

Cholera Catastrophe Spreads in Haiti

By [Kim Ives](#)

Global Research, October 29, 2010

Haiti Liberté 29 October 2010

Region: [Latin America & Caribbean](#)

Theme: [Poverty & Social Inequality](#)

In-depth Report: [HAITI](#)

“They are doing exactly the wrong thing,” said Dr. Manolo Castro. “When you bring cholera victims into a hospital, especially one with poor conditions, you stand a good chance of infecting all the patients in that hospital.”

Dr. Castro, 74, is a Cuban doctor working at Haiti’s finest pediatric hospital, St. Damien, in Tabarre. When it comes to cholera, where a virulent bacterium provokes severe vomiting and diarrhea which can kill in a few hours, he knows what he is talking about. He has tangled with the deadly disease before.

In 1990, a cholera epidemic struck the Zambian town where Dr. Castro was a teacher at a hospital as part of a Cuban medical mission. Soon there were some 6,000 cholera victims. The hospital’s Zambian director packed up his family and fled. The Cuban Embassy and Zambian government asked Dr. Castro to step in to help the panicked population. Dr. Castro went to the Public Health Ministry’s office in town and with them identified a local stadium where they could quarantine hundreds of cholera patients. Within a few weeks, Dr. Castro’s team of six Cuban and six Zambian doctors had brought the outbreak under control.

“It is essential to isolate cholera victims from other patients, especially where there is poor sanitation,” said Dr. Castro, who helped squelch another cholera outbreak when stationed in the Cape Verde islands in 1994. “The government should also stop all traffic and travel between the affected area and those not affected. Otherwise, the disease is going to spread.”

The day after Dr. Castro spoke those prophetic words, it was announced that Haiti’s cholera epidemic had propagated from the Central Plateau and Artibonite departments (where it emerged) to Port-au-Prince, the capital through which thousands of people from all corners of the country circulate every day.

But far from taking aggressive and proactive measures like stopping traffic, Haitian Public Health authorities have been trying to minimize the crisis, claiming, as the Health Ministry’s general director Gabriel Thimoté did Oct. 25, that the disease’s progress has been “stabilized.”

At press time on Oct. 26, the only official government figures are that 3,769 people have become sick with the disease in the Artibonite and Central departments, with 273 fatalities in the Artibonite. Since other areas are not being tallied, the actual figures are much higher.

For instance, Dr. Ernst Robert Jasmin, the Health Ministry’s Northern Department director, says that there are 17 probable cases in Pilate, Plaisance and Limbé, with three fatalities. Other authorities report seven cases in the southern town of Petit Goave and several other

cases and deaths in the town of Arcahaie.

But there is also growing dissension between authorities. Nigel Fisher, the Canadian assistant head of the UN Stabilization Mission in Haiti (MINUSTAH), on Oct. 25 put the death count at 284 and said that there were five confirmed cases of cholera in the capital (as did the Pan American Health Organization or PAHO). The Haitian government disputes this, saying only one of the five cases tested positive.

“It is an extremely serious situation and on the basis of the experience we have had with other epidemics in the world, it would be irresponsible not to plan for a much larger epidemic,” Fisher said. Ironically, he dismissed the idea of cutting off traffic out of affected areas as impractical.

Dominican health authorities have not been so sanguine. They closed the 130 mile-long border with Haiti on Oct. 25 to everybody except students and Dominican visa-holders, who have to wash their hands and be checked by health workers at border crossings. On Oct. 25, MINUSTAH troops fired teargas to disperse a crowd of Haitians trying to cross over from Ouanaminthe into the northwestern Dominican town of Dajabon, reports “Dominican Today.”

Meanwhile, Haiti’s cholera “will not go away for several years,” said Dr. Jon Andrus, PAHO’s deputy director, at a Washington press conference on Oct. 25. “We know that the bacterium is going to spread very rapidly and... we will see a rapid upswing on the epidemic curve of the number of cases reported in these early weeks and months.”

“The official numbers almost surely under-represent the true number of cases largely because, in general, approximately 75% of the cases have no symptoms, they are asymptomatic, yet they can carry the bacterium and transmit it to others,” Andrus said. “And these same asymptomatic cases may carry the bacterium for up to two weeks and shed that bacterium back into the environment.”

The epidemic is really expected to explode when it reaches the 1.5 million people living in some 1500 tent cities sprinkled from the capital to Léogane. Just like the sprawling slums of Cité Soleil and Carrefour, the tent camps lack sanitation and are regularly flooded by torrential rain storms. Water used for cooking and washing often contains sewage, cholera’s principal vector.

Doctors and medicine have been pouring in from Haiti’s neighbors. Cuban Ambassador to Haiti Ricardo Garcia Napoles has traveled to Mirebalais, St. Marc and other towns to help organize the response of Cuba’s hundreds of in-country doctors to the crisis. The South American alliance UNASUR is dispatching a planeload of medicine and equipment to fight the epidemic on Oct. 27, with medical teams to follow soon. Brazil said it was making an additional grant of \$2 million for medicine.

Despite the incoming aid, Dr. Castro is very concerned that Haiti lacks enough doctors to respond to this nightmare scenario. “There is a cholera stool sample kit, which gives immediate reliable results, but many Haitian doctors are not trained in how to use it,” he said. For the past 13 years, Dr. Castro has worked at different hospitals in Haiti and taught at the Aristide Foundation’s medical school until it was militarily closed and occupied by U.S. soldiers immediately following the 2004 coup d’état against and kidnapping of President Jean-Bertrand Aristide. When closed, the school was producing about 125 Haitian doctors

per year, twice the number of the state university.

“If you multiply 125 doctors per year, and it could have been more, by the last six years, you will see that the 2004 coup d’état has deprived Haiti of close to 800 doctors,” noted Hilaire Toussaint, who runs the Aristide Foundation. He is now looking for funding to reopen the medical school next year.

The last cholera epidemic in the hemisphere was in Peru in 1991, which had about 500 cases over the course of two years, with a fatality rate of less than 1%.

In 2008, “56 countries reported 190,130 cases [of cholera], 5,143 of them fatal,” Dr. William Pape, Haiti’s leading doctor in the fight against the HIV virus, told Le Nouvelliste. “But many cases were not recorded due to the limitations of the surveillance systems and the fear of sanctions limiting travel and commercial exchange. It is estimated that the disease’s true figure is about 3-5 million cases with 100,000-120,000 deaths per year.”

“It is going to be a long battle,” Dr. Pape said. “I fear for the slums of Port-au-Prince.”

The original source of this article is Haiti Liberté
Copyright © [Kim Ives](#), Haiti Liberté, 2010

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Kim Ives](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca
www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca