Rice University

Creating Emergency:
Hierarchy, Ideology, and Competition in the
Humanitarian Network of (Post-)Disaster Port-au-Prince

by

Rebecca Mantel

A THESIS SUBMITTED
IN PARTIAL FULFILLMENT FOR THE
REQUIREMENTS FOR THE DEGREE

Doctor of Philosophy

APPROVED, THESIS COMMITTEE:

Eugenia Georges, Professor, Chair
Department of Anthropology

James Faubion, Professor
Department of Anthropology

Cymene Howe, Associate Professor
Department of Anthropology

Luis Duno-Gottberg, Associate Professor
Caribbean & Film Studies
**Dictionary of Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALBA</td>
<td>Alianza Bolivariana para los Pueblos de Nuestra América (Bolivarian Alliance for the Peoples of Our America)</td>
</tr>
<tr>
<td>ARC</td>
<td>American Red Cross</td>
</tr>
<tr>
<td>CARICOM</td>
<td>Caribbean Community</td>
</tr>
<tr>
<td>CIA</td>
<td>Central Intelligence Agency (of the United States)</td>
</tr>
<tr>
<td>CTC</td>
<td>Cholera Treatment Center/Clinic</td>
</tr>
<tr>
<td>EMT</td>
<td>Emergency Medical Technician</td>
</tr>
<tr>
<td>ICRC</td>
<td>International Committee of the Red Cross</td>
</tr>
<tr>
<td>INGO</td>
<td>International nongovernmental organization</td>
</tr>
<tr>
<td>IV</td>
<td>Intravenous injection</td>
</tr>
<tr>
<td>J/P HRO</td>
<td>Jenkins-Penn Haitian Relief Organization</td>
</tr>
<tr>
<td>NGO</td>
<td>Nongovernmental organization</td>
</tr>
<tr>
<td>MSF</td>
<td>Médecins Sans Frontières (Doctors Without Borders)</td>
</tr>
<tr>
<td>OCHA</td>
<td>UN Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral Rehydration Salts</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>PNH</td>
<td>Police Nationale d’Haïti (Haitian National Police)</td>
</tr>
<tr>
<td>PDVSA</td>
<td>Petróleos de Venezuela, S.A. (Petroleum of Venezuela, state-owned oil and gas company)</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
</tr>
</tbody>
</table>
They were happy to rest in the shade. The midday sun was hot, and it glared down onto their tired bodies as they made the steep, uphill trek. No one complained. How could they, when they were making their way to a reported cholera outbreak with boxes of potentially life-saving supplies? The handful of aid workers were outnumbered by volunteers, residents of the very communities they had come to assist, who had appeared earlier that morning to help carry the boxes up the twisted trails, under that same blazing sun.

Just as no one complained about the heat or the weight of the boxes or the length of the hike, no one protested when the representative of a major health agency from Port-au-Prince appeared behind them, panting, and ordered them to stop. The interruption meant a chance to unload their cargo and enjoy a respite in the shade. The representative was sweating through his button-up shirt. It looked as if he had been sent directly from the office to chase them down. For the previous two days and nights, the small non-governmental organization (NGO) had been undisturbed. After receiving distress emails from missionaries declaring that there was a small outbreak of cholera in rural community where they worked, the small medical staff exhausted their contacts in the capital to get their hands on as many supplies as their vehicle could carry. They called contacts at nearby hospitals, sorted through storage containers of equipment, and stuffed their vehicles full of the basic cholera-fighting gear: IVs, clean needles, fluids, and packets of oral rehydration salts (ORS). They drove overnight to the missionaries and huddled over a hand-drawn map of the villages, devising driving and walking routes to take once the sun rose. The local hospital was too far from the villages for a weakened cholera patient to make it by foot. In any case, as the aid workers found, its supplies were running thin. A tiny refrigerator held a handful of aged vaccines, and the hospital had few clean supplies for the treatment of multiple cases of cholera. They surveyed the sparse medical stations, assisting the overworked staff, and made rounds to each village to assess patient and supply needs. One foreign nurse offered to stay overnight in a makeshift cholera tent constructed in one of the villages to lend a hand to the caregivers. The tent was so low that even the petite young woman could rise no higher than a crouch as she moved between supine patients.

When the World Health Organization (WHO) representative found them, they were on their way to the most remote village on their list. Sitting in the shade, they listened to the representative reprimand the organization’s director. Their NGO was not listed on the official roster of the United Nations (UN) and WHO. “This is not your domain,” stated the
representative. The rest of the team and the community volunteers waited patiently, allowing the NGO director to do what he did so well after months of practice: politely but firmly refuting the representative’s claim that they had no right to be there. “If this isn’t our domain, whose is it? No one else is here. Your organization is only here to tell us to leave. There are sick patients, and where there are sick patients, they have the right to treatment. It doesn’t matter by who.” After a time, an agreement was quietly made, and the representative turned and set back down the path from which he came. The volunteers, foreign and local, picked back up the boxes and set off again for the village. Days later, the small team drove back to Port-au-Prince, the headquarters of the UN, WHO, and their small medical organization. First thing in the morning, without resting to sleep, they reported to the agency whose representative had stopped them on the trail. This fulfilled the arrangement to which the representative had agreed on the hillside days earlier: upon their return to Port-au-Prince, the NGO was to receive an official reprimand for their unofficial intervention into the villages.

The United Nations and its partner agencies, including the Pan American Health Organization (PAHO) and the aforementioned World Health Organization, attempted to become the de facto oversight body for the humanitarian relief efforts in Haiti. After the January 2010 earthquake, the UN scrambled to coordinate the projects of the low-level, low-budget aid groups that multiplied around them. The agencies had a legitimate fear that the incoming organizations would introduce what are called parallel projects and, over time, parallel economies. Parallel projects occur when multiple organizations conduct the same work in the same community without coordinating with one another. The organizations, each in the dark about the other’s work, effectively duplicate the work already done by the other. With thousands of NGOs estimated to have been operating in Port-au-Prince in the wake of the earthquake, such duplications were common. The issue was not that one community might receive multiple series of supplies, but that without oversight or coordination some communities would receive duplicate aid projects while others, unbeknownst to the well intentioned aid workers, would receive no assistance at all.

Parallel economies can be even more onerous, especially over the long term. In the midst of a disaster, the local hospitals and healthcare systems are overwhelmed. External assistance is necessary to expand capacity and care for the inflated number of patients. But balancing this timeline is a delicate and important matter. If foreign, volunteer-based healthcare overstays the time in which it is needed to supplement the local medical system, it can end up supplanting the local healthcare system. In an endemically poor country like Haiti, patients will almost universally tend toward free medical care. The continued presence of free (or, in any case, less costly than market value) care pulls patients from the local doctors who have to charge something in order to keep their practices afloat. Local medical practices lose patients and money. This is exacerbated in the frequent cases when foreign doctors are more highly respected and sought after than their locally trained counterparts. Eventually, potential medical students, facing a future of insurmountable competition in the form of foreign aid, choose to pursue different professional fields, and newly educated doctors try to leave the country to practice elsewhere in a phenomenon known broadly as the brain drain. Over time, the local healthcare system loses its ability to treat its own population, even in periods of
tranquility. The potential severity of this issue is discussed in a 2011 article analyzing Afghanistan and Haiti as reconstruction zones:

While humanitarian aid to save lives in the short run should not be neglected, such aid would promote consumption rather than investment, create price distortions and work disincentives, and fail to build local capacity. It should therefore be discontinued as soon as possible (del Castillo 2011).

The group's intervention had been publically solicited. Two members simultaneously heard about the outbreak through separate channels of communiqués and convened later that day. No one else in the city had publicly reported it. Perhaps, they reasoned, it was considered too minor for the large-scale agencies. The missionaries living in the region claimed that no help had been sent. The outbreak was, indeed, minor compared to the October 2010 epidemic, but the timing was dangerously close to the rainy season. Cholera is a waterborne disease that spreads through the high-volume ingestion of contaminated water. In rural villages that lack access to the imported water available in Port-au-Prince or consistent treatment like chlorine or bleach tablets provided by many short-term aid missions, rain can mean death. It can lift the disease from its subterranean aquifers and into the streams used for cooking, washing, and drinking to affect whole communities. Human immune systems recognize cholera and, sensing that the danger lurks in the water, the body attempts to expel all fluids as quickly as possible. Within just six hours, vomiting and watery diarrhea leave the body so weakened that the afflicted individual is unable to walk, stand, or even sit up. Many who succumb to cholera die within 24 hours of the first symptoms. The remedy is not complicated. An IV of simple fluids, watched by attentive caretakers for several days, can make the difference between life and death. Antibiotics and oral rehydration salts (ORS) are helpful additions, but the only truly necessary equipment is simple. Cholera, like famine, is an ailment of the poor. Death on large scales, as occurred in Haiti in 2010 and 2011, is caused by a lack of access to clean water and basic healthcare. But in this case, autonomy of an NGO’s singular action was decidedly against the broader plans enacted by the de-facto humanitarian oversight committee, whose primary leader was the United Nations.

I assert that in the months and years following the January 2010 earthquake, the humanitarian ecology in Port-au-Prince was neither a singular apparatus, as it is often called, nor a scattered and uncontained chaos of uncoordinated NGOs (James 2010). I argue that instead of these two extremes, the humanitarian actors collected into groups distinctive in characteristics such as size, funding mechanisms, and interactions with the attempted humanitarian oversight structure. These factions, internal to the aid apparatus, at once shaped aid workers’ perceptions of urgency and their subsequent views on the needs of the urban Haitian population at a given time while they were shaped, themselves, by the internal logics of competition underlying the inflated population of aid agencies and organizations. In the protracted setting of emergency and crisis in Port-au-Prince, need was based on often opposing analyses of in what particular stage of need lay the imagined state of emergency.
These temporal analyses defined the form and function of aid offered to different communities, and the aid apparatus was rarely, if ever, in consensus about where on the continuum of need lay the residents of Port-au-Prince. Multiple contradictory analyses led to discordance within the overall aid effort: some were firmly rooted in the relief timeline typical of an immediate post-disaster temporality, while other took actions reflective of a longer-term development mindset. These contradictory analyses were especially evident in medical settings, wherein the efforts that aid workers took in assisting individual patients often reflected their organizations’ overall attitude concerning the temporality of need of Port-au-Prince as a whole. While aid workers constructed their analyses in part through their daily routines, their interactions with and observations of the medical structure as it existed in the post-earthquake months, these attitudes were also fueled by a broader, underlying internal competition that played out in the hyper-saturated ecology of aid in Port-au-Prince.

This dissertation is divided into five chapters. The first chapter lays out the background of each of the three major sets of humanitarian actors that will be the focus of this work: the UN and its military arm, MINUSTAH; Cuban medical aid and its relatively recent Venezuelan-Bolivarian influence; and what I call micro-NGOs, the small-scale organizations that did not fall under the radar or command of the UN humanitarian coordination agency, OCHA. Chapter two focuses on a singular geographic space, the Pétionville tent camp, where I conducted my first months of field research in 2010. By focusing on particular projects implemented within the camp by its managing NGO, I use this camp space to describe how NGOs dealt with the often hazy period of transition between emergency relief and development aid. Chapter three takes a step away from Port-au-Prince and back in time to look at the development of the relationships between Venezuela and Cuba, Cuba and Haiti, and Haiti and Venezuela. This chapter discusses the making of the “fragile state” in contemporary development policy research, and explains how the alliance between Cuba, Venezuela and Haiti marks a turning point in both Latin American regionalism and the oft-referenced “South-South aid” collaborations.

The fourth chapter discusses two very disparate ways in which revolution and its identities and ideologies played out in the setting of post-earthquake Port-au-Prince. The first section looks at revolutionary ideology in Chávez’s political and economic campaign as it joins Cuba and Haiti into his Bolivarian movement, while the second section looks at the reasons for which MINUSTAH armed forced have failed to connect with the local populous and has, in fact, come to signify a newfound revolutionary enemy by certain political and geographical factions within Port-au-Prince. The fifth and final chapter looks more closely at the relationship between micro-NGOs and the UN oversight structure. Here, I finalize the argument that I began above wherein competition between the “uncoordinated” NGOs proved to be an integral part of the post-earthquake humanitarian structure, the many disparate pieces actually forming an ecology and an economy that supported the continued presence of all levels of foreign interventionist actors.
Methodology

When I set out to conduct my fieldwork, I had no intention of becoming as embedded into the work of the NGOs as I did. This work came to shape not only my daily life in and out of Port-au-Prince but also the questions that drove my research, analyses and conclusions. In the dissertation that follows, I do not name any of the small-scale NGOs with which I had significant contact. They will be referred to by their projects: “the NGO running the women’s clinic,” for example. The NGOs that are named in this dissertation are those which are part of the well established humanitarian hegemony, such as Doctors Without Borders (MSF), or those which are otherwise highly recognizable, such as J/P HRO. In order to protect the confidentiality of certain aid organizations and workers, I alter the timelines of some of the anecdotes that follow. In addition, although some individuals, not only aid workers but local residents, were willing to be named in later publications, due to the tumultuous security of the setting and the personal nature of political and medical questions I have decided to use false names for all individuals. In some cases, I also use false titles. As has been done in other ethnographies, at times I either combine events that involved multiple people as though they were enacted by single individuals, or I separate an individual’s involvement in a particular event into multiple persons or multiple events. These decisions have been made for the purposes of writing alone; they do not affect the integrity of my analyses. They are simply a means of protecting the identities of those who allowed me into their lives by way of sharing their stories or allowing me to accompany them in person and observe their actions.

I was mugged several times over the course of my research, both in Caracas and in Port-au-Prince, and as a result I lost some field notes and recorded interviews which I had not yet digitized. As such, I do not have an precise account of the total number of interviews I conducted. However, due to the intimate nature of many of the topics – in particular the sexual conduct of the United Nations Peacekeeping soldiers – this haziness has a silver lining, further protecting the identities of those who provided me with their personal input. I conducted the UN interviews in Spanish, Portuguese, and English. While a reader could deduce and narrow down the likely nationalities of the soldiers with whom I conversed by my languages of proficiency, there were over 1,000 soldiers at any given moment operating in Port-au-Prince alone whose primary languages were one of those three, and between 2010 and 2012 their units rotated into and out of the country multiple times. In addition, in asking the questions that I raised about the soldiers’ perceptions about the sexual regulations enforced during their deployments in Haiti, I was not attempting to conduct an exposé or reveal potential perpetrators of violence sexual crimes. Rather, I wanted to uncover the broad understanding of these MINUSTAH-wide regulations and explain how misunderstandings or missteps could occur with average, non-violent soldiers. Fortunately for my own ethical self, none of the soldiers whom I interviewed claimed to have had sex with Haitian women while operating in Haiti.

My research methods at the Cuban hospital, La Renaissance, consisted primarily of observation. While I did conduct several long interviews with physicians, pharmacists,
administrators and technicians, the most telling data was gathered by observing the doctors at work with their patients, especially their repeat patients. I sat in the waiting rooms to watch the interactions between patients when doctors were not present, spoke with patients regarding their decisions to attend the Cuban hospital while other options may have been closer to their residences, and conducted in-depth interviews with non-medical Haitian staff. My primary sources of data about the Cuban healthcare came from dozens of hours of clinical routines that I was able to watch. I attained permission from the various medical workers to observe their routines over the course of several months, and I explained my presence to each patient in order to request their informed consent on my observations. My presence in the hospital was permitted by high-level officials at the Cuban Embassy, and I renewed my permission in 2014 when I made a short-term visit to assess the hospital two years after my last observations. While I did conduct several observations and interviews at other clinics outside of Port-au-Prince and in the Caracas slums, I focus primarily on the Renaissance Hospital in Port-au-Prince rather than the more well-known Cuban hospitals operating in the rural corners of Haiti. As Fassin writes, I “base this analysis on precise inquiries rather than general propositions, [and] study a small number of situations that may shed some light on the question – essentially, to subject this political and moral anthropology to the test of ethnography” (Fassin 2012: 12).

In researching the micro-NGOs, I employed traditional methods of participant-observation. I volunteered with three separate international non-governmental organizations (INGOs) for various lengths of time, and through these positions was able to network with other small-scale organizations functioning in the same social and professional circles. Finally, my short-term research with residents of the Bel Air neighborhood was conducted via digitally recorded group interviews. As with all other informants, none of the groups nor their individual participants are named in this dissertation.
Chapter 1: Aid Hierarchies and the Humanitarian Anti-Hegemony

From the quiet of my Texas apartment, I read the first details about the Haiti earthquake. On the evening of January 12, breaking news briefs simply stated that a magnitude-7.0 earthquake had hit Haiti’s capital, Port-au-Prince. More details to follow. The next morning, facts about the city’s population and the country’s endemic poverty filled the blank spaces in the articles. Soon, this background information was followed by estimations of the possible death toll, which ranged widely from the hundreds to the hundreds of thousands. Two things were immediately clear: first, that no solid information had been collected, and second, that this might truly be a major disaster. Mass graves were dug as quickly as possible to prevent the spread of disease in the days after the earthquake. This, along with the lack of up-to-date population information about the urban jungle, which had swelled in the past generation as rural farmers emigrated to the capital in search of employment, meant that no accurate count of the dead could be measured. Eventually the estimates steadied, their range shortening to a difference of 200,000 or so on either end.

The death toll, like the dust in Port-au-Prince, never really settled (O’Conner 2012). What did settle was Haiti’s place on the radar of the international community. Suddenly, the oft-forgotten country was thrust into the media spotlight. Public awareness about the plight of the poor urban Haitians spiked as images of flattened buildings, dust-covered children, and new widows crying alone on desolate streets appeared on news reels around the clock. Celebrities spoke, donations to major organizations such as the Red Cross skyrocketed, and, suddenly, the Global North was mesmerized by Haiti.

Then again, Haiti was never truly off the international radar. Since its inception as the first nation to be born of slave rebellion and the first nation in the New World to write into its constitution the freedom of all its citizens, Haiti’s significance on the global political arena has always outweighed its geographical size. Although volunteerism had waned during years-long civil conflict in the 1990s, by the mid-2000s Haiti was referred to as the NGO capital, boasting a higher proportion of NGOs per capita than any other western country.1 The highly publicized disaster that befell the capital on January 12, 2010, brought Haiti into a new spotlight and into the sights of a tide of would-be humanitarians with all levels of (in)experience.

1 Both Haiti and the Philippines have been called the “NGO capital[s] of the world” in the last several years.
This chapter deconstructs and analyzes three groups of actors that make up the aid apparatus, that massive collection of aid agencies and organizations that has turned Haiti into what had been dubbed the “Republic of NGOs” (Klarreich and Polman 2012, Schuller 2011). I concentrate on the actors on which my research focused: the United Nations (UN) and its military arm, the Peacekeeping Mission (referred to in Haiti by its French acronym, MINUSTAH); the Venezuelan-funded Cuban medical aid; and the disparate body of what I call “micro-NGOs,” the small-scale organizations that operated outside of the UN oversight apparatus. The order in which I describe each group reflects what I observed as the hierarchy of the post-disaster aid. The UN rested – or at least attempted to rest – at the top of this hierarchy. Cuban aid follows because its mostly positive reputation among the Haitian public makes it a major actor in the aid apparatus. Finally, I describe the micro-NGOs. It is not possible to know whether the individual small-scale, fledgling NGOs outnumbered more established medical organizations or individual Cuban internationalists, but their variable and often ephemeral operations meant that, at the time of my research, the public did not hold a popularly shared opinion about micro-NGOs as a singular entity.

The first section discusses the United Nations’ presence in Port-au-Prince, focusing in particular on MINUSTAH, the military-led Peacekeeping Mission. The second section provides a timeline of the Cuban aid presence in Haiti, leading into the more recent integration of Venezuela into Cuba’s preexisting medical humanitarianism. In this section, I discuss the relationships between the Bolivarian movement in Venezuela with Cuba and Haiti separately, and I go onto explain the politics and history behind the integration of Venezuelan finances into the Cuban efforts in Haiti. In the final section, I describe the small-scale aid organizations that became subjects of my research over the course of my time in Port-au-Prince. These micro-organizations operated outside of the hegemonic humanitarian structure that the United Nations attempted to embody in Haiti. Here, I define the characteristics of the aid organizations that make up the body of what I call the “humanitarian anti-hegemony.” I am borrowing and reinterpreting the term “anti-hegemonic aid” used on the website VenezuelAnalysis in response to a freelance report on the apparent unpopularity of Venezuelan aid in Haiti by the United Nations (Janicke 2010). I extend this term to describe the broad body of humanitarian organizations, projects and actors that functioned outside of the aid hegemony. The hegemony includes, though is not limited to, the UN, and the anti-hegemonic aid includes the Bolivarian-Cuban alliance and the micro-NGOs. The characteristics of the humanitarian anti-hegemony as I define it include: funding mechanisms, media and publicity, and – most significantly – a lack of interaction with the multilateral humanitarian oversight structure of which the UN is a significant part.

In addition to explaining these major players, this chapter also lays the groundwork for three assertions upon which I continue to build through the rest of this dissertation. The first of these assertions concerns two common terms in discussing contemporary humanitarian aid relationships: emerging donors and South-South aid. In recent years, as the Global South has made an increasing impact on humanitarianism globally, these terms have come to be easily conflated. I will demonstrate that there is no strict definition for either, particularly the more fluidly defined emerging donors. All three of the groups that I discuss in this section have either
been called or otherwise could fill the defining characteristics of both of these terms. For various reasons, each has been left out of either or both categories. Here, I make the case that the ambiguity in their definitions is affected by the politics of the reports in which they are categorized – or ignored. It is political pressure behind the research and publications that further obscures these terms and their defining features.

In this chapter I also set the stage for further discussion of the complex relationship between the UN and the micro-NGOs that will be fleshed out more fully in later chapters. The lack of interaction between micro-NGOs and the United Nations and its partner agencies was often both intentional and strategic, and it frequently played out as a relationship of antagonism between the hegemonic and non-hegemonic humanitarian communities. Finally, I begin a third assertion that will be a central theme throughout this dissertation: dissecting the intricacies of emergency and crisis as powerful semantic drivers of distinct forms of aid in the post-disaster setting. In writing about the United Nations Peacekeepers’ first mission in the Gaza Strip, anthropologist Ilana Feldman writes: “If crisis is the key term for many humanitarian interventions, emergency has become central to the conceptual vocabulary of peacekeeping” (Feldman 2010: 419). Each term will be fleshed out fully in chapters 2 and 5. Here, I lay out the basic groundwork of my assertion that in the case of medical aid Port-au-Prince 2010-12, emergency is the more appropriate term that explains the forms of disaster relief aid carried out in the wake of both the earthquake and the subsequent cholera epidemic.

**The United Nations and MINUSTAH**

*The United Nations and OCHA*

The United Nations assumes many names, and it subsumes many otherwise familiar agencies under its umbrella. In Haiti, the International Organization for Migration (IOM) manages internal displacement, dealing with the temporary shelters for those displaced by the earthquake or other extreme events, people known as internally displaced persons (IDPs) in the humanitarian vocabulary. IDPs differ from refugees in that they are displaced within their nation of origin, while refugees have crossed at least one national border. The Office of the High Commissioner for Human Rights (OHCHR) is the watchdog for the rights of the displaced, liaising with the Haitian National Police (known by its French acronym, PNH) to ensure that the rights of the extremely vulnerable are being upheld. There’s the United Nations Development Program (UNDP), the United Nations Children’s Fund (UNICEF), the World Food Program (WFP), the World Health Organization (WHO) and more, making up over one dozen UN organizations working in Haiti (UN in Haiti).

The two organizations most influential for the actors in my study were the WHO, mentioned above, and OCHA, the Office for the Coordination of Humanitarian Affairs. It was a representative of the World Health Organization who tracked the NGO workers to the rural village where they had followed rumors of a cholera outbreak discussed in the introduction. It is the job of OCHA to keep track of the undertaking of all of the NGOs operating in the country.
In Haiti, especially after the earthquake drew so many newcomers, this was no small task. After the quake, the UN introduced “cluster” meetings, regular consultations open to aid workers and arranged by topic (health, security, sanitation, etc.) in an attempt to: 1) ensure that the actual needs of the affected communities were being addressed, 2) keep accurate account of the humanitarian work being conducted, and 3) avoid unnecessary and costly project overlap. The cluster system proved, from its outset, to be unsuccessful. Longtime expat journalist Jonathan Katz explains that the system’s failure was owed largely to the rapid turnover of aid workers. In his aptly titled post-earthquake memoir, *The Big Truck that Went By: How the World Came to Save Haiti and Left Behind a Disaster*, Katz recalls that each cluster meeting had to cater to the constantly arriving newcomers who had to be filled in on past events. By the time they got through the old news, no time was left to address plans for new projects or program expansions. There was certainly no time to self-critique the myriad ongoing projects.

Perhaps the most egregious issue was that Haitians and Haitian-run organizations were systemically barred from accessing the cluster meetings. A research paper published on The Nation website further explains the extent of the inadequacy of local representation at the cluster meetings:

> At the peak, there were more than seventy coordinating meetings each week among aid agencies and other interested parties – though not all interested parties. Few Haitians can cross from one side of the compound’s walls to the other. To do so requires identification documents and an invitation from someone on the inside, two things very few Haitians have….When a steering committee for NGO coordination was elected in July 2010 at the Log [Logistics] Base, sixty international organizations cast their votes, but since there were no local NGOs present, Haitians were not represented (Klarreich and Polman 2012).

To make matters worse for Haitians, the meetings were conducted in either English or French. While French is one of Haiti’s national languages, it is only spoken fluently by a small percentage of Haitians, the wealthy or lucky few who attain high levels of education. Though there are English-speakers in Port-au-Prince, a highly international city with many residents having spent time in the United States, it is not one of Haiti’s two national languages (French and Haitian Creole [krèyol]) and English fluency is uncommon. The design of the UN cluster system made the meetings inaccessible to the very populations whose needs the system was meant to address.

As difficult as it was for Haitians and Haitian-run NGOs to participate in the cluster meetings, for small-scale foreign organizations it was often easier to function by avoiding them.

---

2 School fees are often too high for lower-middle class families. The majority of schools are private, and they require students to wear uniforms in pristine conditions. I witnessed high school students stay out of class for days at a time when teachers sent them home for having small holes in their uniform pants. Tailoring costs money and takes time. Families with multiple children will often resort to sending children to school every other year, lessening the cost and allowing each child to attend about one-half of their required schooling. This leaves students woefully undereducated, and it is one of the reasons that French is not fluently spoken, even in Port-au-Prince.
Being unsanctioned by the UN freed organizations from the bureaucracy of the global agency and allowed them to put plans into action quickly and without monitoring. In a documentary that followed the ecology of small-scale NGOs in the months following the 2010 earthquake, a spokesperson for the OCHA explains the UN’s view on the problem of such freelance aid work:

“Coordination is one of the most challenging part[s] of the job here, and in any relief operation. It is challenging because, especially in Haiti, we had so many NGOs coming in. [And] as long as...people work within a framework, which the UN provides, and the Office for the Coordination of Humanitarian Affairs, OCHA, which I represent, has the lead on coordinating the work of the agencies and partners. Now, another challenge arises when you have a multitude of NGOs coming in[to] the country and not even notifying the government of their presence and what they were doing. So, in those cases, we’re totally helpless. We don’t know what they’re doing, we cannot coordinate, there’s no follow up to their work. Duplication of work often happens. And also, there’s absolutely no safeguards against any violation of humanitarian law and human rights principle.” – Emanuelle Schneider, OCHA

In some ways, these fears are well founded. The logic that backs the notion of having a main humanitarian coordinator stems from a very real need for the oversight of rights to avoid hidden abuses, the prevention of the development of parallel projects and economies, and the cost-effective and professional dispersal of potentially life-saving supplies. However, the UN suffered two fatal flaws in getting the scattered flock of small-scale organizations from adhering to its regulations. Notwithstanding that information about the cluster meetings was often too complicated to even bother following, if organizations were even aware of the system at all, the UN was seen by some savvier organizations as an inflated bureaucratic system that was not helping Haiti but, rather, hurting it. Participating in what some saw as a bloated and unnecessary procedure would do more harm than good. And indeed, the United Nations did emanate a sense of not only humanitarian but even governmental entitlement, as if it was itself equivalent to the Haitian national government. Notice that in the quote above, the OCHA representative moves fluidly from describing the issue of NGOs’ lack of deference to the UN system to equating that with an unwillingness to notify the Haitian government, rhetorically conflating the two. Perhaps, though, most of the distrust of the UN emanated from the actions of its military arm, the United Nations Stabilization Mission in Haiti (MINUSTAH), which had been gradually losing public trust for years.

Haiti’s Blue Helmets

The UN presence was especially complex given the long-time presence of MINUSTAH, the military arm of the United Nations whose Peacekeeping Mission had been involved in Haiti since 2004, after the ousting of President Aristide spurred violent political clashes in the city slums. United Nations Peacekeeping made its debut in the Gaza strip over half a century ago. Since then, the peacekeepers, recognizable for their distinct light-blue helmets, have been
involved in 70 deployments to crisis zones worldwide (UN 2015).³ During my research in Haiti, I was told that even before the earthquake MINUSTAH had already begun to wear out its welcome among the local residents, some of whom had begun to see the armed force as more of an intrusion than an assistance.⁴ After the earthquake, the UN extended MINUSTAH’s original departure date of October 2010 in order to maintain tranquility in the expected post-disaster chaos. By the end of October, the quiet discontent with their ongoing presence heightened after a sudden outbreak of cholera, a disease not endemic to Haiti, spread quickly from the central agricultural heartland of the country. Although it would take scientists and researchers many months to conclude that the cholera strain had, indeed, been carried to the island by a new contingent of soldiers from Nepal, public opinion in Haiti held strongly that MINUSTAH was at fault soon after the outbreak began. Graffiti cast MINISTA = kolera (MINUSTAH = cholera) on concrete walls across the city. One December night in 2010, I watched as a resident poked his head out of a street-side tent to yell “kolera!” at a MINUSTAH vehicle as it passed, tires crackling over the rubble-torn road (see Image 2).

The United Nations as an entity is clearly run and funded by Western hegemonic powers. Its seven central countries carefully choose which less powerful nations are allowed a presence at UN conferences, who can and cannot be privy to the decision-making processes that directly affect them. Yet paradoxically, the UN military arm in Haiti, MINUSTAH, can be interpreted as a form of South-South aid. South-South aid is broadly defined as aid donated to a developing country from a developing country, rather than aid from one of the economically strong Global North. In the last two decades, South-South aid has become a point of interest for researchers of global humanitarianism, who are observing a trend where countries in need lean away from high-risk loans from the major development banks such as the International Monetary Fund and toward friendlier gifts from other developing countries. “In South-South development cooperation, partner countries are constructed as sites of promise, offering counter-gifts of diplomatic solidarity and economic opportunity” (Mawdsley 2011: 264). Although MINUSTAH operates under the scope of the United Nations, on the ground it easily appears to be independent. And in a sense, it is. The Haiti Peacekeeping Mission is under the charge of Brazil, which lends an average of 2,000 rotating soldiers per year to MINUSTAH. Brazil had been aiming to become one of the central countries in UN leadership. Over a dozen separate Peacekeeping missions operate globally today, and volunteering to be in charge of one, especially in an unpopular zone such as Haiti, is a strong political move. Brazil’s contingent then delegates projects to the dozen other countries with soldiers on the ground. While all procedures and operations technically run through Brazilian leadership, each national contingent functions largely independently, with different projects, working in different regions or parts of Port-au-Prince, and reporting to their own commanders. The national distinctions are made increasingly clear by the patches of the soldier’s national flags attached to their uniform sleeves.

³ This is not a complete list of Peacekeeping missions that sustained accusations of rape and other sexual misconduct.
⁴ In chapter 4, I go into greater detail about the idea of MINUSTAH’s presence as a military occupation, a viewpoint held particularly strongly in the neighborhood of Bel Air.
This independence has served to make MINUSTAH increasingly less popular in Haiti. While the UN and its major partners are the focus of NGOs, residents of Port-au-Prince pay far more attention to the actions of MINUSTAH. The mission arrived after the second ousting of popular president Aristide, an action widely believed to have been orchestrated by the U.S.’s Central Intelligence Agency (CIA). In the immediate wake of the 2004 ousting, the politically heated slums of Port-au-Prince erupted in violence, and the UN decided to post a temporary Peacekeeping Mission to quell further civilian deaths. But after over a decade, the purpose of MINUSTAH’s continued presence had become unclear. The mission was set to expire in October of 2010, but after the earthquake their contract was renewed and expanded from around 9,000 to over 12,000 soldiers due to the widespread international belief that disasters cause civil unrest in the developing world (Katz 2013, Al Jazeera 2012). By the end of the year, cholera had been popularly linked to MINUSTAH, and to make matters worse, rumors of MINUSTAH soldiers raping locals had begun to circulate (Al Jazeera 2015).

Allegations of pervasive sexual misconduct have surfaced in numerous peacekeeping missions worldwide. Sex trafficking, sex slavery, and rape occurred in missions in Bosnia, Kosovo, the Democratic Republic of Congo, Cambodia and more, all leading to a colored impression of the overall notion of paid Peacekeepers (Lynch 2005, Smith 2010). In Haiti, rumor turned into visible reality in late 2011 after a video was released showing Uruguayan Peacekeepers raping a teenage Haitian male. The teenager was known around the peacekeeping community as he, like many young Haitians, was hired to do small tasks, run errands, and assist with interpreting for the Uruguayan contingent. After the video was released, rumors spread that the teenager, who lived in a southern city, had disappeared. It was reasoned that he might have run away, fearing humiliation and a damaged reputation given the broad homophobia present in contemporary Haitian society. Others believed that he was killed for engaging in this homosexual act. Still others thought, more nefariously, that the peacekeepers themselves killed him in order to silence him. Ultimately, it turned out that the man had survived, and was able to testify against his alleged aggressors in Uruguay the next year. Regardless, the country was incensed. MINUSTAH’s welcome had been slowly wearing out, and the video provided what was perceived by the public as tangible evidence that the soldiers were not only purposeless, but now actively injuring the population they were being paid help. The soldiers involved in the video claimed that the video was a hoax, a joke to which the Haitian teenager was privy. Indeed, it was shot at such an angle that it was impossible to see whether or not the soldiers had actually penetrated the teenager.

Whether or not it was a legitimate rape, the video was sufficient to push the agency to send the soldiers home, an act which drove the final nail into the coffin of MINUSTAH’s

---

5 The age of the alleged rape victim at the time of the video has been disputed. He is believed to have been around 18 years old.
6 These theories were gathered by myself during the month following the release of the video.
Image 1: Fortress, partially destroyed during earthquake.

Image 2: Cholera graffiti art in Port-au-Prince.
reputation. Requests by Haitian politicians that the marines be tried in Haiti were denied. Instead, in keeping with the immunity of peacekeeping soldiers from holding trial in the countries in which they are stationed, the alleged rapists were removed from their posts and returned to Uruguay, where national courts would be responsible for trying them. In 2013, four of the five men involved were convicted of “private violence,’ a much lesser charge than rape or sexual assault” (Ives 2013). In the immediate aftermath of the video’s release and the spreading knowledge that the Uruguayans would not stand trial in Haiti, faith in MINUSTAH’s operations effectively ended among the Haitian public. While I found a few interviewees who stated that they did feel that MINUSTAH had been a helpful presence in maintaining everyday safety in Haiti, the majority expressed a strong desire that they be removed. The outrage was not only felt among the general public; the political elite were also fed up with the overbearing influence of international actors that manifested as a judicially immune MINUSTAH. Pulling from a Haitian newspaper, researcher Kim Ives quotes a Haitian senator who expresses a slow-burning, shared sentiment regarding Haiti’s long history of foreign interventions as causes of crises, emergencies and disasters:

Brazil, Argentina, and Uruguay are not the real occupiers of Haiti...The real forces behind Haiti’s military occupation – the powers which are putting everybody else up to it – are the U.S., France, and Canada, which colluded in the Feb. 29, 2004 coup d’état against President [Jean-Bertrand] Aristide. It was then that they began trampling Haitian sovereignty (Senator Moïse quoted in Ives 2013).

The Cuban-Bolivarian Aid Alliance

“What took place in French San Domingo in 1792-1804 reappeared in Cuba in 1958.”

– C.L.R. James

Cuban Doctors in Haiti

“There’s a point in Haiti, in the mountains, where you can see Cuba [on a clear day],” Romaine told me as we drove up a winding hill to visit an old fortress that had collapsed during the earthquake (see Image 1). We had been talking about the relationship between Cuba and Haiti, and Romaine was explaining his thoughts on the countries’ many connections: ideological, historical, and geographical. Indeed, Cuba had been sending temporary contingents of medical professionals to Haiti for many years. In 1998, Hurricane George flooded the low-lying city of Gonaïves, the second-most populated city in Haiti, and Cuba was quick to send medical assistance. That year, Cuba signed an agreement with Haiti that would allow Cuba to maintain its first permanent medical presence in Haiti. Rotating contingents of physicians, nurses, specialists, technicians, and even janitors began to open clinics throughout

7 See chapter 4 for a more detailed account of MINUSTAH’s working orders as they changed over time, decreasing the contingents’ influence in quelling day-to-day violence.
the country, focusing in particular on the most remote and underserved regions. They even set up a clinic on a tiny island off the coast, across a constantly choppy strip of sea, where no permanent clinic – Haitian or otherwise – had ever been stationed.

After the successful Cuban Revolution replaced the capitalist-friendly Batista regime with the leadership of Fidel Castro, the new administration set out to make sweeping economic changes. The most significant reform on the agenda: the redistribution of the land and wealth that had been collecting for years into the hands of entrepreneurs, both Cuban and foreign, based in the capital of Havana. Foreign investors were either forced out or fled in fear of the impending sweep of industry nationalization that would strip them of their capital. Wealthy Cuban land and business owners followed suit, leaving the island to settle in the United States and elsewhere. When the wreckage of the tumultuous overthrow had settled, half of Cuba’s professional physicians had fled, leaving the country with only 3,000 doctors. To repopulate the massive medical brain drain, the Castro administration centralized both education and medical care. After a few years, the country had a fresh crop of newly graduated doctors, nurses, specialists and technicians. Their education consisted not only of biomedicine but also the ideology of the revolution, in particular the concept that medical care is a primary human right for all, regardless of class, race, or geographic location.

Induced with this revolutionary vigor, the young professionals were sent to all of the secluded corners of the Cuban island in a national project aimed at ensuring universal access to healthcare, establishing the first community-based primary care centers that are still in existence today. The number of professional medical workers rose quickly, and Cuba discovered a unique approach of spreading its reputation: medical internationalism. Between 1960-61, Cuban medical professionals were sent to Chile after a major earthquake and Algeria during its struggle for independence against colonial France (Werlau 2013). These years marked the first of decades of humanitarian initiatives headed by Cuban contingents. While the exact numbers have not been independently verified, estimates are that between 1961 and 2008 Cuba sent approximately 185,000 medical specialists and upwards of 270,000 Cuban workers in total to at least 100 countries (Brouwer 2011: 42, Werlau 2013).  

Cuba’s internationalistas could not have flourished as they did without significant financial assistance from a new allegiance. During the prolonged Cold War years, Cuba fostered and maintained an extremely close diplomatic relationship with the Soviet Union (USSR). Not only did the countries share political and economic ideologies, but Cuba was strategically located just 90 miles from the shores of the United States, the USSR’s main adversary. 

\[8\] The wide discrepancy in these estimates is owed to multiple factors. For one, Cuba does not only send medical teams, but also sponsors literacy campaigns and other non-medical initiatives. This means that the numbers of Cuban “internationalists” may include a wide range of professionals, not only those involved in medicine. In addition, as Werlau (2013) explains, Cuban accounts of these numbers have not been made public or verified by an independent party. The numbers that I use here come from two sources. Steve Brouwer (2011) writes that “between 1961 and 2008, Cuba sent 185,000 medical specialists to work in 103 nations,” while María Werlau (2013) reports that in those same years, “Cuba claims that...Cubans had worked in one hundred and fifty-four countries.”
anti-capitalist stance spurred the United States to establish an economic embargo against the island nation. The embargo not only affected direct U.S.-Cuba trade, but had wide-reaching implications, affecting all U.S. trading partners with ties to Cuba. Without the Soviet Union, Cuba would have remained isolated in this economic stranglehold. The Soviets provided Cuba with vast financial, medical and military resources. This relationship enabled Cuba to continue and even expand its international humanitarian missions. Cuban doctors and other medical personnel were sent as far as Angola, Mozambique, Pakistan, and East Timor. The Cuban internationalist program was lauded as a pure humanitarian endeavor and afforded Cuba political footholds that the embargo would have otherwise rendered impossible to secure.

But when the Soviet Union fell, Cuba’s principal financial channel was cut off. The end of the Cold War marked the beginning of a serious economic depression on the island that came to be called the “Special Period” during which average Cubans forewent food staples while clinics ran out of the most basic supplies like cotton balls and bandages. So many desperate Cubans were taking to the sea to flee to the United States that Castro temporarily legalized these escapes. What were once underground assemblies of rafts set adrift under the cover of night became community-wide celebrations as departing neighbors were waved goodbye from packed shorelines. Although the international medical brigades continued, their efforts were significantly curtailed. After Hugo Chávez took office as president of Venezuela in 1998 – the same year that Cuba initiated its permanent medical presence in Haiti – he quickly reached out to Venezuela’s struggling Caribbean neighbor. In 2000, Chávez and Castro met with the purpose of forming a special allegiance. Two years later, Cuba officially became the first partner in Chávez’s visionary project, the Bolivarian Alliance (née Alternative) of the Peoples of Our Americas (ALBA). The ALBA initiative was based on Simón Bolívar’s aspiration of an economically united Latin America. Bolívar reasoned that the cultural and linguistic similarities could bind the former colonies, and a unified regional economy could empower the new nations to thrive in the face of their former colonizer and its neighbors. In the 19th century, that meant the European powers; at the turn of the 21st century, the main political and economic antagonist for both Venezuela and Cuba was the oft-called “imperialist neighbor” to the North, the United States. Cuba’s new allegiance with Bolivarian Venezuela closed the special period and revitalized Cuba’s damaged economy, thereby enabling the renewed expansion of its internationalist projects.

Two new arms of the medical international program were initiated: the Henry Reeves Brigade and Operation Miracle (Operación Milagro). Named after a U.S. citizen who fought in support of Cuba’s independence in the Ten Year’s War (1868-1878), the Henry Reeve Medical Brigade (La Brigada Henry Reeve) is a specialized emergency wing of Cuba’s broader medical internationalist program (Brouwer 2011: 29). Cuban physicians who sign up to be a part of the brigade can be called upon to leave for an emergency site with only one day’s notice.

---

9 Chávez often referred to the United States as Latin America’s “imperialist neighbor” or “imperialist enemy to the North” in his enigmatic speeches. I counted at least three uses of these terms during the then-president’s speech that I attended in Caracas in the summer of 2011, the day before the celebration of the anniversary of Venezuela’s independence. I write more about this speech in the introduction of chapter 3.
Operación Milagro mission focuses on restoring eyesight through basic surgeries unavailable to impoverished or underserved populations. A former Cuban teacher who had defected and remained to live in Haiti told me that the idea for Operación Milagro had originally come from the large literacy campaign (campaña de alfabetización) that often accompanied long-term medical missions. Teachers noticed that many of the students who had trouble learning to read simply could not see the letters clearly, and providing them with glasses often fixed the problem. From this discovery and with the influx of funding and support from the Venezuelan government, Operación Milagro set out to conduct cataract and other eye surgeries around the world. The hospital where I conducted the majority of my observations and interviews on Cuban medical work in Port-au-Prince, the Renaissance Hospital, was a dual-purposed building, providing both a base for Operación Milagro pre-surgery consultations and for long-term physical therapy for other illnesses and injuries. It was also the workplace of the Port-au-Prince based Henry Reeve doctors who were among the medical professionals who remained for the entire duration of my study. These physicians and technicians had arrived within a week of the earthquake in 2010, and began to leave in early 2012, the last of them leaving in June, just before my departure.

Chávez’s interest in Haiti was an important political action that he justified with a long-forgotten historical one. For the past two centuries, Haiti has been largely left out of the regional identity of Latin America. The country is in the Caribbean, for one, and does not share borders with continental Latin American countries. Further, Haiti’s official languages are French and, more recently, Haitian Creole (krèyol), leaving it out of the linguistic commonalities that connect the Spanish- and Portuguese-speaking majority of the Latin American world. Finally, Haiti is not as racially diverse as either the continents or its Caribbean neighbors. Even the Dominican Republic, which occupies the same island of Hispaniola, can trace its population’s ancestry to a mixed black, European, and even native Taíno background. These factors have made it easy for the evolving regionalism of “Latin America” to exclude Haiti from its shared identity. But Haiti is an important ground for the political interests of both the United States and the Bolivarian regionalist movement. Near constant foreign intervention has left the central government weakened to the point that Haiti is extremely porous to external influence. The country has been described to me as a “political no-man’s-land.” The vacuum of centralized power means that the country is theoretically open to allegiance – or servitude – to powerful foreign actors. If the vacuum were to be filled by the United States, the imperialist North would have command of a geographically strategic island, within viewing distance of Cuba and with deep ports that, unlike many other Caribbean islands, can support warring submarines if ever the need would arise. In other words, the continued exclusion of Haiti from Latin American regionalism could allow the United States to gain a strong foothold in the Caribbean, close to ALBA’s strongest ally.

In 2005, Hugo Chávez became the first sitting Venezuelan president to visit Haiti. He spoke to a crowded street in downtown Port-au-Prince, announcing that his country would begin to engage with Haiti in a humanitarian collaboration. Rather than using the paternalistic rhetoric used by national donors before him, whose representatives explained their humanitarianism as a gift to quell Haiti’s systemic condition of need, Chávez chose to use
language that empowered the symbolic position of Haiti. Instead of a mere recipient, Haiti was an ally. Chávez referenced a historical moment in Simón Bolívar’s history, during which the newly liberated Haiti assisted Bolívar in liberating Venezuela, Colombia, Peru, Bolivia and Ecuador, effectively catalyzing the decolonization of the whole of Latin America. Chávez echoed this sentiment again after the earthquake at an ALBA summit when, in explaining his decision to cancel Haiti’s oil debt to Venezuela, Chávez declared: “Haiti has no debt with Venezuela, just the opposite: Venezuela has a historical debt with the nation, with that people for whom we feel not pity but rather admiration, and we share their faith, their hope” (Chávez quoted in Latin American Herald Tribune). Such solidarity and fraternalism contrasted with the condescension and lack of historical awareness that so many other major donors evoked in their speeches. While Haitians were aware of the role their young nation played in the liberation of the Americas, many in the rest of the continents had long forgotten it. To recount it so publicly and in connection with aid agreements was a powerful play by this powerful player.

Public Perceptions of the Cuban-Venezuelan Alliance

_Doktè kibèn yo_, the Cuban doctors, have a powerful place in contemporary Haitian lore. Laypeople will comment on the Cubans’ intrepidness, that they have set up clinics in the most remote corners of the country. The ubiquity of knowledge about the Cubans’ work in Haiti is contrasted by its relative absence in international media. Over 300 Cuban health professionals were in Haiti before the earthquake, followed by several hundred more in its wake. Following the earthquake, news outlets in the Global North lauded the efforts of a myriad of aid organizations and agencies, but they gave the pre-existing and expanding Cuban aid relatively scant attention. A few articles questioned this absence. An Al Jazeera article published online in February, 2010 wrote that “in reporting on the international aid effort, Western media have generally not ranked Cuba high on the list of donor nations” (Fawthrop 2010). But from a political perspective, the reason is clear. The Cuban internationalist programs have been funded by close alliances with powerful socialist nations that are openly antagonistic against the United States’ hegemony in the global economy. Between Cuba’s decades-long allegiance with the former Soviet Union to its affiliation with the rising ideological star of Hugo Chávez, mainstream media outlets could hardly allow Cuba to be hailed a humanitarian hero.¹⁰

Venezuela has indeed been the target of accusations concerning its politically strategic, rather than purely humanitarian, aid programs by international observers. A Kiel Institute paper analyzing new donors explains: “China is the preferred villain with respect to commercial and political selfishness, but similar charges are also directed at other Asian donors such as India, Arab countries, and Venezuela” (Dreher 2010: 2, emphasis added). Suspicions about

---

¹⁰ Even the publically sourced website Wikipedia does not mention ALBA, Venezuela, or the Bolivarian alliance on its page called “Humanitarian Response to the 2010 Earthquake” and the only mention of Cuba was sourced from the Fawthrop Al Jazeera article cited above. [https://en.wikipedia.org/wiki/Humanitarian_response_to_the_2010_Haiti_earthquake](https://en.wikipedia.org/wiki/Humanitarian_response_to_the_2010_Haiti_earthquake) (accessed 2015)
Venezuela’s external policies have been buttressed by widespread concerns about its own internal politics. Human Rights Watch’s most recent major publications about Venezuela have had similarly damming conclusions about the country’s internal politics and treatment of its own citizens. Is it Venezuela’s unpopular politics in the Global North that has kept both Cuba and Venezuela out of the post-earthquake spotlight and off of lists of emerging donors? Symbolic actions and perceptions are significant for political analysts studying “closed societies” like Cuba, “because access to data has varied between difficult and impossible” (Feinsilver 1993: 19). Devex, a website and resource center for international development and humanitarian professionals, disseminated a report in 2015 highlighting emerging donors, countries that have recently and significantly increased their levels of international aid. Both Venezuela and Cuba are absent in the report, which includes such countries as China, Brazil, and Russia. Curious as to the reason for this omission, I emailed one of the report’s main authors to ask how the emerging donors are chosen and what criteria are used to define some countries as emerging and others as something different. His vague response was eye-opening. In my initial email, I had explained that I was completing an analysis of the Cuban-Venezuelan medical aid in Haiti. The author responded in an aside that perhaps because Cuban aid in Haiti is bilateral, given its Venezuelan financing, it was not considered a unilateral emerging donor by the Devex team. Indeed, in the time that I was conducting research in the Cuban hospital in Port-au-Prince, I noticed that more and more of their vehicles were emblazoned with not simply the Cuban flag, but a new insignia that included the flags of Cuba, Haiti and the Bolivarian Republic of Venezuela, signifying a trilateral collaboration such that Mawdsley notes is typical of South-South aid. But the author’s central explanation was more telling. He stated that there is no formula, no specific set of characteristics, used by the organization to define a donor as emerging (Triolo et al. 2015).

The new Bolivarian era of internationalism did not produce heightened suspicions of strategy solely among international actors, but also, perhaps more profoundly, among the Cuban public. According to anthropologist P. Sean Brotherton, after Venezuela took the place of the former Soviet Union’s as Cuba’s main financial supporter, the humanitarian purity of the Cuban internationalista project waned and the entire program began to reflect a more strategic political tool: medical diplomacy (Brotherton 2012, Feinsilver 1993). “The goal,” writes María Werlau, president of the U.S.-based non-profit Cuba Archive, “is to earn hard currency and advance other financial goals of the regime while gaining influence, prestige, legitimacy, and sympathy abroad” (Werlau 2013). Peruvian president Alan García claimed that Venezuela funded around 200 Casas del ALBA, extensions of the Cuban-run literacy and medical campaigns based elsewhere. “They were often staffed with Cuban doctors,” write Corrales and Penfold. “Peruvian authorities claimed they actually served as ‘indoctrination’ units that spread radical leftist ideology and incited political protests” (Corrales and Penfold 2011: 106). During his time in Cuba, Brotherton noted a dip in the public support of the project, stemming from the overly high export of the island’s medical professionals abroad.

Official sources report that there are between thirty-eight and forty thousand health workers in sixty-eight to seventy-seven countries, fifteen to seventeen thousand of them doctors. While these numbers are not independently confirmed, it is indisputable
that in the last decade, Cuba’s health diplomacy greatly expanded thanks to Hugo Chávez (Werlau 2013).

Whereas in the 1970s and 80s even the most remote Cuban regions had access to community medical offices, the more recent expansion of Cuba’s medical diplomacy drew doctors abroad and left some rural clinics vacant. Locals began to wonder whether their own health had become less important than Cuba’s image on the international scene (Brotherton 2012). Cuba’s citizens were not the only people who felt that the expansion of the Cuban medical aid abroad had negative effects. In Port-au-Prince and especially Caracas, many physicians were displeased by the long-term presence of the Cuban medics. The option of medical services free of charge were causing Haitian clinics to lose clients, and Venezuelans once based in Caracas found themselves forced to move to smaller cities to avoid the heightened competition. During my first summer in Port-au-Prince, I traveled to a hillside home to visit a friend of a friend, a successful hospital administrator. After I explained my research project to him, his face twisted in disdain. He explained that the Cuban medical program was “not sustainable” and “very bad for private practice.” He claimed that no Haitian hospital workers who he personally knew liked the Cubans. This negative turn of professional perceptions concerning Cuban medical aid seemed to be linked, as Brotherton found among the Cuban public, to Venezuela’s relatively recent involvement, which allowed the Cuban aid to expand its reach. Whereas it once filled holes in existing healthcare systems, Cuban doctors now seemed to be creating a parallel economy, the very type of aid feared by the United Nation’s OCHA.

Micro-NGOs

Disaster Jumpers

I arrived at the Karachi airport at midnight. I had only met my partner two days prior, outside of the Pakistani consulate in Washington, D.C. to get our visas. Three flights later, we arrived to the main city of Sindh state, Pakistan, for a two-week humanitarian project. Flooding in Sindh is not uncommon, and the largely impoverished rural population is vulnerable to displacement each time a major flood occurs. Normally, major organizations would have been more present, but that month had seen a recent surge in violence, particularly in Karachi, that dissuaded foreign aid. Liability for aid workers is a major concern for large-scale organizations like Doctors Without Borders (MSF, the French abbreviation), which have to deal with negative publicity when their workers come into harms way. MSF has a reputation throughout the aid community of being particularly vulnerable to attacks, chiefly because they are open about not having weapons on hand. Each van has a sticker with the image of a gun and a circle with a red line through it. This indicates their firm stance against violence, but also opens them up to vulnerability in comparison to other organizations that may have more forceful security for their workers. Due to the Karachi violence, many aid workers temporarily left their posts, leaving the temporary camps that had been meticulously created outside of Karachi for the displaced families lacking in supervision and care.
Two months after I returned from my first summer of fieldwork in Port-au-Prince, I received a phone call from the director of a young NGO I had met there, requesting that I fill in for a volunteer who could not make it. They had begun their humanitarian work after the earthquake in Haiti and were now trying to expand their work to new regions. The small-scale organization that requested our presence in Pakistan did not have the burden of a high profile to turn danger into liabilities, and its small size allowed a high level of mobility.

After meeting with our local contacts in Karachi, my partner and I made the eight-hour trip along a straight, desolate road to a small town where families lived in neat squares of tents. Though sweltering and uncomfortable, they clearly had been set up with a great deal of planning, a remarkable difference coming from the ad hoc urban chaos of tent camps in Port-au-Prince. I had not met my partner before, but he had worked in Haiti while I was there, and made contacts with the same NGO. We arrived in the small town, tired but excited. It was dusk and the streets were nearly empty. We found shelter in an abandoned home where a single, dusty mattress lay on the floor of a long-deserted room. On the mattress sat another aid worker, one I had briefly met that summer in Port-au-Prince. I was shocked. “Are you here with this NGO?” I asked, still stunned to see a familiar face so far away. “No,” he replied, nonchalantly, “I just heard there was a disaster here and came figuring I could be of use.” Two months after my first trip to Haiti and ten time zones away, I somehow found myself in a familiar place because I was accompanied by familiar humanitarian companions.

That brief trip to the other side of the world introduced me to a population of aid workers well entrenched in the Port-au-Prince scene. These mobile individuals arrived at disaster scenes with no clear plans; instead, they had contacts, experience with past disasters, and no firm ties to any particular NGO or agency. These were the self-titled “disaster jumpers,” and they made up a significant portion of the “professional” volunteers and NGO leaders of which the micro-NGO population consisted. In Haiti, I arrived five months after the earthquake, so the stories I heard about how they found each other in the midst of the disaster are, of course, second-hand. But similarities abound. Some found each other at the airport, recognizing former short-term colleagues from disasters past. Actor Sean Penn, for example, who is now renowned for his work in Haiti and his brusque outspokenness about the politics of humanitarianism, met familiar faces when he arrived in Port-au-Prince. People he had met in the wake of the 2004 tsunami in Sri Lanka were fellow early arrivals to the Haiti post-disaster scene. These were not celebrities, like Penn, but disaster jumpers whose semi-professional familiarity with post-disaster fallout pushed them toward the chaos in Port-au-Prince. Some worked with him to establish and run the J/P HRO, Penn’s Haiti-based NGO, which still functions in the city today. Others were new faces; young, mobile citizens of the Global North who wanted to be a part of a bigger cause; something bigger than whatever lie ahead of them back home. After spending time at the highly publicized, well-funded NGO run by the actor, some split off to form their own organizations while others remained flexible, moving from NGO to NGO and disaster to disaster.
What differentiates large- from small-scale or micro-NGOs are the economies in which they operate. “Grant economies,” as explained by anthropologist Erica James whose research focuses on trauma narratives used to elicit funding in Haiti, are one-way transfers. This makes them different from South-South aid, which, as discussed earlier, is characterized by cooperative, long-term, or reciprocal relationships (James 2010, Mawdsley 2011). Although grants are provided as lump-sum donations, they tend to require something in return: “deliverables” (James 2010: 179). Deliverables are evidence that ensure that the grant was spent appropriately or, more specifically, in such a way that the benefits derived from the grant donation can be connected to the donor. For major NGOs, those which receive large-sum grants and function within the grant economy, the reciprocation of deliverables is “intrinsic to...projects’ survival” (Ibid: 180).

This is not the case for micro-NGOs. Operating outside of the UN oversight as well as the funding mechanisms of the grant economy, the organizations must be creative in their search for funding. While this makes the fight for survival of the organization difficult, it does allow for certain freedoms. Just as avoidance of participating in the UN oversight apparatus provides a breadth of potential activities without bureaucratic obstacles, so too does working outside of the grant economy give young NGOs mobility. Freedom from bureaucratic procedures that accompany large-scale and consistent funding enables micro-NGOs to function with extremely low overhead and survive for prolonged periods of time without immediate sources of funding. It also means that, as long as they do not get caught, they can operate as they each determine best fits the needs of the communities they seek to aid, whether or not their interventions fit the formats preferred by the international community as a humanitarian oversight entity.

Emergency

Erica James describes bureaucracy as “a spectrum of interventions that are perceived as benevolent or malevolent depending on the political position of the actor” (James 2010: 88). In the saturated landscape of aid present in the “Republic of NGOs” that was Port-au-Prince, there was considerable competition between NGOs and aid agencies for recipients, projects and physical and political territories. Each group had to carve out its own niche, whether that took the form of delving into a small community for a long period of time in order to elicit trust and produce projects with long-term social foci; implementing new medical systems that did not exist in post-earthquake Haiti; or deploying medical specialists as did the Cuban-Venezuelan Operación Milagro program, which focused solely on eye surgeries. James’ definition of bureaucracy can be used in the medical aid ecology that my research subjects navigated on a daily basis with one alteration. Instead of benevolence and malevolence being dependent upon the political position of the actor, the medical aid actors that I observed classified their projects’ utility based on the interpreted temporality of the post-disaster timeline.

By the summer of 2010, some aid workers believed that enough time had passed to signify that the urgency of the disaster was over. The immediate needs of an overwhelmed city
that called for high-yield, fast-paced emergency assistance had ended, and it was time to enter the era of aid known as development, the aid that strengthens Haiti from within, that which focuses on longevity and self-reliance. Others were not convinced; in particular, those who had not been to Haiti prior to the earthquake to see what the daily life of an urban Haitian was like before the disastrous event. “Haiti was a shithole before, and it’s a shithole now,” echoed many veteran agency workers, their eyes rolling at the wide-eyed newcomers intent on saving the country with energy and idealism in the place of experience and funding. Katz, the journalist, recalls how easy it was to distinguish between old and new aid workers and journalists by how they reacted to cruelly ironic jokes about the country’s perpetual state of crisis. Those who laughed were aware of a larger, less hopeful reality. Those who were appalled by the callousness of their humor were easily identified as new (Katz 2013). Among the latter were some of the countless micro-NGOs, some with which I became acquainted and others that operated outside of both the UN’s oversight and my own research. A number of the organizations’ leaders and workers believed that the state of emergency had not ended. Hundreds of thousands were in temporary shelters on the verge of ruin as the torrential downpours of the rainy season loomed. Bodies still lay under collapsed buildings, caught underneath the heavy limestone floors that “pancaked,” flatted atop one another in neat stacks.

I use the term emergency often throughout this dissertation. It is not a placeholder for crisis or for disaster, both of which will also pepper the forthcoming pages. Emergency is a distinct way of viewing the temporality of the post-disaster context. It is the way in which the micro-NGOs I observed interpreted the condition of Port-au-Prince in the months following the earthquake and, subsequently, the months that followed the outbreak of cholera that began in October 2010. In part, this interpretation stems from a visceral reaction of persons who are adept and trained in emergency response. Many of the micro-medical NGOs were staffed by emergency medical technicians (EMTs) whose jobs, in the United States, involved working on ambulances. This type of training both enables individuals to react quickly to emergencies and also produces a tunnel vision of sorts, in which the professional emergency worker interprets the conditions around them as a singular emergency.

Port-au-Prince does not have a centralized emergency call system as do many nations of the Global North. In the United States, we learn from a young age to dial 911 in case of any emergency, and within minutes an ambulance, police officers, fire engines or all three will be dispatched to your location. Haiti did have a similar number, but its utility was low. The two times I attempted to call it for assistance on mobile clinics I conducted for various NGOs, nobody answered the line. Even when someone does answer, barriers abound to actually obtaining medical assistance. If someone calls in with a medical emergency for which they need transportation to a hospital, we are, first, presuming that the person in question 1) has a charged cellular phone with credit, and 2) that the person lives on a recognized street that allows vehicular access. The hilliest slopes of Port-au-Prince can have near-vertical arrangements of houses, with no discernable streets and certainly none accessible for cars. If a vehicle does manage to reach the patient, he or she will be charged for the transportation before being allowed entry. If the person pays, they will be merely transported. The driver is
not a trained medical professional, and only on occasion will there be a medical professional in the vehicle with the patient. The likelihood of the latter occurring heightened when Brazil donated a fleet of at least 30 ambulances in 2011 with the plan of forming a National Ambulance Center (CAN), “follow[ing] the tripartite agreement that was signed May 27, 2010...between the governments of Haiti, Brazil and Cuba, around a health cooperation” (HaitiLibre 2012, HaitiLibre 2011). But, as was explained to me by a Cuban medical director familiar with the cooperation, even then the medical professional present on the vehicle might be a specialist whose training was not in emergency care.

