilization.

For much of the modern history of citizenship, the community through which citizenship is understood has been the nation-state, as it is the state that has held the power to identify who holds those rights and responsibilities that it manages (M. Brown 1997; Mitchell and Marston 2004). Emerging as a frame of thinking during the eighteenth and nineteenth centuries in Europe and continuing to spread across the globe in the nineteenth and twentieth centuries through post-colonial nation-building, the nation-state developed as a territorially-bounded space governed by a

group of people (Elden, 2009) that is linguistically and culturally homogeneous (Bhabha 1994; B. Anderson 1999) and that has a set of “symbolic, self-inscribing practices” through which to make claims to nation-hood (M. J. Shapiro 2003, 272).

However, the nation-state as a unique and / or territorially bounded space has come to be a problematic frame for thinking about citizenship. Post-Fordist shifts in economic and political restructuring have led scholars to explore new scales of organization and the inherent uneven distribution of entitlements that go along with that (W. Brown 2005a; Goode and Maskovsky 2001; Kofman 2007). Particularly, the rise of neoliberal policies in global economic and political governance has led to a deepening schism between state and civil society through the ‘hollowing out’ of the state through privatization, decentralization, and devolution of social service functions through the reduction in size and form of state institutions - all leading to the rise of the ‘shadow state’ (Bakker and Gill 2003; Lake and Newman 2002; Sparke 2008).

The shadow state, or “interstitial voluntary organizations [which are] located *between* the state and society” (Mitchell 2001, 166), have grown rapidly in number and in control of functions traditionally managed and maintained by the state. This shifting of state responsibility into the private sector and the rolling back of the welfare state, has led to differential citizenships that are more deeply entrenched in economic positionality (W. Brown 2005a; Woodiwiss 2002). Thus, these institutions undermine the social welfare programs as a force for social justice and political inclusion for entire swathes of the population, creating a political demobilization of populations on the margins (M. K. Brown 1988; Goode and Maskovsky 2001).

But while social welfare policies by the state may be seen as a form of political mobilization of the poor and marginalized, they are also used as a form of social reform and control. And even as the provision of these resources devolves from the national to the state, local, and private (through NGOs and private philanthropies) programs, these forms of reform and control are also devolving,

out of the eye of public accountability (Mitchell, Marston, and Katz 2003). In this way, then, the rolling back of the welfare state and the rise of the shadow state have led to a devolution of citizenship rights – even as personal responsibilities have continued to grow.

Thus, it is fair to state that T.H. Marshall’s rather utopian vision of the growing inclusiveness in citizenship projects was premature, at best. In the 1950’s, at the time of his writing, social welfare was hierarchically organized, decrying the reality of a universalist social citizenship. And while women, ethnic minorities, differently abled people, children and the elderly were not excluded, they did have problematic relationships within these frames (McGuinness 2002; Isin 2002). Citizenship is not a single and static denomination of personhood. As Chantal Mouffe (1992, 378) points out, “citizenship is not just one identity among others” – it is not a fixed, immutable character, but rather, stands as a forceful antagonism to pre-scribed universalist and cosmopolitan constructs. It is in a constant state of negotiation and re-negotiation at the individual and collective levels, politically, socially and economically. Hannah Arendt argues that the liberal state, though it purports to protect the rights of men (*people*, see Declaration of the Rights of Man and the American Bill of Rights), truly only protects the rights of its citizens – and apparently not very well at that.

### *Citizenship and health*

Liberal political citizenship emerged during the French and American Revolutions and in conjunction with the arrival of the nation-state (Kofman 2007). In France, the Declaration of the Rights of Man in 1789 concretized the relationship between individuals (men) and the state. However, for Foucault (1990, 25), it is the emergence of “population” in the eighteenth century “as an economic and political problem” in need of management and calculation that marked the turning point from rule based on sovereignty to rule based on governmentality. No longer simply a group of subjects whose inclusion and exclusion were arbitrarily appointed by the sovereign, the population is a group of people who live and die, get sick, marry and have a whole range of reproductive

functions that must be met through institutional support and by institutional calculation. The population is not only the body politic of the nation, but also its economic base – the workers for whom surveillance is at once a part of production and of discipline (Foucault 1995, 175).

From this framing of a population, then, develops Foucault's theoretical frame of two forms of governmentality: anatomo-political, which governs individual bodies, and biopolitical, which governs the social body. Together, these are known as biopower, or that which "brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent for the transformation of human life" (Foucault 1990, 143). Centering on the body as a machine, anatomo-political governmentality is concerned with the disciplining of individual bodies – maximizing their efficiency and economic output while simultaneously expanding docility. Biopolitical governmentality, in contrast, centers on the "species body," and supervises and intervenes through regulatory controls of the mechanisms of life, in general – birth, death, health, and all the variation inherent in these (Foucault 1990, 139). Foucault tells us that without these technologies of power, without the insertion of the body into the mechanics of production and the creation of segregations and social hierarchies, capitalism would not have developed as it did. Thus it is that government both creates its own rationality through the definition and management of problems while simultaneously creating the very technologies and institutions which enable it (Lemke 2001). These technologies of biopower, according to Foucault, are held and managed by the nation-state for (and against) their citizens.

Using this groundwork, Rose and Novas' (2005, 439) interpretation of citizenship projects frames citizenship as "the ways in which authorities thought about (some) individuals as potential citizens, and the ways in which they tried to act upon them." In this, they argue that each of the three citizenship projects outlined by T.H. Marshall were explicitly or implicitly shaped around presuppositions of particularly biological claims. Specifically, Rose and Novas point to race,

bloodlines, intelligence and itinerant technologies such as eugenics (and I would add forced sterilization and institutionalization). Biological citizenship is the recognition of the individual responsibility to maintain and manage one's own health and illness, and it is the collectivizing around biological conceptions around a shared identity as "patient." Thus, for Rose and Novas, biological citizenship "is manifested in a range of struggles over individual identities, forms of collectivization, demands for recognition, access to knowledge, and claims to expertise" (2005, 442).

It is at this intersection between governance over and activation of bio-citizenship that health citizenship emerges. Health citizenship is not a new concept; rather, it was first proposed during the French Revolution (although it was quickly dispelled) and then reappeared in the inter-war years in Britain during debates about the role of the state in the provision of welfare (D. Porter 1999). British advocates for social medicine argued that health citizenship had a political role to play in creating an advanced industrialized society with a healthy citizenry. Health citizenship was viewed as both the responsibility of the state through the provision of equitable access to health and the obligation of citizens to reform social behavior so as to minimize disease and maximize health (D. Porter 2003).

Health citizenship, as a frame for thinking about the politicization of health matters, re-emerged in the 1990's in relation to AIDS activism (M. Brown 1997; Boesten 2007). This early intervention into the involvement of HIV/AIDS patients and activists in the construction of training and health advocacy and access policies was extremely important in developing a democratization of biomedical knowledge as alternative communities worked to share knowledge and resources within the frame of HIV/AIDS activism, creating a new kind of "citizenship" among the participants (M. Brown 1997; Robins 2004). This frame of health citizenship through activism and self-care has developed more broadly, in the last 20 years, to encompass behaviors that speak to individualization of health-seeking behaviors, in general, and biopolitical understandings of health

and the body more specifically (G. Rose 2001; Braun 2007). Health citizenship, then, is a dynamic relationship with the body and with civil and social society, transcending binaries of social-political, private-public, and, ultimately, health-sickness (M. Brown 1997).

Just as national citizenship is struggling under the uncertainty of a deeply networked and shifting set of power relations with regard to the nation-state, so too is health citizenship. As Sparke (2011, 4) puts it: “the global reterritorialization of governance driven by market-based globalization has also clearly led to a series of reappraisals of the national territorialization of health governance.” With the blossoming of philanthropic designs toward global health, there has also emerged a discourse of a different kind of “global citizenship” – one that touts global justice as its underpinning. But these understandings of global justice are within a restricted frame of strategies that are geared not toward the democratization of health processes, but rather, through the frame of economic development (Sparke 2009a).

The (re-)emergence of notions of a “global citizen” is dependent upon neoliberal political rationality that undergirds governmentality. As Wendy Brown (2005a, 40) points out, “not only is the human being configured exhaustively as *homo oeconomicus*, but all dimensions of human life are cast in terms of a market rationality.” This extension of the market into “all dimensions” stretches beyond the scalar latitudes of body and state to biomolecular and transnational, pushing Foucault’s notion of governmentality into a supranational frame that begins to elide, but never succeeds in erasing, national boundaries, or notions of the nation-state.

The reconfiguration of economic and political powers through supranational organizations has moved political mobilization, and indeed, the very nature and possibility of negotiation with the nation-state out of reach and even out of view of many people. This brings to bear questions about the new scale of citizenship – even as scholars grapple with questions of de- and re-territorialization and transnational migrations, citizenship is still spatially bounded to an ever-increasingly-nebulous

nation-state (See: Mitchell 2003). That political engagement, and democratic participation (particularly) are exercised at the scale of the nation-state means that the re-formation and deformation of particular economic and political processes across various scales and through a multitude of institutions brings about questions of the diminishing possibilities of political engagement of individuals and of groups. With the widening disconnect between the body politic and the political body, it may be argued that citizenship in relation to the state must be newly negotiated through non-nation-state entities.

Nowhere is the transnationalized frame of governmentality more clearly linked to the body than through philanthropic works today. The relationship of philanthropy and state government – as development projects, humanitarian interventions, and global health – is not a new phenomenon. What is unique, however, is the decidedly political and economic rationale that this takes in the United States. Discourses undergirding health and development projects (to include militarized humanitarianism) by the US, today, reflect a divergence from European social and political ideologies about charity and philanthropy that were informed by Enlightenment ideals of modernity. In the next section, I briefly outline the development from charity to philanthropy, paying particular attention to how this transformation unfolded in the United States in order to point to the ways in which today's global health and development landscape have come to be shaped by the US's particular form of liberal democracy.

### *From charity to philanthropy*

At the heart of Enlightenment philosophy is an understanding of development and progress as man's [sic] conquest or control of nature (and superstition) through human faculties, power of will, and natural law (Horkheimer and Adorno 2002). Mastery over nature and society meant a rulership through science (and by extension, scientists) and technological administration. Those still seen as closest to "nature," or not as far along on the path toward modernity (as Europe), were in need of

“guidance” toward civility (W. D. Mignolo 2001; Pratt 2002; See also: Livingstone and Withers 1999). The “administrative ordering of nature and society” James C. Scott (1998, 4) argues, “undergird[s] the concept of citizenship and the provision of social welfare.” If classical liberal democracy can be said to have succeeded in Europe as the dominant social and political organization of society, vestiges of Enlightenment development theories lingered to varying degrees across the populations governed through this newfound liberalism. Modern liberal citizenship, for the attendant celebration of its emergence in the 18th century, was only truly conferred in the tiniest of increments – increments laden with social, racial, economic, and political particularities that worked to, on the one hand limit who may be a citizen, and on the other, craft who may yet become a citizen (or in the case of the colonized, may never be, but require close social ordering) – dependent upon social engineering. While Enlightenment philosophers struggled to define what a universalist future might look like, there was imbedded in this conception of progress an invitation to totalitarianism, a legitimization of imperial and colonial rule through the enforced homogenizing frame that they developed (Bonnett 2000; Marcuse and Neumann 2004; Patel and McMichael 2004). These Enlightenment ideologies were carried to the colonies and expanded and transformed with the development of the new country, as intimately tied to notions of charity and philanthropy as they were to the emergence of liberal democracy.

US charity was heavily informed in its early years by the codification of the shift in poverty management as outlined in the Elizabethan Poor Law of 1601<sup>3</sup> which provided for a more state-centered (as opposed to wholly religiously-organized) system of caring for the poor (Herrick and Stuart 2005; Huang 2006; Quadagno 1984). The Puritans aboard the *Arbella*, in John Winthrop’s

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<sup>3</sup> Elizabethan Poor Law of 1601 codified legislations that arose with the Reformation into a single law. This law included levying of a poor tax by parishes with which to care for their poor, the creation of an Overseer to do the work of poor relief, and provided a system of valuation of the poor – those who could work against those who could not – a system that eventually was written in to distinguish the “deserving” from the “undeserving” poor in further adaptations of the law.



now-famous lay sermon “A Modell of Christian Charity” were instructed to build the “city on the hill” to be a beacon of Christian charity – a model community built on self-sacrifice for the sake of their neighbor and for the commonwealth<sup>4</sup> (Adas 2006; Frey 2004; R. A. Gross 2003). This idealized sensibility of the importance of charity that is at once religious and civic eroded at different rates throughout the colonies reflecting regional economic, cultural, and religious variations.

With the birth of the new republic came new ideological claims about the kinds of social institutions that would support appropriate values (McGarvie 2003). The separation of church and state, formalized in the Constitution and upheld by the Supreme Court, meant that churches and church organizations could no longer receive tax funds from the government to support their charity work. This move was counter-balanced with the enactment of new non-profit incorporation laws that protected the formal voluntary sector from property taxes and from state interventions (R. A. Gross 2003; See also edited collection: Hammack 1998). As individual institutions of poverty management were reworked, there was a move toward more specialized and pointed technologies of governance (Ziliak 2005). Parish-run public poorhouses gave way to various institutions that targeted specific populations, such as the aged, the delinquent, the physically handicapped, and dependent, run by a mixture of private welfare agencies and publicly sponsored programs (McKeown 1998).

Following the Civil War, charity and philanthropy in the US were again reconfigured as regional conflicts over federalism versus states’ rights arose over how best to integrate newly freed slaves into social, economic, and political processes of the nation (Mitchell forthcoming; Karl and Katz 1981). Although the Freedman’s Bureau (under the War Department) was intended to aid in the transition of freed Black slaves into enfranchisement, concerns about the effects that charity

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<sup>4</sup> Although there is some contention as to whether or not this sermon was actually ever given (Dawson 1998), it has had a major impact on the American sensibility of the self, both as a charitable nation and as “the city on the hill.”

would have – specifically that it would inspire laziness and dependency – dampened and then eventually ended the program (J. D. Schmidt 1999; Cimbala 2003). Even as Southern state and local governments under-funded basic social services for African Americans, other church and voluntary-based organizations filled the void (Finkenbine 2003; Zunz 2012).

At the end of the 19<sup>th</sup> century, a new social movement of philanthropy and charity care developed, as individuals, societies, and government began to experiment with welfare agencies and social reform within the US (Critchlow and Parker 1998; Karl and Katz 1981). These foundations evidenced a distinct ideological shift in the United States away from charity (particularly religiously managed) toward tackling root causes of poverty and need, more generally through science and technological innovation (Curry 1898; Coon 1938; Lagemann 1989). Giovanna Procacci (1991) argues that the emergence of the “pauper” as an object for technologies of intervention is a product of 19<sup>th</sup> century understandings of political economy which sought to define the poor within fields of relationships against which a “politics of poverty” arose. The ideological shift marks the change of poverty from a social issue to a social danger, signifying a population of social disorder (Procacci 1991, 158). The social inequality as a cause of poverty is no longer the object of intervention, but rather, the immorality of the poor becomes the locus of administration. This shift coincides with the rise of industrialization, linking morality to economic viability in the bodies of the poor.

This distinction is particularly embedded within the rise of one of the big three foundations, the Rockefeller Foundation (the other two are the Carnegie Foundation, and Ford Foundation). The Rockefeller Foundation developed a hybrid form of philanthropy combining technical expertise, business acumen, US foreign policy, and US economic interests with “good works” (Berman 1983; Bremner 1960; Howe 1980; Parmar 2012). Philanthropic foundations were built on the premise that corporate leaders hold a special skill set in administration – as evidenced by the ability to amass fortunes – that could in turn be mobilized in the administration of social and cultural services (c.f.:

Carnegie 1889a; Carnegie 1889b). But it is specifically in the development of the Rockefeller Foundation in 1913 that there is a purposeful and determined break from religious infusion in these foundations. Although Frederick Taylor Gates (1853-1929), John D. Rockefeller's Baptist minister, managed the Foundation, he insisted upon a kind of religion of science and technical expertise (Chernow 1998; Ma 2002). This pointed ideological shift further marks the marriage between philanthropy, government, and technology that embodied what would become (big D) Development practices of the United States in the 20<sup>th</sup> century.

It is in this moment of foregrounding economic power over a more comprehensive social network that the struggle over social citizenship (in the US) emerged. As social reform movements sought to build moral reform through community support, large philanthropic organizations stepped in as “managers” of social service. Just as public health and social service work was emerging as state and federal programs, supported through taxation and in the support of sharing risk and responsibility, large philanthropies were also forming, bringing with them their economically-based management of poverty. Carnegie, more than any other philanthropist, publicly articulated the presumed expertise that he (and others like him) sought to mobilize, in their efforts to privatize social citizenship. This struggle erupted in a trans-Atlantic debate as well as in the US's political landscape, highlighting a broader struggle over the role of government in managing risk.

The philanthropist, then, emerges as a particular kind of expert who mobilizes “a new form of moral and technical expertise” that encompasses a new social rule that “becomes inextricably linked to the formal political apparatus of rule” (N. Rose 1996, 39). The role of the large corporate philanthropy marks a decidedly US turn in the rise of what Joseph Nye terms “soft power”, or what Gramsci (1972) terms “hegemony,” which works through consent, to disseminate US management models and methods, not just in production, but in the management and administration of people, more generally (Nye 2004; Geiger 2010). It is here that the leap from technico-scientific modes of

social control jumps from the purely national project to an international, and even imperialist, project. In the next section, I examine the global dissemination of technologies of government beyond the US borders and onto the global stage.

### *Technical missions and expansion of US hegemony*

The emergence of US corporate philanthropies into global exercises of technical expertise was not without precedent. Indeed, the US government and institutions connected to it, offered technical expertise in countries as far ranging as those across Europe and Japan throughout the 19<sup>th</sup> century (Flandreau 2003; Adas 2006; Geiger 2010). Motivated by a mixture of commercial and moral imperatives outlined most succinctly in the Monroe Doctrine (1823), pre-Civil War missions worked to extend the myth of US exceptionalism, to expand its brand of civilization beyond its borders<sup>5</sup> -- and in the meantime, expanding its borders westward (Curti 1954; J. P. Sharp 1993; Tuathail and Agnew 1992). These missions also had a good-will effect of introducing US technical expertise to foreign places, helping to strengthen the development of natural resources, promoting liberty and freedom, and preparing the US public for what would be a long history of US interventions in foreign countries (Curti 1954; Drake 1994).

Following the Civil War, US scientific and technical missions took on a more expansionist role, leading to expeditions ranging across the globe reaching Central and South America, the South Pacific, China, Turkey, Japan, Liberia, and to a lesser degree, Siberia, and Alaska. It was during this time, too, that the balance of knowledge production shifted from Europe to the US, and more

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<sup>5</sup> These missions included topographical surveys, botanical cataloging, mapping, mineral and agricultural resource cataloging, and meteorological and astronomical observations, E.g., Elisha Kent Kane's attempt to explore northwestern Greenland in 1845; the Perry Expedition to Japan, 1853-54; Lieutenants William L. Herndon and Lardner Gibbon exploration of the Amazon Valley, under direction of the USN, 1853; Smithsonian Institution's La Plata Expedition, 1853-1855, etc.

foreign countries began to make requests directly to the US government<sup>6</sup> for technical expertise in a wide range of areas, to include health, finances, and political organization,<sup>7</sup> (Rosenberg 1999; Adas 2006; Fradera 2009). And then, in the late 19<sup>th</sup> century, the Spanish-Cuban-American War erupted.

In 1898, the US annexed, and in the same year, at the end of the war, gained several other territories. These territories, which included Guam, the Philippines, Puerto Rico, and Cuba (among others), were seen as backwards, unsanitary, generally unruly, and to be in need of military occupation and domination (W. Anderson 2006; McBride 2002). They represented a new gateway for US technical expertise to be employed and set the stage for US imperialism in Latin America and the Caribbean (Bradford 1993; McCoy and Scarano 2009). “Cuba,” Curti (1954, 81) writes, “provides a good example of the fumbling experimental approach out of which a fairly coherent policy eventually emerged.” This notion of experimentation would carry forward into the Haitian occupation.

The Spanish-Cuban-American War shifted the balance of imperial power in the Western Hemisphere, and specifically in the Atlantic and Caribbean, from Spain to the US and situated US imperial intentions with vigor (Bradford 1993; Musicant 1990). Because the US did not have a Colonial Bureau, the job of overseeing the territories fell to the War Department, and from 1900-1939, to the Bureau of Insular Affairs,<sup>8</sup> which eventually took over supervision of colonial administration (Curti 1954, 82). Cuba became a protectorate of the United States and turned into a

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<sup>6</sup> E.g., Raphael Pumpelly et al. in Japan and China, for mineral and mining expertise, 1861-1864; E.O. Crosby in Guatemala, dispute resolution, 1862; Commodore Robert Wilson Shufeldt in Liberia, boundary resolution, 1879; C.A. Logan in Santiago, Chile, financial arbitration, 1875.

<sup>7</sup> E.g., Hall’s Third Arctic Expedition, 1869-1870; Hassler Expedition, Galapagos Island Expedition, 1871-1872; Robert Peary Arctic Exploration, 1908-1909; Smithsonian Roosevelt Africa Expedition, 1909; USGS West Indies Division Mineral Study, 1917.

<sup>8</sup> The Bureau was eventually transferred to the Department of the Interior. The administration of territories was then consolidated with the Office of Territorial Affairs (1939-1990), which was eventually renamed the Office of Insular Affairs. The Office of Insular Affairs still coordinates federal policy in American Samoa, Guam, the US Virgin Islands, the Commonwealth of the Northern Mariana Islands, as well as oversees US federal assistance to Freely Associated States of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau on behalf of the Secretary of the Interior.

testing ground of what was to be an experiment in militarized humanitarianism. This testing ground proved to be both instrumental in changes in US public health as well as in presumptions about military administrative powers, more generally. When the US Navy landed in Haiti in 1915, they were charged with replicating the imperial projects as they were administered in Cuba and Porto Rico. Unfortunately, while the Navy implemented the imperial administrative programs, it was the US Army that instituted health and sanitation reforms – a small fact that would have major implications in the Haiti occupation.

The US occupation of Cuba had very little Congressional oversight beyond directorates against American property ownership or franchises, and was mostly overseen by the Navy. At this time, there was a strong push by Alfred Thayer Mahan to build the US Navy into one worthy of a world power, making “the navy [...] both a cause for and the product of American foreign policy” (V. Williams 1993, 183; Flint 2006; Renda 2008). Unfortunately, relying on naval personnel meant that those given charge of administration were not particularly well-trained to give guidance in the areas of finance, sanitation, and education, much less about building a new government (A. Robinson 1905; Curti 1954).

The first business for these territories was to put the governments into order. There is a decided pattern that emerges in these occupations: first, taking over the customs,<sup>9</sup> then re-writing constitutions, and finally re-configuring social services and education. US Army General Leonard

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<sup>9</sup> The US was not alone in the economic interventions. From the 1890’s to the 1920’s, there were four loan cycles throughout Latin America and the Caribbean, mostly funded by western European countries and the US. What made the US’s involvement unique, however, was the intense micro-management of their loan disbursements made in Central America and the Caribbean. Intent on ensuring timely payments, keeping other foreign governments from intervening with new loans (which might impede on loan repayments to US investors), and establishing greater economic development in these countries, US money doctors were deployed. These technical experts were sent as consultants in an effort to extend influence by the US over Latin America and the Caribbean (Drake 1994).

Wood,<sup>10</sup> Military Governor of Santiago in 1898 and then Cuba<sup>11</sup> from 1899-1902, focused particularly on health and sanitation. Among his first actions was the appointment of Major George M. Barbour as head of the newly formed Sanitary Department (Matthews 1899). Chief among the first processes was the removal of dead bodies, the reorganization of trash and sanitation, and the combatting of diseases, specifically yellow fever. This process of instituting health and sanitation projects, however benign they may have been, were undergirded by a contempt of Cubans, more generally. Major Barbour went so far as to insist:

*The population of Santiago is now accurately known to be about 73,000 people, of which about 60 percent are extremely ignorant, careless, superstitious and – filthy...the native Cubans...are indolent, as all Spanish-Americans are, stupid, given to lying and doing all things in the wrong way from the more practical American stand-point...Under our supervision and with firm and honest care for the future, the people of Cuba may become a useful race and a credit to the world, but to attempt to set these people afloat as a nation during this generation would be a mistake. We must wait until the children of to-day are old enough to think for themselves and to absorb American ideas, which they are rapidly doing. To create a Cuban republic today... would simply be to abandon the worst elements the men of means, energy and intelligence (Barbour 1899, 8–11).*

The re-education and Americanization of Cubans was facilitated by the use of English riding whips and public whippings instituted first by General John R. Brooke and then Major Barbour in Santiago (Barbour 1899; L. Langley 1982; Matthews 1899). The Cubans' inability to rule themselves, many US politicians and military officers believed, could be, indeed *had to be*, rectified through education, sanitation, and total political reconfiguration – a task that the US military felt prepared and entitled to carry out. Their approach, framed through their militarized lens of modernization missions for the good of the country, and by extension, for the good of the Americas as a whole, was built from a

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<sup>10</sup> Wood served as personal physician to both Presidents Grover Cleveland and William McKinley before joining the 1<sup>st</sup> Volunteer Cavalry (, or, Rough Riders), so it's little wonder that his focus would first and foremost be on health and sanitation.

<sup>11</sup> Wood wrested the military governorship from John R. Brooke after the first year of American rule for a lack of strenuous re-configuration of Spanish colonial rule by appealing to Secretary of War Elihu Root (L. Langley 1982).

sensibility of “correct training” – one in which “discipline ‘makes’ individuals” (Foucault 1977, 170). The individuals were made both as objects and instruments of the discipline itself through hierarchical observation and normalizing judgment through which white men of the US military held a calculated power.

The disciplining frame for correcting Cubans to become appropriately “modernized” did not materialize from the imaginations of a few military officers but reflected a broader discourse of racial and cultural supremacy which evolved through the 19<sup>th</sup> century to extend beyond the antebellum response to Reconstruction in the southern United States into Latin America and the Caribbean (Renda 2008). Supported by social Darwinism and new “scientific” racism, American modernization missions were seen as a gift to bring those of inferior race into the folds of new economic (capitalist), political (democratic), and cultural (US) systems (Adas 2006; T. F. O’Brien 1996). These social and cultural processes of modernization were heavily undergirded and supported by Congressional and presidential mandates.

This spread of cultural hegemony through patterns of occupation, constitutional reworking, and institutional reconfiguration was repeated through multiple early 20<sup>th</sup> century US military interventions stretching across the Caribbean in Puerto Rico, the Dominican Republic, the Virgin Islands, and Haiti. Even as European colonization in the Caribbean began to wane, Theodore Roosevelt’s Corollary to the Monroe Doctrine<sup>12</sup> provided ample geopolitical solvency to embark on these expansionist ventures (Slater 2003). The Monroe Doctrine, originally written as a warning against further colonization in the Western Hemisphere (specifically by the French and Spanish), was extended with the Roosevelt Corollary, or the Big Stick Policy, marking the official shift in American foreign policy doctrine from protecting the region from foreign control to a right to

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<sup>12</sup> President Woodrow Wilson invoked the Roosevelt Corollary to justify the 19 year occupation of Haiti by the US military (Musicant 1990).



police the hemisphere (Mennell 2007; T. McCormick 2009). Chief among the concerns was the influx of European navies to police and patrol the Caribbean and Latin America against political instabilities, to protect investments and their citizens, and to collect debts (L. Langley 1982; Musicant 1990). But what emerged was a new paternalism that stretched mandates of geopolitical stability into modernization missions that sought to inculcate social and cultural mores appropriate to the formation of a particular kind of hemispheric citizenship (See for instance: McCoy and Scarano 2009). Over the course of the pre-World War II years, the US began to “practice” development through enforced occupations.

These enforced occupations, however, were not enough in the bid to social and moral reform of foreign people. Military health and sanitation experts, mobilized first to protect their own men (and their wives and children), were hard-pressed to institute far-reaching and long-lasting institutional changes thought necessary for the future of the countries. Lacking the resources – money, expertise, and materials – to successfully build state capacities for health, the US Navy in Haiti turned to the Rockefeller Foundation, drawing their newly-formed International Health Commission into Haiti. The Rockefeller Foundation’s International Health Commission has been coined the “first” international health program. Their engagement with militaries (both US and UK) during the early decades of the 20<sup>th</sup> century speak to an unholy marriage of militarism and philanthropy.

The case of Haiti represents an important historical moment in the development of US philanthropy, technical expertise, and militarism. It is during the occupation of Haiti, from 1915-1934, that the US government turns to the private sector to bring in technical expertise regarding social reform and public health. The Rockefeller Foundation’s recently formed (in 1913)

International Health Commission<sup>13</sup> was drafted into the military project in Haiti to take over the systematic reconstruction of Haiti's health services. The Rockefeller Foundation relied heavily on military health and sanitary officers, contracting General William Crawford Gorgas, the chief sanitary officer in Cuba during the American occupation, to act as chairman of the Yellow Fever Commission in 1916, and as advisor on the International Health Commission's hookworm eradication project, and seeing Joseph H. White relieved of his commission in the military to conduct a survey of malaria across Central America. It is this period of history that marks the birth of global health (Birn 2006; S. P. Palmer 2010).

Central to my argument is an exploration of the processes that later came to be known as “modernizing missions.” Under the guise of multiple avenues of intervention – everything from protecting US assets to bringing health to the people of Haiti – the US occupation opened the way for the future of health and development projects in the global south. The military sanitation programs floundered during the first five years, and administrative command of health programs was transferred to the Rockefeller Foundation, a newly formed philanthropic organization whose head of Health Services was recently returned from the Philippines. This tripartite connection of military-philanthropic foundation-health and development raises important questions about the development and mobilization of US foreign policy in the Western hemisphere at the beginning of the 20<sup>th</sup> century and the historical legacy of these actions that became embedded in the cultural and political landscape of Haiti.

Today, global health and development organizations proliferate across the globe, creating a patchwork of social service provision to fill the void left by neoliberal economic adjustments that have limited individual countries' governments' abilities to meet the needs of their citizens (and that

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<sup>13</sup>The Rockefeller Foundation's International Health Commission emerges in 1913, is renamed the International health Board in 1916 and then in 1927 is renamed the International Health Division. Throughout this dissertation, I will refer to it as the RF International Health to avoid the confusion of the multiple names it has been given.

in turn, have suppressed citizenship, more generally). Understanding the beginnings of global philanthropy and international health in Haiti helps to set the ground for understanding the devastation wrought by the earthquake, more generally.

### *Philanthropy in the US today*

In January 2008, Bill Gates addressed the World Economic Forum on “A New Approach to Capitalism in the 21<sup>st</sup> Century” – a speech that he insisted would be the most important he would give that year (Gates 2008). His premise rested upon the role of corporations in society – the importance of a “system change” that would harness the inherent self-interest of capitalism to help those how are least able to participate in the system as it exists today:

*As I see it, there are two great forces of human nature: self-interest, and caring for others. Capitalism harnesses self-interest in a helpful and sustainable way, but only on behalf of those who can pay. Government aid and philanthropy channel our caring for those who can't pay. But to provide rapid improvement for the poor we need a system that draws in innovators and businesses in a far better way than we do today.*

*Such a system would have a twin mission: making profits and also improving lives of those who don't fully benefit from today's market forces. For sustainability we need to use profit incentives wherever we can. At the same time, profits are not always possible when business tries to serve the very poor. In such cases there needs to be another incentive, and that incentive is recognition. Recognition enhances a company's reputation and appeals to customers; above all, it attracts good people to an organization. As such, recognition triggers a market-based reward for good behavior. In markets where profits are not possible, recognition is a proxy; where profits are possible, recognition is an added incentive.*

And while this idea, as it was presented in Switzerland is not entirely new, the bold honesty with which it was presented sparked a transformation in the discourse of the superrich. Within months, a slew of organizations, books and websites were launched, supporting Gates’ vision. Matthew Bishop and Michael Green (2008) published their book, *Philanthro-capitalism: How the rich can save the world*, and launched their website ([www.philanthrocapitalism.net](http://www.philanthrocapitalism.net)). New Philanthropy Capital ([www.philanthropycapital.org](http://www.philanthropycapital.org)) was started by Peter Wheelan and Gavyn Davies, formerly of

Goldman-Sachs, as a specialized consultancy and think tank set up to help funders and charities achieve “greater impact” and has been referred to as the equivalent of an equity-research firm for philanthropy (“Virtue’s Intermediaries” 2006). In 2010, the Giving Pledge, the brainchild of the Bill and Melinda Gates and Warren Buffett, collected the pledges of 40 billionaires to turn the bulk of their wealth over to charities either in their lifetimes or upon their death (“The Giving Pledge” 2010). Philanthropy, Uday Khemka (“The Birth of Philanthrocapitalism.” 2006) told the *Economist*, must be treated more like the for-profit capitalist market system and requires investment, an infrastructure (to include a kind of banking and finance equivalent), and for philanthropists to behave like investors.

But these sentiments were not shared globally and, it turned out, reflected a very particular understanding of the role of corporations and the wealthy in philanthropic endeavors. Scathing indictments emerged in blogs and newspapers in Britain and continental Europe, accusing the US’s super-rich of undermining democracy. Peter Wilby, a columnist at the *Guardian* asserted that philanthrocapitalism only works to alleviate symptoms of poverty while legitimizing inequality, essentially allowing “[t]hose who already wield enormous economic power [to] determine social priorities too” (Wilby 2010). The money, he insists, should be paid into taxes, not written off. German magnate, Peter Krämer, who has donated millions of euros to individual charities and campaigns in his lifetime, went further to say, “donors are taking the place of the state” (“Negative Reaction to Charity Campaign: German Millionaires Criticize Gates’ ‘Giving Pledge’” 2010).<sup>14</sup>

In response, there ensued a rousing celebration of and self-congratulations about Americans’ generosity in the US media. The Hudson Institute’s Center for Global Prosperity released the newly renamed “Index for Global Philanthropy and Remittances” showing that global giving and

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<sup>14</sup> Strangely, on balance, the academic world has remained silent on this topic. A search of WorldCat for books and peer-reviewed academic journal articles elicited absolutely nothing on the Giving Pledge.

remittances were “resilient” as reflected in the 17% increase in giving since 2007, and it ranked the US as the biggest global giver (Adelman 2010). Charities Aid followed on their heels, releasing a report based on Gallup WorldView data that Americans are the most generous when it comes to contributing time to strangers and money to the global south (Low 2010). Popular media articles referenced the “long legacy of Americans’ generous nature” (Chao 2012), and philanthropy and charity as an “inherent part of America’s cultural fabric” (Bennett 2011). The US has “done more good on this Earth than any other nation in history” (O’Reilly 2010), with a “a long history of sticking up for and fighting for the oppressed and helping those in need” (Blakeman 2010).

This disjuncture in attitudes about private donor responsibility reflects long-standing histories of charity and philanthropy that diverged between Europe and the US leading to a peculiarly US sensibility about giving and aid. This divergence, however, was not only reflected in philanthropic works, but was undergirded by a particularly American sensibility about the power of science over nature. US entrepreneurs and government were not shy to extend their technical expertise, and at length, cultural hegemony beyond their own borders by any means necessary. What is viewed as alleviation of oppression from the global North, has come down in countries like Haiti as a mechanism by which to mutate and maintain partial citizenships. Intended as benevolent intervention, global health and aid create new formations of citizenship that are removed from engagement with the native state or create new engagements with host states (Cassidy and Leach 2010; Fassin 2005; Nguyen 2010). Philanthropy, and global health and development more broadly, are couched in frames far removed from the recognition or development of political subjectivity, particularly citizenship, within broader conversations. It is precisely the silencing of the disruption of health citizenship that forms the main argument of this dissertation.

### *Why Haiti?*

It is with an eye to the broader historical development of US philanthropy through militarism, health and sanitation, and foreign policy as they coalesced in Haiti, that this dissertation emerges. In the weeks and months following the earthquake in Haiti in 2010, the insistence to “build back better” was also met with a recounting of Haiti’s historical relationship with the US. The occupation of Haiti was narrated countless times in the popular press and academic journals. The reference to the military project to build a sustainable public health system, always coupled with the obvious infrastructural weaknesses that were made plain by the earthquake, was held up as proof of the inherent failures of Haiti and Haitians. And yet, as I argue in this dissertation, there is a decided lack of understanding about the impact of the US occupation in Haiti, particularly with regard to health

With this in mind, this dissertation unfolds in two sections: an historical section comprised of two chapters that re-examine the history of the US occupation of Haiti from 1915-1934, with an emphasis on the unfolding of health and sanitation programs under the direction of the US Navy Medical Corps. I argue that despite the tidy histories that herald the “good work” of the US Navy Medical Corps, there were a number of factors which impeded the development of a Public Health Service and Sanitation Department – impediments that were the ground against which the next 100 years of health in Haiti emerged. Further, I pay particular attention to the ways in which the military occupation mobilized a discourse that posited Haiti and Haitians as apolitical, or at the very least, not quite “modern.” Haitian subjectivity, at the turn of the 20<sup>th</sup> century, was informed by what Frantz Fanon (1986) called “the fact of blackness.” In their blackness, Haitians were “battered down by tomtoms, cannibalism, intellectual deficiency, fetichism, [and] racial defects” (Fanon 1986, 110) within the imaginations of the white imperial project that was written as benevolent humanitarianism. The occupying forces’ inability to comprehend Haitians as embodying their

political subjectivity led to a number of missteps and the eventual failure of the occupation and withdrawal of US military personnel.

At the center of the US memory of the occupation, is a benevolent enterprise through which health and sanitation were introduced to a “backward,” “uncivilized,” and “diseased” people. The stereotypes of Haitians, underwritten by imaginative travel writings and creative news articles, worked as a kind of blindfold, as the “perceptive capacity” of white military personnel to imagine Haitians beyond those stereotypes was limited by what J. Michael Dash (1997, 2) calls the “repository for the organizing discourse that allows the Subject to perceive the ‘Other’ in a particular way.” In many respects, two separate occupations occurred – each out of the perceptive capacity of the other: the “modernizing mission” of the US and the violent suppression of Haitians. The project of the occupation was an attempted colonization of both the body and the mind of the Haitian (Stoler 1995). Health was an obvious entry point for both – to teach hygiene and to impart health was to teach civility and impart modernization. Indeed, the occupation was dependent on a “whole range of techniques and practices for the discipline, surveillance, administration and formation of populations of human individuals” (Foucault and Gordon 1980, 239). But unable to perceive Haitians as political subjects, and failing to “help” them achieve their political subjectivity through their failure to implement a robust health and sanitation program, the US occupying force continually dismissed their claims to political action, and to citizenship more particularly.

In the second half of the dissertation, I examine the unfolding of the post-earthquake disaster response in 2010 with a focus on international instruments of securitization and their impacts on Haitians’ abilities to make claims to healthful living. I argue that it is through the lens of health citizenship that we can begin to unravel the imaginative geographies of Haiti that have been transnationally constructed. And while I am not claiming that it is the *only* lens through which to come to understand these processes, this lens does offer a unique insight across multiple scales and

between historical periods in the way that bodies become particularly marked and managed through the guise of health and disease management. These processes of management, over time, have come to rely on smaller and smaller health enclaves that herd bodies into distinct territorial confines of health provision, even as political processes related to migration management seek to contain people (Haitians, particularly) in a health-provision-impoverished space, lending to geographically framed variable health citizenships.

By situating the examination through the lens of health citizenship, I am pointing to the ways in which global processes of intervention enter into and are enacted on the bodies of Haitians. I am re-centering the body as the site of political engagement, particularly from the top down. I am purposefully taking the view from above, not because the lived messiness of everyday existence is not important, but because it is precisely the *invisibility of that messiness from a distance* that informs broader efforts in humanitarianism and development through health.

### *Chapter overview*

Chapter 2, “Clumsy beginnings,” begins with an examination of the American military occupation from 1915-1922, both of its intention and its impacts. Continual political unrest instigated by economic instability and coupled with the ongoing struggle for control of Haitian trade and resources eventually culminated in the US occupation (Bellegarde-Smith 1990; McBride 2002). The US Marines landed in July 1915, and occupied the country until 1934. In the nearly 20 years that they were there, the Marines reconfigured the political, economic, and social systems of the country – replacing the public health system, training a new police force, taking command of the customs house, and eventually reworking Haiti’s parliament (Chapman 1927; Brodwin 1996). These changes were seen as necessary to help modernize Haiti.

One of the most critical and long lasting effects of this intervention was to Haiti’s medical institutions and practices (Brodwin 1996; McBride 2002). However, for the intended social and



moral reformation of the Haitian people, the US Navy were ill-prepared to either re-configure or manage the public health and sanitation programs in the country. Further, political unrest in Haiti coupled with US protests against the unwarranted occupation led to a reappraisal of the occupation just six years in, and a drastic change to the way health and sanitation were managed.

In Chapter 2, I introduce the first six years of the occupation, focusing closely on the actual unfolding of the US Navy programs for health and sanitation in Haiti, as well as the political mobilization of the Haitian people in the face of occupation. Although Haitians were often described as apolitical, first the elite and then the peasants mobilized en force, forcing the US Marines into their first guerilla warfare. Further, young Haitians, returning from their education in Paris, brought ideas of Black Nationalism with them, pushing for a new sensibility of Haitian nationality and scripting a Black citizenship that held traction on the global stage. The force of Haitian uprisings, coupled with US-based protests and lobbying, led to a series of investigations and inquiries into the occupation of Haiti, eventually forcing discursive and a few material shifts in the occupation.

Chapter 3, “The New Humanitarianism,” examines the new administrative form of the occupation that was demanded following the Senate Inquiry into the Occupation of Haiti and the Dominican Republic. It became clear, in the early years of the occupation that the US Navy Medical Corps did not have the skills or material assistance to re-create health and sanitation programs that were implemented in Cuba, Porto Rico, and other US protectorates by the US Army. Indeed, following the Inquiry, the US Navy, with support from the High Commissioner to Haiti, sought new avenues for assistance in building public health and sanitation in Haiti. They turned to the Rockefeller Foundation for help with surveys, implementing health services, and with building up the health education program in Haiti. Using specially allocated funds from the Rockefeller Foundation, the US Navy medical corps sent promising young Haitian physicians to the US, Europe,

and Canada for further training. These early changes established a social and spatial system of health access and a set of practices that continue to impact the present.

It was during this time in US foreign policy that the US government turned to the private sector for expertise and management processes in their modernization campaigns (Ekbladh 2010). Many foundations, and in the case of Haiti, the Rockefeller Foundation in particular, mobilized reform movement technological frames for social and health development in many parts of Latin America and the Caribbean (among other places), working closely with US military programs in modernization missions (Fisher 1983).

As the US Marines withdrew and the Rockefeller Foundation took a step back, funding was slowly siphoned off from the health programs available in Haiti. The slow defunding of health programs in the last four years of the occupation set the stage for the degradation of Haitian public health, more generally, and created a vacuum for the legacy of targeted aid projects that emerged in the 1940's and 1950's. The Rockefeller-funded projects changed how aid in Haiti was conducted, toward community-oriented projects that could bypass the unstable government. These projects were critical in the cultural shift of outside intervention and in patterns in foreign aid, leading to a vast crop of programs providing targeted services (McBride 2002, 211; Verna 2009). In this chapter, I examine this important moment in development processes from a highly militarized modernizing mission to more philanthropy-centered "good works" projects as they unfolded in Haiti.

Chapter 4, "Camps that Kill," moves into the post-earthquake setting, working to disentangle the complex web of transnational coordination for aid following the earthquake. Before the earthquake, Haiti was home to an estimated 10,000 aid programs ranging from small non-profits to large uni- and bi-lateral programs. Yet, with this long history of intervention, Haiti still suffered from some of the worst health indices of the Western Hemisphere. The earthquake has not only made these disparities well-known, it has also exacerbated them. At the same time, the advent of the

earthquake has been used to further disempower Haitians from their own political processes, especially with regard to health. In this chapter, I draw my analysis down to the level of the camp of the United Nations Stabilization Mission in Haiti (MINUSTAH), examining the outbreak of cholera that has been determined to have stemmed from the Nepalese camp in Mireblais.

Today, cholera outbreaks and other ongoing health challenges in post-earthquake Haiti reveal enduring and deadly gaps that are the legacy of targeted interventions. Health access in Haiti is characterized by vertically-resourced emergency aid camps and clinics that are spatially-limited in their impact and services. At the same time, continued military occupation forces create enclaves of immunity (both political and epidemiological) for peacekeeping troops who have been variously accused of bringing cholera to Haiti as well as of rape and murder. The outbreak and rapid spread of cholera coupled with the subsequent variability of mortality rates across departments, could not more clearly illustrate the uneven access to health and aid services. While the mortality rate has been brought down to under 1% across the nation, this neat enumeration masks the marked differences of .6% to 4% mortality rates across departments (OCHA 2012). The struggle for reparations from the UN has reached the New York Supreme Court. I argue that this case is not simply about the money, but also about the recognition of Haitian political subjectivity and the right to sovereignty, more generally. This court case highlights the tenuous hold that Haitians have on their ability to exercise their health citizenship.

In Chapter 5, “Disease, Dispossession, and Deserving Bodies,” I explore the US military’s role in the humanitarian response, the US government’s interventions in disaster management, and the subsequent impacts the securitization technologies had on individual lives – some of which were made immobile through containment and deportation while others were made hyper mobile through expedited adoption. Central to this chapter is an exploration of the securitization of the humanitarian response and what it represents within global discourses about the citizenship of

Haitians, both as global citizens and as citizens in their own countries, and more generally, about the continued dispossession that is the international community's relationship with Haiti.

This militarized approach to the humanitarian response belies a set of assumptions that have been made and remade about the Haitian people that were further illustrated through the language of political pundits and military spokespersons. What emerged was a rehashing of old discourses of the Haitian people as violent and unruly and in need of orderliness. These discourses were further marshaled in the construction of notions of deserving and undeserving bodies – particularly around mobility.

In this chapter, I follow the bodies of Haitians through military and governmental channels, marking out those who are deemed deserving and those deemed undeserving of political protections, economic securitization, and biopolitical intervention. I particularly focus on the process of containment of Haitians in the immediate aftermath of the earthquake, and the forced deportation of other Haitians, as juxtaposed to the emergency provisions for humanitarian parole leading to expedited adoptions for Haitian children. Each of these populations represent not only political mobility, but more pointedly, varying levels of the right to live, “a calculated management of life” (Foucault 1990, 140) that was instituted transnationally and that led some lives to be saved and some to be lost, according to their “deservingness.”

In Chapter 6, “Where Did the Money Go?” I briefly explore the economic and political organizational management that occurred immediately following the earthquake. I return to my original intent, pointing to the ways in which donor money by-passed Haitian infrastructure (both private and public) with very little input from Haitians, themselves. Indeed, as I show in the conclusion, there was an uncanny repetition of the processes that unfolded during the US Occupation of Haiti from 1915-1934 – processes that continue to impact Haitian health citizenship.

## Chapter 2. Clumsy beginnings: Health and citizenship during the occupation

US Marine occupying forces landed on the shores of Port-au-Prince, Haiti, on July 28<sup>th</sup>, 1915. Chief among concerns of the US government were the political and economic instability of the island nation, coupled with what was perceived to be a more general Haitian incivility. Between 1911 and 1915, Haiti saw seven presidents come and go, each taking presidency through revolution.<sup>1</sup> The last of these, President Jean Vilbrun Guillaume Sam, was set upon by an angry mob that stormed the French Legation, where he had holed himself up. The brutal violence with which he was murdered and then displayed<sup>2</sup> was just one of the many prompts that was cited to justify the US Marine invasion. But for the ease with which the subsequent occupation was touted for establishing political and economic stability, there were far more complicated underpinnings that belie the humanitarian history that is often given. Indeed, the actual motivation for the occupation has seen considerable debate over the years, making a definitive pronouncement quite difficult (Millett and Gaddy 2008). It was to some extent driven in part by US economic interests in banking, railroad, and land ownership in Haiti (Balch 1927; Blassingame 1969; Douglas 1927a; P. J. Hudson 2013; Rosenberg 1999). Whatever the underlying motives, as Chargé Robert Beale Davis articulated in his report to Secretary of State Robert Lansing about the invasion, “it was incumbent from a humanitarian viewpoint to aid the Haitian people to free themselves from the hopeless conditions which continued revolution and a policy of despotic militarism has produced” (R. B. Davis 1916, 315).

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<sup>1</sup> Cincinnatus Leconte (1911-1912) assassinated; Tancrede Auguste (1912-1913) assassinated; Michel Oreste (1913-1914) overthrown; Oreste Zamor (Jan – Dec 1914) overthrown; Davilmar Theodore Dec 1914 – April 1915) overthrown; Vilbrun Guillaume Sam (April – July 1915) killed in office.

<sup>2</sup> Although US Marines had not yet landed, they reported seeing the body of Vilbrun Guillaume pulled from the French legation, torn to pieces, and his head paraded through the streets of Port-au-Prince (Blassingame 1969; Renda 2001).

US troops had landed on the shores of Haiti well over two dozen times between 1849 and 1913, with an additional ten separate landings in 1914,<sup>3</sup> alone.<sup>4</sup> On their own, interrelated railroad, finance, German, and revolutionary problems could not justify a US occupation. The attack on the palace, the forcible entry into foreign offices, and the murder of the President, however, gave US President Woodrow Wilson the moral ground needed for the invasion of Haiti. The continual revolutionary unrest coupled with a rumor of a possible German submarine base<sup>5</sup> in Caribbean waters, were enough to justify the sustained occupation. In July 1915, a humanitarian mandate for health and sanitation was not yet on the agenda, but rather, the occupation was scripted as a desire to enforce economic and political development within the narrow framework allowed by the Roosevelt Corollary to the Monroe Doctrine. Shortly after landing, however, humanitarian projects were included in the occupation treaty.

Haiti was (and continues to be) imaginatively constructed as a non-historical space, lacking the legibility of western state-hood; it is a nation whose sovereignty has been continually undermined by a “crisis of representation” (J.D Sidaway 2003) wrought by US understandings of what constitutes appropriate sovereignty. The occupation made plain the sweeping depoliticization of Haiti and Haitians within the US imaginary – and it is from this starting point that I begin to

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<sup>3</sup> On December 17, 1914, Henry H. Wehrhane, Vice President of the National Bank of Haiti in NY called on US Marines to move Haitian money, asking that \$110,000 of its gold reserves be transferred to NY for “safe keeping” from revolutionaries (Callcott 1942, 410; Wehrhane 1914). In fact \$500,000 in gold was taken from the bank, under order of the Secretary of State, carted off to New York in the USS *Machias*. While \$500,000 in 1914 is worth about \$11.6 million in 2013; in fact, 24,000 ounces of gold was carted off (at \$18.99/oz in 1914) which is worth \$1,243, making that total worth almost \$30 million in 2013.

<sup>4</sup> The exact number is difficult to pin down. Hans Schmidt (1971, 31) puts the number at 19 landings between 1857 and 1900; Max Boot (Boot 2002) puts the total at 19 between 1857 and 1913; According to Heintz, Heintz, and Heintz (1978), US military landed on Haitian shores in 27 separate years between 1849 and 1914, but this number does not include separate landings in those years; and according to the Office of Naval Intelligence, there were 10 separate landings on Haitian shores in 1914, alone (Farquharson 1929). Regardless of the actual number of landings, US Warships hovered close to Haitian shores almost continuously in 1914 and 1915 (Farmer 1994; Bergman 2011).

<sup>5</sup> This rumor, though eventually proved to be false, was not wholly unfounded. During World War I, the Alien Property Custodian, upon American purchase of the Virgin Islands from Denmark, discovered that the main terminal for the Hamburg-American Line, the only ship line to have regular journeys to Haiti and other ports around the Caribbean, was, in fact, fitted as a naval base and was heavily reinforced, and included a plaza with an eight foot thick concrete foundation, as is found for gun placements (Beamish 2005).

unpack this chapter. I argue that the mobilization of discourses about the failure of Haiti not only undergirded the military and political control of the country for 19 years, but that these discourses and the material practices of the occupation had enduring impacts on Haiti's administration, public health infrastructure, and more pointedly, on Haitian health citizenship.

This chapter is primarily focused on examining what is often touted as one of the great achievements of the occupation – namely, the reorganization of the public health system (Brodwin 1996; Chapman 1927; Douglas 1927b; McBride 2002; Senauth 2011). When most authors write about the 19 years of the occupation, the development of public health and sanitation in Haiti emerge as a tidy narrative that stitches onto the occupation as proof of an underlying benevolence and humanitarianism (H. Schmidt 1971; Brodwin 1996; McBride 2002). However, I argue that the actual unfolding of the programs was much messier, and in many ways, quite unsuccessful. Although the health and sanitation work was meant to be “business as usual,” following the examples of similar projects in the Philippines, Cuba, and Puerto Rico, the Navy forces had not actually implemented any of the previous programs – they were all Army projects.<sup>6</sup> In fact, until the occupation of Haiti, neither US Marines or Navy had engaged in either public health and sanitation program implementation *or* small wars – two shortcomings that had major impacts on the first six years (Bickel 2001; Boot 2002; Schutz 2011). Further, I argue that the overarching racism and deeply entrenched paternalism that permeated the occupation stymied the realization of humanitarian efforts of the Navy primarily in two ways. First, the failure to recognize the political and social landscape of Haiti led to a prolonged battle, both discursive and material, between Haitians and their occupiers. While many of Haiti's elite class welcomed the occupation, believing it would help to

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<sup>6</sup> Their only experience was in Guam – a strategic island nation wherein the Navy was given more than adequate funding and personnel to carry out their mandate. For instance, in 1922, the island of Guam had only 15,000 inhabitants, but the Navy supplied nine doctors, two dentists, 40 hospital corpsmen, and 11 female nurses for the island, as well as built two schools and provided funding for the removal of lepers to Cullion in the Philippines. Compare this with just nine naval doctors and 11 hospital corpsmen, and three Red Cross nurses in Haiti to serve 2,500,000 (Overstreet 1922; Hattori 2004).

settle what had been several years of continuous turmoil and expecting to be enlisted in the reformation of the country, the US military personnel lumped all Haitians together as homogenously “black” and instituted wide-ranging Jim Crow laws. The Americans lost potential allies and quickly alienated elites and peasants, alike, galvanizing Haitians against the occupation and impeding whatever few improvements might have been possible. Second, racialized assumptions about disease burdens led to a failure to address the specific public health needs in Haiti at that time. In this chapter, I take as an example just one disease family, treponematoses (which includes yaws, syphilis, bejel, and pinta), to illustrate how racism materialized through health and disease across the socio-cultural and political landscape of Haiti beyond merely medical institutions and practices.

Haiti had long been the site of US caricaturizations of uncivility at the time of the invasion (Dash 1997; Ramsey 2014). Newspaper accounts and travel books throughout the 19<sup>th</sup> century and the beginning of the 20<sup>th</sup> century drew on and built up stereotypes of Haitian culture, highlighting cannibalism, Vodou,<sup>7</sup> and Haiti’s overall difference from US culture as exhibited through what J. Michael Dash terms “negro primitiveness” (1997, 25). Informed by lurid fantasies written as authors’ eyewitness accounts and their own racialized understandings of black culture, US military personnel landed in Haiti with a view to “modernize” the country (Bellegarde-Smith 1990; Renda 2001; C. Michel and Bellegarde-Smith 2006). At the same time, this imaginative geography of Haiti led to a wholesale dismissal of the legitimacy of Haitian social and political institutions and Haitian political subjectivity, more broadly. This wholesale dismissal of Haitian political subjectivity reverberated back into a dismissal of existing national institutions, to include those associated with public health and medicine.

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<sup>7</sup> Vodou is the creole spelling that refers, specifically to the Haitian version of what is a hybridized religion based on a localized African amalgamation of spiritualities. Voodoo specifically refers to a similar set of religious practices found in the Southern US states, particularly Louisiana. Other spellings, which I use throughout this dissertation, indicate the spelling used by the person referenced.



Contrary to the many claims made by military personnel, Haiti did have a Public Health System in place when Marines landed. *La législation de l'hygiène de l'assistance publique Haiti*, a set of public health, sanitation, and quarantining laws that had been in place (and intermittently renewed) since 1804, the Police Sanitaire in place since 1846, and a Jury Médical operating since 1847, constituted the framework and a few of the mechanisms of the public health system<sup>8</sup> (Haiti and Service national d'hygiène publique 1804; Bellerive and Service de la Santé Publique. Bibliothèque 1954). The Jury Médical in Port-au-Prince was comprised of four physicians and one pharmacist who all worked without remuneration and lacked funds or support to institute a cohesive system of public health; however, they worked closely with local Jurys to keep abreast of, and to manage, disease outbreaks throughout the country (H. A. May and Garrison 1915). The system had been effective enough that not once did Haiti experience a cholera outbreak and only intermittently saw cases of yellow fever.

Indeed, an 1892 report by the International Bureau of Republics gushed about the health benefits afforded by travel to Haiti: yellow fever had never been endemic and was only ever brought into the country by foreigners; the climate and waters were said to be great for rheumatism; and “Haiti is much more healthy than any other island in the Antilles. Port au Prince is certainly much more healthy than Kingston or Havana” (1893, 6–8; See also: Léger 1970). The interior was described as almost disease-free. Jacques Nicholas Léger, a Haitian lawyer and diplomat who had served as secretary of the Haitian legation in Paris and then as envoy extraordinary and plenipotentiary of Haiti in Washington, gently admonished newspapers in the US that “pervert public opinion against Haiti by representing it as the seat of all diseases” (Léger 1907, 276). Indeed, typhoid fever and smallpox, which were endemic in Washington (in which he was living) at the time,

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<sup>8</sup> For a more thorough review of the Haitian public health sanitation programs since the Revolution, see: Brodwin's *Medicine and Morality*.

did not lead anyone to accuse the US of being a danger to the rest of the world as they did Haiti. Conversely, Léger assured his readers, yellow fever and smallpox did not exist in the country, and tuberculosis, unlike the US and Europe, was almost unheard of in Haiti (For an account of tuberculosis in the US during this time, see: Craddock 2004).

This is not to suggest that public health and sanitation in Haiti during the 19<sup>th</sup> and early 20<sup>th</sup> centuries were outstanding by any measure – years of political and economic turmoil had taken their toll on civil society. But it is worth noting that there were institutions and legislation in place that had served the country well for many years. Throughout the occupation, however, US Navy medical personnel dismissed the medical infrastructure already in place in the country and alienated the medical community. At the same time, the occupying forces did not fill the vacuum they created in medical service, and, indeed, failed to fulfill its own humanitarian mandates, as articulated in the US-Haiti.

Altogether, the failure to fulfill humanitarian promises coupled with an oppressive political regime that failed to recognize Haitian sovereignty led to the organization of *cacos* (peasant revolutionaries) and elites against the occupation. Through Haitian military and political mobilization and with the aid of US political allies, the first six years of the occupation ended in a public reconsideration of the aims and outcomes of the occupation, and ultimately, forced concerted shifts in how humanitarianism was conducted. This chapter, primarily, is about the struggle between US occupiers and Haitian citizens for the recognition of their citizenship, and particularly *health* citizenship. To do this, I first set the stage of the occupation by describing the early interactions between US military commanders and Haitian political leaders as an illustration of the depths to which US imaginaries about Haitian political subjectivity and US paternalistic sensibilities informed the 19 years of occupation. I then highlight the discourses of health and citizenship, particularly within tropical medicine, that undergirded the US Navy Medical Corps' understanding of its

mandates in Haiti. I then examine the actual health and sanitation programs as they unfolded during the first six years of the occupation. I include in this a closer examination of how already-existing discourses about Haiti were informed by deeply racialized prejudices regarding health that impacted diagnosis and treatment of disease. I do this by focusing on a single disease family, treponematoses. And finally, I turn to the growing resistance among Haitians to the occupation, the involvement of US political allies, and the culmination of protests to the first set of inquiries that led to an overhaul of the occupation and its humanitarian endeavors. This chapter illustrates just one instance in the clumsy beginnings of what is today's militarized health and humanitarian system, not just in Haiti, but also around the globe.

### *Setting the stage*

The first month of the US occupation laid the foundation for the following 19 years. Rear Admiral William B. Caperton, Commander in Chief, Atlantic Reserve Fleet, immediately formed and took command of a joint Haitian-American committee, noting that beyond a so-called "committee of safety" formed by Gen. Polynice and three other generals; there was no government or authority in Port-au-Prince when he landed. His committee was composed of the original generals of the committee of safety, as well as other revolutionary generals: Polynice, Delva, Charles Zamor, Noel, Nau, Samson Monpoint, and Robin. On the 29<sup>th</sup> of July, Admiral Caperton sent Captain E. L. Beach ashore to confer with the prominent citizens in regard to disarming the Haitian soldiers and civilians in town. He also sent the chief of staff and the commander of the landing forces to meet with the revolutionary committee. It was in these meetings that Admiral Caperton explained his intentions to the preservation of law and order and the necessity of assuming military control of the city. The Haitian-American committee, it became clear, was simply a placation of the revolutionary generals to ensure that they came under his command and control.

With Port-au-Prince under control, the State Department instructed the Caperton to allow elections to be held as quickly as possible, only in so far as (1) it was well-understood that only a person who could assure the end of factional fighting would be recognized by the US government; and, (2) that all candidates understood that the US Government was to be “entrusted with the practical control of the customs, and such financial control over the Republic of Haiti as the US may deem necessary for an efficient administration” (Lansing 1915).

On August 8, 1915, Caperton arranged a meeting at the American Legation in Port-au-Prince with the two most prominent candidates for election as President to Haiti. Caperton intended to ascertain their feelings toward the United States, and, in truth, to choose who would be the next President. Before the meeting took place he already had a sense of where each stood, but he wanted to hear their intentions directly. Relying on his chief of staff, Captain E. L. Beach, to translate, Caperton began when the two men arrived:

*Gentlemen, it seems likely that one of you will be elected President of Haiti. Haiti is in great trouble; she has suffered much. The United States has come to Haiti as a good friend, interested only in Haiti's welfare, in her happiness, in her prosperity. The United States has determined that revolution and disorder and anarchy must cease in Haiti; that unselfish and devoted patriotism must characterize hereafter the acts of the Haitian Government. Senator Dartiguenave and Dr. Bobo, realizing this momentous crisis in Haitian history, with the eyes of Haiti and the United States upon you, do you promise that if elected President of Haiti you will, in your official acts, be guided solely by earnest devotion to Haiti's honor and welfare?<sup>9</sup>*

Both men replied emphatically in the affirmative, and Admiral Caperton continued:

*Senator Dartiguenave, in case Dr. Bobo should be elected will you promise that you will exert every influence in your power to assist him for Haiti's good; that you will join with him heartily and helpfully and loyally?*

To which Dartiguenave responded:

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<sup>9</sup> This conversation is taken from Admiral Caperton's testimony in the Hearings before a Select Committee on Haiti and Santo Domingo, United States Senate, Sixty-Seventh Congress.

*If Dr. Bobo is elected president I will give him the most loyal, earnest support in every effort he may make for Haiti's welfare.*

Admiral Caperton repeated the question to Dr. Rosalvo Bobo:

*Dr. Bobo, if Senator Dartiguenave is elected president, will you help him loyally and earnestly in his efforts to benefit Haiti?*

*No: I will not!* Dr. Bobo shouted. *If Senator Dartiguenave is elected president I will not help him. I will go away and leave Haiti to her fate. I alone am fit to be president of Haiti; I alone understood Haiti's aspirations, no one is fit to be president but me; there is no patriotism in Haiti to be compared with mine; the Haitians love no one as they love me.*

It was decided in that moment, that Senator Dartineguave would be President. Admiral Caperton explained his decision to the Select Committee on Haiti and Santo Domingo, six years later:

*My idea was that the man most suitable for the Haitian presidency was one in whom the Haitians' confidence, one whose animating purpose would be Haiti's welfare, to which purpose he would give unselfish devotion; and also, one who combined such qualifications with confidence in the United States. There was never any bargaining of any kind whatever with Dartiguenave, as far as I know.*

On the 11<sup>th</sup> of August, Sudre Dartiguenave was elected by a vote of 94 out of 116<sup>10</sup> Senators and Deputies assembled “under protection of marines” (R. B. Davis 1915). Already chosen by Secretary of the Navy Josephus Daniels for his obvious willingness to accept American terms, the “protection of marines” was a polite way of saying that US marines stood, with bayoneted guns in hand, throughout the aisles of the Assembly, encouraging the vote for Dartiguenave.<sup>11</sup>

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<sup>10</sup> In his testimony to the Select Committee of the Senate, Caperton stated that there were 39 Senators and 102 Deputies in chambers that day, of which 94 voted for Dartiguenave, 16 for Bobo, and the rest for the smattering of other candidates.

<sup>11</sup> The details of the election and the US Marine presence during the assembly have been reported differently by those who were present. Admiral Caperton insisted throughout his life that there was no pressure applied to any of the Deputies or Senators in relation to who should be elected President. However, Gen. Smedley Butler (Ret.), who was a landing marine from USS *Connecticut* at the time of the invasion of Haiti (and for which he received his second Medal of Honor at Fort Riviere) and who subsequently commanded the Gendarmerie, reported on the strong-arm tactics of the marines during the 1915 election in his biography.

The private conversation, as relayed by Caperton, himself, to the Senate Inquiry into the Occupation and Administration of Haiti and Santo Domingo in 1922, had very public implications that marked the beginning of the new diplomatic relationship between the US and Haiti and her people. In the US political imaginary, the political subjectivity of Haitians was only legible in their acquiescence to the US military command. Individual actors within the political sphere, and the political actions of the population at large, were not only subsumed to the needs and agenda of the occupation, but were in fact written with a pre-determined structure of what constituted a “proper” political subjectivity. Rosalvo Bobo was well known for his anti-American sentiments, making it impossible for Caperton to imagine his election to presidency.

In the previous 15 years, Rosalvo Bobo had struggled to bring Haitians together across class and race divides, beseeching them not to prove true US caricatures of the island as illustrated through their constant political upheavals (Bobo 1903; Guillaume 2012). Although highly educated with degrees in law and medicine from European universities, Bobo was perceived as a man of the people. When he returned to Haiti from Europe, he worked in the rural areas, providing medical care for the poor – often for free. He worked tirelessly to bring the people of Haiti together in solidarity, and held the support of many of the Haitian people (Guillaume 2012; Mardorossian 2005; Gaillard 1973).

What Caperton failed to comprehend during that first meeting, and throughout his tenure in Haiti, was that Haitian political subjectivity would not be a mirror of US political subjectivity. That the Marines landed and took control of the country without a single US casualty, was interpreted as a reflection that theirs was a welcomed intervention in what had been several years of ongoing revolutions. The refusal of Haitians to participate in material support of the occupation, after the landing, was seen as evidence of mere laziness. However, both the peace with which the Marines

landed and the refusal to participate in the material support of the occupation were a form of “marronage” – a pointed political act of protest (Renda 2001).

Marronage (*mawanoj* in creole) is a popular Haitian political tactic that has been employed throughout the 19<sup>th</sup>, 20<sup>th</sup> and 21<sup>st</sup> centuries in the public’s refusal to participate in elections, in politicians’ boycott of negotiations orchestrated by foreign bodies, and more generally, by saying one thing but meaning another, and by simple elusiveness<sup>12</sup> (Fatton 2006; Averill 2008). Although often referred to in US accounts as a “passive” form of resistance, it is an actively engaged non-act. Its history stretches back to the days of slavery. Marronage marks the moment when the maroon, or runaway slave, left his or her plantation, either for a short period (*petit marronage*) or permanently (*grand marronage*), often creating settlements in the mountains of Saint Domingue (Debien 1996; Jean-Marie 2013). For the most part, *petit marronage* was a form of every day resistance (although it was also viewed as mere laziness) that acted as a kind of “safety valve” to press plantation owners and managers to make small changes in work, in food rations, or other amenities (Geggus 1983; Florentino and Amantino 2011). The maroon settlements on the other hand, Vivaldi Jean-Marie (2013) argues, were not only sites of collective resistance, but were also the site where freed slaves first performed their social and political agency, and where notions of freedom and socio-political institutional formations found their roots. Haiti, he argues, was already in the making in the maroon communities of Saint Domingue long before the Haitian Revolution (c.f. Curtis 2013).

Maroons and the legacy of the Haitian Revolution have, despite the contestations over the continuity of the notion of marronage (c.f. Manigat 1977; Geggus 2013), left an indelible mark on Caribbean identities and subjectivities (Cummings 2010). Marronage is the continued challenge to dominant cultural and political powers and norms, a subversive form of engagement whose roots

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<sup>12</sup> Within diaspora studies, marronage is also the act of migrating out of Haiti to escape poverty and political oppression which mirrors a more literal translation of the word handed down from slave times

are in anti-colonialism. The structural violence wrought through the systematization of oppression – first through slavery, then through political and economic marginalization, and then again in occupation – worked to entrench heterodoxy (Sylvain 2007). Indeed, as Maria Joao Ferreira (M. J. Ferreira 2014, 124) argues, “Haiti constitutes an exemplary case study of national subjectivity formation in the contexts of collective trauma normalization.” Trauma is at the center of memory and cultural agency in Haiti<sup>13</sup> (Glissant and Dash 1989; M. Munro 2006a). The “countless and indelible wounds inflicted on [Haiti’s] people by the colonialist onslaught” (Fanon and Philcox 2004, 181) were still fresh when the US Navy and Marines landed. Fears of annexation by the US had circulated in the Haitian political consciousness since at least the late 19<sup>th</sup> century. In the early 20<sup>th</sup> century, this fear was only further exacerbated by the multiple attempts to wrest control over the Haitian finances and the fact that the US had intervened so many times, usually under the auspices of protecting US citizens and business interests (H. Schmidt 1971; Bellegarde-Smith 1990; Dash 1997; L. D. Langley 1989; Guillaume 2012).

Ironically, of the three men in the room during the interview on August 8th, it could be said that Bobo was the only one to speak frankly and truthfully. Bobo’s defiance, in what he knew to be a defining moment, was his unwillingness to give in quietly. He knew that he had lost, either way. What Bobo understood, perhaps even better than Caperton could articulate, is that within the white imaginary of the time, “a black is not a man” (Fanon 1986, 10). Meanwhile, Dartiguenave was “say[ing] one thing to the people, another thing to political allies, and another behind closed doors to those who have the power and money – and of course, the US in this case” (Reeves 2004, 339). In the end, Caperton chose the man who he thought he could best control.

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<sup>13</sup> For an excellent take on the commodification of that trauma in what she calls the *neomodernity* that is the post-Duvalier era, see Erica Caple James’ (2010) *Democratic Insecurities: Violence, trauma, and intervention in Haiti*.



The strength with which Bobo's concern for Haiti's political and economic future as articulated in his willingness to forgo the chance at the presidency in order to maintain his and his country's integrity was not read as a deep commitment to the people of Haiti by Admiral Caperton, but rather as a deeper disdain for the US more generally. What was truly important was not, as Caperton would have the presidential candidates or the Senate Hearing Committee believe, their commitment to the future of Haiti for Haitians, but their commitment to a US agenda that would unfold over the next 19 years of occupation, and continued over the next 100 years of development, aid, humanitarian intervention, and structural adjustment policies.

The Haitian-US Convention, based on previous conventions that had been refused by former Haitian presidents, was forced through the Senate by threats and bribes coming from Washington, DC, and was signed on September 17, 1915 (Bausman et al. 1922; H. Schmidt 1971; Turner 1922). Chief among the promises made by the US Government for the continued occupation was to aid in the development of the Haitian industries, agriculture, mining, and commerce.<sup>14</sup> Included as an addendum to these development provisions, Article XIII provided for the appointment of sanitation engineers by the President of Haiti upon the nomination by the US President<sup>15</sup> (United States and Pomerene 1922). The inclusion of Article XIII spoke more broadly to US sensibilities about modernization than they did to humanitarianism. As I show in the next sections, the drive to build up health and sanitation in Haiti was underwritten by assumptions that conflated civilization (or civility) with health.

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<sup>14</sup> Article I reads: "The Government of the United States will, by its good offices, aid the Haitian Government in the proper and efficient development of its agricultural, mineral and commercial resources and in the establishment of the finances of Haiti on a firm and solid basis."

<sup>15</sup> Article XIII reads: "The Republic of Haiti, being desirous to further the development of its natural resources, agrees to undertake and execute such measures as in the opinion of the high contracting parties may be necessary for the sanitation and public improvement of the Republic under the supervision and direction of an engineer or engineers, to be appointed by the President of Haiti upon nomination by the President of the United States, and authorized for that purpose by the Government of Haiti."

### *Health, disease, and development*

Health and disease are powerful tropes in the construction of hierarchies in global geopolitics. Health stands in as a marker of civilization, sanitation as a sign of modernity just as disease denotes barbarism, and uncleanness is an indicator of backwardness (Eamon 1998; Goudsblom 1986; Rothschild 2005). While the mobilization of these frames of health and disease elide the deeper social, political, and economic disparities, or the outcomes of uneven development (D. Harvey 2006; N. Smith 2008), historically, they have undergirded, sometimes as pretext, sometimes as defense, US interventions across Latin America, the Caribbean, the island nations of the Pacific and beyond (Amador 2008; W. Anderson 2006; Barbour 1899; Laura Briggs 2002; McBride 2002; del Moral 2009; Moran 2007; A. Robinson 1905).

Everywhere, from the emergence of public health within European states to the administratively articulated domination of non-European populations through colonization, was heavily informed by this new form of social engineering, employed as a necessity for the development of backwards people and for the legitimation of a new form of biopolitics through, among other things, public health and subsequently tropical medicine. At root is the formation of the appropriately participating individual – a participation that requires at the very least a healthful body with which to produce and contribute to society. And it is through health that the administration of the body politic reaches down into the level of the individual bodies of the administered group – that the political subjectivity of individuals is written through the reading of the health of persons.

Health comes, not *a priori*, but through a newly-constructed recognition that the body that is *not disordered* is civilized. As Canguilhem writes, “This body is at once a given and a product. Its health is at once a state and an order” (2008, 472). Thus, the urge to “develop,” to bring progress to those people and places that are not yet modern, emerges as a frame through which to create order

at the level of the body – an order that demarcates the civilized body that is drawing in and upon progress of liberal enlightenment. Canguilhem continues:

*Health, as the expression of the produced body [the body as product], is lived assurance — with the double sense of insurance against risk and audacity to run this risk. It is the feeling of a capacity to go beyond initial capacities, a capacity to make the body do what it did not initially seem to promise (2008, 474).*

That capacity, as the Enlightenment philosophers may have it, is limited only by the body's progression from its childish state of barbarism toward a form of healthful enlightenment – one that is hygienic and which supersedes its animalism.

The development of public health, Foucault asserts, is as much emerging from “old fears of venereal affliction” as it is with “new themes of asepsis, and the great evolutionist myths” (Foucault 1990, 54). This emergence of public health as an institution reaches into the morality of the social body to become deeply entwined with forms of modern nationhood (Heffernan 1999; Foucault 1990). It is in this vein, then, that the hygienist works to govern a population, not the individual. Public health, Canguilhem asserts, is actually about healthiness, not about disease, and yet, the healthy do not exist within this realm of acknowledgement. It is the diseased, or those susceptible to disease, that become an object of knowledge, that are publicized and become, further, objects of correction (2008, 475). It is the diseased, too, who are the abnormal, and the abnormal who are diseased, and it is through public health and colonial projects toward health, that individuals can be formed into citizens within this rubric. In this, abnormality is a powerful tool for the imaginative construction of Others, and Haiti, at the turn of the 20<sup>th</sup> century, represented all that was most abnormal in relation to the self-constructed identity of the US.

### *Tropical medicine and the imaginative construction of Haiti*

Many authors have pointed out that the field of tropical medicine was developed as a colonial technology of power and a force for cultural indoctrination – a “civilizing” tool both in the service

of the colonizers and in the futures of the colonized (W. Anderson 2006; Arnold 1993; Bala 2009; Laura Briggs 2002; MacLeod 1988). It is here that the complex apparatus of the state with regard to health – the space between the public and private, the individual and the collective – where technologies of power and control are laid most bare. The bodies of populations who are citizens of one state,<sup>16</sup> but have come under the magnifying gaze and into the assemblage of therapeutics of another through the military machine raise questions of the instrumentalization of health into the fold of development as a civilizing process. Within the US context, the growth of public health is deeply tied to military initiatives – of securitizing against diseases at the border and the diseased (foreigner and citizen) within borders (Birn 2009; Craddock 2004; Cumming 1903; Glover 1912; Ingram 2011; King 2002; Morens and Fauci 2012). The move to occupy, and in turn, to create and manage health outside of the US extended this securitization function – both to keep the bodies of military personnel healthy and to contain and manage disease at its perceived site of origin – even as it was mobilized for economic and political gains.

Undergirding the urge to development was a pre-scripted sensibility of the “failed” Haitian state and “backward” Haitians that is dependent on what Foucault (2003, 61) deems a “discourse of race war” – the battle of the one race to define the norm. This was not only a discourse of race but also of modernity: a paternalistic responsibility to “bring democracy” and “civilization” to a people who could not construct it for themselves. This erasure of the political history of Haiti, nestled so neatly in a racial discourse, subsumed and assimilated Haitian politicalness into a homogenized history of modernity where universalisms about blackness superseded individuation (Trouillot 1995). Haiti stood outside of history, a place in which things happened *to it*, not because of it (M. Munro 2006b).

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<sup>16</sup> Or, as the colonizers would have it, merely inhabitants of a particular land – lands which require others to cultivate.

The discursive construction of Haiti, the *idea* of Haitians, was heavily scripted within the US imagination. Referencing Edward Said's *Orientalism* (1979), J. Michael Dash (1997, 2) has gone so far as to quip, "Haiti was almost an invention of the United States." Mid-19<sup>th</sup> century fears about Haitian immigration were fueled by stories circulated about the Revolution – particularly myths of Haitian revolutionaries' barbarity and the slaughter of whites. Stories of Vodou rituals that entailed ritual sacrifice, cannibalism, and orgies brought death and sex intimately against a backdrop of tropicity – exoticizing Haitians in ways that created greater distance between the white, Christian "goodness" of US citizens. *Their* Revolution was seen simply as an unleashing of violence, an emancipation only of the (disposable) body from slavery which did not translate into a political subjectivity (Sweeney 2007). Haiti was seen as "an awful example of what happened when European forms of government are imposed on people of different and lower races" Joseph-Arthur de Gobineau insisted in the mid-19<sup>th</sup> century (Qtd in: Fouron 2006, 72).

Regardless of the mythos and the attempts to erase it from history, the Haitian Revolution disrupted sensibilities of whiteness and modernity across Europe and the Americas, as questions of race and citizenship became more deeply entangled in the fight against (and for) slavery (L. Dubois 2004; Popkin 2007). More broadly, the legend of the slave rebellion and its leader, Toussaint Louverture aroused revolutionary sentiments across South America and other countries of the Caribbean. Men wore medallions with the likeness of Emperor Dessalines into battle in Rio de Janeiro (L. Dubois 2004). Twice, Simón Bolívar sought and found refuge and political alliance in Haiti during his struggle to emancipate Spanish colonial lands (Lewis 1969). That Haiti was populated by an almost entirely African-descendent group of people, however, led to a presupposition about the value of enlightenment ideals of freedom and citizenship located within the country. The US Navy and Marine occupying forces' mission was as Rudyard Kipling (1899) called it, the "white man's burden" to bring peace and civility to the "half-children" of Haiti, and by

extension, health. And yet, until the occupation of Haiti, neither military force had engaged in either small wars *or* public health and sanitation program implementation (Bickel 2001; Boot 2002; Schutz 2011). This lack of experience heavily impacted the first six years of the military occupation of Haiti, as I will show throughout this chapter. Despite their best efforts, these forces were miserably incompetent at carrying out the mission laid out by Washington.

### *Sanitation and public health*

In the first few weeks of the occupation, the poor living within the city were starving. The military control over the city had shut down all commerce.<sup>17</sup> On August 13<sup>th</sup>, a woman and her child were found dead from starvation in the town market (Caperton 1915a). Caperton immediately requested the matter be brought to the attention of the Red Cross Society, with the hopes that they would send representatives and undertake relief work at Port-au-Prince. The Red Cross did send money in \$1000 and \$2000 increments but did not send any doctors or nurses. According to Caperton's testimony in 1921, no American missionary societies in the US offered any aid during those first few months.<sup>18</sup> In truth, the Lott Carey Missionary Foreign Baptist Board, under Rev. L. Ton Evans<sup>19</sup> had provided education, health, and general welfare for at least 25 years in Haiti and continued to do so during the occupation. Evans also went on to actively push for social reforms among the occupying forces, much to the chagrin of the commander.<sup>20</sup> Regardless, under order of the Secretary of State, Admiral Caperton appointed a committee consisting of Archbishop Pichon, Rev. Turnbull, United States Vice Consul Baptist, Senators Harrison and Villard, Madame Vue Fils Aime, president, and

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<sup>17</sup> Caperton repeatedly reported that it was the *cacos* who had shut down commerce in the city, leading to widespread hunger, and among the poor, starvation.

<sup>18</sup> The bitterness with which he made this accusation during the Senatorial Inquiry may well reflect the fact that his medical officer had not only reached out to the American Red Cross, but also to the Rockefeller Foundation's International Health Board, but to no avail. I will address this later in chapter.

<sup>19</sup> Evans would prove to be a thorn in Caperton's side throughout the occupation.

<sup>20</sup> In fact, the Reverend so got under the commanding officers' skin and the Department of States' that he was investigated and then arrested in Haiti.

Madame N. Solages, treasurer of St. Vincent de Paul's Hospital, under direction of Lieutenant Edgar Garfield Oberlin, to use the Red Cross money to feed the poor, to hire the unemployed to finish working on the National Railroad, and to begin on public works projects (Caperton 1915a). A milk station was opened, one health clinic staffed with Haitian and military doctors became operational, and a workstation where French nuns babysat for women who were working was set up.

Shortly after landing, P.A. Surgeon H.A. May and P.A. Surgeon Phillip E. Garrison were charged with making a health and sanitary survey of Port-au-Prince. Garrison would also go on to conduct a year-long study of tropical diseases prevalent in Haiti, noting the seasonal spikes in malaria and the high-incidence of intestinal parasites (United States and Navy Department 1916). Although the overall health survey of Haiti was by his own admission, rather crude, Garrison sent it on to John A. Ferrell, Assistant Director of the International Health Commission (IHC) of the Rockefeller Foundation, requesting the organization's assistance (Garrison 1915). His initial approach to the IHC was dismissed and perhaps even forgotten.

This outreach to the Rockefeller Foundation was not ungrounded. Garrison got his start in military tropical medicine in the Philippines, where under the command of Major William C. Gorgas of the US Army Medical Corps and Chief Health Officer Victor G. Heiser of the Marine Health Service (MHS),<sup>21</sup> he conducted numerous studies of parasites among the Filipinos (Heiser 1936; W. Anderson 2002; A. McPherson 2013). In 1912, he was loaned by the Surgeon General to the US Navy for the Thompson-McFadden Pellagra Commission, which was investigating the cause of Pellagra, of which the previous few years had seen a serious rise in rates (Lavinder 1912; Siler, Garrison, and Macneal 1914). During his time with the Commission, he worked closely with Ward J. MacNeal, who was on loan from the US Army Medical Corps, but who had, earlier in the century,

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<sup>21</sup> Heiser, one of the first foreign office Marine Health Service (MHS) officers, was on loan at that time from the MHS to the Army. He would go on to head the Rockefeller Foundation International Health Board of the East in 1914 (Heiser 1970)

been a Fellow at the Rockefeller Institute for Medical Research (Rockefeller Institute 1905). Garrison then went on to a visiting lecturer position in 1914 at the Harvard Medical School, where he no doubt met again with Richard P. Strong, a colleague of his in the Philippines and a colleague of Gorgas' in Serbia during World War I, under the auspices of the Rockefeller Foundation's International Health Board and the Red Cross (W. Rose 1915b).

This cozy relationship between the US Navy, the US Army, the Marine Health Service, and the Rockefeller Foundation's multiple medical arms, as I show later, is intimately tied to the unfolding of public health and sanitation in Haiti, and to tropical medicine more generally. The US Navy, for all intents and purposes, had no roadmap for health and sanitation (much less many of the other public works projects they took on) in 1915.<sup>22</sup> The US Army Medical Corps had managed health and sanitation in Cuba, with aid from the Marine Health Services, through the work of Colonel Walter Reed and General William C. Gorgas. Leonard Wood, a surgeon in the Army, was appointed by President Harding to replace Wilson's appointed governor-general, Francis Burton Harrison (a statesman), as governor-general of Cuba (Alcantara 2010). In Puerto Rico, a general health board was established, with Army Major John van R. Hoff as the lead surgeon (G. W. Davis et al. 1902). Health and sanitation programs, in each of these instances in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries were Army projects, at their core.<sup>23</sup> The lack of experience on the part of the occupying forces would have enduring impacts on the public health program in Haiti.

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<sup>22</sup> Indeed, the Naval Medical School was only established in 1902 and didn't open until the 1906/07 school year (United States and Navy Department 1907); however, as Charles S. Butler would grumble many years later, "I can but briefly refer to these [men of the highest literary and scientific accomplishments of the Navy] and must leave unmentioned the great mass of Naval Medical Officers who have been applied advances in medicine and surgery to the discharge of their duties, and have been too busy with that time-consuming, but pleasurable occupation to burst into print about it" (C. S. Butler 1941, 14).

<sup>23</sup> It's worth noting that Kieth B. Bickel has even pointed out that the occupation of Haiti was the Marines first small wars – contributing the military failings, as well (2001).



Admiral Caperton did try to get something of a sanitation program going in Port-au-Prince as soon as possible,<sup>24</sup> but found his hands tied on all fronts – lack of funds to provide assistance, lack of a directive to build up sanitation and public health beyond what would benefit US troops, and by extension, the Gendarmerie, and he had difficulty negotiating the ever-changing landscape of the political relations between the US and Haiti. The role of Sanitary Engineer – first under military rulership, and then under civil service – was difficult to fill. In June 1916, an agreement was reached between Secretary of State Robert Lansing, Haiti’s Minister to DC, and Solon Menos, Professor Pierre Hudicourt and August Magloire of the Commission to Washington, for the payment of the US appointed sanitary engineers to the sum of \$7,500 – for which Haiti would be responsible for paying<sup>25</sup> (Lansing et al. 1916). According to the Haitian interpretation of the Treaty, although the US President would nominate engineers from the US Navy, they would be released from their military service to serve as civilians under the Government of Haiti. However, in a telegram to the US State Department in September 1916, just days before the transfer was to occur, Chargé Scholle insisted, upon recommendation of Brigadier General Waller that, because of the importance of and the need to protect the health of American troops, sanitation should be retained by the occupation (Scholle 1916; W. S. Benson 1916). In fact, in 1916 the departments of public health and public works were shifted under the command of the Gendarmerie, which was under US military command of Maj. Butler (Sannon, Vincent, and Thoby 1921). It was decided they would stay with the occupying forces until new laws could be drafted, and a commission of Haitian physicians and US medical officers

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<sup>24</sup> Admiral Caperton was well-liked in Haiti and made great pains not to offend Haitians, generally. He ordered his men to treat Haitian with dignity and even friendliness. He was replaced in 1916 by Colonel Littleton W.T. Waller (USMC), a man well-known for his vitriolic racism and gruffness. The difference between the two men was so stark that the financial adviser Addison T. Ruan remarked, “We have used two policies in Haiti, one of force and one of conciliation. Admiral Caperton employed conciliation. He made personal friends of leading Haitians, by associating with them. General Waller, seconded by Colonel (now Brigadier General) Butler, adopted a policy of force” (Quoted by: H. Schmidt 1971, 78).

<sup>25</sup> It’s worth noting here that much of the labor being used at that time in Haiti was corvee and that when there was paid labor, it was paid at US 20 cents a day, or 1 Haitian Gourde. The financial advisor, McIlhenney, who drew up the agreement was making \$10,000 a year, plus \$500 a month in travel expenses, entirely from the Haitian Treasury.

was convened in 1916 (United States and Navy Department 1916). Their recommendations would ultimately be dismissed by the Sanitary Engineer (Brodwin 1996). Indeed, the overarching disdain the Sanitation Engineer had was made plain in a speech he gave before the American Society of Tropical Medicine when he stated:

*The ex-Kaiser is credited as once having made a very true remark. It was to the effect that the Haitian race is aboriginal African with a very thin veneer of French civilization. The truth of this simile is well recognized by one who knows Haiti. The spectacular, bombastic, and erotic, appeals most markedly to the African race and the slightest veneer of education, or I might possibly say civilization, is frequently made grotesque through its misapplication, by a gentleman of color and means. The Haitian doctor is a scholar of no mean attainment, but always writes "shotgun" prescriptions of the pronounced type, having no ability to apply his theoretical training. He must always parade all he knows on every possible occasion, in a pompous, and vain glorious manner... The mass of the Haitian population (conservatively estimated at 90 per cent) are so absolutely ignorant of the fundamentals of personal hygiene that a kindergarten basis of sanitary education has to be established, in order to reach them at all (McLean 1921).*

All of the organizational and funding confusion coupled with deeply held racisms created multiple disruptions to the realization of a public health and sanitation program, despite Caperton's best efforts. Even finding and installing a sanitary engineer proved to be difficult.

P.A. Garrison was an obvious choice for Sanitary Engineer, given his experience in the Philippines, the southern US, and even in Haiti during the first few months of the occupation, and he was recommended by Admiral Caperton in November 1915. His nomination was accepted easily by Dartiguenave, but Garrison was, in the end, assigned to Chief Sanitary Inspector in the Dominican Republic in 1917<sup>26</sup> (Caperton 1915c; Mayes 2009). Lieutenant Oberlin, who had coordinated the early humanitarian efforts of the occupation was also recommended was accepted and even instated in July 1916, but because the Sanitary and Public Health projects would continue

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<sup>26</sup> The occupation of Hispaniola, for the first several months, was considered a single operation by the US Department of the Navy; however, in 1916, these were split into two operations – one for Haiti under Admiral Caperton and the other for the Dominican Republic under Rear Admiral Harry S. Knapp.

under the occupation's martial law "for military reasons," Oberlin's cooperation was deemed "inadmissible" (Borno 1916; Blanchard 1915). Orders from the Secretary of the Navy ended Oberlin's tenure in Haiti in December that year, much to the chagrin of Solon Menos, the Haitian Minister to Washington, DC. Finally, in January 1917, Norman T. McLean was relieved of his military duties to act as the Sanitary Engineer of Haiti, and he immediately set about trying to build a Public Health System.

Following in the footsteps of Garrison, in his first act as Sanitary Engineer in February 1917, McLean contacted the Rockefeller Foundation (McLean 1917). He was not alone in his attempts to bring in help from a corporate foundation. Brigadier General Eli K. Cole, Brigade Commander, wrote in his daily diary reports to the Office of the Navy,

*It would be of much benefit [sic] if representatives of Departments of Agriculture could visit this country to make a comprehensive survey of conditions, the School system is rotten, and in the country is practically nil, and if a survey by some such institution such as Rockefeller [sic] or Carnegie Institutions could be made, the knowledge gained thereby ought to be of inestimable benefit when funds are available for such work (Cole 1917).*

It was clear to both the Sanitary Engineer and the Brigade Commander that they needed help. Under-staffed, under-resourced, and ill-equipped to follow through on the directives of the Treaty, they struggled to find a way to move forward.

Rather than simply continuing the sanitation programs as they were, McLean sought to create a comprehensive service for all Haitians. In his view, malaria was the leading cause of death among adults, followed closely by tuberculosis and malnutrition. His biggest concern, however, was that by his own rough estimate, at least 75% of the Haitian population had never received "intelligent medical care" (McLean 1917). Wickliffe Rose, of the Rockefeller Foundation responded a month later, stating that they were unable to make a contribution to a public health system as it was outside its bounds of operations; however, the International Health Board was working with

governments in the relief and control of hookworm and they might consider sending a representative to make an extended survey (W. Rose 1917). The Rockefeller Foundation would not send a representative to Haiti until 1922.

McLean found that striking the right balance, given what he knew about organizing a health system and the political instability in Haiti, was extraordinarily difficult. Basing his first ideas on the work of the Army Medical Corps in Panama, he quickly realized that their success was partially the product of the complete military control. Searching for a more diplomatic approach, he then turned to the example of Cuba's sanitation laws, but the political situation in Haiti made it difficult to implement them. Thus, he landed on creating a wholly centralized organization under himself, as Sanitary Engineer, that could, upon the withdrawal of US military forces, be instantly transformed into the Ministry of Health (McLean 1921).

Somewhere along the way, a plan to rebuild the hospital in Port-au-Prince and the medical school was drawn up and was to be "put into execution as soon as the financial matters of the government are settled" (United States and Navy Department 1916, 695). The original plan was expected to take 5 years at a cost of \$100,000; however, "financial matters" were in flux for years to come, under the US-appointed financial receivers. When McLean took his position as Sanitary Engineer, he found the National School of Medicine and Pharmacy so arcane that he unceremoniously closed the school down – barring students from entering the general hospital, depositing the medical equipment belonging to the faculty in the yard, and turning the building into a nursing school that was first run by two army nurses, and then taken over by the Red Cross from 1919-1931 (Jordan 1921).

McLean inaugurated the Public Health Service of Haiti in October 1917,<sup>27</sup> and immediately it was made into a sub-Division of the Department of the Interior (B. Jones 1920). In the first two years of its existence, the total budget for both the Health and Sanitation programs was \$76,000, which was taken from the collection of customs, provided by the general receiver, under direction of the financial adviser. For the most part, money was used to pay for street sweepers (a program inaugurated to provide employment to the most poor among city inhabitants), some few medicines and vaccines, medical treatments for the gendarmes, and to begin to remodel existing clinics and hospitals.

In the interim (and then for the duration of the occupation), gendarmes were tasked as sanitary inspectors. Armed with summons books, nine inspectors fanned out through Port-au-Prince, looking for stagnant water sources, uncovered toilet pits, badly filled yards, and other discrepancies. Those found in violation were given a citation and expected to remedy the infraction or face being brought up before the judge and fined or imprisoned (Brigade Commander 1919). There were only five American physicians, besides the Chief of Sanitation, assigned to duties in Haiti in 1918. Their work was supported, at that time, by Sisters of Charity (Inman 1919a). Over the course of the next few years, more US Marine medical officers and mates were assigned to the Gendarmerie d'Haiti to conduct health inspections of new recruits and of prisoners.

Once the gendarmerie was fully established, the budget jumped to \$177,974 for FY 1917-1918; \$191,751 for FY 1918-1919; 267,718 for FY 1919-1920; and \$308,296 in 1920-1921.<sup>28</sup> The sudden jump in 1920 was due to a smallpox epidemic that Haiti suffered that year – Naval medical officers “vaccinated practically the entire population of the island” (United States and Navy

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<sup>27</sup> It was not recognized by law until one was enacted in 1919 (Russell 1923).

<sup>28</sup> Curiously, the budget is not broken down for the Senate – the first full budgets from the Public Health and Sanitation programs are not available until after the Senate Hearing. All Public Health and Sanitation employees received their salary from the Haitian government, but it is not clear if the budget totals include salaries.

Department 1921, 22; McIlhenny 1922a). The hospital in Port-au-Prince and Cape Haitien were also rebuilt. By March 1918, towns had been swept, sewers were opened, drains were cleared, and wells were covered. Dispensaries had been set up wherever possible – usually in a town police station, tucked into a corner of the building. Gendarmerie posts also had a small stash of medicines and supplies. A US physician or member of the Hospital Corps would come periodically to administer to people. Some 24 Haitians in the gendarmes were trained to administer to wounds and some illnesses (S. D. Butler 1921, 521). When the General Hospital of Port-au-Prince reopened, it was staffed with US and Haitian doctors, nurses and pharmacists under the directorship of Dr. Lawrence. In the first year of operations, it recorded 2349 admissions, 2383 discharges, 64 births, 309 deaths, 64 major operations and innumerable minor operations (B. Jones 1920, 35). On the whole medical and sanitation programs were concentrated in the urban areas.

Taken on their own, these improvements were seen by many of the military personnel as high achievements, lauded for their civilizing effect against the “barbaric” and “savage” Haitians. However, external reviewers of the situation in Haiti in those first few years wrote about quite a different story. When taken in comparison to the kind of work managed in Cuba and Puerto Rico, the improvements were negligible, at best (Schoenrich 1920); and, for those who insisted that the occupation was excellent for Haitians, it was always the road system that warranted the greatest appreciation (Thorpe 1920; Inman 1920; Farnham 1921). Indeed, the final report of the Senate Inquiry of 1921 went so far as to state, “Improved roads are an index to the industrial development of any country” (Oddie and McCormick 1922, 2). By all accounts, the mandates of Article XIII had failed to materialize in any meaningful way for the Haitian population – particularly in rural areas.

The preconceptions about Haitian sanitation and health were both highly racialized and rampant among the US military personnel involved in the first six years of the occupation. Haitian backwardness was considered both the cause and the outcome of their so-called primitive state.

Many of the racialized notions about the potential of Haitians to be either “civilized” or politically salient were transferred from US racisms about African-descent peoples. Within the US imaginary, all black people were part of a homogenous cultural group, and always and in all respects, Other. The stereotyping of Haitians worked at once to produce them as Other and to re-produce the Self – the US self of civilized society.

And while these preconceptions undergirded the move to occupy from the outset, they worked more perniciously to narrate the occupied land. This “textual attitude” (Said 1979) was informed by travel books written before and during the occupation and was further supported by popular press reports of the occupation that exoticized Haitians, portraying them as primitive, violent, and promiscuous on the one hand, and childlike and docile “savages” on the other (Baroco 2011; Dash 1997; Renda 2001). These dichotomous frameworks, seemingly incongruous, both stemmed from older discourse about the development of man [sic]. Viewed as being “closer to nature” (as opposed to “culture”), people of color (indigenous, African, and other colonized peoples) had not yet found their way into modern society, which was ruled by rationality, impulse control, and peaceful politics (McClintock 1995; Hill Collins 2004; K. Anderson 2012). William Seabrook (1929, 91) captures this seeming contradiction in *The Magic Island*:

*The Haitian peasants are thus double natured in reality – sometimes moved by savage, atavistic forces whose dark depths no white psychology can ever plumb – but often, even in their weirdest customs, naïve simple harmless children.*

US forces came to Haiti with their own sensibilities about what “being black” meant within their own culture. At root, it meant “not being white” in a totalizing and homogenous sense, and therefore in need of domination (Fanon 1986; J. W. Scott 1996; Sanders 2013). This paternalistic sentiment traveled through all ranks of the occupation. Smedley Butler, General of the Gendarmerie, would go so far as to announce “We were all imbued with the fact that we were trustees of a huge

estate that belonged to minors” (Qtd. in: H. Schmidt 1987, 89). Farnham likened Haitians to “grown-up children [who] must be taught” in order to become economically productive (Farnham 1921, 124). And in his report to General Barnett, Col. John H. Russell in 1917 complained that Haitians “[a]re a hysterical people; like children they believe every rumor and completely lose their heads, and in consequence are very hard to quiet” (L. T. Evans 1921, 189). The juxtaposition of child-like naiveté and overt sexuality traveled first from the US in fragments and then was reformulated within the context of Haitian culture. The promiscuity of Haitians was first an act of blackness, as understood through the post-slavery racialization of blacks, but was further re-configured through visions of Vodou and the hyper-sexualization perceived in the ecstatic dance of ritual. Seabrook (1929, 41), described the ecstatic midnight dancers as “blood-maddened, sex-maddened, god-maddened, drunken... [as they] danced their dark saturnalia.” These dualizing constructions of Haitians had all of the overtly obvious impacts on the occupation – both political and in relation to public works – but it also moved much closer into the body through processes of diagnosis of disease.

Despite the multiple attempts to conduct a thorough health survey of the island, racialized conceptions about what diseases affected which peoples impeded impartial scientific processes. This was particularly apparent in the pronouncement of the high incidence of syphilis among the Haitian population. Syphilis has been called a “social disease,” highlighting the importance of social factors as indicators of determinant of risk (Uusküla, Nygård, and Kibur-Nygård 2004). In the United States, race was considered a social determinant of risk – particularly for African-descent people. Turn of the century race discourses stemmed from new “natural law” legitimation that emerged from the scientific evidence of biology and evolution (McWhorter 2009). Doctors and Progressive Era social hygienists, armed with Frederick L. Hoffman’s (1896) *Race traits and tendencies of the American Negro*, sought to find solutions to the “Negro Problem” which stemmed from perceived



biological inferiority and an inability (or unwillingness) to develop appropriately and assimilate into modern society (Wolff 2006). In fact, immorality, itself, was viewed as a race trait – the lack of which, Hoffman insisted, contributed to high rates of tuberculosis and syphilis among people of color, and would, eventually, lead to their extinction (Hoffman 1896, 95). In Haiti, this materialized as a wholesale pronouncement of the pervasiveness of syphilis.

P.A. Surgeon F.X. Koltès, Medical Director of the Gendarmerie (with his new rank of Lieutenant Commander), established a laboratory in September 1916, and ran tests on prisoners and new recruits to the gendarmes (United States and Navy Department 1916). A study of 3,000 gendarmes, found a 20% rate of hookworm infection and nearly 100% total infection rate of animal parasites in general (McLean 1917). He further reported between 60 and 80% syphilis infection rate among prisoners and new recruits (Wyman 1918). The high incidence of infections went a long way to explain complaints that Haitian gendarmes were often sluggish and tired,<sup>29</sup> falling asleep at their posts (S. D. Butler 1921). But the pronouncement of syphilis as an underlying cause, informed by racialized assumptions about Haitian promiscuity led to a misdiagnosis of many of the men and boys tested. As I explain in the following section, syphilis was used as a placeholder that was culturally (rather than scientifically) informed, working at once to pathologize Haitian culture in a particular way that reinforced already-held assumptions about the country's people.

### *Treponematosi in Haiti: the conflation of disease*

*In Man's social infancy, the instincts of subsistence are so preponderant, that the sexual instinct itself, notwithstanding its primitive strength, is at first controlled by them... As for the intellectual faculties, — we see, by the habitual improvidence which characterizes savage life, how little influence reason has over men in that stage of existence. Those faculties are then undeveloped, or show some activity only in the lowest order, which relate to the exercise of the senses (Comte 1875, 2:125).*

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<sup>29</sup> In one instance, the health of the new recruits was so poor that an examination of 2,000 men yielded only 120 fit for service (Gendarmerie d'Haiti 1921).

On June 8<sup>th</sup>, 1919, at 12:45, Charles A. Corathers, a private in the US Marine Corps with the 57<sup>th</sup> company, serving at Las Cahobas, Haiti, was confined to a Gendarmerie prison under order of Major Jacob M. Pearce for leaving his sentinel post and returning to his tent, drunk. Twenty-six enlisted men serving with the 57<sup>th</sup> and 63<sup>rd</sup> companies marched on the prison for his release, and “liberated” him at 1:00 p.m. Six weeks later, he was brought to court before the Judge Advocate, Major William W. Buckley, at the Marine Barracks in Port-au-Prince, for mutiny. For nine days testimony was heard from witnesses and experts. To be sure, Corathers had broken the law in both his drunkenness and in leaving first his post and then the prison, and even further the twenty-six enlisted men had committed a mutiny in refusing to comply with orders to not remove him from the jail; however, in the end it was not only Corathers and the twenty-six men who released him who were brought up on charges, but also, Maj. Pearce who was recommended for disciplinary hearing. At the heart of the case, from start to finish, was the indiscriminate co-mingling of US and Haitian (, or “native”) men in prison and the potential exposure to disease that this wrought – most specifically, syphilis – a variant of treponematosi.

On the second day of inquiry, Second Lt. (USMC, Medical Corps) Edward Graham, the Chief Pharmacist’s Mate attached to the Gendarmerie was sworn in as witness. He had been called on by Major Pearce to inspect the cell in which a marine prisoner had been confined to see if it was in a sanitary condition. He did find that the cell was sanitary and that the prisoner was alone in the cell. When the counsel for the defendants began his cross examination, he took a sudden turn in questioning:

*18. Q. Are not the majority of natives syphilitic? [sic]<sup>30</sup>*

*A. I know of these things, but personally I have not done any work on the subject.*

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<sup>30</sup> These lines of questions and answers are from the official court record of the Judge Advocate General.

*19. Q. Are not the greater part of the diseases with which gendarmes are afflicted, venereal?*

*A. I should say not. There are probably more venereal cases than any other one disease.*

And so the questioning continues – shifting uneasily from discussing his role as medical officer of the Gendarmerie and prison back to the syphilitic condition of the Haitians. He is re-examined by the counsel for the complainant:

*38. Q. To the best of your knowledge was there any possible chance of diseases being transmitted, venereal or otherwise, from the prisoners in the outside enclosures to a prisoner confined in a solitary cell?*

*A. No.*

*39. Q. Did these gendarmes who were confined in the cell have any disease that you know of?*

*A. Not to my knowledge.*

Again, to the counsel for the defendants:

*43. Q. Do you or do you not know whether any of the gendarme prisoners had any infectious diseases?*

*A. I know that the gendarme prisoners did not have any infectious disease.*

*44. Q. Do you know whether the gendarmes had gonorrhoea or not?*

*A. No, I don't know.*

*45. Q. If one of the gendarme prisoners had gonorrhoea would it be likely that he would infect a marine prisoner who may have been confined in the same cell for a short time?*

*A. Almost impossible.*

“Almost impossible” – the US military, according to a pervasive institutional understanding, was waging a war against venereal diseases, and how it was transmitted was heavily misunderstood, despite the many advancements in treponemal studies. It was well-documented that venereal diseases were passed through sexual contact, but there were rumors that treponematoses (especially syphilis) could be contracted in more mundane ways – by using doorknobs, drinking fountains,

pens, and other every day objects that those with the disease might also use. Lack of understanding actually led to the removal of doorknobs on Navy warships during World War I (Brandt 1988).

The start of World War I saw a dramatic increase in the number of military personnel with venereal diseases. Between January and December 1917, the Army, alone, increased from 217,272 members to 1,538,203. In the same time frame, there were 63,557 new cases of venereal diseases – most believed to have been contracted prior to enlistment and found during the initial recruitment exams (Soper 1919). While in the past, infection with a venereal disease was considered grounds to be turned away from enlistment, shortages of recruits to fill the need for service members upon the US entry into WWI loosened recruitment strictures<sup>31</sup> (Love and Davenport 1919). Overall, new recruits were infected with one venereal disease (syphilis, chancroid, or gonorrhea) or another at a rate of 13% (Michie and Surgeon-General's Office 1924; Brandt 1988), but rates among new recruits went as high as 32% in some training camps,<sup>32</sup> particularly those in the southern states (Love and Davenport 1919; Gillett and Center of Military History 2009, 149). The higher rates of incidence were repeatedly blamed on the higher African-American populations, reflecting a broader concern with the promiscuity of US blacks, more generally. Over the course of the US engagement in the war, between April 1917 and December 1919, 383,706 soldiers were diagnosed with syphilis, gonorrhea, or chancroid, and by September of 1919, 766 of every 1,000 soldiers in France had contracted a venereal disease (Hunter 2003).

The US Navy had implemented prophylactic measures against venereal diseases<sup>33</sup> 15 years previously. These measures slowly evolved toward prevention and control of the disease, to include

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<sup>31</sup> It is worth noting that both of the authors, Charles Benedict Davenport were leaders in the eugenics movement in the US at the time. Davenport was a founder of the Rockefeller-funded Cold Spring Harbor Record Office attached to the Cold Spring Harbor Laboratory, of which he had been the director in 1898.

<sup>32</sup> The variability in infection rates across the United States points to very distinct geographic patterns of infectious disease burden.

<sup>33</sup> These measure included self-treatment rooms for men upon returning to the military installation, wherein they could find everything from calomel ointment for external use and an Argyrol, silver nitrate, or potassium permanganate

education of new recruits against contraction – about “the sin of impurity and the necessity of pure living for the fullest enjoyment of health and happiness and for the best and most loyal service to their country” (Wyman 1918, 1508–1509) – and in immediate reporting and seeking treatment for the disease. However, although the use of latex condoms was both known to protect against the disease and were readily available, the Navy refused to make them available for fear of encouraging promiscuity. Instead, military personnel were expected to make use of a prophylactic station which included injecting Salversan into the end of the penis – the thought being that the pain, alone, would deter young men from seeking sexual encounter (Brandt 1988).

The War Department, at the urging of the social hygiene movement, set about “protecting” young recruits from contracting venereal diseases. The focus of the social hygiene movement, and its work in eradicating venereal diseases in the US and its military, was heavily dependent upon naming and controlling a culprit. Materials printed for both civilian and military populations consistently pointed to prostitutes as the sole cause of the spread of the disease (Pivar 2001; See for instance: B. Johnson 1918). More than 30,000 young women were detained in the US due to “operations in the neighborhoods of the military centers. As their cases warranted, they were either sent to their homes, placed on parole, or committed to institutions for care and treatment” (Dietzler and Storey 1922). On the other hand, men were exhorted upon to consider the dire consequences on the “innocents” – unsuspecting wives and their unborn children. Military personnel were threatened with court martial if they did not report exposure to venereal diseases and would be docked pay for days missed due to illness or recuperation (Guy 1918).<sup>34</sup>

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solution for irrigation; conversely, individual packets of disinfectants, known as K pacts, were handed out to men, which contained mercurous ointment with colloidal silver (Gillett and Center of Military History 1995, 352).

<sup>34</sup> The Navy implemented this in 1916. The Army had already implemented the pay stoppage in 1912 which was widely believed to be responsible for the decrease in venereal disease rates from 145 per thousand in 1911 to 86 per thousand in 1913 (Daniels 1917, 62).

In Haiti, US Navy doctors noticed both an uptick in venereal disease and the presence of the illegitimate children of Haitian women and US soldiers, prompting an investigation as early as 1918 (Renda 2001, 215). During the occupation, Port-au-Prince recorded a drastic rise in the number of saloons and dance halls. By 1926, there were a 147 saloons and dancehalls that were reported to cater to prostitution (Renda 2001; Plastas 2011). According to Perceval Thoby, former chargé d'affaires in Washington, DC and a lawyer in Port-au-Prince, these establishments did not exist before the occupation (Hunton and Balch 1927). They were purported to be drawing not just on rural Haitian peasants, but also on young women from the Dominican Republic and across the Caribbean, in search of US dollars.

By 1921, the Navy Medical Bulletin announced that recognition of the disease was dependent first upon clinical symptoms that were then confirmed by “microscopical [*sic*] examination of discharges and by serum functions” (R. F. Jones 1922, 197). In early 1922, the infection rate among new recruits was calculated at just 2 per cent, down from 8 per cent five years previously, by positive Wasserman reactions. However, the rate for reenlisted recruits was 4 per cent.<sup>35</sup> Prevention, it was asserted, in the form of “social and moral control” was deemed the best defense:

*The point of view should be taken that the incontinent are injuring the family ideal which is the keystone of civilization, and that the infected have, by their selfishness or carelessness, put an extra load on the military organization (USN. Dept. Bureau of Medicine and Surgery 1922, 345)*

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<sup>35</sup> It's worth noting that the First Quarter Naval Bulletin of 1910 placed the infection rate of all naval personnel for all venereal diseases at 20 per cent, a reduction of 20 per cent from the previous two quarters of 1909. Among military soldiers in the Philippines, venereal disease rates reached nearly 27.5% in 1910. It is thought that the implementation of enforced docked pay for days missed due to sickness related to venereal disease, issued by the War Department in 1912, led to the marked decrease in venereal disease rates in the following years (Gillett and Center of Military History 1995, 353–354).

The obsessiveness over syphilis worked at both ends of the civilization discourse. On the one end, the modern military sought to exemplify itself as representative of the modernity of the United States – orderly, rigidly controlled and controllable, and ultimately, morally superior in every way.

That the military acted as an agent of science, enacting scientific missions in those places deemed wanting (such as Cuba, Puerto Rico, the Philippines, and Haiti), drew the moral imperative of the medical norm into a heightened awareness. Sexuality, or more explicitly, its “aberrations, perversions, exceptional oddities, pathological abatements, and morbid aggravations” (Foucault 1990, 53), came to represent amorality, but through its medical *abnormalities*, also, un-civility. At root of the fear of contracting syphilis from Haitians, however, is a mobilization of pre-conceived notions of what it means to be Haitian and in ill health. Although it was well-documented that Haitians tended to harbor diseases and parasites that were less familiar to US recruits,<sup>36</sup> there was a mis-reading of what those diseases were that was based on imaginations about what it means to be black, poor, and particularly, from Haiti. Treponemal diseases, of which syphilis is only one, are in fact a range of diseases that cross all inhabited continents.

Treponemal diseases are known collectively as treponematoses and come in several nonvenereal forms. These are not as debilitating and painful as the venereal variant, syphilis, but they have historically affected far more people worldwide (Grin 1956; Powell and Cook 2005). The three major variants of *Treponema pallidum* are: *T. pallidum*, which is responsible for yaws (subsp. *pertenuis*) and is found in warm, humid, tropical climates; bejel (subsp. *enemicum*), which is found in warm dry climates; and, syphilis (subsp. *pallidum*) which, today, is found all over the world, but is thought to have originated in temperate climates (Kiple 1993). A fourth variant, *Treponema carateum* is known to cause pinta, a mild disease that presents as loss of pigmentation that is localized to the

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<sup>36</sup> And really, only to northeastern recruits – as many of the recruits coming from southern states were not only afflicted with similar diseases and parasites, but were, by some accounts, far more affected by them. More on that later.

Central America, northern South America, and the Philippines (R. A. Harvey, Champe, and Fisher 2006; Rinaldi 2008).

Syphilis and yaws present with very similar signs and symptoms, and even today, can be difficult to diagnose without proper medical history and taking into account age and geographical location of the patient (Mitja` 2013). Both syphilis and yaws have three clinical stages: primary, secondary, and tertiary; today, both are easily treated with antibiotics in the first two stages (Männikkö 2011). The first stage of syphilis presents with a small painless, open sore, called a chancre, at the site of exposure and is accompanied by swollen lymph nodes. Bacteria will continue to grow in the body, but with few symptoms until the second stage. The second stage symptoms include skin rash, particularly on palms of hands and the bottoms of feet, sores, fever, loss of vision, muscle and joint pain, and patchy hair loss. Women can pass it on in utero to her fetus. This stage will pass and the disease will enter a latent phase from 2 to 30 years. The third stage presents with mental illness, heart abnormalities, blindness, deafness, paralysis, and finally death.

The initial papilloma in yaws (raised bump on skin, often called ‘mother yaw’) is filled with infectious material that can remain on the surface of the skin from 3-6 months through natural healing (without treatment). The lesion is highly contagious. Over time, this leads to more, smaller, papules to develop in the skin, often in clusters that look like strawberries (hence, the French term for yaws: framboesia). The skin of the palms and feet hardens, and in some cases, bone pain and lesions may occur. The final stage appears approximately five years later and can cause facial disfiguration, severe damage to the skin and bones, and a crusty thickening of the palms and bottoms of the feet.

With the growth of interest in international health during the early years of the twentieth century, it was found that yaws was, by far, the most common in tropical areas and had major impacts on health, and subsequently, on development. Intense yaws eradication programs started in



1952 nearly wiped the disease out, flipping the balance of prevalence for a few short decades, before it re-emerged, today earning a place on the World Health Organization's list of neglected tropical diseases slated for a new eradication campaign.<sup>37</sup>

Treponematoses has a long history of debate and controversy among western scholars (more so than non-European scholars) that is in no small part to the syphilitic variant of treponematoses and all of its baggage around sexuality and propriety (L. L. Williams 1916; Brandt 1987; Aisenberg 2001). Of these arguments, the most prominent has been whether syphilis came from the New World or was brought to it (Lambkin 1914; H. Goodman 1919; Engelstein 1986; Orner 2005). While treponemal diseases have been repeatedly proved to have existed in North America before the arrival of Columbus (Baker and Armelagos 1988; Powell and Cook 2005), the question of its variant has stumped scientists for centuries. Even current research using genome sequencing and phylogenetics has been unable to unequivocally assess the origin of variations of treponemas (Harper KN et al. 2008; Mulligan et al. 2008; Mikalová et al. 2010; Harper KN et al. 2011; Pětrošová et al. 2012; Rinaldi 2008; Sehgal et al. 2012). Regardless of its origin, the important question to ask is the relationship between variants of treponematoses and the historical tracings of its emergence within the field of epidemiology and the subsequent understanding of the social and biomedical implications as they unfolded.

The morphology and motility of *T. pallidum* were first described by Schaudinn and Hoffmann in 1905 (Kiple 1993; Quézel 1990). By 1906, a serological test had been developed by the German bacteriologist, August von Wassermann to properly diagnose treponemas (Parascandola 2008). *T. pallidum* subspecies appear identical through a microscope – as tiny bacteria with corkscrew

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<sup>37</sup> Formal reporting on Yaws and other endemic treponematoses was discontinued in 1990 well after most yaws eradication programs were ended. The last available estimate, from 1995, recorded a global prevalence of 2.5 million cases, 460,000 of which were considered infectious cases (WHO 2012). As many as 12 million people are now infected each year with syphilis.

motility and helically coiled cell walls that use endoflagella (, or axial filaments) for movement, and share a 98% genome sequence homology (Čejková et al. 2012; Fitzpatrick and Wolff 2008; G. Gross and Tyring 2011). Diagnosis of syphilis, then, was dependent upon both clinical presentation of signs and symptoms and a positive Wassermann. The first successful treatment for syphilis was developed just four years later in 1910 – Salvarsan – an arsenical compound.<sup>38</sup> By the time marines landed in Haiti, the system for diagnosis was well established and in place within the military medical system, and several different regimens of treatment were being employed – many consisting of some combination of arsenicals and mercurials (Shaffer 1921).

Yet, a 1917 study of syphilis among Haitians, conducted by Dr. Frank X. Koltes and Albert Albrecht, Chief Pharmacist's Mate, relied solely on the Wassermann Test to determine that Haitian's suffered syphilis – both sexual and congenital – at a rate of nearly 80 per cent (Koltes and Albrecht 1918). Koltes and Albrecht conducted the Wasserman Test on 850 specimens taken from across three populations: 450 Gendarmes, 300 prisoners (both male and female), and 100 Industrial School boys (aged 5-12 years). The prevalence rates across the three groups were fairly equal. While Koltes and Albrecht recognized that yaws causes positive Wassermann Test results,<sup>39</sup> they were quick to dismiss yaws because “the preponderance of the former disease [syphilis] noted in the course of routine work makes it certain that yaws was a very minor factor in the results” and further “[t]he attempt to obtain oral histories of primary and secondary lesions was unsatisfactory because these matters make little impressions upon a primitive people and are often soon forgot” (Koltes and Albrecht 1918, 400). There were very few clinical signs and symptoms read at the initial intake tests,

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<sup>38</sup> Previously, mercury compounds had been used to treat syphilis – often with the cure being quite worse than the disease.

<sup>39</sup> Positive Wasserman Tests were also known to be commonly caused by malaria, tuberculosis, cancer, leprosy, scarlet fever, and hereditary dystrophy (, or “faulty nutrition”)(Gillett and Center of Military History 1995; Héricourt 1920; Koltes and Albrecht 1918). By the 1960's, it had been discovered that false positives could be triggered by everything from acute bacterial, viral, or protozoal infections which produce fever, from immunization procedures, and even from some chronic diseases such as collagen disease, troiditis, haemolytic anaemia, or polyarteritis nodosa (Anon. 1967, 394).

blamed mostly on the fact that most cases, were of congenital syphilis, hence very few sores and lesions could be ascertained. The only two signs that were recorded were epitrochlear enlargement – now known to be caused by hand injuries or by infections in people who do manual labor – and “blotchy skin” – a symptom associated with yaws (Singh 2011). At play was a tautological argument that started from the preconception that the young boys tested suffered from congenital syphilis<sup>40</sup> (transmitted in utero), therefore all treponemal presentations must be syphilitic.

The doctors also found a high rate of chronic malaria and parasitic infections among all groups. Musing that perhaps a peculiar immunity had built up in the 400 years since the arrival of slaves to the island had perhaps led to their seeming lack of dis-ease, the doctors continue:

*...there is no doubt that syphilis has distinctly left its mark upon Haiti in having contributed to the lowering of the physical, mental, and moral standards of the inhabitants, manifested by a lack of vigor, laziness, and “dopiness,” inclination to sleep at all times, inability to perform tasks that require concentrated effort stupidity, a universal tendency toward thievery and beggary, lack of civic honesty, cruelty to man and animals, absurd presumptuousness, and a want of self-respect in their daily habits and costumes. It is of course, not contended that all of the above shortcomings are the direct result of syphilis, nor that they all, or even any of them exist in all Haitians; but that the deleterious effects of its toxins has been an important factor in this moral disintegration we believe to be true. Therapeutic tests seem to bear out this supposition (Koltès and Albrecht 1918, 401–402).*

Yet at the time of their tests, it was well-documented that chronic malarial and parasitic infections, such as hookworm, were not only endemic to the region, but also caused many of the symptoms outlined: namely, sleepiness, lethargy, etc. Further, by all accounts, Haitians were understood to be highly malnourished (Inman 1919a; Posner 1964). Regardless of the co-existing diseases, however, it is important to emphasize that not only were yaws and syphilis diagnosed similarly (using the

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<sup>40</sup> Yaws is not transmissible in utero. However, it is highly infectious and easily transmitted between children. Today, 75% of all yaws cases are among children who live in tropical climates. The bacteria is highly concentrated in the first lesion (“mother lesion”) and spreads easily among children who play together.

Wassermann test and using clinical signs and symptoms along with oral health histories to determine the diseases), but so too were the treatments.

The strength with which the doctors pronounced this high incidence of syphilis, over yaws, and the incumbent judgments against morality, work ethic, and race which are part and parcel of the same narrative about the political acuity of Haitians are what we are interested in here. Laura Briggs (Laura Briggs 2002, 28) has gone so far as to argue that the “laboratory science of syphilis developed out of the colonial science of tropical medicine.” In its own way, syphilis lent itself to a particular ordering of colonized bodies – the inspection, cataloging, and organization of populations.

By 1924, when the diagnosis of treponematodes moved beyond assumptions, the rate of venereal disease admission for the US Navy was 137 per thousand. But some organizations (particularly among the Asiatic Fleet) were reporting rates of 492 per thousand. By contrast, the rate among Haitian Gendarmerie was approximately 269 per thousand, which “cannot be regarded as inordinately high” (Medical Director, Gendarmerie d’Haiti 1926).

Charles S Butler, the sanitation engineer in Haiti from 1924 – 1927 still insisted that yaws was, indeed, syphilis, as late as 1941:

*The Naval Medical Corps has accumulated unmistakable evidence from Guam, Haiti and Samoa that white men acquire typical syphilis from women suffering yaws. Natives suffering from yaws may therefore act as a well-spring for world syphilis (1941, 23).*

The pinning of syphilis on non-US and non-white populations reflected a still-unfettered racialization of people within tropes of disease, even well after the disease was understood. Indeed, Butler would go on to say that “any campaign to eradicate syphilis in the United States which did not recognize this fact was *bound to fail* because the negro would act as a reservoir for all time” (1941, 23).

Disease stood as only one marker of barbarism in the US imaginative construction of Haiti and Haitians. Hyper-sexualized, exoticized, and depoliticized, Haiti stood as its own kind of Oriental gateway to the US's endeavors to a cohesive Western hemisphere as imagined by the Roosevelt Corollary to the Monroe Doctrine. While Puerto Rico had been deemed "white enough" in 1917 to warrant US citizenship (del Moral 2009), and Filipinos had exhibited appropriate mimicry (W. Anderson 2002), Haitians were consistently scripted as childlike. This double move of sexualizing yet infantilizing Haitians was not a new move for US occupying troops (Henretta, Edwards, and Self 2012).

As several historians of the US South's antebellum years have recounted, Black women's bodies were a locus of lewdness, promiscuity, prostitution, and an abject failure to bend to white patriarchal power (Rosen 2009, 6). Transgressions against Haitian women and young girls were, as Sanders (2013) has argued, an extension of Jim Crow violences against African American women. Peasant women, particularly, were exposed to sexual violences of the US military personnel. Often out on the road alone, the *revendeuses* or *Madames Sarah* – peasant women who carried their burdens on their heads to market – often traveled for many miles at a time, and were particularly vulnerable to the attentions of passing troops. In Haiti, US military personnel who raped women would offer a gourde (about 20 US cents), sometimes throwing it at them if they refused to accept it, as "payment" for the act, thereby relieving themselves of possibility of rape (Sanders 2013). Others military men accused of rape who were brought before the courts were found to have been "driven mad" by the tropical sun and heat, and simply could not be held accountable for their actions (Renda 2001). Indeed, Surgeon General Stitt suggested that white men should only be assigned to the tropics for two years, unless their constitutions were such that they could handle the tropics and so could stay. "Imperial discourses that divided colonizer from colonized, metropolitan observers from colonial agents, and bourgeois colonizers from their subaltern compatriots designated certain cultural

competencies, sexual proclivities, psychological dispositions, and cultivated habits” (Stoler 1995, 8). At the same time, the ease with which Haitians discussed syphilis and gonorrhea, even in mixed company, may have added to this tension. However, as Dr. George C. Payne of the Rockefeller Foundation would report in 1926, these diseases were not believed by Haitians to be venereal at all, and in fact, gonorrhea was thought to develop from riding in a hot saddle (G. C. Payne 1926a, 10). Syphilis, then, stood in as the definitive marker for all that was “wrong” in Haiti and Haitian culture, more generally.

The pointed mis-diagnosis of yaws by military personnel speaks to a broader racial discourse related to health and disease that permeated the humanitarian endeavor. Armed with scientific racism and supported by their own interpretations of Haitian culture, as informed through travel writing and their own disdain for the Haitian people, US diagnoses were both proof and proof of the inferiority of the occupied peoples.

While US forces focused on concrete disease presentations that they deemed indicative of Haitian abnormality, or incivility, Haitian political activists were galvanizing the people against the occupation. The occupiers had not only failed in their humanitarian mandates, but had also instituted a number of mandates that directly interrupted Haitians’ rights as citizens through a variety of ordinances and laws, including instituting *corvée* labor, repressing free speech, and overturning judicial rule through courts martial. Although many Haitian elites were excited by and even welcomed the invasion and occupation by US Navy and Marines with the hope that peace would be brought to bear on the country, instead, new violences erupted, coded as “modernizing” mandates. Health and disease management was only one of the many ways that US military forces sought to manage and control the citizens of Haiti.

## *The Haitian and US responses*

*When, on the 28<sup>th</sup> of July 1915, I saw an enraged mob violate the French embassy in Port-au-Prince; American troops boldly trample on Haitian soil without any uniform protest from the whole country, martial law proclaimed, at the same time certain measures deliberately taken to humiliate us; the Americans setting about establishing the machinery in the national Assembly for the election of a head of State, I then realized that we had arrived at not only a state of economic insolvency, but the collapse of our sovereignty. Others will continue to think that our rights have been brutally violated, that military strength has conquered our civil rights. I personally, will continue to think that our history up to the 28<sup>th</sup> July 1915 has justified foreign intervention. ~ Dr. Eduoard Depestre, 1<sup>st</sup> December 1915*

*Nous venons aujourd'hui, à bout de patience, réclamer nos droits méconnus, bafoués par l'Américain sans scrupule qui, détruisant nos institutions, dépouille le peuple haïtien de toutes ses ressources et se regorge de notre nom et de notre sang. Cruels et injustes, les Yankees ont depuis quatre ans promené la ruine et la désolation sur notre territoire... nous réclamons la libération de notre territoire et les avantages reconnus par le droit international aux Etats libres et indépendants.<sup>41</sup> ~ Charlemagne Peralte, 1919*

When the occupying troops landed, some of the Haitian elite were welcoming, encouraged by the thought that they would be welcomed into the reconfiguration of the nation. Many of the 167 political prisoners that had been murdered were from prominent Haitian families (L. Dubois 2012). Charles Moravia wrote in his newspaper, *La Plume*, in August 1915, “We are not at war with the United States...The Americans are the enemies of sovereign despotism, and occupy the country to prevent its restoration”<sup>42</sup> (Qtd in: Nicholls 1975, 657). The security of the Haitian elite was facing destabilization in the years of turmoil. The rise of a merchant class, the growing economic entrenchment of Syrians,<sup>43</sup> and a fear of losing political power (B. G. Plummer 1984). However, the dissolution of the Haitian Senate in April 1916, the segregation of Clubs by US military personnel,

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<sup>41</sup> Translation: Today we lost patience and we reclaim our rights ignored by the unscrupulous Americans, who by destroying our institutions deprive the people of Haiti of all its resources and devour our name and our blood. For four years, cruel and unjust Yankees brought ruin and hopelessness to our territory...we demand the liberation of our territory and all the advantages given to free and independent states by international law.

<sup>42</sup> The original French reads: “Nous ne sommes pas en guerre avec les États-Unis ...Les Américains sont les ennemis du despotisme souverain, et occupent le pays pour empêcher sa restauration.”

<sup>43</sup> In 1903, Haiti instituted a new law which forbade the immigration of Syrians into Haiti; and then again in 1905, the Haitian government demanded that all Syrians leave Haiti (Voll 2002, 270).

the dissolution of the Constitution in 1918, and the implementation of more widespread Jim Crow policies eventually dissolved any hope by the elites of being active agents in any kind of overall political stabilization promised by the US occupation (H. Schmidt 1971; Sanders 2013).

Not all elites were so excited at the outset of the occupation, however. Just 12 days after US troops landed in Haiti, Georges Sylvain, a lawyer and diplomat, founded *L'Union Patriotique* (Patriotic Union), an anti-occupation organization (Blancpain 1999). It was disbanded in 1916 under the terms of the Treaty, but was revived again in 1920, with the help of James Weldon Johnson and the NAACP (Pamphile 2001). Other organizations emerged during this early period of the occupation as the growing separation between whites and blacks – *all* blacks, not just the peasants – made apparent the deep racial hatred (or at the very least, disdain) that the occupying forces held for Haitians.

At the same time, the Haitian peasants were gathering force. From the beginning of the occupation, the nationalist peasant guerilla fighters known as *cacos* carried out a resistance campaign against the US forces. Although often written off as little more than peasant “bandits” with few loyalties beyond the next potential political leader, they were fairly well-organized and deeply political (Sanders 2013). Between 1908 and 1915, *cacos* were instrumental in the overthrow of seven separate presidents (Venzon 1994). The ferocity of their irregular warfare tactics immediately following the US landing prompted Colonel Eli K. Cole to request two more additional patrols and the landing party of the USS *Connecticut* in Cape Haitien in September 1915. The skirmishes continued throughout the autumn months. As US Marines attempted to collect guns and ammunitions from Haitians, some *cacos* fled to the Dominican Republic to hide their arms just across the border and then returned in November, 1915, to Cape Hatien to surrender (Roosevelt 1915). In response, the US Command sent Marines to the north to “hunt *cacos*,” many of whom were simply shot on sight:



*On this day [November 20] I received a radiogram from the Department stating that the Department was impressed with the number of Haitiens [sic] killed; that it feels that a severe lesson has been taught the Cacos and it believes that a proper patrol can be maintained to preserve order and protect innocent persons without further offensive operations (Caperton 1915b).*

These incursions earned Marines six Medals of Honor between September and November 1915.<sup>44</sup>

Violence erupted again in January and continued until June 1916, in small skirmishes against, mostly, the newly-organized gendarmes (Cole 1921). Haitians, growing tired of the constant violence, began to turn to the rather mundane tasks of every-day living. By May, peace seemed to settle in the country. Patrols continued to “hunt” *cacos*,<sup>45</sup> rounding up guns and ammunition when camps were found, but granting immunity to those who came in of their own accord. As Samuel G. Inman put it in his report on his time with the Marines in Haiti:

*It is with great hesitancy that one even seemingly passes criticism on our American Marines. No man knows but that he might act in the same way under similar conditions. It is the machine, not the man, that is to blame. From the military standpoint, it is natural to regard all life as cheap; especially when stationed in a country where people are little above the animal, where you are hated and your life is sought, if not by all, at least by organized bands who compel sleeping with your hand on your gun, and where if ever caught, you know you will be subject to unmentionable torture before you meet a horrible death. Under such conditions, it is easy to live up to the rule of "take no prisoners" and to have small respect for the rights and property of those who have no respect for you and little for themselves (Inman 1919a, 70; emphasis added).*

Eventually, many *cacos* fled to the Dominican Republic.

