Cholera cover up in Haiti

The cholera crisis in Haiti is a painful wound that keeps on bleeding. The aftermath of Hurricane Matthew, which hit the small Caribbean country on October 4, has sparked another outbreak of cholera, a disease now endemic in Haiti and which since 2010 has infected 800,000 Haitians and killed more than 10,000. It seems this impoverished nation, with scanty water and sanitation infrastructure to protect itself, cannot get ahead of the suffering and devastation brought on by the introduction of cholera 6 years ago.

Where the seeds of the cholera crisis lie is the topic of Deadly River: Cholera and Cover-Up in Post-Earthquake Haiti, an absorbing and detailed book by Ralph R Frerichs, retired professor of epidemiology at University of California, Los Angeles, who tells the story of Dr Renaud Piarroux. Piarroux is a French doctor and epidemiologist dispatched to Haiti in October, 2010, by the French embassy at the request of the Haitian government trying to get to grips with an epidemic of disease rapidly afflicting its population: an explosive 4772 cases and 303 deaths had occurred in just the first week. From the start of his official investigation, Piarroux was determined to understand the source of infection so that an adequate public health response could be mounted; his fierce resolve was to be challenged and obstructed along the way.

The story begins 9 months after the devastating earthquake in Haiti that killed upwards of 220,000 people. Haiti had not previously recorded a case of cholera, an infectious and potentially fatal diarrhoeal disease spread via contaminated water. But now, an epidemic mysteriously appeared and spread in communities and villages along the Artibonite River, the country’s largest, located in the centre of the country. We now know that in October, 2010, UN soldiers from Nepal were deployed to help after the earthquake and subsequently cholera contaminated sewage from their camp was discharged into the river. There had been an outbreak of cholera in Kathmandu just 2 weeks before the Nepalese deployment. Downriver to the Annapurna Camp of peacekeepers, near central Mirebalais, was where Haitians first started dying of cholera. The outbreak spread rapidly and eventually became one of the largest cholera outbreaks in the world. Deadly River tells us that even from the beginning of the epidemic, there were rumours and accusations of the peacekeepers’ role in triggering cholera. Officials from the government and international agencies continually demurred on searching for the epidemic’s origin and were reticent to single-out the peacekeepers, who had been brought in to stabilise the country in advance of the country’s fraught national elections, fortifying the massive UN peacekeeping presence that had been a fixture in Haiti since 2004. It took the disease detective Piarroux to keep the focus on tracing the beginnings of the epidemic.

The disease part is fascinating. Frerichs details amazing scientific disagreements between world-renowned cholera experts who take different positions on how Vibrio cholerae had arrived in the country. Evidence that the strain of cholera found in Haitians suffering from the disease was of the south Asian type bolstered Piarroux’s assertion that the peacekeepers started the epidemic, based on weeks of field research in collaboration with local and national authorities. A UN appointed, independent panel eventually came to the same conclusion as Piarroux, that cholera was introduced by human activity, but stopped short of assigning blame to the UN or its peacekeepers.

The detective part is compelling, especially as Piarroux’s search for clues to the origin of the outbreak met with resistance. Frerichs writes with incredible detail, based on document analyses, news reports, and interviews, the political manoeuvring by powerful organisations such as the UN and its peacekeeping officials, WHO, and the US Centers for Disease Control and Prevention (CDC), which led to the concealment of facts, obstructing Piarroux’s investigation. We never learn exactly why so many attempts were made to deflect blame for the cause of this devastating epidemic. In Frerichs’s accounting, few institutions escape criticism: the UN, WHO, CDC, the French and Haitian governments, even The Lancet journals, one of which published an editorial questioning the need to assign blame for the epidemic and another of which later rejected Piarroux’s first report of the outbreak.

That sociopolitical issues are inseparable from the Haiti cholera crisis is as evident today as in Frerichs’s account. The UN for years has denied responsibility while at the same time put a band-aid on the problem it helped create: supporting the Haitian government’s immunisation campaigns, establishing a mission to prevent water-borne diarrhoeal diseases, and fundraising to stem frequent cholera outbreaks. But all the while, advocates have urged the UN to comply with its legal obligations to install the water and sanitation infrastructure necessary to control cholera and to compensate the victims. A lawsuit was filed in US courts by victims. The Lancet, among others, urged Secretary-General Ban Ki-moon to accept responsibility. Finally, in late October, the UN said it accepted moral responsibility and will roll out a US$400 million cholera response package to include compensation to victims.

What makes the book so impressive is what makes it turgid at times: incredible detail, frequent redundancies, and moving back and forth in time. But it is a tour de force, a lesson in the politics of health, and essential reading for anyone interested in cholera, epidemics, or global health and development.

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