Not all of the micro-NGOs were staffed by professional medical emergency workers. Some were bound to the context of emergency because that is what they touted as their position in Haiti. Their raison d’être, their justification for being in Port-au-Prince, and eliciting funding, when they could, was based on a context of emergency. For these organizations, the decline of the state of emergency into a development environment in which the aid focus rests on longevity, self-reliance, and strengthening rather than supplementing local healthcare and other institutions meant the end of their purpose. So as the months passed, the emergency-focused NGOs that did not leave Port-au-Prince needed the context of emergency to remain, in order for their prolonged presence to be both justifiable and fundable. In a purely strategic sense, the outbreak of cholera that occurred ten months after the earthquake when it was becoming increasingly difficult for these NGOs to justify their work served to reignite the emergency phase, starting over the clock of the post-disaster emergency needs. For the micro-NGOs that specialized in emergency medical aid, the emergency was not over. It could not be over, lest their services were no longer needed. Both their interpretations of the conditions of Port-au-Prince and their need to justify the form of aid in which they specialized created an image of a city still in the immediate post-disaster era for the emergency organizations that did not leave when the summer came and the pendulum of the disaster-development timeline was swinging away from disaster.

Did the forms of aid that were assembled based on the interpretation of the Port-au-Prince condition as urgent, an emergency, good for the people who they were intended to serve? Were they better than the forms of aid based on the logics of long-term development, rather than emergency and disaster? More importantly, how did residents interpret these various forms of aid? Did they distinguish between them, or did they lump all foreign aid together, as a single entity, whether benevolent or malevolent? Whether these strategies or not these strategies or visceral reactions that allowed a small part of the aid apparatus to treat Port-au-Prince as an emergency situation was in the best interest of the residents will be explored in the chapters that follow. Bureaucracy: a spectrum of aid projects, perceived differently by the actors on each and every side of it (James 2012). The following chapters will reveal what I learned in Haiti between 2010 and 2012 as well as Caracas for a brief time in 2011 about what it means to be a part of these sides: what it means to be a part of the recipiency (being a recipient of aid), the donor base and, what I came to learn the most about, the communities of interactive aid: the workers who look into the eyes of the recipients, with various levels of understanding, differing relationships, distinct opinions concerning their needs, and contradictory notions of what their interventions would ultimately achieve.
I breathed in the heavy air quickly heating up my tent. I kept my eyes shut in my daily attempt, always in vain, to sleep beyond the sunrise. But with sweat beading on my face and pooling beneath my body, I surrendered to the heat and unzipped the tent door to greet the Haitian summer.

For the first month of my preliminary fieldwork in 2010, I spent most nights and days in the Pétionville Club tent city, a camp that, at its peak, held 55,000 internally displaced persons (IDPs) and rose to public prominence due to its celebrity manager, Sean Penn. In the frenzy following the January 12th earthquake, no major NGO responded to my email requests for volunteering opportunities or housing, as I had lacked a medical or field humanitarian background. A combination of widespread building collapse and the sudden spike in journalists traveling to the city had sent the price for a hotel room skyrocketing. So I was left with my last resort, an informal online community of travelers who offer free, short-term places to sleep. The night before my flight, an Israeli aid worker answered my request, instructing me to take a cab from the airport to a hotel lobby, then wait for him to pick me up. After several hours he arrived and drove me to his temporary home, a concrete house only partially damaged where three Israeli ex-soldiers were staying while they volunteered in the adjacent camp. The oppressive heat of the Haitian June had pushed one of the aid workers to sleep on the roof of their home. I followed suit and rumpled my T-shirts under my head to form a pillow and lay on the rooftop, feeling the breeze. It was there that I saw, for the first time, the Pétionville tent camp. Just its edge, hazy in the moonlight and momentarily illuminated under the strikes of seasonal lightning crackling a few kilometers away over the sea.

On my third night, one of the aid workers received a phone call from a woman, Corrine, who lived in the camp. His voice filled with urgency, he said that there was a problem and began to dash to the barrier and into the camp. I followed him, barely keeping up on the footprint-etched mud paths in the darkness, until we reached the scene of the drama. By the time we arrived, the cause of the uproar was, at least to me, unclear. But it had drawn the attention of dozens of residents, a small group of UN Peacekeepers, and Sean Penn. The woman who had called the Israeli was standing in the middle of the center circle, as all parties shouted over one another to clarify what was going on and what was to be done. Penn was attempting to communicate with Brazilian soldiers in broken Spanish. With my notebook and pen in hand, I quietly offered to help translate the conversation into Portuguese which, I mentioned, would be preferable to Spanish in this situation. Penn turned to me, his face
twisted in frustration, and shouted, “If you can translate, then translate!” For nearly an hour I stood between the aid workers, Corrine, Sean, and the leader of the 12-person Peacekeeping group stationed to patrol the camp that night. Corrine loudly explained what had happened to all who could hear while the aid workers exchanged ideas about the situation with Penn, who voiced his concerns and criticisms to the camouflage-clad Peacekeeper. This eventful evening marked the beginning of two driving forces of my fieldwork. The first was my attention to the UN Peacekeeping mission, and the second was my relationship to the camp.

Corrine, the woman in the middle of the circle, turned out to be a neighborhood leader of sorts. Her strong will and political savvy were bolstered by a confident poise and forceful power of persuasion. I would later learn that her family had been fairly wealthy before the earthquake, affording her the opportunity of consistent schooling and some travel to the United States, a combination which gave her fluency in English. When the earthquake toppled her family home, she explained that their lack of insurance rendered them, if not under the line of poverty, at least temporarily homeless. While her parents moved in with extended family members whose houses remained intact, Corrine decided to ease their burden by staying in the Pétionville camp that had formed nearby.

Days after the nighttime incident, Corrine called my newly-purchased cell phone and invited me to be her guest at the camp and reside there as her neighbor for the foreseeable future. Not wanting to be an unnecessary drain on camp resources, I declined. For the next few days, I spent my nights in an apartment halfway across town, with a friendly young woman who had lost her entire immediate family in the earthquake. But my initial refusal of Corrine’s request did not last long. I came to learn that there is little that serves to combat the persuasive powers of Haitian women who know what’s best. She called again, this time informing me that she had already procured a vacant American-style camping tent and placed it next to hers. Thus I arrived at my new temporary home, a small red tent in a tightly-packed circle of tents at the bottom of the steep hill, against the razor-wire boundary between the massive camp and the Delmas neighborhood. This fortuitous “invitation” gave me an insight into camp life that I had not anticipated or even initially sought. But over the summer, the camp became my main source of information as well as an introduction to Haitian Creole, post-earthquake temporary living structures and a unique vantage point from which to view the relationship between aid recipients and aid providers.

In this chapter, I use the camp and my time there in the summer of 2010 to illustrate three points. First, I describe the meanings behind some rarely-defined humanitarian terminology: “resilience” and “vulnerability”. These terms are used almost universally by humanitarian actors of disaster, yet their meanings shift depending on context. I contend that these words, insofar as they explain or incite humanitarian action, cannot be defined alone; rather, their definitions and the moral and descriptive conclusions drawn from their usage exist as a symbiotic pair. Next, I define NGO territories and describe the porous boundaries between aid workers and aid recipients. In this context I draw from theories about the policies of containment long used to maintain low immigrant flows from Haiti. These help explain the unusual qualities of a camp set not in a rural but a complex urban setting, where displacement
means being moved a few kilometers – if not just a few blocks – from home. Finally, this chapter serves to introduce a broader point that underlies the dissertation as a whole. The changes that the camp underwent during my time there can be used to demonstrate the uneven, unintended, and self-contradictory shift from the emergency phase of the post-disaster to the development stage. Various changes implemented by the controlling NGO underline the erosion of the concept of a disaster/development binary or a separate, intermediate space between them. In the end, the combination of the camp’s urban location, the porosity of the camp boundaries as a bounded NGO territory, its internally contradictory management of the camp as at once a temporary and a permanent space lead to my conclusion that in the case of post-earthquake Port-au-Prince, it was not the camp that ultimately underwent a transformative process toward urban permanence, but the city as a whole that evolved into a camp-like structure.

**Resilience and Vulnerability**

Browse the websites of humanitarian organizations present in Haiti after the earthquake and you’ll quickly notice a repetition of two words: resilience and vulnerability (see Images 1, 2, and 3 below). Resilience is typically used with a positive spin, emphasizing the immense emotional capacity of earthquake survivors to continue with their daily lives. This capacity is important for NGOs to note, because it can be used to qualitatively justify their goals and objectives for reconstruction. Vulnerability indicates the potential to be caught up in the throes of a coming natural or human disaster, such as civil conflict, earthquakes, hurricanes, drought, or famine. The two words work in tandem. Vulnerability indicates a need for proactive resilience-building. Resilience, often invoked as a quality innate in a population, is a positive indicator for success in recovery efforts including rebuilding: or, as was the catch phrase for the foreign aid community as a whole in Haiti, *Build Back Better* (Katz 2013: 115).

Image 1: USAID website: “enable resilient...societies to realize their potential.”

“Build Back Better” was not a mantra unique to the relief efforts in Haiti. It was also the call to arms for relief actors in the Philippines cyclone, which occurred four years after the Haiti earthquake. Many of the agency, NGO and individual actors involved in the 2010 Haiti relief swell relocated to the Philippines.
This is not to say that victimhood does not carry weight in the lexicon of the international humanitarian community. Websites and annual reports include countless verbal and photographic depictions of the plight of victims of human and natural disasters. Their suffering is described in terms of the best practices for allaying it: typically, the methodology used by that particular organization. Didier Fassin traces the evolution of the victim from the perspective of both the psychiatric profession and the general (Western) public. A major turn in the image of the victim was the shift from suspicion to innocence. This perspectival shift was marked in part by the formal acceptance of post-traumatic stress disorder (PTSD) into the American psychiatric profession in 1980. Early treatments of “victims” questioned the individuals’ capacities to endure what others could not – in war, in the camps of the Holocaust. Questions were raised as to the accuracy of survivors’ testimonies as well as regarding their personalities. The shift that took place throughout the 1980s reversed this former suspicion. No longer was the victim immediately questioned. Instead, their trauma was taken at face

---

12 “Bearing no relation to the trauma narrative, removed from an individual’s history, without reference to previous personality structures, trauma thus appears as solely attributable to an unfortunate encounter between an ordinary person and an extraordinary event. This definition, which was immediately hailed as a great leap forward, suited all those campaigning on behalf of victims, since all that was now required was to diagnose characteristic symptoms and to locate an antecedent uncommon event as the cause” (Fassin and Rechtman 2009:87).
value and the victim was understood as inherently innocent and a witness to the trauma of those who did not survive (Fassin and Rechtman 2009).

As this dramatic shift took hold in the psychiatric profession, the humanitarian world entered what Fassin calls its “second age” (Fassin 2012: 206). This new age was marked by the departure of Médecins Sans Frontières (Doctors Without Borders, MSF) from its parent organization, the International Red Cross (ICRC) (Fassin 2012, Calhoun 2008). The formation of the ICRC in 1863 is widely considered to mark the beginning of the era of modern humanitarianism. First focused on ensuring the dignified burial of those left dead in war, the organization grew to incorporate medical assistance on the front lines. Its anti-political stance allowed its members to deliver aid to individuals on both sides of bitter conflicts in the midst of crisis, and during the 20th century the organization was not only delivering medical assistance during full-blown international wars, but also civil conflicts, droughts, famines, and other global emergencies. Following two particularly deadly conflicts, most notably the Biafra conflict in Nigeria that resulted in famine and the flood and internal conflicts of Bangladesh, a small group of French ICRC members, humanitarians and journalists decided that providing medical care was insufficient. In 1971, they formed the independent organization, Médecins Sans Frontières (Redfield 2006: 6). The group distinguished itself from the ICRC, long the sole medical humanitarian player in the field, with its new core ethic of “bearing witness”. While the psychiatric profession removed the burden of proof from the shoulders of trauma survivors – victims – MSF founders augmented aid workers’ roles from solely providing aid to describing the details and circumstances they saw to outsiders. The concept of bearing witness quickly evolved to mean narrating the suffering of others:

The focus is entirely on the areas where MSF considers it legitimate to intervene...and which in turn legitimize its intervention. Bearing witness to violence is always an act of condemnation at the same time as communication. The witnesses speak of what they are seeing as well as of what they are doing (Fassin and Rechtman 2009: 201).

Trauma, survival and suffering are important aspects of an ethnographic discussion of life in Port-au-Prince in the months following the earthquake, and many of Fassin’s conclusions about trauma, survival, and the politics of humanitarianism are significant in my own conclusions and arguments presented in this dissertation. However, in this chapter I depart from Fassin in one semantic respect: I replace his victim with the term vulnerability. I make this alteration for two reasons. First, the word victim (viktim, in Haitian Creole) has a specific meaning in the Haitian context. Based on the usage of the word by informants, Haitianists reserve the term for those who suffered during particular historical moments under specific political circumstances. The more recent literature on Haitian trauma typifies a viktim whose suffering can be directly tied to the civil war from 1991 to 1994, preempted by the first ousting

---

13 “The second age of humanitarianism therefore corresponds to the emergence of the witness – not the witness who has experienced the tragedy, but the one who has brought aid to its victims” (Fassin 2012: 206).
14 “Florence Nightingale’s heroic efforts in Crimea were widely described as humanitarian” (Calhoun 2008: 12).
15 In 1864, the year after the formation of the ICRC, the original Geneva Convention was signed (ibid.).

Fassin’s “victim” is reflective of a turn in way in which professionals in the field of psychiatry as well as the general public perceived the typical trauma survivor. The turn bent the image of the generalized victim away from suspicion and toward a more broadly accepted innocence. Indeed, Fassin’s innocent victim is conceptually broad. She can have sustained her traumatic experience(s) over any historical or sociopolitical context. This does not match the terminology of viktim specific to the Haitian context. So although I will continue to use Fassin’s theories about trauma and humanitarianism, theories in which he uses “victim” to describe the sufferers, I will use the terminology more consistent with my contemporary Haitianists, ascribing victim-hood to those whose trauma can be linked directly to particular historical contexts, not generalized suffering or, in the case of this chapter, the earthquake survivors in 2010.

My use of vulnerability rather than victimhood also follows the relatively recent expansion of the disaster anthropology lexicon to include terminology originating in ecological studies. Ecological disaster studies widely use two key terms noted above: vulnerability and resilience. Commenting on the use of the term vulnerability in broader anthropology, Anthony Oliver-Smith asserts that “we must recognize that the concept of vulnerability, with its interpretation of social forces and environmental conditions, is part of a larger effort to rethink the relationships between society, economy and nature” (Oliver-Smith 2004: 19). A concept in ecological studies important for disaster anthropologists is that of the cyclical nature of natural disasters. Many ecological disasters are seasonal or otherwise predictable. Events such as El Niño, geologically active sites, and geographic placements in cyclone-, hurricane-, tornado-prone areas make predicting the coming of a future disaster relatively easy: notwithstanding the financial, political and social activities involved in preparing cyclical natural disaster. Thus, ecological studies of natural disasters incorporate both past disasters and the high likelihood of future disasters. As noted by humanitarians, anthropologists, journalists, authors and residents alike, the Haitian country has long been caught in a perennial state of crisis, pre-crisis, and post-crisis. When the next disaster will strike, and in what form, cannot be predicted so easily as in certain cyclical environmental contexts. But it is widely believed that Haiti is almost constantly on the brink of another disaster, political crisis, or state of emergency. In such a context, vulnerability better describes the condition of Port-au-Prince and the earthquake survivors whose stories are the subject of this chapter than does victimhood. While victimhood implies only past trauma, vulnerability implies a potential for future trauma. One does not have to be a victim to be vulnerable, and vulnerability can be connected to a number of social, economic

---

16 In my own interviews and conversations, I found the word viktim to be used in this similar historically-specific manner. Generally, the word was focused to those who suffered or died as a direct result of the civil war of 1991-1994 and the ongoing UN military presence in Haiti.

17 Vulnerability is also used by some to apply to portions of populations, not populations as wholes. An example of this is in Michel Agier’s article, “Between War and City,” in which he writes that some types of assistance are designed “to valorize the social position of some categories regarded as ‘vulnerable’ – young orphans, the physically handicapped, and widowed, divorced or raped women” (Agier 2002: 330). This grouping of more intense vulnerability within vulnerable populations will be discussed in later chapters.
and political factors under which individuals and populations can be differently susceptible to myriad potential future traumas.

I make the transition from victim to vulnerable while maintaining a theoretical connection to other facets of Fassin’s work on humanitarianism through his concept of precarious lives (Fassin 2012: 13). Precariousness relies on various combinations of insecurity, whether that be of income, political contexts, or mobility. Most importantly, precarious lives fall under the jurisdiction of humanitarian governance. “Humanitarian reason,” he writes, “governs precarious lives” (Fassin 2012: 4). The concept of precarious lives aligns with the concept of vulnerability as ecological and, increasingly, disaster anthropologists are using it. That is, it leaves room for both past and future trauma. And the potential for future trauma is extremely high for the earthquake survivors, particularly those who found themselves living in one of the city’s estimated 860 tent camps. “Living in these camps is re-traumatizing,” writes anthropologist Mark Schuller. “Many call it the ‘second earthquake.’” In Solino [a camp], for example, 6,800 people live in tents eight inches apart in a football field” (Schuller 2011: 151).

Something more akin to Fassin’s victim in the terms of psychological victimology will be revisited in a later chapter. But for the purposes of this section, his concept of precarious lives will be synonymous with vulnerability, a part of the “native terminology” (Fassin 2012: 150) I observed in this humanitarian context:

Stubborn clusters of poverty are increasingly concentrated in fragile states, where cycles of disaster and conflict are ever more persistent and devastating. We will need to double down on our efforts to shock-proof development and make building resilience a central tenant of our development agenda by managing risk and tackling fragility (Lindborg in USAID 2014: 98).

Among the many changes that occurred within the humanitarian profession during the 1990s was the turn toward IDPs (internally displaced persons) as a focus of humanitarian efforts. After the end of World War II and throughout the Cold War, a major focus of international aid had fallen upon refugees, people displaced from their countries of origin due to conflict. When the Cold War ended, two key changes had occurred to profoundly shape a new era of humanitarian aid. First, trust in post-Soviet nations had decreased dramatically, so that even after the Cold War officially ended, Western countries wanted to have control in the post-war state-building that needed to take place. Humanitarianism grew as a profession throughout the decade, and a new wave of professional aid agencies were able to replace traditional military units as the arbiters of intervention. Second, refugees came to be replaced by IDPs as the main focus of humanitarian efforts. This was not so much a shift in focus as it was an expansion in the “set of categories of ‘persons of concern’ to whom the international community should feel obligated to provide relief” that came alongside a rapidly growing

---

18 In 2010, approximately 400,000 families lived in 1,000 tent camps in and around Port-au-Prince. There were “almost 1,300 camps in the country and 860 in Port-au-Prince metropolitan area” (Schuller 2011: 151).
professional field of humanitarianism (Fearon 2008: 62). The scope of humanitarianism also enveloped natural disasters rather than solely wars, the former often leaving more IDPs than refugees. The dual focus on internal civil conflicts and natural disasters aided in the increased attention paid to the plight of IDPs, which in turn led to a shift in the terminology from victimhood to vulnerability.

The significance of the terminology here is that the words themselves as well as their mutual implications served to justify and propel the projects taken on in the Pétionville camp in 2010. I argue that the camp can be seen as the physical and monetary manifestation of aid whereby being labeled an aid recipient connotes a value of inherent vulnerability. The residents of the Pétionville camp were not victims of the earthquake, but, rather, earthquake survivors whose inherent resilience made the NGOs’ promises of recovery – resultant from the NGOs’ efforts – believable to the international community which represented a large donor base. Reports have shown that upwards of one-half of United States families donated to the Haitian relief effort in 2010 (Kivland 2012a: 87, BBC 2015). This demonstrates a surprisingly high level of both public awareness about the catastrophe and widespread confidence in the reliability of relief organizations to realize progress on the ground.

The persistent vulnerability of the earthquake survivors justified the need for preventative resilience-building while simultaneously deploying relief aid, wherein relief is aid that is directly intended for immediate use due to a large-scale emergency. Any earthquake survivor could be labeled vulnerable. In fact, the United Nations did issue a statement to its Peacekeeping contingents defining all Haitians who survived the earthquake to possess the label of vulnerability. In the camp(s), it was not victimhood but vulnerability – the ongoing need and potential for future need – that justified early relief interventions, and it was vulnerability that laid the humanitarian framework for the interventions’ prolonged presence. All that incoming NGOs needed were a defined recipient space and a justified timeline for the intervention they offered. The Pétionville camp was among the many early relief projects that attempted to maintain their legitimacy as the months passed and the justification for continuing to provide emergency relief aid began to waver. As time passed, the functions of the camp changed with the post-disaster temporality.

**Development in the Dark**

From the roof of our house you can see everything. The sea, capped by distant green peaks, and the tent city sprawled along the hill to our left, blue, orange, and white “roofs” leading up to a

---

19 “The concept of ‘internally displaced persons’ is an innovation developed in the late 1980s and early 1990s as a result of a campaign by the humanitarian sector and some governments. IDPs were officially added to the UNHCR’s mandate in 1992, according to rules that take account of state sovereignty concerns” (Fearon 2008: 62).
20 BBC World Service interview with Thomas Adams, former U.S. Special Coordinator for Haiti. Interview conducted August 2015.
21 The relationship between vulnerability and the Peacekeeping Mission will be dealt with in depth in chapter 4.
brightly lit white tent where “Sean” stays. A 4x4 jeep patrols the camp…[providing] a few moments of light.

– Field notes, week 1, 2010

The January 12, 2010 earthquake was centered not far underneath Léogâne, a small city less than twenty miles from Haiti’s capital. The initial earthquake lasted thirty long seconds. Thirty seconds during which the limestone and cinder-block buildings, reinforced with metal rebar, twisted, collapsing into rubble and dust. Survivors recall the overwhelming noise of those thirty seconds, the earth shifting loudly beneath their feet, streets rumbling, walls cracking: a soundtrack that, for a few breaths, was louder than the human cries. In less than a minute, the city was forever changed. Those who survived the initial shock set out to help those trapped under buildings. Others tried desperately to get in touch with family and friends. All searched for somewhere to stay, somewhere safe from the aftershocks that raged for days and nights after that first tremor. Many were rendered homeless, and those who were not still feared that the aftershocks would fell what buildings remained. No one wanted to sleep beneath a roof that might collapse at any moment. No one wanted to sleep between the walls that had killed over 100,000 of their neighbors in just thirty seconds. Survivors collected in open areas. Some found safety in numbers on large swaths of undeveloped land while others fled to tiny plazas in the midst of the city center. Camps were not uniform in…Each camp took on different forms, largely dependent upon whether they gained attention from an international NGO. The smallest urban “camps” were surrounded by street traffic, constructed from whatever materials were available: produce bags attached to threaded tarps, stubby concrete walls lined against short sidewalks leveraged into a partial wall. Some of the larger camps had the stamp of intervention, most obviously in the form of blue, orange and white tarps handed out by USAID and other large-scale agencies. On the flat land closer to the coast or perched against the hilly neighborhoods,

What were the camps, called “tent cities”, that formed in the aftermath of the earthquake? Were they collections of the rightfully frightened, convening in the closest spaces with no walls or ceilings that threatened to collapse in the impending aftershocks? Many of the camps began “organically,” as Schuller writes, and few received consistent international aid or publicity. The Pétionville camp gained international publicity due in large part to its manager and the continual stream of celebrity visitors. I argue that the camp was utilized as an attempt to make clear the boundaries of the aid space, a territorial accounting mechanism through which the managing NGO, J/P HRO (Jenkins-Penn Haitian Relief Organization), as well as the NGOs participating in particular camp activities and functions, could use to justify their presence to donors and solicit further funding. But this particular form of aid legitimacy did not appear in Haiti without a backdrop of political and historical realities. Perhaps the strongest, although least palatable, of these realities is the “politics of containment” (Hallward 2007) that have long guided U.S. policy toward Haiti. And never are these policies stronger than during Haiti’s most dire moments of need.

Fassin’s study of the Sangatte immigration center in northern France demonstrates how a political humanitarian space can be used to both contain undesirables – potential immigrants
and as a space in which the dual logics of humanitarianism and security can play out (Fassin 2012). The Sangatte transit center, opened in 1999, was intended to manage the high flow of UK asylum-seekers whose last stop on their journeys to Great Britain was the coastal town of Calais, northern France. Run by the Red Cross under contract from the French government, the so-called transit center quickly became a controversial space for non-governmental activists and both British and French government officials. The center came to be called a “camp” initially for disparaging reasons, to highlight its underlying use as a means of segregating and managing “undesirables” from accepted European citizens. Fassin notes that the center came to demonstrate the “singular combination of compassion with repression,” a result of “the dual invocation of...contradictory logics” (ibid: 137) of humanitarianism and security.  

Containment has long been a policy issue of the United States in regards to Haitian immigrants. Commenting on the “1991 catastrophe [the first ousting of President Aristide], which saw more than 60,000 desperate refugees take to the seas,” Political philosopher Peter Hallward calls the resulting U.S. diplomatic and military concern with these boatpeople “the perennial US obsession with the menace of Haitian emigration” (Hallward 2007). Haitian immigration into the United States has been quelled primarily by an underlying fear of social insecurity. This includes the threat to jobs, the economy, and welfare upheld by life-long citizens (Fassin 2012). The United States created its own Sangatte in the Caribbean: Guantánamo Bay. The U.S. territory on mainland Cuba, now infamous as prison for possible terrorists where continent juridical procedures do not apply, was used for a time as an internment camp for Haitian immigrants fleeing by boat to the U.S. Rather than returning all of these seafaring immigrants back to Haiti, many were held for prolonged periods of time at Guantánamo, purportedly awaiting decisions about their asylum cases, but realistically being managed and contained outside of a distinctly sovereign legal space (Salnave and Bouknight 2012). This type of territorial containment exists worldwide, with the purpose of protecting the native citizenry from an influx of undesirable immigrants. Fassin explains the incentive of the European Union in stemming the flow of such populations into its territory:

In order that the ideal of a land of human rights can be maintained, those applying to benefit from it must be as few as possible...It is therefore essential to obscure the activity of mass rejection and selection as much as possible, either rather imperfectly in waiting zones or more efficiently in camps outside of [state] territory where the security operations can be performed (Fassin 2012: 156-57).

If we remove human rights and substitute any of the United States’ great promises – economic prosperity, opportunity, freedom – the same sentiment fits the U.S. policies of containment toward Haitians. From this line of reasoning, it is not difficult to view the importing of international aid onto Haitian soil as serving the broader purpose of containment, a means of providing just enough material needs in country to prevent another large-scale flood of illegal immigration and attempts at asylum-seeking as seen in the early- to mid-1990s.

22 “At Sangatte, this politics is conditioned by the double imperative of security and humanitarianism, and is not concerned with persecution or eradication, as has been the case historically in many other camps” (Fassin 2012: 153).
In this sense, broader political containment of would-be refugees is accomplished, instead, by humanitarian bodies who enter the sovereign state of Haiti and set up smaller-scale contained territories of recipients (internally displaced persons, in the case of the camps). The boundaries of these camp spaces allow for the on-site treatment of vulnerability through the clear identification of recipients as vulnerable. The legitimacy of these organizations’ humanitarian purity to the international public is extremely important. Aid workers on the ground function, in a sense, as intermediaries between recipients and faraway donors. A prolonged U.S. occupation in the early 1900s ended in the rewriting of the Haitian Constitution and began a series of interventions intended, and their core, to soften the ability of the Haitian government to resist American entrepreneurs, governmental oversight, and interventions more broadly. As a result, American citizens in particular have had easy access to enter and perform humanitarian work in Haiti for prolonged periods of time with minimal oversight. While these freedoms are maintained in the Haitian government through decades of hard- and soft-power, they must retain legitimacy in the public eye in order for donors to continue supplementing their causes. On the topic of legitimacy, Barbara Harrell-Bond writes:

> In a refugee camp where food and other assistance is being distributed, the source of the gift is a far distant foreign donor. The role of the gift-giver, in Mauss' terms, and the power to decide who deserves to receive, has been transferred by donors to the staff of humanitarian organizations. There is thus a special relationship of the power of the person who distributes the “handouts” (as they are often disparagingly described) with the refugee who must passively receive. The power of the helper is further “legitimized by its implicit association with altruistic compassion.” Of course, this method of distribution is "functions": its effect is to reduce visible dissent (Harrell-Bond 2002: 56).

NGOs maintain legitimacy for an overwhelmingly international public by creating territories wherein their projects’ effects can be labeled, counted, recorded, and registered. Islah Jad calls the accounting mechanism used by NGOs on the ground “project logic” (Jad 2007). Jad introduces this term in an attempt to explain the behavior of NGOs without relying solely on the logics of faraway donors. “If donors are driven by the logic of efficacy of their funds, then NGOs are driven by the imperatives of professionalism and delivery” (Jad 2007: 626). Although Jad was writing specifically about the NGO-ization of social movements in Palestine, the effects of “project logic” correlate with the post-earthquake camp context as well. Project logic “pushes toward upward vertical participation and now downward toward horizontal participation...[leading] to further concentration of power in the hands of administrators or technocrats” (Ibid: 627). In rural camps, declaring an NGO territory is a

---

23 The major alteration was to allow foreigners and foreign companies to purchase and own Haitian land. This was disallowed by Haiti’s original constitution and stood for many decades as a mark of anti-colonial pride. It took a two-decade long military intervention by the U.S. Marines, under the guise of a humanitarian intervention, to change the constitution for the benefit of U.S. business interests.

24 “The transformation of a cause for social change into a project with a plan, timetable, and fixed budget needs to be ‘owned’ for reporting and to secure further funding. This is exacerbated by the ‘magic bullet syndrome’ (Vivian 1994): the view among NGO staff members responsible for designing, implementing, and reporting on projects that they must demonstrate success if they are to maintain funding. A corollary of the syndrome is a tendency to gloss over mistake and to present the project as an unqualified success story” (Jad 2007: 626).
simpler matter. With few agencies in operation and no major towns nearby, the camp space—including its residents and all of the supplies within in—can all be counted and attributed to the small number of agencies and NGOs officially assigned to it. But in the complex urban situation of the Port-au-Prince post-earthquake disaster setting, a different accountability system was needed to prove the return-on-investment of NGOs.