On October 11<sup>th</sup>, 1917,<sup>46</sup> US marines arrested and incarcerated Charlemagne Peralte and his brother on the pretense of having attacked a Gendarmerie and home of a US official.<sup>47</sup> He was

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<sup>44</sup> From Grand Rivière, 24 October: Capt. William P. Upshur, 1<sup>st</sup> Lt. Edward A. Osterman, Sgt. Daniel J. Daly; from Fort Rivière 17 November: Maj. Smedley Butler, Sgt. Ross L. Iams, Cpl. Samuel Gross (Venzon 1994).

<sup>45</sup> “Hunting *cacos* was considered a “sport” by US troops (Franck 1921), and Smedley Butler once wrote that his men “hunted *cacos* like pigs” (Qtd. in: H. Schmidt 1971).

<sup>46</sup> Or in October 1916 (Accilien et al. 2006).

<sup>47</sup> The biography of Charlemagne Peralte is unclear as there are multiple stories relating to his time prior to the Occupation and during it. The only piece of the story that is uncontested is how he died and the impact that it had on the Haitian Nationalist movement. He is, until this day, a national hero in both Haiti and the Dominican Republic – a distinction that has lead both US and Haitian histories of him to be at distinct odds.

sentenced to five years hard labor. Peralte was, by definition, part of the Haitian elite. As a young man, he went to Port-au-Prince to pursue a political career and instead became an officer in the army. When the Marines landed in 1915, he had either resigned, or was forced to resign by the US Occupying force, from the Haitian military, and returned to manage his family's farm before being arrested.<sup>48</sup> He spent a year working in a chain gang before escaping. He disappeared into the mountains and amassed 5,000<sup>49</sup> *cacos* to wage a military campaign against the US Occupying force (Balch 1927; Bellegarde-Smith 1990; S. S. Evans 2008). Peralte declared himself Commander in Chief and declared war against the US military occupation. The US Marines, however, viewed him merely as a “bandit chieftain and terrorizer of natives and whites” with “an uncanny military genius and ruthless ambition” and an eye to “overrun the entire island, and destroy the Americans who had come to bring order out of the chaos which followed Haiti's bloody revolution” (Hicks 1948). Although several military leaders and later, strategists, recognized the reinstatement of the *corvée* system and the brutal means by which it was mobilized was the single biggest factor in the second *Caco* War, curiously, Peralte and other *caco* leaders were seen as little more than “savages” incapable of leading themselves peacefully (Havron et al. 1969, 46). Their political subjectivity was non-existent in the understanding of the US military forces.

The guerilla warfare intensified throughout the winter, and in March 1919 US Marine reinforcements were requested to the interior to aid the genardarmes. Although *corvée* was finally outlawed in October 1918, it was resumed in the area of Hinche, sometimes under the guise of “volunteer” work and sometimes at wages of 1 Gourde or 1 Gourde 40 centimes a day<sup>50</sup> (Catlin 1921). Five companies from the 1<sup>st</sup> Brigade as well as four more companies brought in from

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<sup>48</sup> See Appendix A.

<sup>49</sup> US estimates go as high as 15,000 (Cosmas 2008) while Haitian estimates go as high as 40,000 (Catlin 1921; Gaillard 1982).

<sup>50</sup> The exchange rate at that time was 1 Gourde = 20¢

Guantánamo, Cuba, were sent to Hinche and in towns scattered along the Dominican border. Marines mounted machine guns on their mail planes and took to strafing the jungle and villages driving *cacos* into waiting ground troops who would then gun them down (Bickel 2001). The US Marines also instituted their first aerial bombing campaigns (by dropping bombs through wheel wells), clearly with poor precision. Meanwhile, *cacos* were fighting with knives, swords, machetes, and sharing the few guns they had between them.

On October 31, 1919, Charlemagne Peralte was assassinated by two marines who snuck into his camp at night dressed as Haitians and in blackface. In an effort to demoralize his supporters and fighting force, his body was propped up on a door, the Haitian flag draped over his head, and a picture was taken and circulated by military administrators. Five separate “funerals” were held, in order to drive home the fact that he was dead and to dispel any rumors that he had escaped. The hope was that the picture and the spectacle of the funeral processions<sup>51</sup> would demoralize the Haitians. It failed. Instead, Peralte’s death fueled a national movement against the US occupying forcers who now appeared to be no more than savages, themselves. His body, propped up in a near-Christ-like crucifixion became an inspiration to Haitians (Pezzullo 2006; H. Schmidt 1971). The *caco* uprising soon sputtered out, but a new nationalist sentiment was fomenting. Although an official coalition was not formalized, the brutality of US occupying forces and the gendarmes managed to bring the Haitian peasants and elite together for the first time in the Republic’s history (Nicholls 1996; Sanders 2013).

Protests in the US and Haiti were also mounting during the *caco* war. Accusations of mass murder, reports of the institutionally supported *corvée* labor system extending months beyond the three-day maximum provided for in the old Haitian constitution, abuse by both US Marines and Haitian gendarmes, rape, violent attacks, drunkenness, “water cures” (torture), and a whole host of

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<sup>51</sup> In fact, his body was buried in an unmarked grave to ward against pilgrimages to his gravesite.

complaints were leveled against the occupying forces. By 1919, serious allegations were through *The Nation*,<sup>52</sup> the NAACP's *The Crisis*,<sup>53</sup> *The Christian Herald*, and the African Methodist Episcopal Church's *Voice of Missions* were surfacing. Letters from missionaries and lawyers, personal investigations published in booklets, newspapers, and reports were also making public rounds.

In March 1920, the NAACP voted to send an investigatory committee to Haiti made up of James Weldon Johnson and Herbert J. Seligmann (J. W. Johnson 1933). After six weeks, Johnson returned (Seligmann fell ill and returned early) and published his reports in *The Nation*, *The Crisis*, and *The Christian Herald*. On August 9<sup>th</sup>, he visited then-presidential candidate Senator Warren G. Harding, presenting him with his findings (NAACP 1921a; J. W. Johnson 1933). Over the course of the next several months, the question of Haiti and the US Occupation became a platform of the presidential candidates. The NAACP's accusations against the occupying forces included explicit cases of torture and enslavement, bribery against the Haitian government (McIlhenney, the financial adviser, had refused to pay government employees until the President agreed to grant National City Bank monopoly rights on importing and exporting foreign money), censorship, and the assertion that "the American Government had failed to redeem any of its promises to aid in developing Haiti financially, educationally, or otherwise" (NAACP 1921b, 10).

Then in June 1920, one of the more pernicious of these reports emerged from the Rev. S.E. Churchstone-Lord, a pastor of the AME Church in Port-au-Prince (Renda 2001). Churchstone-Lord returned from Haiti in 1920 and attended the annual convention of the Mite Missionary Society of the A.M.E Church. In his address to the conference attendees, he reported:

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<sup>52</sup> *The Nation* published more than 50 articles and editorials on conditions in Haiti between 1918 and 1934 (Vanden Heuvel 1990). See for instance: *Our Failure in Haiti* (M. McCormick 1920); *America's Ireland* (An Onlooker 1920); *Self Determining Haiti* (J. W. Johnson 1920).

<sup>53</sup> See for instance: *The Color Line* (NAACP Staff 1915); *Our Christmas Greetings to Haiti* (NAACP Editorial 1916); *The Battle of 1920 and Before* (NAACP 1921c); *An Open Letter to Warren G. Harding* (W. E. B. Dubois 1921).

*They [Haitians] want back their government, for the Haitians who plotted to bring foreign control are now dead...In one night alone in the 'Bisquet' section, nine little girls from 8 to 12 years old died from the raping by American soldiers. The people are willing to be friendly to the American people along commercial and financial lines, but let the American government call away the military forces and send an army of industrial teachers and social workers (Anon 1920).*

He also noted that members of the gendarmerie were often compelled by the US officers to find them Haitian women who they could make their concubines. The rape of Haitian women by US military personnel had not gone unnoticed among the commanding officers in Haiti, but very few were brought to court martial. And those that did were usually described as “scandalous conduct tending to the destruction of good morals.”

In the interim, Brigadier General George Barnett sent a “personal and confidential” letter to Colonel John H. Russell (the current Commanding Officer in Haiti) about the “practically indiscriminate killing of natives has been going on for some time,” prompting the first investigation into abuses by US troops and Gendarmerie<sup>54</sup> in the Fall of 1919 (G. Barnett 1919; G. Barnett 1920). The investigation consisted of taking statements from officers who were residing in the United States (who had served in Haiti), testimony of two officers in Haiti, and statements from 12 gendarmes. The entire packet of interviews and statements was “lost” – either misplaced in an office or lost in the mail – prompting US Secretary of the Navy, John A. Lejeune to order a complete court of inquiry (Lejeune 1920; See also: “Haiti, the United States, and Justice” 1920).

On October 16, 1920, Rear Admiral Henry T. Mayo (USN) was appointed to preside over “A court of inquiry to inquire into the alleged indiscriminate killings of Haitians and unjustifiable acts by members of the United States naval service, including those detailed to duty with the

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<sup>54</sup> The accusation was raised based on the testimony of the counsel for defense in a court martial hearing in Port-au-Prince being held for the murder of a “native prisoner” by a private. The defense being mobilized by the counsel was that this killing was not out of the ordinary, and that there was a practice in place of executing Haitian prisoners without trial, and thus did not deserve court martial status. Curiously, the court martial cases for Walter E. Johnson and John J. McQuilkin, Jr. were nowhere to be found in the NARA archives, so a transcript is not available.

Gendarmerie d'Haiti against the persons and property of Haitians since the American occupation July 28, 1915" (Daniels 1920). The Mayo Court of Inquiry (also known as the Mayo Commission) was called on 19 October 1920 at the Navy Department in Washington, DC, and moved to Haiti on 11 November (Mayo 1920).

The official findings of the judge advocate were bland, giving nod to the court martial system, exonerating the US military in a grand sweep, and only admitting that there had been some few cases of unjustifiable homicide and other indecencies (2 homicides, 16 other violent acts), but that on the whole, the guilty parties had been prosecuted and that the rest of the crimes could be attributed to general casualties of "savage warfare" ("Record of Proceedings of the Mayo Court of Inquiry" 1920). "The enemy which our men has to meet [in Haiti] and overcome were savages who operated free from all the restraints of civilized warfare" (Mayo 1920). Mayo went on to assert

*Owing to the unwarranted suspicion about all Haitian matters, it was a matter of no difficulty for the defendant before the military commission to create such a doubt of the honor of one of our officers that his military acts were brought to the attention of the Secretary of the Navy as acts which raised a suspicion of his honor and even common honesty...those who hold commissions in the military and naval service of our country are always looked upon with suspicion and considered as fair targets by a certain class of persons... he may expect, at any time, to be called upon to answer the public attacks of any evil minded, irresponsible person* (Mayo 1920).

Haitian testimonies were written off as overly-dramatic and not wholly truthful accounts of events that did or sometimes didn't even happen, built on rumors taken as truths. Mayo warned, "the court is not precluded from considering the general conditions of the country and the state of mind of the population, where such matters appear to explain the mental attitude which a witness may have indicated while on the stand" ("Mayo Commission 1920"). Other Haitians were barred from testifying at the hearings (NAACP 1921a). In the end, most of the Haitians' testimony was discounted, and the Marines were found to be without fault, to the point of exoneration in the case

of Lieutenant Lang, whose long record of murders, rapes, and brutal attacks against Haitians had garnered him a 50-year sentence via court martial.

Following the hearing, the Mayo Commission members refused to release either the court document or the final report (United States. 1922). However, finally bowing to public pressure, the Department of the Navy did eventually release the report. A close reading of the court proceedings of the JAG inquiry reveals a very different story than the commission findings. There are 52 crimes listed that had been brought before the JAG in Port-au-Prince in the first five years of the occupation, all of them violent, and certainly not representing all forms of violence against Haitians by US Marines. Of these, only 27 were meted with punishment.<sup>55</sup> In fact, over the course of the first few days of the inquiry, it was admitted that between 2250 and 3250<sup>56</sup> Haitians had been killed since the occupation, with 1,763 Haitian casualties occurring between March 29 and September 29, 1919, alone (“Record of Proceedings of the Mayo Court of Inquiry” 1920 Day 6, Testimony of Maj. Edwin N. McClellan). Compared with just 13 US deaths and 28 wounded in the same time frame, the numbers were staggering (Callcott 1942; Posner 1964). Those few Haitians who were brought in to testify were cross-examined aggressively by the judge advocate, mis-lead, mis-quoted, and regularly bullied and threatened with charges of perjury<sup>57</sup> (NAACP 1921a). A barrage of protest

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<sup>55</sup> Among the 27 that I reviewed, common charges included opening fire at random on the streets of Port au Prince or in bars, breaking into private homes and terrorizing families (including beatings, rapes, and setting fire to the home), and pedophilia (“Record of Proceedings of the Mayo Court of Inquiry” 1920, Folder 1). Interestingly, all but four of these court cases are missing from the NARA files.

<sup>56</sup> While the Navy records clearly show that 3,250 deaths had been reported up to this time, more than one witness hedged, stating, “The records show more, but in many cases I am sure there has been a great exaggeration in the reports” (Maj. T.C. Turner) and “in those cases [where “about” was used to describe the number of Haitians killed] I was very conservative and careful not to take the exact number, but rather to determine from the evidence and other reports of some engagement, how many were exactly killed” (Maj. Edwin N. McClellan).

<sup>57</sup> A common technique in the proceedings was to read back transcripts of testimony from preliminary evidentiary hearings to the witness, then demanding them to repeat what they said verbatim. When they didn’t or made small mistakes, they were bullied for not being able to read the testimony.

tumbled through independent newspapers<sup>58</sup> in the United States, demanding an impartial Inquiry (Blassingame 1969).

Infuriated by the proceedings, Jacques Roumain, Georges Sylvain, and Georges Petit re-established *l'Union Patriotique d'Haiti* (Patriotic Union). They instituted a direct appeal campaign to President Harding to not only reverse the occupation but also to pay reparations. In the same year, Senator Hiram Johnson (R-CA) introduced a resolution to the Senate and Representative Oscar Bland (R-IN) in the House of Representatives, calling for a complete investigation of the activities in Haiti, in the 66<sup>th</sup> Congress. Johnson returned to Haiti to put together a delegation of Haitians to come to the United States to work toward Haitian sovereignty (NAACP 1921b, 11). On May 9<sup>th</sup>, 1921, *l'Union Patriotique d'Haiti* presented their findings to the Department of State and Senate Foreign Relations Committee through a memoire, requesting not only the return of their sovereignty, but to also retain friendly diplomatic relations and help with agricultural and industrial strengthening. By all accounts, the memoire presented is at least partially responsible for the Senate inquiry which followed that September and into November (H. P. Davis 1936; NAACP 1921b).

What emerged from the Senate hearings was a rather bleak picture of not only a series of political blunders, with the eventual admission by Admiral Caperton that the military had, indeed been, in a sense, setting US foreign policy, not through the Secretary of State, but through their own military objectives (Caperton 1921). The realities of the failure to fulfill humanitarian and development objectives became clear as the testimonies unfolded. What emerged, then, was the bare minimum of sustenance for the Haitian people. Government schools were shut down, prisons were growing over-crowded, and the brutality of the Marine forces and the newly forming Gendarmerie were, by many accounts, worsening the political instability, as evidenced by the *caco* rebellions. In

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<sup>58</sup> The newspapers were as varied as the *Cleveland News*, the *St. Louis Star*, the *Philadelphia Public Ledger*, the *New York Evening Post* and *New Republic* (Blassingame 1969, 42)



testimony written submitted to the Hearing Committee, H. Pauléus Sannon, Sténon Vincent, and Perceval Thoby recounted the individual deaths that had been meted on civilians by the occupying forces and the gendarmes. They ended their count by turning to the prisons. By their census, 5,745 prisoners died at Chabert, an American camp, and another 4,000 died in prisons of Cap-Hatien – all over the course of just three years (United States. 1922). These were not included with the final mortality counts because, as it was recounted in the final report of the inquiry, penned by Tasker L. Oddie (R-Nev), “the testimony of most native witnesses is highly unreliable and must be closely scrutinized and that many unfounded accusations have been made” (Oddie and McCormick 1922, 24). At the same time, those numerous complaints about the burning of homes of innocent inhabitants was considered necessary because it was believed that the “settlements were infested by bandits” and that they were “either there or nearby in camps or were resting in the guise of innocent inhabitants, and the huts were burned by patrols. In some cases this was undoubtedly a necessary military measure” (1922, 19).

While the occupying force focused on securing the economic and political processes of the country through Port-au-Prince and other customs receivership ports, and had promised to provide for the well-being of the Haitian people, there was a decided failure to make provisions beyond the absolute necessary. Despite the strong language of failure of the Haitian government to secure a stable democracy, the language toward the failure of the occupation was on the whole rather favorable, save for one area:

*Not only did the treaty fail to take cognizance of certain reforms essential to Haitian progress, but that in the choice of its agents and the determination of their responsibilities, the Government of the United States was not always happy (United States. 1922, 7).*

Following the final report of the Inquiry, Major General John H. Russell (Commander of the First Marine Brigade in Haiti from 1918-1922) received his appointment as High Commissioner with a

rank of Ambassador Extraordinaire (Sec. of State to Maj. Gen. Russell US Dept. of State 1922). He was charged with ensuring

*...that the sole desire of the Government of the United States in its relations with the Republic of Haiti is to advance the welfare, both moral and material, of the Haitian people, with the hope that the assistance which the United States is enabled to bring to them will enable them, at no distant date, to undertake the task of maintaining a National Government, with no further interference on the part of this Government in their domestic affairs. You should likewise bear in mind that our intervention in Haiti and the continuance of the Occupation, based upon the obligations imposed upon the United States by the Treaty of 1915, is designed neither for the satisfaction of the United States, nor for the accomplishment of the theoretical views of this Government, nor for the promotion of any selfish purposes or ambitions on the part of the United States, but is designed solely in order that the happiness, tranquility [sic] and welfare of the Haitian people may be advanced (Sec. of State to Maj. Gen. Russell, US Dept. of State 1922, 466).*

His role, in short, was to act as a liaison between civilian and military organizations on the island and in the US Louis Borno was elected President of Haiti that April, and he and Russell quickly formed a client government, with Borno promising “honest and frank cooperation” with the military so long as they worked toward the economic development of his country. Borno and Russell would hold their positions for the next eight years, until the next major investigative commission, Hoover’s Cameron W. Forbes Commission to Haiti in 1930, demanded elections take place.

### *Conclusion*

For the usual attention to the health and sanitation programs implemented during the US occupation of Haiti, the first six years materialized very poorly. Except for the small pox vaccination campaign (1920-1921), the vast majority of Haiti’s two million people were still without consistent health care. To be fair, this failure was only partially the fault of an ill-trained and ill-prepared military force. A larger part of the fault falls on the diminished treasury reserves caused by nearly a decade of international financial and political meddling. Fears of foreign influence growing in the

Western hemisphere, a desire to grow US economic ventures, and a paternalistic dismissal of Haiti as a sovereign nation all led to the occupation and the subsequent financial mistakes.

Perhaps the single gravest misstep of the Occupation was the dismissiveness of the US occupying force of the Haitians, themselves. At the time of the occupation, many (though not all) of the Haitian elite welcomed the US military for the potentiality of peace that they promised – many going so far as to collaborate willingly with the military forces. However, many of the US personnel were not only unaware of the class and race differentiations in Haiti, but, coming from the south, also harbored deeply racist sentiments that did not distinguish between shades of blackness, nor between elite and peasant classes (Hill unk). This racism translated into a clumsy and unsophisticated interpretation of Haitian citizenship, or political-ness, more generally.

This utter misunderstanding of Haitian politics would, despite improvements in the occupying forces' treatment of Haiti and Haitians over the next few years, prove to be the downfall of the occupation, more generally. Racialized treatments as they materialized in the politics, economics, and social institutions of Haiti served to bring Haitians together in ways previously unseen. Forced to enunciate a cohesive political subjectivity that transcended a century of race and class differentiations, moved the Haitian population toward a new political subjectivity that was centered around the removal of the occupying forces.

In the next chapter, I will unpack the material consequences of the shift in the occupation strategy with particular attention to the humanitarian endeavors as they unfolded. The following 14 years brought Haitians together through a national movement that was at once couched in Marxism, Noirisme, and Nationalism – creating a new sensibility of Haitian citizenship and political subjectivity. At the same time, the demands of the Treaty of 1916 were more forcefully realized. For the next eight years, concerted efforts were finally made to bring something of a cohesive public

health system together in Haiti. However, US troops' failure to prepare Haitians for their eventual withdrawal, both professionally and economically, set the stage for a new failure in the 1930's.

### Chapter 3. The New Humanitarianism (1922-1934)

*There are certain elements in Haiti which can balk and perhaps delay the rehabilitation of the country. They can not [sic] prevent it. They can do much to further it. The obvious duty of patriotic Haitians is to uphold their own Government in effectively cooperating with that of the United States under the treaty, and so hasten the day when Haiti may stand alone. The alternative to the course herein suggested is the immediate withdrawal of American support and the abandonment of the Haitian people to chronic revolution, anarchy, barbarism, and ruin ~ Report of the McCormick Committee, Senate Report 794, June 26, 1922*

As I showed in the introduction and previous chapter, early attempts at the management of people in foreign countries were messy and often questioned within the US – by the public, by Congress, even by former military personnel and Presidents. Indeed, as many writers have noted, contestations both at home and abroad, lead to subtle yet long-lasting changes in both the US and the countries under occupation (Hindess 2004; N. Smith 2003; T. McCormick 2009). The colony and metropole did not (do not) exist as separate territorial spaces with clearly delineated boundaries (F. Cooper and Stoler 1997; Lave 2004). Indeed, as Warwick Anderson (2006), Laura Briggs (2002), Michelle T. Moran (2007) and others have shown, US colonial health projects had enduring impacts on US Public Health, as lessons learned traveled back and were mobilized in the domestic health sphere. However, this travel of knowledge production about health and hygiene did not just move back and forth between metropole and colony, but rather, found new salience within institutional assemblages of power/knowledge through organizations such as the Rockefeller Foundation, whose early interest in global health found a new home first in British colonial health and then in US tropical medicine in occupied territories. Indeed, Marcos Cueto (2007, 2–3) argues that achievements in Panama in yellow fever control “convinced private philanthropies like the Rockefeller Foundation that campaigns conducted in a military style would get similar results elsewhere.” During the first six years of the occupation of Haiti, the transnationalization of health citizenship was mediated through the US military personnel; following the Inquiry, the introduction of the Rockefeller Foundation’s

International Health Commission into Haiti created a new fissure in Haitians' access to and mobilization of health citizenship – one that has continued through to today in the global health, development, and humanitarian projects that permeate the global south. Although this early project was not as intensely implemented as what was seen in later projects, this shift from strictly militarized health and sanitation project implementation set the stage for the next 100 years of interventionism, the growing global health and development industry, and institutional mediation of health citizenship more generally.

Following the Senate Inquiry into the Occupation and Administration of Haiti and Santo Domingo in 1921-22, the US military turned to the Rockefeller Foundation for guidance in the social and moral reform of the occupied people. This turn marks the beginning of what Eyal Weizman (2011) calls the “humanitarian present,” or “the collusion of ... technologies of humanitarianism, human rights and humanitarian law with military and political powers” (2011, 4), that today permeate the urge to humanitarian intervention. What began in Haiti as a military occupation with questionable motives and clumsy management was slowly transformed into a more elegantly choreographed humanitarian mission of development – one that could be understood as “non-political” even as it was driven through political and economic apparatuses. The bruteness and sheer instrumentality of militarized health shifted toward a machinery that more closely resembles development as we know it today, even as it first turned to a “softer” form of health development. Before there were human rights and humanitarian law, there was the court of public opinion, a JAG court of inquiry, and ultimately, a Senate Inquiry that all led to a new relationship between military and private humanitarianism. It is in this shift that there emerged what grew to become the patchwork of social and health services that has disrupted people's ability to make claims to their health citizenship. At the heart of this chapter is an examination of this pivotal moment in militarized interventions and humanitarian endeavors as it unfolded in Haiti. As I will discuss in this

chapter, by 1920 the International Health Board had already instituted projects in several countries (including most of Latin America), bringing lessons learned in hookworm eradication in Cuba and the US to the global stage (Birn 2006; W. Anderson 2006; S. P. Palmer 2010).

Most histories of the occupation of Haiti barely touch on the health and sanitation programs implemented under the Sanitary Engineer, much less the work of the International Health Board. Those that do discuss this aspect of the occupation, tend to discuss this as part of the totality of the occupation, tallying the number of clinics, hospitals, dispensaries, and patient visits. However, this was no tidy unrolling of public health. In this chapter, I explore how the mandates for development in health and economics of the occupational treaty were understood by the High Commissioner and other treaty officials, as juxtaposed to Navy physicians' understanding, the International Health Board's mandates, and to Haitian opposition members' frustrations, which were vented in popular media and also on the global political stage. While Americans were experiencing a growing inclusiveness and expansion of citizenship rights in the United States,<sup>1</sup> Haitians, under US rule, were experiencing dissolution of their citizenship rights. Censorship, loosened somewhat after the end of the *caco* rebellion, was reinstated and more rigorously enforced in 1923. Elections continued to be put off by the President, under the guidance of High Commissioner Russell, until 1930. And health and sanitation programs continued to unroll across the country in an uneven fashion, with gendarmes prioritized over all others, followed by prison inmates, city dwellers, and finally, rural peasants – of which 90% of Haitians were.

The Rockefeller Foundation attempted to maintain a position distanced from US foreign policy, but the International Health Board was swept up in what was one of the most publicly contested military operations of the 20<sup>th</sup> century (according to Victor G. Heiser (1970) who likened

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<sup>1</sup> The US Supreme Court overturned *Guinn v. the United States* disallowing voter restrictions that were clearly race-based (1915), women gained the right to vote universally (1920), and the Dyer-Anti lynching Bill passed (1922).

it to the debacle of the Vietnam War). The usurpation of Haitian sovereignty, through the ongoing occupation and the colonial government (written as an advisory body, but holding powerful control over state functions) marred the approach to humanitarianism, creating a new political subjectivity in Haiti, which informed both Haitian politics and US foreign politics toward Haiti for the next 80 years. The failure to maintain the public health system is held up as a marker of a presumed inherent backwardness of a failed state (See for instance, the collection: Shamsie 2006). In this chapter, I seek to trace the development of a newly-emerging US sensibility about global health, and, particularly, of the strides made to create a national public health system in Haiti.

To do this, I first give a brief overview of the military and political climate in Haiti and the US following the Senate Inquiry, in order to better situate the complexities involved in launching a new push for health and sanitation in Haiti. I then give a brief outline of the birth of global health, as envisioned and enacted by the Rockefeller Foundation, in order to set the stage for the few short years the Board was active in Haiti. The resistance of the officers of the International Health Board to inaugurate a project in Haiti leaves a string of questions unanswered about the mandates of the International Health Board and the pressures exerted on the Rockefeller Foundation from within the US State Department. Despite their original reticence, however, eventually the International Health Board sent men to Haiti. In the latter years of the Rockefeller Foundation's involvement in Haiti, political instability, the overbearing hand of the occupation, and public outcry (which escalated when US Marines shot and killed unarmed protestors) renewed US public interest, prompting President Hoover to send an investigatory commission to the country under the directorship of W. Cameron Forbes, in 1929. Upon the Commission's recommendations for US troop withdrawal, the International Health Board pulled their officers from Haiti, and the health and sanitation programs were turned over to Haiti as part of the "Haitianization" process. Many of the improvements to the public health system made in the country were partially dismantled in the last years of the



occupation, leaving a stunning legacy of poor health infrastructure whose aftershocks were made so apparent following the earthquake in 2010. This chapter seeks to uncover the political and social implications of the burgeoning field of global health as it unfolded in Haiti through the work of the Rockefeller Foundation's International Health Board, and the enduring impacts they had on Haitian health citizenship.

### *Haiti after the Inquiry*

On March 4, 1922, John H. Russell arrived back to Haiti to take up his dual role as High Commissioner to Haiti and Brigade Commander of the occupying forces. He maintained both positions for 13 months and would go on to hold his position as High Commissioner for nine years. The conspicuous absence of his rank, Brigadier General, from his correspondence and reports marked a discursive (if not entirely material) turn in US military relations with Haiti, as though by erasing rank from his correspondence, the military connection was also erased.<sup>2</sup> His directives, as articulated by the US State Department, were little more than a re-wording of his duties as the Brigade Commander during his tenure (Hughes 1922).

Russell arrived to a country in rising political turmoil. When he landed, Dartiguenave was still the President of Haiti. However, the Council of State, newspapers and organizations in Port-au-Prince, and even the Minister of Foreign Affairs were working to force Dartiguenave to withdraw from the Presidential race set for April (Russell 1922a). On April 10, 1922, the Council of State met as a National Assembly late at night and elected a new President of Haiti, M. Joseph Louis Borno.

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<sup>2</sup> Russell first came to Hispaniola as a Lieutenant Colonel in March 1917 to command the 3<sup>rd</sup> Provisional Regiment in the Dominican Republic. He took command of the 1<sup>st</sup> Provisional Marine Brigade at Port-au-Prince in Haiti in October 1917 under his new rank of Colonel. Like most officers in the Marines assigned to foreign outposts during WWI, he repeatedly requested transfer to command troops in France. In December 1918, he left Haiti for Washington and was given the rather thankless and controversial task of culling the bloated Marine Corps from its war-time high of 75,000 to 20,000 men. In the meantime, then commander in Haiti, Brig. General Catlin was forced to retire in 1919. Russell was re-assigned to Haiti in October 1919. He was pulled back to Washington in January 1922, promoted to Brigadier General, and then assigned High Commissioner to Haiti and Ambassador Extraordinaire in February 1922.

He was inaugurated May 15 and would retain his position as President until after the Hoover Commission in 1930, noting that he had called off or rigged elections each time they arose, insisted on a Presidential election. In his official annual report back to Washington, Russell marveled at the peaceful transition of power and remarked on the tranquility that had settled over the country, complaining only of a few disgruntled elites who insisted on attempting to rile anti-American sentiment through the newspapers (United States and Russell 1923). But in his personal correspondences to the Secretary of State, his letters allude to a less pleasant political climate, eventually leading, in 1923, to Russell proposing a press law which was passed by the Council of State placing stronger restrictions on the press (United States and Russell 1924). He also placed a military officer in the position of AP correspondent, funneling news of Haiti to the US and abroad through a man under his supervision.

President Borno and his family, were not uniformly admired across the country.<sup>3</sup> Within a month of taking office, newspapers and speeches denounced the development work that was unfolding. The President, his Cabinet, and some members of the Council of state received death threats by post. Russell mostly ignored these threats until a rumor reached him of a definite plot to assassinate the President (Russell 1922b). In the meantime, a failed assassination attempt against the Mayor of Port-au-Prince lead to the death of bystander. This was followed by the murder of Mr. Clément Denizé the night before he was to testify before the Judge of Instruction about the communal graft affair that the Mayor was having investigated (Russell 1922b).

In the international arena, Dantés Bellegarde, the Haitian ambassador to France and representative to the League of Nations, made a public appeal, crafting a resolution that requested the International Union of Associations for the League of Nations put the Haitian question on the agenda of its next meeting, in 1924 (Bellegarde 1923). In his appeal, he accused the US appointees to

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<sup>3</sup> There were rumors that either Borno or Russell had paid off the Senate to elect him (Douglas 1927a; Gaido 2006).

Haiti of lacking actual expertise and exceeding their roles as “counselors” to become dictators. He further denounced the occupation as a violation of the principles of international law, an attack on territorial integrity, and a limitation on the exercise of full sovereignty. Bellegarde had already made a name for himself in the international political arena as an anti-colonialist. At the 1921 Pan-African Congress, which convened in Belgium, he collaborated with W.E.B. DuBois and other African American and French African<sup>4</sup> participants, to press for the inclusion of “a man of Negro descent, properly fitted in character and training, be appointed a member of the Mandates Commission”<sup>5</sup> (Qtd. in: Bellegarde-Smith 1981, 236). And again, in September 1922, Bellegarde publicly condemned the Bondelzwarts massacre in South Africa, and again demanded the inclusion of a non-white member to the Mandates Commission (Dedering 2009). He would continue, throughout the occupation, to publicly denounce the US intervention at every possible turn<sup>6</sup> (Bellegarde-Smith 1981). Meanwhile, in the US, Senator William H. King of Utah, the only member of the US Senate Committee who refused to sign the final Inquiry report, submitted three separate resolutions to the Senate over three months in 1922, including one for a new inquiry into President Harding’s appointment of General Russell as High Commissioner (Hauptman 1973).

Thus began the second leg of the occupation. Regardless of the new directives and attempts to build stronger relations between the US government, US forces, and the Haitian people, the paternalist impulses that informed the occupation from the outset continued to undergird the new regime. Russell was first, and always, a military leader, and he ran the government as a joint

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<sup>4</sup> The group of collaborators included: Blaise Diagne, Gratien Candace, Edward Frazier, Walter White, and Rayford W. Logan (Bellegarde-Smith 1981).

<sup>5</sup> The Permanent Mandate Commission was developed to provide protection to the people’s of lands that had been colonized or governed by Germany and the Ottoman Empire in the Middle East, Africa, and the Pacific (Anghie 2005). These colonies were divided among France, Britain, and Belgium.

<sup>6</sup> Bellegarde was also the Minister of Education and would continue to be a thorn in the side of the US occupying force. While he was deeply committed to building a French educational system, maintaining a long tradition of classical education, US advisers tried (and succeeded) to establish a schooling program of a more technical nature (Pamphile 2008).

dictatorship with Borno. His priorities over the eight years of his tenure reflected his own training. While Haitians were requesting help with building an education system and public health, Russell focused on preparing the Gendarmerie to be Haitian-led. His focus included ensuring the health of the gendarmes, cleaning up the prisons,<sup>7</sup> managing finances, and instituting public works projects such as building bridges, clearing irrigation canals, and mosquito eradication. While Borno was nominally the President, Russell proclaimed he “has never taken a step without first consulting me” (FRUS 1929).

It is here that the difficulty in disentangling the difference between ongoing violence and conditions of peace emerges (Kirsch and Flint 2011). There was an inherent complexity in the US’s multiple roles in colonial states. In Haiti, the US was at once occupier and adviser, insisting upon Haitian sovereignty while instituting martial law and maintaining control over all functions of government. Peace came at a steep price, and it didn’t look that different from war. Indeed, the construction of Haitians through the lens of war-mongering meant that all Haitian males were always already on the verge of being enemy combatants of an uncivilized sort (Sanders 2013). In the final report of the Senate Commission, Senator Oddie wrote, “The transformation from peasant to bandit and vice versa could be made at an instant’s warning. There was reason to suspect almost any male adult of being from time to time engaged in active lawlessness and habituated to guerrilla warfare” (Oddie and McCormick 1922). And as a military officer, Russell’s focus lay in keeping peace, at whatever the cost.

This peculiar limbo of a peaceful war (or war-like peace) brought geopolitical concerns right up against civil concerns. Russell, a military man, was focused on securitizing the country through practical means – continuing the building and repair of roads, policing the individual bodies of

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<sup>7</sup> The prisons were not only clean, but also provided prisoners with food and medical care, leading some Haitians to refuse to leave when their sentence was complete. I’ll discuss this further later in the chapter.

Haitians (through the build up of the Gendarmerie and through sanitation citation systems), maintaining peace through censorship and martial law, quelling the potentiality of *caco* uprisings, and through the continued dampening of basic civil liberties (to include civilian courts, elections, etc.) – as well as issues related to debt. John A. McIlhenny, the financial adviser, was focused on opening the economy of Haiti up to greater trade, pushing through exorbitant loans (all private loans) that the Haitian governmental officials continually refused, building up US investments in the country, and paying off debts to US debt holders.

Together, these two men set budget and material support priorities that fulfilled their particular aims, over and above the needs of the people. Over the course of the next decade, those Haitians who sought to proclaim their political subjectivity and to exercise their rights as citizens, were either ignored or systematically stripped further of what few freedoms they retained, and often incarcerated on charges that were sometimes for offenses legally defined created after the fact. These acts reflect a failure to acknowledge both Haitian sovereignty and, by extension, Haitian citizenship, more generally. Without recourse to political activity or to bringing a complaint against the government – whether through speeches and newspaper articles or to demand justice in the face of the impunity of the occupying forces – the exercise of Haitian citizenship languished in a kind of limbo that found some minor revival with the introduction of the Rockefeller Foundation's International Health Board. Meanwhile, the promises for humanitarian aid were subsumed under military (political) and economic aims of the men who held sway over the government.

Russell's particular take on Haiti was informed by a geography of representation that was informed by a deeply held racism and environmental determinism as much as it was by geopolitical aims (Painter and Jeffrey 2009). The discourses that supported the invasion (e.g., the violence, uncivility, and lack of political acumen) also worked to support his vision of the aims of the continued occupation. Haitians, already scripted as not-quite political, entrenched in their

“primitiveness,” needed his and others’ guidance to reach the appropriate political maturity (something that mimicked, if not outright mirrored) US liberal democracy. Racial discourses employed by the governing forces in Haiti worked to “other” Haitians, subsuming their experiences and political voices into a rubric of not-yet modern, and therefore, not-quite fully human (Braidotti 2013; Said 1979). Haitians, by dint of being black were already and always excluded from the hegemonic construction of what constituted an appropriately political subject, and by extension, their citizenship was deconstructed to a mere acknowledgement of their attachment to the container that is marked by the boundaries and borders of the nation-state – a large scale identity without the co-produced rights but with all of the responsibilities (Calhoun 2007; Isin 2008). But not all white men (and nearly all of the US contingent – military and civilian- were white men, save for one African-American officer, the wives of the Marine and Navy officers, and 3 Red Cross nurses), held such totalizing views. The discursive and material struggles of Haitians and *some* US interventionists met at the threshold of health, as they worked to draw a new Haitian health citizenship to the fore. It is in the area of health that discordant discourses of Haitian subject formation among US personnel were laid bare.

In this thinking, Haitian citizenship was subsumed to broader geo-economic aims mandated from Washington. The great debt burden – first evolving from the French indemnity debt and then further exacerbated by internal loans made to support revolutionaries – was viewed as evidence of the failure of the state, and therefore, the failure of the people. Following the State Department (as opposed to the Treaty), Caperton, under tutelage of the Financial Advisor, McIlhenny, prioritized the reduction of debt by instituting more loans. These loans, as I show in the next section, were not used to aid in the humanitarian endeavors, but rather, to manage US financial interests and in securing stronger governance structures. These practices echo the future of what Adrian Kay and Owain Williams (2009) call the international political economy approach to health governance.

Health and sanitation were simply tertiary outcomes of what was meant to be a new growth built through *laissez-faire* economics.

### *The loan*

Among the first of Russell's negotiations was securing a loan to the Haitian government. According to Article V of the Treaty, all moneys collected and received by the Receiver General had to be applied, first, to the payment of salaries and allowances of the General Receiver, his assistants and employees and expenses of the receivership (including the salary and expenses of the Financial Adviser, which were \$10,000 a year), to the interest and sinking fund of the public debt, to the maintenance of the Gendarmerie, and finally, the remainder to pay expenses of the Haitian government. According to Haitian Law, 75% of the entire income of Haiti was pledged to paying debts. Had these two stipulations been followed exactly, at the end of 1921, \$387,749.77 would have been left over (from the total Haitian Government income of \$6,421,000.41) for all other expenses, to include maintenance of hospitals, prisons, water supply and lighting for large cities (L.L.M. 1922).

The fiscal wrangling of the Financial Advisers during the first six years of the occupation had grave consequences for the Haitian people, made worse by McIlhenny's machinations as Financial Adviser to Haiti.<sup>8</sup> Under his leadership, \$3,000,000 in francs were carted off to New York and exchanged at a particularly poor exchange rate raising question of speculative currency trading; further, the Haitian government went into default on debts for the first time in the country's history because of the refusal by the Financial Advisor to continue to pay fees; and government salaries were held hostage to force the government to accept the terms of the City Bank of New York in its

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<sup>8</sup> Several requests were made by the Haitian government, particularly Dartiguenave, to remove McIlhenny from office. He was found to be dismissive of the Haitian people, more generally, and continually acted on his own accord, not in concert with the Government of Haiti. Added to this, he was almost never actually *in* Haiti during his tenure as Financial Adviser – continuing to draw \$7,000 salary plus \$3,000 for “expenses” (a blanket addition to his salary which did not require itemization. The Senate Commission Committee ultimately recommended the removal of McIlhenny from office in March 1922; however, he stayed on until the loan was secured.

relationship to the National Bank of Haiti.<sup>9</sup> Negotiations for a loan, orchestrated by the Financial Adviser to Haiti (first Addison T. Ruan, and then John A. McIlhenny) were ongoing beginning in 1917, but had failed to materialize – first because of the US entry into the war, then because banks were unwilling to float the loan because of the occupation in Haiti, and then because the US troops might *withdraw* from Haiti (McIlhenny 1921). Further, each loan proposed and negotiated by McIlhenny was through private banks to fund public improvements and came with “tight contractual supervisory arrangement[s]” (Rosenberg 1999, 83). Phillipe Sudre Dartiguenave, as president, had adamantly refused each of the propositions.

When President Warren G. Harding took office in March 1921, President Dartguenave wrote him immediately, requesting assistance for Haiti and its people. Among his proposals, he requested:

*5. In administrative matters a constant and honest cooperation of the Haitians and the “Convention” officials which is the only means of preventing a recurrence of conflicts which conjointly spring from the dual [sic] actual parallel action of the Government and of the “convention” officials. A precise definition of the duties and powers of the “Financial Adviser”, based on the letter and spirit of the “Convention” so that that Haitian official attached to the Department of Finance” shall not continue to regard himself as the absolute minister of the administration.*

The appointment of Russell as High Commissioner to Haiti was seen as the soundest measure to ensure against further financial upset. The election of President Borno in 1922 opened new avenues of negotiation. The first loans (\$16 million external, \$5 million internal) were authorized by law on

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<sup>9</sup> Conversely, John A. McIlhenny, the Financial Adviser to Haiti during the Inquiry, insisted that through his and his predecessor’s control, they had managed the finances well enough to build new hospitals, increase sanitation, reduced the net public debt by \$5,000,000, paid off arrears of amortization of foreign debt, tripled internal revenue collections, and discontinued speculation on government salaries (McIlhenny 1922b). However, by his own admission, the increase in export taxes were so immense that building export trade was not worth the effort – a problem that could be alleviated if the Government of Haiti would only approve (his) refunding loan.



26 June 1922 and signed into contract in October<sup>10</sup> (United States and Russell 1923). Meanwhile, the National City employee journal, *No. 8*, proclaimed, “Bank of Haiti Is Ours” (P. J. Hudson 2013, 93). Borno was proving to be a rather more malleable president.

The importance of the loan cannot be over-stated. The loan, itself, was intended to pay down debts accrued during the revolutionary upheavals in Haiti as well as to provide funds for general operations of the government. Before the loan was officially contracted, \$300,000 was made available by extraordinary credit during the summer for public works. Despite the rush to mobilize funds for public works, the health and sanitation projects received only \$264,000,<sup>11</sup> of which \$15,000<sup>12</sup> was budgeted for the Medical Department of the Gendarmerie d’Haiti,<sup>13</sup> from customs collections receipts for their total budget (equivalent to about 11 cents per person<sup>14</sup>) in 1922 (Boland 1922; United States and Russell 1923). Health and sanitation were clearly not a priority.

By the end of 1922, there were 7 commissioned naval surgeons, under the supervision of James M. Minter (US Navy, Sanitation Engineer), 10 chief pharmacists and pharmacists’ mates, and 11 Haitian physicians, 1 dentist, and 1 pharmacist. Other Haitian physicians were employed locally under public health officers in Port-au-Prince and Cape Haitien. Further, 13 Haitian nurses completed their two-year training at General Hospital of Port-au-Prince, with another 26 in training.<sup>15</sup> The offices of the US medical professionals were small, cluttered, and equipped with

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<sup>10</sup> By February 1923, debts to the Banque National de la République d’Haiti and to the national Railroad Company of Haiti were paid, fulfilling the provisions of Article 3 of the 1919 Protocol. Further, the concessions on the Railroad (which amounted to \$3,500,000) was reorganized in order to relieve the burden from the Government of Haiti.

<sup>11</sup> Compare this to \$1,004,451 appropriated for the gendarmes, to include \$9,000 monthly allotment for prisons, from revenue collections which totaled \$4,673,314 (United States and Russell 1923, 1:21–22).

<sup>12</sup> This annual sum was fixed by the Treaty (Boland 1923).

<sup>13</sup> The \$15,000 covered all health needs of the gendarmes and prisoners, to include the insane and indigent. The prison system in Haiti acted as a defacto system of insane asylums.

<sup>14</sup> Compare this to the 62 cents per person spent in the hookworm eradication program in Puerto Rico (Bailey K Ashford 1998, 83).

<sup>15</sup> The nursing school was originally organized by Navy nurses in October 1918 and was taken over by the Red Cross two years later. In 1921, following a tour of Haiti by the Surgeon General, three US nurses from the Nurse Corps were sent to the Marine’s First Brigade field hospital: Chief Nurse Frida Krook, Nurse Ellen M. Olson, and Nurse Clara Klinksick (United States and Navy Department 1921; Godson 2001).

“meager” supplies that had been deemed “useless” by the Navy before being sent to Haiti (G. C. Payne 1924c). The rural dispensaries and small hospitals being built were only somewhat better. John Houston Craige, an officer of the US Marines, described the new Public Health Hospital in Hinche, at the Caserne where he was assigned as Chief of District of the Interior, commanding 200 gendarmes:

*About two hundred yards beyond the officers' houses was the fine, new Public Health Hospital. This was a clump of frame buildings, gaily painted in white and green. It was in charge of Dr. Frank Hill, a Navy physician, and was by all odds the finest group of structures in central Haiti. There was a large hospital building, a detached laboratory and a dwelling for the doctor. The hospital had running water, sanitary plumbing, and wonder of wonders, a small electric lighting plant (Craige 1933, 55).*

In 1922, the number of hospital treatments rose to 22,316 (from 1921, which saw only 7,305), a phenomenon that US Naval medical personnel attributed to a growing cooperation between US and Haitian physicians leading to renewed trust of the medical services being provided.<sup>16</sup> In seven of the nine departments, new wards were built, capacities were increased, and renovations took place.<sup>17</sup> Additionally, five free dispensaries were opened in the interior with the financial assistance of the Red Cross and coming under the direction of Haitian doctors and nurses. During the year, the Navy also conducted a mass campaign against malaria among Navy and Marine personnel in Haiti by inducing quinine treatment of Haitians living near Marine posts and by clearing and burning brush in mile and a half wide swath around posts. Despite “the difficulties in carrying out the routine of the treatment [which is] perfectly obvious to anyone who has lived in the Tropics and dealt with

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<sup>16</sup> However, as I will show later, the Rockefeller Foundation International Health Board found quite the opposite.

<sup>17</sup> Port-au-Prince: New operating pavilion, home for Haitian nurses training, a new 70-room ward and a morgue were built. Cape Haitien: Completed an isolation and treatment ward for TB patients. Port de Paix: New hospital with 50-bed capacity was 70% completed. Gonaives: New 40-bed ward for women. St. Marc: Renovation of old hospital. Jeremie: New 40-bed hospital under construction. Jacmel: Constructino begun on new isolation and treatment ward for TB patients (United States and Russell 1923, 1:13).

ignorant negroes,” the program successfully filled its mandate – namely, to protect US troops from malaria<sup>18</sup> (United States and Navy Department 1922).

Disease control, as I illustrated in the previous chapter through the court martial case, was not necessarily about Haitians’ health, but about protecting US troops against the diseases of the tropics. Despite the Treaty agreements and despite the efforts made by individual Sanitation Engineers, Haitian health took a backseat to US health, as evidenced through disease prevention programs and through budget practices. More than simply a foray into financial practices, exploring the management of finances in Haiti during the occupation exposes the real and actual priorities of the High Commissioner, making plain the de-prioritization of the implementation of sustainable health and sanitation programs, despite the repeated attempts to exercise the public health and sanitation improvements as proof of US benevolence.

In 1923, \$264,000 was appropriated and expended on health and sanitation, a drop to about 10 cents per person. An additional \$12,000 were procured from the Government of Haiti for famine and fire relief (United States and Russell 1924, 2:28). Additionally, the American Red Cross provided \$10,000 for training Haitian nurses (United States and Navy Department 1924). Despite exhortations of profound improvements in public health and sanitation, the American High Commissioner and Financial Adviser to Haiti clearly had little interest in investing in building the public health capacity of the country, beyond the barest minimum. However, goaded by the debacle that had unfolded over 1920 and 1921, Russell and his superior officers knew that they had to do *something*. Placing the blame on the Haitian government for not allotting the funds needed to make

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<sup>18</sup> The number of infections dropped dramatically, from 586 hospitalizations between September and December 1921 to 196 hospitalizations between September and December 1922, of US military personnel in Haiti due to malaria (United States and Navy Department 1922, 25–26).

health and sanitation improvements<sup>19</sup> (even though the Financial Advisor still controlled the budget), Russell turned to the private sector. The Red Cross was already enlisted in helping to train nurses, and international ministries were providing some health and education services. However none of the organizations already providing aid in Haiti had the resources or skills to build a complete public health system – to include health education and laboratories. And so, Russell turned to the Rockefeller Foundation once more.

The Rockefeller Foundation’s health work was growing in prominence. Begun as a localized project in the Southern States, it rapidly expanded to encompass a new global health – one which was at once civilian and military. In the sections that follows, I trace a brief history of driving force behind the rise of the Rockefeller Foundation’s health programs in order to situate them more broadly within the historical and economic contexts from which they arose. At the same time, deeply important to this unfolding of global health, as I will show, is the entanglement between the infant global health movement, geo-economics, militarized health (both domestic and colonial / imperial), and foreign relations. The development of the new global health did not emerge from a vacuum, as I will show in the next section, and the Rockefeller Foundation’s road to Haiti was neither seamless nor smooth.

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<sup>19</sup> Throughout his reports, Russell often referred to the choices of the “Haitian Government” in their budgeting decisions. However, Chester Millsbaugh, the Financial Adviser and General Receiver to Haiti from 1927 to 1929, described the budget decision making thusly, “The budget and proposals for extraordinary credits – the source of most dissension among treaty officials and the most important instrument for coordinating their activities – were regulated by an instruction, according to which the American-directed services submitted their estimates simultaneously to the high commissioner and the financial adviser. The latter submitted his recommendations to the high commissioner who, after giving a hearing to the treaty officials concerned, decided any differences which might have arisen, without, however, approving any estimate which was disapproved by the financial adviser. Agreement having been reached on the expenditures of the American-directed services, the treaty officials then submitted their estimates to their respective ministers. The proposals of the ministers, including departments and offices under Haitian control, were then submitted by the minister of finance to the financial adviser. The Haitian Government did not usually object very strenuously to the proposals of the treaty officials; but there was always long and tedious discussion of appropriations desired by the Government for branches of administration remaining under its control. Questions in dispute between the Government and the financial adviser were referred by the latter to the high commissioner who, if unable to bring the Government into agreement with the financial adviser, referred the questions in dispute to the Department of State for final decision” (1931, 120–121).

## *Hookworm Eradication, Rockefeller Foundation, and the Birth of Global Health*

*This is an age of science. All important fields of activity, from the breeding of bees to the administration of an empire, call for an understanding of the spirit and technique of modern science....Promotion of the development of science in a country is germinal; it affects the entire system of education and carries with it the remaking of a civilization ~ Wickliffe Rose, Scheme for the Promotion of Science on an International Scale (1923)*

Charles Wardell Stiles (1867-1941) began to sound the alarm about hookworm disease<sup>20</sup> in the US's South in the 1890's (Ettling 1981). The hookworm, a parasitic nematode that lives in the intestines of mammals, is found in warm moist soil of tropical and sub-tropical regions as well as in mines.<sup>21</sup> The larvae of hookworms of the *Necator Americana* species<sup>22</sup> enter their human hosts through the feet (often through the soft tissue between the toes), travel into the lungs via blood stream, then up to the windpipe or back of the throat where they are swallowed into the small intestine. The fully-grown worm can lay as many as 10,000 eggs in the intestinal tract, which then pass through the body and are deposited through feces. Upon infection, many people develop a small allergic reaction at the point of entry, known as "ground itch." This is often followed by diarrhea as the worms mature, but before they begin to lay eggs, often accompanied by abdominal cramping, colic, and nausea ("Hookworm Disease Symptoms" 2011). Hookworms feed on the blood of their hosts. Over the course of the life of an infected person, anemia, protein deficiency, stunted growth, weakness, fatigue, and even learning impairment may occur if the worm population grows too large in the intestine of the host. Nutritional quality of the host's diet will also have a major impact on the severity of the symptoms.

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<sup>20</sup> **Ankylostomiasis** (variant: ancylostomiasis) is hookworm infection. **Uncinariasis** refers to hookworm disease. The difference lies in the number of worms (and, thus, the severity of symptoms). A few worms (infection) may go undetected and cause no symptoms, about 100 or more will cause mild hookworm disease, 100's will cause severe symptoms, and 1000's may kill the host.

<sup>21</sup> Hookworm was found quite far north in mining towns of England.

<sup>22</sup> *Necator americanus*, also known as the New World hookworm, is the hookworm most common in North America (95%) and has been found in Africa, China, southwest Pacific islands, India, Brazil, and Southeast Asia. *Ancylostoma duodenale*, also known as the Old World hookworm, can be found in southern Europe, north Africa, India, China, southeast Asia, some areas in the United States, the Caribbean, and South America.

Unlike malaria or cholera, hookworm disease rarely kills otherwise healthy individuals (Bleakley 2007). It does not occur in cycles associated with rain, as many diseases of the tropics do. In the US, it lived quietly in the intestines of southern field hands, afflicting entire families.<sup>23</sup> The anemia associated with the high rates of infection in the US South<sup>24</sup> at the end of the 19<sup>th</sup> and beginning of the 20<sup>th</sup> centuries, led to a general gauntness and malaise among mostly poor whites. Although infection rates among African Americans was similar to that of the white farmers, the health impacts were noticeable less stark. The announcement of the discovery and diagnosis of hookworm disease was met with an uproar (Marcus 1989). On the one hand, Hookworm's prevalence was seen as another Northern concoction to demean white Southerners, making them less white, and therefore backward (Wray 2006). But on the other, hookworm is first and foremost, a disease of poverty, and a stark reflection of broader social cleavages. Its spread, one author insisted, was the result of ignorant, neglectful, and careless white landlords of the south<sup>25</sup> (Carter 1909). The discovery of the "germ of laziness"<sup>26</sup> pointed squarely to an environmental reason that could be (and even should be) addressed through proper health and sanitation programs, disrupting the idea that social ills are inherited and that poverty is a moral failure (Bailey K Ashford 1998 [1934]).

Although it was acknowledged by the turn of the century that hookworm had been brought to the US via slave ships, as the ravages of hookworm became common knowledge, blame slowly began to seep across racial boundaries from southern whites to the new flood of immigrants from tropical regions. Discourses about the vectors of disease who were bringing hookworm to the

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<sup>23</sup> Hookworm only traveled as far west as Arkansas and Texas and as far north as Virginia – until it was introduced in CA by migrants from India.

<sup>24</sup> The hookworm infection rate was so high in the South, that many historians have ventured to guess that it the tiny nematode may have had a hand in the success of the Union during the American Civil War.

<sup>25</sup> It may be articles like this one that led to Stiles being publicly threatened in a Florida newspaper with being lynched if he was found there (Kloss 1954).

<sup>26</sup> "Germ of laziness" was first coined by reporter, Irving C. Norwood, in the *New York Sun* the day after Stiles gave a lecture at the Sanitary Conference of American Republics regarding the discovery and diagnosis of uncineriasis on December 4, 1902 (Ettling 1981, 35).

country – namely “Porto Ricans,”<sup>27</sup> “Hindoos,” Chinese, Japanese, and Central Americans<sup>28</sup> – grew, and by 1910, hookworm was classed among dangerous contagions whose admission was prohibited (Blumer 1905; Billings and Hickey 1916; Gunn 1911; Glover 1912). Meanwhile, Charles Wardell Stiles was transferred from the Department of Agriculture where he was chief zoologist in the Bureau of Animal Husbandry, to the US Public Health Service where he attempted to begin a treatment program in the South with little success.

In 1904, a hookworm eradication program was instituted in Puerto Rico under the auspices of the Porto Rico Anemia Commission (Amador 2008). Bailey K. Ashford,<sup>29</sup> a commissioned Lieutenant in the US Army Medical Corps assigned to the general military hospital in Ponce, Puerto Rico, initiated the anemia program in conjunction with his colleagues, Dr. Walter King, on loan from the Marine Hospital Service, and Dr. Pedro Gutiérrez Igaravidez, a local doctor. The second phase of the program was turned over entirely to Puerto Rican doctors who continued to compile and send reports to the Army Medical Corps (Bailey Kelly Ashford and Igaravidez 1911). The program treated between 250,000 and 310,000 Puerto Ricans over ten years, reducing the incidence from 90% to 15% over the course of the multiple campaigns (Ferrell 1913; Bailey K Ashford 1998; Amador 2008; Maldonado 1993). Ashford, a former student of Stiles, had sent him records of stool samples and then reports on his progress in Puerto Rico (Bailey K Ashford 1998; Page 1912). These were passed on to Walter H. Page who then presented them in his efforts to persuade Rockefeller to fund a proper eradication program in the South.

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<sup>27</sup> Almost hilariously,

<sup>28</sup> Curiously, *Ancylostoma duodenale*, the species of hookworm endemic to Europe, did not thrive in the soils of the US, and they accounted for only 5% of the total case load.

<sup>29</sup> Ashford’s autobiography, first published in 1938, recounts rather bitterly that although Stiles was credited with “discovering” hookworm, in fact *he* was both the microscopy wunderkind and implemented the first treatment program. His bitterness is so deep that he also credits several other doctors with making advances in the study of hookworm over Stiles, that he simply had the good fortune of having his 1902 report taken seriously (See: Bailey K Ashford 1998).

The Rockefeller Sanitary Commission for the Eradication of Hookworm Disease, was the Rockefeller Foundation's first major attempt at disease eradication. Between 1909 and 1914, the Commission examined 1 million southerners and treated 441,408 to the cost of \$1 million. Although not entirely successful in eradicating hookworm, it was successful on two counts: the positive testimonials following the program helped to shift the perception of the role of public health in southern states; and, the program was an important step in the "modernization" of the southern states, particularly in rural areas.<sup>30</sup> Overall, it was considered something of a success.

This history of the growing interest in hookworm eradication in the US is not just an interesting side story, but rather, it points to the very complicated ways in which tropical medicine is part of a broader history of both global health and US public health, more generally. Hookworm eradication began in Puerto Rico, traveled to the US southern states, and then back out into the Caribbean and beyond, all within just 10 short years. Hookworm was the first US domestic eradication program and also the first global health initiative; it was informed by military tropical medicine and US public health; it brought together the medical knowledge of US military personnel and Puerto Rican medical specialists; and, it had both economic and social implications – neither of which could be separated from the other as the single or more prominent underlying impetus. Furthermore, hookworm eradication was not about protecting occupying forces in the tropics, as so many other health and sanitation programs were – US forces wore shoes. And while hookworm was just *one* of the diseases that brought non-governmental health organizations into close concert with the military and local medical communities in foreign countries, the eradication program set the

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<sup>30</sup> Interest in the modernization of rural areas was not only a Rockefeller objective. In 1908, Roosevelt initiated the Commission on Country Life, led by Liberty Hyde Bailey, and populated by Kenyon L. Butterfield, Gifford Pinchot, Henry Wallace, Walter Page, C.S. Barrett, and W.A. Beard. Concerned that rural areas were being "left behind," the Commission conducted several studies (each in their own fields), held 30 hearings, and sent 550,000 questionnaires to rural residents. At the heart of the Commission was a call for help with better business and better quality of life on the farm (US Country Life Commission and Bailey 1911; Wunderlich 2002).



precedent for future collaborative projects between the private philanthropic sector and the US military

### *Launching global health*

By 1911, the officers of the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease were already beginning to think globally (1911a). In its first year of existence, the Commission sent a letter to American representatives<sup>31</sup> in all foreign countries through the Department of State asking for information related to:

*1. whether or not the country has been found infected; 2, the geographic distribution of the infection within the country; 3, an approximate estimate of the degree of infection; 4, whether the infection is surface or mine infection; 5, what is being done by private or public agencies to eradicate or relieve it (1911a, 10).*

The responses from the American representatives (many of them Marine Health Services members stationed at US embassies and consulates abroad) were followed up later in the year with physicians and public health authorities in the countries. The Commission reported, in a separate publication dedicated solely to foreign hookworm infections, that of the countries that responded, 54 were infected. Six (Wales, Germany, Netherlands, Belgium, France, and Spain) were infected entirely in mines. Forty-six countries, comprising an area of more than 14 million square miles and nearly 920 million people, had general and widespread infection (1911b, 3).<sup>32</sup> Infection rates varied between 35 and 90 per cent across the globe, with some of the worst rates occurring in South America and the Caribbean.<sup>33</sup>

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<sup>31</sup> Recall, in the previous chapter, I outlined the role of the Marine Health Service and health securitization – embassies and consulates often had a medical officer on staff.

<sup>32</sup> The Commission also added infections of the US of 510,149 square miles and 20,785,777 people leading to a global total of 940 million lives effected of an estimated 1.6 billion people on the planet at that time.

<sup>33</sup> Report 6 of the Commission estimated 90% infection rate for Columbians living between sea-level and 3,000 feet, 50 % of British Guiana's population, 90 % of Dutch Guiana's population, 90% of Puerto Rico's population, and 35% of local population, 50 % of soldiers and 50-88% of prisoners of French Guiana's population were infected. In other parts of the globe, Egypt's sugar and tea estates in Natal, many plantations in Ceylon, and 47-74 % of the Malay rubber plantation populations were infected (1911b, 4-5).

Hookworm infection, the Commission repeated throughout its reports, greatly impedes production in both mining and agriculture. Not only was it killing workers, it was also sending many to hospitals and raising costs for plantation owners. At the same time, hookworm infections were keeping children out of school. The Commission noted that “[a]cute disease may strengthen a race by killing off the weak; but hookworm disease is chronic” leading to a kind of generational physical, intellectual, economic, and moral poverty (1911b, 8). The attention to the lost economic viability of workers infected with hookworms was heard from across the globe. The Right Honorable the Earl of Crew, Secretary of State for the Colonies, in his dispatch on this subject to the Governor of Ceylon, stated:

*Having considered the reports from the several colonies, with the observations of the committee upon them, I recognize that the loss of labor caused by the prevalence of ancylostomiasis [sic] is very serious, and affects prejudicially not only the employers of labor, but the community at large. Not only is there serious loss of life, direct and indirect, but also through the invalidating of laborers the charges for hospital and pauper expenditures are largely increased (1911b, 6).*

He was not alone in his concerns. Across the globe, doctors sent in their assessments to the Sanitary Commission. From Ecuador, Dr. Parker reported: “...anemias [sic] of hookworm and chronic malaria made available not more than 33 per cent of the 300 laborers on that place.” In French Guiana, Dr. E. Brimont reported, “The disease has greatly retarded the development [of the country].” In British Guiana, “The economic loss due to hookworm disease on the sugar estates is heavy.” And in the Malay States, more than 50 per cent of the population was infected and that the disease is “of great economic importance to the rubber industry” (Rockefeller Sanitary Commission for the Eradication of Hookworm Disease 1911b, 5–6).

This concern for health on the international scale led, finally, in 1913, to the creation of the International Health Commission<sup>34</sup> (IHC) whose sole purpose was to embark on a hookworm eradication program around the globe, which, in their estimation, would have the added benefit that “following the treatment and cure of this disease, in intelligent public interest is awakened in hygiene an in modern scientific medicine and in practical measures for permanent public sanitation” (The Rockefeller Foundation 1913). By their own estimates, many of the people 900,000 people living in a swath around the globe that is just 36 degrees north and 30 degrees south of the equator were infected with hookworm (W. Rose 1915a, 10). Their long-term intent was two-fold: to help the intellectual, social, economic, and moral progress of people living in the endemic regions, and, not unlike the Marine Hospital Services’ efforts, to stymie its spread through emigration. In their first year, they established plans with 11 foreign countries through an agreement with British colonial authorities<sup>35</sup> (Ferrell 1915).

Dr. H.H. Howard’s report on the hookworm eradication project in British Guiana helped to set the foundation for future projects (W. Rose 1915a). The programs were to be undertaken in three phases: (1) a survey to determine severity and geography of infection; (2) microscopic examinations of those found infected; (3) helping to set up sanitary conditions such that topsoil pollution would end (Howard 1915). In no uncertain terms was the IHC to become a *de facto* public health service, but rather, would, in all cases, work *with* governments aiding them to become effective in the management of their own programs (W. Rose 1915a). Over the course of his

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<sup>34</sup> The first Commission was comprised of John D. Rockefeller (Chairman), Jr., Jerome D. Greene Recording Secretary), Wickliffe Rose (director-General), John A. Ferrell (Assistant Director-General), Charles W. Eliot, Simon Flexner, Frederick T. Gates, William C. Gorgas, Charles O. Heydt, David F. Houston, Starr J. Murphy, Walter H. Page, and William H. Welch.

<sup>35</sup> These included Egypt, under the direction of Victor G. Heiser of the US Public Health Service; Ceylon, the Federated Malay States, and the Philippine Islands; Barbados, Trinidad, British Guiana, Grenada, St. Vincent, and Antigua, under the direction of H.H. Howard; and, J.H. White, of the US Public Service was sent to Latin America (Ferrell 1915).

Directorship of IHC/IHB<sup>36</sup> from 1913 - 1922, Rose sought to enunciate these provisions to guard against undermining local governments. Four guiding principles were established:

1. Public health work is fundamentally a function of government
2. IHD can be of use by helping government agencies organize and by providing expert advice, financial resources and facilities for the education of health professionals
3. IHD aid is temporary and must be withdrawn when governments can control their own public health operations
4. All IHD aid must be given with the aim of creating or strengthening government health agencies (Hackett unk).

