

AID DELIVERY IN HAITI: DEVELOPMENT NEEDS, CAPACITY BUILDING, AND CHALLENGES

HEARING BEFORE THE TOM LANTOS HUMAN RIGHTS COMMISSION HOUSE OF REPRESENTATIVES

**ONE HUNDRED AND THIRTEENTH CONGRESS
SECOND SESSION**

DECEMBER 3, 2014

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AID DELIVERY IN HAITI: DEVELOPMENT NEEDS, CAPACITY BUILDING, AND CHALLENGES

WEDNESDAY, DECEMBER 3, 2014

HOUSE OF REPRESENTATIVES,
TOM LANTOS HUMAN RIGHTS COMMISSION,
Washington, D.C.

The Commission met, pursuant to call, at 12:04 p.m., in Room HVC-210, Capitol Visitor Center, Hon. James P. McGovern [cochairman of the Commission] presiding.

Present: Representatives McGovern, Schakowsky, Lee, and Conyers.

Staff Present: Andrew Longhi, Democratic Fellow; Soo Choi, Democratic Fellow; Dan Hall, Democratic Fellow.

Mr. McGOVERN. We will begin.

There will be Members coming in and out of this hearing, which is, unfortunately, kind of typical when we kind of try to get a thousand things done in a very, very short time. So I apologize for that. But I want to wish everybody a good afternoon.

Today the Tom Lantos Human Rights Commission will examine an issue that has challenged the aid, delivery, and development community for decades, the immediate needs that must be met today, and the development strategies that must be undertaken for long-term capacity-building in Haiti.

This hearing comes at a critical juncture not just for Haiti, but for how development work is undertaken around the world. As the world bears witness to the Ebola crisis in West Africa, it is clear that epidemics, including the cholera crisis in Haiti, can cripple weak public health systems with devastating consequences and profound geopolitical and economic implications.

Following the earthquake of 2010, the international community promised to help Haiti to build back better. However, many Haitians today feel that this promise has not been upheld and are alienated by development processes that often lock them out of policy development.

There is frustration that more progress and widespread development has not been achieved. This frustration has pushed those of us in the donor community to do some soul-searching and thinking about what lessons can be learned and what things can be done differently in the future.

Among the things that I think we have learned is that local voices must have a stronger place in discussions about what development projects should be pursued. No one can better inform the donors about what is needed in a community than the community affected.

In addition, we must ensure that the implementation of development and reconstruction programs is subject to public oversight in a way that ensures Haitians have opportunities to participate and are invested in the outcomes that emerge from development projects.

The needs and wishes of the people are first in forging a sustainable reconstruction process with a more decentralized participatory framework and whose outcomes establish more social equality.

Respect for human rights is fundamental to any long-term strategy. Breaking the country out of its dependency on foreign aid and bringing it out of deep systematic poverty requires a rethinking of the relationship between economic security and human rights.

76 percent of the population earns less than the equivalent of 2 U.S. dollars a day, and 60 percent earn less than 1 dollar a day.

Attention to the economic situation of Haitians must consider gender-equality targets in development goals, including by expanding programs beyond those that are focused on social and economic sectors traditionally dominated by men.

Greater oversight and transparency are also critical. Over the last 5 years, too many funds were directed into projects that had little oversight and no long-term strategy. Haiti already had weak public institutions before the earthquake, and afterwards there was even less to work with.

But despite the temptation to do things ourselves, we must keep our eye on the long term and put resources into building local institutions and making those institutions accountable.

The U.S. Government's post-earthquake development plans to strengthen Haitian Government institutions and increase their capacity are, thus, laudable and should serve as guiding principles for future plans.

Further, in order to alleviate the great economic insecurity of the vast majority of the Haitians, development must focus on more than one sector and be located within the broader context of good governance.

Without addressing the ongoing political instability, we will not be able to address economic or social issues. This worsening constitutional crisis is unfortunately tied to aid discussions.

If parliamentary elections in Haiti do not take place before January 12, 2015, President Martelly will begin to rule by decree, a shift in power that many experts believe looks likely. We must work with the Haitian Parliament and President Martelly to chart a course for free and fair elections to take place. The last thing anyone wants is rule by decree in Haiti.

On the other hand, inaction in the Haitian Parliament has helped to lead to the current predicament. Escalating unrest could undo all of the development work and gains made since the 2010 earthquake. The Haitian private sector does not have the capital for development in Haiti, and it is becoming increasingly difficult for outside investors to open up shop as elections face further delay.

Politics may be a zero-sum game, but development work is not. While the Government must be accountable for this crisis, we also cannot make funding allocations strictly contingent on certain milestones. While the Government itself is not permanent, state institutions themselves can last and will continue to need improvements.

Further, the willingness of the Government to bear a negative impact due to noncompliance has been proven time and time again. Rather, we must think of what kinds of carrots can be used to bring about the kind of actions needed for capacity-building and what can be done to insulate development work from political uncertainty if this crisis is further exacerbated.

In closing, I just want to use this time to consider lessons learned in Haiti and the development strategy today, almost 5 years after the earthquake, not just what projects should be taken on or which region should be prioritized, but looking at equality of opportunity, rights-based funding, and community participation.

Human rights, basic human dignity, and development are intimately intertwined. It is this intersection between rights, capacity, and development that we hope to explore today to the advancement of each.

[The statement of Mr. McGovern follows:]

Prepared Statement of Rep. James P. McGovern

Good afternoon. Today, the Tom Lantos Human Rights Commission will examine an issue that has challenged the aid delivery and development community for decades: the immediate needs that must be met today and development strategies that must be undertaken for long-term capacity building in Haiti.

This hearing comes at a critical juncture not just for Haiti, but for how development work is undertaken around the world. As the world bears witness to the Ebola crisis in West Africa, it is clear that epidemics, including the cholera crisis in Haiti, can cripple weak public health systems with devastating consequences and profound geopolitical and economic implications.

Following the earthquake in 2010, the international community promised to help Haiti to build back better. However, many Haitians today feel that this promise has not been upheld and are alienated by development

processes that often lock them out of policy development. There is frustration that more progress and widespread development has not been achieved.

This frustration has pushed those of us in the donor community to do some soul searching and thinking about what lessons can be learned, and what things can be done differently in the future. Among the things that I think we have learned, is that local voices must have a stronger place in discussions about what development projects should be pursued. No one can better inform the donors about what is needed in a community than the community affected.

In addition, we must ensure that the implementation of development and reconstruction programs is subject to public oversight in a way that ensures Haitians have opportunities to participate and are invested in the outcomes that emerge from development projects. The needs and wishes of the people are first in forging a sustainable reconstruction process, with a more decentralized, participatory framework and whose outcomes establish more social equality.

Respect for human rights is fundamental to any long-term strategy. Breaking the country out of its dependency on foreign aid and bringing it out of deep, systemic poverty requires a rethinking of the relationship between economic security and human rights. 76 percent of the population earns less than the equivalent of 2 U.S. dollars a day and 60 percent earn less than one dollar a day. Attention to the economic situation of Haitians must consider gender-equality targets in development goals, including by expanding programs beyond those that are focused on social and economic sectors traditionally dominated by men.

Greater oversight and transparency are also critical. Over the last 5 years, too many of funds were directed into projects that had little oversight and no long-term strategy. Haiti already had weak public institutions before the earthquake, and afterwards there was even less to work with. But despite the temptation to do things ourselves, we must keep our eye on the long-term and put resources into building local institutions and making those institutions accountable. The US Government's post-earthquake development plans to strengthen Haitian government institutions and increase their capacity are thus laudable and should serve as guiding principles for future plans.

Further, in order to alleviate the great economic insecurity of the vast majority of Haitians, development must focus on more than one sector and be located within the broader context of good governance. Without addressing the ongoing political instability, we will not be able to address economic or social issues. This worsening constitutional crisis is unfortunately tied to aid discussions.

If parliamentary elections in Haiti do not take place before January 12, 2015, President Martelly will begin to rule by decree, a shift in power that many experts believe looks likely. We must work with the Haitian parliament and President Martelly to chart a course for free and fair elections to take place. The last thing anyone wants is rule by decree in Haiti. On the other hand, inaction in the Haitian parliament has helped to lead to the current predicament.

Escalating unrest could undo all of the development work and gains made since the 2010 earthquake. The Haitian private sector does not have the capital for development in Haiti and it is becoming increasingly difficult for outside investors to open shop as elections face further delay.

Politics may be a zero sum game, but development work is not. While the government must be accountable for this crisis, we also cannot make funding allocation strictly contingent on certain milestones. While the government itself is not permanent, state institutions themselves can last and will continue to need improvements. Further, the willingness of the government to bear a negative impact due to noncompliance has been proven time and again. Rather, we must think of what kinds of carrots can be used to bring about the kind of actions needed for capacity-building and what can be done to insulate development work from political uncertainty if this crisis is further exacerbated.

In closing, I want to use this time to consider lessons learned in Haiti and the development strategy today, almost 5 years after the earthquake – not just what projects should be taken on or which regions should be prioritized – but looking at equality of opportunity, rights-based funding, and community participation.

Human rights, basic human dignity and development are intimately intertwined. It is this intersection between rights, capacity and development that we hope to explore today, to the advancement of each.

I thank the Members for their statements. It is now my pleasure to introduce our first panel of witnesses from the Administration. I am very glad to welcome the State Department's Special Coordinator for Haiti, Thomas Adams, and USAID's Assistant Administrator, Beth Hogan. They appeared together before the House Foreign Affairs Committee to testify on the effectiveness of US aid for Haiti in October of last year, and I look forward to getting their thoughts today, one year later. Special Coordinator Thomas, welcome, and please begin.

I am very pleased to welcome the members of our civil society panel today: Dr. Paul Farmer, Chief Strategist and co-founder of Partners In Health, and Ms. Loune Viaud, the Executive Director of Partners in Health in Haiti. Their work on health care delivery and public sector capacity-building exemplifies this framework for aid delivery. I have known of Dr. Farmer's work for a long time, but I had the privilege to first meet him in 2009 when we had a chance to talk about development models for Latin America and elsewhere. I want to thank Paul for his leadership in the Ebola response and we appreciate him stepping away from his critical work to testify today. We are also honored to have Lisa Davis, human rights advocacy director at MADRE, whose work on gender-based violence in Haiti has brought greater attention to the needs of some of the most vulnerable populations.

I would like to formally submit the written testimonies of all the witnesses, as well as reports provided by their supporting organizations into the hearing record. I would also like to formally submit for the Record written testimony from Human Rights Watch. Dr. Farmer, if you would please begin your testimony, the microphone is yours.

Mr. McGOVERN. So I thank all those who are here today to participate in this hearing, and I want to thank them for their statements.

Other Members may be coming in and may have statements they want to give. And so we might kind of divert from the agenda here a little bit.

But I am very glad to welcome the State Department Special Coordinator for Haiti, Thomas Adams, and USAID's Assistant Administrator, Beth Hogan.

They appeared together before the House Foreign Affairs Committee to testify on the effectiveness of U.S. aid for Haiti in October of last year, and I look forward to getting their thoughts today, 1 year later.

So, Special Coordinator Adams, welcome, and please begin.

STATEMENTS OF THOMAS C. ADAMS, SPECIAL COORDINATOR FOR HAITI,
U.S. DEPARTMENT OF STATE; ELIZABETH HOGAN, ACTING ASSISTANT
ADMINISTRATOR FOR THE LATIN AMERICA AND CARIBBEAN BUREAU, U.S.
AGENCY FOR INTERNATIONAL DEVELOPMENT

STATEMENT OF THOMAS C. ADAMS

Mr. ADAMS. Thank you, Mr. Chairman. And thank you for the opportunity to appear before you with my colleague, Beth Hogan, to discuss the U.S. Government's engagement with Haiti.

I am particularly pleased to testify before this committee named in memory of Congressman Tom Lantos. I was fortunate to serve in Hungary in the years before the breakup of the Soviet Union and had the opportunity to work with the congressman then and in the follow years as he advanced the cause of human rights in that part of the world. I welcome the chance to provide a brief overview of our efforts today to describe next steps and to answer your questions.

I will be brief in this opening statement and refer you to my longer written statement, which I would request be admitted for the record.

Mr. McGOVERN. Without objection.

Mr. ADAMS. This hearing is very timely. January 12th marks the fifth anniversary of the earthquake that devastated Haiti in 2010. We all remember the horrific scenes of death and destruction from the largest urban disaster in modern times. If you visited Haiti in the immediate aftermath of the earthquake and returned today, you would see much progress. Practically every square inch of the Port-au-Prince landscape was covered with the internally displaced in the months after the earthquake.

Today the tent camps are largely gone. As well, over 90 percent of the 1.5 million Haitians who at one time lived in them have moved to safer housing. The Government of Haiti estimates that, by mid-2015, all will be resettled elsewhere. The enormous amounts of rubble that were caused by the earthquake have also been removed, and the U.S. funded much of that effort.

I have visited Haiti once or twice a month over the past 4 years. On each visit, I see steady progress in economic growth, job creation, health, and security.

U.S. assistance had a measurable impact on these advances. Haiti has achieved positive economic growth in recent years -- 2.8 percent in 2012, 4.3 percent last year -- and is expected to have a growth rate of at least 3.6 percent this year.

Exports are led by textiles, light manufacturing, and agriculture. U.S. agriculture programs have introduced improved seeds, fertilizers, and technologies to more than

70,000 farmers. The Caracol Industrial Park has created 5,000 jobs in Haiti's north and is on track to nearly double that amount in 2015.

U.S. Help and Hope Acts continue to generate job growth, particularly in the textile sector, which now directly employs some 36,000 Haitians, up from 27,000 in 2010, and which exports more than 800 million dollars' worth of clothing to the United States annually, up from 517 million in 2010.

With U.S. assistance, basic health indicators show improvement, including child vaccinations rates, infant and child mortality, HIV/AIDS rates, and modern contraception use. Cholera cases are down 97 percent since 2011.

Haiti is stable, and the Haitian National Police is on track to reach its goal of 15,000 officers by the end of 2016. With assistance from the United States, the Haitian Police Academy has been training and graduating more than a thousand new officers per year since the 2013 class.

Overall crime rates in Haiti have declined, including kidnapping. The Haitian National Police's professionalism has increased greatly in specialized areas, including in its handling of demonstrations.

In spite of these advances, Haiti remains fragile with many challenges. High levels of pretrial detention remain that country's most serious human rights concern. Modernization reform of Haiti's judicial sector have not matched the improvements in policing and need to be expedited.

Political gridlock between Haiti's legislative and executive branches has delayed national and local elections for years, to the point where Parliament will, as you pointed out, Mr. Chairman, effectively go out of business in January.

The continuing delay in scheduling long overdue elections is a serious concern. While the points of dispute are ultimately for Haitians to resolve, the United States is following the matter closely.

In our high-level interactions with Haitian Government officials, political party leaders, and civil society, we have been urging all parties to continue efforts at constructive dialogue in order to build consensus on necessary measures to hold elections in a timely manner.

In early October, Secretary Kerry spoke by telephone with President Martelly to discuss elections and, also, met here in Washington with Prime Minister Lamothe. On October 30th, Counselor Tom Shannon and I traveled to Haiti to meet with government and political leaders as well as the U.N. special representative in Haiti. The important point is that there is time now between now and January to resolve the electoral issues through dialogue and to develop a realistic schedule for elections. Our

current focus is on supporting these efforts. And, to be frank, I have done very little else for the past 2 or 3 weeks.

Political gridlock will discourage much-needed foreign investment. And Haiti needs lots of things, as you know. What it needs most, though, is economic development and jobs.

Donors are ready to support strengthening of government capacity and institutions to combat corruption, improve democracy, improve state revenues through better tax administration, reform and modernize the state electric company, and create a better business climate. But improvements in all these areas will honestly require a better partnership between all branches of Haiti's Government.

In closing, let me again signal the significant progress the people of Haiti have made from recovering from the earthquake. The support of the Congress, the administration, other donors, and the American people has greatly assisted the Haitian people in this hard work.

But Haiti remains the poorest country in the hemisphere and will need assistance from the U.S. and other donors in years to come in order to advance its fragile post-earthquake progress.

Thank you.

[The statement of Mr. Adams follows:]

**Prepared Statement of Thomas C. Adams
Haiti Special Coordinator, Office of the Haiti Special Coordinator, Department of State
Hearing on "Aid Delivery in Haiti: Development Needs, Capacity Building, and Challenges."
Tom Lantos Human Rights Commission
December 3, 2014**

Mr. Chairman, Members of the Committee,

Thank you for the opportunity to appear before you to discuss the U.S. government's engagement with Haiti. I welcome the chance to provide a brief overview of our efforts to date, to describe next steps, and to answer your questions.

This hearing is timely. January 12 marks the fifth anniversary of the earthquake that devastated Haiti in 2010. The scale of losses, human and material, from the natural disaster was unprecedented in the history of that country. The earthquake left an estimated 200,000 dead and over a million homeless. It reduced much of Port-au-Prince to rubble and severely crippled the country's infrastructure. In a demonstration of the goodwill of Americans toward Haiti, an estimated one out of two U.S. households made some contribution to relief efforts there. Congress likewise responded to that country's urgent and longer-term needs, appropriating \$1.3 billion in Supplemental funding in September 2010. Sustained Congressional support for our efforts in Haiti has been invaluable, and I thank you for it.

That support has been substantial. Since the earthquake, the United States has made available \$4 billion in total for Haiti, some 77 percent of which -- \$3.1 billion -- has been disbursed to date. Of the total, \$1.3 billion was for immediate humanitarian assistance following the earthquake, and has been entirely disbursed. This crucial aid helped a devastated country meet its most pressing needs, and we can take

pride in the role our country played providing food, shelter, medical and other essential services. For Haiti's long-term reconstruction and development, \$2.7 billion was made available, of which some 66 percent -- \$1.8 billion -- has been disbursed to date.

These resources have produced visible results. Funding from the United States has cleared some 2.7 million cubic meters of rubble that was hindering relief and reconstruction. Our assistance has also helped some 328,000 displaced Haitians find alternative lodging or repair their earthquake-damaged homes. More than 90 percent of persons displaced by the earthquake have now left the tent camps for alternative housing.

Despite enormous challenges even before the earthquake, the government and people of Haiti have made significant progress in key areas for which they deserve recognition. Since 2011 Haiti has had positive economic growth rates, including an impressive 4.3 percent in 2013 and an estimated 3.6 percent in 2014. Foreign direct investments rose by 21 percent in 2012 and 19 percent in 2013 compared to 2010 and 2011. Jobs are being created. The apparel sector, for example, currently employs more than 30,000 Haitians and accounted for more than 90 percent of Haiti's exports to the United States in 2013. Almost all of those garment sector exports enter under the two HOPE Acts, which are judged to have created more than 27,000 new jobs since 2008. In 2013 overall exports from Haiti were up 5 percent with manufacturing -- mostly textiles -- up 14 percent. International financial institution statistics indicate that the level of extreme poverty in Haiti is down from 31 percent in 2000 to 24 percent in 2014.

