

# UNMIH – peacekeeping in Haiti

## Misje pokojowe – UNMIH

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**Abstract:** UNMIH (United Nations Mission in Haiti) was established in the 1990s in a small, anarchy-stricken country in the Caribbean. Its aim was to administer free and fair elections and to create a separate police force which would preserve law and order. More than 7 thousand soldiers, police officers and civil workers from various countries participated in the mission. The initial phase of the operation was conducted with the participation of the Coalition Forces under American command, which included Polish Military Contingent consisting of 52 soldiers of the special unit – GROM. The medical coverage of the mission was based on three levels. The main medical center was the 86th Combat Support Hospital of U.S. Forces (level 3). The most common health problems among the UNMIH peacekeepers requiring outpatient treatment were injuries, skin diseases, respiratory tract diseases and dental problems. Dermatoses and injuries were the most frequently registered health problems among the group of Polish soldiers. The predominant cause of all hospitalizations were cases of febrile illnesses, the majority of which represented laboratory-confirmed cases of the Dengue fever.

**Key words:** UNMIH, Polish soldiers, health problems

**Streszczenie:** UNMIH (United Nations Mission in Haiti) powstała w latach 90. w małym karaibskim kraju ogarniętym anarchią. Jej celem było przeprowadzenie wolnych i demokratycznych wyborów oraz utworzenie sił bezpieczeństwa mogących zaprowadzić porządek. W misji wzięło udział ponad 7000 żołnierzy, policjantów i pracowników cywilnych z kilkudziesięciu krajów. We wstępnej fazie operacji wzięły udział Siły Międzynarodowe pod dowództwem Amerykanów, w skład których wszedł m.in. Polski Kontyngent Wojskowy złożony z 52 żołnierzy jednostki specjalnej GROM (Grupa Reagowania Operacyjno-Manewrowego). Zabezpieczenie medyczne misji opierało się na 3 poziomach. Głównym ośrodkiem medycznym był 86th Combat Support Hospital of U.S. Forces (poziom 3.). Do najczęstszych problemów zdrowotnych wśród uczestników misji zaopatrywanych w trybie ambulatoryjnym należały obrażenia ciała, choroby skóry, choroby układu oddechowego oraz choroby zębów i przyzębia. Wśród polskich żołnierzy najczęściej notowanymi schorzeniami były choroby skóry i obrażenia ciała. Główną przyczyną hospitalizacji personelu misji były stany gorączkowe, z których większość stanowiły potwierdzone laboratoryjnie przypadki choroby denga.

**Słowa kluczowe:** UNMIH, polscy żołnierze, problemy zdrowotne

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### Introduction

Haiti was the first country in Central America to gain independence. In 1804, as a result of the slaves' uprising, a self-governing Empire of Haiti was proclaimed; two years later the country was declared the Republic of Haiti. Thus, the country became free from French influence. However, self-appointed dictators were still in power. From 1915 to 1934, the country was occupied by the USA. François Duvalier was appointed the President of Haiti in 1957; his life dictatorship was a bloody one. Following his death in 1971, the office was taken by the late president's son, Jean Claude Duvalier, who continued the politics of his father. In 1986, Jean Claude Duvalier fled into France and the power was seized by a military junta. The first democratic

elections were administered in 1990. Jean Bertrand Aristide was elected the President of Haiti, however, in 1991 he was overthrown in a coup d'état and forced into exile [19]. UNMIH (United Nations Mission in Haiti) was a peacekeeping operation established by the Security Council resolution 867 in September 1993 as a result of systematically deteriorating internal situation and political destabilization in the country. Its aim was to help implement provisions signed between Haitian parties, the president, and the military junta [16], and also to administer free and fair elections, to assist in modernizing the armed forces in Haiti and establishing new police force which would be able to preserve law and order in the anarchy-stricken country. The initial phase of the peacekeeping operation ended in failure. After a series of incidents leading to the escalation of

political and military conflict, the UNMIH peacekeeping mission left Haiti in October and the UN Security Council resumed the embargo. In 1994, the UN established the 20000-strong 28-nation Multi-National Force led by the United States. In September 1994, the United States and Haiti's military leaders reached an agreement aimed at avoiding further violence and continuation of political change [16]. In October 1994, leaders of the junta resigned and announced their departure from Haiti. Soon afterwards, in accordance with previous provisions, President Jean-Bertrand Aristide returned to Haiti. In 1995, René Préal, a member of Aristide's governmental coalition, was elected the new President of the republic [19]. The operation of Multi-National Force, Uphold Democracy, continued from September 1994 until March 1995 when UNMIH's mandate was renewed. Parliamentary election in Haiti was held in the summer 1995, whereas presidential election was held in December 1995. The new president took his office in February 1996. In June 1996, the mandate of UNMIH, a peacekeeping operation conducted with the participation of 6065 soldiers, 847 policemen and over 400 civil workers, came to an end [17].