The insistence on building governmental capacities over simply creating a public health parallel to or as a substitute local public health system echoed US military mandates for public health programs in the Philippines, Cuba, and other occupied territories (although implementation is another story, altogether). Despite the rather imperial nature by which the US military imposed health and sanitation on countries, the intent was, in all cases, to hand over the public health system to the local government at some point in the future. Indeed, among the first countries to receive public health assistance from the IHC was the Philippines. Working in close concert with the US Army (who at this point, were technically no longer maintaining official occupation status), the IHC poached Victor G. Heiser, who was then Director of Health of the Philippines, making him the Director of the East of the International Health Board (Heiser 1936). He was an obvious choice. In his time in the Philippines, he developed a rapport with delegates from across the region at bi-annual meetings since 1910 – meetings he continued to schedule into his plans for the duration of his tenure at the Rockefeller Foundation (Heiser 1936, 292). His familiarity with the Philippines ensured

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<sup>36</sup> The name changed from International Health Commission to International Health Board in 1916 and again in 1927 to the International Health Division.

that the country would be his testing ground for a number of new international health projects (W. Anderson 2006, 217). Heiser was neither the first nor the last military medical man poached from active duty. For many of the men who were brought on board, their US military service was both where they gained their training and also proved their mettle in tropical work. And the combined set of skills developed in the military – public health and sanitation program implementation as well as eradication – was invaluable to the Rockefeller Foundation vision for the International Health Board.

The interest in building the eradication program to an international scale was not wholly unfounded beyond the scope of military occupation. Indeed, international health diplomacy and international regimes of public health emerged in the mid-19<sup>th</sup> century due to of growing concerns over the global spread of infectious diseases (D. P. Fidler 2001; Stern and Markel 2004). Although quarantining practices had been in place since at least the 14<sup>th</sup> century, the development of nation-states and the growing political and economic cooperation between them, led to the need for new ways of navigating the terrain of disease migration. A series of International Sanitary Conferences<sup>37</sup> was launched in 1851, prompted by the appearance of cholera in Europe (Howard-Jones 1950). However, these early meetings were much more about protecting individual nations from disease through regulation and disease surveillance than about enacting global health initiatives.

These Conferences served another purpose, as well: the leading scientists shared their discoveries about disease etiology and control (Stern and Markel 2004). Over the course of the 19<sup>th</sup> century new practices and institutions of health and hygiene were created, and old ones were invigorated, as greater understanding about the spread of infectious diseases emerged. Statistics and mapping, once used to merely count and order, became, instead, instruments for determining

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<sup>37</sup> There were ten of these Conferences before the end of the 19<sup>th</sup> century: Paris (1851, 1859, and 1894), Constantinople (1866), Vienna (1874 & 1892), Washington (1881), Rome (1885), Dresden (1893), and Venice (1897).

difference and citizenship, creating a cartography of disease (Osborne 1996; Sparke 2009a). “Medical police,”<sup>38</sup> already active in the 17<sup>th</sup> and 18<sup>th</sup> centuries in parts of Europe, grew more codified and rigidly enforced, particular during epidemics (Birn 2006). New imaginative geographies of disease emerged within politically codified institutional frameworks, creating new practices which provided an object for medical discourse (Foucault 1991a, 67). The individual people within countries were coming under a closer medical gaze through a burgeoning sensibility about civilization and health.

Even though disease control was still very much a national project, the international conferences helped to create standards of public health which permeated not only the national landscape but also were spread through colonial and imperial projects across the globe (D. P. Fidler 2001). In many ways, the growing body of knowledge about disease etiology led to a re-entrenchment of already-held beliefs about who was or was not diseased. As Walter Mignolo puts it, “[t]oward the end of the nineteenth century [...] spatial boundaries were transformed into chronological ones” (2001, 35). The questions about those who had only come into the realm of the known (European) world were no longer about *whether* they were human, but rather, *how far* from being “civilized” they might be, and health and sanitation were two markers that were easily apparent. They were (and still are) also two ways through which whole societies (or sections of society, as seen in moral hygiene programs in the US and UK) could be dragged into the present, into what Chakrabarty (2000) calls “political modernity.” Moral reform was only a single step toward coming more neatly into the fold of humanity, of joining the “universal” vision of the modern, even if only mimetically (W. Anderson 2006). The hope, of course, being that in the gradual move away from the “childhood” of primitiveness, that there would emerge a natural gravitation toward the

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<sup>38</sup> Foucault is careful to point out, ““police” is the ensemble of mechanisms serving to ensure order, the properly channeled growth of wealth, and the conditions of preservation of health “in general” (2000, 94). The term “medical police” rather loosely encompasses: policing the community (particularly of women and the poor), policing “nuisances” (developed into ‘sanitary reform’ in the 19<sup>th</sup> c), policing the environment (developed into ‘sanitary engineering’), policing ingestion (to include food, water, drugs, etc), policing public safety (explosives, traffic, etc), policing occupational hazard and work environments, policing the medical profession(als) (Carroll 2006, 114; See also: D. Porter 1999)

adulthood of “rule by law.” This “art of the human body” emerging through technologies that sought to optimize the body, in turn, would increase usefulness, within a particular rubric, leading to a politicization of the individual (Foucault 1995, 137; Foucault 1990).

The first global health institution to emerge was the International Sanitary Bureau,<sup>39</sup> convened in 1902.<sup>40</sup> Originally called by the International Union of American States to draft regional quarantine laws, the institution was dominated by the US Public Health Service and chaired by Surgeon General William Wyman (Birn 2009; Fee and Brown 2002). But the Rockefeller Foundation’s International Health Board was the first international health project “to go beyond narrow political and economic self-interest, war-relief, and information exchange” (Birn 2009, 54). In fact, many have argued that the Rockefeller Foundation’s International Health Commission marks the birth of global health (S. P. Palmer 2010; Birn 2009; Buekens 2012). And indeed, the hookworm was thought to be the “perfect entering wedge” to launch global health (Ettling 1981, 187–188; Hackett 1960, 107). This was not simply about the treatment for and eradication of hookworm, alone, but rather, these programs were viewed as a vehicle through which to introduce hygiene and sanitation, public health institutions, and a newly flourishing form of laboratory based bio-medicine<sup>41</sup> to the world (S. Palmer and Peña Torres 2008, 48).

The close ties between the Marine Health Service, the Army Medical Corps, and the Rockefeller Foundation situated as they were in this time of growing interest in global health, leave us with a few questions regarding the Rockefeller Foundation’s reluctance to engage in health projects in Haiti. As I showed in the previous chapter, the Rockefeller Foundation did not respond

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<sup>39</sup> Which would go on to become the Pan American Sanitary Bureau and then the Pan American Health Organization [PAHO].

<sup>40</sup> It’s worth noting that Stiles’ presentation on hookworm at this conference marks the origination of “lazy germ” (Marcus 1989).

<sup>41</sup> For more on the biomedical aspect, see William H. Schneider’s (2002) *Rockefeller Philanthropy and Modern Biomedicine*; Jean Paul Gaulliére’s (2000) *Rockefeller Strategies for Scientific Medicine*, and Lily E. Kay’s (1993) *The Molecular Vision of Life*.

to requests being made by the Sanitary Engineer to provide assistance. The reluctance would continue until 1923, when a series of events seem to have forced their hand. The Rockefeller Foundation was insistent upon not acting as representatives of US foreign policy and seemed particularly reluctant to go to Haiti because of the ongoing occupation under martial law. Indeed, the political stability of Haiti was rocky at best. But go to Haiti they did. In the next sections, I trace the rocky beginning of the relationship between the Naval forces (to include the High Commissioner, who, as you will recall, was still the military commander of US forces in Haiti) as well as the eventual smoothing out of the tentative relationship that developed in the service of providing new public health programs to Haiti.

#### *The International Health Board and US Marines*

In April 1922, both Rear Admiral E.R. Stitt (Surgeon General to the Navy) and High Commissioner Russell each separately approached the Rockefeller Foundation about enlisting their aid in Haiti. The situation in Haiti had not gone unnoticed by the International Health Board, and indeed, the IHB well could not have ignored the plight of the health system if they tried. Besides the letters of the Sanitary Engineers to Haiti in 1917 (see previous chapter), Charles Moravia, Consul General of Haiti in New York, had also reached out in 1919 (Moravia 1919). Wickliffe Rose, the Director of the International Division (it would soon be renamed) responded quickly, asserting that Dr. H.H. Howard was currently in the West Indies, conducting a tour of the islands,<sup>42</sup> and that “quite probably, on invitation from the Government of Haiti [the] Board might be prepared to conduct an infection survey of the Island, with a view to ascertaining the distribution and degree of infection and the sanitary conditions responsible for its presence and spread” (W. Rose 1919). Dr. Howard didn’t manage to stop in on Haiti during his tour that year.

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<sup>42</sup> This tour of the Islands does not appear in the Annual Report for that year or the year following. In fact, the only surviving report by Dr. Howard on Haiti and Santo Domingo at the Rockefeller Archive I could find was from 1926.



Also in 1919, Samuel G. Inman, just returned from his two month tour of the island under the auspices of the Committee on Cooperation in Latin America, wrote to Wickliffe Rose about enlisting the Rockefeller Institute in a hookworm eradication program (Inman 1919b). Victor G. Heiser wrote back quickly, in the absence of Rose, explaining that a full survey would need to be completed in order to create a work plan “acceptable to the Dominican<sup>43</sup> authorities” but failed to mention Haiti (Heiser 1919).

The letter from Russell to the International Health Board in April 1922, was a plea for aid to the Haitian people. Recognizing their work in other islands of the West Indies [*sic*], he urged the IHD to consider taking on the poor state of Haiti’s health.

*The masses are ignorant, superstitious, disease ridden, and under-nourished, he complained. They are living in the worst possible hygienic surroundings. Their customs and habits with regard to living, housing, and disposal of waste, excrement, etc., are the most unsanitary imaginable...Apparently 70-80 per cent of the population are syphilitic; about 25 per cent are infected with hook worm and 100 per cent with some form of intestinal parasites. The morbidity of malaria is high and leprosy is present and not segregated (Russell 1922c).*

Russell’s argument lay in the lack of funds for expanding health and sanitation programs in the country. By his own admission, very little had been done beyond some cleaning up and some few programs in the urban areas. The letter from Rear Admiral E.R. Stitt to the Rockefeller Foundation, sent just a few days later, in comparison, was a request for aid only in conducting a malaria control project in Haiti. The Navy, he asserted, was ready to cooperate with the International Health Board<sup>44</sup> (Stitt 1922). While Russell’s main concern, as the High Commissioner, was the development of a proper public health system and sanitation program that would benefit the Haitians long after the

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<sup>43</sup> Heiser curiously fails to address the question of Haiti.

<sup>44</sup> Both Stitt’s letter and the response from William Phillips “RE: Future relations to Haiti” was cross-listed in other files. The letters were not in those files, either RAC, RG 5, Box 136, Folder 1812 – Haiti 1922. In fact, a large number of correspondences between 1922 and 1923 were not in the Rockefeller Archive files. See: Preface note.

occupying personnel vacated the island, Stitt, as evidenced earlier in this chapter, was more concerned with his own men's health and safety.<sup>45</sup>

However, the Rockefeller Foundation did not have the personnel needed and “the Board has not engaged in the control of venereal diseases ...[and] are not prepared ... to undertake a demonstration in malaria control in the tropics” (W. Rose 1922). He was unable to make a commitment or offer immediate assistance. Following the letter, Under Secretary of State William Phillips sent two letters to the Rockefeller Foundation in short succession, outlining the health problems and sanitary issues in Haiti. While the Rockefeller Foundation was trying to maintain a separation from US foreign policy, the US State Department felt that they were best suited to help the US Navy in their health mandates. There is in the introduction of the Under Secretary to the conversation, a pointed insertion of diplomatic means to what was an otherwise global health issue.

The choice to enter Haiti was partially informed by an article that was included with a packet of letters from the State Department sent by Wickliffe Rose to Dr. Howard. The article was written by surgeon and sociologist Dr. François Dalencour, and published in the *Journal Médical Haitien*,<sup>46</sup> a medical journal that was created during the occupation by disaffected Haitian medical personnel. It cited the newly established Health Ministry of Canada as “an example to be followed – all the more important since Canada too is a colony” (1922). The failure of the US-led health department to ward off the small pox epidemic in 1921-22 was for many in the non-US health community in Haiti, ample evidence of the inadequacies of the public health system, leading Dalencour, to exhort, “Haiti gives too little encouragement to her progressive men; she must join the current of international action for health and progress in other lines and not stand back from modern life” (Dalencour 1922).

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<sup>45</sup> In the end, Stitt did find the funds he needed to conduct localized malaria eradication campaigns.

<sup>46</sup> It is interesting to note that the circulation of the journal went beyond Haiti. It was cited in a 1922 edition of the *Journal of the American Medical Association*.

The occupying forces heavily marginalized Haitian doctors (including Dr. Rosalvo Bobo, as shown in Chapter 2). The National School of Medicine, built in 1923, and a source of pride among Haitians, but many of the instructors were dismissed and the school was closed down by the Sanitary Engineer (Brodwin 1996). The Médical Jury was dismissed. Beginning in 1917, the *Journal Médical Haitien* writers quietly admonished the US occupation for its disruptions to Haitians' health access, and they pushed for the creation of a Health Ministry. In calling for a Haitian Health Ministry, the writers in the journal were making a direct claim to their people's health citizenship. They recognized the occupation as a mediating structure between the Haitian government and Haitian people, and they were arguing for a governance structure in health through which Haitian people might more freely recognize and exercise their citizenship.

While intended as a polite (clearly within the censorship guidelines for dissent) criticism of the health system in place (and the occupation more generally), the article became instead, proof of need, and that same month, Dr. Howard included Haiti in his travels through the Caribbean Basin and spent a day each in Port-au-Prince and Cape Haitien. Haiti was subsequently added his itinerary West Indies itinerary in 1923 (Howard 1922). In the meantime, the question arose before Secretary of State Charles E. Hughes, prompting a series of letters between him and the Director of Rockefeller Foundation.<sup>47</sup> The exchange between the State Department, the Government of Haiti, and the Rockefeller Foundation marks a new turn in the International Health Board's practices. The Rockefeller Foundation was clearly making strides to not engage in health as a foreign policy emissary for the US government.

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<sup>47</sup> All of these correspondences are currently misplaced at the Rockefeller Archive in Sleepy Hollow, NY. While the insert slips that are meant to cross-reference the letters are light on information, the RE:s give something of a sense of the struggle waged on each side of the correspondence. Beginning with the Under Secretary of State, Phillips, in May 1922, a push for sanitary work by the International Health Board goes seemingly unanswered. Finally, in February, Secretary of State Hughes begins to correspond directly with Vincent, requesting "cooperation of International Health Board in Haiti." Three days later, Phillips sends a letter of introduction, and finally Wickliffe Rose contracts Dr. Howard about a possible interview with "General Russell."

While it would be simpler to point to the Rockefeller Foundation's International Health Board as a tool of imperialism, or at the very least, of corporate interests (Hewa 1995; Brown ER 1976; Hattori 2004), it is more productive to insist upon a nuanced argument about the role of global health within a set of discourses that were sometimes tied and sometimes not tied to military objectives, US foreign policy directives, and corporate economic interests (S. Palmer and Peña Torres 2008; Birn 2006). While there was still a strong paternalism spurred by the racial prejudices<sup>48</sup> of some of the officers and technicians of the Rockefeller Foundation, their struggle to differentiate their modernizing missions from the forced occupations by the various arms of the US military point to an entangled set of priorities from which emerged a new form of US humanitarianism. In Nicaragua, Mexico, the Philippines, and the Virgin Islands (to name just a few), the Rockefeller Foundation International Health Board only arrived after the US had relinquished its official military hold on the governments (although, as in the case of the Philippines, civilian control was another matter entirely). However, in May 1918, the Rockefeller Foundation International Health Board conducted a hookworm infection survey in Guam, “[a]t the request of the Surgeon General of the Navy” (Rockefeller Foundation 1918, 87). For all their exhortations to not appear to be in the service of the US government, Guam and Haiti represent two moments that question this mandate.

Regardless of their overarching intentions, the invitation extended to the Rockefeller Foundation was truly an attempt to build up the public health and sanitation programs in the country. Their arrival and engagement, coupled with a heightened interest coming from the newly-appointed Surgeon General and Chief of the Bureau of Medicine and Surgery Edward R. Stitt (he was appointed 30 November 1920), expansive strides were made in Haiti toward building a working public health system. Beyond the monetary infusion from the Navy that funded the proliferation of

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<sup>48</sup> For instance, John D. Rockefeller Jr. donated generously to the Cold Spring Harbor Eugenics Laboratory, and the Rockefeller Foundation donated substantial funds to eugenics research in Germany in the 1920's and 1930's (Milar 2010; English 2004).

medical care sites, hospitals, and a new medical school, the Rockefeller Foundation's International Health Board officers brought with them a different sensibility of what administering to Haitians meant. The Rockefeller Foundation officers made strides to include Haitian medical doctors, understood disease etiology beyond racialized assumptions about pathology, and sought to build a future for the public health system beyond the military occupation.

*The International Health Board's Haiti years*

In August 1923, Dr. H. H. Howard sailed for Haiti to undertake the first leg of the survey. He visited with High Commissioner Russell before embarking on a tour of the country, with the Sanitary Engineer. It's unclear whether he spoke to any Haitian physicians during his visit, but as I show later, he most likely did not. He certainly did not speak to President Borno.<sup>49</sup> The 44-page report he filed with the Rockefeller Foundation was not very promising.

*...small dispensaries and dressing stations are maintained and in charge of native doctors. This is an experiment and not proving altogether successful...the organization as it exists today is rendering indifferent and inadequate service to only a fractional part of the population of Haiti...The need of people for medical and surgical services and their response to the opportunity to have it as shown in the "Memorandum for Dr. Howard" attached hereto which presents data regarding the activities of the American Naval Officer who is the Public Health Officer at cape Haitien on the North coast. Often this officer, Dr. Lanning is without surgical dressings, drugs, and supplies, the department at Port-au-Prince being unable to furnish them because of lack of money to buy them (Howard 1923, 37-38).*

The lack of education, more generally, and particularly in the rural areas, would make any health advances difficult. Indeed, he echoed the sentiments of military personnel in his concern over the inability of the Haitian peasant to understand even the most rudimentary sanitation advice, much

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<sup>49</sup> Indeed, a note from June 1926, indicates that President Borno wished to meet with a representative of the Rockefeller Foundation, to which the author of the note states rather begrudgingly: "There seems to be no way of avoiding this interview"

less preventative health. He urged the International Health Board to send a representative to conduct a full health survey.

Dr. George C. Payne, for the International Health Board, arrived in June 1924, to make a medical survey of the country (United States and Russell 1925). The medical survey would take him well into 1925, as he documented a year's worth of seasonal disease rate changes. While all pains were made to appear, at least on paper, to not *be* the government, Dr. F.F. Russell could not help but conflate some portions of the occupying force with the actual governing body. The dual structure of US Naval officers groups led to some confusion. One group, those instrumental to the occupation and in the pay of the US government, were out of bounds for the Rockefeller Foundation officers, and they were officially to not "have nothing to do with the this group" (G. C. Payne 1924c). The other group with whom the Rockefeller Foundation associated closely, were US Navy physicians in the service of the government of Haiti. Regardless of the distinctions, Dr. Payne had much greater success building relations with the "Government Officials" than did Dr. Howard (G. C. Payne 1924b). In fact, Dr. Payne was supplied with a desk and some space in the office of the Sanitary Engineer. By 1925, he had so endeared himself to the Naval physicians that Dr. Butler asked the Rockefeller Foundation medical men in Haiti to take part in training naval officers being sent to Haiti. It was a mutually beneficial relationship – Dr. Payne would take on a US physician for training for six weeks at a times, and meanwhile, he could put him to work in the laboratory (although, as he pointed out, the four men expected to rotate through would not fulfill their needs that could be provided for with one Rockefeller Foundation man) (G. C. Payne 1925a).

In November 1924, an agreement was drafted between General and High Commissioner Russell, Dr. H.H. Howard, and Dr. Charles S. Butler. The survey was conducted as part of the Service d'Hygiene under the Sanitary Engineer, but the field operations came under the International Health Board. Dr. Edwin Peterson, of the USN acted as a liaison between the two command

structures. As with all International Health Board surveys, the survey included working closely with government officials and US envoys in order to cement the partnership between the Rockefeller Foundation and the local institutions (Birn 2006; S. P. Palmer 2010).

Dr. Payne struggled with a number of issues in beginning the survey. If office space was difficult to find, living accommodations were even more difficult. The majority of the best-trained Haitian doctors were already working with the US Naval physicians, earning twice what the Rockefeller Foundation could offer. The entomologist, Dr. William A. Hoffman promptly fell ill (and was variously ill throughout his tenure in Haiti, with everything from amoebic dysentery to malaria). Once in the field, Payne came up against cultural issues not encountered in other work in the Caribbean. Haitians tended to leave their homes earlier and stay longer in their fields than in the other islands of the Caribbean, making it difficult to find them at home except on Sundays.<sup>50</sup> Others were afraid of the men who came knocking on their doors – unsure of what they wanted or if they could be trusted. Collecting fecal samples (necessary in hookworm testing) proved rather difficult in rural areas (G. C. Payne 1924f). Dr. Payne soon learned that it was two-fold issue. On the one hand, as one Haitian field hand explained it to him: “the taking of blood is nothing but when one eats food it becomes a part of him and must be given to no one else” (G. C. Payne 1925b). Further, in Vodou, human waste was used as an ingredient in a ritual associated with gaining control over another person. “People will not leave specimens of feces in a convenient place for us to collect, for fear they will fall into unauthorized hands,” he explained. Fecal specimen collection rates in the mountain regions were as low as 50%.

The fears and avoidance exhibited in Haiti during the first stages of the survey reflect a much broader issue than simply cultural inhibitions. Nine years of (white) American rule in the country were accompanied by a host of biopolitical interventions that required (indeed, *demande*) of

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<sup>50</sup> Which would indicate that contrary to all US military reports, Haitians were far from “lazy.”

the Haitians a resolute acquiescence that ranged from the *corvée* of the road building and swamp dredging, to the sanitation citation program that, in 1924 issued 10's of 1,000's of notices bringing hundreds of Haitians before the *judge paix* for violating sanitation codes<sup>51</sup> (C. S. Butler 1924). Subjected to what Paul Gilroy (2000, 30) has called the “biopolitical power of the race thinking that comprised their [US's] boldest and best ambitions,” it isn't any wonder that Haitians, particularly Haitians living in rural areas, retreated from the poking, prodding, and intrusions of this new cadre of science men. The subsuming of the sovereignty of the country to a military occupation did little to allay the fears and mistrust of the Haitian people, particularly following the wholesale slaughter of men, women, and children in villages suspected to harbor *cacos* (see previous chapter).

Dr. Payne, however, made pains to understand these concerns, a cultural relativism that appears to be years ahead of the newly transforming social sciences,<sup>52</sup> and quickly shifted practices to accommodate Haitians' fears. For instance In October, 1924, a rumor circulated through Haiti that participants of the survey would have to pay higher taxes later (G. C. Payne 1924f). As a remedy, he sent the Director of the survey house-to-house to make introductions and to take family health histories. This initial visit was then followed by personal visits from a physician for treatments. The great pains they took to gain the confidence of the inhabitants of the survey area paid off. Further, he sought to gain trust through the “relief from some prevalent and easily recognizable disease,” the treatment of diseases helped to introduce the importance of modern medical systems to the rural populations. Indeed, Dr. Payne found this to be particularly true in the mountain regions as

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<sup>51</sup> The year for which I could find the most complete records during the Rockefeller Foundation's time in Haiti (FY 1924-25), 32,149 notices were given across the country, leading to nearly 1,000 court proceedings resulting in over 700 fines.

<sup>52</sup> The Rockefeller Foundation was also instrumental in the development and promotion of the social sciences in the US, investing \$40 million in the 1920's alone and supporting the establishment of the Social Science Research Council (Richardson 1999; Holcombe 2000; R. Porter, Porter, and Ross 2003).



Rockefeller Foundation surveyors systematically treated entire villages for the ascaris<sup>53</sup> infection (G. C. Payne 1925b). Dr. Payne's careful attention to the needs of Haitians slowed his work down considerably over the course of the yearlong survey, but it highlights a fundamental difference between the military health and sanitation programs and the Rockefeller Foundation's International Health Board program in Haiti.

It is in these simple gestures that the new humanitarianism emerged, moving "beyond professional and political purposes to meet a range of national and local needs and circumstances" (Birn 2006, 4). While the Rockefeller Foundation clearly had economic concerns at the forefront of the development of the International Health Board, these were as much wrapped up in the actual provision of health. Despite the many moving parts and the multiple motivations driving individuals in the Rockefeller Foundation and their imperatives, the unfolding of the health survey in Haiti illustrates a more human-centered (as opposed to object[ive]-centered) approach to health that proved to be flexible and adaptable. Rather than demanding participation through coercive means, Payne sought cooperation through building relationships and trust.

This is not to suggest that this discounts the underlying racial discourses that drove tropical medicine, more generally. As Laura Briggs (2002, 99–100) notes, "Tropical medicine, dominated ... by North Americans associated with the Rockefeller Foundation, was, among other things, a racial theory that posited a metonymic relationship among race, place, and disease: the tropics were inhabited by dark people whose bodies were a wellspring of disease." Tropical medicine was, regardless of the ethos through which it was studied and practiced, always and to some degree a biopolitical move toward ordering imperfect bodies. However, what did change with the

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<sup>53</sup> Ascaris is a soil-transmitted helminth, a parasitic round worm that infects the lower intestine. Today, it is still one of the most common types of infections and effects between 800 million and 1.3 billion people world-wide. It is easily treatable and less damaging, overall than the hookworm (which is in the same family of worms).

introduction of Rockefeller Foundation officers in Haiti was the mode by which this biopower was manifested.

This distinction between Naval health and Rockefeller Foundation health highlights the transition from an international (and militarized) health program laid *over* the nation as a coercive tool of governance to the enveloping of Haiti into a broader system of global health which sought to move *through* the population (Bashford 2006). This distinction marks the turn from the wholesale control of a body politic to the “administration of life” at the level of the body. This is perhaps most clearly illustrated in Payne’s frustration in his first survey report that, “there are no records of vital statistics and illness in Haiti” (G. C. Payne 1924f). What few health surveys were conducted by the occupying forces and what few vital statistics gathered were almost exclusively from the prisons and Gendarmerie, both institutions of the forced occupation, not of humanitarian action.

There is then, a shift that Foucault (1990, 138) perhaps prematurely deemed the “ancient right to *take* life or *let* live” which “was replaced by a power to *foster* life or *disallow* it to the point of death.” Drawing on the distinction between international and global health, and bearing in mind the “indiscriminate killing” of Haitians, discussed in the previous chapter, what emerges with the arrival of the Rockefeller Foundation is a more humanitarian biopolitics. It is, I argue, important to acknowledge that the incongruous juxtaposition of military occupation and Rockefeller Foundation health intervention creates what Jenna Loyd (2009, 864) might deem the “war-peace dualism” which elides the interconnectivity between direct (military) violence and structural violence, thereby entwining health *with* violence. There is in this historical moment, the seed of what will become the practices of both the future of militarized humanitarianism (“winning hearts and minds”) and Cold War development, of which the Rockefeller Foundation was a major contributor (Cueto 2007; Mueller 2013; Perkins 1997).

As the survey unfolded, chief among Dr. Payne's concerns was the prevalence of yaws, syphilis, and intestinal parasites among the rural population. Prevalence rates were far more varied than had been previously reported in US Navy surveys, but it was clear that disease and parasitic infections were taking their toll on Haitians. Of prisoners, 50% were infected with hookworm and 90% parasitized with some sort of worm (G. C. Payne 1924a). Co-infections were extremely high and were exacerbated by poor nutrition. According to one doctor at the General Hospital in Haiti, to imagine the burden of disease and malnutrition "an American would have to imagine what it would be like for a man to wear a 50 pound load on his back, day and night" (Atwood 1927, 87). To his own surprise, the rate of hookworm infection was rather low and the parasite loads in individuals were not very high, thus, the treatment of the disease that had launched global health was deprioritized.

From the outset, it was clear to Payne that yaws and syphilis were not venereal in nature, but rather, were related to sanitation and treatment issues (see previous chapter for differentiation). Pushing back against racialized discourses of Haitians as reservoirs of venereal disease, Payne sought to re-socialize yaws beyond the cultural signifiers employed by the Naval physicians. Contrary to reports from Navy physicians, Payne found Haitians, at least in some areas, gave quite reliable health history reports, particularly in regards to first and second lesions (G. C. Payne 1926a). Infection from treponematoma most often manifested early in life for Haitians, leading to life-long suffering from skin ulcers, crippling contractures (permanent shortening and hardening of muscles and tendons), bone lesions, and occasionally nerve lesions (G. C. Payne 1926a, 11). The economic impact of the disease on the country, he asserted, was impossible to calculate.

Early in his reports, Payne pushed for medical education in order to militate against further infections of yaws in children, making night soil pollution control secondary to education (Howard 1926b; G. C. Payne 1926b). Always future-thinking, Payne was insistent upon the treatment of

children in order to build up “a better group of adults” and “a reduction in the density of the infective cases in the future with less opportunity of acquirement of the disease in future generations” (G. C. Payne 1926b). Without explicitly stating it, Payne’s ethos about providing health to children reflected a growing understanding of social citizenship. As T.H. Marshall (1964, 25) would articulate just a quarter century later, the provision of basic social services to children “has a direct bearing on citizenship” in that it shapes the future adult citizen. For Payne, providing treatment and pushing for the development of a total public health system (to include vital statistics) was not the end in itself, but part of a larger project for future self-government and self-sustaining in health. Applying lessons of hookworm eradication programs across the Caribbean and other countries, Payne suggested that the current system of dispensaries could be expanded to include the treatment of the highly infectious children, not just the adults that were currently being treated. Hookworm eradication, though not the primary concern in Haiti, served as a model for the treatment and eradication of treponematosi.

Payne also noted the lack of adequate medical education in Haiti. His concern arose immediately in September 1924, noting that those few Haitian physicians being trained in the Government hospital under the Navy physicians would not necessarily gain the skills needed to staff a public health system upon the US’s withdrawal (G. C. Payne 1924d). Further, there were some among the Haitian doctors who harbored a deep distrust of the Naval physicians, precluding some of the best minds from seeking assistance from the Service d’Hygiene (G. C. Payne 1926b). Dr. Payne proposed a fellowship program for Haitian doctors to attend advanced training programs in Canada, France, and the US, instead. His proposal was not unwarranted, and developed as a natural extension of the fellowships that Wickliffe Rose outlined in his white paper, “Scheme for the Promotion of Science on an International Scale” (1923). The fellowship program was institutionalized through the development of the Medical Education Division in 1919, and in 1924,

the Rockefeller Foundation granted fellowships to 864 individuals from thirty-three different countries<sup>54</sup> (Rockefeller Foundation 1924). A month after the original request for fellowships to Dr. Howard, Dr. Payne followed up with another letter requesting a revision of Howard's request to Russell.<sup>55</sup>

While Dr. Payne's first letter of request was rather straightforward, his follow-up letter reveals that at least Dr. Howard needed convincing that Haitian physicians (particularly the ones Payne would recommend for the fellowship) were quite capable. The letter is worth quoting at length, if only to share the breadth of racialized presumptions about Haitian capabilities:

*The men who I have in mind have literary educations which would compare favorably with those of American health officers. The medical school here has rather high literary standards for entrance, so I am sure there would be no difficulty on that score. All of them read and write English and use a certain amount of English in their association with the officers of the Service d'Hygiene. None of them are black.*

*A description of one of the men in question might make the matter more clear. He is the great-grandson Dr. Porter Kemble Lowell of Vermont, who was a graduate of Bowdoin College and was the first public health officer in Haiti as well as the first head of the Medical School.<sup>56</sup> He is the grandson of a Jewish merchant. He is the son of a head of college...I know several members of his immediate family, including the mother and father, and there is much evidence of a background of sound culture as one could wish to find (G. C. Payne 1924e emphasis mine).*

As much as the invasion and occupation depended on a particular understanding of the African-descended Haitian, so too now, the individual Haitians worthy of further education had to stand out – to rise above and beyond the otherwise “illiterate,” “savage,” or “backward” masses. They are *not quite black*, and yet *black enough* to warrant the detailed description of the individual Haitian's lineage and education (which is followed, in more of the letter, by a lengthy description of his moral character) to help persuade Dr. Howard that there are some “good” Haitians. “He is now employed

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<sup>54</sup> The first scholarships for medical education were given through the China Medical Board a few years earlier, but was institutionalized through the MED.

<sup>55</sup> The intervening letter was not in the archive folders I searched.

<sup>56</sup> Haiti's medical school dates back to the 1820's.

by us and is giving the most whole-hearted and continuous service that I have ever received from a West Indian employee” (G. C. Payne 1924e). This telling narrative of the “good” black Haitian, of one who isn’t quite “black” (or at least “white” enough to warrant receiving a fellowship to study medicine abroad) exposes the essentialized vision of Haitians that permeated Dr. Howard’s understanding of the country. His reply, a few days later, is rather cordial. He admits that he had only actually interacted with Haitian medical care providers who were hastily trained to work at the dispensaries in the interior of the country. But it is worth also remembering that just 12 months previously, Dr. Howard had read Dr. McLean’s invective against Haitians.

It was not until September 1926 that Dr. Howard approached Dr. F.F. Russell for a cooperative agreement to bring in the Division of Medical Education at the Rockefeller Foundation:

*The school in its present condition does not fit a man to practice medicine, and it is not strange that a greater part of the people prefer to take their chances with the Voodoo priests, rather than to patronize the local medical man. As long as the medical school remains as it is, and is the sole source of supply for medical men for Haiti, there seems but little hope for the future of either curative or preventative medicine in Haiti, for as Dr. Payne states: “Regardless of what work is done during the time of American occupation for the health and welfare of the Haitians, and regardless of the organization that may be achieved during that time, Haitian health must be borne by the Haitian medical professional” (Howard 1926a).*

The hope was that with the aid of the US Naval authorities and the Haitian Government brought on board, medical education could take a turn for improvement. Haitian doctors sent abroad for further education would return to become the future teachers in the Medical School. The future of Haitian medicine was dependent upon the continuation of the bio-medical approach to health that the fellowship holders would bring home. In all, twelve Haitian physicians between 1927 and 1931 traveled abroad for more extensive medical and laboratory education<sup>57</sup> (Stuart 1931, 47). Upon his visit to Haiti in December 1926, Dr. Pearce of the Division of Medical Education met with a

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<sup>57</sup> Contrary to some accounts, Dr. François Duvalier is not listed among the recipients.

number of the treaty officials and then with the Minister of the Interior, Dr. Fombrun. He made it clear to anyone who would listen that the request for funds and aid had to come from the Haitian government, not US treaty officials working *for* the government. Dr. Fombrun hesitantly asserted that Dr. Butler, the Sanitary Engineer, had final say. He could only make the request on the recommendation of Dr. Butler (Pearce 1926). His reticence reflected the confusion (that I elucidated earlier in this chapter) about *who* was actually in charge of Haitian institutions. Although the High Commissioner, following the Treaty, asserted that the health programs in the country were Haitian, Haitians physicians and administrators felt the tight constriction of the occupation in their ability to make even simple decisions about who could even make requests to the Rockefeller Foundation for funds for medical education abroad.

The funding of Haitian doctors to attend advanced courses abroad marked a distinct shift in the preparation for the eventual withdrawal of US forces. Dr. Payne reported in one of his early letters to Dr. Howard that the US Financial Adviser to Haiti had refused to allow funds to be used for fellowships. While no reason was given, what is noticeable was the differing ideologies between the two providers of health support. The clear refusal to spend funds building up the health capacity of the Haitian government and of Haiti's medical profession, generally, reflect a broader disavowal by the US contingent of the potentiality of the Haitian people for self-government and the attendant institutional structures through which it could be accomplished. The provision of health is just one of the social provisions necessary for a people to enact their full citizenship.

Health citizenship has, since at least the late-18<sup>th</sup> century, been viewed as a “right of man” within democratic states – an important component of the “social contract” between the state and civil society (D. Porter 1999, 5). And although the right to health was subsumed under utilitarian political economic imperatives which unfolded as the *responsibility* (as opposed to right) of citizens as evidenced in the social, moral, and health reform movements of the 19<sup>th</sup> century, health citizenship

as a right did again emerge in the early 20<sup>th</sup> century. Regardless of the seemingly contrasting views of right versus responsibility to health that have emerged since the Revolutionary period, together they fed into a broader state project of the development of public health in the US and Europe. Lessons learned abroad, particularly with regard to the impact that health citizenship has on building social cohesion, could have informed the US involvement in Haiti. Social stratification in Haiti was extreme, and had not gone unnoticed by the Americans. However, this would have required an understanding of Haitians as both full members of humanity and as political in their subjectivity. As I have repeatedly attempted to show throughout these two chapters, this was clearly not the case.

The involvement of the Rockefeller Foundation's International Health Board in Haiti was markedly different in this respect. The Rockefeller Foundation's insistence upon the building up of health capacity, as evidenced in their insistence upon their work as a cooperative endeavor, and not an act of charity, in itself was a concrete step toward this recognition and implementation. At the urging of Dr. Payne, US Navy physicians, to include the Surgeon General, in conjunction with the Haitian Government, made strides toward building a fuller health citizenship.

### *Cooperation*

Although the Rockefeller Foundation International Health Board officers in Haiti made great pains to ensure the separation of their work from the work of the military officers connected with the occupation, the cooperation with US Navy physicians working directly for the Haitian Government was codified by agreement. Most histories of the health and sanitation works about this period in Haiti are written about either the occupation forces' endeavors *or* the International Health Board's, each giving little more than a nod to the work of the other. However, they were in fact, deeply



intertwined. Dr. Payne developed quite a rapport with Dr. Charles S. Butler, which greatly enhanced the cooperative arrangements undertaken during this tenure in Haiti.<sup>58</sup>

Among the many changes encouraged by the Rockefeller Foundation, and implemented by the US Navy was a switch from bismuth preparation<sup>59</sup> for more expensive arsenicals in the treatment of treponematosi s with “consequent expansion of this most important work” (United States and Russell 1925, 4:35). Following Dr. Payne’s suggestion, a system of medical inspection of school children was implemented and treatments were given when needed. Further, a massive childhood vaccine campaign was started in the schools.

In the meantime, the change toward aiding in the building up of public health and sanitation in Haiti by the US Navy is remarkable in the years of the Rockefeller Foundation’s involvement. Admiral Stitt, Captain Butler noted in his 1926 report, was extremely helpful, even making a visit to Haiti during the year. Where previously the Navy had been reluctant to employ enough health workers to aid in Haiti, Stitt gladly made new hires possible, bringing the number of Naval health personnel to 36 (up from 17) and sanitation workers up to 1,703 (from 1,393 in 1925) (C. S. Butler 1926; United States and Russell 1926). Although the budget for health and sanitation remained rather small,<sup>60</sup> the Public Health Service managed to hold 100 rural clinics per month throughout Haiti. Further, credits were released for major improvements, including \$100,000 in FY 1925/26 for permanent sanitary improvements, to include draining and filling marshes and swamps, building a chlorinator for Port-au-Prince, paving a public market in Gonaives, and building new cement trash bins in major cities (C. S. Butler 1926). Work was also done on 25 buildings for the Service

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<sup>58</sup> Dr. Payne was transferred to Puerto Rico in 1926 due to his wife’s health.

<sup>59</sup> This was again changed to Spiroci de tablets (which were even more expensive, at 2 cents per treatment), following an extensive study across the rural areas in 1928 and 1929 (Webster 1930).

<sup>60</sup> Meanwhile, the budget for Public Works was, again, much higher, amounting to gdes. 10,766,392, or \$2,153,278, which was used in beginning 51 Gendarmerie buildings (11 completed).

d'Hygiene, to include 13 hospital wings, 11 rural dispensaries, and 1 medical college (United States and Russell 1926).

The 1926 Report of the High Commissioner is very hopeful. The Haitian economy was improving rapidly because of an abundant coffee crop and exceptionally high prices, leading to a large increase in Government receipts. But again, High Commissioner Russell's priorities are made apparent through his report. The excess receipts were used to spend down the debt that he had overseen. In his choice to tackle the debt problem over the health problem, there is a disconnect:

*Since the American intervention the Haitian Government has realized the seriousness of health conditions in Haiti and the tremendous importance of energetically attacking the problem. In the rehabilitation of the Republic it might well be said that the improvement of health conditions is one of the first problems to be solved. A large percentage of the people are suffering from such diseases as malaria, hookworm, and yaws, which respond quickly to treatment. The energy and earning power of the people are naturally materially increased by improving health. Unfortunately, this serious problem could not be effectively attacked, except in a very minor way, until the receipts of the Government had been decidedly augmented and funds made available for sanitation along broad lines. While never failing to realize the importance of this problem, the Haitian government, therefore, wisely decided first to establish organizations which would increase, or tend to increase, the productive wealth of the country, before expending large sums on sanitation and public health (United States and Russell 1926, 5:2)*

Three things are rather striking about this passage: the contradiction between recognizing the impact of poor health on economic productivity and the choice to wait for economic productivity to build up public health and sanitation; the choice to pay down debts before growing health and sanitation; and, the peculiar absence of any mention of the Rockefeller Foundation's work in Haiti, particularly with regard to vaccine and treatment programs that undoubtedly had a positive impact on the work force, and by extension, the coffee crop. Russell's continual foregrounding of the economic over the social, make clear his priorities, to the extent that he is the adviser to President Borno. The "wise" decision to build economy before health or education made by Haitian government, can only be read as Russell's decision (as indicated at the beginning of this chapter). However, despite the

apparent incongruity of Russell's disinterest in public health and his desire to see it improved, he did find that under "civilizing treatment, the influence of the herb and vaudou [sic] doctors is rapidly vanishing" (United States and Russell 1926, 5:18).

Not all of the Naval contingent was in agreement with Russell. In the 1929-30 Annual Report of the Public Health Service, Navy physicians frankly expressed their frustrations with the lack of funds being funneled into the public health system. Lieutenant Commanders Wilson and Mathis write:

*...approximately 90 percent of the revenue of the country is derived directly or indirectly from the peasant...It would seem that the government should be under the obligation of expending its funds proportionately...for the benefit and protection of those who not only form the mass of the people, but who as a class contribute the most to the maintenance. Governments are stable and progressive in so far as they alleviate the economic conditions and protect the health of their peasant and working class (1930, 100).*

The Sanitary Engineer, Captain Melhorn expressed similar frustrations. Reading a paper before the Haitian Medical Society (his last meeting before leaving Haiti), he called for the members to "clear away with a thorough hand all impediments to success, and you must make every adjustment of law that will facilitate the full and free use of your capacity and force as a fighting unit" (Melhorn 1930a). Pointing to Haitian solidarity exhibited in recent political unrest, Melhorn urged the physicians before him to unify in their fight for social welfare and a full Public Health system. Without outwardly denouncing the actions of the government, Melhorn barely disguised his frustrations with the financial, material, and social management of health at the hands of the High Commissioner and US Financial Adviser in Haiti.

Regardless of the differing priorities between US Navy officers in Haiti, by 1931, the country boasted 16 hospitals (12 Public Health hospitals, 2 Gendarmerie hospitals, 1 Civilian hospital, and 1 US Government hospital) and 147 rural clinics. There were 20 US Naval medical officers and 14 US Navy Hospital Corpsmen assigned to the public health system in Haiti, along with 4 American Red

Cross nurses, 63 French nuns, and 2 French priests. Overall, the Public Health Service employed 2,222 (of which, 2,120 were Haitian) people, which included doctors, nurses, sanitary inspectors,<sup>61</sup> clerks, typists, laboratory technicians, chauffeurs, mechanics, and cooks (Lang 1931). Of the 159 Haitian doctors in the country, 40 per cent were employed in Government Service (Forbes and United States 1930, 14)

*Political upheaval and the Forbes Commission to Haiti*

In the years following the Senate Inquiry, authority slowly centralized in the President and the high commissioner, creating a joint dictatorship (Millspaugh and World Peace Foundation 1931, 107). Russell and Borno developed a strong relationship that was part friendship and part political cooperation, making any opposition to Borno appear to be an anti-American movement. One treaty official went so far as to say that the US had created a “benevolent despotism” that was supported by a skeleton Marine contingent which acted as a kind of “moral force” (Streit 1928, 623). Although Haiti was fairly peaceful in those first years of the High Commissioner, political dissent, when it did arise in the form of journalistic attacks, was quickly crushed as editors and speakers were jailed without trial and often for an undetermined time (H. Schmidt 1971).

As the steel-fisted rule over Haiti continued political frustrations in the country mounted, exacerbated by the absence of national elections which had not been held since 1918. The decision to by-pass elections fell, again and again, down to the shared opinion of Russell and Borno that the vast majority of Haitians were “illiterate” and even “unmoral” (United States and Russell 1923, 1:11). In October 1925, President Borno sent a letter to the prefects of the communes that only communal elections would be held the next year:

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<sup>61</sup> Admittedly, this number is high, as evidenced by the inclusion of “sanitary inspectors,” who were actually gendarmes, bringing into question the actual count of employees.

*Our rural population, which represents nine-tenths of the Haitian people, is almost totally illiterate, ignorant and poor; although its material and moral situation has been appreciably bettered in these last few years, it is still incapable of exercising the right to vote, and would be the easy prey of those bold speculators whose conscience hesitates a no lie.*

*As for the urban population, one-tenth of the total population, those of its members who are capable of expressing an intelligent vote...have for a long time, for the most part, renounced their electoral rights, disgusted by the immoral and insolent frauds which render and would still render illusory their efforts as intelligent electors. The remainder is the small group of professional politicians, with their followers of every sort, who are mainly illiterate.*

*This is the present electoral body; it is characterized by an absolute lack of organization as to the little number of its useful elements, and, for the rest, by a flagrant inability to assume, in the decisive period through which we are passing, the heavy responsibilities of a political action (Borno, qtd. in Millspaugh and World Peace Foundation 1931, 109–110).*

High Commissioner Russell concurred, adding, the “peasants who form the mass (85%) of the population and who have so long been held by their illiterate brothers in a backward state, have the mentality of a child or not more than seven years of age reared under advantageous conditions” (1925, 4:5). The publication of Borno’s letter renewed political dissent in Haiti, leading to protests among the anti-occupation groups. And although the commune elections did take place in 1926, they were subsequently rescinded by Borno (H. Schmidt 1971). Borno, himself, was re-elected by the Council of State, which he had populated with friends, family, and colleagues, in 1926 (Millspaugh and World Peace Foundation 1931).

Throughout the 1920’s, Senator King continued to make speeches railing against the occupation on the Senate floor, demanding complete withdrawal of the US military and a return to self-government in Haiti (D. B. Cooper 1963). His exhortations against the military ruler-ship and what he called the illegal election of President Borno kept the question of the occupation of Haiti alive in the US Senate. In 1927, he announced he would visit US-occupied territories in the Caribbean for his own fact-finding mission, to include an investigation into the loans forced on Haiti

(Hauptman 1973; S. K. Wilson 1999). President Borno, claiming frustration for King's continued call for US withdrawal, refused him entry to Haiti, drawing the question of the occupation of Haiti back to the front pages of US newspapers (AP 1927; H. Schmidt 1971). Although both Russell and the State Department publically announced they had warned Borno not to bar King from entering the country, the financial adviser W.W. Cumberland, many years later, admitted to goading Borno into refusing Senator King entry on the grounds that it would appear to be an assertion of sovereignty on the part of Haiti (H. Schmidt 1971).

The performance of sovereignty was just that. Ignoring the directive to aid the Haitian people in moving toward self-government, Russell and Borno used their collective power to curtail political processes, claiming a failure of the Haitian people to inhabit a political subjectivity. Those who sought to exercise their citizenship in the most basic sense, e.g., through voting, were deemed to be little more than trouble-makers. Reports in the daily, weekly, and monthly logs of the Brigade Commander also fail to make note of the political activity of Haitians, erasing them from existence. In each report, under "Political Situation" is the rather sad note, "nothing to report" or "no change." Despite the reported calm, on July 24, 1927, seven editors and two members of *l'Union Patriotique* were arrested and confined in the National Prison in Port-au-Prince<sup>62</sup> (D. Williams, Young, and Meyers 1927). Many of the editors confined were not novices to incarceration under the US directives.<sup>63</sup> Jolibois Fils, Charles Moravia, and Perceval Thoby (just to name a few) were frequently incarcerated for their editorial comments on the occupation of Haiti.<sup>64</sup> However, despite their frequent incarceration, still, Haitian political agency was ignored by Borno and Russell. In his

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<sup>62</sup> They are: Jolibois Fils, *Le Courier Haitien*; E.G. Chauvet, *Le Nouvelle*; J.G. Pressoir, *L'Haitien*; Charles Moravia, *Le Temps*; Liautaud, *Petit Capois*; Ricourt *Varietes*; Fouche, *Stella*, P. Thoby, Administrator Delegate of the UP; and V. Chauvin, Secretary General of the UP (D. Williams, Young, and Meyers 1927). They were released a week later under request of the President of Santo Domingo, Horace Vasquez, during his official visit to Haiti.

<sup>63</sup> There is no explanation in the records at NARA.

<sup>64</sup> For instance, Jolibois Fils spent four years and seven months incarcerated in total during the occupation (D. B. Cooper 1963).

annual report of 1928, Russell insisted the “spirit of animosity held, a few years ago, by a small group of Haitians against Americans is gradually fading. They are realizing the sole desire of the United State is to advance the welfare, both moral and material, of the Haitian people, and that our intervention...is designed to assure the happiness, tranquility, and welfare of the Haitian people” (United States and Russell 1928, 7:2).

But not everyone was ignorant of the growing dissent. Sometime in 1927, Brigadier General R.H. Lane of the 1<sup>st</sup> Brigade in Haiti took it upon himself to compile a scrapbook of news clippings to send along with the Intelligence Report to the Office of Naval Intelligence.<sup>65</sup> Major E.W. Sturdevant returned the scrapbook back with a note stating “[i]t is possible that the book ... may be of some interest to Naval Intelligence as representing the views of a section of the Haitian people toward the Occupation” and that it “might be of some value for historical or other purposes,” but frankly, he did “not think that the results obtained justify the work involved in its preparation” and ordered “the scrapbook in question be no longer forwarded with the monthly summary of intelligence of the First Brigade, Haiti” (1927). Acting Commander of the Naval Intelligence Office also sent a note along with the scrapbook, “[c]orrespondence returned with information that compilation of clippings from Haitian newspapers representing Haitian viewpoint of the American occupation is not considered of sufficient interest to this office to warrant the time utilized in their translation.”

Lane’s collection of clippings turned out to be prescient. While mired by their own racist sentiments, the US occupying forces failed to acknowledge the roiling nationalist resistance movement, lead by Georges Sylvain, Elie Guerin and others during these important years. A non-violent anti-American campaign was waged through a “*presse d’opposition*” represented by *Le Courier Haitien*, *Haiti Integrale*, *La Patrie*, *Le Petit Impartial*, and through organizations such as *L’Union*

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<sup>65</sup> The scrapbook is not in the NARA files as they are made up of received and *kept* files.

*Patriotique*, which was supported by the NAACP (Bellegarde-Smith 1990; Hill unk). Quietly and studiously, these and other activists worked to draw the Haitian people together into a unified mass. After the peasant uprising of 1918 to 1920, the new, youth-lead vanguard, led by Jacques Roumain and Georges Petit continued to pen their frustrations as they exhorted their countrymen to revolt against the occupation through the pages of newspapers and circulars (M. Munro 2007).

On April 18<sup>th</sup>, 1929, the Associated Press reported that Borno had “created a profound sensation” by announcing he would call legislative elections and he, himself, would retire from the presidency (Streit 1928). Then, on October 5, Borno sent a letter to all prefects of Haiti announcing there would be no national elections held in January 1930 (United States and Russell 1929). This news, which came after a rocky year in which coffee prices bottomed out, restrictions were placed on labor emigration to Cuba, and new tax codes for liquor and tobacco drove up prices, fueled a renewed national movement (A. L. McPherson 2014; United States and Russell 1929).

On October 31, 1929, students, met with Dr. George Freeman, director of the Service Technique, consisting of 20 separate technical colleges throughout the country (Pamphile 2008). Freeman had recently cut the scholarship program by 20% to funnel money to pay peasants to work in the model farm (A. L. McPherson 2014). Angrily, Freeman told the student representatives that if they didn’t like the cuts, they could leave the school. In response, students of the Damien School of Agriculture walked out on strike lead by the Patriotic Youth League. The following week, students of the National Law School, Medical School and School of Applied Science also walked out, in sympathy with students from the Damien School of Agriculture (Lloyd 1929). Coalescing as a single protest movement in front of the Finance Building, on November 8, students marched along the Champ de Mars, and headed for the home of Dr. Freeman, chanting, “Down with Freeman!”(A. L. McPherson 2014). Fourteen of the “leaders” were arrested (Lloyd 1929). Dr. Freeman responded by opening fire on the crowd with his revolver (Pamphile 2008). By November 18<sup>th</sup>, Borno offered



settlement for the strike, promising to replace the monies taken from the scholarship fund and offered amnesty, but students had far more demands they wanted met, including the removal of Freeman.

Within a month of the first student walk-out, the entire country was on strike as the protests spread beyond the schools and to other government organizations. Students and teachers were joined by politicians, opposition press, and even the elite classes. All of the ports shut down (Russell 1929a). In Brigade Commander Col. R.M. Cutt's view, the escalation of the strike was nothing but an attempt to embarrass the administration and treaty departments (Cutts 1929). More cutting, Russell complained that the foreign press had "ascribed to the incident an importance it did not possess" and was nothing more than a "petty students' affair" (United States and Russell 1929, 8:6).

Despite his virulent claims that the strike was meaningless and meant nothing to the general masses, Russell employed extraordinary measures to stamp it out. He requested enforcements from the State Department to the tune of another 500 Marines, submachine guns, Browning automatics, and two amphibian transport planes (Russell 1929b). On December 5<sup>th</sup> three naval airplanes descended on Aux Cayes, circling the town as they fired machine guns and rifles, sending men, women, and children running through the streets (Bekker 1930; D. B. Cooper 1963). Worried about the loyalties of the gendarmes, Russell revoked the independent status of the Garde d'Haiti (newly renamed in 1928). He also suspended all press operations (Edelstein 2008). In the meantime, martial law was (re) declared and a proclamation issued:

*The United States forces in Haiti are engaged in aiding and supporting the constitutional government of Haiti and are your friends. By their devoted attention and those of the garde in Hayti [sic] come peace and tranquility [that has] been established for many years, [and] permitted you to conduct your business and earn an honest living. Certain agitators are now endeavoring to promote trouble. It comes, therefore, because [it is] necessary to place in effect vigorously the power and authority of martial law, which has during the past few years been inoperative. You are also informed that acts or speeches of an incendiary nature or those that reflect adversely upon the United States and Haiti or [have a] tendency to stir up agitators against the United*

*States officials who are aiding and supporting the constitutional government of Haiti, are prohibited and offenses of this order will be brought to trial before military tribunal. From the [???] of this proclamation, all inhabitants of the cities of Port-au-Prince and Cape Haitien will remain in their houses from 9 until daylight (Russell 1929c).*

Secretary of State Henry L. Stimson, the former Governor-General of the Philippines, and a diplomat and civil leader, cautioned Russell against the proclamation of martial law, pointing out that martial law was already in effect (H. Schmidt 1971). He was rather reluctant to send reinforcements and insisted they be used only in the absolute emergency. Although quiet ensued in the two cities after the proclamation (according to Russell, “showing the lack of real popular interest in the affair”) 248 Haitians were arrested in Port-au-Prince alone between Dec 4 and Dec 18. Further, small agitations were flaring up in smaller towns.

The next day, on December 6, Marines opened fire on a group of protestors in the cane fields outside Aux Cayes, emptying 600 rounds from rifles, automatic rifles, and a submachine gun (H. Schmidt 1971, 200). In one official account, Marines fired *over* the protestors’ heads (United States and Russell 1929) while in another they fired at protestors’ legs (Cutts, as reported by Bekker 1930). According to Russell’s official count, five Haitians were killed and 20 wounded (Russell 1929d). One month later, Col. Cutts sent an official communiqué to the newspapers in Haiti stating that 10 were killed and 24 wounded<sup>66</sup> (Bekker 1930). Among the official dead were a woman of 26 and a boy of 8. However, news from Haiti leaked that the Marines withdrew shortly after firing into the crowd, leaving the dead and wounded Haitians in the fields where they lay. The next morning, Haitian physicians and worried family members descended on the field to find 212 dead (NYT 1929).

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<sup>66</sup> Another officially sanctioned count, released later in 1930 put the number at 24 dead and 51 wounded (H. Schmidt 1971, 200).

What became known as the “Aux Cayes Massacre” spread through the international press drawing public anger against the US and the ongoing occupation. Hoover addressed Congress the very next day requesting the appropriation of funds for a “commission to Haiti to review and study the matter in an endeavor to arrive at some more definite policy than at present...Our representatives in Haiti have shown great ability and devotion, and have accomplished signal results in improvement of the material condition of that people. Yet our experience has revealed more clearly than was seen at first the difficulties of the problem, and the entire situation should be reviewed in the light of this experience” (Hoover 1929c). The move to call for appropriations was not unwarranted. At the end of the Wilson administration, the State Department was considering how the Marines might be withdrawn (D. G. Munro 1969). When Hoover took office, he and Secretary of State Stimson began discussions about sending a commission to prepare for the withdrawal of troops in the previous months (Stimson 1929; Hoover 1929a). Just four days before asking for appropriations, Hoover had voiced concerns over the conditions in Haiti in his Annual Message to Congress (Hoover 1929b). The deaths at Aux Cayes acted as a catalyst toward the end that many felt needed to happen.<sup>67</sup>

Putting together the Commission was fraught with political tensions, and it was two months before it was fully formed, headed by W. Cameron Forbes, former Governor-General of the Philippines (1908-1913) and considered an expert on “colonial problems” (D. G. Munro 1969). President Borno was wholly against any kind of Commission, worried that it would be an investigation of Haitian affairs and not solely of the US officials in the country (W. R. Scott 1929). Within Congress, there was the demand for a bi-partisan commission. As Robert Crosser (D-Ohio) put it:

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<sup>67</sup> Curiously, in Robert M. Spector’s (1985, 67) account of the Forbes Commission, he asserts that “[b]y the time of Hoover’s administration, the current of thought seemed to have passed to the view that nothing less than a complete and total annexation of Haiti would correct Haitian politics.”

*If the Commission to be appointed by the President consists only of members who believe in the benevolent despotism doctrine, or in other words, of members who always assume that other people are not capable of governing themselves, then we can be sure that the Commission will come back and report that we should continue to govern the Republic of Haiti...I would like to see appointed members with clear convictions as to the justice of democratic principles (Crosser 1929, 909).*

Concerns over Commission members' personal politics were related to race as much as to concerns for democratic ideals and justice. Congress members received hundreds of requests for the Commission to include an African American representative (Spector 1985; D. G. Munro 1969). However, Borno told Russell he did not want an African American on the Commission as he felt that any chosen would have already made up his mind that the withdrawal of US officials. Other Haitians, the *New York Times* reported, felt that, "Haitians observ[ing] a lack of sympathy on the part of Americans of their race and could not, therefore, welcome such a commission if one had been named" (Qtd. in Spector 1985, 46). In the end, the Forbes Commission did not have a single African American member on the team; however, a second team, made up almost entirely of African Americans, the Moton Commission on Education,<sup>68</sup> named for Dr. Robert R. Moton, president of the Tuskegee Institute, was sent along with them<sup>69</sup> (Angulo 2011; NYT 1930). In the end, the Forbes Commission did include two Catholics and all the members at least understood French<sup>70</sup> (D. G. Munro 1969).

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<sup>68</sup> The other Commission members, chosen by Moton were: Dr. Mordecai Johnson, President of Howard University; Prof. Leo M. Favrot, Field Secretary of the General Education Board; Professor Benjamin f. Hubert, President of Georgia State Industrail College; and Dr. W.T.B. Williams, Dean of the college, Tuskegee Institute and Field Agent of the Jeanes and Salter Funds (Forbes and United States 1930).

<sup>69</sup> While there isn't room to go into the Moton Commission in this document, it's worth noting that the separate Commissions appeared to be a "Jim Crow" move on two counts: a segregated Commission *and* because Moton was the successor of Booker T. Washington who insisted upon technical and vocational education for African Americans, not classical university (Angulo 2011). Haitians were also angered. The US occupying forces and technical advisers had stripped Haitian education of its French classical roots and replaced it almost entirely with vocational and technical training. Further, Haitian elites believed Southern African Americans to be subordinate (Suggs 2002).

<sup>70</sup> The Commissioners were W. Cameron Forbes, Chairman, Henry P. Fletcher, Elie Vezina, James Kerney, and William Allen White.

The Commission arrived in Haiti at the end of February and immediately opened hearings for any and all participants, making provisions for private hearings, as well. Within a week, it was clear to the Commission members that “the situation in Haiti is critical and the people greatly inflamed” (Forbes 1930a). Nearly every person who stood before or met with the Commission in Port-au-Prince demanded restoration of representative government and a democratically elected president. President Borno, feeling that his power was threatened by the Commission, worked furiously to undermine them.<sup>71</sup> As the Commission headed into the interior of the country, he sent a telegram to the prefects of the communes stating “the news propagated by political agitators was false; that there would be no Provisional Government; that the Council of State would elect new President; and that there would be no legislative elections before 1932” – all provisions that had been publicly announced by the Commission (Forbes 1930b). Indeed, one of the biggest contentions was President Borno himself. He had, according to opposition leaders and regular citizens, alike, violated the constitution by not allowing elections to be held during his entire tenure – the Haitians wanted immediate elections. However, according to the constitution, only *he* could call elections, and he had no intention of calling them before 1932. Opposition leaders made it quite clear that they could not keep their people from striking, rioting, or otherwise disrupting the country.

Haitians were anxious to be heard. From the moment the Commission disembarked, everywhere they went, throngs awaited them, holding banners and signs, many of them with the same messages: “Long live Independent Haiti”, “Down with the Council of State” (Glotzer 1930). Many of the elite who were invited to black-tie reception for the Commission at Russell’s, boycotted the event, *La Presse* printed replies to their invitation to the reception (Heinl and Heinl 1978; A. L.

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<sup>71</sup> In a letter to High Commissioner Russell, Borno complained, “I have not given my approval of the above plan except on the formal condition that the plan will be executed in conformity with the Constitution of Haiti 6 and the treaty of 1915 7 which binds our two Governments”

McPherson 2014). *Le Nouvelliste* published an English-language edition for the visitors, with headlines that read: “Right or Wrong – Our Haiti First” and “Why Treat Us Like a Colony?” (Suggs 2002). While Russell insisted the organized protests were a clear indication that just a few agitators were racing through the country-side to hold up signs at each stop along the way, Fletcher and Forbes recognized a consistency in message (A. L. McPherson 2014). For all the High Commissioner’s insistence upon a lack of political subjectivity among Haitians – reducing editorial writing, protests, and strikes to annoyances and contrivances – the opposition was highly organized. There were eight main opposition groups in Haiti in 1930: *L’Union Patriotique*, *La Ligue des Droits de l’Homme et du Citoyen*, *La Ligue d’Action Sociale Haitienne*, *La Ligue Nationale d’Action Constitutionnelle*, *La Ligue de Defense Nationale*, *La Ligue de la Jeunesse Patriote*, *Le Parti National Travailleiste*, and *L’Union Nationaliste*. By the arrival of the Forbes Commission, they had created a committee, The Federated Committee of the Associated Groups of the Opposition, with George N. Leger as their acting representative (Forbes and United States 1930).

Although, in general, the Commission found the financial and infrastructural work to have led to improvements, overall, the occupation had failed to prepare Haiti for self-government, as evidenced by the lack of Haitians in positions of authority in both government and the Garde d’Haiti (D. B. Cooper 1963; Forbes and United States 1930). Further “the social forces that created [instability] still remain--poverty, ignorance, and the lack of a tradition or desire for orderly free government” (Forbes and United States 1930). The final report called for the removal of Russell as High Commissioner, the abolishment of the office of High Commissioner to be replaced with a nonmilitary Minister, the replacement of some US occupation officials with those who were more

sympathetic to the Haitian people, and a speedy removal of US Forces upon the completion of Haitianization<sup>72</sup>.

A compromise was reached between President Borno, High Commissioner Russell, and the Commission, wherein Borno would hold his position until May 15<sup>th</sup> when we would be replaced by a (presumably) neutral (non-political) figure-head who would, according to Constitutional law, oversee elections on October 15. Borno fought the turnover to Louis Eugene Roy, the elite exchange broker chosen to hold the seat until elections (Heinl and Heinl 1978). Sténio Vincent, a staunch anti-Americanist, was elected along with thirty-six deputies and fifteen Senators – none of whom supported Borno (D. B. Cooper 1963). A deep-seated suspicion permeated the Government, as Haitian officials pushed for concrete plans for the completion of Haitianization and the withdrawal of US troops, stymieing negotiations. Eighteen months after the Forbes Commission, a final agreement was reached.

#### *Haitianization of the Public Health Service in action*

Of all of the areas reported on in the Forbes Commission Report, only finances and Public Health received unadulterated praise. On October 1, 1931, Haitians replaced Americans in the departments of Public Works, Service Technique, and Public Health (Suggs 2002). However, as a precaution against epidemics and in order to protect US troops and officials stationed in Haiti, an American Scientific Mission, consisting of 3 Navy officers and 6 Navy hospital corpsmen continued to oversee the health and sanitation in Port-au-Prince and Cape Haitien (to include a radius of two miles) and to act in an advisory capacity to the Service National d'Hygiene at the Haitian Government's expense (Leger and Munro 1931, Art. III).

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<sup>72</sup> For instance, fewer than 40% of officers in the Gendarmerie were Haitian (See: Appendix B).