Aid from the U.S. government is making tangible improvements in the lives of Haitians. Programs funded by the United States have increased crop yields, resulting in improved food security and higher incomes for tens of thousands of Haitian farmers. As a result of increased yields and improved agricultural methods, our programs have more than doubled the income of those farmers, from \$1,068 to \$2,335 per year. School enrollments are up, and our programs are expanding education opportunities for primary school-age children.

A good deal of the work the United States accomplished in Haiti is less visible, but has deeply touched the lives of Haitians. A 2013 Haitian health survey reported improved trend lines for basic health indicators such as child vaccination rates, infant and child mortality, lower HIV/AIDS rates, and increased adult contraception use. Funding from the United States supports 2,500 community health workers, and approximately half of all Haitians access basic health services at U.S. supported establishments.

Through PEPFAR, the number of Haitians receiving HIV testing has increased to more than one million per year, and treatment of HIV-positive Haitians has expanded to cover 70 percent of those eligible. PEPFAR, through the U.S. Agency for International Development and the Department of Health and Human Services (including the Centers for Disease Control and Prevention), has expanded services to prevent mother-to-child transmission of HIV, reaching 87 percent of women in need, one of the highest rates in the developing world, and have improved adherence to the comprehensive package of services for HIV-positive mothers and HIV-exposed infants. More than \$95 million of U.S. assistance supports cholera treatment and prevention programs. These programs, combined with assistance for clean water and improved sanitation, are helping to lower cholera rates dramatically, down 97 percent from the height of the outbreak in 2011.

Today, December 3, is coincidentally the International Day of Persons with Disabilities. The 2010 earthquake substantially increased the number of persons in Haiti with disabilities and focused international attention on the need to bolster support mechanisms for this group. The Haitian government has taken steps to strengthen and expand local understanding of the existing legal framework for its citizens with disabilities, to ensure that the needs of disabled persons are taken into account when drafting legislation, and to push private industry to embrace hiring disabled persons.

Security in Haiti has improved and overall crime rates, particularly kidnapping, are lower. With assistance from the United States, the Haitian National Police (HNP) School has graduated more than 1,000 new officers per year starting with the 2013 class. The HNP is making good progress towards its goal of expanding force size to 15,000 officers by the end of 2016; the graduation of the police school class this

month will bring the force to almost 12,500 officers. More than 100 HNP officers received community policing and counter-narcotics training through partnerships with the New York and Miami-Dade Police Departments and the community policing curriculum is now included in the HNP School's training. Support from the United States provides additional mentors to the HNP to build the institution's administrative, management, and logistics skills.

A fundamental premise of our efforts to help Haiti rebuild is that the process must be Haitian-led. Changed circumstances on the ground have compelled us to make necessary adjustments to parts of our strategy. For example, land-tenure challenges, design changes, and higher-than-projected material costs forced us to scale back construction of new homes and focus more on facilitating access to finance for both home improvements and new construction. Further study indicated that improvements to existing port facilities in Cap Haitien would be a more effective and lower cost approach than constructing a new port elsewhere in Haiti's North.

There is some progress to report in the justice sector – such as the establishment in 2012 of Haiti's first fully independent judicial body, the Supreme Judicial Council and the passage in 2014 of landmark anti-corruption and anti-trafficking in persons legislation, but more work remains to be done. Haiti must adopt long-awaited code reform to modernize its justice system and take concrete steps to address the severe pre-trial detention problem. As the HNP increases its professionalism and size, the corrections and justice sector lag behind, a growing imbalance that could jeopardize security advancements. We are not satisfied with the overall results of our justice sector programs to date, in particular with regard to helping Haiti to sustainably address pre-trial detention, and are re-examining our options for further assistance.

The political situation in Haiti affects its ability to sustain the progress made in reconstruction and development. The continuing delay in scheduling long overdue elections is a serious concern, and while the points of dispute are ultimately for Haitians to resolve, the United States is following the matter closely. In our high-level interactions with Haitian government officials, political party leaders, and civil society, we have been urging all parties to continue efforts at constructive dialogue in order to build consensus on necessary measures to hold elections in a timely manner. In early October, Secretary Kerry spoke by telephone with President Martelly to discuss elections and also met here in Washington with Prime Minister Lamothe. On October 30, Counselor Thomas Shannon traveled to Haiti to meet with government and political leaders as well as the UN Special Representative in Haiti. The important point is that there is time between now and January to resolve the electoral issues through dialogue and to develop a realistic schedule for elections. Our current focus is on supporting these efforts.

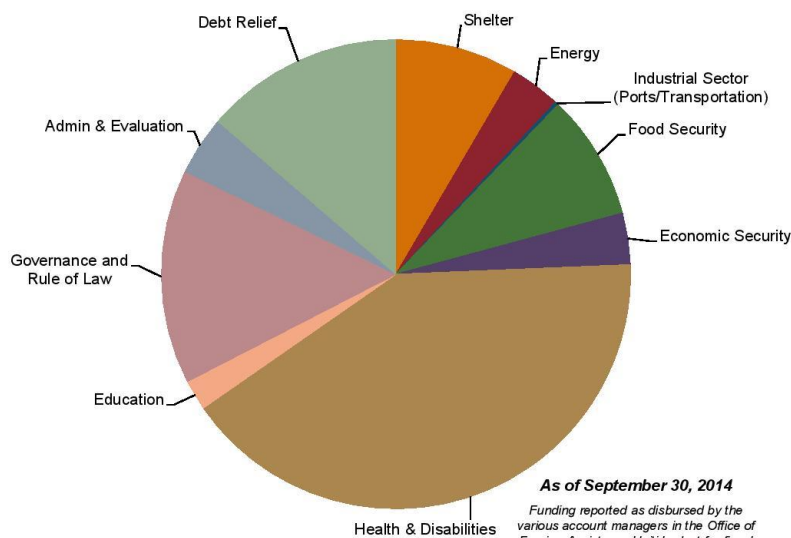
The United States is firmly committed for the long term to supporting the Haitian people as they build a more prosperous and secure future. Haiti has achieved significant advances in many areas of its recovery and reconstruction. More remains to be done, and Haiti's reconstruction and development will continue for many years; there are no quick fixes. Further progress depends on good governance in Haiti and a sustained focus on Haiti's development by the international community.



US Government Post-Earthquake Assistance in Haiti

Reconstruction & Development Spending

Total: \$1.8 billion
(not including humanitarian assistance)



Sector	\$
Shelter	\$ 151 mil
Energy	\$ 62 mil
Industrial Sector (Ports/Transportation)	\$ 4 mil
Food Security	\$ 155 mil
Economic Security	\$ 63 mil
Health & Disabilities	\$ 734 mil
Education	\$ 38 mil
Governance and Rule of Law	\$ 265 mil
Admin & Evaluation	\$ 73 mil
Debt Relief	\$ 245 mil



US Government Post-Earthquake Assistance in Haiti All Accounts ¹- As of September 30, 2014



<i>Totals may not add up due to rounding</i>	Available funding	Obligations	Disbursements	% of Available Funding Disbursed
Humanitarian Relief Assistance	\$1.3 billion	\$1.3 billion	\$1.3 billion ²	100%
Recovery, Reconstruction & Development Assistance	\$2.7 billion	\$2.2 billion	\$1.8 billion	66%
TOTAL	\$4.0 billion	\$3.5 billion	\$3.1 billion	77%

Future spending

The FY 2014 Office of U.S. Foreign Assistance Haiti appropriation is approximately \$291 million and the FY 2015 request is for \$274 million. The CDC appropriation for FY 2014 is approximately \$23 million.

Terms

Obligations: For the purposes of the USAID spending reflected in this chart, obligations consist of legally-binding agreements that place funds into grants and contracts with implementing partners. Transfers of USAID funds to other entities such as the Multi-Donor Trust Fund are considered fully obligated and disbursed.

Disbursements: Payments that liquidate obligations; i.e., usually payments made to USG implementing partners as work is done.

¹: The Recovery, Reconstruction & Development Assistance category captures data from the Office of U.S. Foreign Assistance Haiti budget plus Centers for Disease Control (CDC) funding for fiscal years 2010 (Base & Supplemental), 2011, 2012, 2013, and debt relief.

²: Remaining undisbursed humanitarian assistance amounts that may appear on USG reports reflect the slowness of payments and transfers for work already done and are thus counted as disbursed.

Mr. McGOVERN. Thank you very much.

Before we go to Ms. Hogan, we were joined by Congresswoman Lee and Congressman Conyers. I don't know if you want to have an opening statement.

Ms. LEE. Very briefly, Mr. Chair.

Let me thank yourself and Mr. Wolf in his absence for your tremendous leadership on this Commission and your real commitment to bipartisan advocacy for human rights around the world.

And, unfortunately, I have to leave for another meeting.

But I wanted to first thank our panelists very much from the U.S. Government and from the public health community for being here today to share your expertise and to answer questions about the state of aid delivery in Haiti.

The issues facing Haiti, which we all know, especially as they relate to international aid and health infrastructure, really deserve the full attention of Congress. Now, I am pleased that my bill it is the Assessing Progress in Haiti Act. This bill is supported by Congressman McGovern and Conyers. It garnered bipartisan and bicameral support during this Congress and was signed into law by President Obama.

And so, as the bill passed, though, the Senate and the House, it required the administration to come up with a 3 year Haiti strategy to identify challenges to economic growth and governmental institutions, to outline policies and tools to help address these challenges, also, benchmarks for assistance to Haiti.

So I know that you are in the process of putting all of this together. But I hope that today we can learn more about what is taking place as it relates to the context of the implementation of the law.

If you don't have that for testimony today, I would like to follow up with you, Mr. McGovern, to get that update and oversight piece in place as it relates to the law that was signed earlier this year.

Thank you again so much for everything. And I am pleased to hear that some progress is being made.

Did you mention excuse me the elections in your testimony?

Mr. ADAMS. I did.

Ms. LEE. Okay. I will read that. Rather than ask a question, I will read your testimony.

But, once again, thank you again.

Mr. McGOVERN. Mr. Conyers, do you want to add anything or do you want to go on to the testimony?

Mr. CONYERS. I want to go into the testimony. But I did want to add just one little thing, Chairman McGovern, and join in with my dear colleague, Barbara Lee, for the wonderful work that she has been doing.

I may have been one of the first to start going to this wonderful part of the Western hemisphere. I think that what we are doing here today is a continuation of the relationship that has to be developed even much deeper.

So I will just put my statement into the record.

I look forward to us building on what we are doing here today. The Lantos committee hearing is critical, and there are a lot of good ideas that I know will come out of this. I am very pleased to have the witnesses with us today.

I thank the chairman.

[The statement of Ms. Lee follows:]

Prepared Statement of Rep. Barbara J. Lee

Thank you, Mr. Chair, for yielding.

Let me start by thanking our Co-Chairs, Congressman Jim McGovern and Congressman Frank Wolf for their tremendous leadership on this commission and their real commitment to bipartisan advocacy for human rights around the world.

I would also like to thank our panelists today, both from the U.S. Government and from the public health community for being here today to share their expertise and to answer our questions regarding the state of aid delivery in Haiti.

The issues facing Haiti, particularly as they relate to international aid and health infrastructure deserve the full attention of this Congress.

I am please that my bill, the Assessing Progress in Haiti Act, garnered bipartisan and bicameral support this Congress and was signed into law earlier this year.

As you know, that bill directed the Government Accountability Office to produce a report on progress in development efforts following the devastating 2010 earthquake.

The bill as it passed the Senate and then the House also requests that the Administration to come up with a three year Haiti strategy to identify challenges to economic growth and government institutions, outlines policies and tools to address these challenges, and establishes benchmarks for assistance to Haiti.

I know that today's witnesses have important information to update Members and I'm looking forward to hearing about the status of governance in Haiti—particularly the ongoing issue of elections—and how that has affected our ability to coordinate with the Haitian public sector in our aid efforts.

I also look forward to hearing about the constructive ways that our government and Haitian civil society partners have begun to rebuild the country's infrastructure in a collaborative and accountable way.

I hope to stay around to ask you all some questions, but once again reiterate just how critical it is for these conversations to be happening here in Congress, and again extend my thanks to the Commission Chair and the witnesses for their contributions to today's hearing.

Mr. McGOVERN. Thank you.

I want to thank Mr. Conyers and Ms. Lee for their leadership on this issue, but, also, on a whole range of human rights issues. I appreciate them being here today.

Ms. Hogan, why don't we go to you. Welcome.

STATEMENT OF ELIZABETH HOGAN

Ms. HOGAN. Thank you very much, Mr. Chairman, and to the distinguished members of the Commission. Thanks very much for the opportunity to talk to you today to update you on USAID's development efforts in Haiti, where we are partnering to end extreme poverty and to promote resilient democratic institutions.

5 years after the earthquake, USAID's focus has shifted from emergency response to reconstruction and development. While this is a long-term endeavor and while much remains to be done, as my State Department colleague has just mentioned, real progress is indeed being made.

Nowhere is that more evident than in the agricultural sector. USAID's agricultural programs have introduced improved seeds, fertilizer, and new technologies to more than 70,000 farmers. These investments have doubled and tripled yields in focus crops, including rice, corn, beans, and plantains.

Additionally, improved grafting techniques, mobile collection centers, and proper harvesting and packaging methods have helped to promote a 25 percent increase in the export of mangos. You can now buy mangos at Whole Foods, and they are superb. So you will see for yourself.

We are also helping Haitian businesses expand and create jobs. One example is a matching grant program that builds the capacity of small and medium enterprises and attracts foreign and diaspora investments to grow businesses, create jobs, and generate income.

So far, we have invested in 2008 small- and medium-size enterprises, leveraging close to \$8 million in private capital. These grantees are creating more business opportunities in Haiti and providing important services.

One of the program's notable recipients is Surtab, a Haitian Android tablet maker that has a monthly tablet production of 3,000 to 4,000 tablets. The impact of these tablets can already be seen in Haiti, particularly in the health sector, where USAID-funded community health workers are using Surtabs to improve case management and patient tracking.

Another grantee, dloHaiti, treats and provides safe drinking water. Its business model is lowering costs, improving water quality, and delivering services that improve the convenience and access to potable water in poor communities.

We also encourage private firms to bring their expertise and financial contribution to Haiti through public-private partnerships. Examples include partnering with BRANA, a Heineken subsidiary, to increase sorghum crops; the Coca-Cola Company, to improve mango production; and Digicel, to improve mobile money services.

Turning to the health sector, expanding access to reliable quality health care has long been a core element of USAID assistance, and we are seeing results.

A recent nationwide survey shows that, between 2006 and 2012, childhood vaccinations increased, infant mortality decreased, and chronic malnutrition in children also decreased.

It is important that these gains be sustained in the long term. To help achieve this, USAID is working with the Ministry of Health to advance its oversight of the public health system.

Specifically, our program is helping the Ministry to improve data collection and usage, upgrade internal management systems, manage donor funding, and improve its ability to attract, train, and retain professional health workers.

We are also emphasizing site-level governance and accountability through an independent verification unit designed to increase transparency in finance management as well as improve health outcomes.

As we progress in these efforts with the Ministry of Health both directly and in partnership with other donors, we will continue to work to ensure access to health services is widely available through the approximately 164 health facilities that USAID currently supports.

Across our portfolio, we value the input and feedback from a broad cross-section of Haitians in the design, delivery, and evaluation of our programs. This input helps us review progress and make midcourse corrections.

In addition, USAID has internal procedures in place to better understand how well our programs are performing. These mechanisms include portfolio reviews, field visits, results tracking, performance audits, independent evaluation, and cost-benefit analyses. As a result of this regular feedback, we have adapted our programs based on lessons learned, as evidenced by important changes in our shelter, ports, and energy investments. For example, in the housing sector, we have shifted from building houses to housing finance, helping the private sector play a more prominent role in housing construction. We will soon launch a program that will provide incentive to encourage housing developers and housing finance providers to enter the affordable housing market. In addition, USAID is partnering with the American Red Cross and the Government of Haiti on urban development in informal settlements around Port-au-Prince and, in particular, an informal settlement of 150,000 residents known as Canaan/Jerusalem. This emerging community is quickly becoming a permanent settlement and, therefore, one of the Government's highest housing priorities.

These partnerships include urban planning, promoting safe housing, building capacity of local entities to undertake more sustainable construction, and expanding services to meet citizen needs.

In the port sector, we are redirecting port assistance to rehabilitation of the existing port at Cap-Haitien to meet the near- to medium-term demand for port services in the northern part of Haiti. Our research has showed that a new port would not be economically viable, hence, this shift to rehabilitation of an existing port. We are also focusing our goals in the energy sector. USAID recognizes that a reliable and efficiently operated electricity sector is key to stimulating and accelerating economic growth.

However, advancements in this sector have been slower than planned, and we have been disappointed with the reversal of progress, in some instances, due to the political will or lack thereof to carry out very tough-minded reforms. Going forward, our support will be tied to concrete progress in reforming the state electricity utility, as demonstrated by achieving unambiguous targets and milestones that we negotiate with the GOH.

Our long-term goal is to see the Haitian Government and Haitian civil society manage donor resources directly. However, we recognize that there are many challenges to achieve this goal.

The pace of progress will depend to a large extent on action by the Government of Haiti to carry out its planned reforms to create transparent, accountable, and effective state institutions.

The Haitian Government and Parliament should also work together to pass legislation that will amend Haiti's severely outdated criminal procedure code. In addition to institutional and justice reforms, it is essential that the Government of Haiti continue to promote respect for human rights and the protection of vulnerable populations. This includes addressing issues such as improving security, providing services to the victims of abuse, and empowering vulnerable populations. The United States Government and USAID, in particular, stands ready to assist the Haitian-led effort to achieve these ends.

However, the most important step that can be taken right now by Haitian political actors is to reach an agreement that would ensure the holding of critical Parliamentary and local elections. Elections are essential for Haiti to maintain its democratic course and to afford the stability necessary for investment, economic growth, and job creation. While we acknowledge these ongoing challenges, USAID is committed to providing long-term support to build Haiti's capacity to provide for its citizens. While the course of Haiti's future ultimately depends on Haitians themselves, we all know that Haitians possess great resilience, creativity, and a tremendous entrepreneurial spirit.

When linked with capable and adequately resourced state institutions, Haiti's progress will accelerate toward a brighter, more prosperous country that all of its citizens so deeply deserve.

