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Haiti, Insecurity, and the Politics of Asylum

In this article, I seek to show how states of insecurity provoked by ongoing social, economic, and political ruptures in Haiti can disorder individual subjectivity and generate the flight of individuals seeking asylum within and across borders. Nongovernmental actors working in Haiti and with Haitians in the diaspora frequently managed the long-term psychosocial effects of insecurity. Their interventions can range from repressive to compassionate and influence the formation of identity and the embodied experiences of trauma for vulnerable Haitians. The case of a young Haitian refugee who was repatriated to Haiti from the United States in the 1990s demonstrates how insecurity is both an existential state reflecting the disordering of embodied experience, as well as a collective sociopolitical condition the effects of which cannot be managed or contained within national borders. The case is emblematic of the plight of thousands of Haitians affected by the January 12, 2010, earthquake. [Haiti, insecurity, asylum, trauma, disaster]

Cycles of political, economic, and social ruptures have established insecurity as an ontological state of being in Haiti. Routines of rupture have created conditions in which trauma has become an ongoing existential reality for many citizens, rather than a finite, contained experience for which there can be a "post." In this article, I seek to show how states of ontological insecurity (Giddens 1984) can disorder individual subjectivity, "the felt interior experience of the person that includes his or her positions in a field of relational power" (Das et al. 1997:1). Insecurity is both an existential state reflecting the disordering of individual embodied experience and a collective sociopolitical condition the effects of which cannot be contained within national borders. Just as insecurity gives rise to disordered subjective states, it also generates the flight of individuals seeking asylum and security within and across borders, especially during periods of crisis.

Insecurity disproportionately affects the poor, many of whom lack social support networks to mitigate the effects of disaster and the social capital to attain political asylum elsewhere lawfully. To attain asylum, however, an individual who has fled his or her country of origin must demonstrate to immigration authorities a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion" (UN High Commissioner for Refugees 1979:11, 81). Nevertheless, the social, political, and economic roots of insecurity blur the artificial boundaries distinguishing the economic from

the political, and the migrant from the refugee, especially when a sending state is fragile or is considered to have "failed." Although the complexities of insecurity complicate attempts to distinguish between refugees and migrants, once applied, these categories channel mobile populations toward particular forms of intervention that blur the boundary between compassion and repression (Fassin 2005).

Medial institutions manage migrant populations on behalf of governments in both sending and receiving states and implement interventions ranging from policing, detention, and even expulsion to activities that promote care, inclusion, integration, and citizenship. In fulfilling both political and humanitarian aims—of promoting national security while also mitigating suffering at the micropolitical level—these agencies and agents occupy ambiguous positions between public and private, and between governmental and nongovernmental.[1]

Nongovernmental actors working in Haiti and with Haitians in the diaspora have targeted for intervention the long-term psychosocial effects of insecurity both to contain the perceived threat of Haitian refugees to other nations while also providing care to the vulnerable. The work of such institutions became more visible when on September 30, 1991, the Haitian military staged a coup d'état that ousted Haiti's first democratically elected president, former priest Jean-Bertrand Aristide. In the three years that followed, the coup apparatus—composed of members of the army, civilian paramilitary attachés, and *zenglendo* (armed bandits or criminals)—targeted poor prodemocracy activists with impunity. On October 15, 1994, the U.S. and UN Multinational Force liberated Haiti, restoring Aristide to power. International and national governmental and NGOs responded to the plight of victims of human rights abuses alongside implementing interventions to promote Haiti's postconflict transition. In partial response to such efforts, survivors of violence began calling themselves *viktim* (Haitian Creole for "victims") to designate their status as political subjects and to distinguish themselves from the general population of Haiti's destitute masses.

In witnessing these processes, I became interested in issues of political subjectivity, identity, and the psychosocial sequelae of trauma. Between 1995 and 2000, I observed how the interventions of these interstitial actors influenced the formation of identity and embodied experiences of trauma for vulnerable Haitians. I spent more than 27 months in Haiti analyzing the long-term psychosocial effects of violence for survivors of torture from the 1991 to 1994 coup years. Between 1996 and 2000, I worked at a women's clinic in Martissant, an urban slum of Port-au-Prince, to which I had been invited to provide my services as a practitioner of the Trager Approach, a form of physical therapy.[2] I also conducted fieldwork with viktim and their families at their homes in the neighborhood surrounding the clinic. Between 1997 and 2000, I worked at the Human Rights Fund, a political development assistance program funded by USAID that housed a Rehabilitation Program for torture survivors and their dependents. I observed the fund's activities, participated in therapy groups for traumatized viktim, and studied its beneficiaries' trauma portfolios—case files containing affidavits, medical records, receipts, and other forms of documentation verifying their victim status. From 1998 to 1999, I observed interactions between clinicians and patients at the Mars/Kline Center for Neurology and Psychiatry at the State University Hospital to familiarize myself further with the way emotional and psychological distress manifested in the outpatient clinic.[3]

In examining local, national, and international governmental and nongovernmental responses to Haitian insecurity, I became aware of the politics of asylum: on the one hand, *asylum* connotes political recognition of victim status prompting humanitarian compassion and sanctuary. On the other hand, *asylum* signifies a means of restraint, confinement, and repression of those who are deemed threats to the moral, legal, and social order. As a frame for the ensuing discussion of the articulations among insecurity, trauma, and asylum politics, I introduce the troubling case of an unaccompanied young man whose family was targeted for political violence in Haiti. The young man fled in the aftermath of the attack to seek asylum in the United States, only to be detained and subsequently repatriated. Routines of rupture left their mark on his body and mind and require an analysis of concepts of embodiment, illness, and subjectivity in Haitian culture to be deciphered. However, no less powerful were the effects of political, legal, and clinical policies and practices on the young man's experience. In this respect, the case demonstrates the experience of "ontological insecurity" (Giddens 1984) in Haiti and the disordered subjectivity that states of insecurity may produce. It also illustrates the complex links between insecurity and the politics of asylum.

Jean-Robert Paul

I met Jean-Robert Paul in 1998 while conducting research at the America's Development Foundation (ADF) Human Rights Fund in Port-au-Prince, Haiti.[4] During the coup years ADF staff members had sheltered persecuted Haitians in their homes and on the ADF grounds. This work was later formalized when the Human Rights Fund was established in 1994 to provide rehabilitation assistance to victims of organized violence, alongside activities that promoted democracy, rule of law, and the growth of Haitian civil society. The fund was a controversial project. Many pro-Haiti activists and members of the media had accused the United States of supporting the military and paramilitary actors who repressed the prodemocracy sector in Haiti between 1991 and 1994 (60 Minutes 1994; Farmer 1994; Nairn 1995). Thus, a U.S. government-funded rehabilitation program that aided the coup regime's victims as a component of activities to promote democracy in Haiti was by definition suspect.

Jean-Robert was a 21-year-old man of slight build who worked informally as a custodian of the grounds. He had an impish grin and pleasant demeanor, always greeting me with a smile when I arrived each day at the building. At times, however, he was the butt of teasing and jokes, especially when he tried to participate in the masculine posturing and banter of the private security guards and drivers stationed at the entrance to the building. In April 1997, Jean-Robert became a beneficiary of the fund's new Rehabilitation Program and received eligibility as an indirect victim of politically motivated violence: in 1994, his parents, who were prodemocracy activists, were murdered. Beneficiary status provided Jean-Robert a small stipend, housing assistance, medical care, and other social support, but not social acceptance.

There was another reason for Jean-Robert's liminal status at the fund: he was perceived to be *fou* (insane) and had been diagnosed as schizophrenic. The psychologists and psychiatrists who treated Jean-Robert at the Mars/Kline Center for Neurology and Psychiatry told me that his memory of the past was fragmented and

his attempts at recall were tremendously distressing. At times, however, the force of this past erupted into the present, transforming his usual "presentation of self" (Goffman 1959) by allowing another "persona" to speak and act out his frustrations. During such episodes he could become more forceful, and even aggressive, but I never witnessed him become violent.

On one occasion, however, I observed Jean-Robert suddenly become distressed, angry, and belligerent toward staff in the Human Rights Fund building. He had come to request additional financial support, but unfortunately the Rehabilitation Program funds were diminishing. The program director denied his request, and in response, Jean-Robert became agitated. Then, something shifted. His face changed, becoming taut and drawn with tension. His gaze no longer focused on the physical space around him. Rather, he appeared to be staring vacantly into the distance, and it was as if he did not see those of us physically around him. He breathed heavily, perspired, and clenched and unclenched his fists. Then he began speaking strongly and with a deeper voice—one with eloquence, passion, and pathos. He said, "Look at me. Look at my body. Look at how I've grown thin. I used to be a man. I don't have anywhere to sleep. I don't even have a bed."[5]

As time passed he seemed disoriented and shaken by the force of emotion that had overcome him and by his own utterances. The two nurses who staffed this program quickly approached Jean-Robert to calm him. One wiped his forehead, attempting to cool him down. The nurses later explained that his head *(tèt)* had become hot *(cho)* because of the excess blood *(san)* that had risen there. Their ministrations were intended to reverse the flow of blood from his head for him to regain balance and calm. Jean-Robert was eventually soothed and returned to the placid, cheerful individual to whom I had become accustomed.

According to traditional understandings of embodiment, personhood, and subjectivity in Haiti, such restorative efforts were essential to maintaining the integrity of the person. The person is comprised of multiple parts including the guardian angel *(gwo bonanj),* an aspect of consciousness or the self that can detach from the body during sleep and during possession by the *lwa*, the *Vodou* spirits (Bourguignon 1984:247; Brown 1991:351–352; Dayan 1991:51; Deren 1970:25–26; Larose 1977:92; Métraux 1972:120, 303);[6] the little angel *(ti bonanj),* an energy deeper than consciousness that can enervate the individual in times of stress (Brown 1989:265; Larose 1977:94); the star *(zetwal),* a "celestial parallel self" whose fate is "already foreknown and unchangeable" (Brown 1989:265);[7] the material body *(kò kadav);*[8] and finally, the soul *(nanm),* the animating force of the body that disappears after the death of the individual (Brown 1989:264).

The person is situated at the nexus of social relationships among the lwa, the ancestors, and the family. These relationships are complex and to some extent "embodied." In ritual circumstances, it is common and desirable for the lwa to displace the self and enter the "head" of a supplicant to communicate through the devotee's body. At times of stress, the lwa may also possess a devotee to provide support or protection (Brown 1991). Although the moment Jean-Robert's behavior and speech changed resembled how the Haitian *Vodou* spirits displaced the person in ritual settings, in this case, he was overtaken or perhaps "possessed" by another kind of unseen force, the mnemonic specter of a traumatic past. The psychosomatic crisis that resulted was perceived as a shocking intrusion to those present, and

perhaps also to Jean-Robert, but not as a supernatural event. Although in this state of dissociation his prophetic utterances revealed a sense of emasculation, loss, and anger at the injustice of his impoverished state.

The relationship between embodiment, emotion, and moral domains of intersubjective experience—such as feelings of anger, victimization, and injustice—are also theorized in traditional Haitian medicine. In cultural models of embodied experience in Haiti, psychosocial forces can cause imbalances between the body, the blood, and the emotions, which can destabilize personhood and the sense of self and can result in physical illness. "Blood" is the mechanism that regulates hot and cold in the body. The balance of hot and cold directly affects an individual's susceptibility to illness (Laguerre 1987:70)[9] and is determined by the foods that one eats, action on behalf of the individual, or environmental factors (Bourguignon 1984:262; Laguerre 1987:70–71). For example, the illness *sezisman* or *sezi* is related to the sensitivity of the "head" and the balance of "blood" in the body. Sezisman is caused by a shock or sudden fear that results in a "temporary soul loss, the departure of the big good angel" from the "head" (Bourguignon 1984:261). It may also be caused by "an excess indignation at being victimized" (Bourguignon 1984:261) in which blood rushes to the head, causing temporary blindness (Laguerre 1984:123–124). Sezisman is related to another syndrome resulting from the rush of blood to the head immediately following a shocking unexpected loss, the *kriz de ner,* which produces extreme physical tension and cognitive states of dissociation that resemble but are unrelated to spirit possession (Brodwin 1996:100–101).