Despite major improvements made in the dissemination of sanitation education and the exhaustive efforts of the Service d'Hygiene, treponematosi was still a major cause of death reported in the 1930/31 Annual Report (Stuart 1931, 2). But as Captain Stuart points out:

*...the freedom of the use of the diagnostic nomenclature is, of course, greatly augmented in the rural clinic and dispensary service where hundreds of patients must be treated in a day and consequently a very short time allotted to each. Laboratory facilities are not available at rural clinics and dispensaries and the exigencies of the service preclude the spending of sufficient time with each patient to arrive at anything approaching an exact diagnosis (Stuart 1931, 11).*

The proliferation of dispensaries and a growing trust in them meant that they managed an extraordinarily high volume of visits, which, coupled with the lack of proper laboratory equipment led to many cases of treponematosi being potentially misdiagnosed. Further, Dr. Payne's struggles to change the perception of Haitians as riddled with venereal disease were stymied by the constant turn-over of military physicians (who, according to Stitt should never be in a tropical country for more than two years unless he is found to be of particularly strong constitution) precluded any real in-roads into the racilaized views of Haitians exercised by some Navy physicians. Dr. Stuart, who replaced Dr. Butler as Sanitary Engineer, did not. Stuart went on to complain in the same annual report:

*In Haiti, as in most countries where yaws is prevalent to any serious extent, the history of the case is more often than not either unobtainable or if obtainable of little value...Statistical data will, therefore, not give an accurate or perhaps even an approximate estimate of the relative incidence and prevalence of venereally [sic] acquired syphilis and the innocently acquired yaws.*

The attachment to the moral depravation of Haitians, as exhibited by the stubborn insistence upon first, the unreliability of self-reporting, and second, of the presumption of the venereal transmission of yaws, points to yet another disjuncture between Rockefeller Foundation and US Navy understandings of the people they were meant to serve. While Dr. Melhorn, Dr. Mathis, and Dr. Wilson certainly represented a small group of Navy physicians who pushed back against racism in



the health system, and even against the occupation, itself, the majority of Sanitary Engineers clearly did not. This quiet violence which, on the surface may appear to have little consequence, spoke to a deep prejudice that, upon the end of the International Health Board's involvement in Haiti, would lead to dire consequences which stretched beyond the withdrawal of the US occupying forces.

Although the Haitianization of the public health and sanitation programs began in June 1927, the speed-up to total Haitianization was not met with universal celebration. Indeed, Captain K.C. Melhorn, the fifth Sanitary Engineer of Haiti and the first Director General of the National Public Health Service of Haiti, warned the members of the Haitian Medical Society that they must take charge, and take charge quickly of the laws and material support pertaining to the public health system (Melhorn 1930a). As US Navy physicians withdrew support, changes in budget and finance as well in actual care were made to the public health program.

From a high of gdes. 4,931,672.12 (\$986,334.40, or about 49 cents per person) in 1928-1929, the total budget of the Public Health Service fell incrementally until the total Haitianization of the Public Health Service was completed (Melhorn 1930b). US financial advisers still held power over the budget (and would until 1941), but the slow process of defunding had begun. The budget was decreased to gdes. 4,557,677.74 (\$911,535.548, or about 45 cents per person) in 1929-30, to gdes. 4,228,793.83 (\$845,758.77, or 42 cents pp) in 1930-31 (Melhorn 1930b; Stuart 1931). The following year, the budget for the public health was slashed another 21% (Stuart 1931, 81).

Along with budget cuts came also cuts to service provision. In late 1931, just before the Haitianization of the Public Health Service, Stuart issued orders to the hospitals, clinics, and rural dispensaries to begin restricting free care to "only those afflicted with communicable diseases such as yaws, syphilis, malaria, worms, etc., to relieve pain, or to spare life and even those patients when able will be required to pay a small fee ranging from 5-50 centimes depending on the cost of the treatment and the patients ability to pay" (Stuart 1931, 81). He rushed to get small metal boxes with

locks out to care centers before the October 1 hand-over. The use of Spriocide was also reduced – made available only to those with amoebic dysentery or with florid lesions in cases of yaws and syphilis, and only in the rural clinics. Treatment for all others was reduced to the pre-Rockefeller medicine, Bismosol unless patients were able to pay gdes 1 (in which case, they could purchase arsphenamine preparation). Both of these required painful injections, and experience had shown that many people would not return for their second treatment. Further, in rural areas, mercurial ointment was diluted to “at least one-half official strength,” and gauze would only be applied over the lesions for 50 centimes, otherwise, Haitian peasants had to supply their own. And finally, those coming in for worm treatment were required to bring their own castor oil. “No castor oil, no chenopodium” he closed (Stuart 1931, 81).

Over the next three years, the American Scientific Mission continued to produce Annual Reports, but they quickly shrank from being tomes of data until, finally, the last one was only 12 pages. The Navy physicians and hospital corpsmen busied themselves with continuing to oversee the sanitary inspections of homes<sup>73</sup> as well as the application of Paris Green, mosquito oil, sand, and lime to mosquito breeding sites throughout the towns under their purview. The sanitary inspectors, four times a year, swept through the towns, collecting cans and artificial containers likely to breed mosquitoes and stagnations were oiled. “Most of the poorest carry their drinking water some distance from public fountains or purchase it from a neighbor who has a faucet so that its scarcity causes them to hoard and secret it where it cannot be found by inspectors,” William Chambers lamented. Their response was not to provide better access to clean water, but to step up inspections and citations. In the final year of report, there were 419,435 inspections, 11,518 citations, and 423 court proceedings in Petionville, alone (Chambers 1934).

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<sup>73</sup> Chambers reported.

Despite the efforts by the Rockefeller Foundation International Health Board to implement a public health and sanitation program in the country, occupying forces still maintained a paternalistic view of their mandates. Failures among the Haitians to find a health were pinned on cultural inadequacies best understood through a racialized frame of difference. In turn, these views built toward a deepening dependence on technologies of management as opposed to culturally appropriate health service. However, as David Arnold (1993, 9) points out, “Western medicine was intimately bound up with the nature and aspirations of the colonial state itself.” US aspirations, as articulated from Washington and then materially enacted through the occupation, settled on an ordering of Haitian bodies in order to “modernize” and administer their lives in such a way that they became legible within a western liberal construct of citizenship. Their failure, from within the view from US imperialism, was that Haitians could not be taught to conform to US standards of civility, and by extension, health and sanitation, but rather, they needed to be disciplined into a conformity that was more mimicry than agency (Stoler 1995; W. Anderson 2002).

However, Haitian subjectivity was not prone to mimicry. Drawing on a proud history of revolution and independence, claiming the title as the first Black republic, and holding fast to a set of values that were developed and nurtured in the midst of multiple political and economic embargoes, Haitian political subjectivity was not so easily subsumed to US compunctions. Mimicry, Homi Bhabha (Bhabha 1994, 122) requires a process of disavowal, a rupture between the known self and the expected self, and thus, is a sign of “double articulation; a complex strategy of reform, regulation and discipline, which appropriates the Other as it visualizes power.” The internalization of the gaze of the panopticon of colonial rule did not result, as the US contingent had hoped, in a reformation of the Haitian sense of self. Indeed, through the maintenance of a sense of Haitian-ness and through the newly articulated sense of *négritude* which was finding a new home in Haiti,

percolating as a form of communism, the insistence of US domination failed – right down to the level of the body.

However, the instance of Haiti in the midst of colonial endeavors by the US was not merely a failure, but it also represents one of many testing grounds for what would become the new global health and development movement (Birn 2009; Birn 2006; Cueto 1994; S. P. Palmer 2010; Hewa 1995). Indeed, Haiti would become a testing ground for verticalized health interventions, as the Rockefeller Foundation funded a UNESCO project for education and health, creating an enclave of health first in Haiti, and then replicating enclaves across the global landscape (UNESCO 1949; UNESCO 1951; McBride 2002; Magloire and Yelvington 2008).

### *Conclusion*

*None of the motives which, in international law, justify the intervention of one country in the affairs of another can be cited in this case...The Americans claim that they occupied Haiti in the name of civilization and humanity. We are not fooled by these pretentious words under which are hidden, all too often, the most vulgar ambitions and grasping avarice. Terrible situations have arisen in other countries without the United States government being in the slightest way moved. We can be certain of only one fact, that the Occupation – whenever it is not justified by humane and civilizing motives – is simply, in the hands of a powerful nation, a means of political and economic expansion. ~ Dantes Bellegard, Haitian ambassador to France and representative to the League of Nations, 1924*

The Senate Inquiry into the Occupation and Administration of Haiti marked a turning point in the occupation of Haiti. While US Navy personnel were exonerated, save for isolated acts of cruelty, a few executions, and a handful of what were deemed unavoidable civilian deaths, there were some concerns about the overall management of the occupation, prompting a shift from military rule to civil rule. Chairman of the Inquiry, Senator Medill McCormick went so far as to insist, “civil functions are better performed by men trained to civil rather than military functions” (1922, 1475). However, in placing General Russell in the role of High Commissioner to Haiti, *de facto* military rule continued. Russell lacked experience in business, finance, or civil administration, and clearly his

priorities did not lay with social service provision for the Haitian people (Millsbaugh and World Peace Foundation 1931).

The history of the militarization of health is not just an interesting interjection into the evolution of international health and development projects, but rather, points to a deeply rooted historical legacy of the militarization of the bodies of people – both as the body politic and of the individual bodies of a population. At the same time, the collusion of military and global health that occurred in the early 20<sup>th</sup> century (and indeed, continues today, which I will discuss more in-depth in the conclusion) expose the mis-representation of the uni-directional flow of knowledge diffusion as a forward march of modernity from the center of the empire to margins of the colonies, as is sometimes insisted. Rather, as many authors (Stoler 1995; F. Cooper and Stoler 1997; T. Mitchell 2002; Pratt 2004) have asserted, knowledges developed both in the “metropole” and the colony were co-constitutive, simultaneously shaping each other to define “modernity” and “civilization.”

As Birn points out, “many funders and policymakers use historical episodes or precedents – often selectively invoked – to push forward particular agendas based on (mis)perceived successes of the past” (2009, 51). In the case of Haiti, this is a double mis-perception. On the one hand, the history of the first occupation has been written as a kind of celebration of the humanitarian nature of the military activities that, as it turns out, was only tertiary to political and financial matters. On the other hand, the “success” of the reconstruction of the public health system has not withstood any test of time as evidenced by the extraordinarily poor health indices across the country today.

This inconsistency in the understanding of success is notable in the writings coming out of the period of the occupation. At a conference held at Clark University on Mexico and the Caribbean,<sup>74</sup> the very different measures for success collided as military, religious, and political

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<sup>74</sup> From a conference of the same title held on May 20, 21, 22, 1920. This was the seventh conference on International Relations held since 1909 at the University

science experts clashed over the right, purpose, and outcomes of the military occupation in Haiti. What emerged during the debate, was an argument about not only what constitutes success and failure, but also, who has *the right* to make claims about the successes and failures of the intervention in Haiti

In this chapter I have outlined the health citizenship of Haitians, but also the material institutions through which Haitian health citizenship was mediated. The physical structures of the public health system stand as material representations of the small inroads taken to provide medical care by US forces, but more telling, they are often held up as a reflection of the success of the occupation and the abject failure of Haitians to uphold their own health citizenship. Michael Barnett (2011) has argued that humanitarianism is the West's attempt to rescue its own image as civilized and good. But this image is dependent on the retelling of normative histories. In the case of health in Haiti, this history has been dependent upon the collapsing of 19 years of occupation, creating a tidy narrative about the benevolent and good works of the occupying forces across their tenure.

What I have tried to do in this chapter is to un-collapse the history, to trace out not only the very *lack* of benevolence in the administration of the country (despite whatever the benevolence may have been in the original intentions) and the ways in which this lack materialized on the ground in relation to health. The slow and uneven development of a public health system, of the racialized discourses which informed bad medicine (e.g., syphilis), the devaluation of local medical knowledge, the de-prioritization of funding public health and sanitation, and finally, in the defunding of health programs in place during the last few years of the occupation, all point to a broader disregard for Haitian subjectivity, and of Haitian citizenship, more pointedly. Finally, while the US occupation of Haiti is often written as a triumphal moment of US history, one of benevolence and good-will, for the Haitians, this was much more an “historical moment of tragedy” out of which a new kind of subjectivity emerged (C. L. R. James 1963; D. Scott 2004). By all US accounts, Haiti lacked a national

identity beyond its revolutionary past and Vodoun at the time of the Occupation (Dash 1998). In the death of Charlemagne Peralte, there emerged a national hero – a hero capable of drawing together the elite and the peasant classes, the mulattoes and blacks (Nicholls 1996). Although a formal coalition was never declared, the shared purpose of ending the occupation created a new Haitian identity, one that sought to overcome the historically fraught racial tensions (L. Dubois 2004; Garrigus 2006; M. Smith 2009). “The fact is” writes Stuart Hall, “‘black’ has never been just there...It has always been an unstable identity, psychologically, culturally and politically. It, too, is a narrative, a story, a history. Something constructed, told, spoken, not simply found...Black is an identity which had to be learned and could only be learned in a certain moment” (S. Hall 1987, 45). For Haitians, in the first half of the 20<sup>th</sup> century, the learned moment emerged from the US occupation.

## Chapter 4. Camps that kill

*In this new system of force, the mastery of the machine is not in the hands of mankind. It is in the control of infinitely small groups of individuals who rule without a single one of the democratic sanctions that we have known. The machine in the hands of irresponsible conquerors becomes the master; mankind is not only the servant; it is the victim, too.* ~ Franklin D. Roosevelt, Address at Charlottesville, 1940

*Bay kou bliye. Pote mak sonje.*

*The one who delivers the blow forgets. The one who bears its mark remembers.*

Following the earthquake on January 12, 2010, so-called experts for newspapers warned that the greatest threat Haitians faced in the aftermath was from infectious disease outbreaks (Harmon 2013; M. Park 2010). Particularly considered at risk were those closest to the epicenter and in the 1,300 camps (housing 1.3 million Haitians) that had sprung up across the landscape of cities. Citing disrupted water and sanitation services, crowded and unsanitary camp conditions, and the low vaccination rates in the country, apocalyptic tales of an impending public health disaster were written as an “inevitable” outcome of the earthquake considering that, as one reporter put it, “...even on its best day, Haiti is a public health disaster” (Walsh 2010). So when cholera was reported in October 2010 in Haiti, the general response was one of expectation.

However, there was nothing inevitable about the outbreak. For as much as reporters clamored for the infectious disease angle, epidemiologists and global health experts were arguing that there is no evidence that natural disaster equals infectious disease outbreak (Floret et al. 2006; R. Michel et al. 2007; J. T. Watson, Gayer, and Connolly 2007). In fact, the cholera epidemic was the outcome of a confluence of circumstances which span decades of occupation, international political meddling, and sheer irresponsibility of the UN peacekeeping troops, *Mission des Nations Unites pour la stabilisation en Haïti* (known by the French acronym: MINUSTAH) and the UN more generally. It is these historical and present circumstances, the cholera outbreak and subsequent epidemic, and the



struggle of the Haitian people to declare their political subjectivity on the global stage that I explore in this chapter.

Beginning with FAdH during the first US occupation of Haiti and leading into the Duvalier years, as the CIA and US Marines continued to train and support the *tontons macoute* and the Haitian military police, and further during the post-Duvalier military juntas, the overarching justification for occupation has been couched in supporting liberal democracy (or at least, in fending off Communism, during the Cold War) and the purported economic gain that would naturally follow. Repeatedly, the UN peacekeeping interventions were termed not just in human rights, but also in regional peace and national stability. And while there are a recorded 30,000 deaths and disappearances during the Duvalier years (around 1,000 a year), between 3 and 5,000 deaths (1,000 – 1,700 a year) during the military junta of 2001-2003, the most egregious death toll attributable to a military force has been the 8,000 deaths due to cholera between October 2010 and October 2013, with 2,000 deaths recorded in the first *month* of the epidemic. While the UN High Commissioner for Human Rights has made strong public admonitions to Haiti for a failure to bring Duvalier to bear for human rights abuses during his tenure, the Secretary General of the UN has refused to take responsibility for the cholera outbreak brought in by MINUSTAH, prompting two organizations to file claims on behalf of 5,000 victims and to threaten litigation against the organization in the name of human rights.

What follows in this chapter is a brief outline of the past occupation and current peacekeeping operation in Haiti, a look into the cholera outbreak, and an examination of the justifications – both legal and ideological – for the denial of the United Nations for accepting responsibility, and in turn, to pay reparations, for the disease. At the heart of this chapter is an exploration of the battle for legal, and indeed, *global* recognition of Haitians as political subjects. I argue that the multiple occupations and the proliferation of NGOs and other non-profit health and

development organizations across the nation have served to seize the citizenship, particularly health citizenship, of Haitians – wresting the relationship of Haitians to their government out of their hands and placing it beyond reach. In calling for international recognition of the introduction of the disease, and for the UN to take responsibility for introducing the disease, Haitians, I argue, are not simply seeking a handout, but are demanding a turn of the international gaze, demanding a broader recognition of not only their political subjectivity but also of the ways in which they have been denied that subjectivity at least since the MINUSTAH forces have been in Haiti, if not reaching further back into time to the control and power that has been US and internationally supported. There is not simply an economic battle, but a battle for the right to govern their own bodies.

*The making of a humanitarian crisis*

When the US ended its occupation in 1934, it had disarmed the Haitian population, disbanded the Haitian army, and created a military police, the *Forces Armées d'Haiti* (FAdH).<sup>1</sup> From early in its inception, indeed as early as 1918, notices of abuses came pouring through both the US military offices and the newspapers. When the US forces withdrew, along with the physical infrastructure of command centers, pillboxes, guard houses, barracks, and prisons, the occupying forces also left behind the “functional hierarchy” of an occupying military force (Harmon 2013; Walsh 2010). Not unlike other similar institutions the US would continue to help build across Central America in the years following World War II, this force was put in place, not as a national security force, but as a domestic counter-insurgency unit whose task was intended to maintain the status quo (Bellegarde-Smith 1990).

In the 29 years of the Duvaliers, the FAdH divided the country into nine departments, each of which was subdivided into districts and sub-districts, and then further into the 566 rural sections.

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<sup>1</sup> Originally billed the *gendarmerie*, then renamed the *Garde d'Haiti*, and finally settling on *Forces Armées d'Haiti* in 1946.

There were twelve basic units of the military police force – one for each department, one each acting as a police force in Port-au-Prince and Cap Hatien, and a presidential guard. After a 1958 failed coup against Francois Duvalier, he systematically gutted the leadership in the branches and strengthened the Presidential Guard (Haggerty and Library of Congress 1989). Essentially, policing in the country was managed by a regular army creating a kind of military occupation, with a *chef seyksyon* for each of the rural sections. These *chefs de seyksyon* were considered the embodiment of Duvalier’s regime at the local level, and they wielded incredible power, answerable only to Duvalier himself (Lundahl 2011).

At the lowest rank among the official, unofficial, and semi-official paramilitary and police forces were the Volontaires de la Sécurité Nationale (VSN), instituted in November 1962 to legally legitimize Duvalier’s paramilitary political enforcement group, the *tontons macoute*. Their existence as a separate group from the national police and the national military, and coming under the direct command of the President were codified in the 1971 amendments to the 1964 Constitution of Haiti (Title XII, art. 187). This agglomeration of armed thugs which first came into existence during the 1950’s, were known for wielding machetes with extreme unctuousness, and they fiercely enforced curfews, roadblocks, and midnight searches with indiscriminate beatings, disappearances, torture, and murders (Farmer 1994). The *tontons macoute* seeped into every part of the Haitian political structure – finding new members in administration offices as well as in religious organizations.<sup>2</sup>

The US suspended military aid to Haiti after François Duvalier sent the US Marines home in 1963, only to be resumed again in the early 1970’s (Shaw and Goodwin 1972). Issuing licenses for the sale of arms to Haiti through Aerotrade, a Miami-based corporation, the US sold more than \$200,000 (\$1.4 million in 2010 money) worth of ammunition, weapons and supplies in the first twelve months, many of it making its way into the hands of the *macoutes* (Ives 2013). But, the *tontons*

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<sup>2</sup> Estimates of deaths and disappearances during the two Duvaliers’ reigns range between 20,000 and 60,000 – with most writers and investigators settling around 30,000.

*macoutes* were found without an official home after the Duvalier years. They shed their tell-tale blue denim uniforms and melted into the population, many of the leaders fleeing to the United States<sup>3</sup> and others incorporating into the FAdH, as plainclothes members of the Dessalines Battalion,<sup>4</sup> or into the Criminal Investigations Unit of the Port-au-Prince police force (Tartter and Library of Congress 1989).

In an effort to reform the military and police, the 1987 Constitution made provisions for a separate police corps and a new police academy which would fall under the Ministry of Justice (Tartter and Library of Congress 1989). General Prosper Avril (President of Haiti Sept 1988-March 1989) would go on to disband battalion of the Casernes Dessalines and the Leopards Corps<sup>5</sup> after the coup attempt in early 1989 (Avril 1999; Humanos 1993; Louis 2011; Tartter and Library of Congress 1989). By the time of the first Aristide coup, there were approximately 1,300 FAdH personnel assigned to police units, 5,200 enlisted men, and 1,000 officers – most or all of the military personnel assigned to police units had not received any police training (P. R. Girard 2004; R. E. Maguire 1995).

In 1993, a neo-Duvalierist group, started by Emmanuell “Toto” Contant, coalesced and made its debut as the *Front Révolutionnaire pour l’Avancement et le Progres d’Haiti* (FRAPH – an acronym which in French means “to hit”), assassinating Justice Minister Guy Malary in October that year. Declassified CIA documents, which emerged in 1995 and 1996, many of them sent to the Center for Constitutional Rights based in New York City in support of a legal case brought by a

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<sup>3</sup> In correspondence with the Director of the Institute for Justice & Democracy in Haiti, the Research Directorate of the Immigration and Refugee Board of Canada received notice that there was some doubt as to whether the “majority of the rank-and-file members (most of them poor) were able to leave the country” (Research Directorate and UNHCR 2009).

<sup>4</sup> Caserne Dessalines was the home base of the *Service Déectif* (SD), responsible for the detention and interrogation of political dissidents and alleged to have been both home to “death squads” and the seat of Haiti’s cocaine smuggling operations (Amnesty International 2011; Bellegarde-Smith 1990; Lemoine 2011; Louis 2011).

<sup>5</sup> The Leopards Corps was a personal security detail and counterinsurgency unit created by Jean-Claude Duvalier in 1973 to bridge the tension that was rising between the FAdH and the SVN. They were trained by US Marines (Cockburn 1998; Jeb Sprague 2012a)

victim of FRAPH, revealed the organization was both monetarily and logistically supported by the CIA<sup>6</sup> (Farmer 2004b; Haq 1996; Human Rights Watch (Organization) 1996; Nairn 1994). By this time, Haiti was under the leadership of President Émile Jonnaisant who had been appointed by the military junta under the leadership of Raul Cédras<sup>7</sup> and was in the midst of what has been deemed the worst years of violence and oppression after the Aristide coup.

In July 1994, the UN Security Council, in a vote of 12-0, approved a multinational force to restore Aristide to his presidency through UNSC Resolution 940 (Dollar 2007; Global Security 1996). On September 19, 1994, the Joint Task Force (JTF) 180 led by the US XVIII Airborne Corps, with personnel from the Marine Expeditionary Force, Atlantic Fleet, and Air Combat Command entered Haiti with 21,000 US military personnel and 5,000 non-US military personnel from 24 countries to oversee the transition from military rule to a democratic government.<sup>8</sup> The JTF 190, the UN-sanctioned regional Multinational Force (MNF), assumed control of operations in Haiti in January 1995 (K. C. Benson and Thrash 1996). At the height of what was called Operation Uphold Democracy,<sup>9</sup> there were 23,000 US military personnel stationed in Haiti (Dobbins 1995). Implicit in this military intervention was the process of a *demakoutization*, which entailed not just the disarming and demilitarizing of the *tontons macoute*, but also of a complete restructuring of the Haitian

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<sup>6</sup> In fact, Constant had been encouraged to form a group “that could balance the Aristide movement” (Nairn 1994).

<sup>7</sup> Raul Cédras was the Commander-in-Chief of the FAdH from 1991-1994. Allegedly trained at the School of Americas in Ft. Benning, GA, Brian Latell, a CIA Latin American analyst, found him to be a “conscientious military leader” and to be one of a group of “the most promising group of Haitian leaders to emerge since the Duvalier dictatorship was overthrown” (Blum and Blum 1995; Holmes 1993; Reuters 1993; Von Hippel 2000). In 1994, he received a \$1 million payout to go into exile in Panama.

<sup>8</sup> Over the course of the peacekeeping mission and its eventual turn over to UNMIH, the UN officially counted 34 countries (including the US) which had contributed military and civilian police personnel: Algeria, Antigua and Barbuda, Argentina, Austria, Bahamas, Bangladesh, Barbados, Belize, Benin, Canada, Djibouti, France, Guatemala, Guinea Bissau, Guyana, Honduras, India, Ireland, Jamaica, Jordan, Mali, Nepal, Netherlands, New Zealand, Pakistan, Philippines, Russian Federation, Saint Kitts and Nevis, Saint Lucia, Suriname, Togo, Trinidad and Tobago, Tunisia and United States (United Nations and TS/DPI 2003). Ambassador James F. Dobbins, however, counted “well over forty nations” in MNF and UNMIH operations by mid-1995 (Dobbins 1995, 4).

<sup>9</sup> It’s interesting to note that when planning began for the operation in Haiti in August, there were two separate names for it on the table – Operation Uphold Democracy for a “permissive entry” into Haiti, and Operation Restore Democracy for a “forced entry” (Dolinish 1996).

government, through elections and radical reform (Dobbins 1995; K. C. Benson and Thrash 1996). Of the estimated 6,000-7,000 members of FAdH, only 3,000<sup>10</sup> would be retained in the newly reconfigured military, mostly for border patrol. The rest were intended to go into a six-month USAID job retraining program for “reinsertion into civilian life” or into the police force (Aristide and University of Kansas. Institute of Haitian Studies 1994; Dobbins 1995). Another 1,000 asylum seekers returned from Guantanamo Bay and trained to join the police force.

By March 31, 1995, MNF authority was turned over to the 6,000 UN Peacekeeping Force – a transfer which largely consisted of already present military and police switching to the blue berets of the force. The US maintained the lions’ share of the force<sup>11</sup> – constituting more than half the peacekeepers and retaining leadership over the UN military. By September that year, the number of US troops in Haiti had dropped to just 2,500, with another 4,500 international troops (Dobbins 1995). Police monitoring continued under Canadian command, as it had from the beginning of the occupation (United Nations and TS/DPI 2003). It was in March 1995, too, that the Arias Foundation for Peace and Human Progress conducted a survey to find what the people thought of demilitarizing the nation (Cox 2007). Of those polled, 62% were strongly in favor of demilitarizing and only 12% were against (Arias 2004). On February 6, 1995, the Haitian military was officially disbanded by Aristide and replaced with a small civilian police force.

The scheduled withdrawal of the US-led United Nations Peacekeeping Force of February 29, 1996 was contingent on one mission, based on UNSCRs 940, 975, and 1007<sup>12</sup>: the maintenance of a secure and stable environment by UN troops to facilitate the ease of transfer of responsibility for maintenance of the security and stability to the Haitian government (K. C. Benson and Thrash 1996).

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<sup>10</sup> Originally, this number was supposed to be only 1,500, but 3,000 were retained as an interim police force. As the transition time approached, hundreds were demobilized as the newly trained Haitian National Police went afield.

<sup>11</sup> And command – it’s worth noting that Major General Kinzer commanded both the US contingent *and* the UN force.

<sup>12</sup> UNSCR 940 provided the initial objectives for the UN Mission and expressed the will of the Security Council. The mandate of UNMIH had been extended twice. UNSCR 975, dated 30 January 1995, had established the exit date as 31 July 1995. UNSCR 1007, dated 31 July 1995, extended it again, this time to 29 February 1996.

The UN Mission to Haiti ended in July 1996 only to be replaced by the UN Support Mission to Haiti (UNSMH) intended to “professionalize” the police of Haiti, assist Haitian authorities to maintain a secure and stable environment to ensure the professionalization of the police, and to coordinate activities of the United Nations system to promote institution-building, national reconciliation and economic rehabilitation in Haiti. This was then converted to the UN Transition Mission in Haiti in July 1997, to continue the mandates of the UNSMH due to the rather slow progress that had been made. This too, was followed by a conversion in November 1997 to the UN Civilian Police Mission in Haiti (also to continue to “professionalize” the police in Haiti) that lasted until March 2000. This, in turn, was continued with the International Civilian Mission in Haiti – a joint OAS-UN operation (MICIVIH) – which, together with the International Civilian Support Mission in Haiti, maintained civilian, military and police personnel in Haiti until 2001.

Clearly, these multiple iterations of the militarized securitization apparatus, while initially proposed only for securing stability in Haiti, instead, became a string of occupying forces with only a short interruption between 2001<sup>13</sup> and 2004 – an interruption of the presence of overtly uniformed military personnel, but not of the army of NGOs and multi-national non-profit aid programs which swarmed into the country, and not of the ideological pressures which materialized as a US aid embargo on Haiti,<sup>14</sup> leading to a balance-of-payment crisis, and a rise in inflation which crushed living standards more deeply for the poor (Sachs 2004). I will return to this embargo and its deadly and long-lasting impacts it had not just on the economic and political stability of the nation in the early 2000’s, which is addressed in Chapter 2. Indeed, I will take a closer look at the devastating

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<sup>13</sup> Although the peacekeeping forces left at the end of 1997, a UN-sponsored police mission and two other civilian missions (mostly concerned with human rights observation and training mission) remained. Although the MICIVIH was originally an OAS-sponsored human rights project, and indeed retained its name, it became an OAS/UN joint project (Granderson 2010). Whether or not this constitutes an effective continuation of the peacekeeping mission, *sans* uniforms, is worth further investigation, but perhaps outside the scope of this chapter.

<sup>14</sup> Among other things – for a more complete look at the economic, social, and political pressures put on Aristide upon his return to power in 2001, see Chapter 2.

repercussions it has had in relation to the cholera outbreak which emerged in October 2010, later in this chapter. Several water and sanitation programs which were slated to start during this time frame never materialized, leaving the country in a perniciously precarious position with the introduction of the bacteria into main water supplies.

I bring up this rather lengthy history of occupations in Haiti not to point to a normalization of occupation, but to question the integrity of these occupations – that while the justification of each has been in the name of security and stability, they have, many of them, had quite the opposite effect. Indeed, the proliferation of UN peace-keeping and nation-building operations has led one researcher to opine that, “Haiti in particular seems to be a playground for the outlined evolution of peace-keeping missions” (Leivinger 2006, 467). And where better to practice than in a country that has so regularly been in the grips of occupying and occupation-like military forces?

#### *The introduction of MINUSTAH*

When the earthquake occurred in 2010, the UN Stabilization Mission in Haiti, known by its French acronym, MINUSTAH (*Mission des Nations Unites pour la stabilisation en Haïti*) had already been in the country since 1 June 2004 (succeeding the Multinational Interim Force (MIF) which had been in Haiti since February that year). In early February 2004, armed conflict broke out in Gonaïves between a coalition of anti-Aristide groups, mostly drawing from former FRAPH, former members of the disbanded FAdH, and an independent group of paramilitary fighters known as the “Cannibal Army”<sup>15</sup> and local police (Buss and Buss 2009; Figueira 2006; M. R. Hall 2012; A. S. Thompson 2005). The 200-member opposition force quickly gained control of the city and gradually spread across northern Haiti. They arrived at the outskirts of Port-au-Prince on the 26<sup>th</sup> of February, prompting mass-evacuations of UN, Red Cross, and other international non-essential personnel and

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<sup>15</sup> The Cannibal Army has been reported to have originally been a pro-Aristide (indeed, by some accounts, the Gonaïves branch of the *Chimères*) drug smuggling gang which turned against the President in late September 2003 after the arrest and murder of then gang leader Amiot Métayer (Fatton 2006; Figueira 2006; Morrock 2010).



families (Farmer 2004b; Government of Canada 2004; Reuters 2004). Citing concerns that the deteriorating humanitarian situation would impact regional peace and security, the UN Security Council adopted Resolution 1529, on February 29<sup>th</sup>, mere hours after Aristide signed his resignation letter. The Resolution, which invoked Chapter VII of the UN Charter in accordance with article 39, authorized the immediate deployment of a Multinational Interim Force (MIF) and for member states participating in the deployment “to take all necessary measures to fulfill its mandate” in the next three months (UNSCR 1529 2004 Art. 2&6). The choice to invoke Chapter VII is incredibly important, as it raises questions about Haitian sovereignty and the right of the UN Security Council to impede upon it.

Article 24 of the UN Charter confers on the Security Council “primary responsibility for the maintenance of international peace and security”<sup>16</sup> (United Nations 1945, Chap.5, Art.24, Par.1). Chapters VI and VII provide the means by which this should be accomplished. Chapter VI provides for the Security Council to settle disputes by seeking “a solution by negotiation, enquiry, mediation, conciliation, arbitration, judicial settlement, resort to regional agencies or arrangements, or other peaceful means of their own choice” to maintain international peace and security (United Nations 1945 Chap.6, Art.33, Par.1&2). Chapter VII, conversely, gives the Security Council full authority to deem a situation in need of intervention (Art.39) and subsequently choose which means are necessary to quell the aggression, ranging from “complete or partial interruption of economic relations and of rail, sea, air, postal, telegraphic, radio, and other means of communication, and the severance of diplomatic relations” (Art. 41) to “tak[ing] such action by air, sea, or land forces as may be necessary to maintain or restore international peace and security. Such action may include

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<sup>16</sup> Overall, the UN Security Council has a vast range of powers, the most powerful of which are considered to be the empowerment to order mandatory sanctions, call for cease fires, and authorize military action. The SC also has a role in admitting new members to the UN General Assembly, the appointment of the Secretary-General, and the election of judges to the International Court of Justice. They have also, of their own instigation (i.e., not through a right or responsibility conferred by the UN Charter) chosen judges and prosecutors for ad hoc war crimes tribunals (Lowe et al. 2008).

demonstrations, blockade, and other operations by air, sea, or land forces of Members of the United Nations” (Art. 42). While Chapter VI requires consent and cooperation of all parties involved and restricts the use of force, Chapter VII allows for the Security Council, alone, to determine that there is a serious threat to international peace and security and holds provisions for the use of fire arms (Johansson 2009; GPF 2011).

The decision to invoke Chapter VII in the resolution was not met with universal acceptance, and, indeed, Brazil pushed for UNSCR 1529 to come under Chapter VI (Fishel and Sáenz 2007; CEPR 2010). In the end, Brazil voted for the resolution creating the Multi-national Interim Force, but, citing their constitutional prohibition against armed interventions,<sup>17</sup> did not agree to participate in what was perceived to be a peace-enforcing<sup>18</sup> mission – the expectation being that they would be willing to participate in a follow-on peacekeeping mission under Chapter VI established through UNSC Resolution 1542 (Ekström and Alles 2012; Fishel and Sáenz 2007). Although UNSCR 1542, after all, invoked Chapter VII, prodding from the US Government led to the Brazilian delegate voting for the resolution and Brazil taking command of the peacekeeping force.<sup>19</sup>

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<sup>17</sup> And while some authors allude to Brazil perhaps suffering a small case of amnesia about the country’s participation in the Inter-American Peace Force in the Dominican Republic in 1965 (Alles 2011; Ekström and Alles 2012; Fishel and Sáenz 2007), following 1968, Brazil’s foreign policy and relationship to international organizations was heavily influenced by the work of Araújo Castro, and distanced itself from multilateral forums (Cavalcante 2010). The democratic transition in 1985 marks an important turning point in Brazil’s foreign policy, and the country resumed participation in peacekeeping missions in 1989.

<sup>18</sup> The distinction, finally codified in the *UNDPKO Principles and Guidelines* is a subtle but important one that is worth quoting at length (2008, 18): ***Peace enforcement*** involves the application, with the authorization of the Security Council, of a range of coercive measures, including the use of military force. Such actions are authorized to restore international peace and security in situations where the Security Council has determined the existence of a threat to the peace, breach of the peace or act of aggression. The Security Council may utilize, where appropriate, regional organizations and agencies for enforcement action under its authority. ***Peacekeeping*** is a technique designed to preserve the peace, however fragile, where fighting has been halted, and to assist in implementing agreements achieved by the peacemakers. Over the years, peacekeeping has evolved from a primarily military model of observing cease-fires and the separation of forces after inter-state wars, to incorporate a complex model of many elements – military, police and civilian – working together to help lay the foundations for sustainable peace.

<sup>19</sup> I’ve included this small interjection because I believe it points to the kinds of geopolitical pressures, even among their participating members, that are being employed in the UNSC – Brazil has been vying for a permanent seat on the SC for several years, and it was their earnest belief that by “playing along” they would earn that seat. Their participation in (and leadership of) MINUSTAH was not an admission of consent, per se, but rather a play for a seat that they continue to be denied.

By their own admission, the UNDPKO states, “boundaries between conflict prevention, peacemaking, peacekeeping, peacebuilding and peace enforcement have become increasingly blurred. Peace operations are rarely limited to one type of activity, whether United Nations-led or conducted by non-United Nations actors” (UNDPKO 2008, 18). Regardless of the ways in which the UNDPKO came to understand its own missions after 60 years without clear guidelines and protocols speaks more clearly, I argue, not of an accidental disorganization of the Department of Peacekeeping, but rather, of the power of the Security Council, with its five permanent members and constantly shifting non-permanent seats, to prioritize their own needs, both with impunity and immunity. The “end of history” did not deliver as Fukuyama (1992) promised, a neo-Kantian universalism based in the power of liberal democracy’s spread and the peace that would naturally follow, but rather, opened up new avenues by which peace-keeping occupations might be mobilized.

*Sovereignty and domination in an era of humanitarian securitization*

*...we should not be looking for a sort of sovereignty from which powers spring, but showing how the various operators of domination support one another, relate to one another, at how they converge and reinforce one another in some cases, and negate or strive to annul one another in other cases ~ Michel Foucault, Society Must be Defended*

Perhaps the most stunning aspect of the visual aid of the UNDPKO “Linkages and Grey Areas” is the arrow to the right of the intersecting ovals indicating “Political Process.” Many authors have pointed to Foucault’s inversion of Clausewitz’s aphorism that “war is merely the continuation of policy by other means” (Clausewitz 1918, vol. 1, sec. 24) to “politics is the continuation of war by other means” (Foucault 2003, 48; Chandler 2006; Matthew Coleman and Agnew 2007; Neal 2008; Stoler 1995). Pointing to the changing nature of war through the Middle Ages and up to the modern period, Foucault argues that war was waged more and more by state powers at the margins of the state, through their monopoly on violence, and managed through “the technical and professional prerogative of a carefully defined and controlled military apparatus” (2003, 48–49). War,

through a shifting discourse of state power, has become a permanent social relationship,<sup>20</sup> waged still through all mechanisms of power, beneath peace – “peace,” Foucault tells us, “itself is a coded war” (2003, 51). And thus, the military emerges as an *institution* of the state apparatus, not merely as its enforcement mechanism.

Foucault could not have foretold the great waging of peace that would come just a few short years after his death. Between 1946 and 1989, there were only 21 Chapter VII resolutions (25 total peacekeeping operations), with the UNSC never adopting more than three in a single year; between 1989 and 2007, there were 456<sup>21</sup> Chapter VII resolutions (76 total peacekeeping operations), and never fewer than 10 per year<sup>22</sup> (Bellamy and Williams 2010; Johansson 2009; Swain, Amer, and Öjendal 2011). But as David Chandler (2006, 30) has pointed out, this deepening interest by international institutions “has little to do with a desire for strong non-Western states, or a new found confidence in non-Western governing elites. Rather, it is driven by Western elites’ desire to avoid political responsibility for their relationships with large areas of the world.” Indeed, by coupling notions of a threat to international or regional peace with compelling gestures toward the “deterioration of the humanitarian situation” (UNSC 1529/2004) in Haiti, there is a turn toward a discourse of security – a discursive turn that shifts the question of the occupation from a political issue to one that is above politics, indeed even pointedly de-politicizing (B. Evans 2010; S. Watson 2011). The mobilization of peacekeeping troops to Haiti, I argue, is simply an ever-morphing frame of war – a politics that continually promises peace in the face of un-ending force.

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<sup>20</sup> And how could he have predicted to the extent to which this has magnified in the 30 years since he gave this lecture, and exponentially so in the last 12?

<sup>21</sup> By some estimations, there were 17 Chapter VII resolutions between 1946 and 1989 and only 107 between 1990 and 2007. However, the numbers I am using are derived from the work of Johansson (2009) in which he carefully applies the criteria outlined in the Security Council mandate for Chapter VII to resolutions that have been left off the official Security Council list.

<sup>22</sup> It is worth noting, of course, that Cold War rivalries often resulted in stalemates in the Security Council.

Security and humanitarianism both as terms and as practices, hold in them a fluidity and ambiguity that presupposes a defiance against defined parameters. Particularly since the 1990's, the notion of security has been riven through as different ideological and political camps wrestled to re-situate what security in a post Cold-War, and by extension, post nuclear-standoff, world would look like (Ingram and Dodds 2009; MacLean and Shaw 2006). Since September 11, 2001, however, security has begun to take a form that is dependent on the mobilization of a geopolitics of fear – not of a defined and known enemy, but of the nebulous and unknowable (Dodds 2007; Giroux 2003; Graham 2004; Sparke 2007). The perceived fragility of porous borders, the growing interconnectedness between the center and the so-called margins, invite apocalyptic tales of diseases which creep across state lines (Aldis 2008; Elbe 2008; D. Fidler 2007; King 2002), of people who slide by, intent on disrupting citizenships and economies (Gilbert et al. 2007; Gill 2009; Mountz 2004; Sparke 2006a), and the spaces that produce both. There is, then, the concerted push toward administration and containment of security risks, an administration and containment today that emerges through development projects, twinning the two, making promises for a safer homeland with a more economically and healthfully secure borderland (Chandler 2006; M. R. Duffield 2001; Essex 2008; Hyndman 2009; Morrissey 2011; Sparke 2009a). And yet, for all of this, there is, as Cindy Katz calls it, a “banality” to the way that securitization now permeates the mundane and everyday (C. Katz 2007; see also: Mitchell 2010). The power of that banality with which “security” is imbued has meant that it can be used to support all manner of militarized projects and processes across the globe – even in the range of humanitarian interventions.

In *Keywords*, Raymond Williams (1985, 150) quickly dismisses a definition of “humanitarianism,” stating “it is now one of the least contentious of words.” And yet, today, it holds in its form a contention that is at once political and depoliticized; its mobilization raising the specter of the victim and savior (Douzinas 2007). Humanitarianism, and by extension, the human rights

rhetoric employed to justify it, is “to imagine social welfare in so deliberately abstract and generalized a fashion, on a scale both so individual and so planetary, that though action is satisfyingly direct, the organized contentiousness of politics is effectively ruled out” rising, as it were, above politics (Robbins 2000, 558). Indeed, David Chandler argues that the UN Charter of 1945 established states, not the abstract ideal of human rights, as the legal subjects of relations after World War II (2002, 55). Not constructed as a legally binding document nor intended as a means for enforcement, the notion of human rights was dependent upon countries submitting annual reports for review and recommendations. It was not until 1992 that the Human Rights Committee *did* give any feedback. The sudden turn in the 1990’s of human rights protections through militarized humanitarianism represents both a political and legalistic strategy of depoliticization and containment.

Eyal Weizman (2011, ePub 9) contends that “[h]umanitarianism, human rights and international humanitarian law (IHL), when abused by state, supra-state and military action, have become the crucial means by which the economy of violence is calculated and managed.” No longer without contention, then, humanitarianism holds in it the power of disruption, the power to wield power, to articulate and make manifest the technologies of, at times militarized, governmentalities, of the conduct of conduct. “Wars,” Foucault reminds us, “are no longer waged in the name of a sovereign who must be defended; they are waged on behalf of the existence of everyone; entire populations are mobilized for the purpose of wholesale slaughter in the name of life necessity: massacres have become vital” and “it is in this shift of warring that the right to *take* a life or *let* live is replaced by a power to *foster* life or *disallow* it to the point of death” (1990, 137 & 138). Thus, life (with death as the limit) comes under power, first as machine (anatomo-politics) then as species body (biopolitics). And nowhere is the instrument of power more clear than in the military (whether mobilized for peace or for war) and the administration of bodies through global health.

### *Security, health, and humanitarianism*

*...to truly understand ... how contemporary genocide and camps remain legitimate within liberal democratic regimes, as well as to understand how sovereign states discriminate between an 'authentic' life and a life lacking political value, we need to theorize biological constructions of difference and their connections to citizenship ~ Katharyne Mitchell, Geographies of Identity: The New Exceptionalism, 2006*

Public health has long been held as a humanitarian project in the US and other global north nations, but it was not until a 2000 National Intelligence Council report that the threat of economic and political instability due to under development and low health outcomes “out there” were codified as national security threats to the US (King 2002; United States et al. 2000). Before the earthquake, Haiti was home to some 10,000 NGO’s – the highest per capita in the world – prompting the World Bank and others to dub the country the Republic of NGOs. As in many countries around the globe, patchwork of health programs developed, stitching the country together in an administrative quilt of poorly integrated programs, each with its own funders to impress, their own agendas and targets, more often than not, bypassing the government, building in its stead a ghost of a civil society administration – and with only some few improvements in health outcomes (Farmer 2003; Ivers et al. 2010; Pfeiffer 2008).

Central to this issue is a question of the efficacy of verticalized health programs over horizontalized (A. Brown 2001; Mills 2005). These are not new questions, however, as they originally emerged in the 1960’s (S. Joseph 1980; Mills, Anne 1983; O’Connor 1980). While success stories such as the eradication of smallpox supported the thesis of the benefits of verticalized programs, there was not a formal consensus on best practices (World Health Organization 2003). Verticalized health programs were temporarily stymied, if only discursively, through the Alma Ata Declaration which was adopted at the International Conference for Primary Health Care in 1978. Based on an in-depth review of national health strategies with particular focus on those countries that had experienced marked falls in avoidable deaths, the Alma Ata Declaration focused on primary health

care for all (Atun, Bennett, and Duran 2008). The primary health care movement stemming from Alm-Ata was met with intense opposition and was countered with selective primary health care (SPHC), which targeted high-risk groups for cost-effective verticalized interventions (Fort, Mercer, and Gish 2004). Additionally, SPHC deprioritized the ethical underpinning of the primary health care movement by stripping it of its imperative to address social and economic inequalities and their effects on health (Hong 2004).

More recently, due to a deeper shift toward the development of a global market for biotechnological innovations and expertise through the rise of the global health industry, verticalized health and development programs have multiplied rapidly (Ollila 2005; Yamey 2002). The massive growth of the global health industry is a reflection of the globalization of Western biopolitical strategies. Populations are imagined as being in need of assessment and management, containment and education. NGOs and humanitarian organizations are the new biopolitical power (Rabinow 2005; Rabinow and Rose 2006; Sparke 2009a). The very process of delinking from governments or linking with humanitarian interventions, I contend, is a move to more deeply depoliticize these technologies of governmentality.

While arguments supporting verticalized development and health programs have pointed to the need for effective maximization of the mobilization of available resources in lieu of stable social service provision (e.g., a public health system), deeply implicated in this drive to perfect the specialization and rationalization of technical expertise is a socially constructed utopian vision of the power of technology and science in development and health (T. Mitchell 2002; Ong and Collier 2005; Sunder Rajan 2006). This dependency on (fascination by?) the techno-fix has obfuscated the broader socio-politico-economic structures that create deepening inequalities and disparity in health and development. There is, in Haiti, a confluence of multiple geo-political and humanitarian impulses that are rubbing up against each other, tearing at the social fabric and creating insecurities



on the ground in new ways – ways that were heavily exacerbated by the earthquake in 2010 and the subsequent continuation of the MINUSTAH occupation – deepening structural violences meted against the nation state.

*The power of violence in verticalized health*

*Violence is not merely killing another. It is violence when we use a sharp word, when we make a gesture to brush away a person, when we obey because there is fear. So violence isn't merely organized butchery in the name of God, in the name of society or country. Violence is much more subtle, much deeper, and we are inquiring into the very depths of violence. ~ Jiddu Krishnamurti*

In “Structural Violence and Clinical Medicine”, Paul Farmer and his colleagues (2006, 1686) state:

*The term “structural violence” is one way of describing social arrangements that put individuals and populations in harm's way. The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people (typically, not those responsible for perpetuating such inequalities).*

It is through this definition that Farmer posits that “[h]uman rights violations are not accidents” (2003, 7), but are caused by structural violence which are linked to pathologies of power. John Galtung’s definition of structural violence expands what is meant by ‘violence’ such that it is not limited merely to injury, but encompasses, also, that which “is present when human beings are being influenced so that their actual somatic and mental realizations are below their potential realizations” (J Galtung 1969, 168). By including this, we expand the definition to enforce the concept of potentiality into the equation – that is to say that in a world that has at its disposal adequate food and medical supplies and the transportation to provide them to those places in most need, the inability of billions of people to reach their potential (one look at disparities in life expectancy across the globe will neatly unpack this issue) is a travesty and a violation of what should be the most basic of human rights. Health and development programs which are mandated to provide everything from the most basic social services for living to larger projects for social, political or economic expansion,

are to varying degrees, implicated in the construction of the social arrangements which mediate structural violence.

Verticalized health and development programs particularly deepen structural violences in two distinct ways: by the transnationalized exercise of differential inclusion and exclusion through enclaving and through further entrenchment of the deligitimization of states and governments. The term enclave, as it is used in international law and in traditional political geography, refers to a culturally distinct and politically separate territory that is situated within another state (Flint 2009). Casually, enclave has also been employed to denote socially, culturally, and economically, distinct areas or regions. Recent debates about globalization's affects on the territoriality of state power, however, have begun to stretch the formal use of enclave (and by extension, exclave) to include jurisdictional or administrative territories (Vinokurov 2007).

Within the implementation of verticalized or targeted health and development programs, there emerges an extra-nationally created system of enclaving, or the transferal of social and economic rights through pre-specified populations demarcated by geographical location, demographic trait(s), or biomedical articulation (e.g., at / high risk, medical diagnosis, pharmaceutical naïveté, malnourished, etc.)

Stefan Berger (2010, 311) goes so far as to state:

*All enclaves are borderlands and as such they are characterised by their peripheral status. They act as barriers against potential 'others', and they filter influences both from the surrounding area and the mainland, but they are also contact zones and meeting points of different cultures, languages and political orders, which often facilitate exchange and cultural transfer.*

Populations of the borderlands, he goes on to argue, have multiple identities available to them, and can mobilize these to situate themselves within a collective identity. Subject to 'internal colonialism', enclaves are pressured to homogenize along lines of the nation state. In keeping with many other

scholars' work, Berger's borderlands are a site of resistance – the site of struggle and contestation to neo-/internal- and plain old colonialism (Anzaldúa 1987; Donnan and Wilson 1999; S. G. Brown 2000).

But I argue that externally-constructed health and development enclaves leave much less to be rejoiced and celebrated about. Rather, enclaves mark spaces and people for inclusion and exclusion in programs, differentiating their citizenship through calculations of cost-effectiveness and efficiency, expediency and access. Health enclaves mark bodies for the mobilization of goods and services arbitrarily and unaccountably, leading to deeper political demobilization of populations on the margin. Additionally, enclaves may mark places and people for stigmatization and social exclusion by the very existence of service sites (Steinberg 2008). But this is not to deny the agency of the enclaved. Indeed, work on HIV/AIDS activism (see: Nguyen 2010) has shown quite the contrary, rather, it brings questions of legitimate rights management to the fore. Nowhere was this made more manifest than in the proliferation of camps for displaced populations in Haiti and the variability of services made available to their inhabitants.

The second particularity of health enclaves is in the deepening deligitimization of governments and the weakening of infrastructure of public health services. Programs bypass public health infrastructure or health ministries citing corruption and disruption, or foregrounding the primacy of technological magic-bullet interventions (Navarro 2007; Wade 2007). But these technological innovations, as understood in the context of Haiti after the earthquake, were still dependent on securitization, as evidenced by the influx of 20,000 US troops in 2010, and by the extension of the MINUSTAH mission<sup>23</sup> and the deployment of another 680 police and another 1,000 or so troops (on top of the emergency-mandated temporary surge of 1,500 police and 2,000 support troops). In humanitarian spaces, Weizman (2011 54) tells us:

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<sup>23</sup> MINUSTAH mission was slated to be completed October 2010.

*hygiene, sanitation, the management and containment of plague, the circulation of services, infrastructure and the provision of water, electricity, medicine and nutrition, along with the disposal of sewage of waste all become the organizational principles of a new spatial regime of multiple separations and regimentation of time and space, intersecting quasi-military with quasi-medical principles.*

These troops and police were, then, enclaved in their camps of securitization, and as the cholera outbreak proved, in the end, became the antithesis of health enclaves, becoming, instead, camps that kill.

### *Cholera in Haiti*

Cholera was confirmed in Haiti on 21 October 2010. The first cases appeared in an area named Meille, on the Meye Tributary of the Artibonite. More cases followed from Mirebalais which sits directly on the Artibonite Rivier, and quickly spread downriver, reaching the coastal regions within five days of the first hospitalization. Within 10 weeks the cholera outbreak had spread to all 10 departments. The source of the arrival of cholera in Haiti was controversial and blamed on everything from floating on ocean currents from the Gulf of Mexico due to the tectonic plate shifts resulting from the earthquake of 12 January, to evolving from non-pathogenic strains already present in Haiti, to having been inadvertently introduced to the environment from a human host (Cravioto et al 2011).

Before the earthquake, only 12% of Haitians received their water from a tap and only 17% had adequate sanitation, down from 26% in 1990 (WHO 2010). No city in Haiti had a functioning sewage system (Grau et al 2009). The water and sanitation systems in Haiti were already weak, with Haiti ranking dead last in the Centre for Ecology and Hydrology water poverty index (Cho, Ogwang, and Opio 2010), and the earthquake further reduced the viability of what little infrastructure was in place. Thus, the country, and the Artibonite region, particularly was highly vulnerable to the introduction of any new water-borne infectious disease.

The cholera strain found in Haiti is a “hybrid” strain of the El Tor biotype and the classic toxin biotype. The El Tor biotype is known for its longevity, both in and outside the body, meaning that a single carrier can infect more people than a carrier of the classic toxin. Further, the classic toxin biotype is associated with more severe illnesses (CDC 2010*a*). Thus, this hybrid was particularly poised to wreak havoc on an already devastated country (Ceccarelli et al 2011).

While the international target fatality rate is 1% for cholera worldwide, Haiti, in October 2010, was experiencing a 6.4% fatality rate – far higher than acceptable levels. And although the cholera outbreak and death rate were reported to have plateaued in February 2011, that summer, a second peak in cholera case rates occurred. The fatality rate, overall, has fallen to below 1%, but department by department, the fatality rates still range from .8% to 5% (UNOCHA 2013). The uneven distribution of mortality rates, and particularly, the consistency of a high death rate in the Sud-Ouest Department and the sudden spike in the region around Pestel and Desreveaux raise intriguing questions about the distribution of aid and services, and the enclaving of health citizenship. I’ll return to this issue later in the chapter.

As of May 2013, more than 648,000 cases of cholera, and more than 8,000 deaths have been reported by the Haitian government (OCHA 2013). According to many experts, the government reported numbers are exceedingly low (CEPR 2011). In fact, “decline in cholera prevalence in early 2011 is part of the natural course of the epidemic, and should not be interpreted as indicative of successful intervention. Substantially more cases of cholera are expected than official estimates used for resource allocation” (Andrews and Basu 2011). Another 30,000 have been sickened in the Dominican Republic, with a further 443 deaths in the neighboring country (CDC 2013; Periago et al. 2012). Cuba, after not experiencing a cholera outbreak in 130 years, had two – July 2012 and January

2013 – which killed more than 50 people (AFP 2013). And 44 cases linked to the strain in Haiti have been reported in the US<sup>24</sup> (Loharikar 2012).

While many reports in news and other media cautiously stated that cholera has not been seen in Haiti “in decades” (Leinwand 2010), “in 50 years” (Archibold 2010), or even “in the last century” (As cholera returns 2010; CDC 2010), a careful examination of health histories and of 19<sup>th</sup> and 20<sup>th</sup> century newspapers conducted at the Duke University Haiti Laboratory at the John Hope Franklin Humanities Institute, revealed that Haiti has, in fact, *never* experienced a cholera outbreak, only isolated cases. Their research consisted of a close combing of newspapers throughout the Americas, as these are the most reliable source for any outbreak as all port towns had to report all disease outbreaks. Ships could not dock at ports experiencing major disease outbreaks, and those in port at the time of an outbreak had to be quarantined until the disease was under control as a way to manage the spread of infectious diseases (Jenson 2011). When cholera first appeared in the Americas in 1832, president Jean-Pierre Boyer immediately set about on a hygiene program and worked to strengthen the public health system (Jenson 2010). At that time, in the rest of the Americas, cholera was able to spread easily through slave quarters and through military barracks. Haiti had neither, as slavery had been abolished in the Revolution and the military lived at their own homes (Jenson, 2011). And while cholera came as close as the Dominican Republic in 1868, it never crossed the border.

The original outbreak in October occurred just 150 meters down river from a Nepalese MINUSTAH camp within days of the peace keeping troops’ arrival. Immediately, both the Nepalese military and MINUSTAH denied any responsibility, stating that the troops had all been tested before deployment, including stool samples where clinically indicated. But 75% of El Tor strain carriers are

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<sup>24</sup> Except for early reports of the first 23 cases in the US linked to the variant outbreak on Hispaniola, it has been nearly impossible to find any other conclusive data showing connected cases (Kuehn BM 2011; Newton et al. 2011).

asymptomatic (Enserink, 2010). Further, what they did not tell the press was that those same troops were sent home for 10 days' leave after testing, before reassembling in Kathmandu for deployment between October 8<sup>th</sup> and 10<sup>th</sup> (J. M. 2013). In September 2010, Nepal reported an outbreak of cholera in Kathmandu, which prompted a notice to American citizens on the US Embassy website ("Nepal: Cholera Oubreak in Kathmandu" 2010; Maharjan 2010).

On November 1, just two weeks after the outbreak, the CDC announced that preliminary results of biotype, serotype, antimicrobial susceptibility testing and by pulse-field gel electrophoresis of the strain of *V. Cholerae* indicated that it was a South Asian strain of the El Tor biotype which is distinctly different from the strain that had been present in Latin America since the 1991 Peruvian outbreak, and that the cholera strain had been introduced by a single event (CDC 2010*b*; Chin et al 2011).

A joint Haitian-French investigative origin study, not unlike John Snow's original report on London's Broad Street Pump Outbreak in 1854, was conducted between 19 and 24 October and again between 7 and 27 November, led by the epidemiologist Professor Renaud Piarroux, from the Universite de la Mediterranee in Marseille, an acknowledged expert in cholera (Piarroux et al 2011). Piarroux concluded that the origin of the cholera break was around the camp of the Nepalese MINUSTAH forces. Several doctors and local people reported seeing a "nauseating liquid pour[ing] from the base." The Department of Epidemiology Centre also reported the presence of a pipe from a septic tank at the MINUSTAH camp "pouring a dark liquid in the river" during the preliminary investigation conducted in October, but the pipe was gone by the time Piarroux arrived in November (Piarroux, 2010). By September 2011, a study by the Wellcome Trust Sanger Institute found that the cholera strain in Haiti shared a close genome not only unequivocally from the single source, Bay of Bengal, but that it had to have come from the region within, at the *most*, six years,

with clear evidence that sporadic long-distance transmission events are the result of single human direct-transfer resulting in short-term epidemics in non-endemic countries (Mutreja et al. 2011).

Just days after the first cholera cases were reported, Al Jazeera reporter, Sebastian Walker, filmed Nepalese soldiers trying to clean up what appeared (and smelled) to be a sewage leakage flowing from the toilets on the base on October 27<sup>th</sup> (Walker 2010). And independent reporter, Jonathan Katz, while filming the base, became overwhelmed with the stench of raw sewage, even as the camp commander insisted that there was no leakage. Further investigation found that grey and black water drainage pipes were haphazardly constructed with several areas for cross contamination. While grey water is piped into drainage pits on the campsite, black water is piped into containers that are picked up on demand and trucked across the street from the camp and up a hill to be dumped into an open septic pit that is in an area prone to flooding. The Meye Tributary System is just down the hill from the septic pit.

The Meye Tributary system is the site of significant human activity, including washing clothes, bathing, and children playing. Further, the Mirabalais municipal water supply system closed for a few weeks in October 2010, leading people to rely on alternate water sources, including water collection from the Meye Tributary. What is not clear, as no written records are kept, is exactly *which* two weeks the municipal water system was closed, leaving the question of its impact on the outbreak open to interpretation (Cravioto et al. 2011). But what is clear is that the prison in Mirebalais, which *only* uses water from the river, reported 34 cases of cholera and four deaths in October/November 2010 – with no other to the community (Frerichs 2011).

Even with all of this damning evidence taken together, why is the UN still refusing to take responsibility for the outbreak? Imogen Wall, United Nations spokesperson to Haiti went so far as to state, “From our point of view, it really doesn’t matter” (McNeil 2010). Several editorials and even commentary from the United Nations cited concerns for deepening political and social



frictions and delegitimization of the UN occupying force, not only in Haiti, but also across the globe as a reason to not further investigate the cause of the outbreak. For instance, Mark Leon Goldberg, author of the UN Dispatch op-ed of 16 November stated, “It is hard to identify a single villain when poor living conditions are to blame. But the fact is, cholera became epidemic because of the combustible combination of a weak government, poverty, crowded and unsanitary living conditions — all made worse by the earthquake and then, Hurricane Tomas” (Goldberg, 2010). Donald G. McNeil, *New York Times* science and health reporter “specializing in plagues and pestilences” (2010) went so far as to state, “And the “fault” — if that’s the word — *often lies just as much with the victims as with the vectors*, since, as in syphilis’s case, they are careless about whom they cavort with, and with cholera, they must lack good sanitation for it to spread” (emphasis add).

Within weeks, Haitians responded to the preliminary epidemiological reports with deepening distrust of humanitarian workers which sparked renewed frustrations over the continued occupation of Haiti by MINUSTAH troops, in residence since 2004 following the coup d’etat of Jean-Bertrand Aristide (Faucher and Pirraoux 2011). NGOs jumped into action, setting up mobile treatment centres, but because the clinics always arrived just before families fell ill, they were often blamed for the localized outbreaks (J. M. Katz 2013a). By mid-November, full-scale protests had broken out as Haitians blocked roads in Cap-Hatien and Port-au-Prince with burning tires and makeshift barricades (Watson, 2010; Herz, 2010). Stones were hurled at UN troops and gunshots were exchanged, killing two and wounding 12 Haitians and wounding six UN personnel (Pitts 2010). Protestors demanded that the UN leave their country.

In response, the UN announced that the protests were politically motivated, driven by the rising tensions around the upcoming elections, calling the Haitian protestors “insurgents” and stating, ““MINUSTAH calls the people to remain vigilant and not be manipulated by enemies of stability and democracy in the country,” (Danto 2011; MINUSTAH 2010; UN News 2010). There is

an unmissable irony of the statement, particularly in light of the push in the last 20 years to draw attention to the destabilizing impacts of emerging infectious diseases. Interestingly, the elections were not put off and were held on 28 November, just five weeks after the first confirmed death from cholera, even as the disease ravaged several parts of the country sickening 10's of thousands and as more than 1,000 people had died from cholera at the time of the elections. For many Haitians, this was insult upon injury as they questioned the squandering of \$500 million a year spent to keep the peacekeeping forces in their country.

To be sure, this is not about playing the “blame game,” as so many involved in those first few months of denial put it; however, there are multiple geopolitical processes that were given precedence over the Haitian people’s desire to know and to understand how this calamity could have befallen them. Further, several epidemiologists have pointed to the importance of understanding the cause of the outbreak in militating against future, similar outbreaks. Alice Dautry, Director General of the Institut Pasteur, in the forward to the edited volume, *Influenza and Public Health: Learning from past pandemics*, states, “It is important, I think, that we examine the political and economic dilemmas and decisions that guided attempts to manage these epidemics, and to investigate both the ethical implications of these decisions and the social response to them” (2010, xv). Her sentiments were further echoed by Dr. John Mekelanos, chair of Harvard University’s microbiology department and a cholera expert, when he pointed out that the importance lay, also, in that it was a strain never before seen in the Western hemisphere, and public health officials need to understand how it arrived and how it is spreading (J. M. Katz 2010).

Among the issues is one of testing and vaccination protocols for peacekeeping troops coming in from areas where diseases are endemic. As of May 2013, the United Nations still has not implemented a testing and vaccination protocol for peacekeeping troops. In the *Final Report of the Independent Panel of Experts on the Cholera Outbreak in Haiti* (Cravioto et al. 2011), seven

recommendations were made to the United Nations, to the Haitian government, and the international community. The first three, directly implicating responsabilization of the UN peacekeeping troops, are worth citing at length:

*1) 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.*

*2) United Nations missions commonly operate in emergencies with concurrent cholera epidemics. All United Nations personnel and emergency responders traveling to emergencies should receive prophylactic antibiotics, be immunized against cholera with currently available oral vaccines, or both, in order to protect their own health and to protect the health of others.*

*3) 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.*

These recommendations were met, in May 2011 by Ban Ki-Moon with a promise to “convene a task force within the United Nations system to study the findings and recommendations made by the Independent Panel of Experts and ensure prompt and appropriate follow up,” (UN Spokesperson to SG 2011). But, a Physicians for Haiti Report Card found that not one of these had been implemented. Although the UN Medical Support Manual for United Nations Peacekeeping Operations includes provisions for the medical support team to conduct medical exams of peacekeepers and to administer vaccines and other disease prophylaxis, the scope of these has not been broadened beyond the stool sample tests for those presenting with symptoms or of cholera vaccines (UNDPKO 1999; Chulkov 2011). Physicians for Haiti point out in their report that the addition of the prophylaxis Doxycycline, often prescribed to troops heading to areas infested with mosquitoes carrying chloroquine-resistant malaria, would be minimal at most, as 87% of deployed

troops are sent to regions where this form of malaria is present (Rattan 2013). Interestingly, two of the seven recommendations that were implemented were only those which were heavily dependent on action and funding *outside* the UN, including the investigation for the use of vaccination to reduce cholera cases during the outbreak and promoting the use of molecular microbial techniques in the surveillance, detection and tracking of *V. cholera* (Rattan 2013).