Establishing physical territories can be difficult. The managing NGO built encircling razor-wire fences in an attempt to enforce specific entries and exits into and out of the camp. Each family listed as residing in the camp was given a punch card in order to avoid non-residents getting their hands on the supplies, either by way of standing in line and posing as a camp resident or by accumulating and then selling excess goods. Myriad creative ways to accomplish this were devised. Non-residents would sometimes pay residents for their cards or for the materials they received at the hand-outs. The fortunate residents dwelling in the shade did not need replacement tarps as quickly as those whose tents were baking in the sun, so they could afford to skip a tarp hand-out or two. Others taped paper over the backs of already-punched cards, hoping that the overwhelmed NGO workers facing a line of hundreds would not notice and re-punch the same hole. In a camp housing over 55,000 individuals, no NGO staff member could possibly recall all names and faces individually, so such small-scale fraudulent activities were fairly easy to accomplish. And in a major city where many camp dwellers resided mere blocks from their original homes and, aside from the casualties of the earthquake itself, social networks remained largely intact, such measures did not ensure reliable results. Containment of the camp as a confined recipient space was impossible. So rather than counting each tarp handed out or gradually passing the power of oversight to specific camp residents, projects became the markers of progress and success by the NGOs. But this led to an inconsistency within the administration’s goals. The camp’s initial purpose was temporary, a refuge for the vulnerable earthquake survivors to be protected from further earthquake-caused traumas. The early estimate for relocating the 55,000 IDPs was eight months. Five months after the earthquake, it was clear that this goal was not going to be met. As rebuilding destroyed homes would be a prolonged and extremely expensive task, the camps residents would have to remain stationary if the NGOs were to demonstrate any success. Food deliveries had stopped in April, 2010, and the administrative NGO turned from pure disaster-oriented activities to projects that assisted in the endurance of the camp as a resident-holding structure. Smaller, more easily-accomplished projects began to serve as the legitimizing forces for the managing NGO.

In the Pétionville camp, one of the first of these projects was the establishment of several large floodlights along camp roads. As rumors about violence and rape in the camp spread, lights were determined to be an easy fix. Perpetrators, it was reasoned, would be less likely to commit these crimes if the cover of darkness was lifted. And so about a half-dozen floodlights—the kind you see illuminating football fields in the U.S.—were posted around the camp, run by noisy gas generators that were typically guarded by a local staff member, as gasoline prices in Haiti are volatile and generators can become easy income, if stolen and sold. It is significant that this was the project chosen early on, and that I was able to witness its establishment was a fortuitous accident. The floodlights’ purpose was to ensure safety during
the nights when NGO staff were confined to their hilltop. Witnessing the camp residents’ lived experiences of the floodlights, then, required being present in the camp day and night. French anthropologist Michel Agier conducted research in camps as both an anthropologist and an official of MSF. His observations about the processes through which ostensibly temporary camps come to resemble lively and permanent cities lay the theoretical groundwork for this following section. But one structural omission in his research brings me to quote him now. He himself highlighted that bureaucratic and structural limitations meant that Agier was unable to be in the camps at night. He explains:

...My point of view is limited, first, by the short duration of this first sojourn and, second and more significantly, by the fact that this was exclusively daytime ethnography, coterminous with the physical presence of the humanitarian organizations in the camps (from 7:30 am to 6:00 pm). I am not yet in a position to assess how much my information falls short of what would be gained from fieldwork that also covered the nocturnal life of the camps, even if a number of ‘problems’ associated with it (in particular, those related to violence) come to light fairly rapidly in daytime interviews, meetings and discussions (Agier 2002: 324, emphasis added).

My sojourn in the camp was also brief. But unlike Agier, I was not limited to the daytime activities in the camp. For one month, I spent my nights in the camp. In the following month, I moved up the hill to J/P HRO’s central grounds, borrowing a vacant and impossibly small mountaineering tent. My knowledge of the camp layout was valuable to the organization, which needed to redraw their original map of the camp to accurately reflect changes in the landscape and highlight potential emergency routes that could allow for medical rescue. Their original map showed little more than the main road capable of vehicular transport, and I was tasked to traverse all of the footpaths and find those that would be likely to withstand the rainy season and were wide and sturdy enough for two medics to carry out a patient in a medical emergency. Thus, I was able to function as a part-time volunteer, but with my stipulation that I would not have to abide by the curfew set for others.

Nights in the camp were long, and pervaded with fear (see image 4, in the next section). Fear of darkness is deeply ingrained in Haitian society. In the countryside, night is the time for spirits and those who wield them. Avoiding solitude after the sunsets is a matter of safety, a means of avoiding stepping into the path of a potentially dangerous ritual in which a dangerous spirit (lwa) is being conjured. Although vodou is not so openly practiced in the city as in the countryside,25 the rural practice of staying close to company throughout the night is typical of city-dwellers. This nightly necessity of proximity to others was especially important in the tent camps. Camps across the city, even those well-funded and ostensibly protected like the Pétionville camp, were havens of violent and/or sexual crimes. Schuller notes “alarming” statistics of rape and gender-based violence in the camps, “a result of this close proximity, a lack of privacy, and ineffective response.” In April alone, one MSF clinic reported 68 cases of

---

25 A history of legal discrimination of vodou practices has been brought about by pressure to appease foreign businesses to venture into Haiti. The mystical and African qualities attached to vodou by North Americans was believed to be a barrier to foreign capital.
rape, and KOFAVIV, an anti-violence women’s organization headed by former rape victims, reported 230 rapes in 15 camps (Schuller 2011: 152).

I discovered this fear of solitude after dark first-hand early one evening. After two or so weeks in the camp, the constant company was wearing on me. My small tent now a shared sleeping space, and the space cleared out for private showers was not what I considered private enough. So when an NGO installed a wooden shelter just down the hard mud road as a temporary bathroom, I walked to the shelter to conduct my biological needs for a few moments of much-desired privacy. Just as I squatted, alone in the dim wooden box, I heard the distinctive voice of a neighbor, a young man about my age. “Becky,” he called into the wooden row of makeshift bathrooms. “Becky! You can’t be here alone! You have to bring someone with you!” I emerged to find a concerned Dado, in his typical attire of a flat-brimmed baseball cap and impossibly white, oversized T-shirt, surrounded by neighborhood children all awaiting my exit. He reprimanded my foolishness before walking me back to our circle of tents, and I resigned myself to a summer of unremitting companionship.

The onset of darkness was not only the natural clock that served to remind all to remain nearby, surrounded by trusted neighbors. It served a purpose for the NGOs that managed and maintained so many aspects of camp life during the day. Darkness was their border, the fence that divided the aid recipients – the camp residents – from the aid workers, the volunteers and NGO personnel who worked in the camp each day. James Tabor, who authored a book about deep cave exploration, describes darkness as an integral environmental characteristic. Not merely the absence of light, darkness can be central to health, mobility, and security. “Darkness,” he writes, “is to caving as water is to diving and air is to flying, a medium, in other words, that does more than any other aspect of the environment to shape your experience” (Tabor 2010, original emphasis). Like Tabor, I experienced darkness as a physical barrier, serving multiple purposes, including the invisible but very real division that separated camp (recipient) and worker (donor) spaces. Under the brutal daytime sun, the camp was traversed by multiple NGOs, each providing unique services overseen by J/P HRO. Aid workers, usually donning matching T-shirts, convened at the shady school, helped set up gender-separate shower rooms, installed water pumps.

After sunset, all that remained of these NGOs were the structures they built – or contracted the building of – and the provisions they carefully handed out to long lines of camp residents during the day. After the free food provisions had been terminated by the government in April, these handouts included chlorine-treated water and the highly sought-after tarps. After six months of sun, which grew stronger each day as the cooler winter months relented to the scorching summer, the original tarps had become brittle. With the rainy season fast approaching, tarp replacement was at the forefront of NGO and resident concerns alike. One evening storm could easily fell the weakened plastic roofs and, depending on the type of

26 The bathrooms served for both sanitation and security needs. Primarily, they served as a part of a broader jobs-creation initiative sweeping the relief aid in the city. Once a day, workers from the camp were paid to remove solid waste from the solid ground floor.
wooden material used in building the structure and the craftsmanship put into making it, bring down the skeleton of the entire tent. For a family, especially a female-headed household, a long night under tropical rains with no physical protection meant hours of added exposure to the human dangers that, under the best weather conditions, already posed threats to women and girls each night. So the floodlights were a sensible addition to the camp: a safety measure for the vulnerable population managed by a legitimate international organization. But the introduction of the lights into the camp disrupted one of the major tenets that had thus far justified the NGO’s presence. The project was the first step taken by the managing NGO toward the erosion of the relief-based temporal logic of the camp. As originally intended, the camp was a short-term measure, easily justifiable in the wake of the disaster. But the floodlights and subsequent projects began to blur the lines between relief and development within the camp space, altering its original purpose and creating the possibility for longevity in the lifespan of the camp.

**City/Camp**

The floodlight project weakened the already porous boundary that denoted the recipient space. “Project logic” meant that NGOs did not have to use raw numbers—of residents fed, of gallons of water delivered, of lives saved—to prove its humanitarian legitimacy to the public and donors abroad. Instead, evidence of proper use of donations could come from the completion of bounded projects intended to improve life in the camp. In order to do this, J/P HRO needed to demonstrate that it maintained a regular recipient base. If the floodlights’ purpose was to protect (mostly female) residents from nighttime violence, then the only way to claim their efficacy would be to ensure that the residents were, indeed, spending all of their nights in the camp. If a young woman only spent half her nights in the camp, leaving for friends’ or family members’ homes on other nights, the lights could not be recognized as ensuring her nightly safety. The NGO needed to provide evidence that its projects had measurable positive impacts on residents’ lives, so it took measures to ensure that tents were being utilized each night. Now six months into its existence, J/P HRO had a large base of rotating international volunteers. It had also accrued many local-national employees, a handful of whom were sent into the camp at night to randomly patrol tent usage. Anonymous tips about empty tents helped guide these patrols, whose intent was to locate and either destroy or redistribute tents that were either not being used or being used for nefarious purposes (criminal activity ranging from reselling donated goods outside of the camp or for assaults under the cover of the tent). The floodlights not only brought to light the porosity of the camp space; the efforts taken to stanch this porosity also eroded the barrier that had previously served to segregate recipient space and time from donor/aid worker space and time: the darkness. Now the black of night was muddled by the floodlights, and aid workers—albeit primarily local-nationals—were sent into the camp for NGO projects long after nightfall.

Michel Agier’s ethnographic study of three refugee camps and IDP settlements in Dabaab, Kenya referred to earlier describes the process by which the camps became urban centers in their own right. He saw the camps, created as temporary solutions to emergency relocation, become complex and permanent economic and social structures. “The
encampment apparatus operates as a network: knowledge and practices circulate as much as individuals do” (Agier 2010: 37). This occurs through both formal and informal processes, and sometimes through the unintended consequences of choices made by the managing agencies and organizations. Project logic, which results in the vertical alignment of jobs and activities performed in and for the camp, exacerbates the pre-existing “problem of idleness” typical of daily life in rural refugee camps (Agier 2002: 329, Dunn 2014). Dunn describes what she calls “black holes” of temporal idleness into which displaced Georgians fell during their time in camps:

Nothingness is not only material but also temporal. It is a void of unfilled time, long stretches with nothing to do but wait, and the absence of normal routines and activities. Despite its best intentions, humanitarian aid routinely creates this kind of void, pinning people down not only in space but in time and holding them in an extended state of torpor and stasis. This is the defining characteristic of protracted displacement—not just the ongoing problem of people being out of place but the perpetual problem of people with nothing to do (Dunn 2014: 294).

In Dabaab, the camp management disallowed residents to engage in economic activities in order to ensure that the camp remained its status as a temporary relief space. The residents, accustomed to providing for their families through various forms of labor, were forced into idleness. As months passed and the camps were clearly no longer short-term transitory spaces, residents began to form informal markets within the camp. These grew gradually until they attained the complexity typical of any urban marketplace. Time eventually gives rise to social and economic complexity, even in the “managed” camp space. Similarly, the urban Pétionville camp was intended to be a space through which external organizations could contain vulnerability in order to provide a particular set of resilience-building tools. But unlike the Dabaab or Georgian camps, the camps of Port-au-Prince formed right on top of the city’s destruction. In Port-au-Prince, however, idleness within the camp was easily resolved by camp residents by leaving the camp to engage in economic activities in the surrounding city. More often than not, these residents would retain their tents and their identities as camp residents in order to take advantage of the free health care, tent upkeep materials, and treated water. Unlike the rural camps of Dabaab and Georgia, the Pétionville camp switched from relief to development not through the gradual increase in economic activities of its residents within the camp itself, but due to the managing NGO’s projects.

The first of these projects was the aforementioned floodlights. The next project was one to which I was assigned. In the last half of the summer I volunteered for J/P HRO. Among other daily tasks, I was assigned a larger project: to redraw the map of the camp. Early on, the camp had been divided into five separate blocks, labeled with the letters A through E. A wide dirt road ran through the camp, allowing small vehicles to traverse the space. The road split off, one running past a popular tent church and another leading down the hill toward the primary school and a main water station. Most supplies were brought to the NGO headquarters through a back entrance higher still on the hill, where a paved road ran into a major street. A simple map had been hand drawn by a volunteer, but adjustments had to be
Image 4: Tent camp at night. View from building roof outside of the camp.

Image 5: Vehicle road in the Pétionville camp.
Image 6: Sturdy drainage path, lined with sandbags.

Image 7: Typical footpath in the camp.
made as tent formations shifted and footpaths became worn. My job was to redraw the map to include footpaths that were sturdy and wide enough to ensure that they would not get washed away in the coming rainy season.

The mapping project was initially described to me as an emergency precaution. The NGO reasoned that it needed to know the layout of the camp well enough to enable workers to carry a sick or injured resident out of the camp and up to the 24-hour clinic at the hilltop without getting lost in the thin, twisted pathways. So I set out, marking the sturdiest and straightest paths with the quickest routes to the vehicle paths that the NGO frequently traversed. A sturdy path usually meant a drainage path, which typically ran straighter than the foot-stomped mud routes and were lined with several layers of sandbags to avoid collapse (see images 5, 6 and 7). After questioning staff members further, I found that a secondary intention of the map was to create dedicated names for the sturdiest footpaths, eventually putting up street signs inside the camp itself. The way in which this was explained to me conflated the purpose of the street signs with that of the emergency extrications: the signs were simply another means of navigation.

Indeed, the camp was confusing. It spanned a large hill with sparse trees. There was no single viewpoint at the hilltop that allowed someone to view the entire camp at once. In addition, the ad hoc arrangement of the tents during its early formation meant that the majority of footpaths were small and winding. Some ended abruptly in the midst of a clump of tents, while others snaked through large areas without directly leading to a major vehicle path. Successful navigation of the camp required knowledge of its layout. Nonetheless, the objective of posting street signs struck me as odd. The camp had taken over a privately-owned golf course and the headquarters, which housed both NGO staff, volunteers, and supplies as well as a MINUSTAH patrol station. Originally, Penn had arranged an eight-month lease with the golf course owner. This estimated time period was based on predictions of how long it would take the city and international aid agencies to remove rubble, rebuild housing structures, and get camp residents back into non-temporary homes. Months earlier, there had been an attempt to relocate several thousand of the camp residents to a newly-established residential site called Corail Cesselesse, an arid, 18,000-acre expanse of land nine miles outside the city (Mozingo 2010, Baram 2011, Katz 2013). Though heralded by then-president René Préval, the effort was not a success. Chris Eves describes an early visit to the relocation site:

Corail is located about 30 minutes outside of Port-au-Prince by car. I visited as an inspector in 2010 and saw that it stands against a hillside, without trees for shelter from the hot sun, potable water, and many other necessary resources. The night before my visit a rainstorm had destroyed tents and injured children. The location’s lack of infrastructure meant various NGOs were in charge of providing all basic necessities (Eves 2011).
Many of Corail’s original residents eventually moved back to urban camps, including the Pétionville camp. The location was too far from the city, too far from jobs and markets to purchase food and water. Eves notes that hiring residents for construction projects in Corail could have increased the quality of life and provided gainful employment. But when he visited the site later in the summer, “residents told [him] that they had finished work on the drainage system a month before, but had still not received compensation” (Ibid. 2011). The relocation failure had clearly left a mark on the international NGO staff back at the Pétionville camp. In spite of research demonstrating that “IDPs typically remain IDPs for much shorter periods of time than refugees remain refugees” (Fearon in Barnett and Weiss 2008: 63), months passed and the Pétionville camp was nowhere near disassembling. The rainy season was now imminent and the months of high-volume residency had worn away all the original grass from the golf course hill, making the camp even more vulnerable to mudslides. I wondered aloud how the street signs would encourage relocation to safer land. Wouldn’t they do just the opposite, giving the camp the properties of a permanent neighborhood, an accepted part of the city? The NGO staff did not seem to share my concerns. And so the map was completed and, shortly after I left, I saw pictures of the streets I knew so well, with painted names attached to tall poles. It seemed that Agier’s picture of the camp-turned-city was coming true for the Pétionville IDP camp, “experienced by [its] inhabitants as a never-ending present” (Agier 2010: 38).

But this was not an isolated camp. On the contrary, Pétionville residents were surrounded by familiar neighborhoods, lifelong social networks, and a central government – albeit a damaged one. In addition to all of these urban benefits, the post-earthquake aid surge left the city landscape peppered with countless NGOs offering a wide variety of material resources, short-term employment opportunities, and both social and physical reconstruction projects. In the rural camps of Dabaab, economic opportunities within the camp were siphoned by NGOs, leaving camp residents to opt between idleness or informal economies slowly developed inside. In Port-au-Prince, camp residents could easily be part of the recipient territories of multiple relief agencies and organizations at once. They could, as many did, maintain living structures in two camps simultaneously. They could work part-time for one NGO while sleeping, drinking, and getting medical care in a camp managed by another. The saturation of aid throughout the city meant that NGO territories necessarily overlapped. Parallel economies and responses caused by a lack of coordination between NGOs are seen as problematic in the eyes of large-scale agencies like the United Nations. But for earthquake survivors, the disorienting network of NGOs was a deep well from which to draw short-term economic gain, be it through employment, free provisions, or both.

In the immediate aftermath of a disaster, relief efforts that are not economically sustainable in the long run are tolerated and even celebrated. In the wake of the earthquake, free medical aid was needed to assist the damaged and overwhelmed Haitian healthcare

27 Katz (2013) and other journalists have discussed that a major issue in relocation of temporary camp residents was land tenure. A small number of families own large swaths of land, and most were unwilling to cede unused properties to the government for relocation efforts in the aftermath of the earthquake.
network. But the time for the relief agencies to hand over control to development specialists is difficult to mark, particularly in a place plagued by constant and varied emergencies (Beckett 2008). If provided longer than is necessary, relief aid can disrupt or even dismantle a country’s economy. Free medical aid, for instance, puts a strain on local doctors and hospitals whose clientele disappears in favor of costless and high-quality foreign care. If this continues, fewer young Haitians will choose to attend medical school, knowing that the foreign competition is too fierce. Those who do become physicians will emigrate, leading to a brain drain in the country. This, in turn, leaves Haiti even more vulnerable to disasters – even predictable ones like hurricanes – as potential responders and providers have been edged out of the national economy.

The NGO’s shift from emergency relief projects to more developmental ones – and the staff’s discomfort in discussing this shift – reveals a temporal transition from disaster to development fraught with contestation and confusion. The confusion as to when the transition from emergency relief to long-term development aid existed not only within this particular NGO, but throughout the city’s large and scattered aid network as a whole. Semantics and the labeling of projects as either relief- or development-based proved similarly significant in the post-earthquake transition phase. Nell Gabiam observed groups of Palestinian refugees in Syria hotly contesting the transition – either officially declared or informally begun – from relief to development. As the UN agency that oversaw the refugees attempted to alter their projects toward sustainable economic objectives, the refugees pushed back. Gabiam explains that their continued statuses as refugees, marked by the continuation of relief-oriented aid, was perceived as evidence that the international community took responsibility for their predicament and remained dedicated to returning them to Palestine. Switching toward development signaled the erasure of the notion of the “right to return” (Gabiam 2012). In Myanmar (Burma), in the wake of the deadly cyclone Nargis in 2008, a distinct phase developed in between the opposing temporalities of relief and development. French anthropologist Maxime Boutry, who had been living and working in Myanmar when the cyclone hit, noticed the development of a transitory ‘early recovery’ phase was unintentionally created in order to smooth the transition between relief and development projects:

The concept of ‘early recovery’ can be considered as one form of evolution in which the interest resides in bringing into action a new paradigm of continuity between emergency and development (Boutry 2013: 400).

Such a phase did not occur in post-earthquake Port-au-Prince. The month after the earthquake that left Port-au-Prince in ruins, and even higher magnitude quake hit a city in Chile. Although the tremors were significantly stronger, the Chilean city rebounded almost immediately. Most of its buildings remained intact, the death toll was near zero, and the population was able to return to its normal routine. Six months after the Haitian earthquake, Port-au-Prince was still in shambles. Observers were curious about this odd juxtaposition of

---

28 When I returned in 2011 for my long-term field research, many parts of the city were indistinguishable from the previous year. I recognized large pieces of rubble, unmoved since I had last visited.
the two cities, each having undergone a similar natural calamity, whose recoveries were completely different. People began to look backward into Haiti’s recent history to uncover the reasons for its slow recovery. They found that the country had been saturated with aid long before the 2010 earthquake. Academics had already dubbed Haiti a “Republic of NGOs” (Schuller 2012). The UN Peacekeepers had intervened in 2004 and remained through the quake, and prior to the earthquake the number of NGOs per capita in Haiti was said to be among the highest in the world.29

What sustained the NGO-friendly environment was the history of international interventions onto Haiti soil and into Haitian political life. As a humanitarian measure, the United States (and later, Brazil) sent rice to Haiti below market value. This pushed the rice farmers out of business and set the stage for a long-term food reliance on external players like the U.S. Additionally, the United Nations’ prolonged presence as a pseudo-government body tapped power from the official government of Haiti to oversee what were considered development projects. Lastly, Haiti was geographically close to home for would-be volunteers and the government was much weaker than the isolationist regime of Myanmar when Nargis hit land. The extraordinarily low oversight afforded to the Haitian government to assess or even count international NGOs allowed for surges of volunteers and organizations in the fallout of crises such as the earthquake. Thus, the existence of an intermediary stage between emergency and development relief was belied by the hyper-saturation of aid agencies, organizations, and volunteers and the inability of the government or the U.N. to maintain control over new aid operations.

The fact that the earthquake was not a singular crisis but one of a long series of political, social, and natural crises meant that different agencies and organizations could easily function on different timelines of relief. In a situation where a generally stable nation encounters a unforeseen emergency, relief aid clearly consists of emergency measures intended to assist the national government and local medical, transportation, logistical and food/water distributors during the time in which they are overwhelmed. The natural progression away from relief occurs when the systems in place prior to the emergency are able to meet the needs of the population without external assistance. This is a clear marker of the end of relief aid. Development looks toward the future, its professionals often working within the existing government to gradually enable more transparent, democratic, or economically sustainable national management. Other development projects could include NGOs that teach about hygiene, introduce disease prevention measures into isolated populations, or build education facilities and increase overall capacity. Development works are intended to aim toward the long-term self-reliance of the country at hand.

When poorer or less stable countries are hit by a natural disaster, there was likely already a network of development projects in place. In such cases, depending on the

---

29 Both Haiti and the Philippines have been called the “NGO capitals of the world.” With no ability to accurately count the NGOs present in Haiti either immediately before or after the 2010 earthquake, it is impossible to state with certainty which country was the most NGO saturated.
government’s pre-disaster capacity to take care of its people, the line that calls for the end of emergency relief can be difficult to assess. Haiti’s government was already functioning at an extremely low capacity. The country had no army, a weak police force overrun by the Peacekeepers, and was economically reliant on foreign nations for basic food staple imports. In Port-au-Prince, the time for relief aid to step back and allow development to continue was not only blurry, but invisible. NGOs that continued to maintain sufficient legitimacy to appeal to donors and obtain funding could reasonably remain in the city, working on projects labeled as either relief, development, or something of both. Large-scale organizations such as the managing NGO of the Pétionville camp that were under international scrutiny cautiously altered their projects to align with the internationally debated classification of Port-au-Prince as either an ongoing emergency zone or one that had surpassed emergency relief and would be best served by economically and politically sustainable development projects, instead.

J/P HRO began as a purely relief-oriented organization. Its first failed attempt at relocation drew pressure onto the organization to focus its projects on the camp itself, forcing it to make a foray into development projects within the relief (camp) space. Ultimately, Penn increased the lease by more than another year. A team was assembled to perform the mammoth task of removing rubble from a few nearby blocks then rebuilding the houses. It was understood that this effort would take many months, and during that time the camp would simply have to continue existing. Theorists of Haitian history have contended that the vast ever-growing ecology of international agencies, which wield control over the flows of aid that follow the country’s seemingly cyclical series of crises, as a means – as a politics – of containment. In this chapter, I have pulled from both these sets of analyses of the camp as a space of temporary relief from vulnerability in the post-disaster setting. Noting the seepages at the camps’ borders, following the various means and reasons for their porosity, I found what I am calling the inverse of Agier’s camp-city. As opposed to geographic isolation and the monolithic authority of a small number of agencies that caused camp residents to create informal economies and push their camp toward urbanization, the Pétionville camp’s steps toward permanence were created by the managing organization itself through small development projects within the recipient space.

Additionally, what allowed IDPs to remain in the camp was not the lack of alternative economic activities as in Agier’s rural camps, but the saturated aid landscape – within and outside of the camp – that covered the city at large. Overlapping NGO territories overflowed out of the bounded camp settings, pouring into various corners of the city where residents – of camps, tents, shantytowns, and houses – could all take part in the aid economy. Instead of the IDP camps taking on attributes of a city, the characteristics traditional of relief organization-run camps instead overflowed into the non-camp urban spaces. This process was caused by an amalgamation of three features of post-earthquake Port-au-Prince: the urban setting of the disaster; the protracted nature of the “post-” disaster context which, in turn, was caused in part by the third feature; the hyper-saturation of aid organizations laying claim to different aspects of relief aid in the city. In the protracted disaster context, Port-au-Prince was not a city of camps, but rather, a camp-city.
We waited for three hours in the growing crowd. It was time well worth getting a direct view of then-president Hugo Chávez, even if from our distant vantage point he would look like a smattering of brightly-colored clothes, limbs gesturing with each powerful statement. Those who arrived later would have to wait on the blocked-off street to the side of the palace, listening to the speech over the loudspeaker without being able to watch the beloved leader deliver his address.

It was the day before the Venezuelan Independence celebration in the summer of 2011. I was ecstatic to see the famed Hugo himself, the man whose enigmatic 2005 speech on the street of Port-au-Prince inspired my doctoral project. Now I would get to see him in person. Albeit relatively far away, but closer than any TV screen or online newspaper could ever feel. There had been a bit of tension between myself and my generous host, who allowed me to stay in his small guest room in a high-rise building somewhere in the low-lying concrete jungle of Caracas while the commune where I eventually stayed was full. A young academic and journalist, he was a fervent supporter of Chávez and took offense when I asked him during one of our early outings how the president was doing with his illness. "He's not sick," he spat back without hesitation. "That's a rumor, and a cruel one."

We were both gleeful that afternoon, standing in the sun with our Chavista headbands, awaiting the president's pre-Independence Day address. The speech would presumably be filled with empowering language that conjured pride and solidarity, in that familiar tone of unrelenting vigor that had come to be expected from this divisive but undoubtedly powerful leader. Another hour passed, the sun began to dip toward the horizon. The crowd grew all the while and no one with our vantage point dared move and lose their place. Finally, the president emerged, stepping out onto a small, colonial-style balcony. The cheers of countless supporters resounded through the streets (see Images 1 and 2).

The audio system that fed into our section of the crowd failed for the better part of the long speech, so we heard his words in segmented phrases. His repeated use of the phrase "our imperialist enemies to the North" made me happy to have browned skin and a Chavista scarf wrapped across my forehead. The speech, to our ears, had all the rhetoric we had expected,

30 A Chavista is a person who supports Chávez as a political or ideological leader. A related word is Chavismo, the broad support of Chávez's Bolivarian ideology.
but not the level of physical intensity. We could see his body, moving with less intensity than had come to be expected from this powerful and enigmatic orator. He gestured little, and what he did muster appeared tired. Toward the end of the speech, the audio sputtered back to life just in time for us to hear what was, to me, his real announcement. With his daughters by his side and his adoring citizens below and wrapped around the building, the president declared that he had cancer. My companion's face, like many around him, fell somber. I listened intently. He announced that he would be leaving Venezuela for the duration of his treatment, which he would receive in the trusted sanctuary of his ally and friends in Havana, Cuba.

This connection between Chávez’s administration and Cuba – and specifically Cuban healthcare – was nothing new. Since the 2004 bilateral agreement between Venezuela and Cuba that began the Bolivarian Alliance for the Peoples of Our America (ALBA), the political and economic relationship between the two countries has grown into a strong allegiance, with Venezuela taking the place that the Soviet Union previously had in the economic and ideological support of Castro’s Cuba. It was a speech given Chávez the year following this alliance that sparked my interest in the relationship between Haiti and Venezuela through the vessel of Cuban medical aid. In January 2005, on a crowded street in downtown Port-au-Prince, Hugo Chávez announced that his country would begin providing aid to Haiti in the form of oil subsidies and financial support for the preexisting Cuban medical programs. He explained that this was the first step toward fulfilling Venezuela’s “historic debt” to Haiti, referencing the assistance that newly-independent Haiti gave to Simón Bolívar and his troops to being the liberation of Latin America from colonial Spain.

This chapter covers the long history of invasion, production, and revolution in the Caribbean to dissect the making of so-called fragile states. In foreign policy studies, the concept of state fragility has come to replace the term failed states. When the Cold War ended, foreign policy focus shifted toward internal state conflicts. Initially, the phrase failed states gained favor to describe countries enveloped in intrastate conflicts and crises. Failed states had become a fixture of U.S. foreign policy terminology by the end of the decade, pointing to states that lacked formal, effective government bodies. But the term was too broad, failing to take into account the different and complex causes of so-called state failure and lacked the vocabulary to describe the stages of conflict in which these states were embroiled. Researchers and policymakers began to study causality and attempt to classify types of failed states. From the Cold War era term weak states, the phrase fragile states began to gain traction:

Since the early 1990s, there has been an explosion of academic literature on “fragile states,” an expansive and contested label that often describes countries at risk of conflict or already mired in conflict. In the policy world, too, state fragility has emerged as a central theme in the work of major international organizations and influential

31 Formerly the Bolivarian Alternative for the Peoples of Our America
32 Causes of state failure were initially split into three categories: “cultural,” meaning ethnic or tribal conflict; “economic,” meaning conflicts over material resources; and “political,” focusing on the particular characteristics of governments, including but not limited to their levels of democracy.
countries, transcending traditional boundaries between international security and development policy (Paris 2009: 58).

Though still broad, the term *fragile states* includes countries on the verge of crisis, conflict, or failure, as well as those states still emerging from internal strife. Haiti has long experienced state fragility, with corrupt administrations and financial crises following multiple military invasions both before, during and after Haiti’s hard-won independence in 1804. In recent decades, and in particular since the election of Chávez to the presidential seat in 1991, Venezuela has been on the radar of U.S. foreign policy as a state on the brink of crisis.