I want to thank Congress for its generous support of our work in Haiti. I again thank you for the opportunity to be with you today, and I look forward to your questions.

[The statement of Ms. Hogan follows:]

Prepared Statement of Beth Hogan

Acting Assistant Administrator for the Latin America and Caribbean Bureau, U.S. Agency for International Development

Hearing on “Aid Delivery in Haiti: Development Needs, Capacity Building, and Challenges.”

Tom Lantos Human Rights Commission

December 3, 2014

Good afternoon, Mr. Chairman and distinguished Members of the Commission. Thank you for the opportunity to update you on USAID’s efforts to assist Haiti, where we are partnering to end extreme poverty and to promote resilient, democratic societies while advancing our security and prosperity. Five years after the earthquake, USAID’s focus has shifted from emergency response to reconstruction and development. While this is a long-term endeavor, we are pleased to report that our efforts are positively impacting Haitians, while at the same time building the capacity of Haitian institutions.

Our programs provide key investments that will help catalyze long-term sustainable growth in Haiti. For example, our agricultural program has introduced improved seeds, fertilizer, and new technologies to more than 70,000 farmers. These activities have doubled and tripled yields in focus crops, including rice, corn, beans, and plantains. Additionally, by providing improved grafting techniques, mobile collection centers, and proper harvesting and packaging methods, USAID-supported farmer associations have increased exports for mangos by 25 percent.

We are also helping Haitian businesses expand and create more jobs. One example is LEAD, a matching grant program that builds the capacity of small and medium enterprises and attracts foreign and diaspora investments to grow businesses, create jobs, and generate income. So far, we have invested about \$4 million in 28 small- and medium-sized enterprises, leveraging close to \$8 million in private capital.

Our LEAD grantees are creating more business opportunities in Haiti and providing important services. One of the program’s notable recipients is Surtab, a Haitian Android tablet maker that has a monthly tablet production of 3,000 to 4,000 tablets. The impact of these tablets can already be seen in Haiti, particularly in the health sector, where USAID-funded community health workers are using Surtab tablets to improve case management and patient tracking. Another grantee, DloHaiti, treats and provides safe drinking water. Its business model is lowering costs, improving water quality, and delivering services that improve convenience and access.

We also encourage private firms to bring their expertise and financial contribution to Haiti through public-private partnerships. Examples include partnering with BRANA, a Heineken subsidiary, to increase sorghum crops, the Coca-Cola Company to improve mango production, and Digicel to expand mobile money services.

Turning to the health sector, expanding access to reliable, quality, health care has long been a core element of USAID assistance, and we are seeing results. A recent nationwide survey shows that many health indicators continue to improve, particularly those related to women and children. For example, between 2006 and 2012, childhood vaccinations increased, infant mortality decreased, and chronic malnutrition in children also decreased.

It is important these gains be sustained in the long term. To help achieve this, USAID is working with the Ministry of Health to advance its ownership and oversight of the public health system. Specifically, our programming is helping the Ministry of Health to improve data collection and usage, upgrade internal management systems, manage diverse funding sources, and improve its ability to attract, train and retain

professional health workers. We are also emphasizing site-level governance and accountability through an independent verification unit designed to increase transparency and improve health outcomes.

As we progress in these efforts with the Ministry of Health, both directly and in partnership with other donors, we will continue to work to ensure that access to health services is widely available.

We value the input and feedback from a broad cross-section of Haitians in the design, delivery, and evaluation of programs. Their input helps us to review progress and make mid-course corrections. In addition, USAID has internal procedures in place to better understand how well our programs are performing. These mechanisms include portfolio reviews, field visits, results tracking, performance audits, independent evaluations, and cost-benefit analyses.

As a result of this regular feedback, we have adapted our programs based on lessons learned, as evidenced by important changes in our shelter, ports, and energy investments. For example, in the housing sector, we have shifted from building houses to housing finance, helping the private sector play a more prominent role in housing construction. We will soon launch a program that will provide incentives to encourage housing developers and housing finance providers to enter the affordable housing space. In addition, USAID is partnering with the American Red Cross and the Government of Haiti on urban development in a post-earthquake informal settlement of around 150,000 residents, known as Canaan/Jerusalem. This emerging community is quickly becoming a permanent settlement and therefore one of the Government of Haiti's highest housing priorities. These partnerships include urban planning, promoting safer housing, building capacity of local entities to undertake more sustainable construction, and expanding services to meet citizen needs.

In the ports sector, we are redirecting port assistance to rehabilitation of the existing port at Cap Haitien to meet the near- to medium-term demand for port services in the northern part of Haiti in response to a request from the Government of Haiti after our research showed that a new port would not be economically viable.

We are also refocusing our goals in the energy sector. USAID recognizes that a reliable and efficiently operated electricity sector is key to stimulating and accelerating economic growth. However, advancements in this sector have been slower than planned and we have been disappointed with the reversal of progress in some instances due to the lack of political will to carry out reforms. Going forward, our support will be tied to concrete progress in reforming the state electrical utility, as demonstrated by achieving unambiguous targets and milestones.

Our long-term goal is to see the Haitian government and Haitian civil society manage donor resources directly. However, we recognize that there are challenges along the way. The pace of progress will depend to a large extent on action by the Government of Haiti to carry out its planned reforms to create transparent, accountable, and effective state institutions and an effective civil service. The Haitian government and Parliament should also work together to pass legislation that will amend Haiti's severely outdated criminal procedure code. In addition to institutional and justice reforms, it is essential that the Government of Haiti continue to promote respect for human rights and the protection of vulnerable populations. This includes addressing issues such as improving security, providing services to victims of abuse, and empowering vulnerable populations.

However, the most important step that can be taken right now by Haitian political actors is to reach an agreement that would ensure the holding of critical parliamentary and local elections. Elections are essential for Haiti to maintain its democratic course and to afford the stability necessary for investment, economic growth, and job creation.

While we acknowledge these ongoing challenges, USAID is committed to providing long-term support to build Haiti's capacity to provide for its citizens. While the course of Haiti's future ultimately depends on Haitians themselves, we all know that Haitians possess great resilience, creativity, and an entrepreneurial spirit. When linked with capable and adequately resourced state institutions, Haiti's progress will

accelerate toward a brighter, prosperous country that all of its citizens deserve. I want to thank Congress for its generous support of our work in Haiti. Again, thank you for the opportunity to be here today.

Mr. McGOVERN. Thank you very much.

I want to thank you both for your testimony and for your work.

I am going to yield to Ms. Lee from California first for questions.

Ms. LEE. Thank you very much.

And I, too, want to thank you for your testimony and your steady and good work in spite of many challenges each and every day.

A couple of questions I have. One is in terms of the whole issue of bilateral assistance versus multilateral, the lack of coordination among NGOs.

I mean, I have heard this and all of us have heard this over and over again, that by not engaging in bilateral assistance, the Haitian Government does not have the necessary tools to coordinate the types of programs and technical assistance and services that are needed.

So I would just like an update on any movement toward any effort on bilateral assistance. That is the first question.

The second one is: How is the Assessing Progress in Haiti Act being implemented? Whose jurisdiction does that fall within? Where in state is that happening in terms of the requirements of the law?

Thank you again, Mr. Chairman.

Mr. ADAMS. Let me take the first crack at that, Congresswoman Lee. And I did want to get back to answer your -- I will do that after I talk a little bit about donor coordination.

Right after the earthquake, a donor mechanism was set up, the Interim Haiti Reconstruction Commission, to coordinate assistance. It was co-chaired by former President Clinton and then Prime Minister Jean-Max Bellerive.

It met formally once a month. It had a lifespan of 18 months, after which the coordination went to the Haitian Government, the Ministry of Planning. And the Prime Minister is also the Minister of Planning there.

They have had several meetings. But they haven't provided the strong leadership coordination that we would have liked to see. They are increasing their capacity, the Ministry of Planning. We are supporting it to do this through USAID. They are getting better at it, but they still have a long way to go.

We knew that going in. I mean, I think one factoid I will throw out is you have Haiti, a country of 10 million people, with about 55,000 government employees. You have the Dominican Republic next door, same population, 10 million, with 500,000 employees.

So I think right there you can see the scale of difference in the capacity of the two Governments there.

A number of Haiti's best workers were working at 5:00 when the earthquake struck. Quitting time is usually 3:30, 4:00. These were people who were working very hard. So they lost a lot of talented employees.

And then, in some ministries, diagnostics have been done that show that there are a lot of ghost workers that -- and they are addressing that.

So the capacity needs to be growing. And we have seen that in several instances, the police, for example, I cited in my testimony. I think the Ministry of Health is another where we have seen growth.

And Beth might want to talk a little bit about that.

Moving on to your legislation --

Ms. LEE. Let me just ask you: Can we do any bilateral assistance at all to Haiti?

Mr. ADAMS. Yes.

Go ahead.

Ms. HOGAN. I would just say that all of our -- the vast majority of our assistance to Haiti is, in fact, bilateral.

Ms. LEE. When did that change?

Ms. HOGAN. It has always been the case.

Ms. LEE. Government to government?

Ms. HOGAN. Oh. I'm sorry. We have a different definition of "bilateral."

Ms. LEE. No. Do we provide any direct USAID funding to the ministries?

Ms. HOGAN. We have had a small effort with the Ministry of Finance to do that as a \$10-million effort to stand up its contracting unit, and it has actually gone quite well.

But we have limits as to how much we can give in government-to-government until these institutions are certified as qualified to track in appropriate manner U.S. taxpayer funding. And none of these institutions have yet made that mark.

However, with the Ministry of Health, we are working with the World Bank to try to get them to that point by which they can receive direct assistance.

And so we are looking at helping them with their health information systems, their hiring systems, their procurement systems, to get them to the -- and, in particular, of course, their financial management systems, in hopes that they will be precertified to be able to manage G-to-G, or government-to-government, dollars in the not too distant future.

Ms. LEE. So it is still mainly NGOs that are delivering the services?

Ms. HOGAN. I would say it is a combination of international, local, NGOs, as well as contracting entities.

Ms. LEE. Nothing has changed.

Mr. ADAMS. We are -- CDC, other U.S. implementers there, are doing some direct assistance to the Ministry of Health. And our goal with the Ministry of Health, where, as you saw from our budget charts, we are putting a billion dollars over 5 years, is to stand up where we are in Rwanda.

And I am glad Dr. Farmer is here because he is very familiar with that. And that is really to eventually have the Ministry of Health of Haiti manage all of the country's health systems. And donors would support it with a multi-donor trust fund.

We would like to do that. We had an initial goal of 2017. I don't think we are going to make it, but we are aiming to do that.

The other effort there is, you know, the Government of Haiti would like more G-to-G, and we would like to give more G-to-G.

So about a year and a half ago we started an effort with them to improve their transparency and accountability to set up accounting units in each ministry, which donors are funding and supporting. This is not just the U.S. This is all the donors, particularly the budget-support donors.

And it is going okay. I mean, part of it is an IMF-led effort to have a single-payer account, which really is three accounts. Because the Government of Haiti had over 500 bank accounts and their way accounting for that was nothing that would give you confidence that our tax dollars are being accounted for.

They have gotten about halfway there. We have a treasury adviser with them that is funded by USAID. The IMF has somebody.

And that is making progress in spite of some opposition. Because, frankly, the people who have been stealing from the Government of Haiti for years don't want to see these kinds of reforms.

The Prime Minister, to his great credit, has been calling the ministers together and telling them to get on with it.

So this is progressing. But it hasn't reached a point where we can do wide-scale G-to-G funding.

May I go to your second question?

Ms. LEE. Thank you.

Mr. ADAMS. On your act, I mean, obviously, we want to give the Congress the information it needs to provide its oversight responsibilities.

Congress has been an invaluable partner in Haiti's recovery. One of the nicest things about my job -- and I mean it sincerely -- is the broad bipartisan support we get on Haiti in Congress.

Both Beth and I frequently come up here and brief, and we strive -- we really try to ensure through these briefings and reports that you get accurate, timely information about our efforts in Haiti.

In addition to providing required reporting, members of my staff and I often join my colleagues of USAID and CDC. You know, we talk all the time to staffers and Members.

We will come up and brief at the drop of a hat. And I think you have experienced many of those briefings.

Our excellent Ambassador in Haiti, Pamela White, always makes it a point when she comes here for consultations -- when she comes for 4 days, she will spend 3 of them up here on Capitol Hill briefing interested Members.

In our opinion, the most effective channels for keeping Congress informed are those that allow immediate feedback and the opportunity to pose questions.

And so we arrange -- Beth and I participate in conference calls to Hill Members and staffers about every 2 months to provide updates on sort of the political and assistance situation in Haiti. And, again, we are happy to come brief any time.

We also really encourage visits to Haiti by Members and staff. We both have gone on a number of CODELs. And I think it is very hard to understand the situation in Haiti without going down there and seeing it. It is hard to describe from here.

Reports can complement briefings by capturing significant amounts of data often in the charts and spreadsheet, and the Assessing Progress in Haiti will be one such document.

Over the past month, teams in Washington and in our embassy in Port-au-Prince have been gathering the data required on this. We have also been working on the changes in our strategy that will be provided later.

The initial report in the legislation is required by the end of this year. The strategy is a little -- that is a few months later, next year.

We will provide that information and be glad to come brief when we do. We hope that you find that useful in conducting your oversight operation.

Ms. LEE. Thank you, Mr. Chairman.

I really appreciate that because sometimes we kind of lose track of where the legal requirements of what we have worked on here fall within the state.

And so I hope that we can stay on top of this and we know exactly specifically with regard to the accountability of the implementation of the Assessing Progress of Haiti Act.

I really thank you.

Thank you, Mr. Chairman. Thank you very much for this chance to be with you.

Mr. McGOVERN. Mr. Conyers, do you have any questions?

Mr. CONYERS. More than I can organize.

I just wanted to raise -- first of all, compliment you on this hearing and our two witnesses. I wish I could have been here earlier.

But I just made notes about the cholera vaccination program, which we are trying to get straightened out. And then, of course, I am always thinking about the election process and housing.

Between those three things, if you can give us any kind of clue on where we are on any of that, I would be very grateful to our lead-off witnesses.

Ms. HOGAN. Well, perhaps I will start with the response on the cholera question and say that, much to everyone's delight, we have seen a marked, precipitous fall in the rates of infection from cholera since its height at the outbreak in 2011.

In fact, now we just for this year have had the lowest number of cholera deaths since the outbreak began at 134, which is below the 1 percent international standard, which would show that, in fact, the Government has been able to contain the disease and manage it properly.

One of the things that we did, as you know, along with CDC, which was the lead agency from the U.S. Government in response to the cholera pandemic, was to stand up stand-alone cholera treatment centers. Those centers have since been integrated into the main clinics and hospitals as part of a package of treatment that patients get for any number of ills that they may have.

And so we are really very pleased to see that -- although it still exists and it is going to exist, unfortunately, probably for many years to come, we are very happy that the progress that we have seen thus far has been made and seems to be sustained.

In terms of the vaccine, I think our next panel may be better able to talk to that directly, since Partners In Health has been in the lead in developing and testing that vaccine.

As for -- our approach to that is simply to wait to see what the Government of Haiti wants to do with that. Thus far, we are working on the prevention side of cholera as well as treatment, but, so far, not investing in a vaccine, per se, nor have we been asked to.

Mr. CONYERS. Any other comments?

Mr. ADAMS. I think you mentioned housing. Did you have a question on housing?

Mr. CONYERS. Yes, sir.

Mr. ADAMS. Yeah. I mean, I will just start and then I will let Beth finish.

Even before the earthquake, Haiti had a need to properly house its population for about 500,000 new houses. As we build houses, it is about \$30,000 for a house that has electricity, water, sanitation, so forth. So you are looking at a need of \$15 billion just in housing for Haiti.

All the money pledged by donors through 2013, when the U.N. used to keep track of donor pledges -- now the Government of Haiti does, and they haven't issued any new reports -- but is about \$14 billion.

So even if every single dime pledged by donors went to building housing, it wouldn't be enough, and it would leave no money for health or for job creation.

So our strategy was to build houses. I think, as we got into it, we realized that wasn't working as well as supporting the Haitians.

And, actually, if you go down there, I urge you to go to the north of Port-au-Prince to a place called Canaan/Jerusalem, which Beth mentioned, where 150,000 people are building their own houses.

And the Government of Haiti came to us and asked us to help get ahead of this for planning and to make sure the houses were safe and other things. That is the change she described in her testimony, and I will let her perhaps add more on to that.

Mr. McGOVERN. And while you are answering that question -- I am just looking at an article here entitled "USAID Houses Found to be of Poor Quality, Will Cost Millions to Repair," talking about 750 houses built by USAID that were found to be in poor quality and will take millions of dollars to repair. This is part of a GAO report. Maybe you could address that as well.

Ms. HOGAN. Yes. I would be happy to.

In fact, we have an active investigation underway to look at that. We have been part of the review of housing as part of our in-use monitoring and have determined that some of these materials are subpar. So because these houses are still under warranty, we have called upon the builders to come back in and make the necessary repairs.

We will not tolerate anything less than what we have contracted for in terms of quality and safety. We are very proud that we have been able to provide shelter solutions to almost 400,000 people through housing vouchers, through temporary shelters, through home repairs.

A small part of the housing strategy is actually the building of new homes. And, as Tom just mentioned, our shift to housing finance in helping individual homeowners improve and build out their own homes is going to reach vastly more numbers of people than we would be able to ever build houses for.

But, you know, in terms of the houses that we do build, we take responsibility for those in terms of its quality and its sustainability and certainly its safety, and we are addressing those as we speak.

Mr. McGOVERN. Any other questions, Mr. Conyers?

Mr. CONYERS. This will hold me for now. But thanks so much.

Mr. McGOVERN. I appreciate it.

If we could just go back to the elections for a second.

If more Haitian legislative terms are allowed to expire in January without elections having been held and the Haitian Parliament will be unable to meet a quorum and conduct business, what impact would that have on further disbursement of U.S. and other foreign aid?

Mr. ADAMS. That is an excellent question.

You know, it will have an impact. Hard to give you a specific quantity. But one of the results of this political gridlock is that Parliament has passed very few laws that Haiti needs. Haiti needs a whole host of laws for land tenure. They need changes in taxation. They need to modernize business practices, adopt electronic signature laws, things like that.

That just hasn't happened due to this political gridlock. So, really, it is the overall political gridlock that needs to be resolved.

And the way you resolve disputes in a democracy is through elections. So we have been working with them to try to create a climate to have elections.

This past weekend, there was, I think, a positive step in this direction where President Martelly announced the creation of a consultative commission and asked them to give him by December 9th a road map out of the current political standoff. The commissioners are very well-respected Haitian leaders who I think have a certain amount of confidence on both sides.

There have been prior efforts. There was an El Rancho agreement. There have been a number of efforts to pass an electoral law, and they have been held up, really, for political reasons.

Haiti -- this has happened in the past where Parliament expired -- in Haiti, they say "parlement caduc." It means expired -- when there was rule by decree under Presidents Aristide and Preval.

It is not our preferred avenue. We think, in a democracy, it is better to have a balance of powers. So we have been urging all sides to come together and reach agreement that would open up for elections.

There are some proposals on the ground -- and I won't go into them -- that could approve rule by decree at least for a while and maybe permanently. And, again, we very much hope all parties will bargain in good faith to achieve that goal.

Mr. McGOVERN. This is a question on just the aid -- the disbursement of aid to Haiti.

There was State Department and USAID figures that stated that the United States has just disbursed 66 percent of funding for Haiti from 2010, the year of the earthquake, through 2013. And so I am just trying to understand why one-third of U.S. funds for Haiti have not been disbursed to date.

What have been the kind of key problems in the U.S. planning and execution of programs and in fund disbursement? And what have been the biggest problems in the Haitian Government's ability to design programs that absorb foreign assistance?

Ms. HOGAN. I am happy to begin the answer to that question.

Not all of that money was intended to be spent by now. A lot of it is tied up in infrastructure programs that take years to develop because of the due diligence and analysis that is required before one enters into something like building a new port, as an example.

And so, because of that due diligence, we were able to determine that, in addition to the environmental issues revolving around building a greenfield port in an area that had been protected -- had coral reefs that were protected, we also needed a business partner.

Because this was never going to work unless there was a private-public partnership with an interested company that wanted to come in and do this under a concession arrangement.

We didn't have a strong-enough business case that convinced the private sector that this was worth investing in. And so, as a consequence, we shifted to the rehabilitation of the port, which has reduced the amount of money that we anticipate spending on infrastructure of the port.

So that is just one example.

Another example is, in the housing sector, it took much, much longer than had been anticipated in getting access to the sites on which we build homes.

There was a lot of double and even triple tenure documents as to who owned that land, and it took a long time for the Government to sort out how it was going to reimburse the persons who had title to that land and then give it to us in order that we could build on it.

So I would say that a large part of the backlog in resources has to do with large infrastructure programs that will only be paid for over a number of years. That, in addition to, you know, a lot of times it is just really hard in Haiti to get things done quickly.

So it is not for a lack of effort or a lack of will, but, rather, just the kind of implementation delays that we see exacerbated in a place like Haiti, given the tremendous issues that they are contending with on a regular basis.

Mr. McGOVERN. Let me just ask you kind of a -- maybe it seems like a silly question, but just something that I would be curious to know what your response to is.

You know, it has now been 4 years since the earthquake. A lot of U.S. investment has been made. Have we prioritized the projects and initiatives in a way that you think, you know, was the right way to do it or have we missed the boat on a few things?

And let me tell you why I ask the question. Last time I was in Haiti was -- I was there shortly after the earthquake, and then I was there 2 years ago.

What struck me 2 years ago as I was kind of driving through the country was that some of the most basic needs -- the infrastructure needs, like clean water, you know, sewer systems -- I mean, all that is related to health and well-being issues didn't seem to be being addressed.

And so I appreciate the talk about the new port and all that kind of stuff. But there are just some basic things that really need to be built in Haiti for the benefit of the people that at least 2 years ago didn't seem to be being built.

And I am just curious whether or not we have prioritized those types of projects enough, and I would be curious to get your response.

Ms. HOGAN. Well, you are absolutely right that basic sanitation infrastructure is lacking in Haiti. And it is going to require billions of dollars to bring that about.

So we don't have those types of resources. And, therefore, we are focusing in on point-of-use cleaning of water, for example, tablets and -- et cetera, so that, when, at a household level, people who have access to water which may not be portable, they can treat that water in order to be able to use it.

But the kind of investments that are required in developing the infrastructure around what a modern infrastructure would be for delivery of clean water is something that we look to the multilateral development banks to finance. And they are interested in financing. And I think it is the IADB that is, in fact, already putting some resources into that.

Mr. ADAMS. Let me just add to that.

More Haitians have access to clean water now than before the earthquake. So there has been improvements in water. Sanitation has degraded, in part, because of the earthquake, but other things, too. The IADB is putting pipe water in secondary cities, clean pipe water. They have a project to do that, and it is ongoing.

The Spanish are very big in water and sanitation. They have had delays. They particularly do sanitation. They had land tenure issues with a big sludge field they were -- they thought they had clear title and turned out it didn't and it took a while to get it sorted out there.

So, you know, again, some of this is -- is the limited capacity of the Government. For example, the water company in Haiti, DINEPA, has performed admirably. But, again, donors are trying to help them build up their capacity to expand their operations more globally because it is a health issue.

So I think things are prioritized. And the priorities come from the Government of Haiti. I mean, frankly, all donors work with the Government of Haiti, and we don't do anything that the Government of Haiti has not approved in writing, basically.

Mr. McGOVERN. Do you think we have made any missteps over the last 4 years that --

Mr. ADAMS. Oh, definitely. I mean, no plan survives first contact with the enemy. And I think this is true in Haiti. That is why we are making changes, I think the changes Beth has outlined in our strategy, which will be formalized when we submit it in February.

You know, on housing, I think, again, the Haitians are building their own houses and we have to help them do that. That is a more effective way than us trying to build for them because we ran into land tenure and other issues. I won't bore you with the details.

We also -- on the port, you know, we want to build a new greenfield port up north. Environmental and business model didn't support that; so, we have changed that strategy. We have done some changes in partnerships. But most of the strategy is still very valid. In health -- I think our health strategy is good and in other areas where we are putting in a lot of money.

And it is also important to realize we do coordinate extensively with other donors, particularly World Bank, the IADB, EU, France, and Canada. We partner with them and productively. And, you know, they are sticking with Haiti. You know, there is still a lot of support for Haiti not just from the U.S., but these other countries, and they are going to need it.

Mr. McGOVERN. Yes.

Ms. HOGAN. If I could just add on to that, I would say another mistake, if you will, that we made is I think we were overly optimistic and overly ambitious in terms of our projection of timing that it would require to complete our strategy.

We have learned that we needed to factor in the kind of delays that we have just discussed with you, and we have pushed our strategy out to 2018. So the goals that we had initially for 2016 have been pushed out by 2 years. So that is one lesson learned.

The other thing I think we have learned along the way is that we were probably a little too strict with ourselves. We said we were going to work in three corridors and four crop areas, as an example, in our ag program.

We have realized that, if we really want to build these public-private partnerships and if we really want to attract increased investment into Haiti, we can't be so strict. We have to let the market lead us into what they are interested in investing in. And so our investments in sorghum is an example of that.

So what we would like to think of is that the strategy is flexible and adaptable to events on the ground.

Mr. McGOVERN. Well, I appreciate you being here.

And I think, for those of us here in Congress, we just want to get this right make sure that, you know, the people of Haiti are in a much better place when all is said and done.

And the reason why, again, I raise the infrastructure stuff is because a lot of the other things that we are doing is basically funding programs that could have been avoided if we had a better water and sanitation infrastructure. It is kind of those big projects that seem to be really important, and I get it that they are expensive.

And I will just say one other thing that somebody had told me -- and I am not sure if this is true -- is that there is a concern about some of the rebuilding in Haiti, you know, in the aftermath of the earthquake is -- you know, kind of been a substandard level.

Some people claim that some of the buildings collapsed because they weren't properly constructed to begin with. I saw a report from somebody that said that a lot of the new construction is equally as shoddy, which raises some questions as well.

But we just want to get this right. And I appreciate the work you are doing, and we will remain in contact.

Thank you very much.

Mr. ADAMS. Thank you.

Ms. HOGAN. Thank you.

Mr. McGOVERN. So now I would like to welcome our next panel.

I am very pleased to welcome the members of our civil society panel today: Dr. Paul Farmer, Chief Strategist and Co-Founder of Partners In Health, and Ms. Loune Viaud, the Executive Director of Partners In Health in Haiti.

Their work on healthcare delivery and public-sector capacity-building exemplifies this framework for aid delivery.

I have known Mr. Farmer's work for a long time. I had a chance a few years back to talk to him about development models for Latin America and elsewhere.

But I want to thank Paul for his leadership in the Ebola response. And we appreciate him stepping away from his critical work to testify today.

We are also honored to have Lisa Davis, Human Rights Advocacy Director at MADRE, whose work on gender-based violence in Haiti has brought greater attention to the needs of some of the most vulnerable populations.

And I would like to formally submit the written testimonies of all the witnesses, as well as reports provided by their supporting organizations, into the hearing record.

I would also like to formally submit for the record written testimony from Human Rights Watch.

Mr. McGOVERN. I also should thank Andrew Longhi and the staff of the Tom Lantos Human Rights Commission for helping me to put all this together today.

So, Dr. Farmer, if you could please begin with your testimony. The microphone is yours.

STATEMENT OF DR. PAUL E. FARMER, CHIEF STRATEGIST AND
CO-FOUNDER, PARTNERS IN HEALTH, UNITED NATIONS
SECRETARY-GENERAL SPECIAL ADVISER FOR COMMUNITY-BASED
MEDICINE AND LESSONS FROM HAITI; LOUNE VIAUD, EXECUTIVE
DIRECTOR, ZAMNI LASANTE; LISA DAVIS, HUMAN RIGHTS ADVOCACY
DIRECTOR, MADRE, CLINICAL LAW PROFESSOR, CUNY LAW SCHOOL

STATEMENT OF DR. PAUL E. FARMER

Dr. FARMER. Thank you very much, Mr. Chairman.

And I'd like to thank Congresswoman Lee, Congressman Conyers,
Congresswoman Schakowsky, and the other solid friends of Haiti who we met down
there so many times.

I, as you know, would like to submit my written testimony and, instead, speak a
little bit more informally and to mention some of the significant developments that are
positive developments we have seen since the earthquake and, also, to use the framework
that you have asked me to use, which is a human rights framework.

This is the Lantos Commission, and on the rare occasions that I have been invited
to give testimony here in Washington, it has usually been around expanding our notion of
human rights, expanding our notion of human rights as used so often in our country.

And in simple terms, the right to health and the right to health care and other basic
social and economic rights are important in considering what will happen next in Haiti,
what has happened before, of course. And that notion of rights is considerably more
expansive than some that are often used in human rights reports.

I would just like to signal to those listening or those gathered here that it was the
Haitian people who taught me the importance of basic rights to security, including food
security, including freedom from want, including freedom from really assaultive disease,
an example, of course, being the one that has been discussed already, cholera or Ebola, in
West Africa.

These rights are very important, and I am grateful to the Haitians for being my
mentors in this arena.

The news on health care, as has been mentioned by both Mr. Adams and others
here, is not bad in Haiti. It is actually quite good. There have been significant
improvements. These were on track, if not as clearly so as in Rwanda, which, as you
mentioned, is a place where Partners In Health has had the good fortune to work for
many years. They were nonetheless on track.

And looking at American investments, it is not an accident that some of the
sharpest declines in mortality were registered among people living with HIV disease.

That is because of significant funding through U.S. programs like the President's Emergency Plans for AIDS Relief and by multi-lateral funders like the Global Fund to Fight AIDS, tuberculosis, malaria.

These are noteworthy achievements. It is also not true that they were without effect beyond HIV. There were significant declines in under-5 mortality, reductions in maternal mortality, and improvements in many other regions -- arenas of primary healthcare in addition to public health.

Dr. FARMER. Now, of course, some of this -- or a great deal of this was reversed by the earthquake. And how could it be otherwise when such a significant fraction of Haiti's public sector health workers perished, as, again, was mentioned already.

And when we think in terms of the right health care, that is different, as you suggested, from the right to help, also a very -- you know, two consummations devoutly to be wished -- right? -- the right to health care, which involves access -- ready access to healthcare delivery, and the right to health, which is very much more difficult -- no less important, but more difficult to fund. And it involves, as you said, jobs, safe environment, and attacking problems such as gender disparity, which I am sure we will hear more about.

Now, the right to health care or the expansion of the healthcare platform is, in some senses, easier to deliver on. And just to make that distinction, if you think about cholera, there are two kinds of freedoms that you would want, freedom from being exposed to cholera, but, also, if you are sick from cholera, knowing that you would have ready access to care that could save your life.

On the former score, we failed to protect that island from cholera. On the latter score, we failed initially. We had high rates -- case fatality rates, and they are dropping, no. I mean, no one should die from cholera. No one should get cholera, but when they do, no one should die. And that trend has also been positive. We need to do the same around Ebola in West Africa to understand that we should not be losing people.

Now, to illustrate this in order, I will say as my colleague, Loune Viaud, will, in order to influence the way in which the substantial resources -- American resources are deployed in Haiti, I just wanted to illustrate some basic points and then stop.

And these points are about strategy implementation in the coming months. And I will just use one. I will ask to just have a couple of images put up on the screen, if I may, on your screens. And that word is "accompaniment."

These are not -- short-term contractual approaches are not going to solve the problems that I will be describing, which, as you said, involve major investments in infrastructure to protect -- help and prevent illness, but, also, to make sure that, once people are sick, they don't perish because they have no right to health care.

This is obviously in response -- sorry. I can't see it myself. But the slide just reads what never happens in emergency responses. And this is a critique of our own sort of attention deficit disorder approach to emergencies.

First, we keep saying every time there is a major disaster we need to link our emergency response to longer term systems-building and then we fail to do it all too often.

In public health jargon, this is often called "health system strengthening." It is not a very sexy term. And, yet, it is critical for all the reasons that you and others mentioned.

We also fail all too often to link our investments to building local capacity through formal training programs. And my colleague, Loune Viaud, will be speaking about this, I know, having read her comments.

And we can do that. We can insist that we link our investments. Certainly, I believe the American people should do more of this, that all of our investments are linked building local capacity, in this case, Haitian capacity.

And then, finally, learning, generating new knowledge even from making mistakes. I admired the question that you asked, "Well, have there been mistakes made?" There are always mistakes made. And learning from those and learning from successes I think will improve the quality of what it is we are going to do.

And just ask for the next slide.

Now, this -- I will be -- we will be glad to document where these numbers come from. But in broad-brush strokes, after the earthquake, almost none of the emergency response went to building local institutions. This is the point that Congresswoman Lee was asking.

And there are legitimate reasons why this number would not be very large. Right? You have just lost -- something like 27 out of 28 Federal buildings in Haiti were destroyed. You've lost a very substantial of the public servants.

But I am arguing here that that number should not be 1 percent of emergency aid because we can do better by linking more of that to building Haitian institutions and building local capacity. And, indeed, we will ask at more chances to see if we can do better with the Ebola response as well, as you know.

One other slide.

Now, what would it look like to build local capacity? In public health, that involves going through or supporting the Ministry of Health. I believe in -- public education is probably the same thing.

And we don't have -- as our -- the preceding panel noted, we don't have a lot of this government-to-government direct support yet, and the reasons for that were laid out.

What Partners In Health chose to do after the earthquake is quite different, which is to build with and for the Ministry of Health a major teaching hospital in central Haiti.

And I just will say -- and, again, in an informal form -- you would be surprised perhaps at how much incredulity there was about this approach at the time, with many claims that, "This will never work," "You will never get it done," "It will just slow everything down," "You will never be able to meet standards if you work so directly with the Ministry."

And, yet, 18 months after starting what would be the largest solar-powered hospital in the developing world, it was finished to more than California-level earthquake standards, and it has already been open for 2 years.

In fact, you'll hear from Loune Viaud what in medicine we call "white coat ceremonies," when the new doctors -- new trainees come in and receive their white coats.

There were already, just counting physicians in formal training programs, more than 40 Haitian physicians getting their first chance to train in specialties like emergency medicine. The idea that Haiti has no emergency medicine training program after such a massive investment after the earthquake beggars the imagination a little bit.

So I am arguing, in terms of Congresswoman Lee's bill, that we think more critically about what we might do differently in terms of building local capacity and formal training programs.

As far as Ebola, it is the same story. If we don't have after the next couple of years -- I know there will be massive investments from the United States. I intend to come back here next week and argue for those investments in West Africa. But if we don't have formal credentialed programs in infection control, for example, for nurses and doctors and better infrastructure that comes out of this, that would be a shame.

And next to that, by the way, is an Ebola -- if you could go back one, this is Mirebalais Hospital from the air. I was actually in Sierra Leone when someone sent me this photograph after picking up or dropping off a patient in the helipad.

And, again, people sneered sometimes at the idea of, "You don't need a helipad" and "You don't need a 200,000-square-foot hospital in the middle of central Haiti." Of course you do. They just lost all of their healthcare infrastructure.

So that is an Ebola treatment unit. That is not what an Ebola treatment unit should look like either. And that is even worse than New Jersey.
Next slide.

This is just last images. I hope these will cheer you as well. And all of you care about Haiti, and there is no one in this room who doesn't.

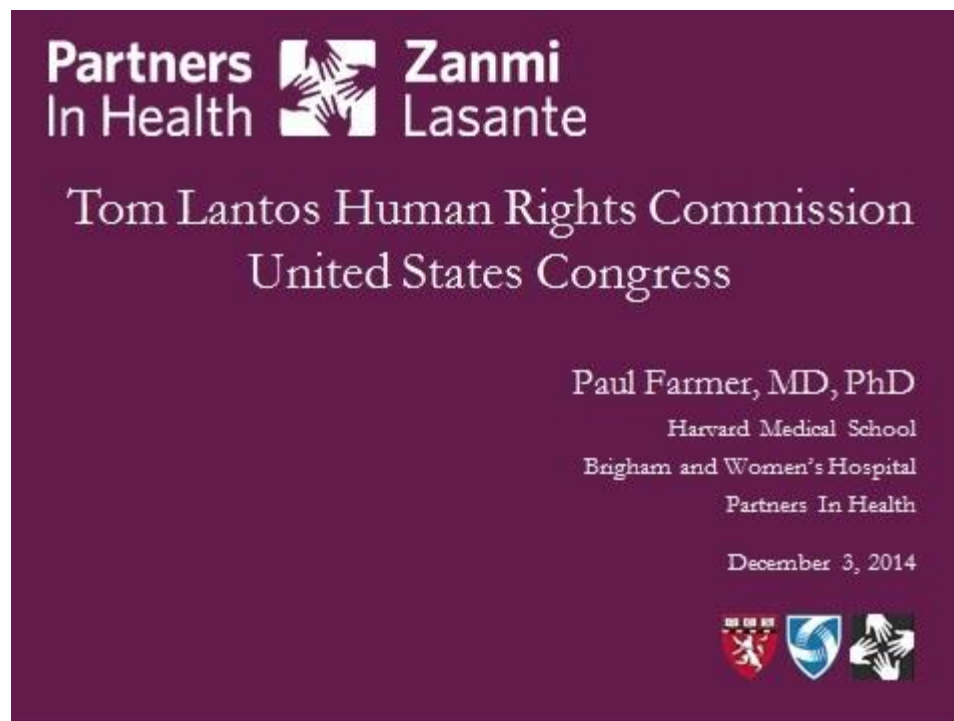
If there is so much human capital in Haiti and opening up a facility like this -- and this is a public facility built by Partners In Health, and there was a lot of technical assistance and a lot assistance also from the private sector, donations and donations in kind, technical assistance.


This is allowing the human capital that we all know is abundant in Haiti to be turned to things like healing, to nursing, medicine, laboratory diagnostics. All of this remains to be done in Haiti.

And I will close with an appeal. I hope some of these resources are targeted, again, to programs that support the public sector doing its job, protecting the Haitian people from unnecessary risk or taking care of them when they are ill, they are linked to formal training programs -- I am talking about health care because I am a physician -- and that they are more in the mode of long-term accompaniment than in short-term contractual arrangements.

There is plenty of opportunity here, and I look forward to being part of it in the coming years. Thank you very much, Mr. Chairman.

[The statement of Dr. Farmer follows:]




Partners In Health  **Zanmi Lasante**

Tom Lantos Human Rights Commission
United States Congress

Paul Farmer, MD, PhD
Harvard Medical School
Brigham and Women's Hospital
Partners In Health

December 3, 2014



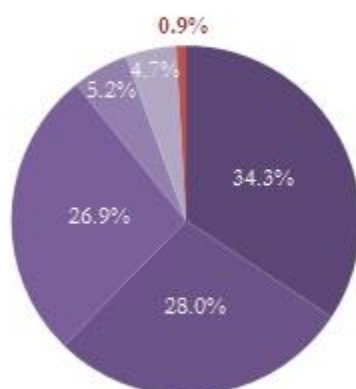
What Never Happens with Emergency Responses?

- Health systems strengthening
- Training/capacity building
- Knowledge generation



Partners In Health  Zanmi Lasante

Haiti: 0.9% of Humanitarian Aid Was Invested in National Systems



Recipients of \$2.42 billion in aid disbursed for Haiti earthquake response (2010-2012)

- Donors' civil/military disaster response (\$836m)
- NGOs and contractors (\$676m)
- UN entities/UN-supported NGOs (\$652m)
- In-kind goods and services (\$125m)
- Intl Federation of Red Cross (\$113m)
- Government of Haiti (\$23m)

UN Office of the Special Envoy for Haiti. Can More Aid Stay in Haiti and Other Fragile Settings? How Local Investments Can Strengthen Governments and Economies. New York: United Nations, 2012. http://lessonsfromhaiti.org/download/Report_Center/osereport2012.pdf

Partners In Health  Zanmi Lasante

What Would This Look Like?



Thank You



Partners
In Health



Zanmi
Lasante

Mr. McGOVERN. Well, thank you very much. I appreciate that.

And I have been asked to -- you know, when people talk about the interest in Haiti, I should let you know that over 20,000 people are watching this hearing. It is being live-streamed or whatever -- I think that is the right way to say it -- from all around the country and maybe even in other countries. So there is a great deal of interest in this. So I appreciate your testimony.

I would like to turn it over to Loune Viaud. Thank you very much for being here.

STATEMENT OF LOUNE VIAUD

Ms. VIAUD. Thank you, Chairman McGovern and the distinguished Members of the Commission, for arranging this hearing.

I am honored to share this very special panel with Paul and Lisa to address the current aid delivery situation and the status of the healthcare system in Haiti.

I have submitted a longer testimony; so, I will be brief and allow time for questions.

Next month, on January 12, 2015, we will be reflecting on the fifth anniversary of the catastrophic earthquake which changed everything in Haiti. The earthquake left many people with disabilities and mental health needs. It left thousands of children orphaned, displaced, as well as women vulnerable to violence.

The road to recovery is long, but I can testify today that, in the 5 years since the earthquake, progress has been made. Zanmi Lasante is the sister organization of Partners In Health, working in Haiti for close to 30 years.

Our objective has always been to partner with the public sector to improve the public health system in Haiti. This objective has not changed after the destruction brought on by the earthquake. Rather, it became more necessary and urgent.

In partnership with the Haitian Ministry of Health, Zanmi Lasante invests in building healthcare infrastructure. After the earthquake, at the request of Haitian authorities, Zanmi Lasante built l'Hopital Universitaire de Mirebalais, the University Hospital of Mirebalais, as a public-sector hospital.

The state-of-the-art, like Paul was showing on the slides, hospital has facilities to serve the people of the Central Plateau, one of the poorest areas of Haiti, and to train Haiti's future healthcare professionals.

I am proud to announce that just a few weeks ago we had held a white coat ceremony for 44 Haitian medical residents to be trained in emergency medicine, general surgery, pediatrics, anesthesiology, and women's health.

In addition to the hospital in Mirebalais, we also work in 12 public medical facilities across the Central Plateau and lower Artibonite region. Zanmi Lasante has staff numbering just over 5,000.

As an organization based in human rights, we understand that realizing the right to health requires investments in all aspects of society to improve the underlining determinants of health.

As the Committee and, Chairman McGovern, you are aware, the cholera outbreak began in October 2010 and sickening close to 1 million Haitians and taken the lives of over 8,000 individuals.

Zanmi Lasante is working with our partners at the Ministry of Public Works, Ministry of Health, Ministry of Education, and UNICEF to reduce the prevalence of cholera in the Central Plateau by increasing access to water, sanitation, hygiene, and education in primary schools, villages and health facilities.

This work constitutes part of the 10-year national plan for the elimination of cholera in Haiti and the Dominican Republic.

In partnership with the Government of Haiti and the communities we serve, we continue to improve the health and quality of life for millions of people and to challenge the notion of what is possible in global healthcare delivery in developing countries.

We appreciate the support of USAID and are exploring other ways to work together, including collaborations for greater access to education and training.

We have been successful in securing positive outcomes in Haiti. We nevertheless encounter and witness many challenges for aid delivery in Haiti, some of which I would like to enumerate here.

Haitian organizations struggle to secure international funding, which can create duplication among nongovernmental organizations.

According to the United Nations of the Special Envoy for Haiti, of the \$6.4 billion disbursed between 2010-2012, six-tenths of 1 percent was disbursed to local NGOs. It does not serve the general purpose of assisting the country in the long term because it does not contribute to improving local capacities.

Our colleagues at the Ministry of Health and Ministry of Social Planning have explained to us how difficult it is for them to effectively coordinate the various donors, as many do not align their plans with the Government of Haiti's priorities.

Without significant long-term investments to expand water and sanitation coverage in the country, Haiti and its donors will be faced with a chronic and expensive public health crisis. The challenges faced by Haiti are not insurmountable and they are solid models of success and lessons learned.

We are counting on you, Members of Congress and Mr. Chairman, to keep pushing for human rights-based approach to reconstruction and development needs.

Here are a few accommodations to consider: Continue to build on programs that support local groups and increase their capacity.

In the past 30 years, we have seen a generation of Haitians who want to advocate, serve, and lead. We also have seen local organizations gain experience in responding to local needs.

Funding these organizations to expand their research, while providing them with key technical assistance, to improve their management skills can truly make a difference.

Continue to fund programs that take holistic approach to social and economic development.

We are grateful for the long-term commitment of the U.S. Government to our health and education system-building. Continue to support long-term investment that focus on an increased collaboration between the public and private sectors.

At Zanmi Lasante, Partners In Health, we understand that we are doing only a small part of what is needed for the country in terms of human rights, and there is so much more that is needed. We are grateful to all the Members of Congress who continue to call for support to Haiti.

With your help, the momentum will continue so that Haiti becomes a country where all citizens benefit from not only civil and political rights, but social and economic rights as well.

Thank you.

[The statement of Ms. Viaud follows:]

**Prepared Statement of Loune Viaud
Executive Director, Zanmi Lasante
Hearing on “Aid Delivery in Haiti: Development Needs, Capacity Building, and Challenges.”
Tom Lantos Human Rights Commission
December 3, 2014**

On behalf of Zanmi Lasante and Partners In Health, I would like to thank the distinguished members of the Tom Lantos Human Rights Commission for arranging this hearing.

I am honored to be here to address the current aid delivery situation and the status of the healthcare system in Haiti.

Next month, on January 12, 2015, we will be reflecting on the 5th anniversary of the catastrophic earthquake which changed everything in Haiti. Over 300,000 people died. The earthquake left many people with disabilities and unaddressed mental health needs. It left thousands of children orphaned or displaced and women and girls vulnerable to violence. Five years later, over 100,000 people remain in temporary camps.

While the road to recovery remains long, I can testify today that in the five years since the earthquake, progress has been made. I would like to share with the Commission insight into these accomplishments made in the health sector through Zanmi Lasante/Partners In Health, with the support of donors such as USAID, PEPFAR and United States Government. I will then identify some of the challenges I see in the

delivery of aid to the health sector. I will conclude with recommendations I have for a more rights-based assistance to Haiti.

Zanmi Lasante/Partners In Health Contributions to the Long-Term Development of the Health Sector after the Earthquake

Zanmi Lasante has operated as the sister organization of Partners In Health in Haiti for close to three decades. Our objective has always been: partner with the public sector to strengthen the public health system in Haiti. This objective did not change after the destruction brought on by the earthquake; rather, it became more necessary and urgent.

In partnership with the Haitian Ministry of Health, Zanmi Lasante invests in building and maintaining health care infrastructure and improving the quality and availability of medical care and medical training in Haiti. After the earthquake, at the request of Haitian authorities, Zanmi Lasante built l'Hôpital Universitaire de Mirebalais (the University Hospital of Mirebalais) as a public sector hospital. The hospital officially opened its doors in March 2013. Funding for this first class institution came from a number of donors including \$8 million USD from the Government of Haiti for the first year of operations. Zanmi Lasante signed a Memorandum of Understanding with the Government of Haiti confirming its continued financial support to the hospital. The hospital's financing strategy which includes innovative revenue models has been reviewed by the Ministry of Finance. Upon request from the Ministry of Health, USAID, through its Health Financing and Governance Program, has provided technical assistance to our leadership team to study the costs of care and develop a full business plan. We look forward to a continued collaboration with USAID as we implement this financing strategy.

This state-of-the-art teaching hospital has facilities to serve the people of the Central Plateau, one of the poorest areas in Haiti, and to train Haiti's future health care professionals in accordance with the highest standards. Haiti has well below the number of health professionals per person recommended by the World Health Organization with one nurse and 3 doctors per every 10,000 persons as opposed to a recommended 23 nurses, doctors and midwives per 10,000. Providing high-quality medical training for more Haitian medical residents is essential to building a high-quality, integrated health system in Haiti. I am proud to announce that just a few weeks ago; Zanmi Lasante held a white coat ceremony where 44 Haitian medical professionals celebrated the beginning of their training in emergency medicine, general surgery, pediatric, anesthesiology and women's health.

We will also soon begin training for over a dozen nurses in anesthesiology who will work throughout health facilities in Haiti.

Since Mirebalais hospital's opening in March 2013, Haitians from across the country have come to the facility for basic and complex care, demonstrating the extreme need for advanced, high-quality health care in Haiti. On average, there are 400 emergency room visits per week and 700 outpatient visits per day. The hospital has over 900 full time staff comprising of 70 doctors, 162 nurses, and 50 technicians—the vast majority of whom are Haitian. It is also the only public hospital in Haiti offering CAT scan services. In addition to the hospital in Mirebalais, we partner with the Haitian Ministry of Health in the provision of health care in 12 public medical facilities across the Central Plateau and lower Artibonite regions. Zanmi Lasante has staff numbering just over 5,000 providing health care to over three million Haitians.

In addition, with partners such as USAID Haiti, we currently work as an implementer under the health service delivery project, Services de Santé de Qualité pour Haiti (Services for High Quality Healthcare in Haiti). Through this initiative and the support of USAID and the Ministry of Health, we are expanding our technical capacity in the areas of water, sanitation and hygiene, gender based violence, child protection and nutrition

Furthermore, as an organization grounded in human rights, we understand that realizing the right to health requires investments in all aspects of society—to improve the underlying determinants of health. Therefore, Zanmi Lasante supports 42 schools, four farms, housing, water, sanitation and cholera prevention projects, as well as runs a public facility on behalf of the Ministry of Health that produces ready-to-use therapeutic

food called Nourimanba for the treatment of malnutrition in children. Throughout the years we have treated 3,000 children for malnutrition. We also promote decentralization and economic growth through the training of 200 students each year in our agricultural vocational program, which trains local farmers in ways to improve their crops. We then purchase their crops for meals provided to patients and staff at Mirebalais hospital. We also provide support to government partners in education, the local water authority, and Ministry of Social Affairs.

As this esteemed Committee is aware, a cholera outbreak began in October 2010 and has infected close to 1 million Haitians and taken the lives of over 8,000. Zanmi Lasante is working with our partners at the Ministry of Public Works, Ministry of Health, the Ministry of Education and UNICEF to reduce the prevalence of cholera in the Central Plateau by increasing access to water, sanitation, hygiene, and education in primary schools, villages and health facilities. This work constitutes part of the ten-year National Plan for the Elimination of Cholera in Haiti.

In partnership with the government of Haiti and the communities we serve, we continue to improve the health and quality of life for millions of people, and to challenge the notion of what's possible in global health care delivery in a developing country.

We appreciate the support of USAID and are exploring other ways to work together, including collaborations for greater access to education.

Challenges for Development Aid in Haiti

Zanmi Lasante/Partners In Health has, through a close collaboration with our Haitian counterparts in the various ministries, and a long-term commitment to the communities we serve, been successful in securing positive outcomes in Haiti. We, nevertheless, encounter and witness many challenges for aid delivery in Haiti, some of which I would like to enumerate here:

- Haitian organizations struggle to secure international funding, which can create duplication and tension among non-governmental organizations. According to the United Nations Office of the Special Envoy for Haiti's data, of the \$6.4 billion disbursed between 2010-2012, six tenths of one percent was disbursed to local NGOs. Further, it does not serve the general purpose of assisting the country in the long-term because it does not contribute to improving local capacity.
- Our colleagues at the Ministry of Health and Ministry of Social Welfare often remind us of how difficult it is for them to effectively coordinate the various donors as many do not align their plans with the Government of Haiti's priorities.
- While we are seeing some encouraging decreases in the number of cholera cases since the onset of the outbreak, long-term investments are needed. The National Plan for the Elimination of Cholera remains under-funded with only approximately 10 percent of the 2.2 billion currently funded. This is of concern as controlling the number of cholera cases requires investments in both treatment and prevention. Cholera is now endemic and living in our water sources. Haiti remains the poorest country in the Western hemisphere with the lowest coverage of water and sanitation. Since most of the population does not have the means to disinfect their water, stopping the funding for treatment or slowing down investments in water and sanitation infrastructure will reverse gains made in controlling the outbreak and would bring us back to the predicament we were in at the onset of cholera. Without significant long-term investments to expand water and sanitation coverage throughout the country, Haiti and its donors will be faced with a chronic and expensive public health crisis.

Recommendations

The challenges faced by Haiti are not insurmountable and there are solid models of success. . We are counting on you, esteemed members of Congress, to keep pushing for a human rights-based approach to

reconstruction and development in Haiti. In doing so, below are a few recommendations for your consideration:

- Continue to support programs that strengthen local groups and increase their capacity; in the past 30 years, we have seen young Haitians who want to advocate, serve and lead. We have also seen local associations gain experience in responding to local needs. Funding these organizations to expand their reach while providing them with key technical assistance to improve their management skills, can truly make a difference. Codeveloping these programs with the Government of Haiti and civil society can help ensure their effectiveness.
- Continue to fund programs that take a holistic approach to social and economic development. We are grateful for the long-term commitment of the US Government to our health and education systems building.
- Continue to support long-term investments that focus on an increased collaboration between the public and private sectors.

At Zanmi Lasante/Partners In Health we understand that we are doing only a small part of what is needed for the country in terms of human rights, and there is so much more that is needed. We are grateful to all the members of congress who continue to call for support to Haiti. With your help, the momentum will continue so that Haiti becomes a country where all citizens benefit from not only civil and political rights but social and economic rights as well.

Thank you.

Mr. McGOVERN. Ms. Davis.

STATEMENT OF LISA DAVIS

Ms. DAVIS. I would like to thank the Commission for calling this very important hearing, and I greatly appreciate the opportunity to appear here today to talk about the challenges in aid delivery related to addressing gender-based violence in Haiti's development and reconstruction process and to share some of our recommendations for supporting a rights-based approach in Haiti.

Founded in 1983, MADRE is an international women's organization that supports the development of community-based women's organizations in over 25 countries. Since 1994, MADRE has worked in Haiti with a broad coalition of Haitian women's organizations. And since the 2010 earthquake, we have expanded our work to include working with Haitian LGBT organizations.

For victims of gender-based violence, the problems begin to arise at the earliest entry point in the criminal justice system, when reporting crimes to the police. Police officials often lack the sensitivity and the appropriate training in investigating gender-based-violence crimes, which often leads to apathy and poor evidence-gathering procedures. This has a grave impact on victims as cases can be easily dismissed when taken to court.

Haitian LGBT rights organizations, such as FASCDIS, SEROvie, KOURAJ and in partnership with international organizations including MADRE, CUNY Law School, the International Gay and Lesbian Human Rights Commission, have documented numerous cases of police violence and misconduct committed against LGBT individuals. Rights groups explain that such experiences go unreported out of fear of police brutality and discrimination or retaliation from perpetrators.

While Haitian law does not criminalize same-sex sexual conduct between consenting adults, police often use public indecency laws to arbitrarily arrest or detain individuals based on their perceived or actual sexual orientation or gender identity. As a result, for many victims, the Haitian justice system remains highly inaccessible.

As mentioned by Ms. Hogan and Mr. Adams, the deficiencies within the justice system stem from the outdated Penal and Criminal Procedure Codes. In fact, the Haitian Penal Code has not been comprehensively revised since 1835.

The good news is the Ministerial Commission for the Modernization of the Penal Code and the Criminal Procedure Code, supported by USAID, drafted revisions to this code that, if approved by Parliament, would mark a landmark legislation addressing gender-based violence in Haiti.

These revisions offer several key provisions, including a modernized definition of rape and specific codification of marital rape as a crime and criminalization of sexual harassment. Unfortunately, the Penal Code provisions are currently stalled at the executive branch and have yet to be submitted to Parliament.

Without free and fair elections and with the prospect of Parliament's dissolution on the horizon, the state of these revisions remains to be determined, leaving thousands of victims with ineffective legal protections.

The last issue I would like to bring to your attention is the lack of access to water and sanitation, which has grave implications in light of the ongoing cholera epidemic described by my colleagues, Loune and Paul.

Unfortunately, Doctors Without Borders just reported last week that the current cholera caseload that they have has almost doubled over the same period in 2013.

The cholera epidemic is also an accountability problem. It has been well established that the cholera was introduced to Haiti through the reckless disposal of untreated human waste at the U.N. stabilization base.

This triggers a legal obligation for the U.N. to either install the infrastructure necessary to control cholera or compensate the victims or provide victims with a fair process to pursue claims against the organization.

The U.N. has refused to comply with these legal obligations, which deeply undermines both the rule of law and the U.N.'s own credibility while leaving the cholera epidemic uncontrolled and its victims without justice.

A just response to the cholera crisis by the United Nations would not only promote the rule of law and improve the U.N.'s credibility in Haiti, it would also provide the water and sanitation infrastructure necessary to control cholera and all waterborne disease in Haiti.

Installing and operating this infrastructures offers a historic opportunity to help the Haitian Government build its capacity to provide an essential public service. It also provides an opportunity to concretely reduce many burdens disproportionately carried by women and girls, especially the carrying of contaminated water over long distances and caring for the illness it generates.

The concern for human rights is not a stand-alone issue. It is deeply woven into the fabric of all foreign aid investments. And there are practical steps the United States Government can continue to take to demonstrate foreign aid leadership and assistance to those most vulnerable in Haiti.

MADRE recommends the following actions for consideration by this distinguished Commission and the United States Government to ensure the respect and protection of human rights in Haiti past the development and reconstruction:

One, support the passage of Haiti's Penal Codes revisions. These revisions, currently stalled at the executive branch, offer hope to gender-based violence survivors that justice is possible.

Two, to echo what Paul said, which is also true in the justice sector, invest in capacity-building programs that provide Haitian public officials responsible for responding to incidents of gender-based violence, including police, prosecutors and judges, with specialized trainings.

Such trainings should be conducted in consultation with experienced Haitian women and LGBT organizations that have proven track records in addressing gender-based violence.

And three, urge the United Nations to fulfill its obligations to the victims of the cholera epidemic by installing a comprehensive water and sanitation infrastructure, developing the Haitian Government's capacity to manage the infrastructure, and compensating those who are injured.

A dear colleague's letter sponsored by Representative Conyers is circulating in the House for signatures. This letter urges the U.N. Secretary General to create a fair process and to adjudicate the claims made by cholera victims, and we urge the Members of this Commission to consider signing on to this letter.

Thank you.

[The statement of Ms. Davis follows:]

Prepared Statement of Lisa Davis
Human Rights Advocacy Director, MADRE; Clinical Professor of Law at the City University of New York (CUNY) School of Law
Hearing on "Aid Delivery in Haiti: Development Needs, Capacity Building, and Challenges."
Tom Lantos Human Rights Commission
December 3, 2014

I. Introduction

I would like to thank Chairman Wolf, Chairman McGovern, and the distinguished members of the Commission for calling this important hearing on issues with aid delivery and development work in Haiti following the January 2010 earthquake.

Please allow me to begin by saying that MADRE greatly appreciates the opportunity to appear here today to speak about challenges related to its work with partners on enhancing the protection of women and LGBT rights and addressing gender-based violence in the development reconstruction process.

My name is Lisa Davis and I am a Clinical Professor of Law at the City University of New York (CUNY) School of Law and I also serve as the Human Rights Advocacy Director at MADRE. I provide litigation and advocacy services for women's human rights organizations in Latin America and the Caribbean, the Middle East, Africa and Asia. For over ten years I have worked as an advocate and have extensive experience researching and writing on international gender and human rights issues, including in disaster and post-conflict settings.

In my testimony, after providing background on MADRE and its work in Haiti, I will elaborate on issues and challenges that we have faced in addressing human rights violations and advocating for the protection of women and LGBT rights. I will then conclude by providing some recommendations for the consideration of the U.S. government.

II. Background

Founded in 1983, MADRE is an international women's human rights organization that supports the development of networks of community-based women's organizations in over 25 countries, directly impacting the lives of approximately 450,000 people. MADRE supports the development of women's leadership and advocates with partners locally, nationally and internationally for women's rights. MADRE is known internationally for its model of building the capacity of women's rights activists at the local level. This work is done through conducting human rights trainings and capacity-building training sessions; the implementation of behavior-change initiatives using local media and other vehicles for public education; and the provision of direct services, technical assistance, and other forms of support.

MADRE has worked in Haiti since 1994 with a broad array of Haitian women and since the 2010 earthquake, with Haitian LGBT organizations. In partnership with both international and local organizations, MADRE embarked on the project "Women Empowered to Lead and Advocate for Development (WE-LEAD)." This was done with support from USAID's Office of Women in Development (EGAT/WID) and through receipt of a grant from the Annual Program Statement (APS) on Building Women's Leadership Capacity in the Disaster Efforts in Haiti.

Over the course of two years, WE-LEAD strived to strengthen Haitian women's participation in national reconstruction and long-term development processes post-quake. Additionally, the project worked to build the leadership, networking and advocacy capacity of Haitian women's organizations and women advocates to mainstream a gender perspective in policy formulation related to post-disaster reconstruction. Some of the major project activities include: the establishment of a center for women's advocacy and networking; numerous trainings on civic participation, organizational management, and Information, Communication and Technology (ICT); support for women leaders to conduct community outreach; and the organization of a National Consultation on Women's Leadership that hosted 80 representatives from women's NGOs and other key stakeholders.

As a result of our experience and extensive collaboration on multiple projects with our local partners in Haiti, we have identified the following issues as prominent factors that impede progress towards long-term development and protection of human rights in Haiti.

III. Problem Statement

Overdue Elections and Political Instability

One of the numerous consequences of the January 2010 earthquake in Haiti was, and to an extent still is, political instability exacerbated by the loss of many government officials and massive destruction to government infrastructure. As a result, reestablishing and expanding transparency in the Haitian government has been quite challenging. This insufficient transparency has had a direct impact on aid delivery and dispersion.

Since elections were last held in Haiti when President Martelly took office in May 2011; the government has failed to hold further elections for Parliament and local authorities. One-third of the Senate seats expired on May 8, 2012, and another one-third of the Senate and all 99 members of the House of Deputies will expire in early 2015. Therefore, unless elections are held for these and other posts such as municipal councils and town delegates, the only elected positions within Haiti will be the President and only one-third of the Senate.

According to a Presidential order signed on March 10, 2014, Parliamentary elections were to take place on October 26, 2014. However, the elections scheduled for October did not take place and were further postponed. Once the seats of the Senate and the House of Deputies expire, the Executive branch will be authorized to dissolve the Parliament all together. The President signed the El Rancho Accord on March 14, 2014, which established plans for Parliamentary elections to take place in October and elections for local authorities to be held on December 28, 2014. However, according to credible reports, some of Haiti's most prominent political parties widely rejected the agreement. Furthermore, the accord has not been approved by Parliament hence lacks any legal authority.

In addition to challenges caused by overdue elections, political gridlock between the Haitian Executive and Legislative branches has considerably slowed the country's progress toward reconstruction and compliance with international human rights standards. Reports suggest that the lack of political experience within Martelly's administration has led to a considerable amount of friction with the Haitian Parliament. During most of Martelly's first year in office, Haiti did not have a prime minister. For nearly five months, the President faced great difficulty in forming a government due to disputes with Parliament. Delays in establishing a government greatly hampered reconstruction efforts.

Delayed elections and political gridlock within the Haitian government have severely impacted measures to address gender-based violence in a comprehensive manner and have thwarted efforts to align the Haitian Penal Code with international human rights standards. Haiti's Executive Branch is currently considering Penal and Criminal Procedure Code revisions that, if approved by Parliament, would greatly strengthen the country's legal mechanisms to address gender-based violence.

Outdated Penal Code

Another factor that hinders Haiti's progress towards meeting its international human rights obligations is deficiencies within the country's justice system. Haitian justice system is plagued by widespread dysfunction, inefficiency and corruption, most of which stems from the outdated Penal and Criminal Procedure Codes. The Haitian Penal Code has not been comprehensively revised since 1835, leaving more than 165 legal or administrative provisions irrelevant to the current context.

Haiti's Executive Branch is now considering Penal Code revisions that, if approved, would be a landmark in legislation addressing gender-based violence in Haiti and would greatly advance Haiti towards meeting its obligation to prevent and redress human rights violations. Haitian Penal Code revisions drafted by the Ministerial Commission for the Modernization of the Penal Code and the revisions developed for the Criminal Procedure Code would boost the legal protections of the human rights of women in Haiti through several key provisions including a modernized definition of rape that is based on consent, a specific codification of marital rape as a crime, and the criminalization of sexual harassment.

Sexual harassment has traditionally been associated with and defined as occurring in the context of unequal power relations, particularly in employment contexts. As a result, sexual harassment is often dealt with solely in countries' labor codes and legal protections are only applied to those who experience such behavior in the formal employment sector. Haiti's draft penal code revision law would, for the first time in Haiti's history, recognize sexual harassment as a crime and punishable by law.

However, the Penal Code revisions are currently stalled in the Executive Branch and have yet to be submitted to Parliament for vote. Without free and fair elections and with the prospect of Parliament's dissolution on the horizon, the fate of the revisions remains to be determined, leaving thousands of victims to suffer from human rights violations and ineffective legal protection.

Therefore, in order to move towards sustainable development and ensure compliance with Haiti's human rights obligations, the government should take all necessary measures to hold free and fair elections in which all eligible political parties can participate.

Lack of Effective Implementation

For victims of gender-based violence, problems begin to arise at the earliest entry point in the criminal justice system: when victims attempt to obtain medical certificates from doctors. Although a medical certificate is not explicitly required under Haitian law as evidence of sexual violence, in practice, a medical certificate is treated as a legal requirement for pursuing a complaint. Specifically, victims of sexual violence in Port-au-Prince regularly report being turned away by the Prosecutor's office or having their cases dismissed by judges if they cannot provide a medical certificate from an approved state hospital, or if, in the court's discretion, the certificate does not provide enough detail.

Timing poses yet another hurdle to survivors' attempt to attain justice. In Haiti, any individual caught in the "act of committing a crime" (*flagrant délit*) can be held for up to 48-hours without charge. Since it takes three days at a minimum, and more commonly a week, for victims to obtain a medical certificate, prosecutors will often decline to continue with a *flagrant délit* without a medical certificate, regardless of other material evidence and the accused is released.

Haitian judges and judicial officials often lack sufficient legal training which leads to insensitive investigation mechanisms, hostile and discriminatory attitudes towards victims, undue delays in processing cases and inconsistent rulings. These deficiencies within the Haitian justice system create further barriers for victims of gender-based violence to access justice and often deter victims from reporting crimes to authorities. Moreover, insufficient training, lack of judicial uniformity, and officials' vulnerability to bribery often result in overwhelming violations of fundamental human rights.

In addition to deficiencies within the Haitian judiciary, corruption and certain practices in the law enforcement prevent victims from demanding justice. It is not uncommon for survivors of gender-based violence to face difficulties in reporting these crimes to the Haitian National Police (PNH). Women and girls are often subjected to verbal and at times physical harassment and humiliation when they report the crimes. Even if police officials take initial reports seriously, professionalism is rarely maintained. Furthermore, the majority of police officials lack sensitivity and appropriate training in investigating gender-based violence crimes, which often leads to apathy and poor evidence gathering procedures. This has a grave impact on individuals involved in gender-based violence cases because without particular medical reports or thorough crime scene investigations, cases can be easily dismissed when taken to court.

Instances of police apathy and blatant discrimination are not unique to gender-based violence cases. LGBT persons report that Haitian police officials often target individuals based on their perceived or actual sexual orientation or gender identity. Haitian law does not criminalize same-sex sexual conduct between consenting adults; however, police often use public indecency laws to arbitrarily arrest and/or detain individuals.

Moreover, Haitian community-based LGBT rights organizations such as FASCDIS, SEROvie, and Kouraj in partnership with international organizations including MADRE and the International Gay and Lesbian Human Rights Commission (IGLHRC) have documented numerous cases of police violence and misconduct against LGBT individuals. Rights groups explain that incidents of police violence, discrimination, and abuse against LGBT individuals generally go unreported to State officials out of fear of police brutality and discrimination or retaliation from perpetrators.¹ As a result, for the majority of victims, the Haitian justice system remains highly inaccessible due to the barriers discussed above.

MADRE commends the Haitian government for conducting a number of trainings for law enforcement officials and judges focused on the effective investigation, prosecution, and adjudication of sexual and gender-based violence cases. Over the last year the Ministry on Women's Affairs has opened three centers in Port au Prince, Cap Haitian, and Les Cayes to serve women, host trainings and provide technical assistance to young women and men on human rights and other themes related to women's issues. These small steps in the right direction are hampered by the fact that the Women's Ministry is the least funded Ministry in the President's cabinet. The same is true for those parts of the police force that have been

¹ MADRE, International Gay and Lesbian Human Rights Commission (IGLHRC), International Women's Human Rights Clinic at CUNY Law School, FASCDIS, KOURAJ, SEROvie, et al. *Fighting for our Lives: Violence and Discrimination against Women and LGBT persons in Haiti* (2014).

implementing initiatives to improve law enforcement response to gender-based violence. Principle Commissar Marie Louise Gauthier, Division Police Chief & Head of the National Office for the Coordination of Women's Affairs at the National Police of Haiti (PNH), heads a specialized mobile unit specifically trained to respond to sexual and gender-based violence complaints. However her unit is not only severely underfunded, it is one of the least funded units in the PNH.

Despite efforts made by the Haitian Government to address the issue, vulnerable victims in Haiti continue to face violence and threats in significant numbers. For example, a January 2011 household survey conducted on sexual violence in Port-au-Prince found that, of respondents who indicated the gender and age of the victim, approximately 86% were women and girls.² The results of a survey of random Haitian households conducted from August 2011 to February 2012 indicate a dramatic escalation in violence, particularly in densely populated urban centers. The survey also found that residents of low-income urban areas were twenty-seven times more likely to be sexually assaulted than residents of wealthier, less densely populated areas.

In the 2013 report issued by the Government of Haiti to the UN Human Rights Committee, the government acknowledges that violence and discrimination against women is a pervasive problem in Haiti. The report attributes gender-based violence in Haiti to sexist stereotypes cultivated in the home and internalized by women themselves. The report cites women's organizations that regularly publicize alarming rates of sexual violence, but states that the lack of reliable national statistics makes confirmation of these figures difficult. As such, the government recognizes that violence against women is a problem in Haiti, while simultaneously questioning the credibility of the non-governmental organizations that report these statistics. In terms of LGBT violence and discrimination, the Government's report is silent.

Proper resources should be allocated to provide substantive legal and sensitivity trainings for police officers, prosecutors, judges and other relevant government officials. The trainings should aim to ensure that cases involving gender-based violence including violence motivated by sexual orientation and gender identity are thoroughly investigated, and if evidence exists, prosecuted; and that perpetrators brought to justice.

Finally, it should be noted that a strong civil society holds the key to fostering significant change in policies on violence against women and LGBT individuals. A comprehensive longitudinal study³ on gender-based violence reveals that feminist mobilization in civil society is the critical factor for policy change and government action to redress violence against women. The study suggests that a civil society has a far stronger impact than intra-legislative political phenomena such as leftist parties, women in government or economic factors like national wealth in producing an enduring impact on gender-based violence. The reason for this is that autonomous social movements are essential to propel social policy change and furthermore to ensure that laws and policies on the national level are interpreted and implemented on the local level hence contributing to their legitimacy and effectiveness.

Therefore, all efforts to establish gender equality and address gender-based violence in Haiti should be taken into account in conjunction with immense support for the Haitian civil society, particularly the Haitian women's movement and Haiti's emerging LGBT movement to bring about significant progress in eliminating gender-based violence and discrimination in Haiti.

Women, Girls and Cholera

Another issue affecting women and girls in Haiti is lack of access to water and sanitation, which has particularly grave and urgent implications in light of the ongoing cholera epidemic described by my colleague Loune Viaud. The epidemic is a continuing economic and social human rights problem- cholera

² Center for Human Rights and Global Justice, *Sexual Violence in Haiti's IDP Camps: Results of a Household Survey* (2011).

³ MALA HTUN and S.LAUREL WELDON (2012). The Civic Origins of Progressive Policy Change: Combating Violence against Women in Global Perspective, 1975-2005. *American Political Science Review*, 106, pp. 548-569 doi:10.1017/S0003055412000226.

has killed over 8,600 Haitians, and Doctors Without Borders reported just last week that their current cholera caseload has almost doubled over the same period in 2013.

The cholera epidemic is also an accountability problem. A series of studies, including one conducted by a UN-appointed panel of experts, have established that cholera was introduced to Haiti through the reckless disposal of untreated human waste at a UN Stabilization Mission in Haiti (MINUSTAH) base. This scientific record triggers a legal obligation for the UN to either install the infrastructure necessary to control cholera and compensate the victims, or provide the victims a fair process to pursue claims against the organization. The UN has refused to comply with these legal obligations, which deeply undermines both the rule of law and the UN's own credibility while leaving the cholera epidemic uncontrolled and its victims without justice.

A just response to the cholera crisis by the United Nations would not only promote the rule of law and improve the UN's credibility in Haiti. It could also provide the water and sanitation infrastructure necessary to control cholera and all water-borne disease in Haiti. Installing and operating this infrastructure provides a historic opportunity to help the Haitian government build its capacity to provide an essential public service. It also provides a historic opportunity to concretely reduce many burdens disproportionately carried by women and girls, especially the carrying of contaminated water over long distances and caring for the illness it generates.

Recommendations

Among global donors, the United States government stands in a unique position to help integrate gender-based violence prevention strategies into development programs. The concern for human rights not a stand-alone issue. It is deeply woven into the fabric of all foreign aid investment and there are practical steps the United States government can take to demonstrate foreign aid leadership and assistance to those most vulnerable in Haiti. MADRE recommends the following actions for the consideration of the distinguished Commission and the Government of the United States to ensure the respect and protection of human rights in Haiti's path to development and reconstruction.

1. Urge the treatment of the issue of gender-based violence as a priority for the United States Government's development and reconstruction efforts in Haiti. The U.S. government can lead the fight against gender-based violence in Haiti's development and reconstruction process by providing support for community based organizations and calling for strengthened gender assessments, gender budgets, and gender planning in deeper collaboration with the Haitian government, the United Nations, the Inter-American Commission on Human Rights, donors, and other key stakeholders.