The issue of vaccination was met by a stunning dispute – with cholera experts, including the UN Deputy Special Envoy for Haiti on one side and the United Nations and the World Health Organization on the other (Rattan 2013). While many experts were calling for using the cholera vaccines ready at hand, others were pushing back citing logistical problems (Anh et al. 2011; Date et al. 2011; Ivers et al. 2010; Ruiz-Matus 2011; WHO 2010). The lack of and the unwillingness to deploy cholera vaccine doses in Haiti pointed to two major problems. 1. That there were only 400,000 cholera vaccine doses available at the cost of \$2 a dose. 2. That deployment was decided against as a) the vaccination takes two doses (3 for small children) to be effective and managing who has and has not had the vaccine would be difficult to manage – not to mention, 75% of cholera carriers are asymptomatic, so choosing who would or would not get the vaccine would be difficult; b) the vaccine takes three weeks to become active; c) it was decided that education and outreach for cleaning water and hygiene are effective enough to slow the spread (Borkowski, 2010; Knox, 2010; Waldor et al, 2010). Yet several epidemiological studies since October 2011 have found quite the opposite to be true (Clemens, 2011; Chao, Halloran & Longini, 2011; Stacks, 2011). And, indeed, the Haitian government was able to raise enough funds to contract with Haitian NGOs to pilot a cholera vaccine program in April 2012 (Rattan 2013). Partners in Health and Haitian NGO GHESKIO vaccinated 100,000 people against cholera with unqualified success – 91% of those who received their first vaccine, received their second within two weeks – leading to a change in PAHO

protocols and the recommendation of a global stockpile of 2 million oral doses of cholera vaccine for future disasters (Greenhalgh 2012; PAHO/WHO 2012; PIH 2012)

Deeply imbricated in the overall frame of thinking is a marked responsibility to address the need of the Haitian people to simply *know* where the epidemic arose. In a perfect world - to give them the tools needed to make informed decisions about their own health and to militate against future epidemiological breaches. Conversely, there is a deeply entrenched irony that Haitians have, for so long, been marked as particularly *diseased bodies*. As we saw in Chapter 2, this has had far-reaching political, economic, and social impacts beyond the discursive violence meted by this kind of sweeping generalization. And while Haitians demanded, in this instance, that indeed a disease (cholera) *is* a political issue, the international community has repeatedly depoliticized it. And so, in November 2011, the Boston-based Institute for Justice and Democracy in Haiti (IJDH) and Bureau des Avocats Internationaux (BAI) filed 5,000 claims against the United Nations both to the MINUSTAH claims unit and to the Secretary General in New York on behalf of 5,000 cholera victims demanding the organization take responsibility for the outbreak, issue a public apology, compensate victims of the cholera outbreak (\$50,000 for injured, \$100,000 for deceased), and assist in installing a national water and sanitation system (IJDH 2013). The U.N. refused.

### *Human rights claims*

*Privileges and immunities are accorded to the representatives of Members not for the personal benefit of the individuals themselves, but in order to safeguard the independent exercise of their functions in connection with the United Nations. Consequently, a Member not only has the right but the duty to waive immunity of its representative in any case wherein the opinion of the Member the immunity of its representative would impeded the course of justice, and it can be waived without prejudice to the purpose for which the immunity is accorded (United Nations 1946, chap. 5, Sec. 14.).*

On February 21, 2013, Ban Ki-Moon telephoned Haitian President Michel Martelly to tell him that the United Nations has no intention or legal obligation to compensate the Haitian victims of the

cholera outbreak. His spokesperson, Martin Nesirky then told reporters, “Today, the United Nations advised the claimants representatives that the claims are not receivable pursuant to section 29 of the Convention on the Privileges and Immunities of the United Nations” (Lynch 2013). Patricia O’Brien, Under Secretary-General for Legal Affairs of the UN, went on, in a separate letter, to spend two pages describing all that the UN has done for Haiti and two sentences to explain why the claims would not be adjudicated. She explains to the legal counsel that “with respect to the claims submitted, consideration of these claims would necessarily include a review of political and policy matters” (2013). In three separate ways, the United Nations resolutely denied a responsibility to admit wrong-doing. Deeply ironic, was the admonition given the Haitian state, that very same day by UN for Human Rights, upon Duvalier’s failure to appear in court stating that the judicial authorities must “act on their responsibilities,” and that “such systematic violations of rights must not remain unaddressed” (qtd. in Haiti Briefing 2013; Section 2013)

At root of the refusal to receive the claims is a loophole that has led to much of the complaint against the United Nations. The UN has immunity for any legal processes, under the 1946 Convention on the Privileges and Immunities of the United Nations (which is elaborating on Article 105 of the UN Convention, which provides that the organization and Members acting in connection with the organization will enjoy privileges and immunity). This immunity presents itself in three distinct ways in the Convention: (1) Under Article 1, the United Nations is declared to possess juridical personality, meaning the organization has the capacity to make contracts, to acquire and dispose of immovable and movable property, and to institute legal proceedings; (2) under Sections 14 and 22, immunities and privileges are accorded to representatives “in order to safeguard the independent exercise of their functions,” or a general immunity overall; and, (3) under section 29, in the event that there is a dispute, “the United Nations shall make provisions for appropriate modes of settlement.” In the case of the MINUSTAH presence in Haiti, the Status of Forces Agreement

(SOFA) between the UN and the Haitian Government protects MINUSTAH from actions in Haitian courts, and it includes in Article VIII the provision of a standing claims commission before which all disputes must be settled so that the UN does not stand as its own judge (United Nations 2004). Inexplicably, that commission has never materialized (M. Joseph Av., Concannon, and Kurzban 2012; S. Ferreira 2011). In fact, not only did the claims commission never materialize in Haiti, but indeed, no single standing claims commission has ever been established in practice, even though, by the very nature of the provision for it, the obligation to provide this avenue of dispute resolution is seen as an acknowledgement of the very human right of access to court (Reinisch 2008; UN SG 1997; Wouters and Schmitt 2010).

In short, the UN's argument against the claim is that this is of a public nature, and because of the very political and policy issues that it raises, therefore, the claimants have no recourse to pursue the case as a private set of claims. This also means that the decision cannot be appealed through that avenue as it has been foreclosed (Boon 2013). If the claimants were then to move the case to a national court, in a private claim, then the UN would invoke its immunity. As Mario Joseph, the BAI lawyer in the suit put it:

*It's ludicrous for the UN to simultaneously claim immunity from Haitian courts, fail to follow through on its commitment to set up an SCC and also refuse to address the claims internally... That amounts to a complete denial of justice (qtd. in Haiti Briefing 2013)*

That the United Nations was created to support human rights and justice throughout the world has not been lost on commentators. The IJDH and BAI responded to the letter a mere two weeks later, at once admonishing the dismissal of the claims as “arbitrary, self-serving, and contrary to international principles of due process” (M. Joseph Av., Concannon, and Kurzban 2013).

But in the UN, the running understanding, as relayed by Ban Ki-Moon's deputy spokesperson, Eduardo Del Buey during a peacekeeping press conference is that MINUSTAH is:

*doing yeoman's work, in trying to bring fresh water, and trying to bring new latrines, and trying to bring water purification systems, and bringing cholera vaccinations to people – have seen the reports, we don't believe the reports, we believe our people, and we know that Nigel Fisher in Haiti has been briefing the media, and that the media who have been briefed by Nigel Fisher seem to think that we're doing quite a bit...in our view, we're doing an awful lot to mitigate the effects of cholera in Haiti (M. R. Lee 2013).*

Del Buey, is, of course, referring to the recent pledge made by Secretary General Ban Ki-Moon to add \$23.5 million dollars to the already \$118 million spent by the U.N. on prevention and treatment (Ki-Moon 2012; P. O'Brien 2013). In fact in December 2012, the United Nations launched the initiative to support the initiative launched in January by the Presidents of Haiti and the Dominican Republic, the Initiative for the Elimination of Cholera in the Island of Hispaniola (Ki-Moon 2012; Linn 2012). Following the January launch, the PAHO/WHO, UNICEF and CDC along with other local, regional, and international organizations,<sup>25</sup> formed the Regional Coalition for Water and Sanitation to Eliminate Cholera Transmission in the Island to bring experts together in the combat against cholera, to raise funds, and to mobilize already existing pledges toward improving water and sanitation in the two countries (Linn 2012; WHO 2013). The initiative calls for \$2.2 billion in investments over the next ten years for water and sanitation infrastructure, epidemiological and microbiological surveillance, health-care management, and health promotion and hygiene in Haiti and another \$71 million in the Dominican Republic. But not everyone is celebrating this announcement, particularly in light of the recent stance taken by the UN.

One week after the IJDH/BAI response to the UN letter, US Congresswoman Maxine Waters (D-CA), along with 18 Congresspersons, sent a direct appeal to Secretary-General Ban Ki-Moon, stating that “[g]iven the evidence, the victims’ demands for compensation and a public

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<sup>25</sup> The list of other organizations includes: Spanish Agency for International Development Cooperation (AECID), the Inter-American Development Bank (IDB), the National Health Foundation (FUNASA) of Brazil, the Association of Haitian Medical Physicians Abroad, the Inter-American Association of Sanitary and Environmental Engineering (AIDIS), the World Bank, the Caribbean Community (CARICOM), the International Federation of Red Cross and Red Crescent Societies, WASH Advocates, Partners in Health, Veolia Environment Foundation, Zanmi Lasante, Millenium Water Association, and Catholic Relief Services.



apology are not unreasonable, and a nationwide response to the epidemic is long overdue” (Waters 2013). Acknowledging the UN’s initiative to support the initiative, the letter went on to point out, as others have done previously, that the U.N.’s commitment barely accounts for even 1% of the overall cost of the initiative while the \$648 million spent on the peacekeeping operation each year would finance *two* years of the cholera initiative plan (Ivers 2013; Waters 2013). In fact, in the first three years of the cholera outbreak, \$2.3 billion was spent on MINUSTAH<sup>26</sup> operations in Haiti (Edmond 2012). There is, in addition to these critiques, a fear is that the UN and international actors are now treating cholera as a development problem at the expense of managing the immediate health emergency – a mistake that would, some have argued, only exacerbate the instability of the nation overall (Ivers 2013; MSF 2013). Others are concerned about where the money will actually come from as only half of the \$12 billion in pledges have materialized since the earthquake, a \$30 million emergency request last year raised only \$10 million, and of the funds that *have* made it to Haiti, only 10% has made it to the government programs and public infrastructure (Beeton 2012; Edmond 2012).

In a commencement address before Columbia University in April, Prime Minister Laurent Lamothe, in sharing the progress of Haiti, stated that the number of new cholera cases a day had dropped to just three (Dupain 2013; Lamothe 2013). But Haiti’s own Ministry of Health was reporting 150 new cases a day that month. Further, Doctors Without Borders reported in March and April 2013 that in fact, things were getting much worse as cholera treatment centers were “degenerating” into “contamination zones” and as Haitian medical staff had not been paid in months, NGOs and other non-profits were withdrawing and funds available for cholera treatment were shrinking (The Editorial Board 2013; Doucet 2013; MSF 2013). And in fact, the case fatality rate is reaching 4% again in some areas (The Editorial Board 2013).

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<sup>26</sup> FY 2010/11: \$865,313,200; FY 2011/12: \$810,305,000; FY 2012/13: \$676,707,100

At the heart of their rebuttal of the IJDH and BAI response to the letter from the United Nations are two precedents – one from former Secretary General Boutros Boutros-Ghali and another from Nicolas Michel, former Under Secretary General for Legal Affairs. Boutros-Ghali, in a 1996 report requested by the Advisory Committee on Administrative and Budgetary Questions, stated:

*The international liability of the United Nations for the activities of United Nations forces is an attribute of its international legal personality and its capacity to bear international rights and obligations.... In recognition of its international responsibility for the activities of its forces, the United Nations has, since the inception of peacekeeping operations, assumed its liability for damage caused by members of its forces in the performance of their Duties (Boutros-Ghali 1996).*

Further, Ms. O'Brien's predecessor Under Secretary for Legal Affairs Nicolas Michel has been quoted saying, "[a]s a matter of international law, it is clear that the Organization can incur liabilities of a private law nature and is obliged to pay in regard to such liabilities" (M. Joseph Av., Concannon, and Kurzban 2013). And while a 1986 memorandum of the UN Office of Legal Affairs that the UN has no obligation of liability in the case of death, injury, or damage caused by *off-duty* peacekeepers, that the poor waste management was a camp issue, means that the UN cannot shirk their reasonability (United Nations and International Law Commission 1997; Verdirame 2011). To date, most claims of a private law nature against UN peacekeepers have been handled by a local claims review board in the mission, the protocol followed by IJDH and BAI on behalf of the 5,000 claimants (Zwanenburg 2004).

The failure to even allow the case to be heard by a fair and independent forum deprives Haitians of what is understood to be a human right under the principles and standards laid out through such human rights instruments as Universal Declaration of Human Rights<sup>27</sup> to which the

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<sup>27</sup> To name just a few others: the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights and other universal and regional human rights treaties; and the UN Basic

UN is a signatory. Indeed, the International Law Commission of the United Nations, after 10 years of talks and deliberations drafted a set of articles relating to responsibility of international organizations which clearly states that “[t]here is an internationally wrongful act of an international organization when conduct consisting of an action or omission: (a) is attributable to that organization under international law, or; (b) constitutes a breach of an international obligation of that organization” (International Law Commission 2011, chap. 1, art. 4). Under Article 31, the responsibility international organization is under obligation to make full reparation for the injury caused by the act and under Article 32 may not rely on its rules as justification to fail to comply with its obligations (International Law Commission 2011; Verdirame 2011). The UNDPKO Medical Support Manual clearly states that preventative medicine, which “incorporates immunization, disease prophylaxis, vector control, hygiene and sanitation,” including “the distribution of anti- malarial tablets and condoms, as well as the conduct of health inspections of food, water and sanitation” (UNDPKO 1999, 63). The manual also provides for guidelines regarding hygiene and sanitation, which are the responsibility of the both the UN and the nation, and that a Force Medical Officer provides guidance and oversees sanitation and waste disposal (UNDPKO 1999, 16 & 67).

Echoing in the two sentence refusal to regard the claims is O’Brien’s attempt to refute the them as political and policy-oriented – neither of which reflects the true nature of the claims, unless, as both Jonathan Katz and Mario Joseph have pointed out, it is a policy of the UN to dump waste directly into rivers of the countries in which they have peacekeeping forces. There is, in these two lines, a reminder of the early UN stance on the protests against the outbreak and the subsequent protests against MINUSTAH’s continued occupation of Haiti. But as the claimants’ rebuttal noted, the International Court of Justice has said that “matters involving the UN often have political

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Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law and the Updated Set of Principles for the Protection and Promotion of Human Rights through Action to Combat Impunity.

significance and may be intertwined with political questions, but that does not provide a valid reason for refusing to review those matters” (M. Joseph Av., Concannon, and Kurzban 2013). In fact, I argue, it is precisely the very political nature which makes this case so very important.

### *On responsabilization*

Cholera has been touted as a disease of poverty. Yet, as Charles Briggs points out (2005), narratives about epidemics that naturalize racial and other inequalities, “as if bacteria and viruses gravitate toward populations and respect social boundaries” (272), grant agency to microbes. What emerges, then, is a renewed discourse of the unsanitary subjects – Haitians who are failing to engage as appropriately self-regulating, modernized, health-minded citizens who practice appropriate hygiene (Briggs, 2005; Briggs & Martini-Briggs, 2003; Ong, 1995). Foucault reminds us that “it is in discourse that power and knowledge are merged together” (1990, 100), and it is within this re-invigorated discourse of Haitians as unsanitary actors that power is made manifest. Their responsibility in health citizenship was pushed to the fore even as their rights were not only withdrawn and denied, but were also mocked by both the occupying force and several news and media programs. The Haitian people, in mobilizing their political right to protest and their calls for the de-transnationalization of their health citizenship were denied even the most basic attendance to their voice(s).

Further, by placing the blame on Haitian individuals, as a group, there is a turn away from engaging in a dialogue about the larger overarching patterns of structural violence. Paul Farmer and Arthur Kleinman point out, in *AIDS and human suffering* (1989, 146) there are strong differences between global north and global south understandings of responsabilization of blame:

*Alcoholics, those dependent on drug, smokers who have developed emphysema, obese victims of heart attacks, chronic pain patients, even some sufferers from cancer – those who bottle up anger or who unbottle high-fat, low-fiber diets – all are seen as personally accountable for their disorders. Illness is said to be the outcome of their free choice of high-risk behavior. In contrast, in Haiti and in many African and Asian societies, where individual rights are often underemphasized and also frequently unprotected, and where the idea of personal*

*accountability is less powerful than is the idea of the primacy of social relations, blaming the victim is also a less frequent response to AIDS.*

It is in this context that I move forward with the question of Cholera in Haiti.

Blaming the victim was a popular trope, not just among the UN and MINUSTAH public policy faces, but in public discourse, as well. Even in the much-lauded pseudo-admission made by UN Special Envoy to Haiti, Bill Clinton, in March 2012, there was a tempering:

*I don't know that the person who introduced cholera in Haiti, the U.N. peacekeeper, or [U.N.] soldier from South Asia, was aware that he was carrying the virus... it was the proximate cause of cholera. That is, he was carrying the cholera strain. It came from his waste stream into the waterways of Haiti, into the bodies of Haitians. ... Unless we know that he knew or that they knew, the people that sent him, that he was carrying that virus and therefore that he could cause the amount of death and misery and sickness, I think it's better to focus on fixing it... what really caused it is that you don't have a sanitation system, you don't have a comprehensive water system... (Qtd. by Herz 2012)*

In an instant, a recognition of the immediate cause was swept away in a dehistoricized reflex to push blame back onto the Haitian people. But within the population of Haiti, there is a much stronger recognition of the greater structural and overarching forces which not only create the overwhelming conditionalities necessary for the invasion of this epidemic, but also for the socio-political discourses that would support and not question the introduction of the disease.

Without oversimplifying or romanticizing them, the protests and blockades in Cap-Haitien and Port-au-Prince and the 5,000 claims filed against the UN then, can be read as resistance – a refusal to accept the blame for the spread of a disease which the beleaguered island nation has managed to stave off for 175 years. Ultimately, the outbreak of cholera ignited what had been a simmering frustration with the occupation of Haiti since the 2004 coup d'état of Jean-Bertrand Aristide into a full denouncement of the occupation. And while the UN wrote off the protests as being simply politically motivated and linked to the upcoming elections, and have subsequently ignored the claims, also insisting that they are policy and political issues, their dismissal of the

importance of this frustration, especially in the face of the exclusion of the Fanmi political party, along with 12 other parties, was strongly misplaced. Several legislators from Washington DC, including Maxine Waters criticized the electoral process, stating that rebuilding and development processes could be held up if the government was seen as illegitimate. The election, itself was quite a debacle with ballot box stuffing, missing voter registrations, registration issues, and a boycott of the election by 70% of Haitians – a practice that in Haitian politics speaks loudly, not of an apathy, but rather a form of resistance and rebuttal (Buss and Buss 2009; Crane 2010; P. R. Girard 2004; Shamsie 2006). Further, there are questions abounding about the appropriateness of going ahead with and holding the elections at the height of the cholera epidemic, even as President Preval and several others of the 19 candidates requested a stall until the epidemic was under control (Schreiner, 2010). However, as in the past, aid disbursement from earthquake relief funds were dependent upon the elections.

Thus it is that aid and development monies were, yet again, tied to a transnationally-mandated and managed election. This moment in the post-disaster landscape represents, in many ways, the bald disregard for the citizenship(s) of Haitians. On the one hand, even as their political fate was being (mis-)managed by the OAS and (over-)determined by the US-led Interim Haiti Reconstruction Committee (IHRC), the fate of the population's health (both current and future) was being mismanaged by the United Nations and the CDC. Haitians were, essentially, stripped of their citizenship(s) at multiple levels and in multiple ways.

Strikingly, this is not a new phenomenon, particularly in Haiti. Haiti has been a test tube for global governance through health and development since the first US occupation in 1915. Marked as a site of experiment in the construction of a national health system (Dash, 1988; Brodwin, 1986), with verticalized development programs (McBride, 2002), and now for the post-Washington-Consensus-meets-MDG meta-narrative of development, Haiti has been developed to death, quite

literally. While Haiti should stand as the model of What Not to Do, particularly in regard to health, the country is still imaginatively mapped as the playground of the international global health industry.

Health is the site of intersection of multiple scales of intervention, negotiation, and power. Judith Butler (2010) argues that the body is a site of encounter of a full range of social and political networks leading to differential precariousness. The evidence of the earthquake, the political and social upheavals, the cholera outbreak, and the dearth of consistent and appropriate health care and access to food, clean water and sanitation, and housing are all being mapped onto the individual bodies of Haitians. And yet Haiti is still being read as a site of backwardness, corruption, violence, and political ineptitude at global scales.

Health is an obvious point of entry into the discourses of failure – framed as a basic human right (and further undergirded by the UN OCHA Guiding Principles for Internal Displacement), the health system (and the lack of it) reflects the failing of global mechanisms for humanitarian relief. Paul Farmer (2003) and others (Scheper-Hughes & Bourgois, 2004) have pointed to structural violences as equally demanding of our attentions as the political violences which, for so long, were deemed somehow more “worthy” of attention and analysis. Yet, structural violences meted out through health and development hold every bit of the historical and social processes that are embedded in so-called political violences. It is not enough to narrate the violences so much as it is important to trace them back to the social, political and economic ideologies underpinning the process of state reorganization (or usurpation, as in the case of Haiti).

Regardless of the details of the follow-up to the outbreak, there still remains the issue of blame. In the following section, I present one example that had a particularly large impact on the cholera epidemic that is ravaging Haiti today.

*The politics of aid monies*

In 1998, the Inter-American Development Bank approved four social sector loans, including a project to address that sanitation and water system in Haiti that included \$55 million dollars in loans (both from IDB and the International Cooperation and Development Fund of Taipei, China) and a \$965,000 grant from the Multilateral Investment Fund (MIF) to improve drinking water and to set out regulatory framework for wastewater service for 10 urban centers and 50 peri-urban areas, reaching an estimated 500,000 people (IDB, 1998; Varma et al, 2008). But US concerns for the political climate of Haiti (particularly the 2000 elections which brought Aristide back into power) effectively blocked the loan disbursements.

Monika Varma and colleagues, published in the *Health and Human Rights* journal in 2008, through the Freedom of Information Act, were able to read and analyze several emails and memos that indicated that, while the Treasury Department (which holds 1/3 of the power as well as has veto rights in the IDB) could not block the loan disbursement outright, they could slow things down and “put a few more blocks in the road” (Varma et al, 2008; 70). Those blocks slowed the loan disbursements down enough that Haiti went into arrears on loan repayment, triggering IDB policies that prevent further loan disbursements. More than 1/3 of the arrears dollars were from commitment fees, or the fees that Haiti had to pay to *receive* the loan, even though they weren’t receiving it, which totaled \$185,239.75 (Farmer, 2003). The IDB reactivated the loans in 2003 and made steps toward disbursing the loans, only to be held up again by the ousting of President Aristide in February of 2004. The loans did not reach implementation stage until 2008.

In 2009, the Artibonite region was put on the list of rural areas to receive loan monies to build water and sanitation systems. Unbelievably, the due date for submission of development plans was 11 January 2010. Had the loan disbursements not been stalled through geopolitical intervening of the US State Department, assuming all else worked to plan, the region would have had its system



in place well before the earthquake. And while we can never assume to know that the system would have, unequivocally stemmed the influx of cholera into Haiti, it is difficult not to wonder.

### *Coming back to blame*

I bring this disruption of aid monies to draw us back to the cholera outbreak and issues of blame. As Paul Farmer so eloquently laid out in *AIDS and accusation: Haiti and the geography of blame*:

*North American responses to Haitians are embedded in a tendency to blame victims, endemic racism, and a folk theory of Haitians that depicts them as both exotic and infected – infected because they are exotic, exotic because they are infected.*

There is in this discourse, a naturalization of not only the disease itself, but of Haitians to be infected with the disease. Within discourses of cholera, there is a kind of “proof of a moral failure to conduct oneself in a rational, informed manner” (Briggs, 2005). If anything, there was in popular media and even scientific journals simply curiosity, or even disbelief, that the country had not experienced cholera outbreaks in the past. As it is, 16% of Haitian children die before age of five of diarrheal diseases (WHO 2006). Haitians, through the sheer force of their poverty, were already included in the “risk group” – exotic and diseased and somewhere out there. And to pile risk upon risk, there were reports, immediately following the earthquake, alluding to the dangers of sudden outbreaks of infectious diseases – a common warning, but a highly exaggerated one (Floret et al. 2006; R. Michel et al. 2007; J. T. Watson, Gayer, and Connolly 2007). In fact, a 2006 study of more than 600 geophysical disasters between 1985 and 2004 found that there were only three disease outbreaks: measles in the Philippines after Pinatubo erupted, coccidioidomycosis outbreak after an earthquake in California, and *Plasmodium vivax* malaria after a heavy rainfall following an earthquake in Costa Rica (Floret et al. 2006). The only marker for an increase in disease outbreaks, and slight at that, is mass displacement of people (J. T. Watson, Gayer, and Connolly 2007).

Risk, as a term, works to investigate and classify people and places as objects of governmental interest, particularly poor people and poor places (Lea & Stenson, 2007: 9). By reducing patterns of inequality to “risk-factors”, there is a distraction from the greater structural disorders that exacerbate health ailments (Farmer 2001). This is not to say that understanding risk-factors in relation to structural violences is not useful in understanding the disparity in health measurements at various scales, rather, there has been a tendency to use risk as a function of governmentality which works to discriminate against populations (Nguyen & Peshard, 2003). The management of at-risk and risky populations, in turn, has become more deeply entrenched in the marriage of development and security, emerging as a biopolitical imperative of containment and security (Dillon 2007; Duffield 2001, 2002, 2007, 2010; Kienscherf 2011).

It is through the quantification of risk-factors that issues of health and disease are moved into the body of the patient as well as into the body of particular populations and out of the public sphere of responsibility. Thus, the value-laden enactment upon risk evaluation is transferred to populations as *blame* and is assigned to poor populations to both "apportion responsibility and demand accountability" (Freedman 2005: 530). Thus, “[t]he impact of risk culture on individual and collective conduct raise questions of trust in abstract systems and expertise and problematizes individual and collective security” (Dean, 1996: 209). In this, the *person* becomes problematized as a risk, not the social structures which create the risks. Social determinants of risk, then, are not seen as a product of structural inequalities, but as products of social(ized) *irresponsibility* – in this case, an irresponsibility of the Haitian people to (choose your own adventure: wash their hands properly, to evacuate properly, to wash their food properly, to purify their water, etc.), *not* the UN Stabilization Mission or the Nepalese Army. The classification of risk medicalizes social inequality on the body which then works to create categories of populations of particular risk which must be targeted for intervention (and subsequently, warrant surveillance) – thus in many ways, re-legitimizing the UN

occupation even as the Haitian people decried its illegitimacy as evidenced by their poor “bio-responsibility”.

So it is that we return to the question of understanding the origin of the disease outbreak and the lack of recognition of health citizenship made manifest through it. While, on the one hand, the containment of cholera in Haiti most assuredly was the prime target for resources (and well should have been), there was still, for Haitians and for others, a need to be able to pinpoint the direct cause. It is here that we turn to Matthew Sparke who states, “in more ethically exacting terms, we have a critical responsibility to resist the pathologization of place by describing the global processes of dispossession that account for local efforts at repossession” (Sparke, 2008, 434). What the UN and the Nepalese army failed to recognize was that Haitians’ desire to know the culprit was not about constructing a scapegoat, rather, was deeply tied to their political frustrations mounted within the post-disaster humanitarian crisis and the continued occupation by UN peace keeping troops.

#### *Enclaving and health citizenship in cholera-ravaged Haiti*

Health and development interventions are dependent on violent discursive turns for their legitimization in the face of such overwhelming failure for 60 years. At root is the identification and naming of failure. States, nations, and peoples can be said to have ‘failed’ – failed in the flattening progression toward a particular form of enlightened maturity (Snead, 1990). The distinction between failed and not-failed (effective / ineffective) states, Mark Duffield (2007) tells us, is a twentieth century variant of the civilized/barbarous dichotomy of colonial periods which echoes geopolitical anxieties underlying the narcissism of a hegemon undergirded by a self-appointed monopoly over legitimate violence.

This naming of failure is dependent on the continual erasure and distortion of histories – not only of the countries in which the development projects exist but also of the institutions funding,

governing, and implementing them. This erasure empties the narrative space for the telling of what happened and why, making room for the insertion of hegemonic discourses of progress and modernization (Farmer, 2001). This exercise of discursive power is “productive – of meanings, truths, bodies, selves, in short, of forms of doing, knowing, being” (Alonso, 1992: 404). It is in history – the coming together of memory, meaning and power – that the past has political and discursive significance in the constitution of a social identity. Thus, this dual erasure both re-inscribes the power of institutions and denies the agency of the people.

This erasure has been made most manifest in the MINUSTAH camps, enclaves that are imagined as purveyors of a “clean slate” just as in the early 20<sup>th</sup> century occupation by US forces. Haiti, seen as in need of a puppet dictatorship during the 1940’s and into the 1980’s, as a site for rebuilding after an earthquake, as a space of immunity for UN troops – these all require a complete disappearance of the culture, people, histories – what is left is a palimpsest upon which to build a new and imagined geography of the possibilities of a neoliberal future. But that dream is fading fast in light of the cholera epidemic and the failures across the globe to appropriately address it.

### *Transnationalization of citizenship*

There is a country that has experienced direct (e.g., everything from US Marine occupation of 1915 to MINUSTAH occupation beginning in 2004) or indirect occupation (in the form of puppet dictatorships and NGOization) for nearly 100 years, each kind of which has brought about differently articulated and supported forms of transnational programs which undermine citizenship – political, economic, and social – particularly health citizenship. Today, there are still 7,699 MINUSTAH troops and 3,542 police – nearly entirely staffed with Latin American personnel,<sup>28</sup>

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<sup>28</sup> The full list of participating countries in the military end: Argentina, Bolivia, Brazil, Canada, Chile, Ecuador, France, Guatemala, Indonesia, Japan, Jordan, Nepal, Paraguay, Peru, Philippines, Republic of Korea, Sri Lanka, United States and Uruguay. The full list of participating countries in the police: Argentina, Bangladesh, Benin, Brazil, Burkina Faso, Burundi, Cameroon, Canada, Central African Republic, Chad, Chile, China, Colombia, Côte d'Ivoire, Croatia, Egypt, El

many of whom do not speak Haitian Creole – under the leadership of Brazil. MINUSTAH spends \$865 million a year,

What it brings to the fore are questions about the *right* to citizenship. *Who gets to have it? Who gets to enact it? Who gets to mandate it? And to what ends?*

Alain Badiou (2001) and others (Chandler 2002; Douzinas 2007; M. R. Duffield 2001) have recently (in the past 15 years) been calling for a reimagining of what is meant by humanitarianism, and more explicitly, by the mobilization of human rights as a legitimizing frame for militarized humanitarian interventions. Framed in 1948 following the atrocities of World War II, and following closely on the heels of the designation of the newly named “crimes against humanity”, the Universal Declaration of Human Rights was a document meant to foreclose future war, to hold accountable each and every nation for the peace, security and the happiness of all of their citizens. Today, the humanitarian impulse is a splitting of the very universals upon which the human rights discourse is framed – namely the split of humanity into victims and saviors.

Judith Butler, in *Frames of War*, argues

*...that if we are to make broader social and political claims about rights of protection and entitlements to persistence and flourishing, we will first have to be supported by a new bodily ontology, one that implies the rethinking of precariousness, vulnerability, injurability, interdependency, exposure, bodily persistence, desire, work, and the claims of language and social belonging* (2009, 2).

This new bodily ontology is one that draws the political subject back into view, drawing on the failed discourse of the “universal truth of the philosopher” (Foucault 2003, 52) to expose the ongoing war couched as peace. It demands that we recognize in each other not only our dependency, but also our imperative to recognize, to engage, to take responsibility beyond the codified relations written in law, but to engage at all levels of our social being-ness. To demand political emancipation is, Marx

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Salvador, France, Guinea, India, Indonesia, Jamaica, Jordan, Kyrgyzstan, Madagascar, Mali, Nepal, Niger, Nigeria, Norway, Pakistan, Philippines, Romania, Russian Federation, Rwanda, Senegal, Serbia, Sierra Leone, Spain, Sri Lanka, Sweden, Thailand, Togo, Turkey, United States, Uruguay and Yemen (UN 2013)

insisted, to be a *political* person, to be an abstract, allegorical and juridical person, but also, ultimately, to be a citizen (2009 (1843), 20–21). Rights, then, confer subjectivity and identity – recognizable within the assemblage of governmental technologies. It is in making direct claims against the United Nations, in using the judicial system as it exists that 5,000 Haitians are making a claim to their citizenship. In declaring the introduction of cholera into Haiti as a political issue, as a human rights issue, they are forcing a global recognition of the ways in which their citizenship has been transnationalized through this multi-national force. There is in this claim a multi-fold argument – one that recognizes the lack of sovereignty of the state of Haiti, that recognizes the United Nations as a de facto government of Haiti, and a recognition that, through MINUSTAH, the UN must exercise this relationship to the fullest extent that it offers – no longer as simple governmentality without government.

But the implications for this are much broader. For more than 60 years the Security Council, under Chapter VII, has exercised, with impunity and immunity, its power to violence against people to whom it holds no accountability. It is an exercise of violence upon violence – political upon socio-economic, that reaches, many would argue, directly into the bodies of Haitians (and into the bodies of other subjects of their occupations, as the recent reports of rape in the Congo suggest). And most notably, in the case of the cholera outbreak, it is the violence of powerful silence and silencing.

Cholera is now endemic in Haiti, meaning it may never leave the island nation, or at least not for 100 or more years. Because of its geography, Haiti will now be prone to outbreaks each year – in the Spring with flooding and in the Fall with hurricane season (International Medical Corps, 2011). In short, the country has been left with a legacy of deepened instability by the very forces brought in to stabilize the country.

## Chapter 5. Disease, dispossession, and deserving bodies

*Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and the kingdom of the sick. Although we all prefer to only use the good passport, sooner or later, each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place. ~ Susan Sontag, Illness as Metaphor, 1978*

On January 18, 2010, just six days after the earthquake, the Department of Homeland Security and US Department of State announced a humanitarian parole policy allowing Haitian orphans to enter the country to “receive the care they need” (USCIS 2010). Eligibility for parole was opened to two categories of children: 1) children who had been already declared eligible for adoption and were in process prior to January 12, 2010; and, 2) children who had been identified as eligible for adoption and had been matched to an American family prior to January 12, 2010. What ensued following the announcement was a massive coordinated effort to get as many adoptive children out of Haiti as quickly as possible. Whitney A. Reitz, Branch Chief for Programs in USCIS International Operations Division, remembers:

*...with the help of so many wonderful, selfless people from other branches of the Department of Homeland Security (DHS)—specifically, Customs and Border Protection (CBP) and Immigration and Customs Enforcement (ICE)—the Department of State, and from the US military, we got them on back-haul flights (relief planes returning empty to the United States) and military flights evacuating US citizens. Colleagues from the US Department of Health and Human Services waited for them at all hours of the day or night, and helped to process them into the United States (Reitz 2011, 794).*

Over the next few months, 1100 Haitian adoptive children were brought into the country. Complaints poured in that the process was too fast, but in her own words, Reitz insists, “for many of them, we probably saved their lives. When lives are at stake, the “too fast” argument melts away pretty easily. For others, we spared them the risk of grave illness, privation, and additional trauma” (2011, 797). The discovery of 33 children being taken across the border to the Dominican Republic

without papers by 10 US Baptist missionaries prompted the Haitian government to place a moratorium on all but the expedited adoptions; and while restrictive policies helped to ward against fraud (by some estimates, as many as one-third of the claims for humanitarian parole were not approved), they also hampered new adoption cases from being processed – even when involving immediate family.<sup>1</sup>

The acceleration of the adoptive process was not the only migration technology mobilized immediately following the earthquake. Within days, deportations of Haitians were halted, US citizens were evacuated out of the country, and Temporary Protected Status (TPS) was opened for application by Haitians already residing in the US, allowing them to apply for a work permit because, as DHS Director Matt Chandler expressed, “our focus remains on saving lives” (Gamboa 2010). In the meantime, the US Air Force, Army, Navy and Marines immediately set about securitizing Haiti’s ports and managing the humanitarian mission in Haiti, and the US Coast Guard and Navy worked together to create a blockade off the coast of Haiti, in anticipation of attempted mass migration of Haitians to the US. In all of these forms of migration and migration management, there were multiple processes at play – compassion (or care), securitization, legal mandates, and human rights. Alison Mountz and Nancy Hiemstra (2014, 384) argue that “moments of apparent chaos surrounding migration provide opportunities through which nation-states reassert themselves,” taking advantage of moments of crisis to geographically extend sovereign power in what are often contradictory ways. While contradictory migration relations between the two countries are not new, what was new was the intensity and immediacy – the absolute certainty with which each of these decisions impacted the lives – the living bodies – of mobile (and immobile) Haitians.

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<sup>1</sup> One case, cited by Reitz, was of a US Marine whose three year old niece was orphaned in the earthquake. With no other family to take her in, he attempted to adopt her but was thwarted by the heavy restrictions on new adoptions being processed in the wake of the earthquake (2011, 794).



While there cannot be said to be a single motivating factor for immigrant controls in the US, there is, in the case of Haiti, a discrete genealogy of exclusion. Since the earliest voiced concerns over Haitian (and Saint Dominguan) immigration,<sup>2</sup> there has been a distinctly bio-socio-medical discourse that has informed both the concerns of the general public and the legislations and policies that have been instituted by colonial,<sup>3</sup> state,<sup>4</sup> and federal agencies, reflecting fears of infection with everything from ideas about freedom and revolution, during the slavery years, tuberculosis during the post-World War II years, and HIV/AIDS during the 1980's and '90's (Fischer 2004; Farmer 2006). In this chapter, I will focus on only three aspects of post-earthquake mobilities: securitization and containment, deportation, and adoption. While the other forms of mobility are equally important, it is in these three activities that the firmest edges of calculative technologies of living and dying are made most plain. On the one end of the continuum are Haitian adults and their presumed illegality in their attempts to save their own lives that ushered in multiple security apparatuses both in Haiti (to hold fast the bodies of Haitians to the site of the disaster) and in the US (as deportees were sent to a country still in the midst of post-disaster turmoil). On the end of the continuum are (innocent) children in need of saving by heroes from a distance who presumed to offer a "better" life to those Haitian children who had not yet crossed the threshold into potential perpetrator of a whole host of imagined (future) crimes (For discussions on the boundary between innocent child

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<sup>2</sup> As early as 1797, Thomas Jefferson, to his friend St. George Tucker wrote, "Whither shall the coloured emigrants [of St. Domingo] go? And the sooner we put some plan under way, the greater hope there is that it may be permitted to proceed peaceably to it's ultimate effect. But if something is not done, and soon done, we shall be the murderers of our own children" (Jefferson et al. 1950, 29:519).

<sup>3</sup> For instance, enslaved Saint Domingans were barred from entering Louisiana in 1763, and then in 1790, a Spanish royal edict banned all entry of blacks (free or enslaved) from the French West Indies into any Spanish Colony out of fears they would bring the "germ of revolutionary thought" and of "infecting" slaves with ideas of freedom (For an indepth look at Spanish Louisiana: Bell 1997). And in June 1806, the Louisiana Territorial Legislature outlawed the migration of all freed black men over the age of 14, which was later extended to all black males (Dessens 2005; For a comprehensive overview of legislation against freed and enslaved blacks during this time in the Louisiana Territory, see: Clark 2013).

<sup>4</sup> Beginning in 1790, many southern states placed restrictions on the importation of slaves from the West Indies, and in 1803, South Carolina extended the ban to the entry of any blacks, free or enslaved, from the West Indies who might "infect" slaves with ideas of revolution and freedom (Drexler 2003; Levine 2008; Myers 2011).

and dangerous adult, see: Valentine 2003; Pain and Francis 2004). The contradictory migration technologies reflect broader imaginaries about black criminality as discourses of the coming disorder of Haitian adults in the US rubbed up against rising sensibilities about the need to “save” Haitian children *from* present and future disorder in Haiti. What emerges then, is a disruptive discourse about full-citizenship in the face of humanitarian disaster, particularly, who gets to exercise health citizenship, and for whom? Those who were stranded in the humanitarian disaster site were contained via a massive militarized security exercise as they struggled to live in the days following the earthquake, with little access to food, water, or medical aid. Others, who were already in the US, but were deemed a security threat, were deported to a deeply unstable country with little account for the lack of access to food, water, housing, and aid, and faced, instead, a heightened potentiality for contracting one or multiple infectious diseases. Children, whose lives became the potential locus for others’ (non-Haitians’) heroics through adoption were made more deeply vulnerable as child traffickers sought to exploit the heightened urgency to save Haitian orphans. It is from within conflicting discourses about lives worth saving, and the policies and activities that were the material manifestation of these discourses, that this chapter unfolds, first, with an examination of the historical trajectory of Haitian migration to the US, followed by an in-depth analysis of the impacts the emergency technologies of mobility had on the lived experience of Haitians in the months and years following the earthquake. At play in these differing processes is the transnationalization of Haitian citizenship through US migration policies that destroy avenues for full citizenship enactment for some, and create new avenues for citizenship for others.

*The biopolitics of sovereignty, anatomopolitics of mobility: “imagined communities” and spatialization*

*The theme of the counterhistory of races was, finally, that the State was necessarily unjust. It is now inverted into the opposite: the State is no longer an instrument that one race uses against another; the State is, and must be, the protector of the integrity, the superiority, the purity of the race. The idea of racial purity, with all*

*its monistic, Statist, and biological implications: that is what replaces the idea of the race struggle.*

~Foucault, *Society Must Be Defended*

In *Society Must Be Defended*, Foucault brings us to a turn in state sovereignty, which occurs at different points in the histories of nation-states, that pivots on the role of the state having to “look like, function, and present itself as the guarantor of the integrity and purity of the race, and hav[ing] to defend it against the race or races that were infiltrating it, introducing harmful elements into its body, and which therefore had to be driven out for both political and biological reasons” (2003, 89). Stuart Elden (2002, 130 emphasis mine) further argues, “the war [of races] can be seen as part of the *constitution* of the state,” giving way, after the 18<sup>th</sup> century, to state racism through organo-discipline of the institution and bioregulation of the population (Foucault et al. 2003, 250). It is, Foucault (1990, 149) argues, in the second half of the 19<sup>th</sup> century, that racism, “in its modern, “biologizing,” statist form” took shape, “ensuring the triumph of the race.”

The micro-power “in the guise of an unrestricted state control (*étatisation*), [that] was accompanied by oneiric exaltation of a superior blood” (Foucault 1990, 149–150) has underwritten state formation through US immigration policy and law over the past 140 years, unfolding in waves<sup>5</sup> that reflect attempts to regulate the social, political, and economic landscape of the country in undulating patterns of exclusion and inclusion that are informed by needs balanced by fears and mediated by interest groups – labor needs met by stereotypes, security issues balanced with consideration for displaced populations, economic insecurity offset by industry demand for specialists, etc. (Stepick 1982; Tichenor 2002; Delgado, Perea, and Stefancic 2008). The ever-growing exclusionary processes are like “a magic mirror, reflecting the fears and concerns of past Congresses” (*Lennon, v. INS* 1975). What each new legislation has in common with the others is a

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<sup>5</sup> Some authors have suggested stages which, although they do not exist *a posteriori* as set in stone, are used as markers against which particular political, social, and economic tides impacted shifts in philosophies (and the policies which developed from them) related to immigration legislation.

continuity of *dis*continuity, reflecting the differently imagined futures that circumscribe varying notions of what constitutes the common good.

The ever-shifting ground that supports immigration policy in the United States is not unique, but rather, reflects what is a fundamental component of state sovereignty – namely, to police who may or may not move across borders (Benhabib 2004). Migration policies are as much about exclusion as they are about building and maintaining a national identity, of redrawing the boundaries of belonging, and defining the political community of citizens. The history of US immigration policy reflects an ideological battle – one that seeks to define not only what it means to be a US citizen, and all that is incumbent in that privilege, but also what it means to be a modern democracy. Perhaps best understood as an “imagined community” of the state (B. Anderson 1999), the social production of the nation-state in what is continually claimed to be the ever-more-globalizing world, however, can erase the very political and economic processes of globalization which have inherent impacts in *other* spaces (Cameron and Palan 2003; Sparke 2006b).

The history of Haitian (and previously, Saint Dominguan) migration to the US has been fraught with a complex and ever-shifting ground of racialized and pathologized accounts of the black West Indies / Caribbean. Haiti has, in many respects, been touted as a peculiar success of black descendants of slaves – simultaneously representing the power of Black Consciousness (and all its attendant worrisome features to white hegemony) and the failure of a white imaginary of black backwardness. Haiti has, in many ways, come to represent the Orientalist state of the Western Hemisphere, embodying a role of the colonized, the indigenous population which Fanon points out, is, in the eyes of the colonizer, “impervious to ethics, representing not only the absence of values but also the negation of values” (2004, 6). Haitians represent the “barbarian, or “proud, intrepid, haughty, cruel [...] opposite of the savage” whose very existence is dependent upon the formulation of civilization (Foucault et al. 2003, 149, 195). Haitians have, as I have shown throughout this

dissertation, been imaginatively constructed as a people without a political subjectivity, the proper set of “values,” by US foreign policy-makers and the US public, more broadly. And while it may be too strong a word, in contemporary imaginaries to mobilize a view to US colonization of Haiti, in practical geoeconomic terms, the relationship is hardly different.

Haitian migration to the US from the 1970’s,<sup>6</sup> onward, was repeatedly viewed as economic migration, despite the widely-publicized and well-understood political climate under the US-backed Duvalier regime. Denying Haitians due process in their applications for political asylum, US immigration and detention centers failed to publicly recognize the political oppression undergirded by and undergirding economic instabilities that were facilitated through political channels (see the discussion in the previous chapter). There is an artificial separation between the economic and political, as though each are separate entities in and of themselves, not co-written in the emergent neoliberal regimes that were blossoming first under Reagan and then under Bush and Clinton. The charting of the deployment of neoliberal ideology “in this way as a form of geoeconomics, a way of scripting territory which operates like geopolitical discourse with huge impacts on policy-making, but which is distinct in being consistently mediated by neoliberal nostrums about human freedoms and free space freed up by the markets” (Sparke 2006b, 259). There is, in this framework, a kind of elevated status conferred to those seeking political asylum (freedom from persecution) as opposed to economic migration (D. M. Smith 2004, 114). This notion of the “right kind of migrant” works at both ends of the discourse – while economic migrants are assumed to be less-deserving of a right of entry to another country, those deemed already to be less-deserving, are already always economic migrants. Labeling some migrants as always economic is a double move that ends the investigation

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<sup>6</sup> Until the 1970’s, Haitians tended to migrate to French-speaking countries (France, French-speaking Canada, and parts of Africa) or across the Caribbean, particularly the Bahamas. However, shifting discourses about Haitian migration to the Bahamas led the government to declare all undocumented Haitians unwelcome in 1978. This shift in Bahamian immigration policy led to a surge in Haitian emigration to the US (Rustin 1979; R. Lawless 1986; Gibney and Hansen 2005).

into political persecution before the migrants have reached the shores of the US. Thus, the will to flee the political tyranny of US-supported militarized dictatorial regimes whose only true political salience in the region was underwritten by their anti-communist sentiments was, in the case of Haiti, posited as an apolitical expression of economic discontent.

Migration, in the case of Haiti, then, became a battle of neoliberal wills – a push-pull tussle of notions of citizenship which was informed by ideals of US citizenship and the migrating Haitians’ desire to freedoms that were both political and economic – freedoms that the political climate of their home country could not afford them. The inherent contradiction between the desire to maintain an anti-communist regime in Haiti (and in the Western hemisphere, more generally) as a political project, and the mobilization against these fears through economic processes did not translate clearly into US immigration policy with regard to Haiti. Instead, what emerged was a regime of containment – a containment of Haitian bodies that were always and at once written as pathological, diseased, and apolitical (Glick-Schiller and Fouron 1990; Hallward 2007; Farmer 2006). To recognize Haitians as political migrants (refugees, even) would require renewed investigation of those migrating, and further, would have required a wholesale re-calculation of US foreign policy toward the island nation – a recalculation which would have exposed the transnationalized project of citizenship-making – a process that undermines commonly held beliefs about citizenship’s relationship to the conferring state, more generally.

As I have argued in the previous chapters, citizenship is commonly understood as a relationship of rights and responsibilities between the (Western democratic) state and its members that is “always shifting, sometimes contradictory and inevitably interrelated with the form and logic of capitalist development” (Mitchell and Marston 2004, 93–95). Within international law, states are recognized as the sole bearer of the right to confer citizenship, a notion that is further upheld by states’ monopoly on violence with which to uphold the reciprocal contract of rights and duties

between the nation and its citizens (Heater 1999; Cowen and Gilbert 2008a). And while others have argued that “national territorial states ... are now no longer the exclusive locus of political authority in the contemporary world” (Brenner et al. 2003, 15), states are still believed to hold the singular power to confer citizenship.

I contend, however, that this fails to take into account the many ways in which citizenship, even at its most fundamental level, may be a transnationalized project, by which I mean, in states whose sovereignty is only partially intact and who do not have the power to either confer full citizenship *or* to enact violence in order to uphold it, other, non-native actors presume to either interrupt citizenship or to provide some small piece of the contractual relationship. I am, of course, most particularly interested in *health citizenship*.<sup>7</sup> For the purposes of this chapter, I will examine the mediation of health citizenship (, or the rights and responsibilities related to living healthfully) through migration and humanitarian intervention.

Haitian sovereignty, as I have shown in the previous three chapters, is best understood as a “shifting sovereignty” that has been variously subjected to intercessions via donor aid and military occupation (McGregor 2010, 3; M. Duffield 2007). Indeed, the very ground against which these intercessions are exercised has been constructed through the naming of Haiti as a “failed state,” perhaps even having “disintegrated to a point beyond salvation” (Shamsie 2006, 2). “Failed state” discourses are dependent upon imagined geographies of “less-than” that posit the primacy of particular ideas about what constitutes an appropriately functioning state system. Jean-Germain Gros (1996, 456), taking his cues from Madeleine Albright, argues that failed states are “those in which public authorities are either unwilling or unable to carry out their end of what Hobbes long ago called the social contract, but which now includes more than maintaining the peace among

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<sup>7</sup> Disentangling all of the ways in which citizenship is either interrupted or conferred transnationally is another project entirely.

society's many factions and interests.” In this, Gros (2011, 1) further argues that failed states “challenge world order” through the destabilization of regions, by becoming “sanctuaries for nefarious nonstate actors, such as narcotics traffickers, terrorists, and pirates.” Failed states, he continues, “make unreliable partners in the resolution of global social problems such as poverty” and “magnify the effects of natural disasters.” Condoleezza Rice (2005), while Secretary of State, wrote in an opinion piece in the *Washington Post*:

*The phenomenon of weak and failing states is not new, but the danger they now pose is unparalleled. When people, goods and information traverse the globe as fast as they do today, transnational threats such as disease or terrorism can inflict damage comparable to the standing armies of nation-states. Absent responsible state authority, threats that would and should be contained within a country's borders can now melt into the world and wreak untold havoc. Weak and failing states serve as global pathways that facilitate the spread of pandemics, the movement of criminals and terrorists, and the proliferation of the world's most dangerous weapons*

The failure of the state is marked upon the bodies of its citizens – diseases of the body, or the potential for an encroaching pandemic, are equated with, or hold equal power as, the threat of terrorism. In these constructions, then, states that are failing must be managed, their sovereignty infringed upon in the effort to contain the pathologized bodies of the ineffective democracy, to protect the citizens of the so-called effective democracy.<sup>8</sup>

While the US currently depends upon the 2003 *National Strategy for Combatting Terrorism* for legitimation of the infringement of sovereignty, the international community (specifically the UN) relies on the Responsibility to Protect (RtoP) principle, adopted at the 2005 UN World Summit. RtoP recasts sovereignty<sup>9</sup> from the inalienable right to rule, to the responsibility to uphold obligations to citizens, particularly in protections against mass atrocity crimes (Chandler 2006;

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<sup>8</sup> The 2003 National Strategy for Combating Terrorism, the government document most commonly used to justify anti-terrorism projects, does not use the term “failed state” but rather points to “ineffective democracies.”

<sup>9</sup> Indeed, the UN web page for R2P highlights in a stand-out text box: “Sovereignty no longer exclusively protects States from foreign interference; it is a charge of responsibility that holds States accountable for the welfare of their people”



McGregor 2010). This is not new, but rather, codifies, and legitimizes *ex post facto*,<sup>10</sup> processes through which sovereignty has been subsumed under humanitarian intervention in the name of human security. Jennifer Hyndman (2008, 241) argues that “human security is theoretically an expression of global citizenship based on human rights, but is a conditional strategy of “imperial benevolence” exercised by groups of industrialized countries on an ad hoc basis.” And while the RtoP was intended to ease the modes by which the Security Council may authorize a humanitarian intervention, at the same time, it speaks volubly to the disruption of the sovereign nation to be the sole institution through which citizenship may be conferred.

This is most evident in the exercise of citizenship within the realm of health. The delinking of power and accountability through transnationalized (or international) humanitarian interventions and state-building projects is readily apparent within social services, particularly in countries like Haiti, in which the proliferation of health services has created an unstable and ever-shifting patchwork of international and grassroots organizations through which Haitians must negotiate their own health citizenship. I am not arguing that Haitians do *not* exercise health citizenship, but rather, this is merely one instance in which the citizenship project delinking from the nation-state is made plain.

Several academics have sought to uncover the multiple ways in which health citizenship is exercised or elided within shifting sovereignties through grounded case studies (Petryna 2002; Fassin 2005; Nguyen 2005). However, Erica Caple James (2010, 35), argues:

*In previous work, I have named the status attained by victims “traumatic citizenship” (E. C. James 2004). I recognized in Haiti a parallel social process from which has emerged the concepts of biological citizenship (Petryna 2002; N. Rose and Novas 2005), therapeutic citizenship (Nguyen 2005), and other tropes of identity formation based on injury (Fassin 2005; Ticktin 2006). These identities of victimization may*

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<sup>10</sup> As discussed in the previous chapter, since 1990, the Security Council’s mobilization of Chapter VII to support militarized humanitarian incursions has spiked, leading many academics and policy makers to question the legitimacy of the ubiquitousness of its use.

*engender limited types of sociopolitical inclusion and material entitlements. However, I no longer view the status attained by viktims as a type of citizenship; their client status depends on assemblages and apparatuses that are fleeting and myopic in their gaze.*

Indeed, I view health citizenship not through the lens of victimhood, but rather, as the recourse by which Haitians may make claims to *healthful living*. To continue to imagine Haitians as “viktims” of circumstance, only, is to continue to impart on Haitians, generally, a status of less-than political, to deny their political subjectivity as it exists. On the contrary, I seek to recognize health citizenship as an inalienable right that has been interrupted through decades of humanitarian interventions and development projects.<sup>11</sup>

It is with these varying technologies of intervention in mind that migration, particularly during health crises, becomes a political act that can no longer be written as simply economic (however fraught that distinction is, when economics are understood to be political at their very root), but rather, becomes an expression of political subjectivity in the move to access healthful living. Whether this manifests as asylum seeking, or simply as claims against being deported to a jail system overridden by cholera, by situating health citizenship as a political project, the neoliberal contestations over the constitution of appropriate citizenship begins to erode. Indeed, David Chandler (2002; 2006), Jennifer Hyndman (2008), David Harvey (2009) and others have argued that the very construction of humanitarian intervention in the name of human security presumes a kind of cosmopolitan citizenship, where the responsibility to protect citizens moves into a global political framework. This formation of the cosmopolitan citizen is, itself uneven, as it is mobilized only in

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<sup>11</sup> Which is not to suggest that health citizenship is available elsewhere in an even and uncontested way. Indeed, the struggle for full health citizenship is evident everywhere from contestations over the Affordable Care Act in the United States to the withdrawal of social service provisions for health throughout the European Union in the wake of the 2008 economic crisis. What is particular about the case of Haiti is that humanitarian interventions have continually been based precisely in a language of human security, which both Heidi Hudson (2005) and Fiona Robinson (2008), among others (Hyndman 2008; Aldis 2008; Ingram 2005), following the UNDP’s 1994 Human Development Report, *New Dimensions of Human Security* (which includes ‘health security’), have argued that it is precisely the “human” who is lost in these securitization interventions, their human rights and claims to citizenship subsumed to priorities of securitization.

times of crisis and on the decision of international actors who are held to very little accountability. My interest here, of course, is how this cosmopolitan citizenship does not confer actual rights, particularly in or around migration. In the next section, I explore the many-faceted construct of the cosmopolitan citizen, as I disentangle some of the ways the cosmopolitical subject is imagined and the weight that those imaginaries have within contestations over the right to mobility and migration as a political act, and therefore, on the exercise of health citizenship.

### *Constituting the cosmopolitical subject*

In the past twenty years, theorists have argued for disrupting the nation-state model of citizenship, arguing for “world citizenship,” or cosmopolitical subjectivity (O’Byrne 2003; Robbins 2012; Cheah and Robbins 1998). Embedded in this move is a nuanced reconsideration of the view opened up by a possible human rights-centered future. And yet there is, at the same time an inherent contradiction that arises in precisely how this global-citizenship might be exercised (Benhabib 2004). Hannah Arendt reminds us, in *Origins of Totalitarianism*, that “civil rights—that is the varying rights of citizens in different countries—were supposed to embody and spell out in the form of tangible laws the eternal Rights of Man, which by themselves were supposed to be independent of citizenship and nationality” (Arendt 1958, 967) (1968, 263). And yet, it is only through national citizenship that individuals come to exercise those rights; the “right to have rights” is dependent upon the sovereign state (Arendt 1958, 978; cf: Isin and Turner 2010; Benhabib 2005). Some geographers and others have argued that the nation-state as an identity-making apparatus is slowly receding in the face of the growing specter that is globalization (W. Brown 2005b; Soja 2005), and yet others have argued that the project of national identity, particularly through migration control, is very much intact (Mountz 2004; Darling 2014). Migration and mobility make plain some of the contradictions inherent in cosmopolitan citizenship.

The project of cosmopolitanism, 20 years in the making (in its newest formation), is fraught with ideological tensions and disciplinary divides (Mitchell 2007; Robbins 2012). At root is a move toward a universalist impulse of global justice, and indeed, the growing number of works addressing Kantian and neo-Kantian notions of cosmopolitics reflect a resurgence of interest in a redefinition of what constitutes a political community through which to make claims to justice (Brock and Brighouse 2005; Donald, Kofman, and Kevin 2009; Leonard 2005). Cosmopolitanism has come to represent the possibility of a newly ordered political world, one in which notions of sovereignty, governance, and even citizenship come to be reconfigured to represent a growing global interconnectedness (Falk 2004; Douzinas 2007). This is not to suggest a total disjuncture of the nation-state and citizens-subject. Indeed Appiah insists upon a “rooted” cosmopolitanism that is at once a reconciliation of “a kind of universalism with the legitimacy of at least some forms of partiality” (Appiah 2005, 223). Following Ronald Dworkin, he rests his argument in the tension that is wrought between morality, or the obligations that we have to each other, and ethics, or the distinction of what constitutes a “good life” (2005, 230).

We are, Benhabib argues conversely, moving away from citizenship as national membership and toward citizenship as a residency project in which the nation-state no longer constitutes the “privileged site of the political” (2007, 67). Focusing on the “lengthening distance” between the citizen and the state, Sassen (2006, 319) views the “incompleteness” of the institution of citizenship as an opportunity to examine the transformative possibilities, the ways in which excluded subjects can find new avenues for defining their political subjectivities. But as Sparke (2009b, 291) counters back, to delink developments in citizenship from neoliberalization is to ignore “the business class interest in denationalization.” Which draws us to David Harvey’s (2009, 94) question, “in what ways can a cosmopolitan project of opposition to cosmopolitan neoliberalism be formulated?”

To focus solely on the waning of the nation-state, to imagine globalization as the opening up of borders to people, money, goods, etc., is to despatialize processes that are deeply entwined to the nation-state and, at the same time, attempt to “flatten” the earth (, or playing field) without critical thought to the uneven ways in which movement occurs (Sparke 2005). While the movement of some people across borders has been smoothed by programs such as NEXUS (Sparke 2006a), through the “global networks” of the elite classes (Ong 2005), in humanitarian actions as seen among “citizens without frontiers” (Isin 2012), the heightened militarization and securitization of borders since 2001 has created for others, a more deeply entrenched “global apartheid” (Nevins 2012). Although the global elite, the few rich, may travel freely across borders, to visit and to live, the larger mass of poor, mostly people of color, are largely expected to “stay put” and to subsist where subsistence is already tenuous. National borders, then, are not “disappearing” for the greater mass of people, particularly of the global south.

The greater mass of migrants who seek to move between borders outside of the codified avenues of so-called legal migration face violence and uncertainty (Bejarano, Morales, and Saddiki 2012, 30). Their acts of global citizenship are taken as acts against national norms, illegalities that may result in detention and deportation, abridging their political subjectivity to a transgression (c.f. the collection: Loyd and Burridge 2012). In the US, these transgressions have become more deeply coded as “threats” since September 11, 2001. Justice, then, is reduced to retribution for the offense of traversing the “imaginative geographies produced by geopolitics and geoeconomics” (Sparke 2007). It is here that I push cosmopolitanism into a more grounded understanding of “global justice,” and for whom. The privilege that is inherent in global citizenship is precisely the point of intersection whereby cosmopolitanism comes under the closest scrutiny.

It is in this contentious space – between the moral ground and existing institutions of cosmopolitanism – that the question of Haitian mobility between Haiti and the US emerges, and in

which, I seek to uncover the multiple ways through which Haitians, themselves, are imagined as (a)political subjects. The dismissal of Haitian claims to political asylum-seeking is nestled in a particular historically situated discourse of Haitian-ness. By refusing to acknowledge the power of US interventions in regional political upheavals (which, as I have shown throughout this dissertation, had enduring impacts which were made manifestly evident after the earthquake), there is, then, a resistance to a responsabilization of the displacement of Haitians, more generally. This is not to suggest that Haiti, then, becomes a site of exception, as so many scholars bear down upon refugee and IDP camps (Agamben and Heller-Roazen 1998; Gregory 2004; Weizman 2011), but rather, it is the heightened norm – a heightened super-norm of biopolitical maneuvering upon the “failed state” and its people – through which political subjectivity is coded and mobilized within the humanitarian apparatus.

In this chapter, I examine, if only briefly, the dismissal of Haitian claims to political migration beginning in the 1970’s in order to situate what is a much longer history of exclusion of Haitians within the US, more generally. In doing this, I seek to uncover the ground on which current imagined constructions of Haitian political subjectivity are produced and through which policies and laws that impact their right to make claims to asylum are exercised. In this, I argue that the pathologization of Haitians today emerges from within a long history of racialized understandings of Haiti. The discriminatory practices that have plagued Haitian immigration to the US and which, since the earthquake, have continued to inform the uneven – sometimes lifesaving and sometimes deadly, but always precarious – movement of bodies between earthquake-torn Haiti and the United States, opens a global conversation between the right to sovereignty and the right to migration. The question is, at root, which lives at stake are worth “saving” according to USCIS? This chapter is about uncovering the multiple ways that Haitians and their lives have been articulated within

migration policies (to include intercountry adoption<sup>12</sup> and containment) and public discourse in the lead up to and in the aftermath of the earthquake, and the entanglement of Haitian health citizenship in these mobilities.

*Haitian-US migration in an age of neoliberalism*

The first load of boat people arrived in southern Florida in 1972 (Gibney and Hansen 2005; Stepick 1982). Until then, Haitian boat people had tended to head toward the Bahamas, but shifting discourses about Haitian migration to the Bahamas led the Bahamian government to declare all undocumented Haitians unwelcome in 1978. This shift in Bahamian immigration policy led to a surge in Haitian emigration to the US, and in that same year, the Immigration and Naturalization Service apprehended 4,000 Haitians. In that year, responding to the surge of new migrations, INS illegally revoked the work permits of 5,000 Haitians awaiting approval of their applications for asylum in the US (Rustin 1979). Haitian migrants – both documented and undocumented – faced intense discrimination at the hands of immigration officials (Loescher and Scanlan 1984).

According to the Office of Refugee and Migration Affairs (ORM), the death of François Duvalier (Papa Doc) in April 1971 and the succession by his son, Jean-Claude, marked a turn in the political climate in Haiti, and by extension, for the possibility of Haitians to claim political asylum. “These people came to find jobs, pure and simple” (Powers 1976, 63). In the first 18 months 1,100 Haitians arriving by rickety boats, attempted to apply for asylum in Florida. The first boat of 65 migrants were processed, given identification papers stamped with permission to work, and released from detention. But for each boatload after, the men were held indefinitely (women, conversely, were released). “How many of those people would you like to come to this country? ...Half a

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<sup>12</sup> USCIS considers intercountry adoption a form of migration.

million? A million? *Two* million?” asked Louis T. Gidel who was the acting director of INS in Miami during that time (Powers 1976, 64).

To claim that the change from Papa Doc to Baby Doc Duvalier marked a clear turn in political instability in the country required a pointed blindness to the actual climate in Haiti. But it was a blindness that afforded Jean-Claude Duvalier access to \$1 billion in aid money during the 1970’s alone (P. R. Girard 2008). During the 30-year reign of the Duvaliers, it is estimated that as many as 50,000<sup>13</sup> Haitians were murdered by the *tonton makout*, the Duvalierist paramilitary force. As I discussed in the previous chapter, the *tonton makout*, or bogeymen, were formed in 1959 after an attempted military-lead coup. They worked as a parallel army to the *gendarmes*, but were not actual government employees and were not paid. They were a lawless group of vigilantes who could induce “taxes” at will, shakedowns, arbitrary arrests, incarceration, torture, and even execution. Many of the Haitians landing on the shores of Florida were afraid to go home, for fear of being taken by the *tonton makout*.

