

The Impact of Economic Sanctions on Health and Human Rights in Haiti, 1991–1994

Elizabeth Gibbons, MA, and Richard Garfield, DrPH, RN

ABSTRACT

Objectives. This report examines the impact of an economic embargo from 1991 to 1994 on health, well-being, and human rights in Haiti.

Methods. Data from surveillance systems for nutrition, reportable diseases, and hospital diagnoses were combined with survey data and interviews with affected women, governmental representatives, diplomats, and staff of nongovernmental organizations.

Results. Changes included declining income, rising unemployment, poorer nutrition, declining infant mortality, rising mortality among 1- to 4-year-olds, decreased attention to children's well-being and education, and family breakdown. Survival strategies among poor Haitians included changed dietary habits, informal-sector economic activity, moving in with relatives, selling domestic goods, increased informal unions among couples, decreased school attendance, and indentured servitude among children.

Conclusions. The implementation of economic sanctions in Haiti resulted in extensive violations of rights; the impact was greatest on the most disadvantaged Haitians. Many Haitian and international supporters of democracy were unaware of the extensive negative impact that sanctions could have. The impact continues now, 5 years after sanctions ended. Modified policies reduced some of the burden of sanctions, and international assistance prevented what otherwise might have become a humanitarian disaster during sanctions. (*Am J Public Health*.1999; 89:1499–1504)

When Jean-Bertrand Aristide became president of Haiti in February 1991, one half of the labor force was unemployed, one half of all adults could not read, one fifth of all children had never attended school, and one third of the population lacked access to modern health services.¹ A military coup ousted Aristide in September 1991, and economic sanctions were initiated by the United States and the Organization of American States (OAS) in October. Initial sanctions froze Haitian government assets in the United States and prohibited foreign aid to the de facto regime. Later, they were expanded to include the prohibition of most imports and exports, restriction of commercial flights, and a freeze on arms and oil shipments.

Multilateral economic sanctions, such as those imposed by the United Nations (UN), were applied only twice prior to the dissolution of the Soviet Union in 1991. Since then, the UN has instituted sanctions against 11 other nations.² Sanctions are associated with reported declines in health and welfare in Cuba,³ Iraq,⁴ the former Yugoslavia,⁵ Burundi,⁶ and Nicaragua.⁷ The embargo on Haiti generated a large-scale humanitarian response from the international community. It thus provides a good subject example of the potential and limitations of such assistance.

Embargoes should be conducted in a way that prevents unnecessary suffering. Here we evaluate the human impact of sanctions on Haiti and effects of international humanitarian programs.

In a poor country with few or unreliable baseline statistics, it is difficult to monitor changes in key indicators of human welfare and almost impossible to isolate the various effects of these changes. This was certainly true of Haiti during the 1991 to 1994 period of de facto government, known as *La Crise* or "The Crisis." We review data from national surveillance systems, service statistics from humanitarian organizations, and special studies on employment, income, nutrition, mortality, and reportable diseases conducted before, during, and after the imposition of economic sanctions. Personal observations by one of us (E.G.) who resided in Haiti throughout the sanctions period and interviews with other key participants in the humanitarian response supplement these sources.

Economic Impact

The embargo on Haitian exports, instituted by the OAS in 1991 and partially lifted by the United States in February 1992, was associated with the loss of 29 780 jobs in Haiti's garment, electronic, sports, and toy assembly industries. By January 1994, only 44 of the 145 garment factories operating in 1990 were still in business.⁸ The number of workers employed in the assembly industry sector declined from 44 000 in September 1991 to fewer than 8000 in May 1994.⁹

Women, who made up 80% of the assembly industry workers¹⁰ and at least one third of whom were heads of households, were hardest hit. With an average of 6 dependents per worker, the boycott on assembly products meant that close to a quarter of a million Haitians lost their principal source of income. In addition, closing the factories eliminated income among those in the informal sector (again, primarily women), which provided workers with meals and other services. The embargo was associated with the loss of an estimated 200 000 jobs in the formal employment sector over the course of 3 years, affecting more than a million people, or close to 15% of Haiti's population.