To understand the etiology of trauma in Haiti, it is essential to assess understandings of the moral underpinnings of affliction. Sezisman is common in the aftermath of an accident or natural disaster, but especially for individuals who were targets of human rights abuses during the period of unconstitutional rule. It frequently manifested as a "constricted throat, cold extremities, and heaviness of the stomach" (Bourguignon 1984:261). One man told me, "After the coup d'état I was sezi. So many people were murdered." Sezisman manifested as small bumps on his face, which he treated with an infusion of leaves from the soursop *(kòwòsòl)* tree. Strong black coffee and purgatives like castor oil were also considered effective short-term remedies for symptoms like heaviness in the legs and lassitude. Long-term treatment of sezisman necessitates ritual washing of the head with herbal infusions *(rafrechi)*. Until treatment took place the afflicted individual would remain vulnerable to "cold" and other illnesses.

In Haitian traditional medicine, however, therapies for such conditions typically require a consultation with a Vodou priest *(oungan)* or priestess *(manbo)*, an herbalist *(dokte fèy)*, or other healers. After diagnosing the etiology as the product of natural or unnatural (human-authored) causes, such as the ill wishes or actions of enemies, traditional healers may conduct rituals to ward off sent sicknesses, to propitiate the Vodou spirits or venerate ancestors, as well as ritual baths, herbal remedies, massages, changes in diet, and other manual therapies (Brodwin 1996; Farmer 1988, 1990). I do not know if Jean-Robert was ever able to avail himself of these cultural resources, and if so, if they could have been effective long after the initial shock.

The inability to cool the head, which causes blood to descend and stasis to resume in the body, can result in irreparable suffering. For example, in 1997,

my clients in the Martissant area told me about a woman's death in the community. She had suffered many losses during the coup period, including having been raped by members of the coup apparatus. The shock of these disruptions caused "blood" to rise to her head. She exhibited anger and aggressive behavior that was viewed as out of the ordinary. Because the "heat" in her head could not be diminished, she was unable to find peace of mind and regain balance. She committed suicide, leaving behind two children who were orphaned.

According to this brief sketch of concepts of embodiment, personhood, suffering, and illness, Jean-Robert's initial episode could have been the result of untreated sezisman, in the aftermath of his parents' murder. His episodes of dissociation and manifest psychosis might have their roots in the literal rupturing of his family, among many other shocks that would follow. However, this case also raises a number of questions regarding postconflict humanitarian aid, the politics of asylum, and the administrative translation, transformation, and management of trauma across cultural, moral, legal, and spatial borders. How had Jean-Robert become the ward of an international NGO and a patient of international and national psychologists, psychiatrists, and other humanitarian aid workers in Haiti? How do the fragments of his journey speak to the condition of insecurity and asylum, but also to identity and subjectivity?

Insecurity and Asylum

The term *insecurity* has proliferated in global political discourses. The word has come to characterize not only the uncertainties experienced by individuals but also a collective sense of risk and vulnerability, especially in postcolonial, postauthoritarian, and postsocialist nation–states undergoing transitions to democracy (Good et al. 2008; Pérez 2003; Petryna 2002; Weldes, et al. 1999). Insecurity also describes the volatility of global economic markets and the uncertainties of flexible labor, as well as the rise in technical and environmental hazards in the industrial era. Sociologist Ulrich Beck (1999) argues that the excesses of modern industrialization have produced a "second modernity"—conditions in which political, social, economic, environmental, and technological crises *simultaneously* threaten the integrity not only of nations but also persons.[10]

One prominent factor that heightens the sense of insecurity is the frequent resurgence of political conflict during political transitions. The lacuna left by the departure or transformation of a former colonial, authoritarian, or dictatorial power can intensify the local struggles for control over resources within and between these nations. Civilians have increasingly been both direct and indirect targets of violence. Ethnic tensions and civil war, "dirty wars" in which the state terrorizes its own citizens, religious conflicts, border disputes, terrorism, and multiple forms of gendered and sexual violence, are increasingly visible markers of contemporary conflicts that have destabilized the citizenry within each transitional context.

These complex circumstances have disrupted family systems and social structures that give individuals a sense of what sociologist Anthony Giddens calls *ontological security*. The experience of ontological security is characterized by an "autonomy of bodily control within predictable routines" (Giddens 1984:50) that generate the

feeling of trust and caring for and by others, and the perception of the continuity of social institutions and the object world (1984:23, 50). For much of humanity, however, conflict, disaster, disease, poverty, powerlessness, and instability are routine, establishing "ontological insecurity" (Giddens 1984) as the defining characteristic of daily life.

Ontological insecurity frequently results in the flight of traumatized refugees and migrants in search of safety. At the time of my research, the UN Development Programme reported that "globally in 1998, there were more than 10 million refugees and 5 million internally displaced persons" (2000:6). For some of these persons, asylum would be found in a refugee camp. For others, sanctuary could be attained in what one might call a "secure state," a nation in which human and civil rights are recognized, and in which the routines and structures of daily life are perceived as more predictable. Nevertheless, political, economic, and ontological insecurity have increasingly characterized life even in so-called secure states, especially following the September 11, 2001, attacks. Although such global conditions are representative of the "world risk society" (Beck 1999), risk and ontological insecurity have never been equally distributed within or across sovereign borders. Likewise, spaces of security, safety, or asylum are also unequally distributed.