The 1970’s were a time of global crisis, and the dawn of a new neoliberal regime (D. Harvey 2005; Sparke 2013). Many countries, including Haiti, under the tutelage of Jean-Claude Duvalier, instituted neoliberal measures, to include privatization of public goods, trade liberalization, cutting spending on agriculture by 30% in the Artibonite Valley, and creating EPZs, of which Duvalier was an early adopter (Klak and Myers 1998; R. O. Jackson 2011; Holt-Giménez, Patel, and Shattuck 2009). Eric Duhaime estimates that the Duvaliers stole some \$900 million (Schuller 2012a). Arguably less blood-thirsty than his father, Jean-Claude was a distracted dictator, more interested in his lavish lifestyle than in the politics of the country. However, the *tonton makout*, by the time of his ascendancy, were their own political beast, continuing their political terrorization (and even

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<sup>13</sup> By 1963, some 4,000 were already presumed murdered, and “scores of hundreds more brought to an early death by torture” by the *tonton makout* (Farrell 1963, 33)



attempting to overthrow Jean-Claude). The increasing poverty, starvation, and repression under the Jean-Claude Duvalier dictatorship led to more and more Haitians seeking to flee their country. In the 1970's and 80's, an estimated 50,000-80,000 Haitians arrived in Florida. By 1981, as many as 1,000 Haitians were arriving on Florida's shores *per month* (Joisil 2010, 340).

In 1980, alone, 12,400 Haitians arrived in South Florida and in the same year, 11% of the births in Miami's county hospital were to Haitian mothers. The Jimmy Carter Administration attempting to find some middle ground, created a new, if somewhat vague, category: Cuban/Haitian entrant (status pending). This status gave Haitian immigrants some benefits available to refugees, but not all. In the meantime, allegations that INS was not giving due process to Haitian asylum claimants surfaced as the Congressional Black Caucus Task Force found that while most asylum hearings were processed at the rate of ten per day, the INS was pushing through as many as 150 Haitian claims per day (Chrisolm 1979). In 1980, in response to concerns surrounding the treatment of Haitian migrants, oversight hearings were held on Immigration, Refugees, and International Law on Caribbean migration. During the hearings, it was revealed that all but one hundred Haitian cases seeking political asylum were deemed "frivolous" and dismissed. Most claims were believed to be nothing more than "personal disputes" or fabricated stories that were encouraged by Haitian advocacy lawyers (Stepick 1982).

Despite these findings, under Ronald Reagan's administration, a new program was put into place in 1981 – the resettlement of immigrants was stopped and a new "interdiction" program was enacted through a bilateral agreement "for the establishment of a cooperative program of interdiction and the selective return to Haiti of certain Haitian migrants and vessels involved in illegal transport of persons coming from Haiti" (*Agreement Effected by Exchange of Notes* 1981). The US Coast Guard was dispatched to patrol Haitian waters to stop boats attempting to leave with migrants on board. Boat passengers were interviewed at sea, and assessed whether or not they qualified for

political asylum (Koh 1994a; Reagan 1981; Wasem 2005). Of the 24,600 Haitians interdicted between 1981 and 1991, only 28 were given permission to apply for political asylum (H. J. Johnson and United States. General Accounting Office 1992).

Against international outcry, Haitian migrants, particularly the boat people, during this time were being denied refugee status as they were marked as economic migrants, often compared to those coming from Mexico. While many comparisons were made between Cuban refugees – who were summarily granted refugee status – and the Haitian boat people, the difference in their claims lay in their respective countries' political landscape. Cuba is a totalitarian state while Haiti was simply an authoritarian regime; Cuba is Communist whereas Haiti is not (Dernis 1976; Nicholls unk, 14). According to INS officials, totalitarian governments have no freedoms, whereas authoritarian governments have some freedoms, thus, all people fleeing totalitarian states *ipso facto* are fleeing persecution, while those fleeing authoritarian regimes must prove that they are involved in a persecuted political group (Stepick and Swartz 1982).<sup>14</sup> The arguments made for the economic nature of Haitian migration were not wholly unfounded in a strictly calculative sense; however, the wholesale dismissal of economic intent as apolitical was more of a shrewd foreign policy move on the part of the US. The close political relationship of the US and Haiti, in particular, with the Duvalier family, who were in power from 1957 to 1986, reflected the extension of the anti-communist politics of the US during the presidencies. As many have argued, poverty in Haiti is not the result of simply a lack of development, but rather reflects the “deliberately maintained patterns of economic inequality and abuses of power” (Loescher and Scanlan 1984, 316; See also: Farmer 2003; Chomsky, Farmer, and Goodman 2004; Hallward 2007).

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<sup>14</sup> Stepick and Swartz (1982, 12) go on to point out that the USI.N.S. had smoothly coped with 125,000 Cuban refugees in 1980, and 322,500 Indochinese refugees between 1975 and 1980, they seemed “in a quandary” over the 12,400 Haitians who arrived in Florida by boat.

In 1985 public expenditure in Haiti was just 1% of GDP, or \$3.70 per capita. For every secondary school teacher, there were 189 members of the security forces; for every secondary school, there were 35 prisons (Ferguson 1988, 90). Around 76% of the population was pre-literate – with one-third of Haiti’s students leaving school after one year and only 3 in 100 finishing primary school (Horowitz, Bekele, and Revson 1986). The lack of facilities, teachers, and supplies coupled with high levels of poverty, meant that few students were able to attend school. The per capita gross income was estimated to be about \$300. Extreme inequality meant that in reality, 90% of the population was earning less than \$150 in 1985. Fewer than 20% of full time urban workers were earning the \$3 a day minimum – including many government employees. In the same year, it was estimated that 80% of children under five were malnourished and at least 1/3 suffered chronic malnutrition, which, along with gastroenteritis, accounted for 90% of childhood deaths. 27% of Haitian children died before the age of 5. In general, Haitians consumed 20% less than the recommended caloric intake and 30% less protein than recommended by the United Nations. While these statistics paint a grim picture, mass inequality between urban and rural areas meant that malnourishment was actually far worse in rural areas.

Food insecurity, in the meantime, was exacerbated by the mass importation of food through USAID programs like “Food for Work” and “Food for Peace” (Schiller and Fouron 2001). Wheat, which was imported at concessionary prices, made it almost impossible for local unsubsidized farms to compete (McFadyen and NACLA 1995). By 1984, 32% of all grains consumed were imported. Couple this with the lack of funds for working through food for work programs and the quickly shrinking job availability (unemployment in Port-au-Prince was a staggering 50%), and the market was quickly disappearing for purchasers of food stuffs. At the same time, this shrinking market was met with growing inflation. Food insecurity was further exacerbated by the mass slaughter of black pigs between 1978 and 1982 after an outbreak of swine fever, leaving many Haitians without not

only the food source of pork, but also, what is known as their “piggy bank.” Individual (family) economic insecurity in Haiti was offset by the ownership of a pig, acting as an interest-accruing savings account as the pig grew, to be cashed in for emergencies or big life events (Aristide and Flynn 2000). At the same time, these black pigs were instrumental in waste reduction, rooting and eating organic matter in trash piles and landfills, nibbling on crop-killing bugs, and in turn, producing fertilizer for the soil (Ebert 1985). Although the Haitian people were promised a replacement of the pigs by USAID, what few pigs were brought in to replace (never the full 1.2 million that had been slaughtered), were weak-stomached Iowan pigs who had been bred to eat a diet of grains – a luxury that many Haitians could not afford themselves, much less to feed a pig – and who, because of their sensitivities, needed shelters to protect them from sunburn<sup>15</sup> (Dayan 2004; Farmer 2006). This single project master-mined by USAID and implemented in a joint effort with Interamericano Institute de Ciencias Agricola (IICA), intended to be a stepping stone toward implementing a profitable swine production industry, instead exacerbated deeply entrenched inequalities between the elite and peasants. In the eradication process, peasants lost about \$600 million. The total contributions to the eradication and repopulation programs from USAID, IICA, the Mexican government, and the Canadian International Development Agency (CIDA) amounted to \$30 million (Gaertner 1990). By many accounts, the pig eradication program coupled with the failed repopulation was one of the major catalysts to the end of the Duvalier regime.

All of this is to point to the precarity that Haitians lived with in their everyday lives during and immediately following the Duvalier dictatorships. With the continued support of a US-backed dictatorship, Haitians were denied proper citizenship within their own nation-state. Health citizenship was particularly precarious, as the political and economic instabilities of the nation gutted the social service network, leaving in its wake a patchwork of international and local social service

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<sup>15</sup> Several Haitians remarked on the irony that the pigs were better housed and fed than they were (P. Girard 2005).

provision organizations. Their right to make claims to healthful living was further stymied by the refusal to accept Haitian migrants for full entry into the US national landscape. Haitians' search for stability outside of their nation was billed as a form of illegality. Further, their incarceration upon being apprehended in the US points to a more deeply embedded violence against the body. Foucault (1995, 25) most clearly elucidates this violence in *Discipline and Punish*:

*...in our societies, the systems of punishment are to be situated in a certain 'political economy' of the body: even if they do not make use of violent or bloody punishment, even when they use 'lenient' methods involving confinement or correction, it is always the body that is at issue – the body and its forces, their utility and their docility, their distribution and their submission. It is certainly legitimate to write a history of punishment against the background of moral ideas or legal structures.*

The body, he contends, is “also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks.” Haitian migrants were held between two societies through which they faced the imminent threat of political violence writ large on the body. In fleeing political persecution they faced possible incarceration, or worse, deportation, back into the very hands they sought to flee. Not quite stateless, they, nonetheless, languished in a kind of citizenshiplessness that was made manifest directly through their bodies, and particularly in their will to *live*, and to *live well*, at that. By scripting economic instability as apolitical, INS reinforced the idea that Haitian migrants are always apolitical. Their migration, always scripted as purely economic, falling into discourses of the “unruly” migrant seeking only better economic opportunity, made Haitians' appeals for political asylum disregarded. As I show in the next section, Haitians were denied access to the democratic institution of the state of Haiti through geoeconomic interference, they were equally denied access to the US state.

#### *After the Duvaliers*

On February 7, 1986, Jean-Claude Duvalier headed for exile in France, ending 30 years of US-backed dictatorial regime, begun by his father, Francois Duvalier in 1957. As he hurried out of the

country, Duvalier appointed the provisional National Council of Government, a joint civilian and military provisional government that quickly dissolved into a military junta. For the next five years, the country would be rocked with internal political and economic turmoil. In the months following the ouster of the Duvalier regime, the economy of Haiti began to crumble at a faster rate than previously. Several issues coalesced in a very short time, each lending just enough weight to an already fraught political instability. In the first few months, two union federations were formed mostly within US manufacturing companies. Foreign companies producing electronic goods, garments, toys and sports equipment, responding to the growth of unions coupled with the political instability began a crippling trend of pulling out. Forty firms, and about 12,000 jobs disappeared between February and July 1986. This, coupled with new US restrictions on textile imports<sup>16</sup> and the decision by the National Council of Government to further liberalize Haiti's trade in July 1987, weakening import protections, factored heavily on the difficulties of the manufacturing sector. The growing economic and political instabilities in Haiti erupted across both the rural and urban landscapes, as peasants sought to be heard and taken seriously as a political masse and the urban poor demanded the empty promises of jobs be fulfilled.

Between June and September 1987, 59 people were shot dead and hundreds wounded by "hit squads" of the Haitian army in Port-au-Prince alone. Many in the hit squads were US Army trained "Leopards" who targeted poor neighborhoods (whose residents frequently opposed the military junta), peaceful protestors, and journalists trying to cover the events (Hooper et al. 1987). Despite these escalations of politically charged targeted killing, on August 26, 1987, the US State

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<sup>16</sup> The Long Term Arrangement in Cotton Textiles, codified from 1974 to 2004 through the Multi-Fiber Arrangement (MFA), allowed GATT member nations to impose quotas on suppliers of textiles through bilateral agreements. Although instituted as a temporary regulation on trade, the MFA was renewed in 1985, and the US and European Community extended the program, tightening quotas. That 53% of Haiti's exports were manufactured goods and that 84% of Haiti's export market was the US (with the balance going to France [3%], Italy [4%], the Dominican Republic [2%], and the rest across Europe and Latin America) meant that the impacts were immediately and heavily felt within the manufacturing sector.

Department certified to Congress that the human rights situation in Haiti was improving, opening the door for military aid to flow into the country, helping to grow the military to nearly triple its size (Americas Watch Committee (US) 1989).

The attempt to hold elections was riddled with violence and intimidation. On October 13<sup>th</sup> that year, plainclothes police assassinated Yves Volel, a presidential candidate, in front of the Port-au-Prince police station as several journalists looked on (and who were then beaten, themselves). Another political leader and presidential candidate, Louis Eugene Athis was stoned and then hacked to death, another was shot at, and on November 2<sup>nd</sup>, the Electoral Council's offices were set on fire, and the Haitian Christian Democratic Party headquarters was sprayed with machine gun fire (Americas Watch Committee (US) 1989; Anon 1987; Hooper et al. 1987; R. Maguire 1987). The violence continued to escalate, as arsonists set fire to the building housing ballot paper, voter education leaflets, and voter registration cards and the voter registration bureau in Port-au-Prince was riddled with gunfire, wounding its president, Antoine Caldet. In response, the State Department spokesman Charles Redman responded, only to say that the US government officials "deplore political violence of any kind [and we] stand firmly behind Haiti in its transition to democracy" (qtd in Michael S. Hooper et al. 1987). The elections, which were set to be held November 29, 1987, were halted when 34 people were shot at polls by Duvalerists (Dundas 2012; State 1988). Over the next five years, Haiti would have five presidents and two coups.<sup>17</sup>

Despite the ouster of Duvalier, what emerged was a climate of violence against political participation that was, it seemed, sanctioned by the United States Government. Indeed, the State Department and US Ambassador to Haiti, Brunson McKinley vigorously supported the supposedly

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<sup>17</sup> Leslie Manigat (February – June 1988); General Henri Namphy (September 1988, coup d'etat); General Prosper Anvil (September 1988 – March 1989, forced to step down by popular uprising); Civilian provisional government headed by former Haitian Supreme Court Justice Mrs. Ertha Pascal-Trouillot with a 19-member Council of State (March 1990 – February 1991)

transitional government of Namphy, trusting that he would follow through on the free elections (Caldwell 1988). In the months that followed General Namphy illegally appointed himself commander-in-chief of the military. The military rule lasted for three years. It was estimated, at that time, that two to three bodies a day were found on the streets of Port-au-Prince. General Namphy was toppled in a bloodless coup in September 1988, lasting less than three months in office before divisions in the military and increasing popular discontent due to the overt return of the *tonton makout* into positions of power and influence which manifested in a campaign of violence against the church (Oxford Analytica 1988).

Many in the international public arena were quick to point to the irony in a general recognition by the US government of the political violence in Haiti and the refusal to acknowledge those fleeing the violence as political refugees – rather, they were systematically deemed economic migrants and sent back to Haiti **(citations)**. The murders, disappearances, and political crack-down was well-recorded in US and international news reports, and clearly could not have been missed by US officials. And as the heightened political insecurity continued to roil, squads of heavily armed and helmeted soldiers in plain clothes attacked six radio stations in April 1989 (Segal 1990). The destruction of three more radio transmitters for Haiti-Inter, Radio-Cacique, and Radio Antilles International further worked to (literally) silence the dissent against the neo-Duvalier militarism. Within days of the return of General Avril in January 1990, Jean Wilfred Destin, a young journalist at Radio-Cassique, was gunned down in the street, leading to the declaration of a state of siege (Segal 1990).

In January 1990, France, Canada, and the United States reduced their aid to Haiti in response to General Prosper Anvil's crack-down on political dissent, although \$200 million was already in process to aid further Haitian militarization. In the first days after declaring a state of siege in January, more than 50 political leaders were arrested, several of whom were exiled. By September of



that year, it was clear that elections would not be held in on November 4, as planned. Very little of the \$12 million election budget had arrived from the US, the paper to print the ballots would not arrive until November 1 from Canada, and the United Nations refused to send military and civilian observers on the “grounds that it would be a dangerous precedent to send observers to an election where international peace was not threatened” (Nicholls 1990).

Regardless of the myriad issues, the elections were held in 1990, and Jean Bertrand Aristide was elected president of Haiti by a landslide, garnering 67.48% of the votes across a field of 11 candidates<sup>18</sup> (Political Database of the Americas 2000). For many, the election was a major success, touted as the first free and democratic election in Haitian history (Archibold 2011; Farmer 2013a; Haiti Action Committee, University of Kansas, and Institute of Haitian Studies 2001). Aristide, a liberation theologian who had fallen out with the Catholic Church for his political advocacy for the poor, brought hope to Haiti. His support base was mainly comprised of the Haitian rural peasants and the urban poor (Farmer 2006; Aristide and Flynn 2000). Immediately following his election, interdiction of Haitians by the US Coast Guard fell sharply.

In his first few months in office, Aristide made a systematic sweep of government and military, replacing six senior officers, reinstating reformists who had been dismissed under Avril, and detaining a number of people pending investigations into their financial dealings and links to political oppression. He then replaced the justice minister, Byarad Vincent and the prosecutor, Anthony Alouidor. His cabinet, at the same time, was populated by friends – people he could trust, including Rene Prével, a former baker and Renaud Bernardin and Ernst Verdieu – both men of religious backgrounds (Nicholls 1995). He further pushed for an increase in minimum wage to 15

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<sup>18</sup> T Désulmé (PNT), 27,362 votes (or 1.67%); F. Simon (IND), 10,117 (or 0.62%); M. Bazin (ANDP), 223,227 (or 14.22%); R. Théodore (MRN), 30,064 (or 1.83%); J.B. Aristide (FNDC), 1,107,125 (or 67.48%); R.V. Jeanty (PARADIS) 12,296 (or 0.75%); F. Latorture (MODELH PRDH), 15,006 (or 0.92%); S. Claude (PDCH), 49,149 (or 3%); H. deRonceray (MDN), 54,871 (or 3.34%); V.R. Joseph (MKN), 21,351 (or 1.30%); and L. Déjoie (PAIN), 80,057 (or 4.88).

gourdes a day (\$3 at that time), and placed price restrictions on basic perishables such as rice and sugar (Oxford Analytica 1991).

Aristide's tenure was short lived. On 30 September 1991, he was overthrown by a military coup and flown to exile. The coup was condemned across the board, with calls from the UN Security Council, the Organization of American States European Community members to reinstate Aristide. The OAS imposed an embargo on October 8, which included a moratorium on providing any development assistance as well as military, police, or security assistance "to prevent the delivery of arms, munitions, or equipment to that country in any manner, public or private" (OAS, Ministers of Foreign Affairs 1991, 8 & 9). The United Nations General Assembly quickly followed suit on October 11<sup>th</sup>, with recommendations to member states to take on the suggestions of the OAS (UNGA 1991). After some hesitation, it was confirmed in November 1991.

Aristide ran for president on the promise of a responsive democracy, to include provisions for social justice, improved social services – to include health, education, and welfare – and land reform (Dupuy 2007). The coup and embargo not only precluded the implementation of many of the provisions but also had enduring impacts on the health and well-being of Haitians. Of the \$500 million of development assistance that was withheld, \$146 million was intended for water (see discussion in previous chapter), health, and education (Farmer, Fawzi, and Nevil 2003). Despite the well-known impacts of economic embargoes on health (particularly women's and children's), and despite repeated calls not to include the health and development aid disbursement in embargoes, generally, the embargo continued in varying forms until 1994.<sup>19</sup>

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<sup>19</sup> They were suspended from August to October 1993 when the military junta signed the Governor's Island Agreement; however, in October 1993, the UN peacekeeping mission was disallowed to disembark in Port-au-Prince, and an oil and arms embargo was reinstated (Bromley 2007). Economic sanctions were expanded in May 2004, followed by the US-led military intervention in September that same year.

During that time, food and other supplies<sup>20</sup> were still available from Santo Domingo, but at inflated prices. The embargo had the unintended effect of creating several more Haitian millionaires, bringing the total to 600, even as living conditions deteriorated for most other Haitians (Bellegarde-Smith 1990, 246). Sixty-five thousand low-wage factory jobs, all dependent on the import-export trade, were lost during the embargo (Constable 1992; Perusse 1995). And although food and aid were not officially part of the embargo, food was scarce and hospitals ran out of medical supplies. Trees were cut for charcoal, diminishing food supplies further and denuding the country, and a famine rocked the country, taking as many as 10,000 lives (Perusse 1995; Chelala 1994). The already precarious health of Haitians (who in 1991 held the distinction of having the highest mortality rate of all of Latin America) was made more so by the embargo – without fuel, nothing else could operate (Chelala 1994; E. D. Gibbons 2001). During the years of the embargo, child malnutrition nearly doubled, low birth weight rates grew considerably,<sup>21</sup> medicines and medical supplies costs skyrocketed to 3-5 times higher than before the embargo, vaccine refrigeration collapsed,<sup>22</sup> state health centers closed, and life expectancy dropped (Farmer, Fawzi, and Nevil 2003; E. D. Gibbons 2001; Garfield, Devin, and Fausey 1995). The embargo also led to the withdrawal of nearly all US humanitarian organizations from the country to protect their employees, even as international organizations set up more than 600 feeding stations across the country (Garfield, Devin, and Fausey 1995).

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<sup>20</sup> For instance, gasoline could be bought in the Dominican Republic for \$1 a gallon and sold in Haiti for \$10 to \$20 a gallon (Perusse 1995, 67; Pezzullo 2006). Overall, the cost of foodstuffs rose to five times pre-embargo prices (Garfield, Devin, and Fausey 1995).

<sup>21</sup> LBW (birthweight of less than 2,500g) was up 5% overall, but varied by geography with some areas reporting a 15% increase in LBW. Babies born with LBW are 30 times more likely to die in the first month of life than non-LBW (E. D. Gibbons 2001, 23–24).

<sup>22</sup> A measles outbreak in Haiti from July 1991 to November 1993 that went unchecked, correlated with a spike in infant and child deaths in institutions, although exact number of measles-related deaths is impossible to ascertain. Child mortality in institutions jumped from 38% of all deaths in the first three quarters of 1991 to 58% in the first quarter of 1993; in the central plateau, child mortality doubled from 1991 to 1992 (Farmer, Fawzi, and Nevil 2003; Berggren et al. 1993).

Economic sanctions fail to bring about intended reforms between 65% and 95% of the time (Johan Galtung 1967; Lindsay 1986; Pape 1997; Hufbauer, Schott, and Elliott 1990). Regardless of the contested criteria of “success” or “failure” in economic coercion (Baldwin 2006; Ang and Peksen 2007), the impacts on health, human rights, and democracy are well-documented (Kuntz 1994; Marks 2005; Peksen 2009; Peksen 2010; Peksen 2011). Jon Holbrook (2002, 153) argues that “[s]anctions, embargoes, ultimatums, tied aid, diplomatic and political isolation and military intervention are the hallmarks of an international society that does not respect the sovereign equality of states.” Indeed, I further argue that this disregard for sovereign equality at the level of the population is also a disregard for citizenship at the level of the individual. As I have outlined in this and the previous chapters, Haitian citizenship (and particularly *health* citizenship) has, in the past 100 years, been undermined and overshadowed by international (mostly US) interventions that have ranged from military to political and social, and again, in 1991, economic.

While the interruption of health citizenship during the embargo is self-evident, what bears remarking upon further, is the long-term impacts of even just a few short years of heightened health insecurity. The undoing of what little health infrastructure there was in Haiti in 1991 had far-reaching consequences for those who lived through it. For instance, poor nutrition during pregnancy and the attendant poor birth outcomes for babies born during the embargo not only impacted chances of survival in the first months of life, but also may have had long lasting impacts on the health of the person throughout their life course, and even into the next generation<sup>23</sup> (Swamy, Ostbye, and Skjærven 2008; Adams MM and Barfield WD 2008). To question the impacts of

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<sup>23</sup> LBW and other poor birth outcomes may lead to increased risk for medical disabilities, learning difficulties, and behavioral and psychological problems among surviving preterm infants (Moster, Lie, and Markestad 2008; Oreopoulos et al. 2008). These health issues are compounded by poor health access during the first five years of a female infant may have impacts on the birth outcome of her child later on in adulthood (Hillis et al. 2004; Swamy, Ostbye, and Skjærven 2008; Adams MM and Barfield WD 2008).

sanctions upon the mobilization of health seeking activities *during* the embargo does not begin to uncover the long-term impacts of health citizenship, more broadly, over the life course.

Upon the coup, US interdiction of Haitians sky-rocketed. By mid-November 1991, the large wave of migrants taking to the waters overwhelmed the US Coast Guard. This, coupled with strong public outrage at the increasing violence and human rights violations committed by the coup leaders, led to a quick policy shift (Koh 1994a; Malone 1998). Interdicted Haitians would now be interred at Guantánamo Bay military base in Cuba, housed in make-shift camps and barred with razor-barbed wire. Between September 30, 1991 and April 7, 1992, the US Coast Guard recorded the interception of 18,095<sup>24</sup> Haitians of which 10,149 were repatriated to Haiti, despite US commitments to international law that prohibit *refoulement*. INS records indicate that 4,301 Haitians were brought to the United States on credible asylum claims to be adjudicated, while 2,589<sup>25</sup> were left to languish at Guantanamo Bay in April (H. J. Johnson and United States. General Accounting Office 1992). By September, 1992, 38,513 Haitians had been interdicted and 26,842 had been repatriated (Malone 1998). The cost of the entire operation at Guantánamo Bay is reported to have been \$58,463,000 (Reynolds et al. 2003). On May 24, 1992, the Kennebunkport Order, issued by then-President Bush shifted the policy once more, returning to interdiction and repatriation (or *refoulement*) of Haitians in open waters.

But perhaps more peculiar than the uniqueness of the short-lived asylum adjudication process for Haitians – at that time, the *only* asylum seekers screened for credible claims outside the US – was the incarceration of those who tested positive for HIV. US immigration law disallowed the

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<sup>24</sup> On January 27, 1992, 1,100 Haitians were intercepted by the Coast Guard and sent to Guantanamo Bay; in May, more than 1,000 were picked up (Malone 1998).

<sup>25</sup> These data do not account for 1,056 Haitians who were interdicted.

entry of persons with incurable communicable diseases without this waiver.<sup>26</sup> More than simply failing to acknowledge Haitian migration as a political act (as in the case of refusing asylum claims), the indefinite incarceration of HIV-positive Haitians laid bare deeper underlying assumptions about Haitians – assumptions emerging through racialization, pathologization, and fear. In the next section, I examine the power that centuries-old discourses, undergirded by new bio-social fears, had in stripping Haitian migrants of even their most basic human rights, and of health citizenship, more generally.

### *HIV/AIDS and securitization against Haitians*

*It is an accepted maxim of international law, that every sovereign nation has the power, as inherent in sovereignty, and essential to self preservation, to forbid the entrance of foreigners within its dominions, or to admit them only in such cases and upon such conditions as it may see fit to prescribe. ~ Nishimura Ekiu v. United States, 142 US, 1892*

The turbulent period in Haiti's political and economic landscape and the US's refusal to grant refugee status to those fleeing persecution was punctuated during the 1990's by the emergence of what has been called the HIV camp at Guantánamo Bay, the only one of its kind in history (White 2007). At the outset, Haitians interviewed for refugee status at Guantánamo were separated into two camps – one for those granted refugee status and one for those awaiting return to Haiti, but in March 1992, a third camp, "Camp Bulkely," was created for those who qualified for refugee status and were infected with HIV (Qureshi 1995). Further, HIV-positive Haitians who had already been granted refugee status under "credible fear of persecution" were required to go through a second screening, without a lawyer, to determine if they had a "well-founded fear of persecution" to

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<sup>26</sup> Under INA § 212(a), certain noncitizens are "ineligible to receive visas and ineligible to be admitted to the United States" if they fall into one of the 31 classes of exclusion which includes communicable diseases. Further, under INA § 237(a)(1)(A), noncitizens can be removed from the United States many years after entry if at the time of entry or at the time of adjustment of status, the person is found to be "inadmissible" under the exclusion provisions. Interestingly, until 1996, noncitizens could not be removed on immigration exclusion grounds, but could only be removed based on a separate set of deportation grounds (Legomsky and Rodríguez 2009).

determine if they were eligible for the necessary waiver from the Attorney General (S. R. Shapiro and Human Rights Watch (Organization) 1993, 77). However, the waiver was never articulated, and so they stayed.

During the tenure of Presidents Bush and Clinton, Haitians were held in Camp Bulkely for more than 18 months, stuck in a legal limbo. They had passed the US immigration requirements for asylum, however, due to the 1987 legislation that was sponsored by Senator Jesse Helms (R-NC) barring HIV-positive immigrants, could not go on to the United States (White 2007; Paik 2006). The interdiction program generated class action suits, brought by two non-profit Haitian immigrant rights organizations, Haitian Refugee Center, Inc. and Haitian Centers Council, Inc. Although each of the cases' findings were contradictory,<sup>27</sup> they did bring to light the plight of Haitian migrants, more generally.

Conditions in the camp, described by Judge Johnson (S. Johnson 1993, 823:1037) were made public:

*They live in camps surrounded by razor barbed wire. They tie plastic garbage bags to the sides of the building to keep the rain out. They sleep on cots and hang sheets to create some semblance of privacy. They are guarded by the military and are not permitted to leave the camp, except under military escort. The Haitian detainees have been subjected to predawn military sweeps as they sleep by as many as 400 soldiers in full riot gear. They are confined like prisoners and are subject to detention in the brig without a hearing for camp rule infractions. Although the Haitian detainees have a chapel, weight room, bicycle repair shop, beauty parlor and other amenities at their disposal, none of these things are currently available to them as they are now confined to Camp Bulkeley [sic], or to the brig.*

Haitians also complained of rats, scorpions, and snakes; latrines were overflowing and the little bit of water available for them to drink was left to grow hot in the sun and often gave them diarrhea

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<sup>27</sup> In *Haitian Refugee Center v. Baker*, the Eleventh Circuit found that Haitians, having been processed in open seas, had no recourse to judicial review as they would had they landed on US shores for processing. In the appeal (1992) of *Haitian Centers Council v. McNary*, the Second Court found the Kennebunkport Order illegal, made further reprehensible by the incarceration of Haitians which disallowed them the opportunity to seek asylum both in the US and elsewhere (T. D. Jones 1994).

(Farmer 2003). The Haitians in the camp grew so desperate that they went on a 40 day hunger strike, and some attempted to commit suicide (Clary 1993). Nearly every day, someone collapsed from hunger or heat exhaustion (Koh 1994b). These conditions, without a doubt, exacerbated the already tenuous health status of those Haitians incarcerated in the camp, made worse by the lack of medical or mental health care at the facility. Among the camp inmates were pregnant women, infants, and unaccompanied children (Koh 1994b). Together, the 267 refugees in Camp Bulkely were overseen by two physicians, with only one infectious disease specialist to manage the care and treatment of HIV and AIDS (Qureshi 1995).

In the months of and following the court cases, public outrage in the United States escalated, made more immediate by an immigration spokesperson,<sup>28</sup> when asked why HIV-positive Haitians were not granted medical airlift into the United States reportedly responded, “They’re going to die, anyway, aren’t they?” (Quindlen 1993). The callousness of his response is difficult to fathom. Pregnant women from the camp were, indeed, being airlifted to the United States as they neared their due date, but only after one baby born in Guantánamo died shortly after being evacuated (S. R. Shapiro and Human Rights Watch (Organization) 1993, 78). Pat Buchanan further enflamed the argument, when he asked during a debate on *Crossfire*, on 11 February 1993, “why would you knowingly bring into the United States hundreds and hundreds of people who are carriers of this infection and who could pass it on and kill American citizens?” (Qtd. in: Qureshi 1995, 100).

At stake, for those who upheld the indefinite internment of Haitians, was a broader ideology about who constituted the “right kind of migrant.” Haitians, for two hundred years, have simply been viewed outside of this group, constituted instead as “filthy,” “disease-ridden,” and impoverished (Farmer 2006; R. O. Jackson 2011). The advent of HIV/AIDS and the popular (and for a short while, medical) discourse linking HIV to Haitians both fed into and was fed by already

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<sup>28</sup> This quote has been attributed to INS spokesperson, Duane “Duke” Austin.



existing discourses about Haitians, heightening fears in the US about Haitian immigration (Paik 2006; MMWR 1984; Pitchenik et al. 1983). The country became a “medical scapegoat” (Farmer 2006; McLaughlin 1983). But not everyone was convinced. In 1983, New York City public health officials removed “Haitians” from the list of risk factors for AIDS, ahead of the CDC who, despite admitting they had no definitive scientific reasoning for the label, insisted they stay on the list (H. Lee 1987). But for however much medical experts sought to correct this early label (and the CDC did remove “Haitians” from the list of risk-factors in April 1985), the stigma lingered well into the 1990’s (Santana and Dancy 2000; Margulies 1994). Further fueling fears that the disease might have been endemic to the nation, was the growing cases among women, which was interpreted to show “how rapidly and dramatically the AIDS virus can spread in a promiscuous heterosexual population” (Dr. Peter Piot, qtd. in: Altman 1986). Indeed, by 1986, heterosexual transmission accounted for 70% of Haitian AIDS cases (Farmer 1995, 3). The stigma against Haitians in the US was only exacerbated by the incarceration of HIV-positive Haitian asylum seekers in Cuba (Santana and Dancy 2000).

At root of the mounting fears about HIV/AIDS, and particularly among Haitians, was a too-easy re-scripting of the hyper-sexualized *and* diseased black body. The construction of AIDS risk groups was built around notions of “culture” that stretched between sexuality, race, and drug use that demarcated a presumed “culture of aberration” that was neatly signified via HIV/AIDS.<sup>29</sup> However, this worked in both directions – while it may be said that HIV/AIDS punctuated a “culture of aberration,” those acts considered aberrant (enough) also signified the *potentiality* (not just the *possibility*) of HIV/AIDS. Already carrying the weight of 200 years of US discrimination against

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<sup>29</sup> Which is not to leave out biological markers, e.g., hemophilia, an inherited disease that, though “blameless” left indelible marks on the cultural landscape of exclusion, as was seen in the case of Ryan White; however, what I am most interested in here, and for the purposes of this chapter, are the ways that “culture” get written as “aberrant” and therefore exclude-able.

them, Haitians, then, stood as a knowable marker of all that was aberrant during the early years of the HIV/AIDS epidemic. Arguing against being the epicenter of the North American disease, Haitians were, instead, recast as sexual deviants – bisexuality (a lived reality for many men trying to simply feed their families through paid sex work) was proved to be the entry point, not of AIDS to the US, but of AIDS to Haiti (Gilbert et al. 2007; S. Lawless, Kippax, and Crawford 1996; Torres-Anjel 1992; Mondragón, Kirkman-Life, and Schneller 1991).

At the heart of the cultural politics of HIV/AIDS is a newly formulated identity, a biological citizenship through which some actors have made claim within the political sphere (c.f. M. Brown 1997; Boesten 2007), but also, through which others find new forms of exclusion (Sparke 2013; Petryna 2005). HIV/AIDS in the 1980's and 1990's became a nexus through which biopolitical subjectivity could be made legible. Through this lens, politics moves from the “art of governing” to the “power of life” (Fassin 2009; Foucault et al. 2003). Which is to say, that Haitian migrants' lives were viewed not strictly through a frame of biopower (the power over life) but also through a frame of “biolegitimacy” (expressed as biological citizenship, or the politics of life) (Fassin 2009, 48–49; Fassin 2011a; See also: N. Rose 2007). While health status may be grounds for humanitarian considerations in some migration (Ticktin 2006; Fassin 2005; Malkki 1996), for Haitians, it was used as a grounds for interdiction, repatriation, and indefinite detention (E. C. James 2011).

AIDS, Peter Mugenyi (Mugenyi 2008, xi) contends is “a complex humanitarian, moral, ethical, social, economic, psychological, cultural, legal, and political crisis of immense magnitude of diverse consequences.” AIDS, more than any other disease, has made plain the ways in which being poor equates to a devaluation of life that transcends mere neoliberal ideology into a biosocial complex of lesser-than. Public shame, associated with the 4H of AIDS (hemophilia, heroin use, homosexuality, and Haitians), forced public grievability into the shadows of blame (J. Butler 2009; Farmer 2006). The exclusion of immigrants with HIV in the US was as much about the construction

of the “collective identity and a principle of belonging” as it was about “reproduce[ing] assumptions about what constitutes a group or population, about the definition of pathology and well-being, and about the connections between disease and “the lifestyle and behaviors of different groups”” (Wald 2008, 19 & 26). This construction of the social body of health (and by extension, disease) is dependent upon an imagined geography of diseasedness. Haiti, already scripted as a place of poverty and disease, primitive in its religion and politics (and thereby its social structure), and hypersexualized, became a container in which to keep the non-normative Other. Already foreign, Haitians were further foreignized through the discourse of disease, and further stripped of the already thin veneer of health citizenship.

The centuries-long project of constituting Haitians as apolitical culminated in the incarceration of HIV positive Haitian asylum seekers. Already struggling to be viewed through a political lens, as having legitimate claims to political subjectivity and against persecution, Haitians were further dehumanized, reduced to their biological existence at the microscopic level and sustained at the barest level of life.

In the US, student groups, lawyers, grassroots organizations with the African American community, the Haitian diasporic community, politicians and even Church leaders joined forces to protest and fight the incarceration of Haitians at Guanánamo. Jesse Jackson, Dr. William Gibson of the NAACP, and Congressperson Corinne Brown visited the detention center. Jackson and others, including several congregations around the country, fasted in solidarity with the hunger strikers (Lamey 2011). Susan Sarandon and Tim Robbins used their platform at the Oscars to bring awareness of the camp and its inhabitants to the public (Sewell 1993). Yale Law School students spearheaded a rolling national student hunger strike called Operation Harriet Tubman. First Yale, then Harvard, Brown, University of Michigan, Columbia, Howard, Georgetown, Penn State, George Washington, Catholic University, New York University, University of Maine, American University,

University of California at Berkeley, San Francisco State, City University of New York Law School, and others maintained the strike until the Haitians were freed (Ratner 1998). Change came in quick succession. In March 1993 50 detainees who had developed AIDS were ordered to be medically evacuated. On June 8<sup>th</sup>, US District Judge Sterling Johnson Jr. found that the Guantanamo Bay holding of Haitians was not only unconstitutional,<sup>30</sup> but utterly disgraceful in *Haitian Centers Council v. Sale*, 823 F. Supp. 1028, 1045. However, on June 21, 1993, the US Supreme Court, in *Sale v. Haitian Centers Council*, 509 US 155, not only vacated this decision, but also found that the US was in its right to interdict Haitians in open water and to return them to Haiti without hearing their asylum pleas (Haiti-Hebdo 1993b). Regardless, by June 18<sup>th</sup>, the last Haitian from Camp Bukeley arrived in the US.

#### *After the coup*

Over the course of the next three years following the coup, five more versions of the embargo had to be enacted by a reconfirmation in October 1992, an adoption by the Security Council 16 June 1993, lifted then re-imposed after the Governor's Agreement, and then reinforced, again, by the UN Security Council in May 1994 (Corten 1994). By all accounts, the embargo did far more harm than good – and while it was an impressive show of solidarity between member states, unfortunately, both short and long term impacts were felt most pointedly by Haiti's poor, not by the elite military forces who had instigated the overthrow in the first place (Bellegarde-Smith 1990; Buss and Gardner 2008; P. Girard 2005; Hallward 2007; Nicholls 1995). By 1994 it was estimated that the embargo was creating an annual inflation rate of between 60% and 138% (Corten 1994; E. Gibbons and Garfield 1999). By January 1994, only 44 of 145 garment factories were still in operation and employment in the assembly sector had plummeted from 44,000 in September 1991 to 8000 in May 1994; a total of

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<sup>30</sup> The last Haitian migrants did not leave Camp Bulkely until late in 1995.

200,000 jobs were lost in the formal employment sector and an immeasurable number in the informal sector (E. Gibbons and Garfield 1999). Oil embargoes meant that there was not enough fuel to get food to markets, and the embargo on agricultural products led to a 20% decrease in agricultural output.

The overall economic impacts were devastating on Haitians' health. By September of 1993, it was estimated that at least 10,000 deaths could be attributed directly to the embargo (Haiti-Hebdo 1993a). By April of 1994, CARE international was supplying food to 300,000 people a day, and according to William Novelli, their spokesperson, moderate to severe malnutrition among the 0 to 5 year olds had reached 20% (Haiti-Hebdo 1994). NGO's were losing up to 15% of humanitarian fuel to corruption and interception at the ports.

But far more menacing than economic turmoil was the political upheaval that strangled the nation. Raul Cédras, the military leader appointed by Aristide just weeks after his election, led the military junta that unleashed a cascade of human rights abuses leading to 3,000 deaths and 30,000 arrests in the first year, and more than 4,000 murders and disappearances of Haitians over the course of three (Haiti-Hebdo 1992; Soderlund 2008). More than 60,000 Haitians attempted to flee to the United States and an estimated 300,000 became internal refugees (Brands 2008; Bruni Celli 1993). In a 1992 human rights investigation, Cédras' military was found to be in severe violation of human rights in extensive torture, extortion, murder, suppression of speech and assembly, censorship, and whole-sale attacks on villages thought to be supportive of Aristide's return. Particularly targeted were students, unions, Catholic priests, local civic groups, journalists, human rights organizers and lawyers, and peasants (Bruni Celli 1993). By some estimates, as many as 1,500 Haitians were murdered in the first few months of the military dictatorship. The murder, torture and disappearance of Haitians was not unknown in the international press, although Cédras pushed furiously to suppress freedom of speech and the press.

The decision to return Haitians by the US government was met with fierce international and national opposition – all in relation to human rights concerns. On May 8, 1994, President Clinton announced that he was abandoning automatic repatriation of Haitians, but was still in search for somewhere to process them, going so far as to charter a Ukrainian cruise ship for \$34,000 a day as a processing site until one could be found on land<sup>31</sup> (Gedda 1994; Haiti-Hebdo 1994). President Clinton, had criticized the Bush administration’s handling of Haitian immigration, and promised a more generous policy during his campaign for presidency; however, when he took office, the interdiction and forced repatriation practice was reinstated, further supported by the Supreme Court’s order to vacate the finding of Judge Johnson.<sup>32</sup>

Despite the recognition of the continued precarity of Haitians’ lives, interdiction and *refoulement* continued under Clinton and then Bush Jr. Today, the Migrant Operations Center<sup>33</sup> (MOC) in Guantánamo Bay, can hold up to 130 individuals, and has the capacity to expand to hold 400 (Dastyari and Effeney 2012). The International Organization for Immigration (IOM) manages services, such as “community liaison assistance, translation and interpreting, education and recreation programmes, employment facilitation, and coordinating medical services” (Qtd. in: Dastyari and Effeney 2012), to immigration detainees, in what Ashutosh and Mountz (2011, 27) describe as a “legal grey zone between domestic and international law.” While quite a lot of attention has been given to the detention of alleged terrorists in Cuba, very little attention has been given to the approximately 30 to 40<sup>34</sup> Cuban and Haitian asylum seekers who are awaiting a third receiving

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<sup>31</sup> Between 1995 and 2004, 14,930 Haitians and 8,758 Cubans were intercepted at sea and returned to Haiti and Cuba by the US government, 165 Cubans and six Haitians were resettled in 11 countries via Guantánamo.

<sup>32</sup> This Supreme Court decision coupled with *Haitian Refugee Ctr., Inc. v. Baker*, 953 F.2d 1498, 1513–15 (11th Cir. 1992) is still used today to legitimize the detention of suspected terrorists at Guantánamo.

<sup>33</sup> MOC was established in 2002.

<sup>34</sup> The US Navy does not publish accurate numbers. On the balance, there tend to be more Cuban refugees than Haitian refugees at MOC.

country to take them in (Parmly 2013). Their lives and citizenship hang in a limbo, suspended for an indeterminate amount of time.

*Fast forward: Scalar modes of therapeutic citizenship after the earthquake*

Therapeutic citizenship, Vinh-Kim Nguyen (Nguyen 2005, 126) explains, “broadens “biological” notions of citizenship, whereby a biological construct – such as being HIV positive – is used to ascribe an essentialized identity, as in earlier forms of eugenics and racial order.” By biological citizenship, I am referring to the very “politics of life itself,” or “the management of life in the name of the well-being of the population as a vital order and of each of its living subjects” (N. Rose 2001, 1; See also: N. Rose 2007). Biological citizenship, like national citizenship, is “undergoing a transformation and is reterritorializing itself along national, local, and transnational dimensions” (N. Rose 2007, 132) – a process that is laid bare in the calculative technologies against which Haitians have been made mobile or immobile in the four years since the earthquake and the long-lasting impacts these (im)mobilities have had on the very act of living. Living in “liminal zones where specific, segmented, and thin forms of citizenship are created” such as in Haiti after the earthquake (and arguably, well before it, as well), individuals are both defined by and define themselves through therapeutic citizenship (Nguyen 2009, 212).

Therapeutic citizenship in Haiti after the earthquake was immediately visible at multiple scales. While concerns about health care delivery in Haiti are not new, the scale and scope of the lack of coordination in health delivery efforts was both broadened locally and magnified globally by the earthquake. Since the first verticalized intervention in Haiti in 1948, there has been a growing industry of health and development projects and programs, many of which have been focused on specific target populations or target issues, such as HIV/AIDS and malaria, as well as basic health services such as maternal health and immunization (Maternowska 2006; Brodwin 1996; Schwartz 2010). In creating these highly specialized programs, there has emerged a pattern of health enclaves

that further fracture the health system as they order bodies according to perceived need (Nguyen 2010; Fassin 2011b). Health enclaves emerge from the micro-territorialization of global health through targeted spaces for intervention. These spatialized projects further define regions of variable social capacities to mobilize health citizenship, respatializing inequality and forms of inclusion and exclusion (Sparke 2014). The political negotiation for access to health, as Petryna (2002) and Rose (2001) point out, works in both directions – through the individuals’ and groups’ navigations toward gaining access as their recognized rights, as well as the mobilization of particular responsabilizations placed on them from without.

The enclaving of health care delivery intensified after the earthquake, and, indeed, was more deeply entrenched within the Health Cluster System. Immediately following the earthquake, 400 local and international NGOs registered with the Haitian government, with an additional unknown number of unregistered organizations, providing services (MMWR, 2010). Health cluster coordinators quickly created guidelines for minimum supplies in mobile clinics that were stationed in the camps for the internally displaced people (IDP) throughout the country. Unfortunately, “many camps still [did] not have health care services and in some cases the mobile clinics are just tents with a box of drugs” six months after the earthquake<sup>35</sup> (PAHO, 2010). At the same time, 40% of camps did not have access to water and 30% did not have toilets of any kind, and only 10% of families had a tent (Schuller 2010). The camps themselves became a newly entrenched and highly geographical form of health enclaving. Haitians, in need of a wide range of goods and services found new ways of negotiating their access to food, water, housing, and health care, often by splitting families up

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<sup>35</sup> In an amazing display of linguistic gymnastics, John Holmes, the Emergency Relief Coordinator of the Inter-Agency Standing Committee for relief in Haiti reported “90% of IDPs in Port-au-Prince have access to adjacent health clinics” six months after the earthquake (IASC and Holmes 2010).



between IDP camps to maximize access,<sup>36</sup> a trend the IOM found “worrying” (Schuller 2012b; INURED and Mercelins 2010; IOM 2013; IOM 2011). At the same time, as families were moved from makeshift camps to temporary housing, they were processed through a health screening, tying their health status more firmly to their geographic location and their housing.

That the health enclaves in Haiti were so clearly territorially defined within the context of the humanitarian crisis highlights the impact of geographically-defined patterns of therapeutic citizenship, both in regard to immediate access to health care as well as in regard to the long-term reconstruction efforts, at just one scale. As others have pointed out, and as I illustrated in the previous section, health and disease in Haiti has also been managed through a politics of containment (Hallward 2007; See also: Raimondo 2005; Ingram 2005). Perhaps more than any of the technologies deployed following the earthquake, the heightened securitization of the waters around Haiti through the increase in Coast Guard patrols and a naval blockade, reflects this peculiar urge to contain Haitians. By many accounts, Port-au-Prince and the surrounding waters were turned into a militarized zone of containment-before-humanitarianism.

### *Securitization: Politics of containment*

*We protect those on the sea...*

*We protect the Nation from threats delivered by sea...*

*We protect the sea itself.*

*—Admiral Robert J. Papp, Jr., 24th Commandant, US Coast Guard*

When the earthquake struck Haiti, the US Southern Command<sup>37</sup> (SOUTHCOM), in conjunction with the Department of Defense, deployed multiple branches of the armed forces to engage in immediate relief efforts. The first to land were 3,400 soldiers from the 82<sup>nd</sup> Airborne Division from

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<sup>36</sup> For instance, food distributed in IDP camps did not vary by household size, thus, multi-generational families, particularly, split off in order to acquire enough food to support them all (Schuller 2012b). Families splitting up in IDP situations is not uncommon (A. Davies 2012).

<sup>37</sup> Following September 11, 2001, the Southern Command Joint Task Force-Guantánamo has been “tasked to accomplish detainee operations in support of the War on Terror”

Fort Bragg, NC, to conduct security and stabilization operations, (Baker III 2010) and who immediately took command of the airport and incoming aid supplies (Adcock 2012). These were joined by 830<sup>38</sup> civilian experts from across the US government, 20,000 US marines, soldiers, and sailors along with an additional 3,500 UN Peacekeepers to add to the 7,000 already on the ground at the time of the earthquake (Aziakou 2012; Nisbet and Couzens 2010; Clinton 2011). Further, the Department of Homeland Security activated Operation Vigilant Sentry,<sup>39</sup> a “comprehensive plan for a Caribbean mass migration” that was first outlined in 2003. It was signed by the Secretary of DHS in 2007, creating the Homeland Security Task Force Southeast (HSTF-SE), under the direction of Commandant of the Coast Guard designated the Coast Guard’s Seventh District Commander, Rear Admiral David W. Kunkel (DHS 2007). In keeping with their four part plan, which covers (1) at sea rescue and interdiction operations in response to a mass migration from Cuba, Haiti, or other Caribbean nations; (2) deterrence and dissuasion; 3) land-based-law enforcement operations; and (4) migrant processing, protection, and detention procedures, the US Coast Guard dispatched four cutters.<sup>40</sup> Loaded with supplies, they delivered water, food, and medical supplies, and then promptly took to patrolling the waters (Lagan 2010a; Lagan 2010b). Further, the Navy dispatched eight ships,<sup>41</sup> including the USS Carl Vinson, a Nimitz Class aircraft carrier,<sup>42</sup> to Port-au-Prince, loaded with medical and aid supplies<sup>43</sup> as well as several helicopters,<sup>44</sup> to spearhead the blockade of Haitian

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<sup>38</sup> Among them were a 17-member Disaster Assistance Response Team from USAID/OFDA; the Fairfax Urban Search and Rescue Team, which deployed 72 staff, and members from the Los Angeles County rescue team (Taft-Morales and Margesson 2010, 6).

<sup>39</sup> It’s worth noting that unlike most other emergency events, the State of Florida must actually cede the lead role in the event of a mass migration, as defined by DHS.

<sup>40</sup> USS Forward, USS Mohawk, USS Valiant, and USS Tahoma (Taft-Morales and Margesson 2010, 8)

<sup>41</sup> These included the the USS Fort McHenry, USS Carter Hall, USS Normandy, USS Underwood, USS Higgins, the USNS Comfort, and the Navy Expeditionary Combat Command (Taft-Morales and Margesson 2010, 7)

<sup>42</sup> The USS Carl Vinson is purported to be the aircraft carrier that carried Osama bin Laden’s body out to sea in 2011 (Heussner 2011).

<sup>43</sup> And quickly ran out of them: "We have communications, we have some command and control, but we don't have much relief supplies to offer," admitted Rear Adm. Ted Branch (Ehrenreich 2010; Benoit 2010).

waters (J. Thompson 2010; Waterfield 20:53). They were joined by 56 maritime patrols, conducted by MINUSTAH in the months after the earthquake (Ffrench and Broadus 2011). Over the course of the next few months, the Navy sent a total of 23 ships, the Coast Guard sent 10 ships, 264 airplanes, 57 helicopters, 1,400 hospital beds (Baron 2010).

The blockade, coordinated from the USS Carl Vinson made plain the prioritization of the securitization against out migration. In anticipation, about 100 tents, able to hold 10 people each, were readied at Guantánamo Bay, Cuba (AP 2010; Dastyari and Effeney 2012). The main structures were built between 2007 and 2008 to house 10,000 people, as part of Operation Vigilant Sentry<sup>45</sup> (Sutton 2007). Additionally, 400 inmates were transferred from the Krome Service Processing Center<sup>46</sup> in Miami – 200 of whom were sent to New York, 100 to Monroe County Jail in the Florida Keys – in order to make more room for Haitians (Sturgis 2010). Amidst the stunned quiet of the disaster, an Air Force EC130J Commando Solo cargo plane that was fitted with radio transmitters, circled Haiti for five hours a day, delivering the news and playing the recorded voice of Raymond Joseph, Haiti’s ambassador to the US:

*Listen, don't rush on boats to leave the country. If you do that, we'll all have even worse problems. Because, I'll be honest with you: If you think you will reach the US and all the doors will be wide open to you, that's not at all the case. And they will intercept you right on the water and send you back home where you came from (Qtd. in: McKinley 2010).*

And yet, the Coast Guard reported they had not seen a single Haitian boat attempting to flee the island. In fact, between 12 January and 23 November 2010, only 555 Haitians were interdicted<sup>47</sup> by

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<sup>44</sup> Presumably to help provide aid supplies to areas unreachable by road, although, this did not happen for several days after the Vinson arrived because “you need to be organized on the ground, be able to receive it, because you'll [inaudible] disorder. It has to be done in an equitable, controlled fashion” (Kelly 2010).

<sup>45</sup> Although several newspapers and blogs reported the preparations at Guantánamo Bay, I have found only one paper (Dastyari and Effeney 2012) with evidence of it actually being used as such (Fox 2010; Ridgeway 2010; Ure 2010; AP 2010).

<sup>46</sup> For a rather thorough look into Krome, see: Mark Dow's (2004) *American Gulag: Inside US immigration prisons*.

<sup>47</sup> Coast Guard interdictions are counted on the fiscal year. Total interdictions for 2010 (Oct 2009 – Sept 2010) were 1,377. Compare this to 1,583 in 2009, 1,782 in 2011 (USCG 2014).

the Coast Guard (C. Lee 2010). Further, Dr. William O'Neill, the dean of the Miler School of Medicine in Miami, reported that seriously injured Haitian adults were being denied visas (McKinley 2010). A week after the earthquake, only 23 Haitians had been granted visas on humanitarian grounds for medical treatment. Conversely, all US personnel who were injured were evacuated immediately, and 800 US citizens were evacuated in the first weeks (Taft-Morales and Margesson 2010; Pilger 2010).

The command over the airfield meant US forces were making decisions about *what* aid supplies provided by *whom* were allowed to land and be distributed in those first crucial days and weeks. Although, US officials were, in the early days, insisting that the Haitian government was deciding which planes could land, subsequent reports show that the US military had control of the airfield by the 15<sup>th</sup>, or just 24 hours after US Air Force Special Operations Forces arrived (D. Martin 2010; Adcock 2012). They received formal permission from the UN on the 22<sup>nd</sup> (Pilger 2010). They explicitly prioritized military planes over aid planes, diverting planes to Santo Domingo to make the 12-14 hour drive across the countries to deliver aid (Hallward 2010; G. Thompson and Cave 2010). Doctors Without Borders had five planes diverted in the first week, including a plane carrying an inflatable hospital which included two operating theaters, an intensive care unit, 100 beds, an emergency room, and equipment for sterilizing material (MSF 2010a; Gable 2010). The French minister in charge of humanitarian relief, Alain Joyandet called on the UN to clarify the role of the US military in Haiti. Indeed, he admitted getting into a “scuffle” with US air traffic controllers over flight plans for a French evacuation plane, insisting, “This is about helping Haitians, not about occupying Haiti” (Qtd. in: Laing 2010). What supplies were landing, were not being distributed because, as John Holmes (2010 emphasis mine), UN Under-Secretary General explained, “[w]e've got to unload it, get it into warehouses, then get it into trucks, then get it to distribution points, and then start to distribute it, as the commissioner says, fairly and equitably without provoking a *riot*.”

By some estimates, as many as 20,000 people were dying each day during the first week from lack of medical supplies, clean water, and food (Mullings 2010; Dugan, Dade, and Lauria 2010). Further, hospitals were surrounded by armed guards and tanks in the weeks following the earthquake (Dugan and Dade 2010). The Haitian humanitarian disaster was converted into a militarized security operation that resembled a war zone in more ways than one (Herz 2010; Staff 10:20).

Security discourses are dependent upon an imaginary about what *might* happen, and which must be politically pre-empted, often through extra-legal means (Foucault 2009, 35). In the case of Haiti, this pre-emption was about securing a population in their given space. In this, “the milieu [Haiti] appears as a field of intervention in which, instead of affecting individuals as a set of legal subjects capable of voluntary actions – which would be the case of sovereignty – and instead of affecting them as a multiplicity of organisms, of bodies capable of performances, and of required performances – as in discipline – one tries to affect, precisely, a population” (Foucault 2009, 35–36). The drive to secure US territory “against possible threats” is dependent on a political anatomy (F, 28) that eviscerates the lived experience of the individual for their construction through and subjugation to expert knowledge production. The “right now” of security forestalls the future experience of those articulated upon through the technologies of securitization, even as an imagination about a possible (horrible) national future is employed.

In recent years, the securitization paradigm has been mobilized within the context of humanitarianism – extraordinary circumstances require extraordinary responses (S. Watson 2011; Chandler 2006; Bigo 2000). However, the urge to militarily secure a disaster site can exacerbate the already-existing socially constructed vulnerabilities that place some lives at greater risk. Further, as in the case of Haiti, securitizing the entirety of the humanitarian logistical operation in those first days, weeks, months, lead unwittingly to the eruptions of the very violence it was intended to secure

against. For the most part, official reports coming out of Haiti in the first days after the earthquake tended to discuss the quiet patience with which Haitians awaited aid. Reporter after NGO worker, after aid personnel noted that they were often the first foreigner that had seen since the earthquake, as activists and reporters became doctors (Hagopian 2010; Hallward 2010; A. Goodman 2010; Gupta 2010). Citing the possibility of looting and rioting, Defense Secretary Robert Gates announced there would be no airdrop of and supplies into the disaster zone<sup>48</sup> (Shaughnessy 2010; BBC 2010a). “It seems to me that without having any structure on the ground, in terms of distribution, that an airdrop is simply going to lead to riots as people try and go after that stuff,” said Gates (Qtd. in: Schogol 2010). On January 31<sup>st</sup>, a major coordinated effort was launched to provide 25 kg bags of rice to women<sup>49</sup> at 16 food distribution sites in Port-au-Prince (Schaper 2010). Seven distribution sites, five located in Cité Soleil, however, were not launched because of “security reasons” (Basu 2010).

As the first week went by and then the second with little food or medical aid delivery, Haitians did begin to migrate, but not toward the US (Ahlers and Mount 2010; Hallward 2010). They migrated to the rural areas to reach friends and families, or to receive medical attention at the Dominican border (McKinley 2010). As Peter Hallward put it, “the determination of US commanders to forestall this risk by privileging guns and soldiers over doctors and food has actually provoked some outbreaks of the very unrest they set out to contain.” This self-fulfilling prophecy of violence in Haiti was first informed and imagined through an historical lens of racialized fear – 200

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<sup>48</sup> Eventually, with much hoorah and celebration, airdrops were coordinated, first in securitized zones that were cordoned off by the military so they could retrieve and then manage distribution of the food and water supplies, and then directly to Haitians five miles northeast of Port-au-Prince in an overwrought display of benevolence. The video released by the US military of the drop resembles a post-apocalyptic zombie film, as the “benevolent” personnel fling small boxes of provisions to the hundreds of Haitians running under the helicopter that hovers just a few dozen feet from the ground (BBC 2010a; Schogol 2010). In the first day of securitized drops, 15,000 liters of water and 15,000 emergency rations were dropped.

<sup>49</sup> Previous, smaller food distributions were disrupted “by men” who jostled and took food away from women. Marcus Prior, spokesperson for the UN explained that the move to distribute food first to women was not unusual and had been very successful in other emergency operations (Schaper 2010; Basu 2010).

years of racialized discourses that have posited the US (and Europe) as “civilized” as juxtaposed to black Haiti has “criminal,” “uncivilized,” and “violent.” As CLR James (1963) outlined in *Black Jacobins* Haitian independence was viewed as a threat to US economic and political stability. These fears, made manifest through embargoes, invasions, and political interventions has been further entrenched through the destabilizing impacts of the continued NGO’ization of the country. The continual usurpation of sovereignty has had dire consequence on the infrastructure of the country, made so clear in the overwhelming devastation wrought by the earthquake.<sup>50</sup>

However, US media, intent on finding the “interesting” stories circulated reports of looting and rioting, relying on racialized assumptions about Black criminality rather than actual facts (Muir et al. 2010; Sawyer 19:28; Grillo 2010). For instance, reports of the 4,000 inmates who escaped when the National Penitentiary in Port-au-Prince collapsed circulated quickly, but not the fact that an estimated 80% of them were held without charge – political prisoners whose human rights claims were already being managed by Haitian and American lawyers (Lyon and Joseph 2010; N. Katz 2010; Reed 2011). Reminiscent of the post-Katrina response just five years earlier (and indeed, there were many comparisons), the media focused on scenes of chaos, ignoring the growing humanitarian disaster that resulted from the US military’s fixation on securitization before delivering aid (Mullings 2010). And like the heated discussions about the portrayal of the plight of disaster survivors in post-Katrina New Orleans (c.f.: Robertson 2011; Giroux 2006), so too, did the discussion arise about Haiti, as weary tropes of violence and superstition bombarded through the media (Charles 2010; Leak 2013; Solnit 2010). Whether intentional or not, these discourses worked to undergird the militarization of the humanitarian site, positioning the military forces as a saving grace in the midst of tragedy and chaos (Petersen 2014; Balaji 2011).

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<sup>50</sup> Just six weeks later, Chile experienced an 8.8 earthquake, prompting a slew of comparisons in popular media about the differences in casualties (Bajak 2010; Kurczy 2010; Lovett 2010; Olson 2010).

What is striking in the first few days of the mobilization of the US military to “secure” Haiti (in as many different ways that security is conceptualized), is the dual role of the Coast Guard and Navy under the direction of HSTF-SE: one-part humanitarian supply delivery, one-part securitization. Conceived in the first years following September 11, 2001, Operation Vigilant Sentry was a plan to barricade the US against not just Cubans and Haitians (and other Caribbean nationals), but potential terrorists. Since the 1990’s, securitization in humanitarian operations has been imagined as an anti-terrorism activity (Kozaryn 1996). After 2001, however, the ties between humanitarian securitization and anti-terrorism deepened, focusing on failed states as potential breeding grounds for terrorist activity. Indeed, the Final Report of the bi-partisan Commission on Post-Conflict Reconstruction (CSIS and AUSA 2003), produced by the Center for Strategic and International Studies (CSIS) and the Association of the US Army (AUSA) reported:

*One of the principal lessons of the events of September 11 is that failed states matter — not just for humanitarian reasons but for national security as well. If left unattended, **such states can become sanctuaries for terrorist networks with a global reach**, not to mention international organized crime and drug traffickers who also exploit the dysfunctional environment. As such, failed states can pose a direct threat to the national interests of the United States and to the stability of entire regions... The United States cannot get involved in all failed states or try to rebuild all countries following conflict, nor should it try to do so. The appropriate role for the United States will depend on the interests and values at stake, as well as the role that other international actors can and should play...The notion of comparative advantage should be central to determining the portfolio of long-term capabilities and mechanisms in which the US government should invest to create those options (emphasis added).*

After September 11, 2001, the argument goes, the world can no longer leave “far-away countries to their anarchy” – those spaces which make vulnerable the homeland became a new frontierland of fuzzy extraterritoriality (Bauman 2003). Haiti is always first and foremost scripted as a “failed state” – in the aftermath of the earthquake it was both failed *and* a humanitarian disaster. Although, “not all failed states are created equal” and “not all will be equally important to the United States and the international community,” regional stability must be maintained, economic development



encouraged, lives saved, and transnational threats reduced, according to the report (CSIS and AUSA 2003). In 2002, Attorney General Ashcroft made firmer linkages between the War on Terror and the Drug War, rec-casting a War on Narco-Terrorism centered on the Caribbean and the potentiality of money laundering (Mariner 2002). In his remarks at the press conference for the DEA/Drug Enforcement Rollout, he announced the new focus:

*The Department of Justice's priority of reducing drug abuse was given new urgency by the terrorist attacks of six months ago. Law enforcement has long known of the strong linkages between terrorism and drug trafficking. September 11 helped a wider audience of Americans see that the terrorist menace we face and the drug threat are often one and the same. Terrorism and drugs go together like rats and the bubonic plague - they thrive in the same conditions, support each other, and feed off each other. Drug traffickers benefit from the paramilitary skills, access to weapons and links to other clandestine groups that terrorists can provide. Terrorists, for their part, gain a source of revenue and expertise in money laundering from drug traffickers (Ashcroft 2002).*

The links were further entrenched by a report prepared by the Federal Research Division of the Library of Congress under an Interagency Agreement with the Department of Defense, in which researchers concluded that narcotics funds were increasingly funding terrorist activities. Citing Alvin James, an official of the US Internal Revenue Service,<sup>51</sup> who stated in a 2001 US Senate Committee on Banking, Housing, and Urban Affairs:

*...money is ready for those who need a discreet source of funds that is difficult to trace.... The links to terrorist funding through the BMPE [Columbia Black Market Peso Exchange] are even stronger today since the placement of drug dollars into US financial institutions now begins in any country of the world...The BMPE is active in Colombia, Dominican Republic, Guatemala, Haiti, and Venezuela. In these countries, the system is linked to Israel, Lebanon, Palestine, and Australia" (Berry et al. 2002).*

In 2003, Ashcroft further ruled that illegal immigrants with known ties to terrorist groups could be detained indefinitely to address national security concerns. Using this argument, just a few months

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<sup>51</sup> In fact, the Library of Congress Research Group misrepresented Mr. James who had retired from federal service as Special Agent with IRS Criminal Investigation Division two years previously and had joined Anti-Money Laundering Solutions group at Ernst & Young, LLP (A. James 2001).

later, he ruled that one Haitian immigrant, Daniel Joseph, who, although *himself* not a national security threat, if released “would tend to encourage further surges of mass migration from Haiti by sea, with attendant strains on national security and homeland security resources,” and therefore, must remain in custody (Qtd. in Swarns 2003; Bovard 2004; Margulies 2010). Ashcroft went on to explain that Haiti is a staging point for Pakistanis<sup>52</sup> and Palestinians for entry into the US (Mariner 2002; Shemak 2011). The triumvirate conflation of drugs-Haitians-terrorists was derided across news sources and human and immigrant rights groups, but it did not deter Ashcroft’s stance.