At the same time that formal employment was plummeting, the embargo resulted in a major rise in the price of imports. By the summer of 1994, a gallon of gasoline cost US \$10. Shortages of fuel meant that agricultural products could not reach the capital, where close to 30% of Haitians reside. In addition, whereas food imports (which in 1991 provided 27% of the calories needed by the population¹¹) were exempted from the embargo, their delivery was often delayed owing to the lack of vessels entering Haitian ports. After November 1993, when the country was blockaded by the US Navy, ships with con-

Elizabeth Gibbons is with the United Nations Children's Fund (UNICEF), New York, NY. Richard Garfield is with the School of Nursing, Columbia University, New York, NY.

Requests for reprints should be sent to Richard Garfield, DrPH, RN, Box 6, 630 W 168th St, New York, NY 10032 (rmg3@columbia.edu).

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tainerized cargo, including food, were turned back because they could not be inspected.¹² The embargo on agricultural inputs, particularly fertilizer and seeds, accelerated a long-term trend of declining agricultural output. The production of staple crops fell by more than 20% compared with precrisis years. From September 1991 to September 1994, the price of rice increased 137% and the price of corn increased 184%.¹³

By August 1994, the embargo had prevented the export of \$15 million of coffee and cocoa, \$12 million of mangoes, and \$14 million of essential oils.¹⁴ A 40% increase in the production of charcoal¹⁵ compensated for some of this lost income while it accelerated deforestation and erosion, as an additional 7500 trees were cut down each month. In the 3 years following the coup, Haiti's per capita income decreased 30%, to \$250 per year, while inflation was 138%.¹⁶

Although downward trends in both industrial and agricultural output had existed in Haiti since 1986, the rate of decline accelerated from 1991 to 1994. In the 5 years from 1986 to 1991, assembly industry employment declined 7.5%¹⁷; between 1991 and 1994, employment in this sector plunged 80%. Similarly, since the early 1980s, agricultural production had been declining at an average rate of 1.3% per year.¹⁸ Had the same trend continued between 1991 and 1994, output would have declined a further 5.2%. Instead, it fell 20%—nearly 4 times faster.

Survival Strategies

The 80% of Port-au-Prince families living in marginal areas without basic services were the first to feel the impact of repression and the embargo. Some 300 000 people fled the city for rural areas. Though poor and living at subsistence level, farming families were able, by depleting food stocks, to provide for some of the survival needs of their unemployed urban relatives. In addition, during the crisis, international food aid was more plentiful in rural areas.

Another cushion consisted of remittances from abroad. In the rural Northwest Department, an average of 32% of households reported receiving remittances.¹⁹ Since most remittances pass through informal channels, it is difficult to estimate how much they contribute to the Haitian economy and family budgets. From 1989 to 1991, the Republic of Haiti's Central Bank processed, on average, \$121 million of such payments per year²⁰; this amount was sufficient to cover the estimated household deficits of some 77 560 low-income households. Under a US Presidential Order in June 1994, remit-

tances were limited to \$50 per sender per family per month, or barely one third of the sum that such low-income households would need to cover their deficits.²¹

To raise income, many people sold personal assets. In a 1994–1995 survey of the Northwest Department, 32% of respondents reported having sold utensils, jewelry, or other objects of value in the previous 6 months.²² In poor urban areas, families even sold tables and chairs. In one neighborhood of Fort Liberté, 42% of households owned a television set in 1986; by 1993, only 11% owned one. Similarly, only 55% of marginal households had electric service in 1993, compared with 90% in 1986.²³ To compensate for the sale of basic assets and to reduce housing costs, families moved in together. In the 1986 survey, 53% of households had 3 or more residents per room; by 1993, 73% of households lived in such crowded conditions. Women, especially those with children, were more likely to continue living with abusive partners, and formal unions became less common.