The term *asylum* has dual connotations that generate opposing but related forms of intervention. On the one hand, *asylum* refers to a space of refuge, sanctuary, and protection for those deemed vulnerable or who are unprotected by a moral, legal, or social order. On the other hand, *asylum* can also refer to the confinement or quarantine of individuals or populations deemed threats to the public order, or to themselves, because of their affliction or misfortune (Foucault 1988). Thus, at times secure states perceive mobile, vulnerable refugee and immigrant populations that transgress cultural and spatial boundaries as deserving of sanctuary and asylum. At other times mobile, vulnerable populations are perceived as risks to the national security of the host state and as criminal or illegal entrants (Fassin 2005; Nachman 1993; Ticktin 2006).

The governmental and nongovernmental institutions that manage and contain vulnerable, mobile populations frequently operate simultaneously as both compassionate and repressive security apparatuses (Fassin 2005)—as both sanctuaries and as prisons. Perceptions of refugee and migrant populations either as deserving of compassion or as threats to national security can prompt interventions into the fragile or failed states from which these populations have fled (Pandolfi 2008). As secure states evaluate the risks posed by political chaos and economic volatility outside their national borders, they often adopt modernist discourses of "nation-building" to justify interventions to restore order in fragile or failed nations. Nation-building activities typically include promoting human rights, democracy, capitalist economic development, and multiple forms of military and humanitarian intervention. These interventions encompass both charitable and national security logics. Compassionate efforts to protect, secure, and rehabilitate both insecure states and their vulnerable populations enable secure states to control or contain risk—in this example, the mobile threat of disorder across borders (Boltanski 1999; Duffield 2001).

So-called secure states also seek to reaffirm the materiality of their safety through processes of what can be characterized as secular conversion by inculcating

neo-Enlightenment ideals of human rights, democracy, and capitalist economic development abroad.[11] Such interventions also establish conditions for inclusion that insecure states and their citizens must meet to gain political recognition or asylum in a receiving state. These dynamics of insecurity, asylum seeking, and conversion and containment of disorder in both secure and insecure states are examples of the condition of "neomodernity" (Comaroff and Comaroff 1992). At the heart of such practices are efforts to define the criteria for belonging and exclusion to mitigate burgeoning sources of risk.

Whether immigration policies trend toward compassionate or repressive depends on changing perceptions of national security in host nations. In his work documenting shifts in immigration policies in France post-1989, Didier Fassin (2005) observed that asylum seekers were increasingly categorized as illegal immigrants subject to expulsion, especially when the growing clandestine population was viewed as a threat to national security. Individuals who ordinarily would have been able to exercise the right to claim asylum according to international human rights law were subjected to repressive security measures and detained prior to expulsion. However, when recourse to political avenues failed to grant asylum seekers legal status, intermediary advocacy organizations and therapeutic activists were able to gain limited forms of entry and sanctuary in France for asylum seekers on the basis of illness, such as HIV/AIDS. Illegal entrants afflicted with illnesses that were not easily treatable because of conditions in the sending nation ultimately gained refugee residence permits, social security, and the right to work (Fassin 2005:370), but not political asylum.

In critique of both Hannah Arendt and Giorgio Agamben, Fassin argues that for refugees, compassion has become a bureaucratic category mediating between the "bare life" of camps in detention centers, and full political recognition, as represented by legal asylum in a receiving state. Rather than view shifts in immigration processes—from detention and expulsion to partial inclusion through therapeutic and charitable means—as examples of a further separation between the political and the humanitarian, Fassin suggests that we must view the contemporary refugee camp and therapeutic practices yielding "biolegitimacy" (or what others have called "biological citizenship")[12] as phenomena that blur the boundaries between the two moral domains. However, in contrast to the way compromised health status may grant limited forms of citizenship for refugees in France, Haitians fleeing insecurity to seek asylum the United States have found that languages of humanitarianism and compassion are often employed by the state to justify confinement, interdiction, and repatriation.[13] Such disparate treatment stems from the historical geopolitical and economic relationships among Haiti, the United States, and other foreign powers.

Insecurity in Haiti

The roots of neomodern insecurity in the oft-maligned "poorest country in the Western Hemisphere" are deep (Farmer 1992a, 1994). Formerly the most lucrative French colony, which contributed as much as 40 percent of the value of France's foreign trade and two-thirds of French colonial revenues between 1697 and 1804 (Bellegarde-Smith 2004:50–53), Haiti's economic productivity was buttressed by

forms of torture, which still manifest in contemporary Haiti. This egregious colonial repression sparked in the only successful slave uprising to produce an independent state.

Since its independence in 1804, however, the masses have had limited opportunities to participate in democracy and have largely been exploited for their labor in both rural and urban settings. Contemporary forms of conflict in Haiti also have direct links to the violence deployed during foreign military interventions in Haiti in the late 19th and early 20th centuries. Between 1915 and 1934, the U.S. military occupied Haiti to protect U.S. political and economic interests in the nation. U.S. forces employed what can only be described as neocolonial forms of violence to repress the Haitian masses. Before leaving the nation, the United States established the *Garde d'Haïti* (the Haitian Guard), the predecessor of the Armed Forces of Haiti that sustained the Duvalier dictatorship between 1957 and 1986, and subsequently deposed the first democratically elected president. From 1986 to the present, Haiti's transition to democracy has been rocky.

In no small part, the political culture inculcated under Duvalier rule arguably changed the nature of both political and civil unrest in the nation. In acceding to power, Dr. François Duvalier, known as "Papa Doc," established a terrorist regime between 1957 and 1971 that used methods of "necropolitical" repression (Mbembe 2003) to inculcate a climate of fear. Achille Mbembe uses the term *necropolitics* to describe styles of violence that violate cultural, moral, and bodily boundaries to destroy not only individuals but also the existential fabric of societies. Duvalier unleashed the infamous *tonton makout* on Haitian citizens to create a climate of fear, thereby creating in Haiti what Michael Taussig (1987) describes as a "space of death." Alongside tactics of forced detention, physical assault, rape, and murder, the private paramilitary makout apparatus exploited the baneful cultural power of the Vodou religion to repress those deemed "enemies" of the state. Moreover, members of Haitian civil society formerly deemed "innocents"—children, women, clergy, and members of recreational associations—were subject to random attacks (Trouillot 1990).

After Papa Doc's death in 1971, his son Jean-Claude assumed power and maintained this style of necropolitical violence, while deepening the policies of economic exploitation and extraction of wealth and resources from the nation that were detrimental to the majority. The international community ignored Duvalierist repression, which instigated the flight of thousands of Haitians to other Caribbean nations, France, West Africa, South America, the United States, and Canada. In February 1986, in partial response to the flood of refugees across Haiti's borders, Jean-Claude Duvalier was ousted by a combination of national and international pressures advocating for the promotion of democracy, human and civil rights, and rule of law in Haiti. In actuality, however, Duvalierist forces continued targeting members of civil society to repress the widespread movement for political recognition and economic rights for poor Haitians. The escalation of violence in the postdictatorship period ushered in a new style of social upheaval that Haitians have termed *ensekirite,* which is Haitian Creole for *insecurity.*

Between 1986 and 1990, despite the continuation of "Duvalierism without Duvalier," the *Lavalas* political movement—a coalition of grassroots activists, church groups, women's rights activists, peasant organizations, and other "civil

society" associations—mobilized prodemocratic forces in the nation to exercise their rights as citizens. On December 16, 1990, the movement was ultimately able to elect to the presidency Jean-Bertrand Aristide, a charismatic former priest and proponent of liberation theology. Many Haitians had hopes that this election would produce conditions of justice, equality, and security for all. To the consternation of prodemocracy forces in Haiti and pro-Haiti activists abroad, on September 30, 1991, General Raoul Cédras and the Armed Forces of Haiti (FAD'H) ousted Aristide by violent coup d'état.

From 1991 until 1994, the coup regime controlled social, economic, and political space by escalating and intensifying necropolitical methods of terror and torture in an attempt to destroy the popular prodemocracy movement. The coup apparatus was composed of approximately 7,000 military personnel, in addition to thousands of civilian attachés and local criminals known as *zenglendo*. For three years this terror coalition deployed necropolitical styles of violence against the prodemocracy sector and even revived the disciplinary tortures of the colonial era to remind these activists of their virtually enslaved state. Arbitrary arrest, forced detention, physical assaults, torture, rape, murder, and even forced incest were among the means by which the coup apparatus attacked activists, and their families and associates, to destroy the bonds of kinship and social groups. In transgressing cultural, moral, physical, and even spiritual boundaries, necropolitical violence has undermined the conditions for ontological security.

In response, tens of thousands of Haitians fled by boat in search of asylum in the United States and other nations. Nearly 300 thousand out of 7.5 million Haitians were internally displaced. Such conditions reigned unchecked until 1994, when international governmental pressure and the advocacy of nongovernmental networks culminated in the restoration of President Aristide to office through Operation Uphold Democracy, a military and humanitarian intervention implemented by the UN authorized Multinational Force. In no small part, the perceived threat that the flood of Haitian refugees posed to the United States was responsible for the international military and civilian mission to restore order.

Asylum Politics

Jean-Robert was one of the individuals whose unexpected intrusion into the United States may have prompted the joint military and humanitarian mission to restore democracy in Haiti. His past can only be reconstructed in part. Its ghostly traces exist in case notes and documents contained in his trauma portfolio and in the memories of the caretakers who provided him asylum. The trauma portfolio is both a material representation of an individual or family's past suffering as well as a symbolic emblem documenting the benevolent clinical and bureaucratic practices employed by the aid apparatus to authenticate victims' suffering. These portfolios included the narratives, photos, diagnostic tests, affidavits of support, as well as other materials that the victim was able to mobilize through his or her social networks, to transform personal suffering into an objective tool enabling the acquisition of advocacy, therapy, charity, asylum, and even justice. Agencies and agents in the aid apparatus also collected, circulated, and even competed for trauma portfolios to provide evidence of their competence and success in delivering results to public and

private donors. To some extent, such portfolios translated trauma from local relational understandings of embodiment, loss, and misfortune into global individual discourses of depression, anxiety, and other biomedical disorders.

Jean-Robert's portfolio revealed the following details. In June 1994, just prior to the restoration of democratic order by Operation Uphold Democracy, members of the military targeted his family for their reputed involvement in the Lavalas movement, the prodemocracy party of Aristide. He was 17 years old, an only child with no other family, and resided with his parents in an isolated coastal town near the westernmost tip of Haiti's southern peninsula. On that fateful day in June, in broad daylight, members of the military who were armed with machetes decapitated Jean-Robert's parents directly in front of him on the street.

The killing of Jean-Robert's parents ruptured the ties between him and his natal family (Patterson 1982), and, subsequently, to his country. Such ruptures to the existential grounds of the self can irrevocably harm a person's sense of identity and embodied integrity. As kin and kinship relations are both material and spiritual in traditional Haitian culture, relational obligations are sometimes sources of threat to the self, even as they are also sources of blessing and healing. Failure to uphold these obligations can result in illness or misfortune for the person who is directly guilty (Métraux 1972:256) or for others in the community. During my fieldwork, viktim reported that a troubling source of distress was the inability to fulfill funereal rites for the dead, or to resolve relationships with the "disappeared." Those who had lost loved ones prematurely, through natural or unnatural causes, or who were unable to make restitution to the dead, frequently suffered nightmares, anxiety, and feelings of guilt, as well as hauntings by *zonbi,* aspects of the disembodied souls of the deceased.

I do not know if Jean-Robert had the capacity to fulfill the funerary rights that are expected in Haitian culture to lay the souls of the deceased to rest, but I suspect not. Like thousands of Haitians suffering under the Duvalier repression in the 1980s, and tens of thousands between 1991 and 1994, Jean-Robert fled by boat with hopes of attaining asylum in the United States. For many Haitians these hazardous journeys were life threatening and frequently resulted in U.S. Coast Guard interdiction, immediate repatriation to Haiti, or death by starvation or drowning. But thousands chose to face these risks, rather than those of Haiti's insecurity.

Jean-Robert was fortunate to have reached Miami. At some point while his asylum request was pending he was detained at the notorious Krome Service Processing Center. Krome is an adult facility in Miami that was managed at the time by the INS and was previously described as a "theater of the absurd" and as a concentration camp (Nachman 1993:251, 254). Other immigration detention facilities in South Florida have been managed by private security firms like the Wackenhut Corrections Corporation (now called GEO Group Inc.) and even Catholic Charities. Fortunately, as an unaccompanied minor, Jean-Robert did not remain at Krome long. In September 1994, he received asylee status and was sheltered in a program for unaccompanied minors in Boston, Massachusetts.[14]

In Boston, Jean-Robert began to unravel. Having attained physical and political asylum and a modicum of security, Jean-Robert began recalling how his parents had been murdered. From that moment he said that his "disorder was unleashed"

(la maladie est déclenchée). He suffered visual and auditory hallucinations, paranoid thinking, and became violent toward others. Psychiatrists diagnosed him as suffering from "subchronic schizophrenia" and prescribed antipsychotic and antidepressant medications.[15] During one acute psychotic episode, Jean-Robert was hospitalized and received antipsychotic and antispasmodic medications in the form of monthly injectable drugs.[16] Presumably, Jean-Robert had not been compliant with his treatment, and the use of injectable medications ensured that his symptoms would be managed. Jean-Robert felt that the medications were too strong and reported that they "hit him in the head." That he experienced medical treatment as physical blows suggests that he perceived that the intent was to harm or control him, rather than relieve his suffering.

In October 1996, Jean-Robert was repatriated to Haiti because of his chronic psychosis, despite having received political asylum in the United States.[17] His reputed mental illness represented a "state of exception" (Agamben 1998, 2005) that nullified or trumped a status of political asylum. Thus, in this case, madness excluded him from *both* compassionate and repressive asylum apparatuses within U.S. national and humanitarian security regimes. When he arrived in Haiti, the UN International Civilian Mission processed Jean-Robert's case without providing treatment: its victim assistance services had been suspended earlier that year. He was next transferred to Médecins du Monde (Doctors of the World), whose psychiatrist examined him and diagnosed schizophrenia, but otherwise good health. In the October 16, 1996, report, the psychiatrist proposed psychotherapy and a new course of antianxiety and antipsychotic medications.[18]

Nevertheless, Jean-Robert had not asked for treatment. He was unemployed, desired social assistance, and eventual return to the United States. Instead, he was forced to adopt the identity given him in the United States of someone mentally ill. Jean-Robert continued to be seen by Médecins du Monde until later in 1997, when the organization discontinued treatment to Haitian victims of human rights abuses. After receiving eligibility for services at the Human Rights Fund in April 1997, Jean-Robert successfully completed a four-month biweekly group therapy session under the direction of Mars/Kline and fund clinical staff members. During this time, however, he was also hospitalized at the Mars/Kline Center, but it is not clear what events precipitated his admittance or whether its treatment methods could address his affliction.

The Mars/Kline Center for Neurology and Psychiatry (Centre de Psychiatrie et Neurologie Mars et Kline) was named for Haitian psychiatrist Louis Mars, founder of the first school of ethnopsychiatry with Roger Bastide and Georges Devereux (Farmer 1992b:260),[19] and Nathan S. Kline, scholar of cross-cultural psychiatry in developing countries and pioneer in pharmacological treatment. The center was founded on the indigenous "ethnopsychiatric" tradition in Haiti—which recognizes the particularity of the development of subjectivity in Haitian culture, especially among the rural and urban poor—and serves primarily as an outpatient facility providing psychopharmaceuticals to poor Haitians (Kiev 1972:175–176). At the time of my study the orientation of this facility was somewhat psychoanalytic—with a strong legacy from the French tradition—but long-term psychotherapy was not a typical component of treatment. The psychiatric staff used the DSM-IV to make diagnoses, and the psychology staff used Rorschach tests, the Thematic

Apperception Test, intelligence tests, and the Bender-Gestalt test (for visual and motor acuity), while also referring clients to private labs for X-rays and other scanner technologies.

Although the Mars/Kline clinical staff members were familiar with the traditional religious conceptions of the person, community, and environment discussed previously, they placed emphasis on finding biomedical solutions to emotional distress. This might be in part because Dr. Mars's theories of illness causality, while culturally sensitive, manifested psychoanalytic bias by locating "pathology within individuals, rather than in the sociopolitical sphere" (Farmer 1992b:260). When I asked some of the staff whether they had therapy groups for their patients, I was often told: "They don't understand the purpose of the groups." These clinicians' assumption was that "talk therapy" would be ineffective and, perhaps, inappropriate for the poor, given the dire material crises and everyday insecurity their clients faced outside the clinic's walls. Nonetheless, a few staff members were active participants in the Human Rights Fund's group therapy sessions for viktim.

Although it is not clear if Jean-Robert felt that his treatment at Mars/Kline was effective, he did appear to have positive relationships, especially with the male psychiatrist who led his therapy group and treated him. In receiving therapy and treatment at three separate institutions, however, new asylum politics emerged. The case notes for July 1997 indicate confusion and conflict among Médecins du Monde, the Human Rights Fund, and Mars/Kline over Jean-Robert's treatment and medications. After Jean-Robert's hospitalization at Mars/Kline, Médecins du Monde insisted on having priority to intervene on his behalf. Next, the fund staff identified a host family willing to manage and administer Jean-Robert's medications, and he resided there for a time until his care became too problematic for the family. Then the Human Rights Fund found him employment at the notorious Pont Beudet Asylum in Croix des Bouquets, which Jean-Robert promptly fled from fear of being involuntarily admitted. He returned to the fund to seek further assistance and received a subvention for housing while working intermittently as a grounds caretaker. Finally, in 1999, a few months after I witnessed Jean-Robert's dissociative outburst described earlier, the fund's Rehabilitation Program suspended services to all viktim, leaving its beneficiaries to seek support from the fragile Haitian state or to negotiate the cycles of insecurity on their own.

Conclusion

How are we to interpret the fragments of this case? In the aftermath of natal dismemberment, flight, and detention, Jean-Robert temporarily received sanctuary with nonstate actors, both in the United States and subsequently in Haiti. But when Jean-Robert was no longer considered "worthy" his trauma portfolio was devalued, exported, and then traded among the human rights and humanitarian actors rehabilitating the Haitian state and its citizens, until they no longer had the capacity to manage the effects of ontological insecurity.

Jean-Robert's condition is evidence of the way ontological insecurity can disorder subjectivity in fragile or failed states. Yet many questions still remain about this case that cannot be answered. Was Jean-Robert schizophrenic? Was he suffering from PTSD? Had he unraveled because of a succession of ruptures and shocks for

which there was no remedy? For many viktim, traditional methods of healing were not able to mitigate the violences of Haitian insecurity. Remedying these conditions typically required both ritual ceremonies and physical therapies to convert such experiences of ghostly persecution to more benign experiences of grief. Yet, many viktim reported undergoing such rites and treatments without experiencing healing, as if the egregiousness of insecurity in Haiti could not be encapsulated or contained by traditional illness categories and treatments. When traditional methods failed, some individuals turned to biomedicine, and even psychopharmacological treatment at the state university hospital's Mars/Kline Center for Neurology and Psychiatry, to find succor and asylum from their suffering. Although biomedical treatment provided relief for many patients, such therapies presented additional politics of asylum for those like Jean-Robert whose care was managed by national and international governmental and nongovernmental actors.

Despite having received more than one diagnosis of schizophrenia, Jean-Robert's utterances regarding his physical deterioration and loss of human dignity point toward the moral underpinnings of his affliction. Sezisman and other afflictions of the "blood" in Haiti arise from anger and indignation at injustice, attesting to their moral, social, and political character. Treatment for such conditions would seem to require sociopolitical processes of *remoralization* (Frank and Frank 1991; Kleinman 1988, 2006) to be effective.

Anecdotally, the most successful therapies provided to viktim that I observed combined individual physical therapy with group therapy. Among the group therapies offered at the Human Rights Fund, a group in which I participated that incorporated legal counseling into its discussion of the effects of trauma and victimization, appeared to empower participants to the greatest degree. Yet, organizations that provided such secular therapies as part of processes to convert the hearts and minds of their beneficiaries to democracy could not indefinitely mitigate the challenges of ontological insecurity in Haiti.

As the privatization of compassionate and repressive security interventions continues in this neomodern era, international and national NGOs offer charity, therapy, and asylum in place of the state, whether secure or insecure. Nonetheless, such national and international nonstate actors are also vulnerable to the ebbs and flows of humanitarian markets. As each organization lost funding and transferred clients to other organizations with greater means, viktim with chronic disordered conditions received less social support or were abandoned. Such processes mirrored the ebbs and flows of international aid to the insecure Haitian state.

Since 1994, the path toward democracy and security remains challenging. Independent affiliates of the coup regime have continued to utilize necropolitical techniques to further their own personal desires for power and wealth. In addition to policing poor residential areas, gangs have targeted individuals and families outside these poor urban and rural enclaves in Haiti with both political and economic motives. Waves of kidnappings, hijackings, robberies, rape, and murder target not only the poor but also Haitians with greater means, including Haitians returning from the diaspora and foreign humanitarian actors working in the nation. Alongside periodic waves of civil insecurity, political instability has ebbed and flowed, as have the overt and covert interventions of both domestic and international forces that seek to influence, if not control, Haitian political economy.

Indeed, in February 2004, not long after the celebration of the Haitian bicentennial, the second presidential administration of Jean-Bertrand Aristide was disrupted by what many call a coup d'état and a forced kidnapping, as well as a failure to uphold Haitian democracy. Others view Aristide's ouster as a process that rid Haiti of its latest dictator. Much like the waves of refugees fleeing Haiti in the early 1980s and 1990s, the political upheaval resulting in the removal of Aristide in 2004 similarly renewed the flows of Haitian refugees by boat to the United States and other nations. As in earlier periods, U.S. officials labeled these individuals as "economic migrants," rather than as legitimate asylum seekers, and the majority was held in detention centers and repatriated to Haiti, rather than permitted to enter the United States.[20]

The January 12, 2010, earthquake is the latest in a series of natural and human-authored disasters to destabilize processes of democratic development and economic growth and to displace Haitian citizens across borders. The Haitian state, already limited in its capacity to provide security for its citizens, was further incapacitated by the quake, with hundreds of civil servants perishing. For many Haitians the earthquake literally ruptured the existential grounds of self, as well as conditions for ontological security (Giddens 1984). At the time of this writing (December 2010), hundreds of thousands of internally displaced persons continue to reside in temporary camps, especially in and around the capital, Port-au-Prince. Camp residents are vulnerable to crime and gang violence, and a recent cholera epidemic has worsened the plight of the displaced.

Much as occurred after the "restoration of democracy" in 1994, when the international community intervened in Haiti to restore constitutional order and to facilitate Haiti's postconflict transition, there has been a massive influx of governmental and nongovernmental agencies seeking to ameliorate the posttraumatic suffering of Haitians displaced by the earthquake. As in earlier periods, the biomedicalization of social, economic, and political insecurity appears to be one of few means by which Haitians receive political recognition. However, many of these intermediary organizations are incapable of providing long-term security in the nation.

U.S. laws and policies applied toward Haitian refugees and immigrants often arise from concerns for national security. Such policies, and the practices that they instill, can have the unintended consequences of exacerbating the trauma and ontological vulnerability that many poor Haitians experience both in Haiti and abroad. Currently, 30,000 Haitians in the United States who had received imminent orders of deportation to Haiti after the political unrest between 2004 and 2006 have been granted temporary protected status for the first time in history. It is unclear, however, whether the compassion extended to Haitians in the United States following the earthquake will endure and lead to permanent residence and potential citizenship.