### Epidemiological situation in Haiti

Haiti is the poorest country in the Western hemisphere and one of the poorest countries in the world (153rd place from among 177 countries according to Human Development Index). Approximately 80% of the nation live in extreme poverty. Nearly 70% is employed in agriculture, the majority remains engaged in small individual farms, which employ nearly two thirds of the country's active workforce [19]. At the beginning of the 1990s, a half of the adult population were unemployed, a half of the adult Haitians were illiterate, one fifth of children had never attended school, one third of the country's population did not have access to health service [8]. Epidemiological indices in Haiti are one of the worst in the region. In the 1990s, the death rate was estimated at 13 per 1000 citizens (in other Central and South American countries 7/1000) [3]. Mortality of newborns was estimated at 94 per 1000 live births and was generally caused by infectious and invasive diseases of the gastrointestinal and respiratory tracts. In addition to this, malaria, measles, and AIDS posed a considerable health problem in the population of children [11]. Access to health service was limited, sanitary and hygienic standards were unsatisfactory, malnutrition, intensified due to the UN embargo, was widespread (60% of children under 5 years old). The percentage of the capital's population with free access to uncontaminated drinking water dropped from 53% in 1990 to 35% in 1994. 14 of 17 sources providing inhabitants of Port

Au Prince with drinking water were contaminated with excrement. In rural areas merely one third of the population had access to uncontaminated drinking water [7]. Life expectancy of Haitians did not exceed 55 years [8]. The incidence of pulmonary form of tuberculosis among children was estimated at 80 per 100 000. An increased incidence of AIDS occurred particularly among street children [8]. Numerous incidences of AIDS also occurred in the population of adults, both in rural and urban areas, which was influenced by internal migrations estimated at over 200 000 people [1]. In the slums of the country's capital the number of HIV carriers was estimated at 10.3% of the population in 1989. While the percentage of infected prostitutes increased from 61% in 1987 to 72% in 1990. A high percentage of carriers was observed in the population aged 15–19 [11], in the group aged 18–35 it was estimated at 6–8% of the population [12]. Until 1990, the percentage of vaccinated children was estimated at 41% (diphtheria, tetanus, whooping cough), 40% (poliomyelitis), 72% (tuberculosis) and 32% (measles) [12].

Climate in this small Caribbean island is influenced by seasons, region and location. Most of the rainfall occurs between April and November and is interrupted by a dry season in June and July. Heavy rain occurs in the mountainous areas in the north and south of the country. In the plains in central parts of Haiti, including the areas around the capital, Port Au Prince, rainfall is moderate (1300 mm annually). Hurricanes accompanied by heavy rain pose a considerable threat at the turn of summer and autumn. In lowland regions tropical climate prevails. Along the coast the average temperature is 27°C with a slight amplitude between summer and winter [18].

### Polish soldiers in Haiti

The operation of Multi-National Force in Haiti was yet another, after the mission in Cambodia, military mission with the participation of Polish soldiers executed in adverse environmental conditions in hot and wet climate areas. UNMIH was conducted with the participation of Polish soldiers of the Operational-Mobile Task Force GROM, a military unit controlled by the Ministry of Internal Affairs [9]. The decision to contribute a contingent of the Polish Armed Forces within the framework of operation Uphold Democracy was taken by the Polish government in 1994 [10]. The principal tasks of the Polish peacekeepers included a 24-hour protection of VIPs and buildings and also patrolling the assigned zones in Port Au Prince and its vicinity [9]. The 52-person Polish Contingent included 1 doctor, 1 anesthetist nurse and 8 paramedics (soldiers who have undergone a one-year training course in first aid). On the basis of

local infrastructure an outpatient clinic was established in the area where the Polish contingent was accommodated. The clinic was supplied with basic medicines and medical equipment transported from Poland. Polish soldiers went through the preparatory period, which was both the acclimatization stage and the training course preceding their deployment in Haiti, in the US Forces military base in Puerto Rico from October 18–25, 1994. While swimming in the sea in their spare time, several soldiers were stung by jellyfish and sea urchins. Since those incidents occurred, a complete ban on swimming in the sea was introduced until the end of the mission. Following the soldiers' arrival into Haiti, a strict food and feeding hygiene was observed within the operational zone. All meals were prepared and served by the unit's cook. Initially, local personnel was employed in serving meals, however, the decision was altered and local staff was dismissed from a food-processing section. As regards antimalarials, chemoprophylaxis doxycyclinum was administered. After a month of drug application, Lakcid was included as the antifungal prophylaxis of the gastrointestinal tract. Also, repellents were used against arthropod-borne diseases, including DEET cream applied on the skin and Permethrin spray for uniform impregnation. As for other prophylactic measures, Polish soldiers were vaccinated against yellow fever, typhoid fever, tetanus and viral hepatitis B prior to their arrival in Haiti [10].

From October to December 1994, in the course of executing mandatory tasks in Haiti, medical advice was given 125 times at the Polish outpatient clinic, including 71 times to GROM soldiers ( $n = 52$ ) and 54 to civilians and soldiers of the Philippine contingent. The most common health problems were skin diseases (25 cases), including allergic reactions (mainly as the result of insect bites), abrasion and maceration of epidermis, mycoses (mainly of the groin and feet), viral diseases (*Herpes simplex*). Other illnesses occurring in the population of the Polish contingent were brief episodes of diarrhea (2 cases), headaches in the initial phase of the acclimatization period (8), febrile illnesses receding after the application of symptomatic treatment (5), conjunctivitis (11), injuries (20), overload of musculoskeletal system and contusion of the soft tissue.