Informal-sector employment was the first economic refuge for the workers laid off from the assembly factories. This included food preparation, tailoring, barbering, shoe polishing, tire repair, handicraft production, and petty commerce. In 1993, 39% of men and 29% of women living in marginal areas worked in the informal sector. With a national decline in purchasing power, the absorptive capacity of the informal sector was limited: 27% of men and 12% of women stated that they had no remunerative work of any sort. Even more were unemployed in 1994, as the embargo forced the small shops and businesses owned by Haiti's middle class to close. Women, whose dominant economic activity in both urban and rural areas had been trade, were required to spend more time away from home, seeking sales at more distant markets.

Some Haitians engaged in contraband activities, especially the retail sale of black-market gasoline and kerosene. Prostitution, either of oneself or of one's daughter, increased. Despite these efforts, formal unemployment stood at 75% in November 1994,²⁴ compared with 50% in 1991. Two of every 5 Haitians active in the agricultural sector were unemployed.²⁵

Declining incomes forced people to reduce household expenditures. The quality and quantity of foods declined. The dominant staple food changed from rice to plantains and then to breadfruit. The time mothers spent at the market or traveling in search of income also reduced the time they had for meal preparation, breast-feeding, and other child care activities. An embargo-induced shortage of propane gas resulted in an 18%

increase in charcoal consumption and a price rise of 82% between August 1991 and June 1993.²⁶ In the rural Northwest, 2 meals a day is typical; during the crisis, in 70% of households only 1 meal a day was eaten, and 17% of households were reduced to eating every other day.²⁷

Education

Three quarters of Haiti's primary schools are private. After the coup, most schools closed for almost 6 months. Violence and the embargo closed schools an additional 2 months in the 1992–1993 academic year.²⁸ The gasoline embargo forced further school closings or reductions to 3 days of classes per week.

Gross school enrollment fell from 83% in 1990 to 57% in 1994. Many families sent their children to school in turns, rotating attendance among siblings. For those children lucky enough to remain in school, political turbulence between 1986 and 1994 and the withdrawal of foreign aid for education (all education was considered developmental and did not qualify for a humanitarian exemption), resulted in a pass rate of 7% among those taking the baccalaureate examinations in 1997,²⁹ down from 43% in 1991.

Increasing poverty forced rural families to resort to the traditional practice of placing children in domestic service with relatives in the cities. In exchange for housework, such children (called *restavek*, literally “stay with” in Creole) are supposedly (but rarely) provided food, clothing, and education. Between 1991 and 1995, the population of *restaveks* is estimated to have increased from 250 000 to a quarter of a million. Seventy-five percent were girls³⁰; almost none of them went to school.

Children not in school were often left unattended. UNICEF estimated that from 1991 to 1994, the number of street children doubled to 4000. The population of incarcerated children, rarely more than 15 during the 1980s and 31 in 1991, swelled to more than 100 during the period 1992 to 1994. The common charges against these children—murder, criminal conspiracy, drug use, and burglary—were far more serious than those of a few years before.³¹

Nutrition

Prior to the coup, average calorie consumption was 80% to 90% of recommended levels. Fewer than 5% of babies in the capital were exclusively breast-fed. The price of baby formula in Port-au-Prince markets increased 283% from November 1991 to

September 1994.³² Throughout the crisis, preschool children in Port-au-Prince suffered higher levels of malnutrition than did children elsewhere in Haiti, with the exception of the drought-prone Northwest. Data from 42 health facilities across the country showed that 18% of clinic attenders younger than 5 years were moderately or severely malnourished in 1993. In Port-au-Prince facilities, 21% were moderately or severely malnourished in 1993. By September 1994, the rate had risen to 24% in the same 42 health facilities³³ and the rate in areas outside the capital had deteriorated to the level of Port-au-Prince.

According to the national 1994–1995 USAID-financed Demographic and Health Survey, 7.8% of children younger than 5 years had acute malnutrition, compared with 3.4% in the 1990 survey.³⁴ An important factor in the increase in malnutrition was mothers' absence from the home owing to economic activity. The 1994 survey showed that 18% of Haitian women had protein-energy malnutrition; for rural women the rate was 21%.³⁵ Estimated rates of low birthweight increased from 10% to 15% of newborns.