2. Assert its support for the passage of Haiti's Penal Code revisions drafted by the Ministerial Commission for the Modernization of the Penal Code and the Criminal Procedure Code and supported by USAID Projustice. The Penal Code revisions that were introduced to the Executive Branch offer hope that Haiti may finally be moving towards an enduring, secure democracy characterized by rule of law. The U.S. can play an important role in supporting the passage of these critically needed revisions.

3. Invest in programs that provide Haitian public officials, such as police officers, prosecutors, and judges, responsible for responding to incidents of gender-based violence with specialized trainings. Such trainings should be conducted in consultation with experienced Haitian women's and LGBT organizations and their international counter parts that have proven track records in gender sensitive protection. Funding programs should also support the creation and enhancement of effective special units within the police and the prosecutor's office investigating cases of rape and other forms of gender-based violence against women and LGBT individuals.

4. Urge the United Nations to fulfill its legal obligation to the victims of the cholera epidemic by installing comprehensive water and sanitation infrastructure, developing the Haitian government's capacity to manage the infrastructure, and compensating those injured. A Dear Colleagues letter sponsored by Rep. Conyers' is circulating the House for signature. The letter urges the United Nations

Secretary-General to create a fair process to adjudicate the claims made by cholera victims that allows for the remediation of the affected communities. We urge members of the Lantos Commission to sign on to this letter and to encourage their colleagues to do as well.

Mr. McGOVERN. Thank you very much.

And I will let you know I will definitely sign onto the letter if I am not already on it.

I have a couple of questions and some comments, but before I do, I want to yield to my colleague from Illinois, Congresswoman Jan Schakowsky, for any comments or questions she may have.

Ms. SCHAKOWSKY. I really apologize for being late. I am the ranking member on a subcommittee and had to be in the chair.

I am just thrilled to be here. I am sorry that I missed the first panel. I am mostly acquainted with Partners In Health and with Paul Farmer and Loune Viaud, and I appreciate so much the lessons that we can learn from all of you.

I did want to ask you, Paul and Loune, the lessons that we have learned about health care in Haiti, how does that apply now to the Ebola outbreak? How can we do that most effectively?

Dr. FARMER. Thank you, Congresswoman Schakowsky.

And it is so good to see you. You missed my thanks for your long-standing advocacy for our work and for health and social justice in Haiti.

I think we have learned a lot from the work in Haiti, its weaknesses that Lisa and Loune and I mentioned, but also some of the strengths that can be of great relevance in responding to Ebola.

One is that we -- and that includes the United States Government -- need to target our investments along three levels of care, if you will: community health workers, the majority of Partners In Health.

Zanmi Lasante's employees are community health workers. They work in the communities they serve, linking to health centers, some of which you visited, like in Lascahobas, two hospitals able to provide care for those critically ill, injured in a car accident, Ebola.

You know, there is a reason that, after the Boston Marathon bombings, no one who made it to a hospital died. Because we have an emergency medical system that goes from the field, in this case, in an urban setting, to -- either to a clinic, if you are not critically ill, but, in this case, to the hospital that can manage those kind of cases. That is not irrelevant to Ebola at all.

Community health workers can help us find people who might be sick early so that they survive. And I believe the great majority of people who are diagnosed early and are treated properly will survive. When I say "the great majority," I mean 90 percent. So when you hear about 90 percent mortality, that is basically the natural history of the disease without meaningful medical intervention. And we have got to stop that.

That requires community health workers who can refer to centers. In the case of Ebola, they are being called community care centers. As long as the second C means care, that is fine, because the majority of that care could be delivered by nurses able to rehydrate patients orally or, if necessary, with intravenous therapy, which many patients will need because they have vomiting and diarrhea.

In fact, the cholera lessons learned are critical here. You know, why did case fatality go from as high as 10, 15 percent to zero, early case finding with community health workers and proper care.

And finally, for those who are catastrophically ill, whether from Ebola -- of Ebola, rather, or from Ebola -- meaning most people who die from Ebola won't have Ebola. They will have obstructed labor, but no healthcare system. They will be hit by a car, but the healthcare system's collapsed because of Ebola.

So we really, really need to draw on these lessons. What we learned so painfully during the earthquake was that skipping any one of these three steps means somebody is either going to get there too late or have nowhere to go.

Ms. SCHAKOWSKY. Let me ask you, how long, though, does it take when you have an emergency like this without an embedded infrastructure to set up such a situation as you are describing that could really be effective in lowering the mortality rate in addressing this immediate crisis?

Dr. FARMER. I think we can do this in days. Right? We can say -- if you go into an Ebola treatment unit and you see someone who's monitoring the so-called doffing personal protective equipment -- right? -- that is taking it off and going through 30 steps, it has taken only days to train that person -- right? -- how to do it because it's a very special --

Ms. SCHAKOWSKY. Do these healthcare workers --

Dr. FARMER. Local people. Local healthcare people. Local people who have been trained to help and very often expatriate nurses and doctors to actually do this properly.

So, again, back to the three levels, we could train community health workers on the job right now and they keep on retraining them and credentialing them, as long as we compensate their labor.

We do that now and find people earlier. And then at the level of improving the quality of care in the clinic, again, you know, if FedEx or Coca-Cola can get something somewhere in an amount of time, we can do it in health care.

And, finally, even in a tent, you know, a MASH unit hospital, you can provide critical care, as long as you have the staff, the stuff, the space you need, and the systems. So I think we could link --

Ms. SCHAKOWSKY. Staff, stuff, space, systems.

Dr. FARMER. Staff, stuff, space, systems.

Ms. SCHAKOWSKY. So the important question: To what extent is this happening now?

Dr. FARMER. Well, it is happening very slowly for the reasons that you -- in Ebola very slowly, as it did in Haiti. And so the main lesson learned, of course, is that the cost of not having this system in place was very great in Haiti during the earthquake and it is very great in West Africa.

And why do we not have this system? There has not been substantial investment in the public health system. Right? Liberia had the fastest-growing GDP -- or one of the fastest growing GDPs in the world 3 years ago, but has one of the -- very little of the foreign aid is going through the Liberian Ministry of Health, including our own.

And, you know, you could argue that it is a little bit -- you know, it is not a smart thing to do in the middle of an emergency, but surely we could, you know, do better than we did in Haiti right after the earthquake in terms of moving resources through that public sector and strengthening the Ministry of Health.

Ms. SCHAKOWSKY. And can I follow up?

I wanted to ask you, Loune Viaud -- I saw in the charts that was part of Paul's testimony .9 percent of the aid money has gone to the Government sector, and I think it really backs up what we are hearing from Ms. Davis in the sense that investing in the public sector, not just health, but in the justice system and -- I mean, aren't we just asking for the next crisis to, you know, be bad if we don't leave something behind and create and infrastructure?

And let me go a little deeper. Is this typical, do you know, of the kind of assistance that we give to other countries, that such a tiny percent actually goes to the government of that country? Is it more unique to Haiti? And what accounts for that, the fact that such a tiny percent goes to the Government itself?

Ms. VIAUD. We are asking the same question, why is that -- this tiny percent going directly to the Government. I am not familiar with other countries. So I don't know if it -- I believe Paul or Lisa -- if other countries have the same situation.

Dr. FARMER. If I could just turn and say one thing. And maybe you know more about -- I am sure you know more about the legal injustices. This is an exceptionally low amount.

And USAID Forward, as you know, is designed to move a little bit away from that model of bypassing, you know, the public-sector institutions and towards contractors and to build not -- you know, it is actually -- I should say it without conditionality.

USAID Forward is designed to move away from that model of using contractors that do not leave the kind of, you know, infrastructural or human resource development changes that you want.

Liberia is down on that level as well. Right? But Rwanda is not like that at all. And you could say, "Why?" Part of it has really been due to advocacy -- aggressive advocacy in the good sense. You know, we say "aggressive" in medicine meaning aggressive medical care is good.

But robust advocacy from the Government of Rwanda saying, "This is the way we want to" -- you know, "we appreciate your support. We appreciate the aid. But it needs to strengthen Rwandan institutions."

They were very firm on this after having hit rock bottom after 1994. They thought, "Well, it can't get any worse and we have seen how aid can have perverse outcomes as well." So they really pushed this forward. But I think we can do -- I mean, you can do this, you know, the Congress.

Ms. SCHAKOWSKY. But what you said, does that suggest that Haiti has -- the Government of Haiti itself has not been aggressive enough in asking or doesn't have capacity?

Dr. FARMER. Yeah. I would say there is both parts of that. They haven't been aggressive enough, in part, because there has been so much turnover. Right? There was, you know, a coup in 1991, a coup in 1994, a slow-motion coup, as you remember, having invited me up here to talk about it.

That means major disruptions in the public, you know, infrastructure as well, of course.

Right? And then the earthquake, another catastrophic, almost apocalyptic, destruction.

So Rwanda had that, you know, in 1994, and it took them quite some time recover the ability to be -- even if they had wanted to, the pre-genocide Government did not want to. They wanted to, but it took them some time to develop that capacity.

And it is this sort of a circular argument. Right? You know, the -- and Lisa mentioned it around justice. You say, "Well, the institutions are so weak that we can't invest in them" and then, of course, "The institutions are weak because we don't invest in them." And so it is a self-fulfilling prophecy. And I think we can turn that around.

Let's find a way with the bill coming up, Congresswoman, to say we will mandate that our strategy involve the strengthening of Haitian institutions and the strengthening of Haitian human capital through formal training purposes.

You can see that whether looking at Loune's testimony or Lisa's. We are all talking about that. It is not like we got together this week in Sierra Leone and worked out our -- it is that we believe that and we believe it can change.

Ms. DAVIS. I would just piggyback off of that to say that there is an issue of a lack of capacity and a lack of will, especially when taking a rights-based approach. But there are also programs within the Government that are struggling to do good.

For example, the women's ministry opened up three centers in three different cities to serve women and host trainings, and the women's ministry is the least funded ministry in Haiti.

There is a specialized unit to deal with responding to gender-based violence that has no money to operate, even though the head of that unit desperately wants to be able to run it and manage it and make it move forward.

So there are certainly individuals and units within the Government that are also trying to push forward with a lot of great solutions that just don't have the support that they need and deserve in order to see their programs flourish.

And to that I would say we really need to work on building the capacity of civil society organizations that are local because they have the expertise and the network to know how to navigate some of those systems that are a little bit more difficult, taking a more broad-based perspective.

And certainly there is a role for international NGOs which has to be looked at in terms of their experience and expertise in working in country and how much of the funding that they receive goes to building local capacity and not just coming back out of the country.

And there are NGOs that are international that are very good at it and ones that are not very good at it when you really look at how the numbers shake out.

And, yes, part of that is capacity of how you can spend it in country, but part of that is just not being networked with the right civil society organizations who are really on the front lines of all of these issues, whether they are women's issues or LGBT issues or working on cholera. And those are the groups that we really need to be supporting.

Ms. SCHAKOWSKY. So let me just make two comments.

One, if my International VAWA, International Violence Against Women Act, were to pass, we might be able to help along those lines to address the problem that is the subject of this hearing today.

And the other thing is I want to congratulate Partners In Health for your approach of all of the hospitals and the institutions that you create in Haiti do become part of the public health system.

So it is an example, really, of how an NGO without different funding can itself also contribute to capacity-building within a country, and I thank you very much for that. I yield back. Thank you.

Mr. McGOVERN. I don't want to prolong this much longer because I know you all have schedules, but I just have a couple of things I just wanted to say.

Paul, I appreciate your story -- and I want to make sure I get this right -- about the solar-powered earthquake-resistant public training hospital.

You know, the international community pledged over \$23 billion in Haiti since the earthquake, although I am not sure how much of it actually has been spent. That is a lot of money.

But, as you testified, the lives, situations, and capacity of the majority of Haitian people have not benefited to the degree that those figures would imply.

And this also probably is a question for Loune as well.

What is the most important piece of advice or guidance that you want to make sure that the U.S. incorporates into its 3-year strategy? What is the most important thing that our State Department and USAID have got to look to in the next 3 years? What is the most important piece that needs to be incorporated into that strategy?

Ms. VIAUD. Thank you.

We made some recommendations, but it is invest in the public sector, public-private partnership. That is the most -- for me, it is critical to do that.

Dr. FARMER. And another way of putting the same message -- you know, because we are not arguing -- none of the three of us are arguing that, you know, we don't need to have a robust civil society. On the contrary. I think we made that case.

But we need to learn how to strengthen Haitian institutions and -- in public health and in public education and criminal justice. Those are public institutions. NGOs have a very hard time doing this.

It is not in the interest sometimes of contractors to do it, but for the NGOs, including long-term NGOs, including Haitian NGOs, we have to cultivate, I believe, within ourselves a commitment to seeing an end to extreme poverty in Haiti.

And that is not going to happen without, as Loune just said, going through that avenue of finding way -- in your home District, you know people who are doing valiant work in Haiti and they -- you know, they probably are not thinking, "How can we strengthen the local community or the local district health commissioner's office?"

That is okay. But I don't think the State Department can afford to do that, and I don't think a large NGO like Partners In Health can afford to do that.

So translating the policy recommendations, if this bill links the disbursement of the substantial resources to real local capacity-building, meaning -- and that doesn't mean weekend training the trainers type.

Mr. McGOVERN. Right.

Dr. FARMER. That is what the money usually goes for. You don't learn how to be an infection control nurse or a lawyer or a surgeon in a weekend workshop.

You learn on the job by learning how to deliver care or learning how to defend, you know, a client. And you can -- I believe you can insist that we link this somehow.

And then, finally, public-sector strengthening can be a great outcome for private investment, for an NGO. A nongovernmental organization, by definition, is not the public sector.

And we would like to be supported more. We believe in our work. But we won't do it leaving behind the Haitian institutions that could protect the health of the Haitian people from sanitation, to public health and public education. We made that mistake in Haiti over the last many decades.

And weak Haitian institutions, you could say, are not our responsibility, but you would also say we haven't contributed to building them and strengthening them enough. At least that is how we feel. And we would like to continue moving in that direction, as Congresswoman Schakowsky said.

Ms. DAVIS. And I would just add that what Congress can also do is pass the VAWA Act because it is critical. It is absolutely critical.

Mr. McGOVERN. Just out of curiosity, the solar-paneled earthquake-resistant hospital, how much of an investment was that? How much --

Dr. FARMER. Well, I am so glad you asked that because I forgot to say that it was a 200,000-square-foot hospital. It was \$21 million, which is a very, very low cost.

Mr. McGOVERN. Right.

Dr. FARMER. Now, that is thanks to some people in your home State as well, not talking just about Partners In Health, but people like Jim and Sarah from Shawmut Construction, who brought in tradespeople from -- skilled tradespeople from across the country, but particularly from Massachusetts, carpenters, master electricians, et cetera.

Then we had a number of major tech companies help with building the IT backbone that connects that hospital in central Haiti to -- and the CAT scanner, the first CAT scanner in a public hospital in Haiti. That ridiculous.

It is connected -- another Massachusetts company. It is connected to the teaching hospitals at Harvard, the Brigham and Women's Hospital and Mass General.

So you can read -- if you don't have a radiologist -- first of all, we should be training them. But if there isn't one in Haiti, you know, the electronic medical record -- you can look at it. I could look at it in my hospital at Brigham.

So that cost is low, in part, because of substantial in-kind contributions, but it was also -- it built local capacity in the trades.

So the construction capacity in central Haiti is really very high now, you know, and that was because this hospital became a teaching hospital even as it was going up.

Ms. SCHAKOWSKY. What about Chicago?

Dr. FARMER. Oh. Excuse me. Now I missed my chance. I am going to get in trouble. So may the record reflect -- I don't know why I was focusing on Massachusetts so much. Probably because I am absent.

The project lead is from Skokie, Dr. David Walton. And from the beginning -- just even before the earthquake the idea was that we would have -- and because, Congresswoman Schakowsky, a formal sister relationship between Chicago and central Haiti --

Ms. SCHAKOWSKY. That is enough. Thank you.

Dr. FARMER. No. But I just want to say that the act can draw on that kind of reciprocity. That is what I mean by accompaniment.

We didn't say to our colleagues in either Chicago or Massachusetts, you know, "Here is your contract. Here is the beginning. Here is the end."

We said, "We need you to walk with us and the Haitian people as they leave extreme poverty behind, but also grotesque medical problems." And that takes years.

Ms. VIAUD. I will just add that the land for the hospital was donated by the community and, also, the Government of Haiti give --

Dr. FARMER. Largest donor.

Ms. VIAUD. -- was the largest donor, 8 million for the first year of operation.

Mr. McGOVERN. No. And the reason why it is so impressive is because it is lasting. And it is not just about fixing a problem for a week. It is about fixing the problem for forever. And, I mean, that is what we talk about capacity and sustainability.

I do a lot of work on hunger and nutrition issues, and, you know, we are always out there trying to make sure we find emergency response efforts to make sure people have enough to eat when there is droughts. And that is all -- we have a moral obligation to do that.

But, at the same time, we ought to work with those countries to figure out ways that they can survive droughts and natural disasters so that it is not constant emergencies.

And I agree with -- you know, my view is, when we talk about human rights -- and that is why we are doing this hearing today -- it encompasses a whole bunch of things, including the right to health.

Franklin Roosevelt talked about, you know, free of want, you know, that we ought to -- everybody ought to have access to food as well as rights to the judicial system and basic human rights and dignities. So it is a whole bunch of things.

And I think -- and maybe my last question, I guess, would be to kind of all of you. Tell me how easy or difficult it is to work with the U.S. Government.

Ms. Davis, on some of the issues that you work with, I mean, do we have a human rights person that works with you on the ground in Haiti? Are they responsive? Are you getting the kind of response that you need here in Washington?

And the same for Loune and Paul. Are we -- is it more difficult than it needs to be? And how can we make this, you know, a stronger and more effective relationship?

Ms. DAVIS. I think actually the embassy in Haiti has been very responsive and has always kept their doors open, especially when there has been human rights violations, and proactive in coordinating response strategies to that. And that has been very welcomed.

In terms of coordinated donor efforts, what would be great is to see more of a continuation of the type of funding that has happened in the past so that it is not just trainings that are being funded in silos or one-offs that are happening sporadically and that there is more of a comprehensive approach to capacity-building and trainings that really looks at getting into the deeper issues around human rights or gender rights.

And then, when looking at the organizations that you fund, making sure there really is a focus on building the civil society capacity and the public sector and identifying carefully the members of the public sector who are in a position and are really willing to build rights-based foundation in the work that they are doing in their sectors.