The Haitian government remains in a position of tutelage with respect to the international community, which in large part controls the flows of aid to the nation. As in past decades, promised aid flows are merely trickling and are distributed unevenly—rarely reaching the impoverished masses who are most in need. It is unclear what governmental structures will provide sanctuary and security in Haiti in the future, and likely that nongovernmental actors will continue to

manage displaced persons within and outside Haiti. But if Haitians possessing temporary legal statuses abroad are ever deemed threats to the national security of their host nations, it is probable that these individuals will be repatriated to Haiti, regardless of their continued need for a humanitarian exception that might grant limited forms of security and citizenship. Such are the legacies of neomodern insecurity.

Notes

1. See, for example, Duffield 2001 and Pandolfi 2003 for a discussion of joint military and humanitarian interventions.

2. As the work progressed I received permission to conduct qualitative research at the clinic and I interviewed patients using structured and unstructured interviews. I used a Haitian Creole translation of the CAPS (Clinician Administered PTSD Scale).

3. As part of activities to promote the technical capacity of the Haitian state, the Human Rights Fund sent a delegation of Haitian mental health providers to Boston to receive specialized training in trauma treatment. Members of the delegation employed by the Mars/Kline Center later cofacilitated therapy groups for viktim at the fund and received patient referrals at Mars/Kline.

4. "Jean-Robert Paul" is a pseudonym. Some details of this case have been altered slightly to preserve anonymity.

5. At the time Jean-Robert had lost the shelter of a family who had been willing to house him and ensure that he took the medications that had been prescribed for his psychosis.

6. The gwo bonanj is vulnerable to magical attacks and is especially vulnerable at death, when it may become a "disembodied force wandering here and there" known as a *zonbi* (Larose 1977:93). A sorcerer can also capture the gwo bonanj when a person is alive (also called the *zonbi*); however, in this case, it can be used to force the material person to whom it belongs—literally, the living dead—to labor for the sorcerer. The immaterial zonbi, like the lwa, can possess the individual as a malevolent spirit who seeks a permanent home, until it is dispersed by ceremonial means. But before the ritual dispersal has occurred, it can also be sent by a relative to avenge a wrong or injustice (Larose 1977:95).

7. When one's fate is foreordained, but perhaps unknown to the individual, the zetwal signifies that "*mizè* (suffering) may be held at bay for only a short time and *chans* (luck) only marginally enhanced" (Brown 1989:265)

8. The kò kadav is separable from the spiritual essences and subject to decay and dissolution (Brown 1989:265–266; Dayan 1991:51).

9. Anthropologist Michel Laguerre states: "The blood is said to be hot when a person becomes nervous or engages in heavy intellectual activity, and when one is sleeping or doing physical exercise. The body of a woman is hot during the

weeks after childbirth. Blood is cold, however, when one is quiet and in the resting position, although resting itself is not a guarantee of cold blood. For if a person worries about personal problems while in a resting position, the upper part of the body will purportedly have a warm blood and the lower part cold blood. ... The blood becomes thick *(épè)* when one is frightened *(sezisman)* and remains this way when one is suffering hypertension" (Laguerre 1984:119).

10. Furthermore, technological and environmental hazards in transitional states may also give rise to and exacerbate political and civil strife, thereby worsening situations of individual, collective, and national insecurity (Beck 1999; Weldes et al. 1999). Ongoing political conflict in turn exacerbates economic instability.

11. Frequently, however, neoliberal economic strategies employed to "structurally adjust" and to privatize the industries in transitional or developing states frequently entrenches their weaker economies in external debt, while exploiting the nations' cheap labor for export production to secure states. Characteristically, the profits fail to trickle down to the poor in these nations.

12. See Petryna 2002.

13. For example, when Haitians who have fled by boat to seek asylum in the United States are apprehended by the U.S. Coast Guard at sea, they are immediately repatriated to Haiti or detained in centers like Guantánamo prior to repatriation as a humanitarian measure preventing further loss of life at sea. See http://www.uscg.mil/hq/cg5/cg531/amio.asp, accessed December 2010.

14. In the 1990s, a few nongovernmental agencies in Massachusetts provided Haitian unaccompanied minors sanctuary with state and federal support. But here Jean-Robert's past is unclear. Despite much effort I have not been able to trace Jean-Robert's passage through Boston. The most likely program that hosted him was one created by Catholic Charities; however, its records are currently inaccessible.

15. Beginning in February 1995, his doctors prescribed antipsychotics and antidepressants, including Trazadone, Zoloft, Haldol, and Lorazepam.

16. Haldol Decanoate (a powerful antipsychotic) and Cogentin (a medication used for Parkinsons disease that reduces the muscle tremors and stiffness caused by antipsychotics).

17. The case notes on this issue state: "Lui, il a été un réfugié politique aux USA (Boston) depuis le mois de Septembre 1994 et récemment il a été déporté en Haïti parce qu'il est un malade mental" [he had been a political refugee in the USA (Boston) since September 1994 and recently he had been deported to Haiti because he is mentally ill].

18. He was prescribed Haloperidol, an antipsychotic; Akineton, to reduce the tremors or muscle rigidity that was a side effect of neuroleptic treatments; and Diazepam, an antianxiety sedative that is also a muscle relaxant.

19. Mars trained in France and the United States (Farmer 1992b:260).

20. In the wake of this crisis, the United States established another trauma treatment program for victims of violence that was housed at an institution like America's Development Foundation, the International Foundation for Electoral Systems. See http://www.ifes.org/haiti.html, accessed June 2009. Between 2003 and 2005, Médecins du Monde/UK also began offering treatment to victims of violence. See http://www.medecinsdumonde.org.uk/projects/haiti5.asp, accessed June 2009.

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