Medicines, Vaccines, and Epidemics

A shortage of transport meant that prices increased on all imports, including essential drugs and medical and other humanitarian supplies. The longer lead times required to resupply depleted stocks (including raw materials for the 2 Haitian pharmaceutical producers) resulted in scarcities that further inflated prices.³⁶ Gasoline shortages caused medicines to become especially expensive in outlying provinces. In August 1993, penicillin and intravenous fluids cost 3 times and acetaminophen and antihistamines 5 times what they had in 1991.³⁷

A shortage of kerosene and propane led to the collapse of the national "cold chain" for vaccine refrigeration; this, combined with the closing of many state health institutions and political constraints on providing vaccines to those that remained open, led to a reduction in the complete immunization coverage of children, from an already low 40% in 1991 to 12% in 1993. This breakdown in the national immunization program contributed to a measles epidemic from June 1991 to November 1993; 10% to 14% of these cases were fatal. An unusually high 20% of cases occurred among children older than 5 years.³⁸

The maternal mortality rate in 1994 was estimated at 450 per 100 000 births,³⁹

an increase of 29% over 1989. The causes of this dramatic increase likely included poorer nutrition, lack of emergency services for high-risk pregnancies, decreased access to transportation from remote areas, and an increase in poverty-related abortions. The cost of transport to a regional hospital rose to \$100 owing to the shortage of gasoline, spare parts, and highway security. Because the average rural household expenditure on health care was \$13 in 1990,⁴⁰ women with obstetric emergencies were restricted to whatever care was available locally.

Water and Sanitation

Sanctions cut off the supply of spare parts for pump repair, created scarcities in water purification products, and resulted in fuel shortages for water pumps. Drinking water output declined by 30% to 50% during the first 18 months of the crisis.⁴¹ The percentage of Port-au-Prince residents having access to potable water dropped from 53% in 1990 to 35% in 1994. Fecal contamination affected 14 of 17 springs feeding the capital's water supply system.⁴² Most marginal urban areas depend on commercially trucked water to fill community cisterns; high fuel costs raised the price of this water. Many of the urban poor, 93% of whom purchase their water in buckets,⁴³ no longer resupplied their cisterns or purchased sufficient bucketfuls. Unless living in an area where humanitarian agencies subsidized water supply, most of the urban poor were forced to reduce consumption or to use contaminated sources.

In 1990, a third of rural inhabitants had access to potable water. In 1993, a study of 110 rural water systems built over the previous 10 years demonstrated the majority to be contaminated or in disrepair.⁴⁴ Community water management committees had played an important role in maintaining water systems. Supply problems stemming from the embargo were compounded by political repression, resulting in less-active committees and reduced maintenance.

In Port-au-Prince, where 3.4 million pounds of trash were produced daily,⁴⁵ huge piles of garbage blocked the main arteries as fuel shortages stilled sanitation trucks.⁴⁶ In late 1993, a group of community organizations appealed to the media for the fetid garbage to be removed. "We cannot live here like pigs!" they protested. The US Agency for International Development (USAID) then provided funds through local nongovernmental organizations (NGOs) to perform essential sanitation services.

Child Mortality

The 1994–1995 USAID-financed Demographic and Health Survey found that between 1987 and 1994, the mortality of children 1 through 4 years of age rose from 56 per thousand to 61 per thousand.⁴⁷ (A rate this high last occurred in 1977.) During the same period, infant mortality declined 38%, from 101 per 1000 to 74 per 1000. Among the country's 237 000 infants, the total number of deaths are thus estimated to have declined by about 6400 per year, while among the country's 882 000 1- to 4-year-olds, 4400 excess deaths are estimated to have occurred per year. Average life expectancy for Haitians decreased by 2.4 years during the crisis; in 1994, it stood at 54.4 years.⁴⁸

Much of the increased mortality among children aged 1 through 4 years was due to a measles epidemic from June 1991 to November 1993. The Immunization Program Technical Committee (Comité PEV), composed of representatives of the Pan American Health Organization/World Health Organization (PAHO/WHO), UNICEF, bilateral donors (notably USAID and French Cooperation), Haitian and international health NGOs, and representatives of the constitutional Ministry of Public Health, debated whether a measles campaign should be launched. The Constitutional Government argued that the security situation did not permit large crowds to assemble around health posts, because there was a risk that they would be attacked by military forces. In addition, a large-scale campaign would have to use state structures and thus would lend legitimacy to the de facto government. Representatives and supporters of the Constitutional Government prevailed upon the committee to delay the measles campaign until President Aristide returned.⁴⁹

UNICEF (which provided 90% of Haiti's vaccines against all childhood diseases except polio) accepted the decision against a measles campaign but continued to provide such supplies to health centers. Other UN agencies also developed alternative strategies for reaching vulnerable groups. PAHO/WHO, the principal channel for donor assistance to the health sector, assumed many of the roles of a Ministry of Health.⁵⁰ The United Nations Family Planning Association (UNFPA) obtained an expansion of the humanitarian criteria so that contraceptives were included in the list of WHO essential drugs. UNFPA and USAID sustained a family-planning program through NGOs. The World Food Programme and the UN High Commissioner for Refugees were also present throughout the crisis.

In 1994, UNFPA struggled with a US pharmaceutical company that refused to ship

its product, the most popular contraceptive among Haitian women, for fear that it might not be exempt from the sanctions.⁵¹ It took more than a month for the Security Council's Haiti Sanctions Committee to draft guidelines granting humanitarian exemptions⁵² and another month to finalize them.⁵³ In the interim, shipments into Haiti—including 24 000 vials of measles vaccines—were delayed or canceled by wary suppliers.⁵⁴

By August 1994, 400 health institutions had received essential drugs worth \$2.3 million and more than 3550 other deliveries worth \$4 million through the humanitarian agencies.⁵⁵ In late 1993, to ensure the supply of health services and the delivery of food aid, the UN and the OAS authorized the establishment of a humanitarian fuel program, to be directed by PAHO/WHO. The program distributed 2.4 million gallons of diesel fuel and 500 000 gallons of gasoline to 300 institutions providing humanitarian services in the health sector (46%), in the water and sanitation sector (13%), for food distribution (34%), and in special cases (7%) during its 8 months.⁵⁶

US assistance grew from \$50 million in 1991 to 1992 to \$74 million in 1993 to 1994. USAID-supported NGOs were feeding more than a million Haitians a day. In a matter of weeks, CARE alone more than doubled the number of people receiving food aid, serving some 620 000 per day.

International Assistance

Foreign aid to the government was suspended within days of the coup. Since the government depended on external aid for 40% of its budget, this action greatly reduced the services offered by public institutions. In addition, General Assembly Resolution 46/7 of October 11, 1991, supporting the OAS call for sanctions, stipulated that there were to be no relations with the de facto government. This resolution was interpreted by international agencies to mean that no resources could be channeled through the public sector, even to community health centers or schools. With the cutoff of international aid, payment of salaries to state officials, technicians, and service providers was delayed. Public employees abandoned their posts, and public schools and health clinics suffered, all of which led to a further decline in the weak apparatus of the Haitian state. The most talented public sector staff fled to join NGOs.

The first postcoup OAS and UN resolutions exempted humanitarian goods from economic sanctions, and as the crisis persisted, the international community provided increasing humanitarian assistance. In Janu-

ary 1992, the UN Security Council declared its determination to reduce the impact of the crisis on the most vulnerable Haitians.⁵⁷ Yet more than a year after the UN's humanitarian appeal was launched, only 15% of the \$62.7 million requested had been provided.