In 6 cases Polish soldiers required medical help in the Combat Support Hospital of U.S. Forces (level 3): 4 dental treatments, a foreign body in an ear, an injury of a knee joint. Injuries (fractures, sprains/dislocations, wounds) and skin diseases (abscess, furunculosis) prevailed among the local people treated at the Polish outpatient clinic. The GROM soldiers returned to Poland on December 13, 1994. Straight from the airport they were transported into a Border Guard unit where they were put in a few-day quarantine and subjected to clin-

ical and laboratory examination which would allow to assess their health condition as regards the aspect of importing diseases from the tropics. In 2 of the examined soldiers, antibodies which demonstrated an infection with toxoplasmosis were found (without clinical symptoms of the disease), 1 case of enteric amebiasis and 1 case of teniasis (*Taenia saginata*) were diagnosed in parasitologic tests. Mycological tests revealed 14 cases of tinea pedis (10) and tinea inguinalis (4) [10].

### Health problems in United Nations Mission in Haiti

Merely two hospitals were functioning in the country's capital, Port Au Prince. Both were poorly equipped, with shortages of medical personnel, and their operating range limited to providing basic medical advice [10]. The medical coverage of Operation Uphold Democracy and the UNMIH mission was based on three levels of medical help. Each of the national contingents was in charge of securing medical coverage for their own personnel on the basis of an individual outpatient clinic at level 1 (sick call and 24-hour hold). The U.S. Forces provided medical coverage at level 2 (sick call and 72-hour hold) in three centers outside the capital. The main medical center of the mission was the 86th Combat Support Hospital of U.S. Forces (level 3) which operated in the capital of the country. The hospital provided specialist medical help ranging over intensive care, surgery, internal diseases, contagious diseases, psychiatry, preventive medicine. The hospital employed Haitian specialists (an eye-doctor, a radiologist). Patients, who required specialized medical help which could guarantee their recovery and return to service within 30 days, were treated within the operational zone at level 3. Cases which required highly-specialized medical procedures, inaccessible in Haiti, were transported by air to a medical center in Miami, Florida. Personnel, who suffered health problems which did not allow their recovery and return to service within 30 days, were evacuated to a home country for medical reasons [5]. The Combat Support Hospital was an 80-bed medical center with a possibility of expanding the bed base to 120. It consisted of an Internal Ward, Isolation Ward, Surgical Ward with 2 operating tables, a 5-bed Intensive Care Unit and a Minimum Care Unit. In addition to this, a 24-hour sick call provided outpatient medical care ranging over surgery, internal diseases and dentistry, an analytical laboratory, X-ray office with a computer tomograph and a pharmacy. In emergency cases CSH discharged a First Aid Section which was sent to places of mass sanitary losses where helicopter transport (MEDEVAC) was used [5]. From June to October 1995, outpatient treatment of soldiers and civil workers pro-

vided in UNMIH medical centers constituted 9.2–13% of the mission's personnel/week. The most common health problems were injuries (1.9%), skin diseases (1.9%), diseases of the respiratory tract (1.8%), dental problems (1.7%), diarrhea (0.9%). The rate of treated cases depended on nationality of a particular contingent (3.0% in Bengal contingent; 14.0% in Dutch contingent) and also on the level of a particular medical center (in the 86th CSH at level 3 – 24.1%). 374 patients, UNMIH peacekeepers, were hospitalized within the given period. The main causes of all hospitalizations were febrile illnesses (35.8%), including suspected and confirmed cases of Dengue fever (22.3%); gastroenteritis (15%), abdominal pain (6.4%), dental (6.1%), orthopedic (6.1%), skin diseases (4.3%). Also, 4 cases of malaria and 4 cases of viral hepatitis E were diagnosed and treated [4,5]. Among 249 patients provided with outpatient treatment or hospitalized due to febrile illnesses as many as 79 (32%) suffered from laboratory confirmed Dengue fever by demonstration of IgM [14,15]. The most cases of Dengue fever were diagnosed among Americans (20), Jordanians (10), Pakistani (7), Nepalese (7) [6,15]. Injuries, which constituted the most frequent cause of outpatient admissions among the UNMIH peacekeepers, were typically connected with sports injuries [5]. Whereas, sporadic occurrence of diarrhea was certainly related to efficient sanitation service within the mission's zone [13,20]. A relatively large number of dental treatments were noted; this was undoubtedly associated with neglect of oral hygiene among peacekeepers. Admissions to a dental clinic not only included emergency cases but also a full range of treatment [5]. The analysis of morbidity and traumatism rates in the population of soldiers deployed in Haiti in 2004 demonstrated the diseases and non-battle injuries index (DNBI) at 5.1% per 100 persons/week. Injuries sustained on duty or performing physical activities accounted for 1.4%, skin diseases – 1%, diseases of the respiratory tract – 0.8% [2].

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