You have a great model right here in terms of the international and local type of collaboration with Partners In Health and Zanmi Lasante, where you have organizations that have a historic background of working in the country and a partner organization collaboration, and that kind of model works in terms of seeing results more than organizations that may not have a history of working in the country.

Mr. McGOVERN. I appreciate that.

And, by the way, my staff just texted me. I am on that letter.

Ms. DAVIS. Oh, great.

Mr. McGOVERN. So I just wanted to make sure you knew. Jan is, too. But I appreciate that.

And, again, let me ask Paul and Loune. And the reason why I ask this question is not just to --

Dr. FARMER. No. It's a great question.

Mr. McGOVERN. -- but just so that we know where -- what we are advocating for.

Dr. FARMER. It also allows us -- again, as Lisa pointed out, this sister organization relationship was by design. Right? So Partners In Health is not in charge of Zanmi Lasante, you know. And that was 30 years, you know, trying to do it that way for reasons that Lisa has just laid out.

But it also gives -- to answer your question, gives us a chance to say -- you know, when Jan -- sorry -- when Congresswoman Schakowsky came to Haiti in 2002 to honor

Loune, actually, because the Robert F. Kennedy Foundation and our friend Monica Valores Alvera here today for her strong support of human rights in -- especially health as a human right. Congresswoman Schakowsky came down.

And I can tell you we had very little in the way of support from USAID at that time, which scandalized some of our, you know, visitors from Congress. That could have been our fault that we didn't try enough.

And today our -- you know, our colleagues from USAID in the health arena are here in the audience. We work with them every week and every day and we have built up a portfolio of programs.

It sped up, it is true, by PEPFAR, which I have praised many times before that. It is the largest U.S. health investment ever in U.S. history and probably ever in human history.

One thing I think that -- so I am in the position to say I appreciate and especially appreciate our friends in Congress who said, "You should be receiving some of this assistance, and we will help connect you to it."

And one of the things that could make this easier with the bill, I think, is to understand that organizations like Zanmi Lasante do not have the administrative apparatus, which is huge and unwieldy, that is required -- don't often, in any case -- required to access these funds.

And that would be one thing if the alternative to a local NGO or a transnational NGO meant that they were equally committed to local capacity-building and to building up public-sector capacity in Haitian decisions. I don't think they are, as I have argued in Congress before.

I don't think they are equally committed and that the rules of the road should be changed by you so that it becomes more difficult to receive the support when you are not supporting local institutions and building local capacity.

And that may require this bill and this Congress to find more ways of building that administrative capacity, as Loune said in her comments speaking about management.

Ms. VIAUD. I would just add that it is getting better in terms of working with USAID. And we have a few efficient business, a few projects. And with the hospital investors in Bali, they are helping us with the financing the costs -- the costing and disabilities and modern sanitation. We have a few projects.

Mr. McGOVERN. Well, the noise you just heard a little while ago were votes. So this is probably a good time to conclude this.

Let me just say to all three of you -- and I think I speak for Jan and everybody else on the Commission -- that we are really proud of the work that you do and we are anxious to be supportive.

This has been a very informative hearing on a very important subject. I think we have to make sure that we get this right and the people of Haiti, after all they have been through, deserve to get it right. And so we look forward to working with you in collaboration on many projects.

So thank you very much.

[Whereupon, at 2:01 p.m., the committee was adjourned.]

APPENDIX

MATERIAL SUBMITTED FOR THE HEARING RECORD

**Written Statement of Amanda Klasing
Women's Rights Researcher, Human Rights Watch
Hearing on "Aid Delivery in Haiti: Development Needs, Capacity Building, and Challenges."
Tom Lantos Human Rights Commission
December 3, 2014**

Co-Chairmen Representatives McGovern and Wolf and distinguished members of the commission, thank you for the opportunity to submit a written statement for today's hearing on Aid Delivery in Haiti: Development Needs, Capacity Building, and Challenges.

Human Rights Watch has significant expertise in investigating and analyzing aid delivery in Haiti, in particular, through a human rights framework. Within weeks of the January 12, 2010 earthquake, Human Rights Watch began monitoring the aid response in Haiti and human rights concerns that were emerging. In the months after the quake, Human Rights Watch raised particular concerns with the United Nations and other key actors about gaps in protection measures for women and girls in the camps and documented a few cases of sexual violence.

In 2011, Human Rights Watch released a report entitled *Nobody Remembers Us: Failure to Protect Women's and Girls' Right to Health and Security in Post-Earthquake Haiti* that documented the lack of access to reproductive and maternal health care after the earthquake and described how hunger led some women and girls to trade sex for food and how poor camp conditions exacerbated the impact of sexual violence because of difficulties accessing post-rape care.⁴ The report highlighted how aid and recovery efforts failed to adequately address the needs and rights of women and girls.

In particular, the report found that, 18 months after the earthquake, the voices of women directly affected by the earthquake had been excluded from the reconstruction process. At the time of the research, more than a million people lived in displacement camps. Women and girls interviewed by Human Rights Watch expressed frustration that they lacked basic information that would allow them to access available health care services, many funded by international actors. The women and girls interviewed by Human Rights Watch described serious obstacles they faced in accessing prenatal and obstetric care, leading some to deliver their babies in their muddy tents or en route to the hospital. Most women and girls interviewed by Human Rights Watch did not know which organizations worked in and around their camps, when and where services were available, and to whom they should complain if there was a problem.

The extreme vulnerability and poverty in the camps—general food distribution stopped within two months of the earthquake and unemployment in the camps was very high—led some women and girls interviewed by Human Rights Watch to form relationships with men for the sake of economic security, or to engage in transactional or survival sex. According to the women and girls we interviewed and surveys conducted by other human rights organizations, the exchange of sex for food is common. Without adequate access to contraception, women and girls faced increased vulnerability when they survived by trading sex for food. Moreover, many engaged in these practices in secret, making them vulnerable to violence because they lacked what little protection might be available from social networks or the community.

In the nearly five years since the earthquake, the displacement camps have decreased in size by about 90 percent. While the conditions of these camps are still a pressing concern, Human Rights Watch has shifted its focus to look at human rights concerns facing women and girls in Haiti that transcend the boundaries of displacement camps. In particular, we have focused on (1) protections for victims of gender-based violence and (2) the rights to water and sanitation in schools.

Protections for Survivors of Sexual and Gender-Based Violence

⁴ Human Rights Watch, *Nobody Remembers Us: Failure to Protect Women's and Girls' Right to Health and Security in Post-Earthquake Haiti* (New York: 2011), <http://www.hrw.org/reports/2011/08/19/nobody-remembers-us>.

In 2010 and 2011, Human Rights Watch found in its research that some survivors of sexual violence in the displacement camps had difficulty accessing post-rape care necessary to prevent pregnancy or transmission of sexually transmitted disease. Social stigma and shame created further obstacles to seeking care. Six of the pregnant women and girls who spoke with Human Rights Watch—3 of whom were 14 to 15 years old—said their pregnancies resulted from rape. Victims of violence continue to face challenges in accessing medical care, and support should be provided to ensure women and girls have access to comprehensive post-rape care.

Human Rights Watch has engaged with direct legal service providers who confirm that social stigma and shame also prevent many women and girls who are survivors of sexual and gender-based violence from seeking legal recourse. When they do, the path to justice can be difficult. Giving victims access to legal support and representation can be helpful in eliminating some barriers to justice. Organizations such as Bureau des Avocats Internationaux (BAI) have made strides in holding perpetrators of rape accountable through Haiti's fragile justice system.

Nevertheless, gender-based violence remains a significant concern in Haiti and the legal protections afforded to victims remain weak. A criminal code reform process first funded by the United States Institute for Peace in 2008, with continued support by USAID, is an important opportunity to introduce criminal provisions on gender-based violence that are consistent with international standards. The criminal code reform process is currently under review by a presidential commission, which should submit a recommendation to President Michel Martelly by the end of 2014.

Rights to Water and Sanitation

Lack of access to clean water and sanitation directly affected the health, the education, and even the risk of violence or death of women and girls in Haiti before the earthquake as well. In the three years before the earthquake, I spoke with numerous women and girls in Haiti about how lack of access to clean water and sanitation shaped their lives. Women told me how poor drainage and large-scale erosion left many homes, communities, and agricultural plots at risk of flooding. Women and girls told me they spent many hours of their days fetching water or traveling to rivers and streams to do their families' laundry. Those duties kept some girls from getting to school on time, causing them to miss important lessons and fall behind their male classmates.

In Human Rights Watch's research in the displacement camps, women and girls connected their fear of sexual violence with their poor access to water and sanitation. They told Human Rights Watch that they sometimes feared going to the bathrooms in camps because they were not secure. They described being pinched, poked, or leered at by boys and men in the displacement camps when they washed themselves out in the open, because there was no safe and private place to bathe. However, women and girls also raised many other ways that lack of water and sanitation negatively impacted their lives. Some gave birth in the dirt in tent camps or in the street without access to running water. Many women and girls in the camp had terrible vaginal infections and were not able to manage their personal hygiene, particularly during menstruation.

After the October 2010 outbreak of cholera, women and girls described their anxiety around access to clean drinking water. Countless mothers described caring for children with diarrhea caused by water they knew made them sick. Some women Human Rights Watch spoke with outside of Port-au-Prince had lost children or partners to the cholera epidemic, which has killed at least 8,000 people and sickened more than 700,000 in Haiti since 2010 to date. Often, they had to drink from the same water source that killed their loved ones.

In September 2014, Human Rights Watch began looking at the impact of poor water and sanitation in schools, visiting a number of schools in the Central Plateau of Haiti to assess water and sanitation conditions of educational facilities. These schools, including recently constructed ones, lacked adequate water and sanitation facilities. None of the schools Human Rights Watch visited in September were consistent with the government's guidelines for the promotion of hygiene in schools. Teachers, students, and government officials all told us that the situation was dire and has a negative impact on students' education. These schools Human Rights Watch visited are not anomalous in Haiti.

Contrary to what is called for in the government of Haiti's guidelines for the promotion of hygiene in schools, safe, clean latrines and water for drinking and hand washing are extremely scarce in Haitian schools. Most students and teachers have nowhere to relieve themselves, wash their hands with soap, obtain clean water, or, for women and girls, maintain menstruation hygiene. Where facilities do exist, they may not be sufficient in number, may not function, or may not be clean or safe. Nearly 60 percent of schools lack toilets and more than three-fourths of schools lack water access.⁵

Donors, including the United States through both bilateral aid and multilateral contributions, have invested heavily in tuition waiver, school reading, and nutrition programs in Haiti, often disregarding the interdependence with water and sanitation services. These investments have been successful in supporting more Haitian children to register, attend, and stay in school. However, attention must also be given to the conditions in which these children learn. Cooking and eating at school canteens often occurs in the vicinity of students who have no choice but to defecate in the open and where there is nowhere to wash their hands with soap. This makes schools a locus for the spread of disease. A demographic and health survey conducted in 2012 found that school-aged children (age 5-19) represented the highest percentage of cholera victims, and the second highest percentage of cholera deaths (age 5-14), compared to all other age groups.⁶

Lack of potable water and sanitation at home or at school can increase the risk for water-borne illnesses and diarrheal disease, and lessen the amount of time children are in school.⁷ Teachers in Haiti told Human Rights Watch that diarrheal disease is disruptive to children's education. Some of their students stay home for more than a week to recover from preventable diarrheal disease. The Inter-American Development Bank has stated that "[i]nstead of promoting children's health, many schools in Haiti expose children to health hazards such as diarrhea and intestinal worm infections. These conditions, mainly due to inappropriate sanitation and unsafe water sources, have been shown to hinder both the physical and intellectual development of children."⁸

Girls suffer additional harms from the lack of access to water, sanitation, and hygiene at home or at school, including absenteeism for collecting water or due to lack of adequate menstrual hygiene management. We spoke with girls in Haiti who leave school to go home to wash and change the materials they use to manage their menstruation, because they cannot do that at school—leaving some to miss as much as 30 minutes of instruction every time they need to change their materials. Some teachers told Human Rights Watch that girls sometimes stay at home during menstruation because they have no option to manage their hygiene at school. Girls in Haiti need access to clean water and sanitation facilities, as well as hygiene education and materials, to ensure their consistent attendance in school.

⁵ La Santé et les Infrastructures Scolaires, Recensement Scolaire 2003, cited in Ministère de l'Éducation Nationale et de la Formation Professionnelle, Direction de la Santé Scolaire, *Ligne directrice pour la Promotion de l'Hygiène en Milieu Scolaire*, Document Cadre, Juillet 2012, p. 9, http://www.washinschoolsmapping.com/projects/pdf/Haiti_Lignes%20directrices%20PH-EAHMS.pdf (October 7, 2014).

⁶ Enquête Mortalité, Morbidité et Utilisation des Services, EMMUS-V, p. 349, <http://www.mspp.gouv.ht/site/downloads/EMMUS%20V%20web.pdf> (October 7, 2014).

⁷ A systematic review of public health studies has shown that access to safe drinking water and clean, private toilets has potential to beneficially impact children's health, which in turn would increase attendance. See Christian Jasper, Thanh-Tam Le and Jamie Bartram, "Water and Sanitation in Schools: A systematic review of the health and educational outcomes," *International Journal of Environmental Research and Public Health*, vol. 9, no. 8, August 3, 2012, pp. 2772–2787, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3447586/> (accessed June 23, 2014). Incidents of diarrheal disease can be reduced by 30 percent when children and staff at primary schools wash hands properly, according to one study. See Ejemot, R. Regina I., et al., "Hand Washing for Preventing Diarrhea," *Cochrane Database of Systematic Reviews*, no. 3, article no. CD004265, 2009, pp. 1–44, http://www.childsurvival.net/?content=com_articles&artid=498&alert=yes (accessed June 23, 2014).

⁸ Inter-American Development Bank, Increasing Access to Quality Education in Haiti (HA-L1077), Grant Proposal, p. 5, <http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=37302335> (October 8, 2014).

The relationship between the human rights to water and sanitation and many other human rights, including education, is clear. A focus on improving water and sanitation is crucial to any discussions regarding investments aimed at decreasing the risk of water-borne diseases and preventable child deaths in Haiti, an area where the United States has successfully provided significant support. However, no plan to improve child health and decrease preventable deaths is complete without a comprehensive approach to address Haiti's poor water and sanitation infrastructure, including in schools.

Rights-Based International Aid

The Haitian government is obligated to respect, protect, and fulfill the human rights of those in Haiti—despite the fact that the measures it can take are limited in resources and capacity. The political and economic realities facing the country mean that it would be unrealistic to demand that it alone addresses all of the obstacles to fulfilling these rights. The government is dependent upon donors, international organizations, and several thousand NGOs to fund and implement its plans and deliver a wide range of social services. This is true for Haiti's measures to address sexual and gender-based violence, the rights to water and sanitation, and a broad range of other public services and human rights obligations.

Donors, including the United States, should deliver aid in a manner that is rights-respecting. Programs should be developed with meaningful community participation, with concerted efforts to include women and girls. Aid transparency with consistent flows of information and complete data is necessary so that civil society and the government of Haiti can monitor implementation of donor activities and their impact on the realization of rights. Development assistance should help build the capacity of the Haitian government, providing it with tools needed to work towards fulfilling the rights of its citizens and to be accountable to them. The Haitian government and donors (and donor-funded NGOs) should support mutual and strengthened accountability related to aid, which is necessary for rights-holders to make the government accountable for its human rights obligations.

The United States government in particular should ensure:

- All of its programming in Haiti is consistent with the implementation of the United States Strategy to Prevent and Respond to Gender-Based Violence Globally and that it publicly tracks progress towards this goal in its key geographical corridors and program areas in Haiti;
- It provides necessary support to the government of Haiti for the adoption of stronger legal protections for victims of gender-based violence, including through the adoption of a criminal code reform consistent with international standards;
- USAID is consistently implementing its Gender Equality and Women's Empowerment Policy in its work and that it publicly tracks progress towards this goal in its key geographical corridors and program areas in Haiti;
- United States-funded programming in Haiti is developed and executed with meaningful community participation, including by women and girls; and
- United States funded programming in Haiti, through bilateral aid or multilateral contributions, consistently integrates water and sanitation needs across sectors, including health, education, and industry, in an effort to reduce diarrheal disease, eradicate cholera, and promote women's equality.



Tom Lantos Human Rights Commission Hearing

Aid Delivery in Haiti: Development Needs, Capacity Building, and Challenges

Wednesday, December 3, 2014

12:00 PM – 2:30 PM

HVC-210 U.S. Capitol Visitor Center

Please join the Tom Lantos Human Rights Commission for a hearing on aid delivery and development strategies for long-term capacity building in Haiti.

While economic and social stability have improved since the devastating earthquake in January 2010, Haiti faces a host of challenges to continued improvement, including extreme poverty, economic disparity, and weak governmental institutions. Contentious delays in a long overdue elections process have further eroded international donor support, hampering development efforts. As the world bears witness to the Ebola crisis in West Africa, it is clear that epidemics, including the cholera crisis in Haiti, can cripple weak public health systems in resource-strapped areas with devastating consequences and profound geopolitical and economic implications. This hearing will cover what is possible when public and private sectors form partnerships to deliver assistance, create long-term capacity building, strengthen institutions, and ensure Haiti is equipped to deal with crises and reduce poverty across the board.

Panelists will discuss the success and challenges of aid delivery by NGOs in partnership with the public sector and USAID; what Haiti needs for long term credentialed capacity building; and obstacles that Haiti's uncertain political future creates for development. They will also address issues surrounding donor funding, and the need to elevate rights-based funding, or funding that includes community participation, supports the capacity of the state, and emphasizes accountability to rights-holders and beneficiaries. Witnesses are:

Panel I:

- **Mr. Thomas C. Adams**, Special Coordinator for Haiti, U.S. Department of State
- **Ms. Elizabeth Hogan**, Acting Assistant Administrator for the Latin America and Caribbean Bureau, U.S. Agency for International Development

Panel II:

- **Dr. Paul E. Farmer**, Chief Strategist and co-founder, Partners In Health; United Nations Secretary-General's Special Adviser for Community-based Medicine and Lessons from Haiti
- **Ms. Loune Viaud**, Executive Director, Zanmi Lasante
- **Ms. Lisa Davis**, Human Rights Advocacy Director, MADRE; Clinical Professor of Law at the City University of New York (CUNY) School of Law

The hearing will be streaming live at <http://www.ustream.tv/channel/hclive18>

For any questions, please contact Andrew Longhi at 202-225-8097 or andrew.longhi@mail.house.gov.

Sincerely,

James P. McGovern
Co-Chair, TLHRC

Frank R. Wolf
Co-Chair, TLHRC