Throughout the period of the coup, President Aristide and the Haitian Left demanded that the international community impose “*un embargo real, integral et total*” (“a real, complete and total embargo”) and “*un blocus total et integral*” (“a total and integrated blockade”) to force the military to step down.⁵⁸ When sanctions were first imposed, only a minority of Haitian NGOs saw humanitarian assistance as necessary. Most saw it as “sanctions-busting.” The OAS insisted that humanitarian projects be divided between those for survival on the one hand and those that contributed to development and risked bringing legitimacy to the coup leaders on the other. Right-wing groups in Haiti criticized humanitarian assistance as a means to appease the guilty conscience of the sanctioning powers. The paramilitary group Front pour l'Avancement et le Progres Haitien was so enraged that in March 1994 it organized a demonstration to prevent the landing of a French ship carrying 530 tons of food aid.

Program Outcomes

Despite the difficulties of sanctions in Haiti, widespread famine was avoided, epidemics were contained, and at least minimal social services were maintained. These were important achievements.

Although a humanitarian disaster was averted, economic decline and social dislocation were not. During the 3 years that sanctions were in force, the per capita gross national product declined by \$120, or 30%; over the same period, the international community provided Haiti with humanitarian assistance totaling an estimated \$250 million, or \$35 per capita. This assistance offset by less than a third the income lost through economic sanctions. Around 15% of this assistance was provided through the UN system; the bulk of the remainder was provided by the US government, which contributed close to \$190 million over the 3 years of *La Crise*. Although this amount represents an enormous sum for humanitarian assistance to Haiti, in comparison, the US Coast Guard's seizure, processing, detention, and transport of Haitian boat people between 1993 and 1994 alone cost more, at \$250 million,⁵⁹ while the 1994 to 1995 military intervention, at \$2 billion, cost 8 times more than 3 years of humanitarian assistance.

Discussion

The economic embargo initiated against Haiti by the OAS in October 1991 was often criticized as porous and ineffective.⁶⁰ It nonetheless had a marked impact on the economy, especially on the rural poor, women, and unskilled factory workers. In reducing educational and health opportunities, sanctions also reduced Haiti's ability to participate in the global economy and to subsequently stabilize and develop into a democracy.

The accelerated impoverishment provoked by the embargo resulted in enormous social dislocation, reducing child care and feeding, increasing women's economic burden, and encouraging the breakdown of family structures. In imposing it, the international community accentuated the dislocation already effected by the repression and arbitrary violence engendered by the Haitian army and its paramilitary allies.

The Haitian experience reveals the conflict between the UN Charter's Article 41, in which the Security Council is authorized to impose sanctions in the interest of international peace and security—which the coup had disrupted—and Article 55, in which the UN is charged with promoting higher standards of living, social progress, solutions to health problems, educational cooperation, and respect for fundamental human rights.⁶¹ The distinction between neutrality (taking no sides) and impartiality (nondiscrimination in access to humanitarian assistance) was often not clear to humanitarian agencies, which were compelled to support sanctions whose very existence represented a partisan position.

In December 1991, the US-based Physicians for Human Rights reported only on the medical consequences of the repression.⁶² It omitted to report the sanctions' effects on health and well-being, thus setting the tone for human rights observers throughout the crisis.⁶³ Prompted by Haiti's democratic forces, the international community and human rights organizations chose to sacrifice respect for Haitians' economic and social rights to promote political and civil rights. A more inclusive analysis would have dealt with evidence that the UN/OAS embargo, imposed to promote full respect for human rights, was itself a major violator of children's rights to health and education. The international community failed to recognize economic and social rights as such; instead, donors responded to the needs of Haiti's vulnerable population by providing increased humanitarian assistance.

The dilemmas inherent in promoting economic and social rights in a sanctions environment were illustrated by the reaction to a

report estimating excess child deaths during the embargo at 1000 per month.⁶⁴ The findings were vociferously challenged by political and humanitarian actors, including the US State Department. Some said that it was untrue that sanctions had had such an impact on children and suggested that the study had been manipulated by the Haitian military. Others said that if sanctions were having such an impact, General Cedras, head of the de facto government, was to be blamed, not the international community.

Despite exemptions for humanitarian assistance, the embargo directly and indirectly affected the health sector in many ways. Like medicines, vaccines were covered by humanitarian exemptions. Yet the scarcity and delays of cargo transport into Haiti, resulting from the trade embargo, affected the availability and utilization of immunization program supplies. Beyond mortality changes, damage was done to nutrition, education, and child-rearing practices in an already very poor country. Through sanctions, the international community unintentionally added to the chronic human rights violations stemming from underdevelopment and gross violations by the Haitian military. Sanctions, especially the fuel embargo, were designed and implemented without respect for protecting the right to work, to education, to a decent standard of living, to live with one's family, or to freedom from servitude. All of these rights are specified in treaties and conventions signed by the UN, the OAS, and the United States.

Four years after the end of the embargo, per capita income had not recovered, unemployment was growing, government ministries lacked senior staff, and the country had forfeited hundreds of millions of dollars worth of available development assistance owing to ineffective political and administrative mechanisms.⁶⁵

Democracy's best hope was the determination of the Haitian people to overcome the heritage of their dictatorial past. Their call for sanctions is an indicator of that determination. Neither they nor the international community anticipated that sanctions would set back democracy by reducing economic activity and access to health and education, impoverishing the middle class, lessening the care of children, and weakening the national institutions for years after the embargo ended. Such effects must be taken into consideration in the design and implementation of future sanction regimes. □

Contributors

E. Gibbons collected and analyzed the information in this commentary as part of her work for UNICEF/Haiti during 1992–1996 and a subsequent sabbati-

cal. R. Garfield assisted in the conceptualization and design of the research. Both authors contributed to the writing.