It is within these multiple discourses that the post-earthquake securitization apparatus was launched. As each strand fed into the other, the lives of Haitians were left to languish in a less-than-bare-life existence – their right to even *survive* in the aftermath of the disaster subsumed to the presumed responsibility of the US forces’ logistics of security: securing the airport, securing the humanitarian goods and services, securing the US against mass migration, and securing against an imagined violence. Miriam Ticktin (2009, 151) has gone so far as to state:

*The boundaries separating peacekeepers from war-makers and soldiers from torturers have become unsettled and diffuse, erasing the traditional taxonomies with their concomitant indexical markers of gender, space, and state. In these ubiquitous zones of violence, where national welfare is secured by warfare, where security means war on terror, and where every person may be both a potential target and a terrorist, emergent states of paranoia have pushed realistic visions of peace to the margins of awareness.*

Thus, certain (global) subjects are written out of “security for” and written into “security against,” immediately stripping the subject of basic cosmopolitical justice – whether through a politics of containment or the deportation of Haitian’s to cholera-riddled, still post-disaster Port-au-Prince. Twelve months later, despite a growing cholera epidemic, the on-going humanitarian crisis, and international pressure from the UN, human rights organizations, and other national leaders, the US resumed deportations with devastating consequences.

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<sup>52</sup> There is a Pakistani contingent of MINUSTAH in Haiti.

*The right to make die: Deportations*

*Immigration knockin' at my do'*

*I don't know what they knockin' fo'*

*It's so hard to live as illegal aliens*

*~Wyclef Jean Hollywood meets Bollywood (Immigration)*

On January 13, 2010, Janet Napolitano, Secretary of the Department of Homeland Security, announced they would temporarily halt the deportation of Haitians (Taft-Morales and Margesson 2010; Preston 2010). Overall, the move was met with applause from the human rights community while others, such as the Americans for Legal Immigration PAC, decried it (Fox News 2010). At the time of the announcement, 30,000 Haitian immigrants<sup>53</sup> were facing deportation, and about 160 were in detention (Preston 2010; Gamboa 2010). On December 9, 2010, ICE lifted its ban on deportations to Haiti. On the same day, the US State Department issued a travel warning to Haiti for all but essential travel due to “continued high crime, the cholera outbreak, frequent disturbances in Port-au-Prince and in provincial cities, and limited police protection and access to medical care” (USSD 2010b; IACHR Petition 2011).

The first plane of 27 men departed the US on 20 January 2011. They were incarcerated in jail cells that were littered with human feces and vomit for up to eleven days. They were denied clean water or food. Many of them fell ill, exhibiting cholera-like symptoms, but were denied medical treatment (A. R. Park et al. 2011). Wildrick T. Guerrier, died within nine days of arriving in Haiti (ACLU 2011). Although several advocacy groups across the world jumped into action, demanding the US (and other countries) halt the deportations, they continued.

The ICE News Release, published on April 2011 explains:

*The moratorium on removals to Haiti therefore meant that ICE was required to release some detained*

*Haitian nationals with significant criminal records into US communities, which in turn poses a significant*

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<sup>53</sup> While these numbers seem high, in 2009, 221 noncriminal Haitians were deported to Haiti, down from 1,226 the previous year, while deportations of Haitians with criminal records totaled 466 in 2009, compared to 428 in 2008.

*threat to the American public. As a result, after a year of suspended removals, the US government made the difficult decision to restart removals of a limited group of Haitian nationals to ensure the safety of US communities.*

The decision to resume deportations was couched in a rhetoric of security – protecting the Homeland against doubly criminal (first undocumented, then also convicted criminals) immigrants who may pose a threat to the US. Disregarding the health and safety of the deportees to Haiti is not a new phenomenon, as I will show in this section, but it was made manifestly more dire in the post-earthquake period, particularly as cholera ravaged the country (see the previous chapter). Further in this section, I trace the build-up of the post-September 11, 2001 securitization of immigration as it emerged from within the Department of Homeland Security, and the devastating impact that “policies that favor state security over human security” (Hyndman and Mountz 2007, 77) had on Haitian migrants. The hyper-securitization worked, in the first instance, to deny Haitians access to emergency food, water, and aid supplies in the immediate aftermath of the earthquake, as I showed in the previous section. But it also had devastating impacts, particularly through policies governing mobility, on the lived experiences, the health citizenship, of Haitians several months, and now years, after the earthquake.

Deportations to Haiti were a contentious issue before the earthquake. Prisons in Haiti had come under the scrutiny of international human rights groups for the deplorable conditions. The National Penitentiary (the one that collapsed in the earthquake, freeing all 4,215 prisoners) was built to hold only 1,050 prisoners (*In Focus Haiti: House Call in Hell, World's Worst Prison* 2008). Although built with foreign aid money, there was no provision for plumbing in the main holding block, meaning all personal evacuation needs were managed through the bars of the windows. Prisoners were allowed out of their overcrowded cells for only one hour a day. Several outbreaks of beriberi have occurred in prisons in Haiti in the recent past (Jobe Sprague and Alexandra 2007; Fernandes

2007). Other penitentiaries suffered from severe overcrowding, some did not have beds for prisoners, and many prisoners lacked access to basic hygiene, suffered malnutrition, and had either no access or only limited access to poor quality health care (R. Maguire 2006; Zack B 2013). Tuberculosis, HIV/AIDS, and other communicable diseases occur at higher than average incidence rate than the rest of the country (Zack B 2013; J. P. May et al. 2010). Further arbitrary imprisonment and prolonged pretrial detentions were and continue to be a serious problem (Amnesty International 2012). In 2012, the Haitian National Police estimated that of the 9,400 prisoners in Haiti, 6,200 were pretrial detainees. Approximately one-third had been incarcerated for a year or more (DoS 2013). According to international law and the Haitian Constitution (1987) pretrial detentions should only last for a maximum of 48 hours. Torture and cruel, inhuman, and degrading treatment (CID) has been continuously reported, as well (Zanotti 2011). Deportees, who had already served a sentence for the crime committed in the US were then delivered to a prison in Haiti, where they were held until a family member came to retrieve them. Those who had grown up their whole lives in the US or who simply didn't have any family, could languish for years (Decesare 1998). Despite these deplorable conditions, and despite the knowledge that Haitian deportees would most likely be detained upon arrival in the country, the US resumed the deportations to Haiti.

The move to deport Haitians was part of a broader policy enacted in the years following the September 11, 2001 terror attacks in the US. Immediately following September 11, 2001, Anthony S. Tangeman, Director of the Office of Detention and Removal chartered the Strategic Plan Working Group. In March 2003, Immigration and Customs Enforcement (ICE) (along with US Customs and Border Protection [CBP] and US Citizenship and Immigration Services [USCIS]) emerged from within the newly created Department of Homeland Security, and was “granted a unique combination of civil and criminal authorities to better protect national security and public safety in answer to the tragic events on 9/11” (ICE 2013). Three months later, the Strategic Plan was

revealed, code-named Endgame. Endgame was conceived as plan to remove “all removable aliens,” the “golden measure” of the program’s success over the next ten years (Tangeland and DHS 2003).

Immigration, since 2001, has been increasingly perceived as a security issue, based in a newly articulated geopolitics of fear that reflects a growing unease and vulnerability (Bigo 2002; Sparke 2007; Hyndman 2007). As Mathew Coleman and Austin Kocher (2011) point out, the management of populations through immigration enforcement is not new. Indeed, immigration into the US has continually been fraught with racial, political, economic, and ideological tensions over the past 140 years (Tichenor 2002). For instance, massive immigration sweeps, such as Operation Wetback (1954) worked both materially to remove (Mexican) migrants, but also performatively in making them remove themselves. The magnitude of their unwelcome was made plain by the government-sanctioned detention and removal of 3.7 million immigrants<sup>54</sup> during Operation Wetback, and the deepening militarization of the border between the US and Mexico through Operation Gatekeeper (begun in 1994) (Delgado, Perea, and Stefancic 2008; Garrasco 1997; Nevins 2002). But the scope and scale of immigration enforcement<sup>55</sup> since 2001 is dramatic – both drawing on and exercising public fears about the foreign other and the potentiality of all foreigners to be(come) terrorists (De Genova 2007). It is precisely in the body of the migrant where internal (in)security collides with external security threats in the socially-constructed terrain of fear (Bigo 2000), and through which the “war-like architecture” of “algorithmic security” functions (Amoore 2009, 51).

From within this frame of the securitization of migration, the DHS, and particularly ICE, attempted to overcome what Zygmunt Bauman (2003, 82) phrased as “extraterritorial issues that evade territorial solutions.” ICE was created with a unique set of parameters and dictates, among

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<sup>54</sup> Although there are also reports that a proportion of the removed migrants were in fact US citizens.

<sup>55</sup> ICE has over 20,000 employees in 50 states and 48 countries; USCIS employees 18,000; and, UCB employs 58,000, which means that the US currently employs 96,000 people (not including the Coast Guard) to manage migration (ICE 2013). Approximately 420,000 undocumented migrants migrate to the US each year (Moua et al. 2002).

which included a wide “discretion to detain” with little interference from courts (L. Martin 2011; Mathew Coleman 2007), a lack of responsibility to conduct a fair adversarial hearing with a demonstrated necessity for detention (Mannion 2013), and new isolated forms of detention against which ICE is not held accountable to make visible to families and lawyers, the spaces of containment as detainees are moved around the country to detention centers for processing and holding (Mountz 2012). According to law, and pursuant to US Supreme Court's decision in *Zadvydas v. Davis*, 533 US 678 (2001), immigrants may only be held for up to 180 days. Hence, after one year, the US, through its own delineation between the insider and outsider, found the need to resume deportations of those found to be doubly criminal.

The decision to resume deportations under the Obama administration's guidelines, did not meet the requirements to seek alternatives in cases of serious medical or mental health or where humanitarian issues were present (A. Wilson and Prokop 2013). In January, just three months after the cholera outbreak erupted in Haiti (see previous chapter), OCHA (2011) reported 209,034 cumulative cholera cases, including 117,930 hospitalizations, and 4,030 deaths. IOM reported that 850,000 people still lived in tent camps. There was only about 1 latrine per 100 persons, as opposed to the international standard of 1 per 20, and latrine cleaning was slowly being downsized as aid agencies ran out of money and withdrew from Haiti. The still-existing humanitarian crisis in Haiti should have been enough to continue the stay on deportations. The humanitarian crisis coupled with the mental and physical health of Haitian deportees, were not taken into consideration.

It has been well documented that prisoners suffer from a higher incidence of mental and physical health ailments, many of which are exacerbated through incarceration (Mallik-Kane and Visser 2008; Hammett, Roberts, and Kennedy 2001; Freudenberg 2002; Restum 2005). For Afro-Caribbean immigrants, there is an added layer of social stigma attached to accessing, particularly, mental health care in prisons, which further impacts their health (J. S. Jackson et al. 2007; J. S.

Jackson et al. 2004; Krieger 2011). Repeatedly, human rights reports have noted that Haitian prisons lack adequate health care facilities, particularly mental health practitioners to be able to manage the complex medical needs of patients in already over-crowded cells.

The unstable access to mental and medical health services within the prison system was only the first barrier that newly-arrived deportees faced. Many of the young Haitian deportees either left Haiti when they were too young to remember it or were born in another country. Many are unable to speak the language and have no or few social or kin networks in Haiti, leaving them vulnerable to poverty and alienation, and leading many to find housing in IDP tent camps (Kushner 2011b; Kushner 2011a). Deportations also have deep impacts on families, particularly when US citizen spouses and children stay in the deporting countries, as is often the case with Haitian deportees (Aiken 2012). A single petition, written by the Human Rights and Immigration Rights Clinic at the University of Miami School of Law, accumulated 280 signatures from organizations and individuals in just the few short days before it was delivered to Congress. On 4 February 2011, the Inter-American Commission on Human Rights issued a (IACHR 2011; OAS 2011). OHCHR and UNHCR jointly issued an updated return advisory on 9 June 2011 urging States to refrain from resuming deportations to Haiti on humanitarian grounds (Edwards 2011). In June, the ACLU and 51 other NGOs submitted a joint statement asking the UN Human Rights Council to urge the US to halt deportations (Tan 2011).

At stake is not simply the right to live (or the right to live well, free of heightened exposure to cholera, tuberculosis, and other infectious diseases that run rampant through Haitian prisons and IDP camps), but a much deeper right to make claims against both the US government against detainment and deportation, particularly as deportation led to exposure to these diseases. Caught in a limbo between not-quite-citizens of the US but not actually prepared to return to Haiti (particularly a newly-devastated Haiti that had not only experienced the cholera outbreak, but also



had been further devastated by Hurricane Tomas which created fatal floods, wiping out IDP camps and further heightening the cholera outbreak), Haitian deportees faced a particular vacuum in which their health citizenship was being mediated by US immigration policy (Steinlechner 2010; BBC 2010b; MSF 2010b).

Lacking any practical citizenship rights, Haitian migrants in the US were treated to a system outside of the usual rubric of rights associated with citizenship. Their very lives were put at risk in their deportations. Their lives, which for many had been cultivated within the US,<sup>56</sup> were made meaningless in the struggle over the sovereign right of the US to deport them. They were shuffled out of the US and into a humanitarian crisis, to negotiate their biological citizenship as best they could – often without the social and even lingual resources to manage an already fraught situation. Their bodies were placed at the mercy of a political system which gave no regard to the health crisis on the ground – many of them “sentenced to death” for petty crimes for which they had already paid their debt (Tan 2011; Warren, Bettinger-Lopez, and Patel 2011; “Deportations to Haiti: Still a Death Sentence” 2011). For others, however, the earthquake offered a renewed hope in the US. In the next section, I examine another technology of migration management that was mobilized in the aftermath of the earthquake – namely, the speed-up of adoptions of Haitian children.

*The right to make live: Adoptions following the earthquake in Haiti*

*There are good reasons for seeing poverty as a deprivation of basic capabilities, rather than merely as low income. Deprivation of elementary capabilities can be reflected in premature mortality, significant undernourishment (especially of children), persistent morbidity, widespread illiteracy and other failures. ~Sen, Development as Freedom, 1999*

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<sup>56</sup> As I explained previously, many Haitian deportees were born outside of Haiti, either in other countries or in the US, and many were raised solely in the US.

One of the first migration technologies to be mobilized by the US following the earthquake in Haiti was expedited adoptions.<sup>57</sup> The surge in adoption filings following the earthquake, however, was quickly stymied when cases of possible child trafficking surfaced. Indeed, on January 29<sup>th</sup>, 10 Baptist missionaries with New Life Children’s Refuge from Idaho were arrested as they tried to remove 33 Haitian children between the ages of two and twelve from the country without papers (Padgett 2010). The ten missionaries were charged with child abduction and criminal conspiracy. Eight of them were released within two weeks, but two who were believed to be the organizers of the trip were held for further investigation. Less known, and equally illegal, Governor Edward G. Rendell (PA) escorted a planeload of 56 children from Haiti to Pittsburgh on the 18<sup>th</sup> of January in the first wave of expedited adoptees.<sup>58</sup> It was soon discovered, however, that twelve of them, between the ages of 11 months and 10 years, were not actually in the pipeline for adoption, and most of the children had at least one parent still living (G. Thompson 2010; McKinley and Hamill 2010). The twelve children who were not already adoptive lived in an institution near Pittsburgh until December 2010, when their parents formally relinquished them.

Although the Rendell “rescue” was mostly a quiet affair, the fanfare surrounding airlifts of adoptive children to the US coupled with the case of the missionary operation brought the question of expedited adoptions in the midst of a humanitarian crisis, and ICA adoptions from Haiti, more generally, into the public media. The sudden airlift of children out of the country was, for many, reminiscent of other international adoptions during times of crisis that have exposed deep inequalities between adopting and relinquishing parents and have highlighted the risk associated with

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<sup>57</sup> This was not a purely US endeavor as several other countries also expedited adoptions: Canada (203), Belgium (14), France (489), Germany (62), Italy (2), Luxembourg (14), Netherlands (107), Spain (7), Switzerland (9), also expedited adoptions, but in much smaller numbers (ISS 2010). What is striking is the number *and* percentage difference. In 2009, US adoptive parents adopted 380 Haitian children.

<sup>58</sup> Recall, as discussed earlier, aid planes were being diverted to the Dominican Republic. And indeed, the Governor’s plane was denied landing permission until they announced they had the Governor on the plane. They were in Haiti all of six hours, during which time, their small plane had to leave. The military loaned them a C-17 (Vecsey 2010).

poor local regulations<sup>59</sup> (M. Davies 2011; Selman 2011). While none of the children in the care of the missionaries, it turned out, were actually orphans, they *were* given to them by families hoping adoption would offer them a better life. Further, the missionaries were aided by a man who was already wanted in El Salvador on a number of charges, including sex trafficking, raising new concerns about the potential traffic of children (Llana 2010; Hearst 2010). Haiti became, in just a few short weeks, a microcosm of the broader issues of intercountry adoption (ICA), making plain the many contentious issues already present globally. In this section, I briefly examine the emergence of ICA, highlighting just a few of the arguments both for and against. Using this as the lens through which to explore the ICAs in the weeks following the earthquake, I draw the question back around to where this chapter began: namely, whose lives matter, and why?

Intercountry adoption is a relatively new feature of migration,<sup>60</sup> and stems from humanitarian rescue efforts responding to the targeting of civilian populations during the Spanish Civil War and World War II (Marre and Briggs 2009). For the most part, rescue programs such as *kindertransport* in England, *Youth Aliyah* in Palestine, and *Expedición a Inglaterra* from the Basque region, were intended first as fostering programs (Korppi-Tommola 2008). Despite the intended repatriation of children to their home countries following the war, many children lost their parents and even extended family members, leading to their full adoption in the host country. During the Cold War, a new form of “compassionate” ICA emerged most strongly in the US (Bergquist 2009). Wars in Korea and Vietnam were heavily documented in US and European news sources, leading to an outpouring of support for children orphaned by war. In 1955, Bertha and Harry Holt created the first adoption agency dedicated solely to Korean children (Yuh 2005). The publicity around the

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<sup>59</sup> For instance, Operation Babylift (which I discuss below), the recent closing down of all ICA in Guatemala, Madonna’s questionable adoption in Malawi, and the Christian World Adoption scandal in Ethiopia.

<sup>60</sup> Which is not to discount (particularly forced) inter-cultural adoption in the US, such as the 200,000 impoverished immigrant children sent to farms in western states during the 19<sup>th</sup> century or the more than 10,000 Native American children who were “saved” from their lives and sent to boarding schools in order to “civilize” them (Bergquist 2009, 624).

adoptions created a fervor, leading to over 4,000 Korean child adoptions between 1955 and 1961 (Oh 2005). In 1975, 4,000 Vietnamese children were airlifted to the US, Europe, and Australia despite the fact that at least 2,700 of them were not orphans (B. M. Brown 1980, 81; Roby 2009). These adoptions were driven through a revival of Christianity, what Arissa Oh (Oh 2005) calls Christian Americanism, “coupling a diluted form of Christianity with values identified as particularly American,” in an urge to salvation against the “heathen” Communism (Patton-Imani 2012; Marre and Briggs 2009). It is, with each decade, that the pressing geopolitical matters of regions and particular countries have impacted ICA flows. Today, ICA has been marked by an overall change from humanitarian adoptions to family-building adoptions (Mezmur 2009). The ubiquitous availability of birth control methods has meant that there are fewer healthy (white) infants available for adoption, sending individuals and couples to other countries (Avitan 2007; Misca 2014).

Contestations over ICA are couched across a number of dividing issues: the presumed humanitarian aspect (benevolence) of rescuing a child from a life of destitution (in as many ways that it can be imagined) (Quiroz 2007; Merino 2010); concerns about appropriate racial and ethnic socialization upon ICA (Yoon 2004; Scherman 2010); and, the view that ICA is an act of neo-imperialism (Smolin 2010; Smolin 2007), permeated with a paternalistic gesture of saviorhood made manifestly glamorous by the high profile ICAs by celebrities, such as Angelina Jolie and Madonna (Mezmur 2009). Despite these contestations, advocates and detractors of ICA all agree that the bottom line is “the best interest of the child” (Abreu 2009; Collard 2009; Avitan 2007; Selinske J 2001). Today, ICA is predominantly a migration of children from poorer countries to more wealthy countries, raising questions about uneven relations (Selman 2002). Indeed, the very lopsided relationship between the global north and the global south, some have argued, has led to new forms

of exploitation and trafficking<sup>61</sup> of women and children (Rotabi and Bromfield 2012; Herrmann and Kasper 1992). Systematic vulnerabilities, made plain through the Zoe's Ark case in which charity organization members were charged with abducting 103 Darfur refugee children in Chad, through the mass adoptions in the years following the end of the Nicolae Ceausescu dictatorship in Romania, and the kidnapping of children in Guatemala and Honduras, have grown considerably in recent decades as a commercial market for adoptions has opened up, relying on parental fears of children's life-time vulnerability as situated against a more hopeful possible future (Avitan 2007; Smolin 2010; Bunkers, Groza, and Lauer 2009; Blair 2005). Except for the high profile cases, ICA is not heavily discussed in public media. However, in times of environmental and / or humanitarian disaster, ICA emerges from the invisibility of the intimate into the public gaze, raising anew, moral question about the removal of children from their home countries, particularly in times of catastrophe (M. Davies 2011; See for instance: A. D. Smith and Rolley 2007; Crumley 2007; Vigo 2013).

Regardless of the many ethical issues raised by ICA, the international community has, since at least 2004 been united against using disasters as a catalyst for adoptions (Selman 2009). The International Social Service<sup>62</sup> (ISS 2010) unequivocally states that "in the aftermath of a catastrophe, intercountry adoption is not a valid response, at least until conditions permit full family tracing efforts to be completed regarding the children potentially concerned." Further, UNICEF has repeatedly been criticized by ICA proponents for being "anti-adoption." Heightened vulnerability of both children and parents, the inability to find families when so many are displaced, and the need to maintain children in familiar surroundings until they have recovered, if only somewhat, from the shock of the disaster are all important to consider (Balsari et al. 2010). The lessons of the mass

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<sup>61</sup> Human trafficking is the third largest illegal trade in the world with an estimated 480,000 to 2.5 million persons trafficked annually (Meier 2008).

<sup>62</sup> Briefly, ISS is a federation currently working in 146 countries. The General Secretariat is in Geneva, Switzerland, and 25 branches and affiliated bureaus around the world adhere to international statutes and agreed casework practices. It collaborates, on a case by case basis, with statutory and voluntary organizations in more than 100 countries (Selinske J 2001).

foster-to-adopt programs following World War II, suggest that removing children in the midst of a traumatic experience increases rates of depression, insecure attachment styles, and coronary heart disease, as well as may have heavy impacts on individual's stress physiology in their adult lives (Pesonen et al. 2007; Foster, Davies, and Steele 2003; Alastalo et al. 2012; Rusby and Tasker 2009). However, despite the ample evidence and international pressure against adoption during disasters, the US has continually made emergency visas for orphans available. For instance, in 2006, US visas rose 75% for Ethiopian orphans and 93% for Liberian orphans (Selman 2009, 62).

In 2007, there were an estimated 380,000 orphans<sup>63</sup> in Haiti, but only 50,000 had no living parents (JCICS 2010; Balsari et al. 2010). Further, UNICEF estimates that 225,000 Haitian children,<sup>64</sup> mostly girls, are *restavèk* (literally, “stay-withs”) – children who have been sold or given away by their parents to work for another family because the birth parents’ inability to feed and educate them (C. Michel and Bellegarde-Smith 2006; Grumiau 2012). Often rural, always poor, families send their children to work as domestic labor in the hopes that they will be fed and gain an education. Although technically not slaves, as children are not legally owned by their host families, and only remain with the families until the end of childhood, at the age of 15, many run away and often end up on the streets (Abrams 2010). In 2009, the Special Rapporteur on Contemporary Forms of Slavery, Gulnara Shahinian, noted that two new tendencies had emerged within the *restavèk* system: the growing use of paid recruiters in the placement of children and the shift from mostly wealthy families taking in the young children to a growing number of poor families taking them in (UNHR 2009). Both placing children in orphanages and placing them with another family are seen as a form of child social welfare in the absence of a social welfare by the state. When the

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<sup>63</sup> In Haiti, the legal status of “orphan” is loosely defined as having lost one or both parents. It is estimated that 80% of Haitian orphans have a biological parent still alive (JCICS 2010; ISS 2010). Laura Briggs and Diana Marre argue that since the end of the Cold War, most children who are orphans are only legally orphans and have one or more parent still alive (Marre and Briggs 2009, 12).

<sup>64</sup> It is difficult to get an accurate count of *restavèk* children in Haiti. Some organizations put the number as high as 500,000

earthquake struck, already dispersed families had no way to track each other down. Trafficking, already a problem in Haiti, was made imminently worse in the aftermath (Ferris and Ferro-Ribeiro 2012).

According to Haitian law, children may not travel to the US to be adopted, but rather, prospective US adoptive parents must travel to Haiti to initiate the adoption process. Adoptions take, on average, two years to complete (although there are cases in which it has taken as long as four years), and in the meantime, children are housed in orphanages, which subsist on donations and fees paid by adoptive parents.<sup>65</sup> In 2012, *Institut du Bien-Être Social et de Recherches* (IBESR), Haiti's adoption authority, authorized a limited number of US adoption service providers (ASPs) to provide adoption services in Haiti under new administrative adoption procedures. Haiti was not party to the Hague Convention on Protection of Children and Co-Operation in Respect of Intercountry Adoption until 2014,<sup>66</sup> but US adoptions of Haitian children were held to strict guidelines laid out by the US State Department in order to safeguard against trafficking (USSD 2010a).

Children's protection through international agreements such as the UN Convention on the Rights of the Child (UNCRC), entitle children to rights (written politically), but deny them other rights which constitute citizenship, such as the right to vote or to run for political office (Doek, 2008). Although citizenship begins at birth (UNCRC), the very existence of children as autonomous actors in the choices of their daily lives is subsumed to broader global practices, to include ICA (Chin 2010). Global conventions and agreements are meant to protect children in ICA through mandates of case-by-case processing, but in cases of deep poverty and disaster, broad-sweeping adoption practices are often mobilized, disrupting the very legislations in place to protect children

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<sup>65</sup> Adoptive parents pay, on average, \$200 per month. In a country in which most people live on \$2 a day, this makes adoptive children a rather lucrative commodity in the global economy.

<sup>66</sup> Haiti did deposit its instrument of ratification of the Hague Adoption Convention on 16 December 2013, and will enter into full force on 1 April 2014.

(Uchehara 2011). Poverty, more than any other marker, works to deny children other fundamental rights related to education, work, and freedom from a range of violences. There is in this a coloniality of power that “indexes the ways that capitalist accumulation is constituted through the reworking of hierarchies of racialized and gendered difference, thus redrawing the social and spatial boundaries between hyper-exploited wage work and the people and places cast out from its relations” (Quijano qtd. in: Nast and McIntyre 2011), and I would argue of the transnational adoption of poor children from the global south. Indeed, following on the long history of adoption and placement of children (to include indigenous, poor white migrant, and colonial children) with “civilized” European care-givers during colonial periods, it is difficult not to see a continuity in the mobilization of tropes of hierarchies in construction of poor children.

The desire to adopt in the immediate aftermath of the earthquake reflects a broader spectrum of inequalities that are written into the intimate lives of women and children of the global south, highlighting the geographical dimensions of ICA (Dubinsky 2007). As Laura Briggs (L Briggs 2012, 82) states, understanding ICA “is also part of a struggle to theorize poverty and precarity and the stratification of reproduction – including the birthing and raising of children in inequalities associated with race, labor, and sexuality in a transnational context.” A child’s precarious position becomes, through ICA, the site of acts of heroism (Blasco 2012).

Further, questions are raised about the grievability of life. As Judith Butler (2009, 15) posits:

*according to the future anterior (which is also part of ordinary language), grievability is a condition of a life's emergence and sustenance. The future anterior, "a life has been lived," is presupposed at the beginning of a life that has only begun to be lived. In other words, "this will be a life that will have been lived" is the presupposition of a grievable life, which means that this will be a life that can be regarded as a life, and be sustained by that regard. Without grievability, there is no life, or, rather, there is something living that is other than life. Instead, "there is a life that will never have been lived," sustained by no regard, no testimony, and ungrieved when lost. The apprehension of grievability precedes and makes possible the apprehension of precarious life. Grievability precedes and makes possible the apprehension of the living being as living, exposed to non-life from the start.*



And if it is grievability, the possibility of a life not lived that drives the urge to adopt, at what point does that grievability become moot? Although International agreements and laws regarding children insist that a child is a person under the age of 18, the culturally understood age of adulthood varies across the globe (for instance, in Haiti, it is 16, in other countries it as late as 30, or when a rite of passage has been enacted, or at the birth of a first child). Childhood is a contested idea of personhood that is often limited to an age-frame. In western liberal democracies, children are presumed to be “adults in the making,” not yet actualities, but rather, are sets of potentialities, “becoming rather than being” (Castañeda 2002, 1). And yet, a number of geographers have argued that the lives of children and youth often take on “adult” features much earlier than age-set limits would suggest, as young people provide for the material and emotional needs of households across the globe (R. Payne 2012; Kesby, Gwanzura-Ottmoller, and Chizororo 2006; Sporton, Valentine, and Nielsen 2006) even as others are treated like adults in the criminal justice system (E. Brown 2011). Claiming childhood within a temporal frame fails to take into account the “complex processes of social identification that take place as young people negotiate what it means to be a child in the context of different ‘age’, gender and racialised expectations and against a backdrop of discrimination and social exclusion in different relational geographical spaces” (Sporton, Valentine, and Nielsen 2006, 203). The claim of a particular form of innocence<sup>67</sup> that is embodied by children acts to Other them, to essentialize them to what the viewer holds them to be, “playing to adult desires and agenda [that] can be restrictive of children’s lives in terms of identity, space, and practice” (O. Jones 2008, 201; O. Jones 2013). In making claims against their Otherness the adoptive family presumes to “save” the child(ren) from a future-Otherness of disorder (and hence, present and future securitization and containment), thus marking them as a life worth grieving.

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<sup>67</sup> Many authors have pointed out that children are often conceived through the lenses of victim or perpetrator (Bordonaro and Payne 2012; Bordonaro 2012; Parkes and Conolly 2011); however, for the purposes of this chapter, I am mainly interested in how Haitian children were presented as “victims.”

The question about “life,” or even a life worth grieving, draws us back to our starting point – namely to biopolitics, or the politics of “ways of apprehending, controlling, and administering life, and how these modes of power enter into the very definition of life itself” (J. Butler 2009, 16). What is enacted in ICA is a biopower of privilege – the right to make claims to “save” the lives of others. Clearly, the decision to “save” Haitian children in the aftermath of the earthquake was, for many, a desire to offer children “better” chances at living life well (Uchehara 2011). It would be presumptuous to assume that children did *not* desire to be adopted by US (and other) parents around the world, and indeed, the agency and desires of children living within Haiti’s network of orphanages and adoption centers has yet to be properly studied.<sup>68</sup> However, the desire for so many in the US (and in Europe) to “do something” does raise questions about the mechanisms by which some lives are made properly “grievable” versus those (as in the containment and deportation of Haitian adults) that are not.

More broadly, and as many others have argued, adoption is an immediate “do something” act that elides the pressing concerns of uneven development that have lead parents to look for economic stability for their children beyond the family unit. The health citizenship of Haitian children, then, is moved into the purview of others (mostly US and European adoptive parents) as Haitian parents seek for a better, healthful life for their children. But more than the social citizenship in health, is the more immediate political citizenship that is conferred through adoption.

The Child Citizenship Act of 2000 confers automatic citizenship on all adoptee children who have lawfully entered the country for permanent residence. The Haitian adoptees who were granted humanitarian parole in January 2010, however, did not yet have citizenship as the adoption process

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<sup>68</sup> I take very seriously the charge by Kirsi Paullina Kallio (2007; 2012), Owain Jones (2008; 2013) and others (C. Katz 2004; Philo and Smith 2003; Elwood and Mitchell 2012; Mitchell and Elwood 2013) to recognize the political agency of children and the importance of both child-centered and adult-centered research through which entangled social and political relations that impact the lives of children in an adult-made world may be laid bare. Unfortunately, the child-centered approach to the events surrounding Haitian adoption following the earthquake is outside of the scope of my research.

was not completed. And yet, they were already-almost citizens for the simple fact of being in the adoption process. Their almost-citizenship status afforded them a heightened responsiveness for evacuation for expedited adoption. Already almost-US citizens, their health and well-being afforded them the opportunity to access military and humanitarian airlift out of the humanitarian site that was Port-au-Prince, Haiti. Before they were able to access their politically recognized US citizenship, they were afforded the ability to exercise a kind of humanitarian health citizenship, drawing us back to the question of biological citizenship, more generally, and to ask whose lives are worth saving, more specifically.

### *Conclusion*

Borders are the edge against which imaginative geographies come to be drawn, marking the limits of the spatiality of citizenship, representing the boundaries of inclusion and exclusion. Movement across them is managed through and by the claims of sovereignty that states hold. But the right to make these claims are not fixed, and indeed, sovereignty, itself, in the case of Haiti, has been continually degraded through ongoing occupation and heightened securitization.

In the case of Haiti after the earthquake, there emerged a rigorous culmination of multiple strands of securitization by the US in the name of Homeland Security. It is here that the collision of geopolitical fears encompassing securitization, humanitarianism, and immigration exploded into a peculiar transnational management of citizenship, particularly health citizenship. At each turn, the health of Haitians was mediated through calculative technologies of humanitarianism in the age of the War on Terror, held in the crux of notions of the “failed state” and heightened by the very *nearness* of the disaster and its inhabitants. Already appearing, to one US official “like the aftermath of nuclear warfare” (Waterfield 20:53), the island nation was more deeply militarized than MINUSTAH would have it be in the bid to securitize its inhabitants. Activating preparedness plans implemented in the wake of September 11, 2001, and in the name of Homeland Security, tens of

thousands of US military and civilian government personnel were mobilized just hours after the earthquake.

While many authors have pointed to the continuities (albeit differently articulated) with Cold War securitization apparatuses (Farish 2008; Ingram and Dodds 2009; Masco 2009), I would argue that there is also a continuity with early concerns about the ease with which germs and diseases cross borders undetected. As I have discussed in previous chapters, enforcement against the travel of diseases in the bodies of migrants led to the extension of the Marine Hospital Services, the birth of global health, the tightening of immigration controls, and systems of remote (and even island) quarantine and detention centers (e.g., Angel Island, Ellis Island, Lazaretto Quarantine Station on Tinicum Island, etc.). Today, while these fears have not abated, they are now joined by geopolitical fears of the threat of terrorism, acting as a newly-articulated catalyst for the ever-growing use of technologies of border management.

However, at the other end of the spectrum are the lives of the “innocent” – children whose lives are already imagined as intimately precarious, made more so by the devastation of the earthquake. Children’s politics disappears in the desire to save, subsuming their agency to benevolence that is scripted as, itself, an apolitical act. But “being political does not necessarily entail engagement in formal or electoral politics but occurs in a broad range of relations between people and groups wherein norms, practices, ideas, and ways of organizing material life are challenged questioned, and potentially reconstituted” (Cowen and Gilbert 2008b, 1). Indeed, Engin Isin (2012, 6–10) insists that we think about migrants not as simply “moving subjects” but “acting subjects” who through their very mobility are enacting their political subjectivity, and by extension, “negotiating, interrogating and exposing the paradoxes of enclosed and enclosing citizenship” and “act through or produce interstitial spaces between sovereignty and connectivity.” The deep irony of globalization is that while it has brought the world “closer” the very time-space compression that

is heralded as an age of modernity has, unwittingly, also deepened inequality, drawing deep imbalances across lives that would be otherwise disconnected. What emerges here, then, is a differently calculated sensibility about the lives that have come into such close contact. While children of undocumented migrants are locked up with parents in detention centers across the US (L. Martin 2011), other children, separated from their families, are viewed through a transnational locus of vulnerability that warrants their rescue. Penal tactics mobilized to manage migrant and refugee flows sit uncomfortably up against the practice of ICA. “When lives are at stake,” who decides *which* Haitians’ lives must be regulated and confined versus whose are given freer (indeed, *expedited*) flow across borders? If for instance, as I have tried to show, economic precarity is by its very nature a political precarity, how do some vulnerable lives come to be viewed as worth saving?

It is here that a renewed engagement of cosmopolitical justice arises. I am not arguing for a “politics of rescue...[or] the complex web of interests and relationships that lie behind the perceived altruism of ‘rescuing’ children from a life of poverty, often exacerbated by humanitarian emergencies, to one of wealth, security and opportunities overseas” (M. Davies 2011, 50), but rather a social ontology of relationality that views the rights and worth of others as equally important to our own (lives, nationalities, cultures, etc). To examine the biopolitical exclusion of (some) lives while insisting upon social and political rights of others is to demand a closer analysis of differently articulated precarity, that currently is lacking a component of global justice

## 6. Conclusion: Where did the money go?

*Let us begin our activism right here: with the money-driven villainy at the heart of American foreign policy. To do this would be to give up the illusion that the sentimental need to "make a difference" trumps all other considerations. What innocent heroes don't always understand is that they play a useful role for people who have much more cynical motives. The White Savior Industrial Complex is a valve for releasing the unbearable pressures that build in a system built on pillage. We can participate in the economic destruction of Haiti over long years, but when the earthquake strikes it feels good to send \$10 each to the rescue fund. I have no opposition, in principle, to such donations (I frequently make them myself), but we must do such things only with awareness of what else is involved. If we are going to interfere in the lives of others, a little due diligence is a minimum requirement. ~ Teju Cole, *The White Saviour Industrial Complex*, 2012*

Haiti is often positioned within discourses of the “failed state” narrative as a country that is incapable of performing within the political, social, and economic rubric that has been framed as the appropriately liberal democratic method of performing statehood, and by extension, through which the Haitians themselves may perform their citizenship. This rubric ensconced in Gramscian terms as “hegemonic,” is deeply imbricated with an imagined perfected state of modernity that is never reached, but whose continuum along which countries sit in the meta-discourses of development. In thinking of history and historical development as a linear series of events of unfolding progressions, there is a failure to recognize what Walter D. Mignolo (2005) calls the historical-structural heterogeneity of historical moments – the making space for localized histories over meta-narratives. In doing so, the constitutive logic of coloniality – that is, the power differential which not only manifests through governance but also through governmentalities – becomes elided by and encompassed in the totalitarian regime of an enforced ideology of a single modernity. Historical progression, then, can no longer simply be taken as a problem of transition, but rather becomes a problem of translation (Chakrabarty 2000). The struggle to enforce a distinctly Euro-American modernity onto the Global South, however it is homogenously imagined, is a struggle for legibility – to make sense of difference in order to draw presumably pre-modern places and people into a set of metrics through which to

rationalize and standardize administrative control (J. C. Scott 1998; B. Anderson 1999; T. Mitchell 1988).

Haiti, in its declaration of independence from France, represented as an anomaly of the dichotomous structuration of modernity. Not only was it the first free Black nation, but it also exercised universal freedom for all humankind in a way that the US and French revolutions could not promise (Chomsky 2004; C. L. R. James 1963). Many scholars of Haiti have remarked that it is for the crime of the audacity of Haiti and her people to supersede their presumed place in the continuum toward modernity that they have been continually “punished”<sup>1</sup> – first politically by Spain, France, Great Britain. The US refused to recognize Haiti until it was politically prudent during the Civil War in 1862. Southern senators feared the possible domestic impacts that a formal recognition of Haiti would, in effect, be taken as a recognition and legitimation of a revolutionary government that had overthrown slavery from within (Wesley 1917; B. Plummer 1992). The Union’s recognition of Haiti was as much about delegitimizing the Confederacy as it was about creating diplomatic ties in order to develop a colonization site<sup>2</sup> to send (or encourage migration by) free blacks in the US (Lockett 1991).

Haiti was “punished,” secondly, via a crippling embargo from France and the US, and further by France in 1825 through the indemnity charge of 90 million francs (Jeb Sprague 2012b; Sepinwall 2013; Schuller and Morales 2012; Kidder 2010; Dastine and Louis 2005; Laudun 2009). Cut off from integrating fully into global trade and burdened with the large debt to France (which was not fully paid off until 1947), the Haitian governments struggled to bring the economy of Haiti toward growth. Whether one takes the view of these acts as “punishment” or as geo-economic

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<sup>1</sup> The notion of “punishment” took on a new tenor following the earthquake in 2010. Reverend Pat Robertson, and many of his followers, for instance, wasted no time blaming the earthquake on Haitians and “the pact with the devil” they made to gain independence (Turley 2010; Boteach 2010; Shuler 2010).

<sup>2</sup> Lincoln was an ardent supporter of the colonization movement that was an effort to find a new home country for free black people.

processes of protection against the infiltration of what promised to be an economically devastating philosophy of freedom that exposed the fluidity of its presumed limits, there is no doubt that the exclusion of Haiti from the growing webs of interconnectivity that represent 19<sup>th</sup> century expansion of globalization had long-lasting and destructive effects on the nascent state.

The refusal to recognize Haiti followed by the continual representation of Haiti as being embroiled in a perpetual crisis of sovereignty-statehood, is, I argue following on James Sidaway (2003, 159), a crisis of representation. It is a crisis of representation written through imaginative geographies that posit the country as always lacking, fragile, or failed (J. Sharp 2008; c.f. Shamsie 2006; Lundahl 2011). But while historians and critical theorists focus on the crisis of representation and its impacts on sovereignty, I argue that is important, also, to focus on the impact on citizenship. Researchers and practitioners have been heavily interested in the impact of international aid and development projects on the lived experiences of the Haitian population, particularly with regard to health (Brodwin 1996; Chomsky, Farmer, and Goodman 2004; Farmer 1994; Farmer 1999; Farmer 2003; E. James 2010; Maternowska 2006; Schwartz 2010). In asking historical questions about the growth of the health and development industry in Haiti, I am searching for a firmer understanding of how people and places are first pathologized and then swept up in these structures of caring, and the impacts these have on the health citizenship of subjects. Examining the history of health interventions in Haiti, and examining the uneven distribution of health services during what was considered to be a “modernizing mission” in Haiti, exposes long-lasting prejudices that first inform occupation and intervention, and then impact implementation of processes as they are experienced through the lens of health citizenship.

Clearly, examining the bookends of 100 years of intervention in Haiti elides a swathe of historical processes that contributed to the disaster in 2010. However, at the same time, by juxtaposing these two moments in time against each other, it becomes difficult to overlook the



continuity in discourses supporting and informing the interventions. Examining the historical trajectory of US imperial and humanitarian impulses in a single country and at two ends of a century lays bare the “continuous character of American influence ... of informal imperialism” (Sparke 2005, 245). The transnational hegemony of the US over Haiti has not necessarily been an uninterrupted, or indeed even particularly smooth process, but it does provide a sense of continuity in both the discursive constructions necessary to continually engage with Haiti through imperial interventions and the ideological underpinnings which have supplemented (and perhaps even supplanted) the imagined geography that has been the US’s construction of Haiti. Despite the vast differences in stated motives for humanitarian intervention in 1915 versus 2010, undergirding them both has been an “interplay of geopolitics and geoeconomics” (Sparke 2007, 339), where “geopolitical forms are recalibrated by market logics” (Cowen and Smith 2009, 24–25).<sup>3</sup> The expression of this interplay has, of course, been expressed through different institutions and different material practices over time, but in tracing them, there also emerges a continuity that is impossible to overlook.

In this last section, I want to take one last look at some of the political and economic processes that unfolded after the earthquake of January 12, 2010. Immediately following the earthquake, the Bill Clinton, with the help of Eric Braverman of McKinsey and Company,<sup>4</sup> a Washington consulting firm,<sup>5</sup> and Laura Graham, chief of staff of the William J. Clinton Foundation, designed and launched the Interim Haiti Recovery Commission, headed up by an Executive Committee of William Clinton and then-Haitian Prime Minister Jean-Max Bellerive

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<sup>3</sup> In this, geopolitics encompasses both external relations and the “geopolitical social” and geoeconomics denotes a “geography of economy and security ... with its own attendant social forms (Cowen and Smith 2009, 23).

<sup>4</sup> This is the same consulting group brought in to Indonesia and Sri Lanka in the wake of Indian Ocean Tsunami.

<sup>5</sup> The US Department of State Fast Fact on the US Government’s work on Haiti states: The Government of Haiti created the Interim Haiti Recovery Commission to ensure the planning and implementation of the recovery efforts are Haitian-led; involve and coordinate the donor, civil society, and private sector communities, promote performance towards Haiti’s development goals; ensure accountability and transparency; and to communicate clear outputs desired by the Haitian people” (DoS 2011). However, this has been heavily contested from the beginning.

(Thatcher 2013; Johnston 2014). The IHRC held an 18-month mandate to oversee the project disbursement of \$11 billion in post-earthquake pledges,<sup>6</sup> presumably in line with Haitian development goals, after which, it was to be turned over to the Authority for the Development of Haiti, composed of all Haitian officials (Panchang and Bell 2012). Bellerive was, originally, the only Haitian sitting on the commission; however, after a number of Haitian politicians complained, the number on the commission grew to 32 representatives, of which Haitians held just 14 votes.<sup>7</sup> Of the total 16 Haitian representatives on the board, only two non-voting members representing the Haitian diaspora and Haitian NGOs<sup>8</sup> were able to attend meetings regularly (Hartberg, Proust, and Bailey 2011). The remainder of the seats (all voting) were held by Clinton, a representative of CARICOM, and a representative from each donor who pledged more than \$100 million for reconstruction efforts in Haiti (Brazil, Canada, France, Spain, the United States of America, Japan, Norway, World Bank, European Union, Venezuela, UN, Inter-American Development Bank, and the International Federation of Red Cross and Red Crescent Societies). In December, just eight months after being officially established by the Haitian government, twelve Haitian (non-Executive Board) members of the IHC sent a letter, published in the Haitian Newspaper, *Le Matin*, to Bellerive and Clinton complaining about procedural and communication breakdowns:

*No actual functional relationship exists between the Executive Secretary and the Haitian side of the council, or between the latter and the Executive Committee. Projects are often forwarded as summary tables to the Board, only on the eve of meetings. Procedural changes related to the formalities around submission of online projects vary without notice.*

The letter went on to explain:

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<sup>6</sup> The money, itself, was held and disbursed by the World Bank.

<sup>7</sup> Besides Jean-Max Bellerive, the other votes were held by: The Chamber of Deputies (1), the Senate (1), the business community (1), the Judicial branch (2), the labor unions (1), the local authorities (2), the Executive branch (5).

<sup>8</sup> The third non-voting seat was held by the OAS.

*In reality, Haitian members of the board have one role: to endorse the decisions made by the Director and Executive Committee. Prof. Jean-Marie Bourjolly made a comment, in his October 4, 2010 memorandum, which summarizes the situation well: “We should focus more on building a plan that is strategically and tactically consistent with the general principles set forth in the Plan of Action.”*

Altogether, the plans and projects that were coming through the IHRC were “interesting,” but for all practical intents, not actually functional for moving forward from relief to reconstruction.<sup>9</sup> Indeed, by January 2012, there were some 256 pages of approved projects, but few were fully financed and even fewer finished (NYT 2012).

But perhaps more to the point, the development of the IHRC was uncannily reminiscent of the US occupation 100 years earlier, to include the massive occupation, as I showed in the two previous chapters. Indeed, like Farnham, who had worked furiously to help US investors gain a foothold in Haiti through the banking and railroad industries before the occupation, Bill Clinton in conjunction with the International Development Bank, in October 2009, conducted an investor conference in Haiti that drew 200 international investors to the country (AP 2009). This meeting, the invitation announced, “is emphatically business oriented [and] [i]ts specific objective is that every highly ranked businessperson representing international companies have a first-hand approach to these opportunities, meet partners, clients and suppliers in the country, discuss with public officials key regulatory aspects, and work towards closing business deals” (IDB 2009). To be fair, the IDB and Clinton worked hard to bring international investors into a working relationship with Haitian business leaders, unlike Farnham. But then again, like Farnham, when the earthquake struck, Clinton easily slid into position as financial advisor to the country, whose governmental powers were transferred to the IHRC, to manage all funds donated. More than one commentator noted that the

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<sup>9</sup> For instance, none of the projects included rubble removal (HSG 2012; Bernadel 2010).

IHRC was decidedly un-democratic. Members were not elected, and in fact, many commented that the international seats were “bought” with pledges. As one IHRC board member reported after its dissolution:

*Project plans were initiated by the institutions that have always run Haiti, the IDB, the World Bank, the UN, USAID and individual donor countries that had pledged enough to secure a seat on the IHRC board. That meant there could, by definition, be no effective realization of the IHRC's declared main aim of assessing reconstruction needs and responding to them in a systematic, co-ordinated manner (Qtd. in: HSG 2012).*

In May 2011, the US Government Accountability Office released a scathing report about reconstruction efforts in Haiti, noting “[a]lthough IHRC has established key governance structures and procedures, the commission is not fully operational...due to delays in staffing the commission and defining the role of its Performance and Anticorruption Office – which IHRC officials cited as key to establishing the commission as a model of good governance” (GAO 2011). The very organizational office intended to protect against corruption and to ensure transparency was not yet functioning. Further, the GAO found that the uneven approvals for funding across sectors was leading to an imbalance in projects that did “not align with Haitian priorities.” Since 2010, researchers have sought to find just what happened to the money that the IHRC was meant to funnel into development projects. So where did the aid money go?

Immediately following the earthquake, some \$379 million and 5,000 military personnel were allocated for immediate assistance relief by the United States. Of that \$379 million aid package, 33 cents of every dollar went to pay the US government as reimbursement for sending the military troops in and 42 cents on every dollar went to private and public NGOs, like Save the Children, PAHO, and UN World Food Program (Quiqley and Ramanauskas 2012). Of the remaining money,

nine cents was allocated for food, nine cents for transportation, five cents to pay survivors and for recovery efforts, and just one penny to the Haitian government (Fisch and Mendoza 2010).

By September 2013, only 7,000 new homes were built and 27,000 repaired (Johnston 2014). Although the number of displaced persons in Haiti is down to 200,000 (from a high of between 1.5 and 1.8 million), many were forcibly evicted or given a small subsidy to vacate tent camps. USAID decreased the projected number of houses, to which \$97.3 million were pledged, down by 80% from 15,000 to 2,649 as a result of “inaccurate original cost estimates that used inappropriate cost comparisons from the Haitian government’s request for larger houses with improvements such as flush toilets” (GAO 2013, 1). These were expected to take another two years to be completed. As of June 2013, USAID had obligated \$336 million and disbursed \$229.5 million of the \$651 million appropriated for reconstruction. Among the allocations was \$170.6 million to construct a power plant and port to support the newly developed Caracol Industrial Park (GAO 2013). By September 2013, the Park had only employed 1,500 Haitians out of the 65,000 promised, with a pay of \$3.40 a day (J. M. Katz 2013b). Of the \$6.04 billion in humanitarian and recovery funding channeled to Haiti by bilateral and multilateral donors from 2010 to 2012, less than 10 percent of it went directly to the Haitian government and less than .6 percent was funneled to local Haitian NGOs and businesses (Farmer 2013b).

I bring this all up not just to point to the overarching failure of any single actor or groups to properly coordinate funds and reconstruction efforts, but rather, to point to the continued ways that Haitian sovereignty has been side-stepped and removed from the equation of governance at different points and in different ways since the earthquake in 2010. Paul Farmer (2013b) recently noted:

*Despite agreements on aid effectiveness reached in Rome, Paris, Accra, and Busan over the last decade, 80 percent of aid from major bilateral and multilateral donors to fragile countries still*

*bypasses the systems of local public institutions. But the aspiration to improve the lives of those living in extreme poverty through better public health, public education, and public works by definition requires public-sector capacity.*

It is the failure to build a public sector and to support the existing government that I am most interested in. Haitians' ability to engage with their government, to *have* their own government, has been continually interrupted since 2010 (well, and as I show in this dissertation, at least since 1915). Elections, which were held at the first peak of the cholera outbreak and which denied the inclusion of the largest political party, and the party that represents the largest sector of Haitian society, was denied participation (see chapter 4). Securitization and migration management was mobilized against the Haitian people, not for them, following the earthquake (see chapter 5). And funding, intended to support the reconstruction of the country bypassed the actual infrastructures of the country (both private and public) and was funneled back into international organizations, governments, and corporations.

It is through the re-inscription of power of institutions through health and development that the disconnection of Haitians from their own health citizenship is made manifestly clear. The transnationalization of health citizenship through non-governmental and supra-governmental organizations has stripped Haitians of their ability to actively engage in the economic, political and social negotiations related to the rights and responsibilities of individuals to and within the nation-state and of the nation-state to the individual with regard to healthful living. This is not merely about limiting Haitians' access to health care, but includes all that is incumbent in letting live well. For Haitians, their access to health citizenship was already in a precarious position in relation to the over-NGO'ization of the country; but this precariousness was more deeply entrenched, first by the devastating earthquake, and then with the outbreak of cholera.

## **Appendix A: A note on historical methodologies**

I completed the bulk of the historical work in archives across the US and England as well as online. Over the course of nearly two years, I visited the University of Washington Federal Repository and Special Collections, Seattle, WA; National Archives and Records Administration (I & II), Washington, DC & College Park, MD; National Library of Medicine, Bethesda, MD; National Museum of Health and Medicine – Otis Historical Archives, Silver Spring, MD; Wellcome Library, London, England; David Nicholls Memorial Library, Regents Park, Oxford, England; Rothermere American Institute, Oxford, England; and the Rockefeller Archive Center, Sleepy Hollow, NY. I have also been in communication with the Philosophical Society, Philadelphia, PA. Online archives have included Archives.org, the NAACP Archives, *The Nation* Archives, the *New York Times* Archive, Hathitrust Archive, and various library archive collections that have been uploaded online such as the University of Wisconsin Digital Collection of Foreign Relations of the US papers and Florida International University's Digital Library of the Caribbean. I have also spent quite a bit of time visiting military history websites and forums. They have been invaluable for finding personal accounts of military personnel in Haiti and Santo Domingo during the occupation. The diaries, photos, and news clippings which were sometimes uploaded from other archives, and sometimes by sons and grandsons of military personnel from personal collections found in attics and the back of closets, offers a glimpse into the every day discourses of the men serving in Haiti.

Because histories of the occupation in Haiti are rife with inaccuracies and biases, visiting the many archives has been invaluable in bringing together not just the official stories of the occupation, as told through government press releases and approved narratives, but also the lesser-told stories. Indeed, a number of scholars I contacted about the histories they had written admitted that they had relied almost entirely on secondary sources, most notably the *Naval Bulletin* and *Annual Reports of the Navy Department*. And while these are useful for understanding the military and political justifications

of many of the actions in Haiti during the occupation, they often fail to address the on-the-ground activities that enforced these goals. Anne-Laura Stoler argues for an ethnography of the archives, working with “archiving-as-process rather than archives-as-things...look[ing] to archives as condensed sites of epistemological and political anxiety rather than skewed and biased sources” (20). Courts martial records which record the examinations of US military personnel as well as Haitians, expose a more rugged discourse than is often recorded in official documents. Underlying currents of racism and a broad pathologization of Haitians, generally, emerge in an unedited barrage of vehemence that does not come across in daily, weekly, and monthly Brigade Command logs. It is in these raw moments that “...the ethnographic space of the archive [emerges from with] in the disjuncture between prescription and practice, between state mandates and the maneuvers people made in response to them, between normative rules and how people actually lived their lives” and, I would add, between documents written for the archive, for the state, and for colleagues (Stoler, 32). Indeed, the archives are not simply a collection of facts to be discovered, but they hold the material realities of shifting and seemingly abstract political rationalities, laying bare changing attitudes, concerns, and exposing the transitory moments of emotion.

To that end, I have very carefully combed through daily, weekly, and monthly logs of Brigade Commanders, *Annual Reports from the Department of the Navy*, correspondence relating to these communications, courts martial held in Haiti during the occupation, personal letters and diaries of some of the military and non-military personnel involved in the occupation, novels and travel books about Haiti from the late-19<sup>th</sup> century to the end of the occupation, and conference proceedings and papers that were presented during the occupation within the US.

Perhaps most interesting and deserving of its own project, is what is *missing* from many of the archives. Important moments that signal breaks with past policies, courts martial that have instigated broader investigations, medical department reports, and letters that preceded important



procedural or even mission changes in organizations have all been missing from archives. When I have pressed for help finding these documents, I have been met with responses as varied as indifferent shrugs to fervent interest from archival librarians. In particular, I have spent copious amounts of time chasing down correspondence between Brigade Commanders, the Rockefeller Foundation officers, and State Department officials in an effort to find justifications for moments that seem out of character, and sometimes are actually antithetical to organizational mandates, for each of these centers of organizational power. I have found some sets of correspondence scrubbed from multiple archives, which raises intriguing questions about what actually transpired to lay the groundwork for important events that followed. And finally, the *Annual Reports for the Public Health Service of Haiti* (variously also called, *Annual Reports of the Sanitary Engineer*, and during Haitianization, *Annual Report of the American Scientific Mission in Haiti*) were difficult to track down – a few were in Silver Spring, MD, one was in Bethesda, MD, a few more were in London, England at the Wellcome Library, and in the end, there are still three that I have not located. Throughout the dissertation, I have tried to make footnotes for these “missing moments.”

Gathering all of these materials together and then pulling the story out from the interstices of those documents deemed important enough to archive, I sought to trouble what are the taken-for-granted discourses of Haiti. Following on Foucault, I thought methodologically through eventalization, which “avoids the ‘temptation to invoke a historical constant’, it interrupts the pull to self-evident solutions, causes and connections. Similar to many qualitative research processes, it encases events in ‘a “polyhedron” of intelligibility, the number of whose faces is not given in advance and can never properly be taken as finite” (Foucault 2003, 249). Eventalization is not about finding or pronouncing facts, but is about paying attention to the details as they emerge in and through wider struggles (Rowan and Shore 2009, 68). Eventalization is “rediscovering the connections, encounters, supports, blockages, plays of forces, strategies and so on which at a given

moment establish what subsequently counts as being self-evident, universal and necessary” (Foucault 1991b, 76). And importantly, it allows for “elements that will prove central to the formation of the modern state to emerge through separate innovations away from the centers of power” (Jessop 2011, 65).

In thinking through the actual practices on the ground in Haiti, with relation to (re)building the public health and sanitation system as opposed to the celebrated achievements as they were reported via official channels (including the AP reporter to Haiti assigned by Gen. Russell), I show not only how the story, itself, was a fabrication, but also how this fabrication, still so firmly written into the imaginative geographies of Haiti today from within the US, continue to impact health and development, particularly following the earthquake. At the same time, in situating Haiti as a testing ground for health and development programs as they unfolded throughout the Cold War, it is possible to come to see the fragmented ways in which what happened in Haiti, indeed, impacted the US’s broader global processes during and following the occupation. Haiti, as so many have insisted, is not simply the place that things happen *to*, but a site where things happened *from*.

## **Appendix B: In Defense of Violence, a Letter from Charlemagne Peralte to the French Consul resident in Port-au-Prince.**

Peralte PB

Haïtiens!

Un jour semblable au 1er janvier 1804, se lèvera bientôt.

Depuis quatre ans, l'Occupation nous insulte à tout instant. Chaque matin nous apporte une nouvelle offense. Le peuple est pauvre et l'Occupation le pressure sous les taxes. Elle répand les incendies et elle empêche aux gens de reconstruire leurs maisons en bois, sous prétexte d'embellissement de la cité.

Haïtiens, restons fermes. Suivons l'exemple de la Belgique! Qu'importe si nos villes sont brûlées! Ce n'est pas une vaine pensée que celle écrite sur la tombe du grand Dessalines: "Au premier coup de canon d'alarme, les villes disparaissent et la nation est debout."

La sainte cause qui s'étend dans le nord, a pour chefs des citoyens de valeur. Le Sud attend seulement un homme pour suivre cet exemple sublime. Pas de danger, nous avons des armes. Chassons ces hommes sauvages, dont la sauvagerie est patente en la personne de leur président Wilson, traître, brigand, fauteur de troubles, voleur.

Mourez pour votre pays

Vive l'Indépendance! Vive l'Union! Vive la guerre juste! A bas les Américains!

Charlemagne Masséna Peralte

Chef suprême de la Révolution en Haïti au Ministre Français Résident en Haïti

Port-au-Prince

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Monsieur le Ministre,

Contrairement aux principes généralement admis par les nations civilisées et aux règles du droit international, le Gouvernement américain, profitant de la grande guerre européenne, est intervenu dans les affaires de la petite république d'Haïti, en lui imposant une Convention dont une occupation militaire devait assurer la ratification par les Chambres haïtiennes.

Malgré les atteintes portées à notre autonomie et à notre dignité de peuple libre et indépendant, nous étions disposés à accepter cette Convention et à exécuter les obligations qu'elle comporte pour nous, mais les promesses fallacieuses faites par les Yankees en débarquant sur notre sol, se réalisent depuis tantôt quatre ans par des vexations perpétuelles, des crimes inouis, des assassinats, des vols et des actes de barbarie dont seuls dans le monde entier l'Américain a le secret.

Nous venons aujourd'hui, à bout de patience, réclamer nos droits méconnus, bafoués par l'Américain sans scrupule qui, détruisant nos institutions, dépouille le peuple haïtien de toutes ses ressources et se regorge de notre nom et de notre sang. Cruels et injustes, les Yankees ont depuis quatre ans promené la ruine et la désolation sur notre territoire. Aujourd'hui où, à la conférence de la Paix, des nations civilisées ont juré à la face du monde entier de respecter les droits et la souveraineté des petits peuples, nous réclamons la libération de notre territoire et les avantages reconnus par le droit international aux Etats libres et indépendants.

Nous vous prions en conséquence d'observer que nous luttons depuis dix mois dans cet unique but, et que nos armes jusqu'ici victorieuses nous permettent de vous demander de reconnaître notre belligérance.

Nous sommes disposés à tous les sacrifices pour libérer le territoire haïtien et faire respecter les principes affirmés par le Président Wilson lui-même concernant les droits et la souveraineté des petits peuples. Et notez, Monsieur le Consul, que les troupes américaines, en vertu de leurs propres lois, n'ont nul droit de guerroyer contre nous.

Veillez agréer, Messieurs [sic], nos salutations distinguées.

(s) Le Chef Suprême de la Révolution

M. Peralte

Suivent plus de 100 signatures.

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People of Haiti!

Soon a day like the 1st of January 1804 will rise. For four years the [American] Occupation has been insulting us constantly. Each morning it brings us a new offense. The people are poor and the Occupation still oppresses us with taxes. It spreads fires and forbids us to rebuild wooden houses under the pretext of keeping the city beautiful.

Haitians, let's stay firm. Let's follow the Belgian example. If they burn our cities, it doesn't matter! As the inscription on the tomb of the great Dessalines states: "At the first canon shot, giving the alarm, cities disappear and the nation stands up."

The holy battle in the North is led by brave citizens. The South is only waiting for the right man to follow its wonderful example. Don't worry, we have the arms. Let's get rid of those savage people, whose beastly character is evident in the person of their President Wilson—traitor, bandit, trouble maker, and thief.

Die for your country.

Long live Independence!

Long live the Union!

Long live the just war!

Down with the Americans!

From Charles the Great Massena Peralte High Commander of the Revolution in Haiti to The French Minister in Haiti

Port-au-Prince

\*\*\*\*\*

Honored Minister,

Despite the principles, of international law usually adopted by civilized nations, and coming out of Great War in Europe, the American Government got involved in the internal affairs of the small republic of Haiti and imposed a rule whose approval by the Haitian Parliament was guaranteed enforced by military occupation.

We were ready to accept this rule and follow its obligations, despite the threat to our autonomy and the dignity of our free and independent people. But the false promises, given by the Yankees, when they invaded our land, brought in almost four years of continuous insults, incredible crimes, killings, theft and barbarian acts, the secrets of which are known only to Americans.

Today we lost patience and we reclaim our rights, rights, ignored by the unscrupulous Americans, who by destroying our institutions deprive the people of Haiti of all its resources and devour our name and our blood. For four years, cruel and unjust Yankees brought ruin and hopelessness to our territory. Now, during the peace conference and before the whole world, the civilized nations took an oath to respect the rights and sovereignty of small nations. We demand the liberation of our territory and all the advantages given to free and independent states by international law. Therefore, please take into consideration that ten months of fighting has been in pursuit of this aim and that our victories give us the right to ask for your recognition.

We are prepared to sacrifice everything to liberate Haiti, and establish here the principles affirmed by President Wilson himself: the rights and sovereignty of small nations. Please note, honored Consul, that American troops, following their own laws, don't have any right to fight against us.

Dear Sirs (sic), please, accept our distinguished salutations.

Signed by the High Commander of the Revolution

M. Peralte

followed by 100 other signatures

Source: *Bandits or Patriots?: Documents of Charlemagne Peralte*, National Archives. (Translation by Elena and Kirill Razlogova.)



## Appendix C: Officers of the Gendarmerie by Year

Year	No. of Haitian	No. of USMC		% Haitian
	Officers	Officers	Total	Officers
1915	0	123	123	0
1916	0	123	123	0
1917	0	113	113	0
1918	0	113	113	0
1919	3	108	111	2.7
1920	9	110	119	7.6
1921	9	108	117	7.7
1922	23	115	138	16.7
1923	22	107	139	17.0
1924	40	123	163	24.5
1925	53	128	181	29.2
1926	54	125	179	30.0
1927	53	128	181	29.2
1928	60	121	181	33.1
1929	78	119	197	39.6
1930	73	108	181	40.3
1931	109	87	196	55.6
1932				
1933				

Figure 1: Officer composition of the Haitian Army (Kretchik et al. 1999, 15)



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