This chapter looks at state fragility in two ways. First, through the lens of foreign policy, state fragility can be seen a methodological tool used by the hegemonic powers to exert their influence abroad, particularly in the post-colonial world. Major economic players like the World Bank use the fragility to define nations insofar as they either adhere to the paradigms of democracy and Capitalism or do not, thereby determining whether intervention is needed and in what form. Second, on a historical and theoretical register, I look at fragilities as both political and human pathologies within the states and populations that, over centuries, have led to the contemporary relationships between Haiti, Venezuela and Cuba. In the case of Venezuela in the early 19th century, state fragility led to an alliance with Haiti. This alliance slipped under the political radar until the emergence of Chávez and his renewal of Bolívar’s regionalist ambitions, fed through the Cuban medical diplomacy model to Haiti. Haiti has suffered endemic state fragility since its break from colonialism in 1804, a condition owed largely to the consistent interventionist policies of powerful nations that disallowed the formation of a strong and egalitarian government. In a similar vein, Cuban medical diplomacy developed in no small part in response to the decades-long U.S. embargo which forced the new government to use creative, non-financial tactics to foment foreign allegiances.

The first section outlines the contemporary concept of state fragility and emplaces Haiti, through an in-depth historical lens, within this framework. State fragility is often measured by lacking: lack of oversight, legitimacy, effectiveness and jurisdiction of a central government (Osaghae 2007). However, when viewed through a historical lens, Haiti’s contemporary fragility can be seen as being triggered not by lacking but by excess. In this section, I focus on the various human and material excesses that acted as catalysts in the unraveling of colonial Saint-Domingue and the subsequent creation of the nation of Haiti. In this section, I draw primarily from Sidney Mintz’s historical analysis of sugar and the slave trade as the main factors that incited Haiti’s controversial revolution. This historical analysis leads into the next section, which revolves around the rise of the charismatic Venezuelan leader Hugo Chávez and the humanitarian relationship between Venezuela and Cuba that shaped the ethnographic scenes that I observed in Port-au-Prince.

The second section describes the outcome of the long-held U.S. embargo against Cuba on its key medical diplomatic centers: international Cuban clinics. Cuban doctors are renowned for their capacity to work with minimal tools, a necessity brought on by the dissolution of the Soviet Union and the subsequent decade of economic hardship that fell upon Cuba until
Venezuela, under the rule of Chávez, became Cuba’s primary political and economic ally. This section is split into two parts. First, following the notion of excess from the previous section, I discuss the link between the political success of Chávez and Venezuela’s immense oil reserves. This natural resource bounty allowed Chávez to provide massive public works within his borders and reach out to Cuba as a means of broadening the geographical scope of his Bolivarian project. Here, I use Venezuelan analyst Tom Chodor’s analysis of Chávez’s role in current Latin American political trends to discuss the connection between oil, Bolivarianism, and contemporary Haiti. Next, drawing from my own ethnographic observations of an urban Cuban clinic, specifically the physical therapy segment of that facility, I discuss the ways in which clinical treatment has been affected by the embargo. My focus here is on the many patients whose ailments could not be fully cured and their physical or mental functionality not completely restored. I argue that the patients’ perceptions of a shared economic background with the Cubans aided in the development of a deep trust in the medical staff, and that a shared ideological background played a role in the doctors’ explanations to their patients of their goals, clinical progress, and their focus on restoration of utility rather than total physical recovery.

In the final section, I combine the concepts of excess and recovery, weaving them into disaster anthropologist Christopher Dyer’s concept of punctuated entropy, a means of plotting the decreasing capacity of a society to recover from multiple disasters. I use the historical lineage of Haitian interventions and embargos that have led up to the current post-earthquake hyper-saturation of aid mentioned in previous chapters in order to illustrate Dyer’s hypothetical model of the inability of recovery. Returning to the concept of fragile states as a foreign policy tool, I inspect the interventionist policies of the United States and other powerful outsiders as underlying reasons that Haiti has been historically unable to achieve economic and political independence. Haiti continues to be locked into a cycle of enforced dependency through humanitarian interventionist policies.

**Excess**

“Fragility is an ill-defined term,” writes USAID analyst Aaron Roesch. “Differing characterizations pose one immediate problem: inconsistent counts of fragile states.” He continues:

USAID’s mid-2000s approach, for example, identifies fewer than 20 fragile states, while the OECD finds more than 50. Under the narrower definition, fewer than 20 percent of low-income countries count as fragile; under the broader definition, nearly 80 percent do. Only nine countries meet all five criteria (Roesch in USAID 2014: 12).

The article goes on to explain that policy-makers’ attempts to understand the causal relationship between state fragility and persistent poverty have been largely unsuccessful. In subsequent emails between myself and the author, Roesch further described the inadequacies
of currently used definitions of fragile states. Attempts to define state fragility include poverty in such a way that the distinction between various complex causes of fragility – conflict, governance, etc. – become blurred with the characteristic of poverty itself:

For measures that do produce a correlation, such as USAID’s current definition, this seems to be only because the metric subsumes one of poverty itself. The very notion of fragility thus becomes tautological. For example, when USAID’s fragility measure is decomposed into its two components—legitimacy and effectiveness—it is clear that the effectiveness indicators substantiate the correlation (Roesch in USAID 2014: 12-13).

In the contemporary post-Cold War era, humanitarianism has grown into a profession in its own right and a humanitarian ethos is increasingly used by state bodies to legitimize interventions into sovereign territories. Developing accurate definitions of state fragility is crucial in this environment wherein fragility is used as a legitimating factor for policymakers. As Roesch advocates, understanding the distinction between situations in which poverty is either a causal or merely a corollary factor in state fragility is key to composing the appropriate interventions. Unfortunately, the main arms of foreign policy and intervention in the hegemonic nations have yet to achieve this understanding, while they continue to design and impose interventions. In the same USAID publication on fragile states, another author defends powerful states’ moral obligation to intervene in fragile states, focusing on such resilience-building tactics as those described in the previous chapter. Her analysis does not include an in-depth description on the relationship between poverty and fragility in particular zones of intervention; rather, she defines poverty as a characteristic typical of fragile states, separated from the causes of fragility but key to the strategy and foci of interventions:

With the onset of climate change, middle-income and even fully developed nations may be overwhelmed by disasters ... and will continue to need humanitarian funding. However, the bulk of global humanitarian aid currently flows urgently and repeatedly into the same group of fragile states, where chronic poverty, often linked with persistent cycles of conflict and natural disaster, keeps millions in need of continued humanitarian assistance. These nations, all too often places with the lowest development investments, become instead a permanent humanitarian caseload (Lindborg in USAID 2014: 101).

Haiti has been sculpted by intervention. Centuries before it became a sovereign nation, colonial occupation marred the land and its Arawak inhabitants, plowing lowlands for cash crop plantations and establishing seaside cities for trade centers. After Columbus first landed in the Caribbean (thereafter called the West Indies) on his historic voyage in 1492, Spain and France fought for years for control of the island on which he landed, called Hispaniola. In 1697, after

---

33 The author cites World Bank and USAID papers to demonstrate that the term failed states has since been replaced by fragile states.
34 The Arawak are now considered a language group that dominated much of the Caribbean and its mainland borders in South America. The Taínos, the name of the native group with which contemporary Dominicans often identify as comprising a small part of their ethnicity, were present Hispaniola and had control of many of the
years of battle, the Treaty of Ryswick gave the eastern two-thirds of the island to Spain and the mountainous western third named to France (Wucker: 32). The colonies were called Santo Domingo and Saint-Domingue, respectively. In spite of Saint-Domingue’s diminutive size, it eventually came to out-earn all other New World colonies – and not without great human costs.

The Caribbean islands were fighting grounds for European colonial powers from the first settlements. In the midst of the ongoing struggles for control, colonists searched for new valuable products to export back to Europe for consumption. As the exports of precious metals waned, colonists looked toward cash crops – mainly tobacco, coffee, indigo, cocoa, and sugar – for export. Although Western Africa had a suitable environment for the production of such crops and its proximity to Europe lowered transportation costs considerably compared to the dangerous and long-distance shipping from the New World, previous attempts to colonize sub-Saharan regions had been met with high death rates and were either abandoned or scaled down. Europeans may have been immune to smallpox, the scourge decimated the Caribbean populations, but a particularly virulent strain of malaria that thrived year-round in the African tropics felled explorers with such ferocity that large-scale colonization was deemed untenable. Thus, the Americas became the fertile grounds for cash crop plantations (Shah 2010).

By the early 18th century, the tiny colony of Saint-Domingue had become the most profitable colony in the New World (Mintz 2010: 89). Its success rested on the production of one crop in particular: sugar. Sugarcane, indigenous of the South Pacific, was first brought to the New World on Columbus’ second voyage to Santo Domingo in 1493, making its first return to Europe as a sellable product three decades later (Mintz 1985: 32). In Sweetness and Power (1985), anthropologist and historian Sidney Mintz describes the slow-but-steady rise of sugar consumption in Europe that fueled the economic growth of Saint-Domingue. At first a luxury of the wealthy, sugar came to be a staple in even the most modest of European households. Compared to the other cash crops of the American subtropics, sugarcane required immense and time-sensitive manpower to become the processed granulated sugar that overcame honey as Europe’s preferred food sweetener. “The enlarged market for sugar,” writes Mintz, “was satisfied by a steady extension of production rather than by sharp increases in yield per acre of land or ton of cane, or in productivity per worker” (Ibid: 36). Mintz describes the grueling process of sugar production during this time:

Boiling and “striking” – transferring the liquid, and arresting its boiling when it was ready – required great skill, and sugar boilers were artisans who worked under difficult conditions. The heat and noise were overpowering, these was considerable danger

---

35 Saint-Domingue also came to dominate the export of coffee. At its outset, it also had many tobacco plantations which, like sugar, are labor-intensive. Ultimately, however, Saint-Domingue gained its wealth and status through the production and export of sugar.

36 Molasses, another byproduct of sugar production, required less processing and also had a market in Europe. However, white granulated sugar was considered of higher quality.
involved, and time was of the essence throughout, from the moment when the cane was perfect for cutting until the semicrystalline product was poured into molds to drain and be dried. During the harvest the mill operated unceasingly, and the labor requirements were horrendous (Ibid: 49, emphasis added).

The production of granulated sugar did not enjoy simplification as technology advanced. Mass quantities of both skilled and unskilled labor were required to drive Saint-Domingue to become the wealthiest colony in the New World. Timing was crucial for sugarcane harvesting. Only a small window existed between harvest and production to produce the finest sugar. More hands meant more profit, and this was accepted by the colonists at the expense of many a slave life and limb. At the peak of its profitability, Saint-Domingue needed a constant flow of new laborers to maintain its output. Conditions on the plantations were so deadly that it was cheaper to import new slaves than allow existing slaves to form family units and reproduce. By the end of the 18th century, Saint-Domingue was importing record numbers of African slaves. The spike in the population of slaves heightened anxieties about a possible slave uprising among the colonists. Escaped slaves, called maroons, had already begun taking to the unoccupied, forested hills and occasionally raided rural plantations. Masters used increasingly brutal actions in order to dissuade dissent. Punishments for various offences were both creatively violent and public. Slaves were routinely dismembered; drawn and quartered; men were castrated; some were buried up to their necks in the ground, covering their faces in honey or molasses to attract biting ants. As the slave population swelled and the colonists’ fears intensified, political tensions were brewing on the continental homeland. Rumblings of a coming proletariat uprising on the French mainland pulled colonists back to Europe, further skewing the population disparity. The timing was ripe for a full-blown revolution, and Toussaint L’Ouverture, later known as the father of the Haitian Revolution, knew it (Dubois 2012).

Toussaint Bréda, as he was originally called, was born in Saint-Domingue a slave on the Habitation Bréda plantation. In 1776, he was granted freedom. Saint-Domingue, quite unlike neighboring colonies such as Jamaica, had a relatively large population of freed people of color and an unusually high population of mulattos. Under the 1685 Code Noir, established by Louis XIV, freed blacks and mixed-race children of slaves and colonists were allowed to purchase and inherit lands. After Toussaint was freed, he obtained land and even owned over one dozen slaves: not an uncommon situation for a freedman on this colony. But by the mid-18th Century, the Code Noir faded in significance as the population of freedmen and mulattos grew in number and power (Wucker 1999). By 1791, the fear of a colony-wide slave revolt had reached France. A successful insurrection in Martinique set off a short series of unsuccessful, but publicized, revolts in Guadeloupe and even within Saint-Domingue. In order to prevent the large and powerful mulatto population from joining the potential rebellion, the French Assembly granted full political rights to mixed-race persons in early 1791 (Aristide 2008, Dubois 2012). But the seeds of rebellion had been sewn, and in August of 1791, militant leaders met in northern Haiti to officiate the beginning of the revolution.

37 In British Jamaica, the mixed-race (mulatto) offspring of white colonists and black slaves were not allowed to inherit wealth or land. As a means of retaining French family units and legal regulations, Saint-Domingue allowed white fathers to leave land to their mixed-race sons.
Aiding the revolutionary cause was the excess produced and required by the slave-holding colony. The success of the small sugar-producing colony required a constant flow of new slaves, and the harsh conditions of the plantations meant that the human commodities came directly from Africa. In 1790 alone, an estimated 40,000 new slaves had been imported to the colony, and “of the half-million slaves in Saint-Domingue on the eve of the 1791 revolt, about 330,000 had been born and raised in Africa” (Dubois 2012: 21). By this point in the slave trade, coastal resources on the African continent had been exhausted. Traders delved deep into central Africa for new men. Civil wars in the region provided a fresh source of strong ex-combatants, and it was these prisoners of war who were sold into the Atlantic slave ring and brought to Saint-Domingue just as the revolution began. “The 1791 uprising...drew upon a particularly useful skill that many of the recently arrived slaves had brought across the Atlantic” (Ibid: 23).

They were well versed in the use of firearms and experienced in military tactics involving small, mobile, autonomous units. The governors and masters of Saint-Domingue had seen only living merchandise stepping off the African ships docked in their harbors... What the master’s didn’t see was that the boats had brought literally thousands of soldiers to their shores. The new arrivals carried in their minds all that tactics and experience required to start – and win – a war. All they needed were weapons and an opportunity (Ibid: 23).

In the month following the official start of the slave revolution, the French Assembly repealed the earlier law that had granted mixed-raced persons full political rights, thus adding further manpower to the rebel cause. From 1791 forward, the revolutionaries used both military technique and political savvy to gain advantage over their colonial masters. Aware that the Spanish and English still had a stock in maintaining slavery and had fought over the jewel that was Saint-Domingue for generations, Toussaint – now known as Toussaint L’Ouverture, the opener – and his wartime colleagues briefly allied with both Spain and the British. Through these allegiances, they obtained enough firepower to become a truly formidable army. When France officially abolished slavery in its colonies, Toussaint expelled his foreign allies and joined the French forces battling the Spanish and British to regain full control over the colony.

Over the course of the colony’s long march to independence, internal fractures added another layer of complexity to the political landscape, and another call to arms. While still embroiled in a war of independence, Saint-Domingue became split between two quasi-autonomous administrations governing the northern and southern halves of the colony. Two future leaders of an independent Haiti fell to either side of these factions: Jean-Jacques Dessalines and Jean-Pierre Boyer. The south was under the command of André Rigaud, a mulatto leader who opposed abolition and enforced a staunchly regulated form of slave freedom (Dubois and Garrigus 2006). He and Boyer were both previous land- and slave-owners and wanted to protect not only the plantation system but also the method of labor that had made the colony a pinnacle of wealth for so many years. From the north, Toussaint and his

---

38 The region was known then as Kongo.
lieutenant, Dessalines, set forth on a year-long battle to regain control of the renegade south. Although Toussaint emerged victorious, there was no time to rest. From across the Atlantic, a new challenger appeared.

In the midst of the Saint-Domingue uprising, France was undergoing its own revolution. Military leader Napoléon Bonaparte took advantage of the power vacuum left after the overthrowing of France’s monarchy, taking control of France and a considerable expanse of Europe. Wanting to reestablish French power in the Caribbean, Bonaparte sent troops to Santo Domingo, the eastern portion of the island, to reclaim Saint-Domingue (Wucker 2009). In the ensuing battle, Toussaint was captured and died as a prisoner of war. But his fate was merely collateral damage for what turned out to be an unprecedented military upset: the slave rebels of Saint-Domingue defeated the vastly powerful Napoleonic troops, driving them from the shores of Hispaniola. Following this victory, Dessalines and his generals convened in the city of Gonaïves, and, on January 1, 1804, formally declared the independence of their nation, the first nation whose constitution mandated the freedom of all its citizens. The founders chose the name Ayiti (Haiti, in French), the native Arawak name for the mountainous section of Hispaniola, to further strip this new land of the marks of its colonial oppressors (Ibid: 38).

The young nation adhered strongly to the Enlightenment ideologies of equality and freedom written into its constitution, and this commitment extended outside its borders. While Haiti dealt with the reassembling of its population after a long and brutal war, the South American colonies were restless with their own revolutionary ambitions. For decades, Venezuelan-born Simón Bolívar had made attempts at liberating his homeland from Spanish rule. “I swear before you, I swear by the God of my fathers, I swear on their graves, I swear by my Country that I will not rest body or soul until I have broken the chains binding us to the will of Spanish might!” (Bolívar quoted in Chávez and Brown 2009: 4). His vision was to unite the Spanish-language colonies into a single federation, called Gran Colombia. But military setbacks and tactical mistakes left Bolívar and his troops souring with the sting of defeats. Forced off the mainland, Bolívar had taken refuge in the British Caribbean before (Ibid.: 40). One such voyage, on his way back to Spain, brought Bolívar and his weary troops to Haiti, at the time the only independent nation in all the Caribbean. Alexandre Pétion, namesake of the Pétionville neighborhood of contemporary Port-au-Prince that housed the tent camp discussed in the previous chapter, was the leader of Haiti at the time. He put Haiti’s commitment to freedom into action, providing Bolívar and his men rest and nourishment, both for their tired bodies and for their ideological hopes. Pétion fed and armed Bolívar’s army in return for Bolívar’s promise

---

39 After gaining power in the chaos of the French Revolution, Napoleon had sent troops across Europe and into Northern Africa, consolidating the continent – albeit briefly – more than it had been since the Roman Empire. His troops were virtually undefeated in battle.

40 Of course, this brief history washes over many intricacies of the war that raged for over thirteen years. Tensions brewed for decades before the war began. The maroon colonies, long growing, allowed the syncretic religion of vodou to take shape without the heal of the plantation masters squashing new traditions and ceremonies. These communities developed their own social and judiciary forms as they evaded the lowland plantation masters.

41 Given that France took several more decades to begin to adhere to its own Enlightenment principles of a united and equal humanity, Haiti can be considered the true birthplace of modern human rights.
that he would fight not only for independence but for the emancipation of all of the colonies’ slaves.  

The role of the young, independent Haiti in the achievement of Venezuela’s independence from colonial Spain never left the national memory of Haitians. History-conscious Haitians today still recall this detail with pride and self-evidence. But the contribution of the tiny Caribbean nation to South American modernity has been generally overlooked by its continental inheritors. Bolívar himself fell out of historical and ideological vogue for a time. During the mid 20th century, the ventures of idealist guerrilla tacticians Dr. Ernesto “El Ché” Guevara and future Cuban leader Fidel Castro swept young reformists into a focus on Marxist-Leninism. It was not until Hugo Chávez and three fellow military officers formed the Bolivarian Revolutionary Movement (néé, Army) on the 200th anniversary of Bolívar’s death that El Liberador began his slow resurgence into Venezuelan – and, eventually, broader South American – popular lore (Azicri 2009: 104). Bolívar’s rise to prominence alongside Chávez’s rise to power, an ideological pairing that made sense of Chávez’s proclamation on Haitian soil to finally repay the debt long owed by his country.

The colony of Saint-Domingue achieved greatness through abundance: of sugar, of production, of manpower. As renowned author C.L.R. James writes: “The history of the West Indies is governed by two factors, the sugar plantation and Negro slavery” (James 1989 [1963]: 391). The nation of Haiti was achieved through this excess of human power, driven by pure readings of the fledgling ideologies of the rights of man with which the slave-holding power grappled. It was the excesses – the profits and the lust for more; the human capital required to produce and profit, and the brutality to suppress the growing masses of slaves – that at once sewed the discontent of revolutionary fervor and enabled the success of the Haitian war for independence. Just as excess shaped the rise and fall of Saint-Domingue, the colony, and the birth of Haiti, the nation, so too was contemporary Venezuela – and the era of Chávez – fueled by its own bounteous resource: oil.

**Medical Minimalism: Caracas and the Cuban Clinic**

“Oil and the petro-state in Venezuela are quite strongly entrenched,” writes Venezuelan political economist Antulio Rosales, “while the socialist re-enhancement today may well be a continuation of the ‘magical state’ erected in the 20th century” (Rosales 2013: 1453). To say that oil is “strongly entrenched” in the Venezuelan power structure is accurate, if not slightly understated. By various estimates, oil accounts for anywhere between 80 and 96 percent of

---

42 Bolívar reneged on this promise and also participated in the diplomatic isolation of Haiti that forced President Boyer to agree to the indemnity in 1825 in order to regain trading rights to Europe and its neighbors (Wucker 2009: 38-39). This will be revisited in the third section of this chapter.
Image 1: Chávez arrives to deliver speech, in upper right-hand corner of the photo. Crowd below.

Image 2: Hugo Chávez dolls sold at the speech grounds. Box says: "Press My Back" to make it speak.
the country’s total exports, making it a “true petro-state” wherein the national economy is dependent upon its oil (Breglia 2013: 32, Hammond 2011, CIA 2015). That the petro-state, which allowed Chávez to carry his political ambitions to fruition, was forged not at the end of the 20th century but, rather, over generations of political leaderships is an important factor in understanding the formation of the Bolivarian movement. The first oil well was drilled in Venezuelan territory in the early 1910s. The administration of dictator Juan Vicente Gómez was eager to attract wealthy international businesses to Venezuela and away from nearby competitors (Breglia 2013: 38). By 1917, the private company Shell had become financially involved in Venezuelan drilling (Hammond 2011). The privatization of the oil industry to multinational companies lasted until the mid-1970s, when oil prices worldwide skyrocketed. In 1976, Venezuelan president Carlos Andrés Pérez nationalized the oil industry and created the national Petróleos de Venezuela SA (PDVSA), thereby removing the North American grip on Venezuela’s most precious natural resource (Vásquez Lezama 2010, Hammond 2011).

This move might have solidified the governments and the existing political parties in Venezuela, but in 1974, just a few years after Pérez nationalized the oil industry, a global oil crisis devastated the oil markets. Venezuela was not immune. The country’s economy took a downward turn and its currency, the aptly named Bolívar, devalued. As the economic crisis deepened, public spending was progressively sacrificed, taxes increased, and the leadership looked back toward privatization of its leading industries. By the late 1980s, the discordant government spending against the national good had “undermined the legitimacy of political parties as mediators between government and citizens” (Vásquez Lezama 2010: 205). Pérez was reelected in 1988, but under pressure from the International Monetary Fund (IMF) announced new cuts on public spending. The trust between government and citizens had broken, and in February, 1989, the public’s simmering discontent came to a boil with a breakout of riots, called the caracazo, across Caracas that left hundreds dead (Hammond 2011).

Meanwhile, a young Hugo Chávez had been assembling a small team of fellow officers in the Venezuelan army to replace the corrupt government with a new administration whose ideology reflected that of his historical hero, Simón Bolívar. Chávez and his compatriots had established the Bolivarian Revolutionary Army in 1982. In 1992, sensing opportunity in the midst of anti-government sentiment, the group orchestrated and carried out two coups. Both were unsuccessful and landed Chávez in prison. But public discontent about the state of the government did not quell. After Pérez was discharged from office on charges including embezzlement, the new president, Rafael Caldera, introduced a policy of “economic opening” that re-invited powerful foreign businesses back to Venezuela (Vásquez Lezama 2010). The result was catastrophic. The economy collapsed, and, as Chávez emerged from prison, he was met with a public hungry for a new kind of leader. In 1998, running on a platform of change, regionalism, and racial equality, Hugo Chávez was elected president.43

---

43 The indigenous population of Venezuela, as in much of South America at that point, had received little respect, assistance, or opportunities in the political and economic spheres. Chávez, whose appearance made his indigenous origins obvious, was a highly appealing candidate to this large and long-ignored population.
In recent years, analyses on the causes of state fragility have come to emphasize “government legitimacy and the relationship between state and society. An increasing number of academic works now define state fragility as a failure of government effectiveness and legitimacy” (Paris 2011: 64). What Chávez brought to Venezuela was a renewed relationship between government and citizen. Even the most foreboding arm of the government, the military, became an integrated part of this relationship of public trust. In 1999, a series of landslides in Vargas state swept away neighbors and displaced thousands of residents. The landslides, which came to be known as la tragedia, the tragedy, was the first major natural disaster that Chávez’s administration faced. Just one year into his presidency, Hugo Chávez quickly deployed a resource with which he had great personal familiarity: the military. He sent the soldiers to the Vargas disaster and had them build organized temporary shelters for the displaced, complete with schooling, a bus system, and hygiene facilities. Although later accounts would show that many residents were displeased at the slow pace of redevelopment of their homes, which forced them to live in these shelters far longer than they had anticipated, the immediate objective of reigniting public trust in the military was achieved. By utilizing the military as a humanitarian tool and publicizing its efforts following the deadliest disaster in recent Venezuelan history, the administration managed to pull the military into a position of public legitimacy (Vásquez Lezama 2010).

As Chávez used a homegrown disaster to inspire trust in the military and the government in Venezuela’s long-jaded public, his administration set to work establishing a strong diplomatic and ideological relationship with Cuba. As discussed in previous chapters, what Cuba lacked in financial resources it more than made up for in a generation of medical professionals that outweighed the needs of the island. Much like the colony of Saint-Domingue centuries ago, Castro’s Cuba was and remains “rich in human resources” (Fawthrop 2010). Chávez capitalized on both his military and Cuba’s internacionalitas in creating the image of a force for good, backed by his fledgling ALBA initiative. “Cuba’s health diplomacy greatly expanded thanks to Hugo Chávez,” writes María Werlau of the Cuban medical program (Werlau 2013). But unlike Chávez’s later development of “special relationships” with Iran and Russia, which were largely inspired by economic necessity in the maintenance of Venezuela’s oil-dependent petro-state, his relationship with Cuba served to push Chávez and his Bolivarian Revolution into a powerful symbolic position (Corrales and Penfold 2011). “With Cuba, Venezuela pursues the closest form of collaboration imaginable, to the point where critics wonder whether Chávez is interested in a transnational merger,” explained analysts Corrales and Penfold four years ago, while the Bolivarian leader was still alive and in power (Corrales and Penfold 2011: 122).

Cuba may not have brought Venezuela all the benefits the latter has gained from its relationship with China, Iran, and Russia…but Cuba has fulfilled two objectives that no other alliance provides. The first is that Cuba has allowed Chávez to earn his credentials as a revolutionary. To this day, many Latin American radicals romanticize the Cuban Revolution as the epitome of Latin American resistance to imperialism. Playing up to Cuba serves the purpose of allowing Chávez to position himself as an heir to the island’s revolutionary tradition (Ibid: 123).
When I designed my research, my intent was to find how these historical connections, in particular the revolutionary pride shared by Haiti, Cuba and Venezuela, manifested in the face-to-face interactions of the Cuban clinical setting. It was there, I reasoned, that the patients would be the most aware of and grateful for the assistance that Cuba was giving Haiti. It was in those clinics and hospitals that patients and their families would see the trucks and busses lined with Cuban and Venezuelan flags. It was there that I could uncover a segment of the Haitian population with a first-hand experience how the repayment of Venezuela’s debt had manifested, and it was there that I could ask what they perceived as the connections between the three countries. Before I was granted access to conduct my research in the Renaissance Hospital, by the end of 2011 the only fully operating Cuban hospital in central Port-au-Prince (the majority of Cuban medical assistance was based in rural regions), I was able to observe the sentiments that the broader urban public held concerning these questions. Public awareness in Port-au-Prince about Haiti’s connections to Cuba and Venezuela in both history and ideology was widespread, much more than I anticipated. During my first week in Haiti, in the summer of 2010, I found myself surrounded by a group of adolescents on break from a free class taught by volunteers in their residential tent camp. Together they strung together the complex history of Haiti, from the years prior to its independence through the final expulsion of Aristide, which they reasoned, as have many researchers since, was primarily orchestrated by the CIA. Later that month, a handful of young men living in the camp borrowed a friend’s car to drive me to a historic fort at the top of a massive hill. The fort had sustained significant damage during the earthquake, but some of its walls still stood, overlooking the whole of the city below. During the long, winding car ride, I asked about his thoughts on Cuba.

“We are very close to Cuba,” he explained. “Not just Cuba, but Venezuela, too.”

“Why Venezuela?” I asked.

“They’re communists, like Cuba. And neither of them like the U.S.”

“So Venezuela likes Cuba, and therefore they like Haiti, too?”

He shook his head. “No. Haiti is close to Cuba and to Venezuela. There’s even a point in Haiti where you can see Cuba, on a clear day. [Venezuela] thinks that if the U.S. has control over Haiti, through its aid, it’ll be bad for Cuba. They’ll blow it up – BOOM! So it’s not ‘like,’ they don’t like us. It’s politics.”

While I waited for approval from the Cuban embassy in Haiti to begin my research at Renaissance Hospital, I was able to get a glimpse of the Cuban assistance at a small clinic outside of the city. I was working overnight with an NGO outside of Port-au-Prince, attending a grassroots women’s empowerment conference. In the days preceding, I had developed a rash along my forearms. When I had an hour to myself, I asked a town resident to point me in the direction of a clinic where I could get treated. He directed me to a small Cuban clinic across the street from a pharmacy. **Perfect,** I thought. **I can get a look inside as a patient, not as an**
Being in a fairly small town, the clinic was far from grandiose. I had been inside one Cuban hospital in Haiti previously when a mysterious and short-lived illness left me so dehydrated that a roommate drove me to each hospital in the city until one admitted me. Hospital La Paz, the main Cuban hospital used in Port-au-Prince immediately after the earthquake, was our first stop. Although my memory of that day was foggy, I would later recall in my notes the many colorful images of various revolutionary heroes posted on walls throughout the waiting area. Ché Guevara, legendary physician and freedom fighter for the cause of the Cuban Revolution, was plastered onto the T-shirts worn by the physicians. But the montages of printed-out photos that hung against the walls included not only Ché, but Simón Bolívar and Toussaint L’Ouverture, the father of the Haitian Revolution. The revolutionary connection between the three countries did not have to dwell in a long-held national memory; in this waiting room, all anyone had to do was look to the walls to see the familiar face of the famed L’Ouverture alongside Latin America’s revolutionary icons to recognize that this humanitarian hospital was a space where revolutionary pride and history were celebrated.

The small-town clinic was less decorated, which I thought seemed reasonable given its size and relatively low patient load. No one was in the waiting room when I entered, so I was immediately passed to a doctor. Two things surprised me about this visit. First, that despite the supposedly high level of funding streaming from Venezuela, this clinic seemed almost bare, its supplies, even basic running low and lacking some that I considered basic. Second was that the doctor, a foreigner educated at ELAM, the Latin American School of the Americas that Havana hails as one of its shining examples of revolutionary success, was openly disdainful of the Cuban doctors in general. From my fieldnotes:

He led me into another room and examined my bites. His accent didn’t sound Cuban; he’s from El Salvador. He chatted at leisure before doing the consultation, asking if I was a doctor or a student (I was wearing a stethoscope) and telling me about all the places he’d been to in Haiti. I said I didn’t realize the Cubans hired foreign doctors, and he said that they do, often. He wore jeans and a white T-shirt, and studied at ELAM [The Latin American School of Medicine in Havana, Cuba] but was working for [another agency] after the earthquake when they broke his contract and then came to work with the Cubans. He’s not a fan of their work, said it quite quickly to me, lowering his voice a bit...All doctors, he said, speak English. "The Cubans don’t," I said. "Es porque ellos son brutos," was his reply. That’s because they’re crude.

In any case, they had a mostly empty cabinet with no Ivermectin [the drug I had used previously for a similar rash]. [The doctor] disagreed with my self-assessment of scabies, writing out a prescription for an antihistamine. He didn’t get overtly annoyed when I argued, but also held his ground, firmly patronizing me. He just added to the prescription each time, nodding at my protests and saying, "yes, that’s why I’m adding such-and-such," as if he’d already been planning to prescribe that. The prescription list quickly grew, requiring a second sheet. Among the meds were a few antihistamines, Cipro, a cream or two. He said he’d come with me across the street to buy them, but [the pharmacy] was closed when he got out.
As we discussed my ailment... he starting prepping a shot. "What's that?"
"Hydrocortisone." "For allergies?" He nearly rolled his eyes at my blatant disapproval.
"It'll stop the itch." ... He continued with the [preparations], finally replying, "Well, it will
stop the itch, and I'll go with you to get the antiparasit[ic] (the cipro) afterward." Fair
enough.

He didn't clean the area before putting in the shot... I kept staring at it as he slowly
pushed the steroid solution... Afterward, he took off his gloves then wiped me off. Then
he cleaned the area with alcohol (funny order) and showed me the gauze, remarking on
how dirty my arm was... He offered me to come and use his shower, then [he] shrugged
when I said I had to work.

**Entropy**

One balmy evening in the summer of 2010, I stood under a palm tree with a J/P HRO
volunteer. Like many who arrived in Haiti in the months following the earthquake, this was his
first foray into humanitarianism as well as his first in-person view of abject urban poverty. For a
few weeks, we worked together frequently. While I was designing the map of the Pétionville
camp, he was in charge of a small team doing preventative reconstruction for tents that would
not survive the coming rainy season. Being in the camp all day, our paths naturally crossed. By
following his team I was able to learn new routes and keep abreast of the changing tent
schematics, and I could point out unreported construction needs for his team. He was
hardworking, respectful of his Haitian colleagues, and had a much longer fuse than many of the
burnt-out volunteers who would occasionally lash out at camp residents who yelled angry
demands for materials the NGO simply didn’t have. That night he stood, staring ahead into the
darkness of the night, reflecting on the incomprehensible amount of need that he was
encountering for the first time.

“You know how they say that God forgot Haiti?” he asked, still staring straight ahead
into the darkness. “It’s worse than that.”

We stood in a brief silence.

“God didn’t forget Haiti. If anything, he hates it.”

Neither of us was particularly religious. We were quoting the time-hardened aid
workers who, after long days of disappointing both the needy and themselves, would chain-
smoke cigarettes and make darkly ironic jokes about the state of the country whose luck
seemed destined to slip from bad, to worse, to even worse (Katz 2013). A 2013 report by the
International Crisis Group states that due to “the country’s fragile security and stability... Haiti
today presents little cause for optimism” (ICG 2013). Haiti’s history does little to help the
cause. The period after the Haitian Revolution brought with it complex new issues that have
reverberated into the 21st century. As C.L.R. James explains:
For the first century and a half of Haiti’s existence there was no international opinion jealous of the independence of small nations; no body of similar states, ready to raise a hue and cry at any threat to one of their number; no theory of aid from the wealthy countries to the poorer ones (James 1989 [1963]: 393).

After Haiti proved itself immovable against military forces, France resorted to extortion to gain back some of what it lost through the violent departure of its most profitable colony. Using a tactic that has since become common in foreign policy, France declared a diplomatic embargo of newly-independent Haiti, creating an economic stranglehold on the fledgling nation. France demanded that the colony’s new administration pay an indemnity of 150 million francs, roughly fourteen times the country’s exports from the previous year. The indemnity was explained as payment for the financial damages France incurred during the long struggle and eventual loss of Saint-Domingue. Two decades after Dessalines and the Haitian founders declared their country a sovereign nation, French officials still recognized the island a mismanaged colony, continuing to refer to it as Saint-Domingue. In a document crudely labeled a “treaty,” Charles X demanded that “the French part of Saint-Domingue” pay the indemnity and, in return, France would recognize the wayward colony as an independent state.

At first, the administration of Haiti refused. The demand was as extraordinary as the hard-won independence of a slave population. “What, after all, were the colonists seeking to be reimbursed for?” asks Dubois. “The most valuable aspect of their property had been their slaves: the people who were now free citizens of Haiti” (Dubois 2012: 83). But the young nation needed consistent trade partners to maintain its economy, and France was not the only country to threaten a diplomatic and economic freeze. Haiti’s neighbors, allies in the post-colonial fight of the New World, allied with France. The United States and even Venezuela, after having received military assistance from Haiti, agreed to a diplomatic embargo until the indemnity treaty was signed. Pressure was on the Haitian President of the time, Jean-Pierre Boyer. His populous was staunchly against the idea of handing over any power to France. But Haiti’s export-based economy would quickly wither without established trade routes. And at the time, Haiti had control not only over the western one-third of the island, but over all of Hispaniola. The increased land and agricultural output made Boyer confident that the young country could easily repay the debt. So, with over one dozen French warships in the Port-au-Prince harbor, the president acquiesced and agreed to the indemnity (Dubois 2012: 98-99).

But Boyer’s prediction of financial strength proved overly optimistic. Although the indemnity was lowered from 150 to 60 million francs, the debt still proved a massive financial

44 Until the indemnity was signed, France did not recognize Haiti as a state, but rather as a wayward colony.
45 The United States again left Haiti in a similar financial bind in the late 19th Century, when Germany demanded a payment of $20,000 following the imprisonment of a German citizen in Haiti. Despite German threats to bomb Port-au-Prince if its demands were not met, the United States did not stand beside Haiti, to the moral devastation of the United States’ minister to Haiti at the time (Dubois 2012: 196-197).
46 At the time, Haiti had control over the whole island of Hispaniola. Boyer believed that the extra production power of the eastern portion of the island would assist a quick repayment of the debt (Wucker 1999: 39).
burden (Dubois 2012). During Boyer’s reign, Haiti lost control over Spanish Santo Domingo. Haiti had to attempt to maintain plantation-like profitability on its own soil, soil that generations of colonial over-farming had left far less tenable. In order to make good on annual debt payments, successive administrations sent national funds to their former colonizers, funds that could have been spent on infrastructure, education, environmental protection (a cause important to the founding fathers, who understood that the deforestation and over-farming that took place during the colonial reign had to be reversed) and security. By the early 19th century, the indemnity payments totaled over 80% of Haiti’s government budget and had thrust the country into a crippling recession (Dubois 2012, Farmer 2003: 77). The consequences of this internationally orchestrated debt have shaped Haiti’s place in global politics; its effects can be seen in Haiti’s cyclical economy of dependency in which foreign aid plays a central role.

The 1990s has been called the “decade of disaster” during which natural and man-made disasters seemed to occur in unmitigated frequency and scope. The cause of this spike in disasters is both perceptual and actual. Knowing as we do that the humanitarian profession grew rapidly following the Cold War’s end, we can surmise that disasters may not have risen so steeply in number but, rather, in attention paid to them by the expanding humanitarian profession. However, it is true that technology had changed during the Cold War, allowing human-caused accidents like Chernobyl to occur. Additionally, urban populations worldwide were undergoing rapid expansion that outpaced expectations and security. This meant that cities along known natural disaster routes – hurricane- and cyclone-prone regions, the volcanic Ring of Fire of the Pacific Ocean, cities built along fault lines – had more human lives at risk than ever before. This gives credence to the idea that the 1990s was, in fact, a decade that produced, if not more individual disasters, than disasters that caused more human damage than before.

Disaster anthropologist Christopher Dyer developed a visual model to depict the lowering of a community’s ability to recover from crises over time. His research stems from the body of anthropological work on ecological and environmental disasters, both natural and man-made in origin. This work has demonstrated that societies have long been capable of adapting to ecological change, even when environmental conditions are altered suddenly and dramatically. However, the fast-paced growth of economically marginalized communities has heightened vulnerability for many communities, meaning that many are at an increased risk of simply not recovering from disasters. Dyer saw the need for a new analytical framework that reflects the consequences of multiple disasters to, over time, affect a given community’s ability to recover; that is, to restore social norms as they existed before the disaster event. His hypothetical model simulates a timeline along which the cumulative effects of disasters are marked. Ultimately, the buildup of post-disaster conditions create a situation in which a community is unable to achieve a state of recovery. He calls this model punctuated entropy (see image 1 below):
In the physical sciences, entropy describes the quality of matter to decay over time. A property of matter is that it can neither be created nor destroyed. This means that in net terms, destruction does not mean disappearing, but the breakdown of an original state through the reordering of its internal structure. As such, decay is associated with theories of chaos and disorder rather than loss or renewal. This model is useful in understanding the effects of Haiti’s long history of external interventions. Whether or not Haiti has reached the end of Dyer’s model, wherein recovery is impossible, is not the question. What the model helps demonstrate is the interaction of multiple sets of actors and events toward the creation of Haiti, in all its complex historical and political conditions, as it exists today.

Mark Schuller explains that two major tropes have dominated analyses of Haiti’s contemporary condition of endemic crises and poverty. One trope focuses on actions taken by the international community at various points in history, and the other emphasizes the role of the “predatory state,” Haiti’s own national government, whose chronic corruption forms the basis of many analyses of the country’s internal strife (Schuller 2007). Schuller does not dismiss or dismantle these claims; rather, he asserts that when taken as singular foci, they obscure both the place of civil society (as opposed to elites and government officials) and the interactions
between both external and internal forces in the development of Haiti’s contemporary conditions. The results of ill-informed analyses are by no means solely academic – they regularly inform foreign policy decisions about Haiti, contributing to the historical cycle of intervention based on one-sided accounts of the country’s needs.

Policy domains are defined by humans; they are not given by nature. Every policy problem reflects stated and unstated assumptions about the nature and scope of the problem and why it warrants attention. Moreover, the manner in which a problem is defined may open up certain kinds of policy responses, while foreclosing others (Paris 2009: 60).47

Haiti’s fragility has been maintained by a continual foreign interference, beginning with the indemnity owed to France. After nearly a century of annual payments that decimated the possibility of what should have been the young country’s economic growth, Haiti found itself at the precipice of civil conflict. At least, that was how the United States’ foreign service portrayed the political happenings on the island in the beginning of the 20th century. In the months leading up to the two-decade long military invasion by the U.S. Marines, Haitian diplomatic officers stationed in Washington, D.C. noticed a strange air about the way in which their American counterparts were discussing Haiti’s deteriorating political situation. It seemed, one wrote back to his colleagues back in Haiti, that they were calmly waiting for something to happen. He was right. Once the political instability reached a certain level, the U.S. declared that it was sending Marines to temporarily occupy the country until it could be stabilized.

An occupation is, in one sense, a temporary arm of the state created to carry out a series of specific tasks. In this case, those tasks were to bring about political stability in Haiti, to secure U.S. control over Haiti with regard to U.S. strategic interests in the Caribbean, and to integrate Haiti more effectively into the international capitalist economy (Renda 2001).

This “temporary” occupation ended up engulfing an entire generation in Haiti, enduring for nearly two decades from 1915 to 1934. Aside from terrorizing rural peasants, particularly those in the northern part of the country who the Marines placed into a form of indentured servitude in the name of public works, the occupation served one major foreign policy purpose: to alter Haiti’s cherished constitution to allow foreign companies to purchase and own Haitian land (Renda 2001). The Haitian American Sugar Company (HASCO) was founded just outside of Port-au-Price, and the Marines were kept on site to ensure that the cacos rebels based on the country’s north did not interfere with its establishment. When the Marines finally departed, they left behind a changed nation. The Constitution was altered, by force, to allow foreign ownership of hard-earned Haitian land. An entire generation of Haitians grew up under foreign military occupation; we only need look at Afghanistan today to see what damage over 15 years

47 This notion, of intervention responses changing based on differing characterizations of state fragility, will be central in the following chapter, in discussing militarized security as a humanitarian endeavor. The focus in this chapter is on how fragility became a condition of the Haitian state and helped lay the groundwork for its relationship with political allies Cuba and Venezuela.
of occupation can do to communities. The Marines reorganized and retrained the Haitian army, the *Gendarmerie*, to mimic the U.S.’s own forces.

Lastly and perhaps most significantly in the shaping of Haiti in the following decades, they centralized power in Port-au-Prince. It was already the capital, but for much of Haiti’s independence until then, the process of governing was largely achieved within the small, rural communities. But in order to maintain its hold of power, the U.S. Marines set forth centralizing the power structure so that the capital city was the sole established core of government activity. Before the earthquake struck Léogâne and flattened Port-au-Prince decades later, the population had ballooned with such velocity that the city was well over capacity. Homes and schools were built below code – and building codes did exist – with watered-down cement extra vulnerable to small tremors and landslides (Katz 2013). In the generation preceding the earthquake, thousands upon thousands of rural farmers moved into the capital city, the only place where Visas could be filed, governmental paperwork filled out, jobs were likely to be created. Vast slums appeared, overcrowding occurred. Certainly Haiti was not the only country in the Americas to have been experiencing fast-paced urbanization, and there were many conditions that catalyzed this urban migration. But the Marine occupation that centralized both governmental and economic power into a single city that had been designed to house merely 200,000 cannot be overlooked as one of those catalysts.

Every generation saw a new intervention, a new attempt to save Haiti from itself. Each wore a different uniform: military, diplomatic, humanitarian. And each intervention left the government with even less power to forge its own path:

By 1985 it had become clear that the government had virtually abdicated responsibility, if not sovereignty: easily 70% of the state’s development funds, and perhaps 40% of the national budget, was now coming from foreign sources (Maingot 1986-87: 81).

The earthquake paved the way for a crop of freshly professionalized aid workers to descend from the Global North in yet another attempt to help poor, struggling Haiti. A new occupation that called itself a humanitarian intervention. And by the time the earthquake struck, the government was powerless to stop it.

From what is fragility born? What leaves the wounds that lead a country down a path of entropic decay? In the next chapter, we will look at those wounds more vividly. We will listen to the stories of those Port-au-Prince residents who view the down-spiraling crises as intentional prodding from foreign powers. We will learn how violence, to those who experience it as part of their daily lives, is born, and what it means to resist those who bore it.
Chapter 4: Fear and Caring in Port-au-Prince

“Every third man you meet within the streets of Port au Prince is a soldier.”
– Frederick Douglass, 1893

For the first few months at the Cuban clinic, I had tried to probe the medical staff about their perceptions of violence in Port-au-Prince. My questions were always thrown aside, the topic changed to what they considered more relevant and noteworthy. I had been attending weekly meetings about ongoing security in the city as a liaison for a micro-NGO. These meetings were initially informal, simply gatherings of small-scale NGOs led by a local man with inside connections to politicians, police officers, and humanitarian personnel. Over the months, the meetings grew and began to formalize, eventually drawing liaisons from the UN to participate. For most humanitarian agencies and organizations, violence and security posed key concerns and shaped mobility and limitations on projects. Nearly all NGOs had strict curfews in place for both employees and volunteers, and UN personnel were not allowed to enter the neighborhood in which the Cuban hospital where I was conducting research was located without a distinct mission and an armored vehicle. The few exceptions were among the group of micro-NGOs, whose stance outside of the international limelight and smaller employee bases meant that activities, even potentially dangerous ones, posed less of liability. As I learned more about the significance of security to the majority of small and large-scale aid organizations, I became increasingly curious about the Cuban perspective on violence in the city; not violence in general, but violence against aid workers, including themselves. But for months, I remained stonewalled when I raised the subject.

One early evening in January, 2012, I was waiting outside of a UN base to get picked up by a friend working for a U.S. agency. He was taking myself and my NGO coworker to a gathering where he promised many opportunities to network with high-level agency workers. My coworker was equally enticed by the promise of fresh fruits and vegetables, imports from the U.S. that were exorbitantly expensive and available in heavily-guarded supermarkets far from our house. I had just finished an interview with a UN soldier and was waiting outside of the gates. The soldier had arrived a bit late, so I pushed my ride back to 6pm, just around sunset. The base was set along a partially-paved road with heavy pieces of gravel lining its edges. Several hundred yards to the left was the American Embassy, with its high walls, and diagonally across the street to the right was a small but well-guarded supermarket owned by Dominican immigrants. The dusty street was bustling with men, women and children, many waiting for the tap taps that ran along this major road. As the sun fell below the horizon, I felt the stares of many in the crowd. I began to feel a tingle of nerves, wondering if I would be safer
waiting in the parking lot of the well-lit market just a few hundred feet away. I contemplated
the comparative safety of the gate of the UN, with two armed soldiers and an armed Haitian
guard, against the heavily-armed market with guards, bright lights, and the familiar faces of the
owners.

I decided to walk to the market, so that at least I would not be waiting exposed on the
street. I turned and briskly began to walk along the street until I could cross. Not ten seconds
after I had moved, a strong tug on the loop of my backpack pulled me to the ground. Suddenly,
I was being pulled back toward the UN camp, away from the street and along a line of bushes.
Earlier that day, a short-term resident of our house who specialized in security had given me an
asp, a short, expandable metal baton, to take with me “just in case.” I had never traveled with
a weapon before and was reluctant. But he urged me and I gave in, carrying it against my outer
thigh so it would not be noticeable. Now on the ground, blind to my assailant and being pulled
forcefully backward, I whipped open the asp and began to swing wildly behind me until I made
contact. For a moment the hand let go, then I was being pulled again, this time with two men
in front of me. One tried to wrestle the asp from my hands and the other repeatedly hit my
exposed body. For a few seconds things went black, and then the backpack ripped apart, my
notebook, pens, phone and recorder flying in all directions. In the frenzy, the men dissipated
for just a moment. I leapt up and, asp still in hand, dashed the ten or so yards back to the UN,
jumping between two razor-wire curls that separated the guards from the street.

Once inside, I was safe. But I wondered why no one had intervened. “Didn’t you hear
that?” I asked the soldiers. “Did you hear me scream?”

“We saw most of it,” one answered. “It looked brutal.”

_Brutal._ The word reverberated in my head. The eyes of the crowd, at least thirty strong,
watched as I spoke to the soldiers.

“Why didn’t you do something?”

“Our orders are to not intervene with day-to-day incidences,” he replied. “We told the
Haitian guard to step in, but he didn’t want to get involved. He was afraid of getting hurt. We
did cock our guns to scare them, that’s why they left.”

His version of the events rang hollow to me. I hadn’t heard guns cock, and in any case,
the men had let go of me when my bag broke and its contents spilled out. I asked them to use
their phone, to call my friends so that they wouldn’t worry when they didn’t see me at my
pickup spot. “We’re new, we don’t have phones yet.” _Then let me leave, I can walk home._
“No, once you’re inside, you’re our responsibility. We need to take the report and then drive
you back to your residence.”

While I was stuck inside the UN compound while the Peacekeepers enacting their
bureaucratic business of record-keeping, my friends had been searching for me. As predicted,
they were immediately concerned when I wasn’t waiting for them by the roadside. The Blackberry phones handed out to agency workers and purchased by NGO workers in the informal markets downtown had a tracking feature called “pinging,” allowing one phone user to find another. In their SUV, they pinged my phone and followed its trail. The device led them deep into the neighborhood across the road from the UN compound, where low homes were obscured in a vast thicket of banana trees. That neighborhood, I would later learn, was a known haven for a particular drug gang. Both spoke proficient Creole, and my roommate, always anxious when I left the house alone, remembered what had been wearing when I left for the interview. They followed the trail of my phone, stopping to ask passers-by if they had seen a foreign girl in a red shirt. Everyone reported the same story of an aggressive attack, some more embellished than others, but no one included that I ended up safely inside the UN compound. So the search continued until I made it home, nearly two hours later, and borrowed a housemate’s phone to call off the hunt.

Rumors about my attack spread overnight. The following morning, I made the one-mile trek to a hotel-restaurant built from storage containers that I frequented for Internet access and pumpkin soup. A uniformed American sitting at a nearby table in the largely empty, open-air restaurant sat down next to me and asked if I was Rebecca. The man, a UN contractor, had been on radio detail the previous night and recorded and distributed the details conveyed by the UN soldiers about the incident. “You’re covered in bruises, and you’re a young woman. I figured you had to be the same girl. Everyone thinks you’re hurt,” he said, referring to the handful of American contractors who I had come to know over the course of my visits to the container hotel. “They all heard this morning. A few of them are checking hospitals now, looking for you.” Apparently even the official United Nations report had neglected to include the little detail that I was safe. I asked him to call the group and let them know that I was alright.

I wanted to wait for my bruises to disappear before returning to the Cuban clinic. I reasoned that I was there to observe and ask questions, not be the center of attention. But the marks remained stubbornly visible, so I gave in and went back to the clinic hoping no one would mention them. As soon as I stepped inside the door, a physical therapist approached me, gently held my arm to inspect my bruises, and asked me what happened. In the blink of an eye, a crowd of physicians and technicians surrounded me, listening intently to the story. To my surprise, a candid conversation opened up, circulating around all the questions they had long shrugged off: about violence in Port-au-Prince, the Cuban-Haitian relationship, and how that manifested into what I call comparative security.

This chapter discusses two interventions that variously impacted the ways in which residents that they aimed to served interpreted and reinterpreted their notions of “revolution.” Revolution was the identity, history, and international connection that compelled my to research Cuban aid in Haití and Venezuela’s recent attachment to it. In the previous chapter, I mentioned that Cuban aid, as I observed it, reflected not only a humanitarian and biomedical knowledge of the medical professionals, but also the political environment in which these professionals had grown up. The Cuban-Venezuelan aid alliance employed Mawdsley’s
description of South-South aid through the “assertion of a shared experience of colonial exploitation, postcolonial inequality and present vulnerability to uneven neoliberal globalisation, and thus a shared identity as ‘developing’ nations” (Mawdsley 2011: 263). In the second section, I discuss why the United Nations Peacekeeping Mission was unable to evoke these similar feelings of interconnectedness among its recipients. Rather than appearing to be a purely humanitarian intervention, the controversial MINUSTAH intervention became a part of a long history in Haiti of necessitating secondary and tertiary revolutions following the initial revolution that led to the country’s 1804 independence.

**Charismatic Intervention**

The slums of Caracas are nestled against steep hills, their houses interconnected like labyrinthine concrete vines. The city is cut by these cliff-like hills, where many lower-income families dwell. The hills are prone to landslides, and the construction of new houses as well as foot traffic of those heading down the hill to work in the Caracas downtown valleys raises the possibility for these slides. One of Chávez’s major public works has been the construction of an air tram to reduce the need to walk the unstable hills, which can rise up to a vertical kilometer. Residents of the hillside barrios pay subsidized fares to ride. Chávez’s charismatic leadership has been bolstered by his widely publicized major public projects such as the air trams. His political backing is made apparent on each of these works. Subsidized foods and juices are marked with the widely distributed label of a red heart with the words *Hecho En Socialismo*, “Made In Socialism,” and posters of this same sign line the walls of the subterranean subway stations that traversed the city (see Image 1). Youth in the slums I visited were provided with art supplied with which they could decorate the bland walls of their unstable homes. They painted colorful murals with empowering images of revolutionary heroes, a testament to the ideological backing of the Chavista provisions that simultaneously provided residents of the often violent, tumultuous slums with a peaceful and creative outlet.

One of the largest projects that Chávez arranged was the *Misión Barrio Adentro*, the “Inside the Barrio Mission.” When Chávez initiated an arrangement with Castro wherein Venezuela would provide Cuba with refined oil at below market rates, Cuba’s repayment would come in the form of Cuban doctors, the likes of Cuba’s already global internationalist initiative. The motivation for the mission apparently came from the lack of Venezuelan-trained doctors working in the country’s impoverished slums. In 2011, Caracas won the onerous title of the deadliest city in the world, and the slums were decidedly too dangerous for many of Caracas’ own doctors, who preferred to work in the safer city valleys. To fulfill his agreement with Cuba and fill the hole in medical care that left the hillside slums without nearby healthcare, Misión Barrio Adentro began (Brouwer 2011).

Thanks to the alliance with Chávez, the number of reported Cuban health collaborators [in Venezuela] grew steeply from 6,190 in 2002 to 31,243 in 2005. The program reached its peak in December 2008, when 29,296 Cuban health professionals were said to be serving just in Venezuela, 13,020 of them doctors. Since then, official sources report a steady number of thirty
thousand health workers as part of a total forty to fifty thousand Cuban collaborators in Venezuela (Werlau 2013).

Although, as we saw in the previous chapter, many Caracas-based doctors were displeased with this oversaturation of free healthcare, residents of low-income neighborhoods felt that the increased medical presence was necessary. They did not see the doctors as an unwelcome intrusion or a means of foreign diplomacy; rather, the mission was described to me as a bilateral arrangement in which Cuban doctors filled gaps in the preexisting healthcare and worked side by side with Venezuelan hospitals for more technologically intensive initiatives, such as oncology. The Cuban doctors were well received by the locals, particularly in the slums. “Residents of low-income barrios [in Caracas] have taken good care of Cuban physicians” (Azicri 2009: 105). One barrio resident explained the doctors’ presence to me in the following way: “There were free medical options before Chávez,” she began, a baby wailing in the adjacent room, “but now there are more. Before there were free hospitals but the clinics cost money. Now the Cuban clinics are free, and so are the hospitals.”

The clinics did not only occupy the poorer barrios. I found a Cuban clinic nearby a popular university, in a student-heavy neighborhood, whose workers permitted my presence in their patient consultations. My stay in Caracas was relatively brief. The higher-ups were reluctant to permit an American from conducting prolonged observations and interviews in the Cuban clinics. It was one thing to receive this permission in Haiti – difficult, but eventually possible – and quite another to conduct this research in Caracas itself, where I would not only be crossing the uncomfortable political barrier of the long-tense U.S.-Cuban relationship but also the U.S.-Venezuelan tension at the same time. But not having received my official permission to begin my research in Haiti as of yet, my time in Caracas was important for introducing me to a major focus of the Cuban doctors I observed later in Port-au-Prince: rehabilitation. One particularly open doctor allowed me to record consultations with his patients. As he spoke with his patients, he would turn to me to explain his recommendations. The following excerpt from a consultation with a patient in Caracas would resonate many times later in my observations of the Renaissance Hospital in Haiti. The patient in the consult owned a small store, to which he had been unable to attend to due an illness or injury of which I was not privy. On top, I write the doctor’s words, as recorded, in Spanish; below, I translate his words to English. This conversation occurred with the patient in the room, the doctor speaking directly to each of us. I have omitted the patient’s intermittent questions, both for privacy and for privacy and because they do not help illuminate the underlying theme of this conversation:

Tengo un foco – mira…Yo te explico otra vez que hay cosas que no va a poder recuperar, a cien porciento. Yo te explico otra vez, acuérdate. Hay cosas que no va a recuperar cien porciento, como la pierna derecha. No te puedo engañar. Tampoco puedo engañar al paciente. Tengo que decirle la verdad. La pierna izquierda no le va a quedar como la pierna derecha. Va a tener sus limitaciones, pero eso [el remedio] lo va a permitirle a él caminar. El camine tiene una independencia. El va al mercado, él hace sus actividades normales. [Así] va aumentando a independencia.
I have a focus – look...I’ll explain to you again that there are things that won’t be able to recuperate 100%. I’ll explain again, remember this. There are things that won’t recuperate 100%, like the right leg. I can’t fool you. I also can’t fool the patient. I have to tell him the truth. The left leg is not going to be like the right leg. He’ll have his limitations, but this [the remedy] will allow him to walk. Walking [provides] an independence. He’ll go to the market, he’ll do his normal activities. This way he’ll continue to increase his independence.

Back in Haiti, I found that the medical focus on partial rehabilitation held steady in the Cuban hospital. From late 2011 through the end of my stay in the summer of 2012, I made multiple trips each week to the Renaissance Hospital where, as I have previously explained, Cuban doctors ran consultations for potential patients for their Operación Milagro program as well as conducted long-term physical rehabilitation. Many patients were repeat patients, who came in to see the same doctors for pre-scheduled visits. Some of them had sustained severe injuries during the earthquake that were not immediately life-threatening, but which had left them with depleted physical capabilities that would likely remain for the rest of their lives. Others had ailments that directly resulted from their lifestyles, specifically diet and work. Many of the consults that I observed indeed focused in large part on diet, answering my previous question as to how a healthcare source can function with so few physical tools. The diet of the average, low-income Port-au-Prince resident offers little in roughage (fresh, leafy green vegetables) and is high in salt. A staple of a Haitian meal is “Creole sauce,” a thin, red sauce used to cover fried plantains, rice and red beans, and chicken if you are lucky. The main ingredients of the sauce are crushed spicy peppers, at least one cube of chicken bouillon, and salt. Occasionally a tomato will be added. Finally, no meal is complete without piklis, a variety of chopped spicy peppers doused in their own juices.

Though tasty, this diet offers little in terms of fiber or variety; it is high in salt and very acidic, leading to widespread heartburn and early-onset diabetes. An additional problematic quirk of the Port-au-Prince eater is that water is not typically consumed with a meal. During my first summer in Haiti while I was working on the new camp map for J/P HRO, I would sometimes catch the team of tent reconstruction workers on lunch break and wonder how, in the blazing heat, with sweat dripping down their temples, they could eat such spicy and salty food without wanting water. Even when their foreign coworker bought water bottles for everyone, they would often decline unless the bottle was fresh from the seller and nearly frozen solid – not a common occurrence in the sun-doused camp. On the mobile clinics that I ran for various micro-NGOs around the city, myself and the fledgling volunteers encountered similar complaints: lightheadedness or headaches (both often caused by not drinking enough clean water, available for sale in small baggies) and heartburn (caused by the overconsumption of spicy foods followed immediately by a siesta, lying down after a midday meal to avoid bearing the sun at its strongest point).

A typical conversation with a new patient complaining of lightheadedness or heartburn in the Cuban clinic would go something like this:
Doctor: Do you eat spicy or acidic foods often?

Patient: No.

Doctor: What do you eat?

Patient: Beans and rice with some tomato.

Doctor: Do you add piklis?

Patient: Yes.

Doctor: Do you know that tomatoes and piklis are very acidic?

Patient: No.

Doctor: Even though they don’t taste spicy, tomatoes have a lot of acid. Piklis are very acidic, too. It’s best to avoid eating them while you’re still feeling these symptoms. Here, I’ll write down a list of foods that are high in acidity. I know meals are not as tasty without them, but it will help your symptoms. I’ll read this to you in case you have trouble reading, and have one of your neighbors help you later if you can’t remember everything on the list.