Endnotes

1. Material for this article has been extracted and developed from Elizabeth D. Gibbons, *Sanctions in Haiti: Human Rights and Democracy Under Assault* (Washington, DC: Center for Strategic and International Studies and Praeger Press, January 1999).
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18. Giovanni Caprio, "Economie et Societe (1970–1988)," in *La Republique Haitienne: Etat des Lieux et Perspectives*, ed. Gerard Barthelemy and Christian Girault (Paris: Editions Karthala, 1993), 280.
19. Bureau of Applied Research in Anthropology, University of Arizona, *CARE: A Baseline Study of Livelihood Security in Northwest Haiti* (Port-au-Prince, Haiti: CARE, 1996), 163. Commissioned by CARE, which has maintained a food-aid program in the Northwest for almost 30 years, the baseline study covered 1400 households in 42 localities in 7 communes of Northwest Haiti. It was conducted over a period of 3 months in 1994, following and influenced by a rapid food security assessment in December 1993 and January 1994.
20. UNICEF, *Analyse de la Situation de la Femme et des Enfants en Haiti*, 223.
21. As the final squeeze on sanctions prior to the military intervention, President Clinton decreed that no financial transfers of more than \$50 per month would be allowed between the United States and Haiti. The intention of allowing a small limit was to spare the poor more hardship, while closing off wealthy families' access to their financial resources.
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32. USAID, *USAID Monitoring Report 3* (12) (October 1994).
33. The health institutions providing data were participants in a USAID Child Survival program; all were in the nongovernment sector. Their selection was based on their links to USAID rather than on their statistical representation. Since the children surveyed were taken to health centers because of their poor health and nutritional status, the USAID data show a worse situation than was likely to have obtained for the "average" Haitian child younger than 5 years.
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37. Harvard School of Public Health, *Sanctions in Haiti*.
38. UNICEF, *Analyse de la Situation de la Femme et des Enfants en Haiti*.
39. In 1996, using a new WHO/UNICEF methodology for calculating maternal mortality, this estimate was revised upward to 1000 per 100 000, a figure that roughly matches the empirical data of the University Hospital of Haiti for 1995.
40. UNICEF, *Analyse de la Situation de la Femme et des Enfants en Haiti*.
41. PAHO/WHO, Health Situation Analysis: Haiti 1993.
42. Ibid.
43. Romanoff, *Social and Economic Conditions in 12 Low-Income Neighborhoods in Haiti*.
44. UNICEF, *Analyse de la Situation de la Femme et des Enfants en Haiti*.
45. Ibid.
46. In 1993, it was estimated that, on average, only 25% of Port-au-Prince's and between 10% and 45% of provincial city's waste was collected each day.
47. IHE, *Enquete Mortalite, Morbidite et Utilisation des Services 1994/95*.
48. United Nations Development Program (UNDP), *UNDP Human Development Report 1996*, Table 1; *UNDP Human Development Report 1997*, Table 1 (New York: Oxford University Press, 1996).
49. Indeed, on November 14, 1994, 4 weeks after President Aristide's reinstatement, the measles campaign was launched and proved the most successful in Haiti's history, immunizing 95% of children younger than 15 years. But by then the epidemic had been over for more than a year.
50. For an excellent review and analysis of PAHO/WHO's strategy for humanitarian assistance to the health sector, see F. Tardif, *Regard sur l'humanitaire: un analyse de l'experience Haitienne dans le secteur sante entre 1991 et 1994* (Montreal: Harmatlan, 1997).
51. Swindells, "U.N. Sanctions in Haiti."
52. Security Council Committee concerning Haiti new Consolidated Guidelines of the Committee for the conduct of its Work S/AC.20/1994/CRP2/Rev.3 of June 15, 1994.
53. July 18, 1994, fax from Jim Baker, CHA, New York, to Ross Mountain, DHA Coordinator UNDP, Port-au-Prince, referring to guidelines with respect to requests for exemptions to the embargo imposed on Haiti. On file with author.
54. May 12, 1994, telex from InterVax Biological Ltd of Ontario, Canada, to UNICEF-Haiti, referring to replacement orders CNX/937351. On file with author.
55. PAHO/WHO, *PAHO's Program of Humanitarian Assistance to Haiti 1991-1994: A Strategic Evaluation Report* (Washington, DC: PAHO/WHO, March 1995), 8.
56. Ibid.
57. UN Security Council, "Declaration of the President" S/PRST/194/2 of January 10, 1994.
58. President Jean-Bertrand Aristide, address to the UN General Assembly (UNGA) on September 29, 1992, and his October 28, 1993, address to the UNGA following the collapse of the Governors Island Accord, A/48/PV.41, November 12, 1993.
59. Swindells, "U.N. Sanctions in Haiti."
60. See Domingo E. Acevedo, "The Haitian Crisis and the OAS Response: A Test of Effectiveness in Promoting Democracy," in *Enforcing Restraint: Collective Intervention in Internal Conflicts*, ed. Lori Fisler Damrosch (Washington, DC: Council on Foreign Relations, 1993), 136-137; in which author also presents the result of an analysis of General Accounting Office documents that showed that "at least a dozen countries in Europe, Latin America and Africa routinely ignored the embargo" and shipped nearly a million barrels of petroleum to Haiti.
61. Swindells, "U.N. Sanctions in Haiti."
62. Americas Watch/National Coalition of Haitian Refugees/Physicians for Human Rights, "Return to the Darkest Days: Human Rights Since the Coup" (Newsletter) (December 30, 1991).
63. In a review of human rights reports on Haiti from 1991 to 1994, of 10 NGO reports, 3 OAS reports, 3 reports from the special rapporteur for Haiti, and 3 UN/OAS Observer Mission reports to the UN General Assembly, not a single one made any observations pertaining to violations of economic or social rights, and only a handful commented on the economic hardship of the sanctions. Reporting on violations of child rights was limited to those concerning civil rights, mostly of street children.
64. Harvard School of Public Health, *Sanctions in Haiti*.
65. L. Rother, "Political Feuds Rack Haiti: So Much for Its High Hopes," *New York Times*, 18 October 1998, sec. A, p. 12.