One Cuban medical professional explained to me one day, late in the afternoon with an unusually low flow of patients in the waiting room on the first floor, that it was Haiti’s history of slavery that pushed them to work. They still carry that feeling of slavery with them today, she said, as though thinking through her observations as she spoke to me, and you can see it in the way that they overwork themselves. They have not forgotten hard labor, and they still do it now, even though they’re free, to their own physical detriment. So many people come in here with muscular problems, hernias, from lifting and carrying items that are simply too heavy for their bodies.

She also, like others at the hospital, reflected on the differences between Cuban doctors and their Haitian patients. Cubans are not immune to the burn-out that many aid workers experience. Frustration is common for those who do prolonged work in Port-au-Prince, and after a long time without respite, this often manifests in a frustration in the attitudes of the Haitian people, the very recipients of their aid. “I don’t know if it’s the way that they [the Haitians] are, [but] they have this…it’s as if they wait for others to come and do things [for them]. [It should be] that there’s a mutual cooperation.” The handful of Cubans and Venezuelans with whom I was able to converse in Caracas seemed to view the Cuban medical presence, Barrio Adentro and otherwise, as a form of bilateral collaboration: exactly what my informant in the Renaissance Hospital felt was lacking in Haiti. She was neither the first nor the only medical aid worker, Cuban or otherwise, to express irritation concerning Haitians’ apparent lack of self-reliance or mutual support when it came to the aid projects flowing into their communities. We touched on the reasons for the characteristic reliance on external
support in the previous chapter. The series of crises that have become endemic to Haiti are not born from the Haitian population, but rather stem from the long history of foreign interventions leading to today’s overabundance of intervention. The following chapter will delve more deeply into this common aid worker sentiment that characterized the nature of Port-au-Prince aid recipients as a “culture of waiting,” but it is important to note that this particular frustration was expressed by aid workers over the entire landscape of the city’s aid ecology, not particular aid groups or populations.

That particular informant had arrived in Haiti within days of the earthquake, a part of the Henry Reeve brigade. She was unique in the hospital in part for her age. Although quite young at the time, she had lived through the Castro revolution and could recall small memories of life before and during the revolution. As such, she reflected deeply on the changes that had occurred in Cuba since Castro’s arrival, in particular in their humanitarianism. “We, the Cubans, we are very sensitive. We’re very, I’ll say that sometimes we’re too human...We sympathize with everything, with everyone. We’re here [because of that], too. We do [medical work] not as imperialism. We feel, how can I say it? I feel fulfilled because I am able to help.” The notion of the Cuban’s humanitarian purity was repeated frequently among my informants at the hospital. A technician whose job offered him regular breaks in which he would seek me out and discuss the distinct humanitarianness of the Cubans was among those who, following the attack that led to my bruises, explained that Haitians have a particular reverence for Cubans in their country. A few days after my first return to the Cuban clinic, during which my bruises and attack became the subject of much conversation, one technician approached me as I was sitting in the shade outside, reworking my notes from that morning. He asked again about the attack, and then proceeded to describe an incident in which he was involved. In my field notes I described his story (note: quotes originally in Spanish are translated to English):

He then told me about the time he was attacked. It was in a store, close to here (he didn’t identify that it was near the hospital; I asked). “They came with pistol,” he put his fists up and gave a sharp punch to the air. “I said kiben [Cuban, in Haitian Creole] and they backed off. They robbed every[one] else, but not us.”

They don’t attack Cubans?

He acted surprised. “You didn’t know that?”

Why not?

“I don’t know, they feel an affection for Cuba, it seems. They do assault Cubans, but very few. They assault those [Cubans] who don’t identify themselves as Cubans.”

From my observations, it seems very possible indeed that the Cubans’ relationship with Haiti differed greatly from Haitian interpretations of United States’ aid workers. When I asked a patient in the waiting room of the Cuban hospital why she chose the Cuban rather than a closer, European- or American-run clinic, she responded: “The Cubans give to us, even though they have nothing. They are poor, like us.” Whether the Cuban hospitals’ general lack of supplies was intentional and strategic or merely accidental, it did serve to emanate a condition
of shared economic woes that created a perceived connection between their own lifestyles that that of the Haitians, one of North American volunteers could not be a part. Whereas Chavismo in Venezuela was, at the time of my research from 2010 to 2012, was fueled largely by the charismatic leadership of Chávez himself as a man of the people, dedicated to helping the poor, in Haiti it was a shared socioeconomic condition between themselves and the Cubans that sustained their trust in the brigade, even after Venezuela’s influx of support took hold.

In fact, the notion that Chavismo in Venezuela is a product of the charisma of the singular leader, Hugo Chávez, may be more intensified in the media than in the reality on the ground. “Populist analysis concentrates on style of leadership rather than on the character of the leader’s support base, but it often represents the Chavistas as informal or community-based and therefore difficult to organize” (Valencia Ramírez 2005: 83). The author goes onto explain that contrary to popular belief, a major support base of Chávez and of his Bolivarian movement are not informal community activists who support Chávez primarily based on his stance on aiding the poor. Rather, they are long-time social and political organizers who cross socioeconomic lines. Their main objectives, since before Chávez came to power, has been to challenge the status quo of Venezuelan politics. Over time, many – but not all – of this original Chavista support base have officially aligned themselves with Chavismo, dedicating their political work to the support of the Bolivarian Revolution. But the main point that Valencia Ramírez makes is that the Chavistas and the Bolivarianos are a heterogenous, amorphous group.

This parallels my findings of the Haitian pride in the country’s revolutionary past. In the following section, I discuss the various temporalities in which the terms “revolution” and “revolutionaries” were invoked by various subjects. Whereas in designing my initial project in late 2009 I had expected to seek out only the ways in which Haiti’s earliest revolutionary success, that of the country’s independent founding on January 1, 1804, what I found instead was that multiple revolutions between the 19th, 20th, and 21st centuries each invoke temporally distinct revolutionary identities. In discussing the writings of Haitian scholar Jean Price-Mars, Munro describes a “cultural revolution” (emphasis in original) that took place during and after the U.S. Marine occupation of Haiti in the 1920s and 30s as equally important as the revolution that led to Haiti’s independence over one century earlier. “…The Haitian Revolution [of 1804] did not truly liberate the nation culturally, and...the 1920s and 1930s witnessed a necessary second ‘revolution,’ a radical shake-up of complacent (elite) moral and cultural values” (Munro 2004: 6). This second revolution, which Munro credits largely to the works of Price-Mars, rattled the concept of the “trinity of the original revolution: Toussaint, Dessalines, and Christophe” and added to it a Haiti-based literary tradition of Negritude that was spreading throughout the Americas at the time (Ibid). In the same way that Bolivarianism is not singular in shape, following, or temporality, the revolutionary history of Haiti is cyclical and not attached to any one historical moment. That these ideological movements and identities were amorphous and atemporal lends credence to the notion that Haiti was an ideal candidate for inclusion in the Bolivarian movement as envisioned by Chávez, more broadly, the heterogenous Bolivarian agenda.
Image 1: “Made In Socialism,” poster in a subway station in Caracas, Venezuela.

Image 2: Camp resident’s tattoo: the Tasmanian devil, the flag of Haiti, and 1804, the year of Haiti’s independence.
From time to time, one organization with which I worked met with a well known Haitian NGO that ran a rape hotline. The country director made sure that they had our phone numbers, in case they could not find another means of transportation. One of their objectives was to transport women and girls who had just been assaulted to the hospital or police station, to give statements before the evidence on their bodies would turn the allegation into dust that the police just swept away. From my field notes:

The leader of [the NGO] just started talking to me about MINUSTAH rape. To [our country director] she’d been bringing up issues of forced incest and underage issues, so when we got a moment alone...I asked her about the reputation...of the UN to rape locals. She said with vigor that yes, they rape both men and women and that the UN protects them when they’ve committed rape. She was very adamant on this. She said the force was a bunch of foreign armies, not just one...and that they’ll protect them by sending the individual perpetrators back to their countries, a very mild “punishment.”

The UN is the largest single contributor of aid to Haiti, much of this coming from the MINUSTAH contingent (the United States, which funds a large proportion of the UN Peacekeeping Missions worldwide, is the largest national contributor). MINUSTAH costs the UN around $8 million annually (GHA 2015). Its armed units are commonplace in urban neighborhoods, and it is this armament that makes MINUSTAH a controversial actor in the Haitian humanitarian scene. In 2010 and 2011, MINUSTAH patrol units shared the NGO J/P HRO’s main working space, at the hilltop above the sprawling golf course tent camp. The NGO workers frequently clashed with the soldiers, whose presence the NGO workers interpreted as intrusive and distinctly anti-humanitarian. One evening, a European J/P volunteer angrily approached me, demanding that I interpret between him and the commanding soldier on patrol that night. He brought a young teenager to the soldier. I recognized the boy, a sweet but troublesome adolescent who hung around the soldiers, asking if he could handle their guns. “This kid says that they pepper sprayed him,” the volunteer spat. “Ask him, ask him if they did!”

I turned to the Lieutenant who was sitting calmly on a staircase that once led to a swimming pool and explained that the NGO worker was unfamiliar with the boy’s intrusive nature with the soldiers, and that he wanted to know whether they had used excessive force in getting him to back off: in this case, pepper spray. I was honestly hoping that he would say no. The tension between the NGO and the MINUSTAH workers had bothered me from the outset. Many of the soldiers who I came to know claimed that they had the idea that their work would be more humanitarian. They expected to pass out food, build tents, help protect the population, and they were disappointed that their main jobs were standing patrol for a disgruntled NGO. To my dismay, the soldier replied, “Yes, we did,” and nodded, so that I could not reinterpret in such a way as to quell the volunteer’s anger. He shouted for full minutes as I interpreted as diplomatically as I could. The soldier sat and continued to nod. “Why?” shouted the volunteer. “Why did you pepper spray a child?” The soldier responded, “He’s not
a child. He’s seventeen. This is Haiti, he’s not a boy. He’s troublesome. He asks us to touch our guns, and we always say no, because that’s the rule. He touches them anyway. We’ve never used force before, but today he crossed the line. No one sprayed him directly; they sprayed the ground in front of him, so he would back away but not be injured. See how he’s not injured? If we had sprayed him in the face, he would not be so comfortable right now.” The conversation was, unfortunately, beyond reason for either party. MINUSTAH was displaced from the rest of the humanitarian community that its soldiers rarely understood the compassionate anger expressed by short-term NGO workers and volunteers. The volunteers, in turn, could not sympathize with a military force whose global reputation predisposed especially short-term aid workers to hone in on anything they saw as abusive treatment of the locals. After that incident, the NGO volunteers were forbidden from socializing with the MINUSTAH workers based in the same grounds.

Whether or not the UN and, in particular, MINUSTAH as a true humanitarian organization is up for intense debate. Different actors view their actions as either militant, oppressive, or helpful. Technically speaking, the Haitian government gave consent to allow MINUSTAH to enter the country in 2004. However, as we saw in the previous chapter, the government of Haiti is mostly powerless in preventing foreign interventions. In this section, I discuss the complex role of MINUSTAH as it played out in very different encounters with and interpretations by the communities of Port-au-Prince. Just as consent is a complex matter for the Haitian government, so is consent when it comes to sexual contact between MINUSTAH soldiers and (mostly female) Haitian citizens. I begin with a discussion of MINUSTAH as a source of employment for young Haitian men as well as a potential source of quid-pro-quo gift giving for young Haitian women. I continue by discussing my own ethnographic research amongst foreign UN Peacekeeping soldiers concerning the strict regulations that prohibit fraternization among Haitians. I assert that their interpretation of vulnerability and consent can become confused and muddled in the moment in which a “vulnerable” woman displays an agency that the soldiers do not expect. The enforcement and strengthening of the anti-fraternization regulations actually serve to further distance the MINUSTAH soldiers from socialization with the populous they are theoretically protecting, which in turn fuels long-burning disdain in the highly political neighborhood of Bel Air, where I end this chapter.

While MINUSTAH is seen by some as an unwanted military invasion, for others the soldiers’ presence serves as means of attaining gainful, albeit temporary, employment. Many stationary patrol units that I saw in passing were flanked by groups of un- and underemployed young men. The young Haitian men stayed nearby, speaking to the foreign units and picking up their primary language(s). Fostering these connections and gaining linguistic fluency can lead to paid work as interpreters. After the earthquake, the downtown prison split open, allowing dozens of prisoners to escape. Since its entrance to Haiti in 2004, MINUSTAH soldiers have been variously tasked with performing nighttime raids in the slums to confiscate arms. As in

48 See anthropologist Christopher Kovats-Bernat’s 2006 article for mention of the failed disarmament attempts carried out by the early contingents of UN Peacekeepers in 2004.
contemporary wars, interpreters were important for this action, helping the non-Creole speaking soldiers find and follow leads in the dangerous slums.

I noticed that only males used this means of gaining temporary employment with MINUSTAH. Women did not sit with the soldiers, chat, or learn the language. Part of the reason for this gendered discrepancy was regulatory. The UN is well aware of its poor reputation vis-à-vis sexual misconduct in the Global South (although the soldiers themselves, especially the most junior, are far less aware of allegations that have taken place in other countries). During pre-deployment training, each soldier is taught the strict regulations prohibiting sexual contact with Haitians, and higher-ranking MINUSTAH officers are vigilant about the soldiers under their command. All Haitians in the post-earthquake setting are categorized as “vulnerable,” and therefore are unable to provide consent to engage in sexual activity with the soldier. Any sexual interaction between MINUSTAH soldiers and Haitians in Haiti is, therefore, described as rape. This is the same logic that explains certain consent laws in the United States, whereby particular populations (persons under the age of 18, for example) or people who are under the influence of alcohol or other mind-altering drugs are deemed legally unable to provide consent. These laws are meant to protect minors and mentally vulnerable persons if unwanted sexual activity is provoked by someone outside of the confines of that vulnerability. The soldiers with whom I spoke held these regulations in high regard, and were able to recite and explain them thoroughly. “They’ve gone through so much,” one soldier told me when I asked a small patrol group about their understandings of the MINUSTAH prohibition of sexual activities with Haitians, “that even if they [the Haitians] wanted to [have sex], we would be taking advantage of their situation if we did it.” The rest nodded in agreement.

Each deployment allowed the soldiers short vacations to either the Dominican Republic, Miami, or back home. Single soldiers often opted for the two former options. During an interview, a group of MINUSTAH soldiers told me that after one of their colleagues was on leave in the Dominican Republic, he posted a Facebook photo of himself and what appeared to be a Haitian woman in a social setting. When the MINUSTAH higher-ups saw the photo, they decided that it could become a scandal. Without context, it would just appear as if the soldier were openly fraternizing with the vulnerable women in their country of service. So they tightened the regulations within the ranks, now demanding that soldiers ensure that they are never physically close enough with a female Haitian for any photograph to make it seem as though they were fraternizing. I witnessed the seriousness with which at least some MINUSTAH soldiers took these warnings about physical closeness one afternoon, while I was speaking to two on-patrol soldiers. From a neighborhood tent, a young woman emerged and walked toward us. She approached the soldier, smiling, and reached out to touch his arm. He quickly stepped back and asked me to tell her to please not approach him as it violated the rules. I interpreted, and she said, “Tell him for me that I do understand their rules, but I live just over there,” gesturing to a nearby tent, “and I will be very discreet.” The image was almost funny: an armed, uniformed patrol guard feverishly back-stepping away from a woman in a skirt and tattered top. Eventually she gave in and left the soldier alone.
“This,” the soldier said, still anxious from the encounter, “this is what they don’t want to happen. They don’t want us to be seen flirting. Even if they [the women] are flirting, what will the picture look like? Like it’s us who are approaching them.”

While men are able to socialize with the soldiers while on patrol and thereby have the opportunity of short-term, gainful employment, the fraternization regulations are much more strongly protective of Haitian women. As such, women – who may also see potential benefits from interactions with lower-ranking soldiers – use a different approach: more informal, more secretive, but also more direct. When I began to interview MINUSTAH soldiers in 2010, although my presence was occasionally seen as a nuisance by commanding officers, I was generally tolerated. The soldiers were bored and happy to talk with a young woman who spoke their language, even when conversations tilted toward more serious topics such as rape and the regulations against fraternization intended to prevent rape. The soldiers often gave me gifts when I left: bags of bread and multiple containers of yogurt, and other foodstuffs they are supplied for their longer patrols. With no refrigerator to keep the perishables fresh, I brought the food back to my neighbors in the camp. These gifts were given to me for my mere company, a bit of conversation, and perhaps because they wanted to care for a fellow foreigner. I began to look through the eyes of young women when they saw the soldiers and envision what goods an informal relationship with a sexual component could fetch. Women sometimes use what Nigerian feminist author Chimamanda Ngozi Adichie calls “bottom power,” which she defines as “a woman [using] her sexuality to get favors from men.” She continues: “But ‘bottom power’ is now power at all. Bottom power means that a woman simply has a good root to tap into, from time to time: somebody else’s power” (Adichie 2012)

None of the soldiers with whom I spoke admitted to engaging in full sexual contact with a Haitian during their deployments. We often conversed in groups, which I found to be useful so that they could discuss facts, rumors and regulations amongst one another without feeling as though they were being put on the spot. In one-on-one conversations, two soldiers admitted that they had engaged in some form of sexual contact with at least one Haitian woman, although each stated that they did not have sex. Their stories were strikingly similar. Each claimed that while alone on a nighttime post, a woman approached them and either clearly indicated a desire to have sex or, as one soldier recounted it, went right up and kissed him without saying a word. Both of these men were among the soldiers who expressed deference and understanding toward the regulation that forbade them from these kinds of interactions. But they were each able to disassociate the broad logic that justified the regulations from their discrete experiences with individual women.

As discussed above, women’s focus when initiating a quid-pro-quo relationship with soldiers tended toward informal, interpersonal and private relationships. Women who initiate these relationships do so by approaching soldiers directly, inferring a sexual nature of their potential interaction. While the regulations stress that these interactions are necessarily nonconsensual, and fundamentally involve an assumption of an exchange of goods or even mobility (the remote potential of assistance with a travel visa), in the moment in which the interaction occurs, some soldiers overlook this assumption. Vulnerability is defined by
numerous characteristics, and in the relief setting these characteristics are chosen by foreign actors. According to MINUSTAH regulations, all Haitians in Haiti necessarily fall into the category of vulnerable. But to those individuals new to the humanitarian profession who have not been in positions of relative economic power in the midst of abject poverty away from their home countries, the abstract concept of vulnerability can clash with a singular interpersonal experience with an individual, especially when that individual acts assertively. Assertiveness conflicts with the expectations of how a vulnerable person “should” act: like those images shown on the news after the earthquake, they should be afraid, meek, sad, and immobile. Assertiveness can, then, be interpreted by a young soldier as agency. This agency can then be converted into an implication of consent. Thus, the singular action can become disassociated from the abstract definition of all Haitians (women, in particular) as vulnerable.

During my second trip to Haiti in the winter of 2010-11, I decided to pass out disposable cameras to a handful of soldiers and camp residents. I asked the soldiers to catalogue their daily work lives, photographing what they saw on a day to day basis while working outside of their residential bases. They returned the cameras to me and I later developed their pictures. What I saw surprised me. Most of the photos were taken while on their trucks or other vehicles on the way to and from stationary patrols and during mobile patrols where the vehicle served as the primary vantage point from which the soldiers viewed the daily life of “average” Haitians. The images showed roads, lined by Haitian men and women walked to and from their jobs, running errands; children on their way to and from school (see Images 3 through 5).

In Haiti, intentional mobility has long been out of reach. International migration is blocked by legal and natural barriers, and limited locally by income and health. The setting up of distinct (bounded) camps (as opposed to simply carrying out supply distribution) alludes to the idea of immobility being a characteristic feature of vulnerable persons, a notion translated from the rural displacement camps of Agier’s studies. Attachment to the land signifies not self-provision, but immobility and dependence, the same characteristics that perpetuate the relief economy. This apparent mobility and agency witnessed from the Peacekeeper’s perspectives contradict the notion of stationary vulnerability that typically evokes images of struggle, stagnation, and immobility. Aid-based economies are not structured for long-term sustainability, and this temporality affects the relationships between military and civilian actors. Military presence and control are meant to be transient, and the increasing pressure on MINUSTAH commanders to distance their soldiers from Haitian women socially, interpersonally, and physically disallows them to form accurate and shared understandings of the population they are present to protect. In reality, physical movement within the broad relief zone of Haiti is neither purposeful nor a marker of economic success or agency; rather, it as a passive reaction to external forces wherein residents – women, in particular – are bounded to a limited set of economic activities and mobility. But soldiers can interpret apparent mobility as a heightened control over one’s economic activities, surroundings, and self; (mis)perceptions about the others’ movements within these social and ecological landscapes create a space in which particular interactions (sexual) between these groups can develop.
The photographs displayed here were taken by MINUSTAH solders on patrols in Haiti. Spending a considerable amount of time on the major roads accessible by large vehicles, the majority of their images focus on transportation and movement. Their views of Haitian life disproportionately view mobility and transit that is more robust than the reality. Photos of passing populous point downward, displaying not only a physical distance from the population but also a disconnection on the level of sight. Although not all interactions are separated by this plane of height, images such as these are one way in which we can visibly ascertain the separation from the Haitian daily life the soldiers experience and take for granted. This separation is designed into the Peacekeeping environment, and in fact, as rape allegations spread and reached the international public, became more pronounced. The response to these allegations is to further separate the soldiers from the public. Which really just makes it easier for them to misinterpret individuals’ ground-level actions as agentive and, thus, distinct from the population-level vulnerability that protects women (and men) from any sexual relationships with soldiers. Their detachment allows the soldiers to simultaneously understand the population as vulnerable (and, as such, unable to truly consent) while interpreting an individual’s apparent agility within economic and sexual spaces not as passive reactions to external forces (vulnerability) but as independent, agentive, and, as such, consenting.

I did not collect enough data about the UN rape allegations, occurrences, and regulations to flesh out a full chapter on rape among MINUSTAH Peacekeepers. What the interpretations that did collect uncover is the means through which MINUSTAH, unlike the Venezuelan military after La Tragedia in 1999, became systemically unable to embody the “compassionate militarization” of humanitarian aid as described by researcher Vásquez Lezama.
Image 4: Juxtaposed soldier and resident perspectives of one another.

Image 5: Soldier perspective, from above.
(2010). After several months working at the Cuban hospital, I decided to branch out of the hospital walls and get to know the neighborhood residents who were not patients of the Renaissance Hospital. They were witnesses to the Cuban aid, undoubtedly noticing the daily busses that brought doctors to and from the hospital, a sticker of the Cuban flag stuck proudly to the back windshield, and I wanted to understand their opinions of this aid of which they were not direct recipients. I needed someone who knew the neighborhood and its residents and could accompany me outside of the hospital grounds, someone who knew the area, would understand the purpose of my research, and someone who could gain contacts for me before I ventured out into a neighborhood with which I was largely unfamiliar.

Normally, after a day at the hospital, I would make the same two-block walk down the street, around the corner and to a motorcycle stand where over a dozen motorcycle taxi drivers awaited clients. The streets I walked were lined with stalls. Most sold parts of electronic equipment: pieces for computers, phones, radios, chargers. Some sold clothes, and a few sold books. When I decided to branch out and interview residents who were not repeat patients at the Renaissance Hospital, I began to frequent the book stands before finishing my walk to the moto-taxi corner. I was looking among the sellers for a potential partner to aid in my short-term research with the residents of Bel Air. I took a shine to a middle-aged man named Claude. He enjoyed reading, and although he no longer lived in Bel Air, he knew the area well as he had continued to sell books there for years. He had a gentle temperament and seemed to be respected by his peers, so one day I asked him if he would be willing to help in my study, finding people in the community who were willing to discuss their political opinions about foreign aid, specifically the Cuban-Venezuelan medical aid. We agreed on a plan wherein he would make initial contacts for me and then accompany me to the meetings.

For over a month, I regularly met with my informant who took me to meetings of politically active groups based in the Bel Air neighborhood. No matter how hard I tried to steer the conversations toward Cuban aid, my newfound informants always swept these questions to the side in order to discuss what they believed to be the most pressing revolutionary issue of their time: the MINUSTAH invasion. In 2004, after the second ousting of ex-president Bertrand Aristide, MINUSTAH was sent into Port-au-Prince to quell the politicized violence that followed. Bel Air was hit the hardest. In explaining why, on of my informants stated: “Bel Air has been a political zone for a long, long, long time, for generations and generations.” One day, a young political group took me on a tour of the neighborhood. They pointed out the places in which they met, conversed, and showed me an image of their “father of the [Haitian] revolution” (see Image 6). Like Munro found through the negritude writings in Haiti in the 1930s, the figure was not one of the “revolutionary trilogy,” but instead a Bel Air resident who was killed in the early 2004 clashes with MINUSTAH. These clashes are described both as “the violence” and “the war,” and my informants also used the word “revolution” (Kovats-Bernat 2006).

Anthropologist Chelsey Kivland researched community activism in Bel Air for the entirety of her doctoral field work. She began by volunteering for an NGO that worked in the neighborhood, thereby gaining confidences throughout the community, growing her social network, and was thus able to conduct in-depth research in a neighborhood known to be
among the most dangerous in Port-au-Prince. In a 2012 article, Kivland describes the vocabulary used by her Bel Air informants in discussing development and foreign aid, explaining that while their language expressed militancy, it more accurately related to their views on the importance of community organization in rebuilding the neighborhood for the better:

In Bel Air, the downtown, impoverished neighborhood of the capital where I conduct research on expressive political culture, “organized people” (moun òganize) often distinguish their work from nongovernmental organizations (NGOs) with a shift of vocabulary. They say that whereas these foreign organizations aim to “develop” (devlope) Bel Air by bringing aid to strangers, they are engaged in “defending” the zone and the interests of their neighbors by pooling their own resources as well as securing outside support. Though the notion of defense may express militancy, it also conveys the act of collective advocacy, and is articulated through several expressions such as: “taking up one’s defense” (pran defans), “defending” (defann), “protecting” (pwoteje), “supporting” (ankandre), and “reclaiming rights” or “redressing wrongs” (revandike) (Kivland 2012: 76).

I began my own round of Bel Air interviews after my aforementioned attack. Although that had not been my first experience with violence or mugging in Haiti, it was the incident that left me the most emotionally rattled. It left such a deep impression because of the slow (or, what I still believe, total lack of) response by the MINUSTAH soldiers who were so physically close. In other instances when I was attacked, there were no protective units of any kind nearby: no PNH, no MINUSTAH. I was either alone or in a crowded mass, appearing to be a
lone foreigner and, as such, an easy target. I reflected on the attack several days later in my personal notes. From my field notes:

After my last mugging I thought about everyday violence and my feelings of false security that quickly shriveled as I was dragged next to the UN guards and the long seconds fled by with no response and so many watched...What began to strike me was the fact that although MINUSTAH didn’t step in for me, my whiteness would urge further action and retroactive attention in a way that a local would not. How far, I wondered, would a scene have to progress (escalate was the word they used) against a local in order to elicit a morally- or legally-based response from a surveying guard? And since the criminals obviously know that they won’t step in, do the women also realize that the soldiers don’t represent protection?...What do the soldiers represent? Lies? A façade? A better alternative to PNH [Haitian National Police]? Or do they still dissuade enough crime (at least in the eyes of the population) that their presence is viewed in a favorable light?

Clearly, the answer was no. MINUSTAH had not only worn out its welcome, but the sexual and militarized violence disallowed the possibility of the Peacekeepers to become a form of “compassionate militarization,” at least in the eyes of the Port-au-Prince public. Although the issue of rape was not confined to Bel Air, the political activists centralized in that neighborhood made up the most politicized population of Port-au-Prince, which regarded Haiti’s most recent and influential revolution as that which began with MINUSTAH’s intervention/invasion in 2004. In fact, the increasingly strict regulations intended to dissuade sexual misconduct and raise the image of MINUSTAH in the Haitian and international publics’ eyes served, as we saw above, to further distance the soldiers from the population. Without social interaction, they appeared to be less of a humanitarian presence – whether ultimately malevolent or benevolent – and gave off an appearance of a fully foreign military invasion, rather than an intervention. One of Kivland’s informants, quoted in a 2012 article, sums up the intensity with which these Bel Air activists focused on MINUSTAH: “In 2006, all activities were dead. The violence with MINUSTAH killed the zone” (quote in Kivland 2012a: 78).
Chapter 5: Flexible Infrastructure

Sometime after the sun had set, I sat in the darkened bedroom with the NGO nurse and medical director, waiting for sleep to defeat the buzzing mosquitoes and heavy air that always competed with our exhaustion. My cell phone beeped with the sound of an incoming text message. A local man who was supportive of the NGO’s initiative and well-connected to local police wrote a simple message: *Car accident at major crossroad. You may want to respond.*

We awoke the NGO’s driver and headed to the accident, expecting a fender-bender with perhaps a sprained limb or two: easy fixes with our tools and our connections to the nearby U.S.-run hospital. But as we neared the site of the accident, we found an immense crowd. The mass of people was so dense and so deep that we had to park our makeshift ambulance – an imported and outdated vehicle that had undergone so many temporary fixes that breakdowns were daily expectations – two blocks away and dash single-file to the scene. Residents clamored for a clear view, and those who had cell phones flipped them open to take pictures. UN soldiers stood by, guns in hand, watching the growing crowd. All present were witness to the largest vehicle crash in Haitian history.

While driving down one of the city’s steepest and most congested streets, a dump truck’s brakes failed. In the cruel irony so endemic to Haiti’s chronic misfortunes, the truck had been carrying rubble only just removed from some site damaged in the earthquake almost exactly two years earlier. Swerving to get away from traffic, the truck careened into a corner where around a dozen motorcycle taxis awaited customers. The impact killed all of the drivers and the unfortunate pedestrians in its path. It then slammed into one car, then two, then three, all piling atop one another before the whole metallic bulk tipped over a gated wall that separated the street from the entrance to the national television station. Because of the location’s proximity to several hospitals and the TV station, the response was swift. When we arrived, those injured and accessible had been taken away to hospitals. No medical personnel remained. But a few unfortunate victims were still alive, entangled in the wreckage. A handful of small-scale NGO workers arrived and coordinated with the UN, using their largest machines to peel apart the mangled cars. The arms of the survivors beneath moved for long minutes, then stopped.
With no wounded to take care of, the nurse and I made rounds through the crowd that had gathered to watch the recovery unfold, doing our best to ensure that no one got too close to the bodies, to the wreckage, or injured themselves in the frenzy. As the last of the bodies fell limp and lifeless, I began to feel sick to my stomach. It was as if my organs were floating freely through my torso and my head was losing contact with my neck. The nurse led me around a corner and stood guard as I breathed between my knees until my vertigo quelled. Then she quietly walked me back into the scene.

That night was not the first time I had seen a dead body. Aside from the occasional family funeral, the first dead body I saw in person was during my training in Houston to become an EMT-B (Emergency Medical Technician – Basic Level). For one semester I went to evening classes on campus, and during the weekends scheduled 24-hour rounds with professional paramedics based in the Houston suburbs. Just as my first shift on my first round began, a call came in. We arrived to a ranch-style house to find a middle-aged woman, crying as she performed chest compressions on her motionless husband lying next to their bed. One of the paramedics leaned into me and whispered, “He’s dead. She probably doesn’t realize yet.” The other paramedic led the new widow out of her bedroom and into the kitchen to calmly explain. When she left the room, the first medic ushered me next to the body, quietly pointing out the physical signs of death and explaining how to tell – through sight and gentle touch – how long the body had been deceased. “He probably died in the middle of the night,” he said, “a heart attack, I’d bet. She probably woke up in the morning, saw him on the floor and panicked. But he’s been gone for at least a few hours.” He pointed to the bruises along his back, signs that his heart had not been pumping for some time. “Poor thing.”

One year later, on a Haitian winter’s night, the pile-up made my stomach churn. Thinking back, it was the crowd that affected me. Onlookers pushed through each other to take pictures of the dead and dying. At one point, I vaguely remember, emotion overtook my participant observation and I shouted at several crowd members who were taking pictures of the uncovered dead with their phones. I asked the UN if they had any blankets with which to cover them, to which they responded no. I was angry that the families of the dead would have to see their loved ones’ corpses on blurry text images, disgusted that the crowd was not showing more respect. Later I would learn that the news in many Latin American countries is much more dramatic than what I grew up watching. The faces of victims are not artistically obscured. But before I learned that, I would remember that this wreckage was not the first that the onlookers had ever seen. I reminded myself that while for me this was a monumental moment of carnage, just two years before this most of the people in the crowd had endured a 30-second earthquake that forever changed the city and their lives.

This final chapter dissects the ecology of medical aid that manifested as disjointed, often clashing projects in the post-earthquake humanitarian scene. I posit that there were two simultaneous clashes within the aid apparatus in Port-au-Prince, each confusing the timeline between disaster relief and development aid. The first was between individual agencies and organizations. As Haiti has been an impoverished country for many years, development organizations were present in the country long before the earthquake decimated the capital in
MINUSTAH arrived in 2004, Cuban doctors have been present since 1998, USAID, the UN and myriad small-scale and Haitian-run NGOs preexisted the 2010 disaster. The earthquake ushered in a new crop of disaster-focused organizations whose methodologies were based on immediate relief rather than the implementation of development-oriented projects such as capacity-building and institution-strengthening. For the first several weeks after the earthquake, this type of fiscally unsustainable relief was needed; but after the months passed, it was increasingly difficult to justify to the public and to the higher-ups in the aid hierarchy (UN, USAID, PAHO, WHO) why so many relief-based organizations should remain in function. Thus, a clash existed between those organizations and agencies that preexisted the earthquake and those that formed in its wake.

A second clash existed to further confuse the relief-disaster binary, internal discordance within the organizations that emerged after the January 12, 2010 quake. Those that stayed beyond the overwhelmingly agreed-upon relief timeline had to make difficult decisions about what their functions would be: whether they would remain purely attached to emergency methodologies or switch to new, development-oriented agendas and how they would promote and justify their continued presence to both donors and recipients. Internal rifts formed as young organizations searched for stable footing in a scene of post-disaster overwhelmed by foreign assistance and plagued by disagreements, both external and internal. Continuing from my larger discussion in Chapter 2 regarding the distinctions between disaster- and relief-based aid work, I focus here on the disparate population of micro-NGOs with medical foci as they changed their project methodologies over time. These internal changes are the focus of the second section of this chapter, where I outline the motivations that pushed micro-NGOs to either move from a relief- to a disaster-oriented model of aid, or, as others did, adhere to the notion that the disaster timeline had not ended, months and even years after the earthquake. In this section I describe the internal and often personal motivations of micro-NGO workers to retain an image of a Port-au-Prince that remained a context that constituted an emergency.

Critiques abound regarding the foreign aid that surged into Haiti’s capital following the earthquake. All point to a single, central issue: lack of coordination. Far from being an isolated independent sovereign nation, Haiti has, over time, become completely economically reliant upon foreign aid. A weak central government and low oversight of the workings of the vast and ever-changing humanitarian landscape creates an environment in which transient groups with flexible workers and objectives can flourish. Elizabeth McAlister refers to this body of disconnected and uncoordinated aid a “humanitarian adhocracy” (McAlister 2013). In the final section, I question this prevailing notion that the economy of aid that swept over Port-au-Prince was simply chaotic. Was it truly chaos, a confused mass of uncontrolled organizations useless to recipients and the aid apparatus itself? Or were these pockets of perceived chaos upon which journalists would long focus really supporting the broader aid economy? Finally, if this chaos was somehow functional, for whom did it function?
**Temporal Discordance in the Aid Ecology**

I designed this project in the end of 2009. The earthquake that now dominates the international public’s image of contemporary Haiti had not yet occurred, nor had cholera – a disease now endemic to Haiti – existed in the small nation. The micro-NGOs that are the focus of this chapter were not originally a focus for me, either ethnographically or theoretically, and so their entrance into my fieldwork as well as this dissertation was as ad hoc as many of their own methods on the ground. In 2010, I arrived to the scene of a post-disaster conflict zone: not a civil conflict of popular unrest, but a zone wherein the aid actors attempting to assist the physically decimated city clashed both with one another and internally. J/P HRO, the NGO that managed the tent camp in Pétionville, is a prime example of an organization that underwent internal changes in its humanitarian ethos and aid methodology. As discussed at length in chapter two, during its early tenure as the camp manager, J/P transitioned from operating solely as an emergency service – providing foodstuffs, water, and basic shelter – to resembling a more development-oriented organization with longer-term focuses. The NGO began to implement projects that, rather than working toward disassembling the post-disaster camp structure, prolonged the camp’s existence as a potentially permanent living space.

Such internal incongruences between stated function and actual activity were not unique to J/P. That organization was unique in its ability to maintain a high influx of funding, due in large part to its outspoken and famous leader, and had established itself a geographically based territory early in its post-earthquake formation. In the first weeks following the earthquake, large-scale disaster relief NGOs like J/P relied on a separate set of fledgling organizations to maintain their activities. These micro-NGOs were often unregistered or otherwise unrecognized by the UN. Their names were unfamiliar among the higher-ups of the humanitarian hierarchy: USAID, the UN, PAHO, etc. Because of their relative obscurity within the highest echelons of the aid apparatus, these micro-NGOs were able to manage small-scale and legally hazy projects that larger organizations both relied upon but could done openly undertake themselves, or they would risk damaging their reputations.

A prime example of this type of activity was dealing with physical donations stuck in customs at the international airport in Port-au-Prince. In the first six months following the earthquake, private donors flooded the airport with supplies – food, mattresses, clothing, medicine – much of which remained in storage until rotting in the heat of the storage containers (Katz 2013). A small handful of grassroots micro-NGOs made names for themselves among the larger relief organizations in the early post-disaster era by independently collecting items being held by the customs officials who demanded unregulated fees for their dispersal. The ability of these relatively diminutive NGOs to obtain these items was integral to the needs of the larger-scale organizations. Without consistent flows of food, medicine, and shelter materials, large NGOs could not effectively run the projects that private donors were supporting. And due to the legally grey nature of this activity, these highly visible NGOs could not be seen by the foreign public, which included their donors, as making these exchanges themselves. The micro-NGOs garnered a short-lived popularity among the large-scale relief organizations that emerged in the wake of the earthquake.
Over time, however, their operations became less valuable as organizations like J/P began to make the switch toward long-term projects. As an ex-employee of one of these micro-NGOs noted, their organization seemed to quickly change from being a help, warmly welcomed by volunteers in the larger NGOs, to being a liability for those with whom they interacted. The micro-NGOs had two options: either cut ties and leave, or remain, change their methods and projects, and attempt to regain their value and justification as they continued to preside in the already saturated humanitarian ecology. Just as J/P changed its projects from purely relief to a quasi-development focus, so did the micro-NGOs that stayed on past the obvious disaster timeline. By early 2012, multiple micro-NGOs with medical focuses had switched gears, merging their emergency medical backgrounds with a development plan: to create a functional, centralized emergency medical call system for Port-au-Prince and its outskirts. But the broader need for micro-NGO activity did not end when the larger organizations began to openly shun them. A study by the Humanitarian Policy Group explains that the United Nations has been struggling with its relatively new role as the oversight for short-term disaster response:

A significant effort has gone into trying to resolve the coordination issue, but the result has been a proliferation of mechanisms, units and tools that have not led to a capacity to overcome the limitations of an architecture not designed either for conflict response, or for managing divisions between components of the system over objectives and strategy...As the World Bank has increasingly eclipsed the UN in development and reconstruction, the UN has begun to identify the immediate post-conflict phase as an important niche, but has only just started to develop (or spur the development of) effective coordination and financial instruments for operations in this phase (Harmer and Macrae 2004: 27).

The aid apparatus in Port-au-Prince was caught between two methodologically irreconcilable objectives: life-saving and livelihood-producing. The former exists in the temporal immediate and the latter in the long-term, over the course of years and even generations. Where Port-au-Prince stands along this timeline of need is an important part of justifying the presence and form of aid interventions. Micro-NGOs need to highlight their sustainability in order to improve their efficacy and maintain funder support which comes at odds with the short-term operations of importing medical volunteers whose free medical care dissuades local patients from seeking and paying for Haitian healthcare. Emergency medical aid sits at something of a crossroads between relief and development aid, supplying service-based assistance that is financially unsustainable in the long run but biologically and, to many, morally essential in the immediate. These micro-NGOs reacted differently to the changing on-the-ground needs of recipients than did the larger, older organizations as, over time, the self-evident immediacy of the post-disaster evolved into a more acute engagement with development and long-term sustainability and integration of aid projects.

There are multiple ways in which one can analyze the time period that followed the earthquake and, as such, define the hazy transition from disaster relief to post-disaster
development. As we learned earlier, Maxime Boutry observed that in post-cyclone Myanmar, a distinct temporality that he calls the “early recovery period” came to solidify a tertiary period of transition that separated and distinguished the otherwise blurry transition. In this period, both disaster- and development-oriented organizations shifted their practices to collaborate and ease the transition, thereby erasing the uncomfortable competition between those organizations claiming that the region remained in an urgent post-disaster temporality and those that were professionally versed in traditional strategies of development. Port-au-Prince did not experience this calm, tertiary period that smoothed the transition from emergency to development. Rather, this transition was marked by NGOs’ and agencies’ overlapping claims to different moments of crisis and emergency that played out in contradictory practices based on the organizations’ available professional tools or expertise. In other words, the unclear nature of the time period between crisis and development was subsumed by a temporal competition between NGOs.

There is significant overlap between the terms *crisis* and *emergency*, both of which are used almost interchangeably in describing the January 2010 earthquake in Port-au-Prince. While no universally agreed-upon distinction exists, the terms can be differentiated by observing the ways in which different aid methodologies perceived the post-earthquake condition and reacted to the disaster event. Janet Roitman describes crisis as “a narrative devise” that, “by serializing events...selects or privileges both events and series of events on the basis of particular epistemological criteria” (Roitman 2013). This serializing of events that the crisis narrative allows differs from the emergency model of conceiving of a disaster event. The conception of an event as an emergency singularizes that event and promotes a reaction based upon immediate conditions of the affected persons, removing historical context that the crisis narrative includes. Sociologist and historian Craig Calhoun describes “the term “emergency” [as] a sort of counterpoint to the idea of global order.”

Things usually worked well, it was implied, but occasionally went wrong. Emergencies were the result, and they posed demands for immediate action. Neither calamities nor population displacements were new, but this way of understanding their human consequences and ethical implications was. Taking hold of these events as emergencies involved a specific way of understanding them—what I have called “the emergency imaginary”. This is the complement to growth of humanitarian intervention on a new scale (Calhoun 2008).

Crisis differs from emergency in that thinking about or responding to crisis involves an active selection process of pre-crisis events that led up to a seminal event. In the case of Port-au-Prince in 2010, interpreting the earthquake as a *crisis* involved a knowledge of past crises or crisis-causing episodes. Development agencies present in the country prior to the earthquake and cholera outbreak(s) understood that crises were both cyclical and endemic. They focused, therefore, on an implied post-crisis temporality. On the other hand, newcomers and emergency-focused responders interpreted the post-disaster setting as an ongoing condition of emergency. Where development organizations saw the potential for institution-building and the end of the disaster timeline, emergency organizations remained focused on the vast
numbers of urban residents still living in squalor, dire medical conditions, and often urgent need.

Erica James researched a sub-population of vulnerable Port-au-Prince residents known as viktim; in the case of her work, women who were raped or otherwise physically or psychologically abused during the internal conflict that plagued Port-au-Prince during the mid-1990s. “There was no past to their trauma,” she writes, “only a constant present” (James 2010). It is not solely the sheer overabundance of aid that is creating this adhocracy, but a dispersal of different aid activities along a timeline of intervention that defines when and in what form Haiti’s needs should be addressed. Medical aid workers and their organizations’ leaders inscribe particular notions of the temporality of aid through their treatment of the patients and their production of medical emergencies that require flexibility of practice or marketed as being in juxtaposition against medics’ competing personal needs and desires.

**Anatomy of Emergency**

About one year after the earthquake, I sat in the shade of a lush tree overlooking the sprawling Pétionville tent camp. An EMT-Basic from the United States reminisced about the chaotic weeks she spent volunteering with various NGOs after the earthquake.49

"I practiced suturing on mangos," she told me, smiling. "They feel almost like real skin."

Suturing – the sewing of deep, fresh wounds in order to quickly close the skin and prevent excess bleeding – is outside what is known as the *scope of practice* for EMT-Basics. A scope of practice describes the specific medical tasks that each level of emergency medical technician (from basic through paramedic levels) is permitted to perform while on duty. Basic level certifications require working alongside a higher-level medic, typically a paramedic, and disallows such in-depth incisions as required in suturing.50 The medic would not have been permitted to perform that task in her home state. Although not openly advertised, one draw for medical volunteers in coming to an extremely impoverished, post-disaster setting like Haiti is the ability to operate outside of their scopes of practice: the set of established technical skills to which different levels of medical personnel must adhere in their home countries and states. Haiti lacks a formal, centralized emergency medical system. An emergency phone number is technically available but is rarely functional. There is no city- or country-level ambulance system, meaning that Haiti has no professional or legal equivalent of an emergency medical technician at any level. In the absence of standardized structure, lower-level medical professionals could enjoy expanded autonomy and freedom during their time in Haiti. These legal and ethical boundaries were easy to cross. “If you wear a stethoscope and scrubs, you

---

49 Although specific levels vary from state to state, in general U.S. ambulance workers share a classification as Emergency Medical Technicians (EMTs). Within this broad classification, their professional levels range from the EMT-Basic, typically requiring six months of training, to EMT-Paramedic, requiring up to two years of training.

50 In the United States, scopes of practice vary from state to state.
look like a doctor, and they [the patient] will treat you like one.” Litigation against undertrained medical workers was extremely rare.51

This flexibility in medical scopes of practice did gradually receive negative attention. In response, some NGOs began to implement regulations framed on the models of practice in their home countries in an attempt to standardize urgent care and assert some level of control and accountability over, in particular, their short-term workers and volunteers. However, the expansion of one’s typical medical duties is a common draw for medical aid workers and the short-term volunteers that often supplement micro-NGOs’ finances and human capacity. These medical workers often justify their flexible practices by citing the lack of immediate alternatives for individual patients at hand. *Any care is better than no care at all* was a sentiment echoed many times during my interactions with small-scale medical NGOs. This logic falls in direct opposition to the ethos of development-oriented actors, who are primarily concerned with improving institutions in order to reduce the condition(s) of vulnerability. Development actors often distrust the short-lived, small-scale relief organizations, believing that their actions will not only exacerbate preexisting vulnerabilities but simultaneously create parallel healthcare networks that are neither regulated nor standardized.

The justification of such flexible practices comes from the concept that Port-au-Prince was, at the time of the medical practice, in a relief temporality that ethically called for urgency. Historian and anthropologist Michel-Rolph Trouillot reminds us that the construction of history is a powerful tool, and how we choose to remember – or not – different moments in course of Haiti’s development can have powerful impacts on how the international community reacts to pressures to intervene today. In previous chapters we saw how the reminiscence about the 1804 revolution by Chávez was important in establishing a diplomatic and humanitarian relationship with Haiti that differed from other major donors. In a similar vein, aid agencies and organizations recalled different moments in Haiti’s more recent history, basing their efforts on either a particular moment of disaster or an ongoing crisis. As the earthquake fell into the confines of the past, and the negative effects of a massive and uncoordinated NGO presence began to overshadow the utility of free aid in the short-term, micro-organizations unequipped to engage with large-scale projects concerning governance reoriented their purported foci around new or seemingly incipient disasters. The ecology of small-scale, medically-oriented NGOs was divided into separate niche markets based on differing notions of what marker of need was most relevant at the time; that is, notions not about whether the disaster period had ended, but which disaster called for immediate engagement. Whichever incident each organization took as its primary focus inevitably affected its objectives, methods, and ethos.

51 The only instance that I knew of occurred in December 2010, when a medical relief worker was arrested and jailed for one month in Port-au-Prince when the family of an infant who he had helped treat sued after the baby died (Kosloff 2010). The aid worker and his brother had formed a micro-relief NGO after the 2010 earthquake and were volunteering at a local hospital. While no doctors were present, one of the brothers attempted to treat a mortally ill infant, apparently performing a procedure that his low-level medical certification did not allow. After the baby died, the family sought litigation. However, the man was not sued because he overstepped his professional area of expertise, but rather under charges of a religious-based form of soul kidnapping, the parents alleging that he had stolen the soul of their infant son (BBC 2010).
Indeed, Port-au-Prince was ripe for multiple, simultaneously accurate yet contradictory conceptions of its place on the (post-)disaster timeline to emerge.

Those familiar with Haiti’s recent history knew that the country had been long caught in a cycle of continual political, social and financial crises, manifesting in Port-au-Prince as overwhelming abject urban poverty. This condition long preexisted the earthquake. Prior to the quake, people lived in tents, rape was extraordinarily common, and unemployment soared. Although the earthquake was undoubtedly the worst single disaster by body count that Haiti had ever endured, it was not the sole cause of the endemic issues that lived on after it struck. However, those unfamiliar with Haiti’s political and social situation or those whose NGOs focused on small-scale, relief or short-term reconstruction efforts could easily view the decimated city as a prolonged emergency. Indeed, infrastructural reconstruction lagged. Buildings remained *kraze*, Haitian Creole for *broken*, for months and some even years after the earthquake that felled them. In June of 2010 I passed flatted buildings where bodies had yet to be recovered, six months after they were killed. Although the city did not have a central sewage system before the earthquake, it was easy for newcomers to have a visceral reaction to the sight of mothers bathing their children in gleaming runoff and the smell of rotting trash, burning tires, and human waste as a clear sign that Port-au-Prince was ill-prepared to enter the development stage and needed, instead, continued relief labor. The cholera outbreak that began several months after the quake served only to prolong or even restart this timeline of urgency that fueled disaster-oriented NGOs.

NGOs staffed wholly by professional emergency medical workers would be likely to view the city as an ongoing disaster zone, whereas organizations whose founders had backgrounds in law, community advocacy, or other “soft skills” would tend toward altering their organizational objectives toward longer-term, more traditionally development-oriented work. The perception of immediacy among emergency-focused NGOs could be observed in their responses to individual patients’ urgent needs. When a worker encountered a medical emergency, they would treat it as a singular event that outweighed both the risks and the regulations that would otherwise bar the patient from receiving treatment. In Port-au-Prince, foreign medical professionals are given preferential treatment over local professionals as well as patients. When an micro-medical NGO aid worker encountered what they determined to be a medical emergency, they would use their status to grease the wheels at a gated hospital entrance, flashing an NGO ID to get their patient inside before the long line of patients unaccompanied by foreigners. At times, these medical workers would step outside of not only these blurry ethical boundaries, but also expand the professional barriers that would have legally barred them from action in their home countries.

At no time was this flexible expansion of professional techniques clearer than during the various outbreaks of cholera that followed the disease’s initial spread in October 2010. Although Port-au-Prince is one of the largest cities in the world with no sewage system, and thus was believed to be highly susceptible to succumb to the disease, cholera maintained its firmest holds in the rural outskirts of major cities (Knox 2012). While sewage in Port-au-Prince was and remains to be problematic, city residents have access to alternative sources of drinking
water: baggies of imported water were sold by street vendors and bleach and chlorine tablets available were through various NGOs to cleanse drinking water. The justification for the practice of expanding one’s professional expertise was most often based upon the claim that in an emergency, the scope of practice dissolves in order to help the patient. As we have discussed, this logic is broadly accepted by disaster- and development-oriented agencies and organizations alike in the immediate wake of a large-scale disaster. When healthcare facilities are overwhelmed, the expansion of one’s scope of practice is conceived as necessary to save the most lives.

Outbreaks of cholera that continue to emerge throughout the country ostensibly restart the timeline of disaster, wherein medical aid workers are most likely to demonstrate the greatest flexibility in their professional judgments and operations. One small cholera outbreak a few hours outside of Port-au-Prince drew both low-level medics and non-medically trained individuals. Donning medical scrubs and wearing stethoscopes, they pushed past local nurses to attempt to start an IV on a particularly ill patient. The non-medic took flash photographs of the patient – another example of an action that would not be tolerated by medical professionals in the United States – while the lowly trained emergency medic poked wildly at the patient’s arm, failing to find a vein for several minutes. This behavior, tolerated to a large extent in Port-au-Prince, was even easier to get away with in the rural outskirts of the city, where few eyes watched and residents had no mechanisms for filing complaints. The patient’s body became the site of a humanitarian impulse rather than a part of a broader humanitarian imperative.

The impulse of philanthropy is spontaneous and has its own beauty: when giving is unregulated, it becomes deeply moving, an act of freedom. Yet, this poignant impulse to relieve suffering threatens rationalized charity that focuses on the long-term alleviation of need. Just as impulses do not focus on results, impulsive philanthropy is condemned as outside of reason (Bornstein 2009: 623).

**The Utility of Chaos in the Relief Economy**

As established in previous chapters, the power of the Haitian government has greatly dissolved through a long series of foreign diplomatic pressures and interventions self-defined as humanitarian. The very agencies that seek to dissuade the creation of parallel economies have, in something of an ironic twist, “created a parallel state more powerful than the [Haitian] government itself” (Ramachandran and Walz: 37). International observers have raised concerns about the specific uses of the billions of dollars in donations promised to Haiti in the wake of the earthquake, particularly questioning the large-scale agencies and organizations’ lack of accounting for large swaths of money. “These entities have built an alternative infrastructure for the provision of social services, but do not have much accountability to the Haitian government or people” (Ibid). Recently, the American Red Cross (ARC) came under fire after the release of a damming report claiming that the ARC fulfilled almost none of its promised projects and cannot account for the millions of dollars it received in post-disaster
funding (Elliott and Sullivan 2015). The ARC declined to comment on the report’s claims in detail, instead citing the institutional barriers present in the Haitian government – in particular the disorganization of land titles and rights – that prevented the organization from constructing the new homes for the displaced persons that were a major part of their projected projects.

The ARC’s response points blame for its lack of financial accountability not inward, but toward the weakness of Haitian institutions. This response, which garnered open support from such activists as J/P HRO founder Sean Penn, bolsters the notion that foreign intervention has not only underperformed in resilience-building projects but has, rather, weakened the Haitian government’s ability to attain financial and political self-reliance. The idea that the government of Haiti is incapable of managing large amounts of financial aid independent of external oversight is widespread in the international foreign aid community. Indeed, a UN report found that “only 2.4 percent of humanitarian funding from bilateral and multilateral donors in 2010 was recorded as relating to cash transfer programs,” meaning aid that flows directly into the hands of the affected people (UN 2012). Less than one percent of promised earthquake relief aid was channeled through official Haitian government bodies: “Ninety-nine-point-one percent of humanitarian funding after the quake had gone to NGOs and the Red Cross movement, contractors, or UN agencies, or had stayed with the foreign governments themselves” (Katz 2013: 130).52

Various authors have described the financial phenomena that maintain global flows of international humanitarian aid as grant economies (James 2010), gift economies (Mawdsley 2011), and bureaucracy (James 2010), and compassion economies (James 2010, 2012). All share one common characteristic: that the flows of aid – whether financial or fueled by human capital – are not brokered through the government of the country in need or even the recipients of the aid itself, but rather by the foreign governments, agencies and organizations supplying them.

Typically, the political and economic transition brokered for fragile or failed states are crafted by actors whose decision-making processes are not transparent and who are not ultimately accountable to those in whose territories they intervene – whether by territory one refers to geographical locations, economies, or the bodies and minds of citizens (James 2012: 51).

Jakob Rigi borrows the phrase “the chaotic mode of domination” (Nazpary 2002) to describe the internal networks of power that fueled the Russian war against Chechnya in the mid-1990s.

The core principle of the chaotic mode of domination is the personalization of power relations in combination with patronage networks. In such a mode of domination, political power is fragmented while patronage networks compete in a chaotic way with

---

52 This was due in no small part to the general global distrust of the Haitian government, which – especially since the father-son Duvalier dictatorship – has been labeled as inherently corrupt and therefore untrustworthy with large sums of aid money (Katz 2013).
each other... [As a result], the interests of various networks take precedence over the interests of the state and nation as a whole. In such a context, war occurs between networks rather than nations (Rigi 2004: 144).

The view of aid as a competitive market holds to Rigi’s conception of chaotic governance in that humanitarian organizations are reactant to funding mechanisms rather than recipient needs. They self-sustain, and their continued presence self-actualizes the perception of Haiti’s cycle of dependency upon the aid apparatus. In an emergency as complex as post-earthquake Port-au-Prince, this competition between disaster- and development-oriented aid organizations was easy to maintain. It was as easy for organizations that needed the conditions of the city to reflect an urgent humanitarian need as it was for development organizations and agencies to claim that what earthquake survivors needed was a long-term plan for creating resilient institutions. Organizations clinging to the crisis narrative that Roitman describes merely needed to look into Haiti’s recent history to demonstrate that the country is plagued by continual crises, and therefore the reactions of “urgent humanitarianism” are not ultimately useful for the country (Topping and Farrell 2015). Similarly, the slow pace of reconstruction that followed the earthquake, as well as the subsequent cholera outbreak that resulted directly from one of the country’s main – albeit controversial – humanitarian agencies, allowed sufficient fodder for emergency-based NGOs to justify their continued presence.

The economy that dominated the post-disaster humanitarian landscape of Port-au-Prince was an economy of a different sort, one that thrived on the very disorganization that its own implementing agencies condemned. The vast and complex ecology of aid that made Haiti and Port-au-Prince in particular the “Republic of NGOs” was sustained by an economy of chaos. The micro-NGOs simultaneously expanded the post-disaster timeline to allow for emergency conduct to be justified while dividing the collective post-disaster period between distinct disasters. This allowed NGOs to maintain a conceptual distance from other organizations that would otherwise have been seen as competitors on the ground. It eased tensions between humanitarian NGOs, dispersing competition, and removed the pressure of total responsibility for all successes – and failures – from the UN oversight committees. Thus, this economy of chaos allowed for a hyper-saturated web of foreign aid that supported a body of NGOs much more immense than would otherwise have been possible to maintain.

Recall the story of the small NGO carrying medical supplies to a minor outbreak of cholera that I laid out in the introduction of this dissertation. While their intervention had been publically solicited, it had not been officially sanctioned by the UN and its partner agencies. Although the NGO violated the standards set forth by the UN to create a coordination among healthcare projects throughout the country, focused specifically on emergency- and disaster-based interventions, recall, too, that the only punishment the NGO received was an early-morning verbal reprimand by a small group of OCHA employees after their work in the villages had been completed. The lack of coordination that predated the earthquake and then flourished in its wake was actually in the best interest of the UN oversight committee as well as the individual NGOs. The UN’s self-decided responsibility to coordinate life-saving projects
prohibited the organization from actually implementing such activities on its own. While it could not publicly praise the activities of NGOs that strategically avoided compliance under the UN umbrella, the UN did, in fact, prosper from their work. Lives were saved by many of these micro-NGOs. Livelihoods were created by NGOs whose territories were geographically situated in communities into which the UN did not have the jurisdiction or capacity to enter. When NGOs overstepped the legal or professional bounds or created parallel projects and economies, the United Nations was able to publically distance itself from their actions by implying that what occurred outside of OCHA’s oversight was also outside of the UN’s scope of responsibility.

Many of the organizations that I studied between 2010 and 2012 are now defunct. I returned to Port-au-Prince in January, 2014 for a brief visit over the fourth anniversary of the earthquake. In November 2013, Typhoon Haiyan made landfall in the Philippines. Following the pattern of international response that followed the 2010 Haiti earthquake, waves of international media and aid flooded the archipelago. Many were the same actors that had descended upon Port-au-Prince four years earlier: the United Nations, as an oversight body, and numerous small-scale NGOs. By the time I visited Port-au-Prince less than two months later, many of the micro-NGOs whose humanitarian extensions in Haiti lasted over the full course of my fieldwork and into 2013 had abandoned their work, relocating to the Philippines. The next big disaster had taken hold. Haiti, its earthquake, its cholera, its citizens, and its institutional enigmas, now lay in the history books of many of the NGOs that once consumed its humanitarian landscape. The strategy of disaster jumping does not only occur between faraway nations and faraway disasters, but within singular nations, between individual urgent events. Moving from the earthquake to cholera to the perceived imminent threat of a new eruption of water-borne disease still lurking in the hidden aquifers served to prolong emergency-oriented NGOs’ justifications for their continued presence in the post-disaster scene because it was always possible to reconstruct the country’s condition as urgent. Internal disaster jumping did not only justify the continued use of emergency aid methods, but also allowed for an immense body of small- and large-scale NGOs to distance themselves from one another. While they worked in the same geographical territory of Port-au-Prince (and, occasionally, its cholera-effected outskirts), they worked on distinct timelines based on different disaster events, thus avoiding direct competition in the field.

The existence of opposing narratives of the disaster-development timeline also served to preserve the political reputations of the organizations and the countries that fiscally supported them. That certain NGOs viewed Port-au-Prince as remaining in a condition of emergency not only fueled the expansion of medical aid workers’ technical skills and responsibilities, but also served to support the broader notion that there was a continued, legitimate need for foreign aid: not just any foreign aid, but a specific model of foreign aid. The flexible medical infrastructure publically decried by Western media was largely enacted by Western, neoliberal citizens. While the UN nominally criticized the actions of these micro-NGOs, they represented a model of neoliberal flexible humanitarian production that opposed the compassionate solidarity a model of foreign aid that represents a neoliberal model of flexible production as opposed to the model of compassionate solidarity that the Cuban-Venezuelan Bolivarian medical presence attempted to embody. Thus, the chaotic ecology of
humanitarian organizations served to at once prolong Haiti’s cycle of foreign dependency, allow for a widely expanded competitive ecology of aid organizations to take root in a single city, and indirectly promote particular political affiliations in the political “no-man’s land” that Haiti exemplified.
**Bibliography**


2013  Chodor, Tom and Anthea McCarthy-Jones. “Post-Liberal Regionalism in Latin America and the


2009 Jayasinghe, S. “Contracts to devolve health services in fragile states and developing countries: do ethics matter?” *Journal of Medical Ethics*, 35.9 (552-557).


2004 Munro, Martin. “Can’t Stand up for Falling down: Haiti, Its Revolutions, and Twentieth-Century


